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ANNUAL REPORT

ON THE

HEALTH AND HEALTH SERVICES OF THE COUNTY.

FOR THE YEAR 1937.

CHRISTOPHER TIBBITS,
M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Oxon.),
COUNTY MEDICAL OFFICER.

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COUNTY MEDICAL OFFICER.

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Public Health and Housing Committee.‡

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ALDERMAN W. BAYLISS.

Ex-officio :—Alderman Major T. P. Barber, D.S.O., T.D., D.L.
Alderman J. N. Derbyshire.

Aldermen :

Anderson, J. R.
Caudwell, C. G.
Holland, M.
Taylor, G. E.
Wilcox, A.

Councillors :

Adwick, H.
Banks, T.E.
Brammer, B.
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Gabbitas, J.
Goodhand, G. G.
Izzett, P. A.
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Lanes, H. J.
Lynch, T.
McCraith, K. Y.
Nall, Col. Sir Joseph, D.S.O., T.D., M.P.
Percival, J. A.
Pritchard, G.
Pugh, J. H.
Roulstone, A.
Savile, The Lady
Severn, J. T.
Shipside, T.
Spencer, G.
Staniland, P. J. C.
Sumner, J.
Taylor, Mrs. C. A.
Taylor, H.
Warwick, W. A.
Williamson, J. H.
Wragg, H. P.
Wright, H. C.

Maternity and Child Welfare Committee.‡

Chairman :
ALDERMAN W. BAYLISS.

Vice-Chairman :
Councillor Mrs. F. G. Stuart.

Ex-officio :—Alderman Major T. P. Barber, D.S.O., T.D., D.L.
Alderman J. N. Derbyshire.

Aldermen :

Anderson, J. R.
Holland, M.

Councillors :

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Buckley, D.
Cox, Mrs. B.
Darnbrough, H.
Denison, W. M. E.
Farrow, G. H.
Goodhand, G. G.
Hole, S. J. M.
Izzett, P. A.
Jeffries, Mrs. A.
Jones, R.
Kayser, Mrs. K. L.
Kirk, C. C.
Lanes, H. J.
Pugh, J. H.
Raven, H. J.
Savile, The Lady
Severn, J. T.
Spencer, G.
Staniland, P. J. C.
Sumner, J.
Taylor, Mrs. C. A.
Wainwright, Mrs. E. E.
Wragg, H. P.

Added Members :

Miss W. M. Blagg
Mrs. H. Chapman
Mrs. M. J. Shipside
Mrs. E. Wilson

‡ 31st July, 1938.

Committee for the Care of the Mentally Defective.‡

Chairman :
COUNCILLOR T. SHIPSIDE.

Ex-officio :—ALDERMAN MAJOR T. P. BARBER, D.S.O., T.D., D.L.
ALDERMAN J. N. DERBYSHIRE.

Aldermen :

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CAUDWELL, C. G.
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WILLIAMSON, J. H.
WRIGHT, H. C.

Added Members :

MISS G. M. BRADSHAW
MRS. F. NEWTON
MRS. M. J. SHIPSIDE

‡31st July, 1938.

Public Health Officers of the Authority.

(Brought up-to-date to 1st August, 1938).

County Medical Officer—

A. C. TIBBITS, M.R.C.S., L.R.C.P., D.P.H.

Deputy County Medical Officer—

G. G. BUCHANAN, M.B., Ch.B., D.P.H.

Senior Tuberculosis Officer—

L. W. HEARN, M.B., B.S., D.P.H.

Second Assistant County Medical Officer (employed part-time for Mental Deficiency and part-time for School Medical Service)—

C. W. W. JEREMIAH, M.R.C.S., L.R.C.P., D.P.H.

Woman Assistant County Medical Officer (employed part-time for Maternity and Child Welfare and part-time for School Medical Inspection)—

J. A. D. MACLEAN, M.D., B.Ch., B.A.O., D.P.H.

Tuberculosis Officer—

W. H. BROWN, M.B., Ch.B., D.P.H.

Assistant Medical Officers for Maternity and Child Welfare and for School Medical Inspection—

MISS A. M. OGILVIE, M.A., M.B., Ch.B., D.P.H.
MISS J. M. CUMMINS, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.
MISS E. DOUGLAS, M.B., Ch.B., D.P.H.

Assistant Medical Officer for Maternity and Child Welfare—

MISS M. B. WALKER, M.B., Ch.B., D.P.H.

Part-time Assistant Medical Officer for Maternity and Child Welfare—
E. B. SMITH, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers—
*J. FERGUSON, M.B., Ch.B., D.P.H.
**‡P. H. DEENY, M.B., B.Ch., B.A.O., D.P.H., Barrister-at-Law.
***M. ALLAN, M.B., Ch.B., D.P.H.
**A. B. CLARK, M.B., Ch.B., B.S., D.P.H.
†W. B. WATSON, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H. (appointed 17th May, 1937).
**J. T. MURPHY, M.B., B.Ch., B.A.O., D.P.H. (appointed 10th July, 1937).
J. A. FORREST, M.B., B.S., B.Hy., D.P.H. (appointed 12th July, 1937).

Senior Dental Officer—
D. E. MASON, L.D.S.

School Dental Officers—
B. B. WESTLAKE, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S.
F. N. HARRISON, L.D.S.
R. R. MACLEAN, L.D.S.
K. G. HYLAND, L.D.S.
A. T. CRAIG, L.D.S.
R. P. NEILSON, L.D.S.
W. B. FORGRAVE, B.D.S., L.D.S.
W. P. NEILSON, L.D.S.
G. E. M. HALLETT, L.D.S.

B. H. REID, L.D.S.	(appointed	4th Jan., 1937).
J. FENTON, L.D.S.	(„	1st July, 1937).
F. M. KAY, L.D.S.	(„	1st April, 1938).
P. S. P. JENKINS, B.Sc., L.D.S.	(„	16th May, 1938).

RANSOM SANATORIUM—

Medical Superintendent (Sanatorium and Village Settlement)—
E. FIRTH, M.B., Ch.B. (appointed 31st March, 1938).

Assistant Resident Medical Officer—
MISS E. L. R. GALLOWAY, M.B., Ch.B.

Matron—
MISS E. WALMSLEY—
and Seventy-seven other Staff.

KILTON HILL COUNTY HOSPITAL—

Medical Superintendent—
A. R. WALLIS, M.B., Ch.B.

Deputy Medical Superintendent—
H. S. CHEETHAM, L.R.C.P., L.R.C.S., L.R.F.P.S. (appointed 1st April, 1938).

Matron—
MISS L. EVANS, A.R.R.C.—
and Twenty-four other Staff.

*Medical Officer of Health, Mansfield Woodhouse and Warsop Urban Districts.
‡Medical Officer of Health, Carlton Urban District.
†Medical Officer of Health, West Bridgford Urban and Bingham Rural Districts.
**One Session per month devoted to Maternity and Child Welfare.
***One Session per fortnight devoted to Maternity and Child Welfare.

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Orthopædics—
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Thoracic Surgery—
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KILTON HILL COUNTY HOSPITAL—

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J. W. SCOTT, M.D., Ch.B., F.R.C.P.
H. S. WALLACE, M.B., Ch.B.

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V. J. M. TAYLOR, M.B., M.Ch., F.R.C.S.E., L.R.C.P.

Obstetrics and Gynæcology—
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H. JORDAN MALKIN, M.D., B.S., F.R.C.S.E., L.R.C.P.
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W. R. SMITH, M.D., B.S., F.R.C.S., L.R.C.P., L.S.A.
*J. E. STACEY, M.D., B.S., Ch.B., F.R.C.S.E.
A. M. WEBBER, M.S., M.B., F.R.C.S., L.R.C.P.

* Consultants for Kilton Hill County Hospital only.

CONSULTANTS—*continued.*

KILTON HILL COUNTY HOSPITAL AND COUNTY INSTITUTIONS—*contd.*

Diseases of the Ear, Throat and Nose—
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H. B. LIEBERMAN, M.B., Ch.M., F.R.C.S.E., D.L.O.
H. BELL TAWSE, M.B., Ch.B., F.R.C.S.

Diseases of the Eye—
W. A. BRIGGS, M.R.C.S., L.R.C.P., D.O.M.S. (County Instns.
N. P. R. GALLOWAY, M.B., Ch.B., D.O. only).
THOMSON HENDERSON, M.D., Ch.B.
A. CHRISTIE REID, M.A., B.Sc., M.D., Ch.B.

Treatment of Malignant Diseases by Radium and Radiology—
F. C. HUNT, M.B., B.S., F.R.C.S.E., L.R.C.P.

Treatment of Venereal Diseases—
J. C. BUCKLEY, M.D., Ch.B.

Specialist for Blood Transfusions—
A. GORDON, M.R.C.S., L.R.C.P.

TUBERCULOSIS DISPENSARY SCHEME—
Radiology—
W. J. MOWAT, M.D., Ch.B., D.R.

PUERPERAL FEVER AND PUERPERAL PYREXIA REGULATIONS AND OBSTETRIC AND ANTE-NATAL SERVICES—
L. DOUGAL CALLANDER, M.D., Ch.B.
H. JORDAN MALKIN, M.D., B.S., F.R.C.S.E., L.R.C.P.
M. H. PHILLIPS, Hon. M.D., B.S., F.R.C.S.
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W. R. SMITH, M.D., B.S., F.R.C.S., L.R.C.P., L.S.A.
J. E. STACEY, M.D., B.S., Ch.B., F.R.C.S.E.
A. M. WEBBER, M.S., M.B., F.R.C.S., L.R.C.P.

* * * *

Specialist Medical Officer for Venereal Diseases—
J. C. BUCKLEY, M.D., Ch.B.

Assistant Specialist Medical Officers for Mansfield—
N. C. L. B. TWEEDIE, M.B., Ch.B., B.A.O.
P. M. GETTLESON, M.D., C.M.

Specialist Medical Officer under the Cerebro-Spinal Fever Regulations, 1919—
F. H. JACOB, M.D., F.R.C.P., M.R.C.S.

Veterinary Staff—

The appointments of the Chief and Assistant Veterinary Officers were terminated on the 31st March, 1938, after which date the County Council were no longer responsible for the duty of veterinary inspection of dairy herds under Part IV. of the Milk and Dairies Order, 1926, consequent upon the operation of the Agriculture Act, 1937, from the 1st April, 1938.

Rivers Inspector—

(*a*)F. WRIGLEY.

Chief Clerk and Chief County Sanitary Inspector—

(*a*)W. L. RICHARDSON.

County Sanitary Inspectors—

(*a*),(*b*),(*c*),(*d*),(*e*),(*f*) L. BROOK.

(*a*),(*b*),(*e*),(*g*) L. H. HERRING.

Clerical Staff—

J. RENSHAW	Grade B.	
H. M. STANION	,, C.	
L. HOCKIN	,, C.	
C. W. LLOYD	,, C.	
J. ROBERTS	,, C.	
B. W. MITCHINSON	,, C.	(appointed 14th June, 1937).
R. KNIGHT	,, C.	
G. C. BALDWIN	,, D.	
J. M. ANSON	,, D.	(transferred from Veterinary Department 1st April, 1938).
D. K. ASHTON	,, D.	(appointed 1st June, 1937).
R. GOSPEL	,, D.	
G. E. DAWSON	,, D.	(appointed 11th July, 1938).
F. MEALOR	,, E11.	(,, 1st Aug., 1938).
W. PEAGRAM	,, E11.	(,, 1st April, 1938).
E. F. DUNCOMBE	,, E1.	
W. W. ASHTON	,, E1.	
W. A. FROST	,, E1.	
W. THORNHILL	,, E1.	(appointed 21st Feb., 1938).
I. R. TOMLINSON	,, F.	(,, 1st July, 1937).
MISS L. PAGE	,, I.	
MISS D. E. WARSOP	,, I.	
MISS D. LAWS	,, I.	
MISS M. PARMENTER	,, I.	
MISS W. K. H. KIRKWOOD	,, I.	
MISS J. E. BURKE	,, II.	
MISS J. BOOTH	,, II.	
MISS F. E. HENSHAW	,, II.	
MISS D. ASH	,, II.	(appointed 8th Nov., 1937).
MISS K. M. HALSTEAD	,, II.	(,, 7th June, 1937).
P. S. FORBES	Office Boy	(,, 15th Dec., 1937).
H. H. JOHNSON	,,	(,, 27th July, 1938).

Milk Samplers—

W. B. HASLEHURST	(appointed 1st Aug., 1938).
D. W. MOORHOUSE	(,, to start 1st Sept. 1938).

Telephone Operator—

G. Y. LEWIS.

Supervisor of Midwives (Non-Medical)—

†*MISS F. M. KIRKBY.

(*a*) Certificate of the Royal Sanitary Institute for Sanitary Inspectors.
(*b*) ,, ,, ,, ,, ,, ,, ,, Meat ,,
(*c*) ,, ,, ,, ,, ,, ,, ,, Smoke ,,
(*d*) ,, ,, ,, ,, ,, ,, ,, Advanced Knowledge in Sanitary Administration.
(*e*) ,, ,, ,, ,, ,, ,, ,, Sanitary Science.
(*f*) Testamur of the Institute of Public Cleansing.
(*g*) Hons. Diploma in General Hygiene, Incorporated Institute of Hygiene.
†Certificate of the Central Midwives Board.
*Hospital Trained Nurse.

Superintendent Health Visitors—

**†*Miss E. R. Bennett.
**†*Mrs. M. E. Sleigh.

Health Visitors carrying out all duties under combined Scheme (including Mental Deficiency)—

†*Miss L. Firth.
†*Miss G. Creasey.
†*Miss E. A. Whitaker.
†*Miss E. C. Taylor.
(*a*)†*Mrs. E. E. Atkinson.
**†*Miss A. E. Nicholas.
**†*Miss I. Preedy.
**†*Miss E. M. Single.
**†*Miss M. E. Schofield.
**†*Miss E. A. Bragg.
**†*Miss M. E. Reeve.
**†*Miss E. Cornish.
**†*Miss E. Thouard.
**†*Miss P. H. Farrell (appointed 1st March, 1937).
**†*Miss N. Fox („ 1st Nov., 1937).
**†*Miss E. Bowler („ 2nd Feb., 1938).
**†*Miss E. Moore („ 4th April, 1938).
**†*Miss E. Cope („ 23rd May, 1938).

Health Visitors carrying out duties in connection with Maternity and Child Welfare, School Medical Service and Mental Deficiency—

†*Miss M. Hall.
**§†*Mrs. H. Bratley.
*†§**Mrs. E. J. Brown.
†*Miss R. A. Smithurst.
†*Miss C. Moore.
**†*Miss I. Oliver.
**†*Miss E. Raithby.
**†*Miss F. A. Jones.
**†*Miss H. Jones.
**†*Miss G. E. Johnston.
**†*Miss E. Iveson.
**†*Miss E. L. Almblad.
**†*Miss D. Little (appointed 8th June, 1938).
One Vacancy.

Health Visitor for Maternity and Child Welfare and Mental Deficiency—

(*a*)†Miss E. Horne.

Tuberculosis Visitors—

†*Miss M. M. Grafton.
†*Miss C. A. Clemes.

(*a*)Certificate of the Royal Sanitary Institute for Sanitary Inspectors.
†Certificate of the Central Midwives Board.
*Hospital Trained Nurse.
**New Health Visitor's Certificate of the Royal Sanitary Institute.
§Certificate of the Royal Sanitary Institute for Health Visitors.

Nurses carrying out duties for School Medical Service and Mental Deficiency—

*Miss E. Barker.
*Miss B. Pearson.
*Miss A. B. Davies.
†*Miss M. C. McHugh.
†*Miss L. G. Moakes.
*Miss A. Clarke (appointed 28th April, 1938).

Dental Nurses—

*Miss T. Harding.
*Miss D. M. Cordon.
*Miss E. H. Stokes.
†*Miss M. A. Spinks.
†*Miss C. M. Grocock.
*Miss N. I. Parbery (appointment terminates 20th Aug., 1938).
†*Miss A. M. Waterland.
**†*Miss C. V. Malson.

Dental Attendants—

Miss E. E. Frame.
Miss D. A. M. White.
Miss G. B. Pearson (appointed 1st June, 1937).
Miss B. M. Searby („ 30th Dec., 1937).
Miss K. D. P. Hosking („ 16th May, 1938).
Miss C. Foster („ to start 22nd Aug., 1938, vice Miss Parbery resigned).

Venereal Diseases Nurses—

†*Miss D. E. Maving.
†*Mrs. F. E. Shooter (part-time).

Venereal Diseases Orderlies—

J. W. Long.
F. Newton (part-time).

Child Protection Visitors—

County Medical Officer.
Deputy County Medical Officer.
Dr. J. A. D. Maclean.
Miss E. R. Bennett.
Mrs. M. E. Sleigh,
and all Health Visitors having duties in connection with Maternity and Child Welfare.

Home Teachers under Blind Persons Act, 1920—

‖Miss E. A. Lewis.
‖Miss M. L. McDearmid.
‖Miss M. C. Heyes.

Female Supervisor and Petitioning Officer (Mental Deficiency Acts)—

Mrs. E. L. Andrews.

Occupation Centre for Mental Defectives, Mansfield—

Instructress—

Miss R. Barfoot.

Home Teacher of Mentally Defective Persons—

Miss M. Bailey (appointed 4th July, 1938).

†Certificate of the Central Midwives Board.
*Hospital Trained Nurse.
**New Health Visitor's Certificate of the Royal Sanitary Institute.
‖Home Teacher's Certificate of the College of Teachers of the Blind.

COUNTY MIDWIVES.

(all appointed 1st August, 1937, unless otherwise stated).

†*Miss E. A. Hardy †*Miss F. E. Hardy †*Mrs. L. N. Pearson †*Miss O. A. Scotney (appointed 5th August, 1937).	Retford and District.
†Miss E. Greensmith ..	Langold Colliery Village.
†*Miss M. Adlington †Mrs. E. Brown †Mrs. E. Fryer †Mrs. F. Lee †Miss E. Pemberton	Worksop.
†Mrs. E Outram ..	Ollerton and District.
One Vacancy †*Mrs. B. Parker	Warsop.
†Mrs. A. M. Parsons †Mrs. F. Shawcroft †Mrs. E. Thornelow	Mansfield Woodhouse.
†*Mrs. L. Boulton ..	Bilsthorpe.
†Miss E. Barker ..	Blidworth.
†Mrs. E. Brooks †*Mrs. M. E. Chadburn †Miss E. Corbett †Miss M. Hunt †*Miss E. D. Tromans †Mrs. E. E. Warren	Sutton-in-Ashfield.
†*Mrs. L. Barke †*Miss E. Bradley †Miss H. Conneely	Kirkby-in-Ashfield.
†Mrs. L. D. Godden †*Miss A. H. Tupling	Selston.
†Miss D. Harpham †*Mrs. D. S. Hemstock †*Mrs. H. Thwaites	Newark and District.
†Mrs. B. Alvey †*Mrs. E. M. Gunn †Mrs. E. Oliver †Mrs. F. M. Owen	Carlton and District.
†Miss A. Billington †*Miss I. Oliver (appointed 18th Sept., 1937).	Arnold.
†*Miss E. J. Rollett †Miss R. E. E. Coe (appointed 21st Feb., 1938). †Miss M. Spellman	Hucknall and District.
†*Miss H. Russell ..	Eastwood.
†Miss A. Spray ..	Kimberley and District.
†Mrs. E. Cooper †Miss K. Corden †Miss E. Major †Miss E. Slater †*Miss G. H. Sutton (appointed to start 15th Aug., 1938).	Beeston and Stapleford.
†*Miss H. M. Beynon †*Mrs. A. Kirk	West Bridgford and District.
†*Miss M. Whitehead ..	Ruddington and District.
†*Miss F. Banks (appointed 25th June, 1938). One Vacancy.	Relief Midwives.

The addresses and telephone numbers of County Midwives are available in a separate pamphlet which has been issued to the public.

†Certificate of the Central Midwives Board.
*Hospital Trained Nurse.

PUBLIC VACCINATORS AND DISTRICTS.

As at the 31st July, 1938.

Doctor.	Address.	District and Population.	Parishes included in District.
Dr. W. Thomson	The Green, Gringley-on-the-Hill.	District No. 1 Population 2,009	Gringley-on-the-Hill, Wiseton, Clayworth, Beckingham, Saundby.
Dr. T. Elliott	Springfield, Misterton.	District No. 2 Population 2,997	Misterton, West Stockwith, Walkeringham.
Dr. W. F. Ward	Bawtry (Yorks.).	District No. 3 Population 8,841	Finningley, Misson, Everton, Scaftworth, Harworth (and that part of Blyth formerly known as Harworth), Scrooby, Mattersey, Ranskill.
Dr. T. F. J. Ryan	Doncaster Road, Langold, Worksop.	District No. 4 Population 7,033	Carlton-in-Lindrick, Hodsock, Wallingwells, Styrrup, Blyth (excluding that part formerly known as Harworth), Torworth.
Dr. J. J. McCarthy	83, Carolgate, East Retford.	District No. 5 Population 5,493	East Retford Borough (East Ward), Babworth, Sutton, Lound, Hayton, Barnby Moor, Clarborough.
Dr. E. A. Mackenzie	The Limes, North Leverton.	District No. 6 Population 2,030	North Wheatley, South Wheatley, Bole, West Burton, Sturton-le-Steeple, North Leverton with Habblesthorpe, South Leverton, Cottam, Treswell.
Dr. C. E. Droop	Newton-on-Trent.	District No. 7 Population 1,904	Rampton, Stokeham.
Dr. J. C. Teasdale	Bridge House, Bridgegate, East Retford.	District No. 8 Population 11,887	East Retford Borough (West & South Wards), Eaton, Elkesley, Gamston, Grove, Headon-cum-Upton.
Dr. A. R. Wallis	Coila, Carlton Road, Worksop.	District No. 9 Population 26,285	Worksop Borough.

Doctor.	Address.	District and Population.	Parishes included in District.
Dr. J. J. Kennedy	Tuxford.	District No. 10 Population 4,445	East Drayton, Bothamsall, Laneham, Haughton, Dunham, Bevercotes, West Drayton, East Markham, West Markham, Askham, Tuxford, Darlton, Ragnall, Fledborough, Marnham, Normanton-on-Trent.
Dr. H. D. Preston (appointed 1st Feb., 1938).	Church Street, Mansfield Woodhouse.	District No. 11 Population 13,721	Mansfield Woodhouse Urban District.
Dr. P. H. Court	Norton Cuckney, Mansfield.	District No. 12 Population 12,629	Warsop Urban District, Carburton, Cuckney, Holbeck, Nether Langwith, Norton, Welbeck.
Dr. J. Cuddigan	New Ollerton.	District No. 13 Population 7,391	Perlethorpe-cum-Budby, Ollerton, Walesby, Boughton, Kirton, Wellow, Ompton, Egmanton, Laxton, Kneesall, Kersall.
Dr. Marjorie C. Hawkins	"Scotfield," Carlton-on-Trent.	District No. 14 Population 3,508	Weston, Grassthorpe, Sutton-on-Trent, Ossington, Carlton-on-Trent, Norwell, Cromwell, Caunton, Bathley, North Muskham, South Muskham.
Dr. W. Deane	The Old Hall, Collingham, Newark.	District No. 15 Population 2,527	Harby, Wigsley, Spalford, Girton, Meering, Besthorpe, South Scarle, North Collingham, South Collingham, Langford, Holme.
Dr. C. E. Droop	Newton-on-Trent.	District No. 16 Population 601	Broadholme, Thorney, North Clifton, South Clifton.
Dr. W. H. Gray (appointed 1st April, 1938).	Ashgrove, Edwinstowe.	District No. 17 Population 7,798	Edwinstowe, Clipstone, Rufford (part), Eakring.
Dr. S. Littlewood	Crow Hill Drive, Mansfield.	District No. 18 Population 46,068	Mansfield Borough.
Dr. J. Gaston	Huthwaite.	District No. 19 Population 6,044	Sutton-in-Ashfield Urban District (the parts formerly known as Huthwaite, Teversal and Fulwood).
Dr. J. Young	West View, Sutton-in-Ashfield.	District No. 20 Population 31,679	Sutton-in-Ashfield Urban District (excluding the parts formerly known as Huthwaite, Teversal and Fulwood).

Doctor.	Address.	District and Population.	Parishes included in District.
Dr. A. B. Waller	Ellenslea, Station Street, Kirkby-in-Ashfield.	District No. 21 Population 17,797	The former Kirkby-in-Ashfield Urban District (excluding that part known as Portland Row).
Dr. E. B. Smith	Woodlands, Rainworth, Mansfield.	District No. 22 Population 5,360	Blidworth, Newstead (part formerly known as Blidworth), Haywood Oaks, Lyndhurst, Rufford (part).
Dr. R. W. Nairn	Farnsfield.	District No. 23 Population 4,052	Maplebeck, Winkburn, Hockerton, Kirklington, Bilsthorpe, Farnsfield, Edingley, Halam.
Dr. A. W. Kirkham	Edgehill, Southwell.	District No. 24 Population 4,732	Kelham, Averham, Newark Borough (parts formerly in the parishes of Kelham and Averham), Upton, Staythorpe, Rolleston, Southwell, Fiskerton-cum-Morton, Halloughton.
Dr. H. F. Hine	The Ivies, Newark-on-Trent.	District No. 25 Population 25,082	Winthorpe, Coddington, Barnby-in-the-Willows, Newark Borough (excluding parts formerly in the parishes of Kelham and Averham), Balderton, Hawton, Farndon, Thorpe, East Stoke, Elston, Syerston, Cotham, Staunton, Kilvington, Alverton.
Dr. R. O. Brooks	Lowdham.	District No. 26 Population 3,799	Oxton, Epperstone, Thurgarton, Bleasby, Gonalston, Hoveringham, Lowdham, Caythorpe, Gunthorpe, Bulcote.
Dr. B. A. West	Epperstone.	District No. 27 Population 3,899	Calverton, Woodborough, Lambley, Burton Joyce.
Dr. H. Francis	Ashton Lodge, Woodthorpe, Nottingham.	District No. 28 Population 15,157	Arnold Urban District, Bestwood Park.
Dr. M. R. Saunders	Charnwood House, Hucknall.	District No. 29 Population 18,337	Hucknall Urban District, Linby, Papplewick.

Doctor.	Address.	District and Population.	Parishes included in District.
Dr. M. E. Kayton	Ashfield House, Annesley Woodhouse.	District No. 30 Population 3,103	Annesley, Kirkby-in-Ashfield Urban District (part formerly in the parish of Annesley), Newstead (excluding part formerly in the parish of Blidworth), Felley.
Dr. W. H. France	Selston.	District No. 31 Population 8,905	Selston, part of Kirkby-in-Ashfield Urban District known as Portland Row.
Dr. A. C. Gladstone (appointed 1st Aug., 1937).	Eastwood.	District No. 32 Population 13,699	Greasley, Brinsley, Eastwood Urban District.
Dr. J. Myles (appointed 1st Feb., 1937).	Kimberley.	District No. 33 Population 8,946	Kimberley, Awsworth, Nuthall, Cossall, Strelley, Trowell.
Dr. C. S. Vartan	Sandiacre.	District No. 34 Population 13,053	The parts of Beeston and Stapleford Urban District formerly known as Stapleford, Toton, Chilwell and Bramcote.
Dr. W. R. Smith	The Willows, Beeston.	District No. 35 Population 14,759	The former Urban District of Beeston.
Dr. W. T. Torrance	Gedling Road, Carlton.	District No. 36 Population 26,656	Carlton Urban District, Stoke Bardolph (excluding part formerly in the parish of Radcliffe-on-Trent), Holme Pierrepont (that part formerly in the parish of Colwick).
Dr. C. B. Crofts	Bingham	District No. 37 Population 5,052	Bingham, East Bridgford, Kneeton, Flintham, Sibthorpe, Shelton, Flawborough, Hawksworth, Thoroton, Orston, Aslockton, Scarrington, Screveton, Car Colston, Whatton, Granby, Elton.

Doctor.	Address.	District and Population.	Parishes included in District.
Dr. E. E. Allaway	Main Road, Radcliffe-on-Trent.	District No. 38 Population 23,225	Radcliffe-on-Trent (including that part of the parish of Stoke Bardolph formerly in the parish of Radcliffe-on-Trent), Shelford, Saxondale, Cotgrave, Holme Pierrepont (excluding that part formerly in the parish of Colwick), Gamston, Tollerton, Clipston, West Bridgford Urban District (part comprising former Urban District and the former parish of Edwalton).
Dr. J. W. M. Hunter	Oxford House, Ruddington.	District No. 39 Population 6,671	West Bridgford Urban District (part formerly known as the parish of South Wilford), Clifton-with-Glapton (excluding that part formerly in the parish of Chilwell), Ruddington, Barton-in-Fabis, Gotham, Thrumpton, Bradmore, Bunny.
Dr. A. L. Rhind	Keyworth.	District No. 40 Population 2,512	Plumtree, Normanton-on-the-Wolds, Keyworth, Wysall, Thorpe-in-the-Glebe, Willoughby-on-the Wolds, Stanton-on-the-Wolds, Widmerpool.
Dr. W. Roche	Colston Bassett.	District No. 41 Population 3,001	Cropwell Bishop, Cropwell Butler, Colston Bassett, Langar-cum-Barnstone, Tithby, Wiverton Hall, Owthorpe, Kinoulton, Hickling, Upper Broughton.
Dr. J. C. P. Beatty	Sutton Bonington.	District No. 42 Population 3,868	Ratcliffe-upon-Soar, Kingston-upon-Soar, East Leake, West Leake, Sutton Bonington, Normanton-upon-Soar, Stanford-upon-Soar, Costock, Rempstone.

The population figures are those given in the Census for 1931 as adjusted in accordance with Part II of the Census Report for the County of Nottingham.

DISTRICT MEDICAL OFFICERS.

The Medical Relief Districts are coterminous with the Public Vaccinators' Districts except in the case of District No. 18, which was divided into two areas for Medical Relief purposes as from the 2nd January, 1938, the District Medical Officers being as follows :—

No.	District.	District Medical Officer.	Address.
18	Mansfield South	Dr. E. B. Smith	Rainworth.
18a	Mansfield North	Dr. J. McNamara	Mansfield.

In all other instances the District Medical Officers are the same as the Public Vaccinators, except in the following Districts :—

No. of District.	District Medical Officer.	Address.
3	Dr. F. W. Johnson	Bawtry.
29	,, A. Macmillan	Hucknall.

INSTITUTION MEDICAL OFFICERS AND PUBLIC VACCINATORS OF COUNTY INSTITUTIONS.

W. J. Candlish, M.D., Ch.B., D.C.O.G.	Basford County Institution.	
W. Robinson, M.B., Ch.B.	Bingham	,,
J. C. Teasdale, M.B., Ch.B.	East Retford	,,
H. F. Hine, M.B., F.R.C.S., L.R.C.P. ..	Newark	,,
*D. W. Daniels, M.A., B.S., F.R.C.S., L.R.C.P. (app. 1st July, 1938). ..	Mansfield	,,
*A. W. Kirkham, M.B., Ch.B., M.R.C.S., L.R.C.P. (app. permanent M.O. 1st April, 1938).	Southwell	,,

Worksop County Institution was closed on the 31st March, 1938.

* Acting Public Vaccinators.

VACCINATION OFFICERS AND DISTRICTS.

T. H. Widdowson, Babbington. District A.1. (Basford). Population 169,169.

Parishes served :—Annesley, Arnold Urban District, Awsworth, Barton-in-Fabis, Beeston and Stapleford Urban District, Bestwood Park, Brinsley, Bradmore, Bunny, Burton Joyce, Carlton Urban District, Calverton, Clifton-with-Glapton, Cossall, Eastwood Urban District, Felley, Gotham, Greasley, Hucknall Urban District, Kimberley, Kirkby-in-Ashfield Urban District, Lambley, Linby, Newstead, Nuthall, Papplewick, Ruddington, Selston, Stoke Bardolph, Strelley, Thrumpton, Trowell, West Bridgford Urban District, Woodborough.

Miss J. M. I. Tunnicliff, Barrow-upon-Soar. District A.2. (Basford). Population 4,440.

Parishes served :—Costock, East Leake, Kingston-upon-Soar, Normanton-upon-Soar, Ratcliffe-upon-Soar, Rempstone, Stanford-upon-Soar, Sutton Bonington, Thorpe-in-the-Glebe, West Leake, Willoughby-on-the-Wolds, Wysall.

E. F. KIRCHIN, Colston Bassett. District B. (Bingham). Population 15,106.

Parishes served :—Aslockton, Bingham, Car Colston, Colston Bassett, Clipston, Cotgrave, Cropwell Bishop, Cropwell Butler, East Bridgford, Elton, Flawborough, Flintham, Gamston, Granby, Hawksworth, Hickling, Holme Pierrepont, Keyworth, Kinoulton, Kneeton, Langar-cum-Barnstone, Normanton-on-the-Wolds, Orston, Owthorpe, Plumtree, Radcliffe-on-Trent, Saxondale, Scarrington, Screveton, Shelford, Shelton, Sibthorpe, Stanton-on-the-Wolds, Thoroton, Tollerton, Tithby, Upper Broughton, Whatton, Widmerpool, Wiverton Hall.

A. E. FLINT, Retford. District C.1. (East Retford). Population 14,547.

Parishes served :—Barnby Moor, Beckingham, Bole, Clarborough, Clayworth, East Retford Borough (East Ward), Everton, Finningley, Gringley-on-the-Hill, Hayton, Lound, Mattersey, Misson, Misterton, North Leverton, North Wheatley, Ranskill, Saundby, Scaftworth, Scrooby, South Leverton, South Wheatley, Sturton-le-Steeple, Sutton, Torworth, Walkeringham, West Burton, West Stockwith, Wiseton.

†A. E. FLINT, Retford. District C.2. (East Retford). Population 19,218.

Parishes served :—Askham, Babworth, Bevercotes, Bothamsall, Cottam, Darlton, Dunham, East Retford Borough (South and West Wards), Eaton, East Drayton, East Markham, Elkesley, Fledborough, Gamston, Grove, Haughton, Headon-cum-Upton, Laneham, West Markham, Marnham, Normanton-on-Trent, Ragnall, Rampton, Stokeham, Treswell, Tuxford, West Drayton.

T. H. WIDDOWSON, Babbington. District D.1. (Mansfield). Population 70,748.

Parishes served :—Mansfield Borough, Mansfield Woodhouse Urban District, Warsop Urban District.

T. T. CHARLTON, Sutton-in-Ashfield. District D.2. (Sutton-in-Ashfield). Population 37,725.

Parishes served :—Sutton-in-Ashfield Urban District.

*E. HOYLE, Newark-on-Trent. District E.1. (Newark). Population 23,626.

Parishes served :—Besthorpe, Broadholme, Farndon, Girton, Harby, Hawton, Langford, Meering, Newark Borough, North Clifton, North Collingham, South Clifton, South Collingham, South Scarle, Spalford, Thorney, Wigsley, Winthorpe, Holme.

MISS E. M. EDDOWES, New Balderton. District E.2. (Newark). Population 4,807.

Parishes served :—Alverton, Balderton, Barnby-in-the-Willows, Coddington, Cotham, East Stoke, Elston, Kilvington, Staunton, Syerston, Thorpe.

H. E. TURNER, New Ollerton. District F.1. (Ollerton). Population 20,507.

Parishes served :—Bathley, Bilsthorpe, Boughton, Carlton-on-Trent, Caunton, Clipstone, Cromwell, Eakring, Edwinstowe, Egmanton, Grassthorpe, Kersall, Kirton, Kneesall, Laxton, Maplebeck, North Muskham, Norwell, Ollerton, Ompton, Ossington, Perlethorpe-cum-Budby, Rufford, Sutton-on-Trent, Walesby, Wellow, Weston.

†Appointed 1st Aug., 1937, vice W. J. Burton, resigned.
*Resigned 31st July, 1938. MISS E. M. EDDOWES appointed 1st Aug., 1938.

B. LEE, Southwell. District F.2. (Southwell). Population 15,894.

Parishes served :—Averham, Bleasby, Blidworth, Bulcote, Caythorpe, Edingley, Epperstone, Farnsfield, Fiskerton-cum-Morton, Gonalston, Gunthorpe, Halam, Halloughton, Haywood Oaks, Hockerton, Hoveringham, Kelham, Kirklington, Lowdham, Lyndhurst, Oxton, Rolleston, South Muskham, Southwell, Staythorpe, Thurgarton, Upton, Winkburn.

A. J. R. SLANEY, Worksop. District G. (Worksop). Population 40,842.

Parishes served :—Blyth, Carburton, Carlton-in-Lindrick, Cuckney, Harworth, Hodsock, Holbeck, Nether Langwith, Norton, Styrrup, Wallingwells, Welbeck, Worksop Borough.

The population figures are those given in the Census for 1931, as adjusted in accordance with Part II. of the Census Report for the County of Nottingham.

Names and Addresses of the Medical Officers of Health of the Twenty County Districts.

As at the 31st July, 1938.

BOROUGHS AND URBAN DISTRICTS.

District.	Name of the Medical Officer of Health.	Address.
Mansfield (Borough)	J. E. Wilson, M.D., B.Ch., B.A.O., D.P.H.	Public Health Department, Exchange Row, Mansfield.
Worksop (Borough)	T. C. Garrett, M.B., C.M.	Health Department, 91 Bridge Street, Worksop.
Newark (Borough)	W. Baxter, M.B., Ch.B., D.P.H.	Public Health Department, Middlegate, Newark.
East Retford (Borough)	J. M. H. Conway, *D.S.O.*, F.R.C.S.I., L.R.C.P.I., D.P.H.	Municipal Offices, The Square, Retford.
Arnold	Harvey Francis, M.D., B.S., M.R.C.S., L.R.C.P.	Council Offices, Arnot Hill House, Daybrook, Arnold.
Beeston and Stapleford	C. Horne Warner, B.Sc., M.D., B.S., M.R.C.S., L.R.C.P., D.P.H.	Public Health Department, Town Hall, Beeston.
Carlton	P. H. Deeny, M.B., B.Ch., B.A.O., D.P.H., Barrister-at-Law.	Public Health Department, Council House, Burton Road, Carlton, Notts.
Eastwood	J. S. Drummond, M.B., Ch.B., D.P.H. (appointed 1st Jan., 1938).	Public Offices, Church Street, Eastwood.
Hucknall	W. Garstang, M.B., Ch.B., L.S.A.	Council Offices, Hucknall, Notts.
Kirkby-in-Ashfield	M. E. Kayton, L.R.C.S., L.R.C.P., L.R.F.P.S., D.P.H.	Council Offices, Urban Road, East Kirkby.
Mansfield Woodhouse	J. Ferguson, M.B., Ch.B., D.P.H.	Public Health Department, Manor House, Mansfield Woodhouse.
Sutton-in-Ashfield	T. S. McKean, M.B., Ch.B., D.P.H.	Public Health Department, 5, Victoria Street, Sutton-in-Ashfield.
Warsop	J. Ferguson, M.B., Ch.B., D.P.H.	Health Department, Town Hall, Warsop.
West Bridgford	W. B. Watson, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H. (app. 17th May, 1937).	Health Department, The Hall, Bridgford Road, West Bridgford.

RURAL DISTRICTS.

District.	Name of the Medical Officer of Health.	Address.
Basford	J. S. Drummond, M.B., Ch.B., D.P.H.	Health Department, Rock House, Stockhill Lane, Basford, Nottingham.
Bingham	W. B. Watson, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H. (app. 17th May, 1937).	Council Offices, Bingham, Notts.
Worksop	J. M. H. Conway, *D.S.O.*, F.R.C.S.I., L.R.C.P.I., D.P.H.	Council Offices, Highfield House, Carlton Road, Worksop.
East Retford	J. M. H. Conway, *D.S.O.*, F.R.C.S.I., L.R.C.P.I., D.P.H.	Municipal Offices, The Square, Retford.
Newark	W. Baxter, M.B., Ch.B., D.P.H.	Public Health Department, Middlegate, Newark.
Southwell	W. Baxter, M.B., Ch.B., D.P.H.	Public Health Department, Middlegate, Newark.

NOTTINGHAMSHIRE COUNTY COUNCIL.

PUBLIC HEALTH DEPARTMENT,
THE SHIRE HALL,
NOTTINGHAM,
1*st August*, 1938.

TO THE CHAIRMAN AND MEMBERS OF THE
NOTTINGHAMSHIRE COUNTY COUNCIL.

MY LORD, LADIES AND GENTLEMEN,

I have the honour to submit my Tenth Annual Report on the Health and Health Services of the County, which deals with the calendar year 1937.

The principal Health Statistics for the County were again generally satisfactory and compared favourably with the statistics for England and Wales.

The mortality from Tuberculosis was the lowest ever recorded.

The infantile mortality rate remained low at 59, and the maternal mortality rate showed a welcome improvement from 3.98 to 3.01.

The County population figure again showed a large increment estimated by the Registrar-General at 6,800, giving a total estimated figure of 465,800 at mid-year 1937.

The major proportion of the increase was due to immigration ; the excess of births over deaths accounting for 2,218 persons only.

The Vital Statistics are discussed in detail later in the Report and the comparable figures for England and Wales are quoted.

In the Appendix of " Tables " there will be found a table (No. VII) which gives a bird's eye view of the Vital Statistical History of the County since the year 1897.

It is interesting to note :

(1) that in 1897 a population of 256,667 produced 8,186 births, whereas in 1937 a population of 465,800 produced only 7,318 births ;

(2) that the 1897 population suffered 4,115 deaths, whereas in 1937 the population, almost doubled in size, suffered only 5,100 ;

(3) In 1897, of every 1,000 infants born, no less than 152 died within the first twelve months of life, whereas in 1937 deaths per 1,000 born had been reduced to 59.

The table does not include figures in respect of Tuberculosis, but over the period there was a steady decline in mortality also from this disease.

This summary record of a brief span of forty years gives a dramatic answer to any who doubt the utility and seek to minimise the success of Health legislation and administration, as so rapidly expanded during the past fifty years.

In the early years success came chiefly from measures of so-called " Sanitary " administration, and it was not until about half-way through the period of forty years that the expansion of Health Services on the thesis of the production and maintenance of the healthy *individual* came into prominence.

To-day environmental and personal hygiene are marching steadily forward together and there are still wide fields to conquer.

This forty years' record has, of course, its plain warning to offer us as well as its message of progress.

In 1897 the excess of births over deaths was 4,071, compared with 2,218 in 1937, when the population was nearly doubled.

The number of births in 1937 was 868 *less* than the number in 1897, in spite of the doubled population, and if the death rate of 1897 had been maintained in 1937 we should already have reached the stage of a declining population.

In fact, active Health administration reduced the death rate steadily year by year, so that in 1937 we still had an excess of births over deaths.

But, whilst there has been a steadily decreasing annual addition to the population by births, there has been an extension of average longevity, so that the proportion of the population living at the older age-ranges has greatly increased and it has been authoritatively stated that the time is near at hand when the losses in the higher age-periods will increasingly and relatively rapidly exceed the gains by births, if the present birth rate remains unchanged.

It is said that we are in sight of a fall in population which, in a period of a century, might reduce our population to diminutive proportions.

The question is, of course, one of absorbing interest and of a complexity which precludes full consideration in a Report of this character, but one cannot scan the records of the past forty or fifty years as affecting our own County, even superficially, without a sense of gratefulness for advantage gained and a wondering speculation as to future trends.

Taking some thought for the morrow—but not too much—it suffices to record that the County's gain in health over the past forty years has been most significant and that, equipped as it is now with a comprehensive and enthusiastic Health administration, there is every justification for expecting progress in health for our population, which is becoming increasingly interested and enlightened in such matters.

Hospital Services.

In my last Report I recorded the progess which had been made during 1936 in the reclassification of County Institutions and the establishment of an adequate co-ordinated Hospital Service for the County, and indicated that it was expected that a conference with the Consultative Body representing the Voluntary Hospitals serving the County would shortly be held.

During 1937 several such conferences have been held and much progress has been made.

At the first conference early in the year the proposals for the future adaptation and use of County Institutions were discussed and generally agreed and valuable information was obtained from the Consultative Body as to the extent of shortage of Hospital accommodation for cases of the more acute type throughout the County. It was made clear that in certain areas there were very heavy waiting lists and much delay was experienced by patients requiring treatment, though in no case did it appear that any acute case had ever been refused admittance. However, the net effect would appear to be that, whilst the really acute work is being dealt with promptly in the Hospitals throughout the County, this is only being done at the expense of delay for many cases which, though not acute, are nevertheless urgent.

Generally the conference offered confirmation of our own view that there was need in the County for additional Hospital accommodation of at least 250 beds.

The most serious need for increased Hospital accommodation appeared to arise in the Mansfield District, and for some time the Voluntary Hospital there had been trying to raise funds for an expansion of its accommodation. The proposals of this Hospital, however, appeared quite inadequate to meet the needs of the area, and it became apparent that it would be necessary for the County Council to provide Hospital accommodation in addition.

Very careful consideration was therefore given to the question as to the best means of meeting the needs of this area, taking a long view many years ahead; whether partly by the Voluntary Hospital and partly by the County Council, or wholly by the County Council. Several conferences were held with the Governing Body of the Mansfield and District General Hospital, who, in order to provide additional accommodation at their Hospital, desired to purchase from the County Council some land adjacent to the Hospital owned by the County Council.

In view of the fact that the Voluntary Hospital would obviously be unable to make new provision sufficient to meet the whole of the needs of the area, and of the fact that the County Council would certainly have to provide additional accommodation separately, a strong view was held by the County Council representatives that, in view of the relatively cramped siting of the present Voluntary Hospital, and looking to the needs of the distant future, it would be better to plan all additional accommodation required in connection with the new County Hospital,

rather than to add new buildings to the existing Voluntary Hospital. In other words, they had in mind the desirability of taking the first step towards the establishment of a new Hospital Centre for the service of the most populous part of the County.

However, after very full investigation of the issues the Governing Body of the Mansfield and District General Hospital adhered to their desire to expand their Hospital by some seventy beds and pressed their request that the County Council should allow them to purchase the land adjacent for this purpose.

In due course the County Council agreed to this proposition, and it is expected that the Voluntary Hospital will therefore proceed to build further accommodation for about seventy beds.

This decision cleared the way for a more precise definition of the amount of accommodation which it would be necessary for the County Council themselves to provide for the service of the Mansfield area, and towards the end of the year it was decided that a large Hospital would be required which would not only meet the known deficiency of Hospital beds for the central County area, but would also provide modern Maternity Hospital accommodation on a comparatively large scale and would include accommodation for the 250 sick at present treated in the sick wards of the Mansfield County Institution (which the County Council had already agreed were not really suitable for continued use for the reception of the sick).

Whilst detailed accommodation had not at this stage been worked out, it became apparent that there was likely to be need for a Hospital of some 450 beds, and several alternative sites suitable for such a Hospital were viewed towards the end of the year.

Another rather important modification of the classification proposals arose during the year owing to a decision being reached that the Newark County Institution should not be used in conjunction with the new Colony for Mental Defectives, near Newark, for the reception of about 120 medium-grade mental defectives, as was originally proposed. The accommodation for the defectives will now be provided at the Colony by the erection of two additional villa blocks, and the Newark County Institution will therefore remain available for the reception of cases of another type.

It is interesting to note that the Hospitals Consultative Body strongly supported this decision, as they held the view that, though the Newark County Institution was not at the present time being utilised to any great degree for the treatment of the sick, it would increasingly be needed for that purpose in the future.

During the first half of the year 1938 the proposal to provide a new County Hospital has been pursued in detail, a preliminary schedule of the accommodation required was prepared, and provisional plans drafted. A suitable site has been selected and before proceeding to the drafting of final plans it has been decided that several modern Hospitals throughout the Country shall be visited.

Tuberculosis Service.

Arrangements for the provision of new Dispensary accommodation for the service of the Nottingham and Worksop areas of the County were completed. At Nottingham a large house was purchased, which, with relatively minor adaptations, provided very suitable accommodation for the purpose. This purchase was completed during the year, but the building was not actually taken into occupation until the 30th March, 1938. At Worksop a start was made with the erection of a special new Dispensary building.

With the provision of these two new buildings there will be excellent Dispensary accommodation in each area of the County with the exception of the Newark area, where the accommodation in hired premises is unsatisfactory.

Ransom Sanatorium. Towards the end of the year the Sanatorium suffered a very real loss in the resignation of the Medical Superintendent, Dr. C. L. C. Crowe, on his obtaining the appointment of Medical Superintendent at the City Hospital, Nottingham. During his six years in charge of the Sanatorium, Dr. Crowe rendered very exceptional service by introducing a new vitality, both clinically and administratively, which has enhanced the usefulness of the Sanatorium manyfold. An exceedingly keen and competent clinician, he introduced with success a new activity into the treatment of his cases and administratively he was equally alert and progressive. Fruit will be borne from his pioneer work for many years to come. He was succeeded on the 31st March, 1938, by Dr. E. Firth.

Early in the year work was commenced on the construction of the new " double-decker " male block to accommodate fifty-two patients, and towards the end of the year good progress had been made.

The plans for the new treatment block and the new administrative block reached the final stage, and received the approval of the Ministry of Health.

When these buildings have been completed the Sanatorium will be a very complete institution for the treatment of Tuberculosis, as full facilities will be available for all modern forms of treatment and investigation, including, of course, surgical treatment.

Surgical Treatment of Pulmonary Tuberculosis. The arrangements described in my last Report for the conduct of this work at the Kilton Hill County Hospital under the charge of Mr. Laurence O'Shaughnessy, M.D., B.S., F.R.C.S., L.R.C.P., have been continued throughout the year with success.

Thirty cases were dealt with during the year.

I am fortunate in being able to include in this Report a valuable contribution dealing with this work written by Mr. O'Shaughnessy.

Village Settlement. In previous Reports I have written full details of the proposals for the establishment of a Village Settlement on a site adjacent to the Ransom Sanatorium, and in this Report I am now able to record the first step in the realisation of the proposals.

The first workshop, fully equipped with electrical machinery for woodworking, was completed towards the end of the year and taken into use. Non-resident settlers were appointed in accordance with the terms of the scheme, and a start was made with the production of sectional buildings.

The workshop was placed in the charge of Mr. J. Cole, an experienced woodworking Foreman from the Preston Hall Village Settlement, kindly lent to us by Dr. J. B. McDougall, the Medical Director. Mr. Cole was responsible for the initial training of the men, none of whom had much experience in this particular craft, and he was very quickly able to show that under suitable expert guidance and with the use of machinery unskilled men are capable of producing work of quite a high standard.

Maternity and Child Welfare.

Midwives Act, 1936. The operation of the Midwives Act, 1936, imposed a large new burden upon this branch of the Service. The Act required that the new Service of Domiciliary Midwives, precluded from private practice, should be in operation from the 31st July, and I am happy to record that the County scheme, as described in full in my Report for the year 1936, came into full operation at midnight on the 31st July, 1937.

The scheme provided for the employment of fifty whole-time County Midwives and sixty-five District Nurse Midwives. The number of Midwives employed was such as to secure that no Midwife in an urban area would normally have to undertake more than ninety cases in a period of twelve months and no Midwife in a rural area more than sixty cases in a similar period.

From the commencement the arrangements worked smoothly, and in only one instance was any modification necessary—namely, the retirement of the Newstead District Nursing Association from the scheme on account of the fact that they found it impracticable to take their District Nurse Midwife into whole-time employment and preclude her from participating in private practice.

It is interesting to note that at the moment of writing an Order has just been made by the Minister of Health under Section 6 of the Act prohibiting any person being a woman neither certified under the Act of 1902 nor registered in the general part of the Register of Nurses required to be kept under the Nurses Registration Act, 1919, or a male person, from receiving any remuneration for attending in the area of the Local Supervising Authority as a Nurse on a woman in childbirth or at any time during the ten days immediately after childbirth.

The proviso to the Section excepts certain persons from its provisions, including medical students and pupil midwives, persons who attend on women as aforesaid in any registered Nursing Home or Nursing Home which is exempt from registration, or any institution which is not a Nursing Home, and any woman who, before 1937, has been certified by the Authorities of certain approved Hospitals to have been trained in obstetric nursing and has given notice to the Local Supervising Authority that she has been so certified.

The penalty on conviction for an offence under the section may be £10.

During the first twelve months' working of the arrangements 2,260 cases have been attended by Midwives under the scheme as Midwives and 689 as Maternity Nurses.

Child Welfare Centres and Ante-Natal Clinics. During the year five additional Child Welfare Centres were opened and four additional Ante-Natal Clinics, and at certain other Centres and Clinics additional Medical Officers' sessions were provided.

Maternity Hospital Accommodation. Communications were received from the Authorities of the Nottingham Hospital for Women and the Newark and District Hospital indicating that they were proposing to provide new maternity bed accommodation in connection with their Hospitals and inviting the County Council to share in the use of the accommodation on agreed terms. Conferences were in due course held and it is anticipated that in both instances accommodation will be available for County cases.

A communication was also received from the Lindsey County Council offering bed accommodation at their Gainsborough Maternity Home for Nottinghamshire County cases, and it was agreed to accept the offer as being likely to be of service to County cases in the north-eastern portion of the County.

Circular 1622. This Circular, received from the Ministry of Health, requested Maternity and Child Welfare Authorities to review their Services with a view to the remedying of any deficiencies and to the completion of Services on certain lines indicated in the Circular.

In particular the Circular dealt with the establishment of more complete Services for the combat of maternal mortality, and suggested the need for co-ordination between the Public Health Services and the Private Practitioner Services, the establishment of a competent Consultant Service, and of Consultant Ante-Natal and Post-Natal Clinics.

Particular emphasis was laid upon the desirability of establishing Emergency Units.

A Special Sub-Committee was appointed to consider this Circular and arrangements were in due course made for the establishment of Emergency Units, Consultant Ante-Natal and Post-Natal Clinics, and a

Service of Home Helps ; and a conference was arranged with representative General Practitioners, through the local Branch of the British Medical Association, with a view to securing their co-operation.

Mental Deficiency Service.

The plans for the erection of a Colony for Mental Defectives of 540 beds received the approval of the Board of Control and the Ministry of Health during the year, and tenders for the erection of the building were considered and a suitable tender accepted at the first meeting of the Council in February 1938. At the time of writing the work of erection is steadily proceeding.

Towards the end of the year it was decided to appoint a Home Teacher for service in the County, and the appointment was in due course made in April, 1938.

Appointment of Whole-Time Medical Officers of Health.

The Council's scheme under Section 111 of the Local Government Act, 1933, was further implemented during the year by the appointment of whole-time Medical Officers of Health for the Urban District of West Bridgford and the Rural District of Bingham, as a combined appointment, and the Urban District of Eastwood.

There are now fourteen County Districts employing whole-time Medical Officers of Health precluded from engaging in private practice and six County Districts employing Medical Officers of Health who are also Private Practitioners.

Rural Housing.

The systematic survey of Rural Housing was continued in certain County Districts throughout the year, and further evidence was accumulated indicating the very large amount of work waiting to be done in connection with housing in rural areas.

Reports on every defective house ascertained by the County Sanitary Inspectors were forwarded systematically throughout the year to the appropriate Officers of the District Councils concerned, and there was generally close contact maintained between the County Sanitary Inspectors and the District Sanitary Inspectors.

In connection with the results of the survey in one Rural area it was thought desirable to hold a conference with the Rural District Authority. As a consequence the Authority have now appointed additional Staff with a view to accelerating Housing inspection and repair, and I am glad also to be able to record that several other Rural District Councils have also augmented their Staffs for Housing purposes.

The opportunity offered by the Housing (Rural Workers) Acts for financial assistance to property owners in relation to the rehabilitation of suitable rural dwellings has again been constantly brought to the notice of the persons concerned, and pamphlets prepared and issued by the County Council have been distributed on a large scale.

Agriculture Act, 1937.

This Act, which came into operation on the 1st April, 1938, has had the effect of establishing a Government Veterinary Service throughout the whole Country on a Regional basis. For those Authorities, such as our own, who had established a complete and competent Veterinary Service under their own control this Act cannot be regarded as welcome, and it appears difficult to believe that it is likely that a Service of the same intimate value and understanding can be provided through the new centralised organisation.

In this County the effect of the Act may be somewhat mitigated by the fact that, though we have lost the direct services of the County Veterinary Officer, Mr. H. L. Torrance, he is fortunately still remaining in the area, having been appointed as Superintending Inspector in charge of the Area No. 4.

Mr. Torrance had established so complete and thorough an organisation, which was based throughout on a Public Health as distinct from a purely Veterinary outlook, that it is hard to accept his transfer to other functions as anything but a very severe loss to the County.

Air Raid Precautions.

During 1937 a great deal of groundwork was carried through which enabled real progress to be made in the first six months of the year 1938, but the lack of any certainty as to the financial basis of Air Raid Precautions and the state of flux as to the precise form of organisation required militated against progress in the formal establishment of services, though certain County Districts prepared detailed paper schemes and made good progress in the training of personnel.

Towards the end of the year 1936, a scheme which had been approved by the County Council was submitted to and accepted by a Conference of the Local Authorities in the County, and at the same Conference it was decided to appoint a County Air Raid Precautions Committee, constituted of representatives of the County Council together with two representatives from each of the County District Authorities.

The scheme included a complete Schedule of Air Raid Precautions Medical Services organised on a whole-County basis, and indicated the number of First Aid Posts required (and their location), the number of First Aid Parties, Ambulances, Transport Cars, the requirements of personnel for each Service and the number of Hospital beds.

In preparing this organisation I conceived that Medical Services could best be organised on a whole-County basis administered directly by the County Council and not by individual Local Authorities, and as recorded above the County Council and Local Authorities confirmed this view.

In this way uniformity of organisation and close co-ordination could be secured in a Service which in actual practice would necessarily have to ignore the watertight compartments of County District Boundaries.

Further, I believed that, as the requirements (for example) of a First Aid Post adaptation would be much the same whether in a building in the one or the other extreme of the County, economy of time and effort in the selection, planning and adaptation of buildings would accrue if the work were concentrated in a single channel rather than diffused over twenty agencies, each of which might well be working to different standards and with varying ideas of the urgency of the matter.

However, circumstances prevented any early implementation of the scheme, and in particular was progress hampered by financial uncertainty. In due course the Air Raid Precautions Act, 1937, somewhat clarified the position.

In the meantime the first meeting of the new County Air Raid Precautions Committee was convened in April, 1937, and a small Executive Sub-Committee was appointed to proceed with the creation of an organisation in accordance with the scheme.

At the same time it was decided to ask the Council for authority to appoint an Air Raid Precautions Officer " if necessary," and in fact an appointment was made in the month of July and Major G. W. N. Barefoot, M.C., took up the duties in September.

In October the Air Raid Precautions Officer presented a revised scheme based on the provisions of the Air Raid Precautions Bill, and in this scheme all Services except Hospital Services were based on a County District organisation, with appropriate co-ordinating links and ultimate control by the County Council by virtue of the proposal that all Air Raid Precautions expenditure should be a whole-County charge.

The position now became one in which the County Council would be responsible for the presentation of a complete County scheme, in due course, to the Home Office, but the actual preparation of the component parts of such scheme in detail would be the responsibility of each of the twenty County Districts, including, of course, the Medical Services in every particular except Hospitals.

This scheme received the Council's approval in November, together with a proposal to establish a County Gas School at the Shire Hall.

Whilst the County Medical Officer was appointed Director of Medical Services, Air Raid Precautions, and thus retained a major responsibility for the preparation and maintenance of efficient Air Raid Precautions Medical Services, the duty of preparing and maintaining such Services *in detail* was placed in other hands.

In order to secure liaison between the Officers of the County Districts and a chain of supervision and co-ordination, the County was divided into six Zones, each under the supervision of a Deputy Director of Medical Services, and in each County District an Assistant Director of Medical Services was appointed, who was usually the District Medical Officer of Health.

This was the position at the end of the year, but as Air Raid Precautions is so topical a subject it seems desirable to report the further progress made during the year 1938, up to the time of writing.

In January, 1938, it was decided that it would be difficult for the twenty County Districts separately to establish an organisation for the training of Medical Services personnel in each District, and accordingly a central organisation controlled by my Department, available for the whole County, was set up in collaboration with the St. John Ambulance Brigade and the British Red Cross Society, and appropriate scales of fees for lecturers approved.

As regards the training of personnel for service in First Aid Posts and Parties Mr. C. W. Jenkinson, Air Raid Precautions Staff Officer of the St. John Ambulance Brigade, was appointed on my Staff as "County First Aid Commandant" in charge of this organisation, in an honorary capacity.

Kits of training material and appropriate handbooks were provided by the Council for the use of approved classes.

Training in "First Aid" was given priority over training in "Gas," which will follow later.

As little progress was being made during the first three months of 1938, in the detail work of organising First Aid Posts and Parties, I prepared a revised Schedule for the whole County, by Districts, based on the Home Office revised Memoranda, and called a Conference of District Medical Officers of Health.

At this Conference the Schedule was considered in detail and the organisation explained. The urgency of deciding finally the needs of each County District in First Aid Posts and Parties was stressed so that the numbers of personnel required might be assessed, recruitment encouraged and training started.

A subsequent Conference with Deputy Directors of Medical Services was held, at which a request was made for the submission of proposals for each County District, based on the Schedule, without delay.

As a consequence of the very willing co-operation of the Deputy Directors of Medical Services and Assistant Directors of Medical Services, proposals for all County Districts were received by the end of July, and I was able to submit informally to the Home Office early in August a whole-County Schedule for First Aid Posts and First Aid

Parties, with a view to ascertaining the total number of such which the Home Office were prepared to approve for the County, and thus place the County Districts in a position of certainty in pursuing their organisation in detail.

As regards premises for use as First Aid Posts it has been commonly agreed that Schools offer the most favourable opportunity for ready adaptation, and the County Education Committee have agreed to the principle of the use of Schools.

In one instance the plans of a new School Clinic and Dispensary building in course of erection have been modified to render the building suitable for use as a permanent First Aid Post which will, when completed, be available for training and practice purposes.

At the time of writing it is expected that the number of First Aid Posts likely to be approved will be forty-five, requiring a personnel of 3,150.

The probable number of First Aid Parties is 207, involving a personnel of 828, 414 ambulances, 414 cars and 207 motor cycles for communication purposes.

There are six classes now being held and seventeen planned for the early Autumn.

Approximately 1,588 persons have been recruited for Medical Services.

There is obviously much leeway to be caught up, but the slowest stage should now be passed and more rapid progress may be expected.

I am much indebted to Captain Muschamp and Mr. Jenkinson, St. John Ambulance Brigade, and Colonel Jardine and Dr. Blandy, British Red Cross Society, for valuable help, advice and co-operation ; and to my colleagues who are acting as Deputy Directors of Medical Services and Assistant Directors of Medical Services for loyal help and support despite their many other arduous duties.

STATISTICS AND NATURAL AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres) land and inland water	523,843
Population (Census 1921)—(actual 378,525)	*377,346
Population (Census 1931)—(actual 443,930)	*436,542
Population (estimated to the middle of 1937)	465,800
Estimated increase during 1936-7	6,800
Number of Inhabited Houses (Census 1931)—(actual 108,758)	*106,634
Number of Families or separate Occupiers (Census 1931)—(actual 111,804)	*109,674
Average number of persons per house (Census 1931)—(actual 4.1)	*4.1
Rateable Value (1st April, 1937)	£2,260,372
Product of a penny rate (1st April, 1937)	£8,621
Population of the "Special Area" for Maternity and Child Welfare (estimated to the middle of 1937)	198,670

*These figures relate to the area of the County as constituted at the 30th September, 1935, and exclude the population enumerated in the areas transferred to the City of Nottingham under the Nottingham Corporation Act, 1932, which came into effect on the 1st April, 1933.

Geographically and socially the County is divided into two fairly well-defined portions: the western, of greater average elevation, undulating and in the main urban and industrial in character; the eastern, of lower elevation, more even contour and typically rural characteristics.

The aggregation of population on the western border almost from north to south has resulted from the development of the extensive coal measures, which has now reached the mid-Nottinghamshire area of Sherwood Forest.

The most important occupations are coal mining and agriculture. but there are many other industries employing large numbers of the population—gypsum mines and plaster works, lace, hosiery and textile factories, beet sugar factories, large railway centres, cement works, engineering works and allied industries.

Rising in the higher lands to the west are many streams reaching across the County to debouch into the River Trent, which traverses the southern portion of the County before turning sharply north on its seaward quest, ultimately constituting the eastern County boundary.

Geologically the County has a rich possession in the water-bearing Bunter Beds, from which water of exceptional quality is taken to hundreds of thousands of the population in the City and County, and in the City of Lincoln. In the south and east, however, whilst water is readily obtained and fairly constant it is of poor quality and very hard.

Since the 1st April, 1935, the County, as reconstituted under the County of Nottingham Review Order, 1934, has been divided into twenty Sanitary Districts; four Boroughs, ten Urban and six Rural Districts.

VITAL STATISTICS.

The Vital Statistics for the year were generally very favourable and, apart from an unchanged general death rate, slightly increased rates in respect of infantile mortality and other forms of Tuberculosis, were lower than those for the preceding year.

The infantile mortality rate for the whole County was 59 per thousand live births (1936, 58), and in the County Council "Special Area" for Maternity and Child Welfare 54 (1936, 53), compared with a rate of 58 (1936, 59) for England and Wales.

The maternal mortality rate per thousand live births for the whole County was 3.01 (1936, 3.98) and in the County Council "Special Area" for Maternity and Child Welfare 4.12 (1936, 3.50), compared with a rate of 3.23 (1936, 3.81) for England and Wales.

The rates for Puerperal Sepsis only per thousand live births were —whole County 0.82 (1936, 1.56) and "Special Area" 0.69 (1936, 1.75), compared with 0.97 (1936, 1.40) for England and Wales.

The maternal mortality rate per thousand total (live *and* still) births was 2.88 (1936, 3.81) for the whole County and 3.94 (1936, 3.35) in the County Council "Special Area," compared with a rate of 3.11 (1936, 3.65) for England and Wales.

For Puerperal Sepsis only the rates per thousand total (live *and* still) births were—whole County 0.79 (1936, 1.50) and "Special Area" 0.66 (1936, 1.67), compared with a rate of 0.94 (1936, 1.34) for England and Wales.

The County population, as estimated by the Registrar-General at mid-year 1937, shows an increase of 6,800 compared with the previous year.

The estimated population at the middle of the year 1937 was 465,800, compared with 459,000 in 1936.

The County death rate was 10.9, the same rate as in the previous year. For 1935 the rate was 10.4.

The death rate for England and Wales was 12.4, compared with 12.1 in 1936.

The birth rate for the County rose slightly from 15.3 in 1936 to 15.7 in 1937, compared with rates for England and Wales of 14.8 in 1936, and 14.9 in 1937.

Tuberculosis mortality (all forms) fell from 0.62 in 1936 to 0.52 in 1937, the latter being the lowest figure ever recorded in the County.

The death rate from Pulmonary Tuberculosis in 1937 was also the lowest yet registered, being 0.40, compared with 0.54 in 1936.

For other forms of Tuberculosis the figures were 0.08 in 1936, and 0.11 in 1937.

The mortality rate from Cancer was 1.39 as against 1.42 in 1936.

There was no exceptional cause of sickness or mortality during the year, and notifications of infectious diseases generally were fewer than in 1936. Pneumonia, however, was a notable exception, 563 cases being notified in 1937, compared with 399 in 1936.

The following table* gives the chief Vital Statistics for the years 1936 and 1937 for England and Wales (as supplied by the Registrar-General) and for the County of Nottingham for comparison.

	Birth Rate per 1,000 of population.		Death Rate per 1,000 of population.		Deaths under one year per 1,000 births.	
	1936	1937	1936	1937	1936	1937
England and Wales ..	**14.8**	**14.9**	**12.1**	**12.4**	**59**	**58**
125 County Boroughs, etc.	14.9	14.9	12.3	12.5	63	62
148 Smaller Towns ..	15.0	15.3	11.5	11.9	55	55
London	13.6	13.3	12.5	12.3	66	60
County of Nottingham ..	**15.3**	**15.7**	**10.9**	**10.9**	**58**	**59**
Aggregate Urban Districts	15.4	15.9	10.8	10.9	58	63
Aggregate Rural Districts	15.1	15.1	11.3	10.9	56	48
Special Area for Maternity and Child Welfare ..	14.5	14.7	11.3	11.1	53	54

These rates are calculated on the estimated populations supplied by the Registrar-General.

The growth of the population of the County is shown by the following figures which have been adjusted for the Censuses of 1921 and 1931 and relate to the area of the County as constituted on the 30th September, 1935 :—

Population Census, 1911	344,197
Population Census, 1921	377,346
Population Census, 1931	436,542
Population Estimated, 1937	465,800

The *natural* increase by excess of births over deaths for the past five years was as follows :—

1933	2,036
1934	2,395
1935	2,382
1936	2,005
1937	2,218

*The rates supplied by the Registrar-General for England and Wales, County Boroughs, Smaller Towns and London, are provisional figures based on Weekly and Quarterly Returns.

BIRTHS.

Seven thousand three hundred and eighteen live births were registered in the County in 1937. The rate was *slightly increased* being 15.7 (1936, 15.3), compared with a rate for England and Wales of 14.9 (1936, 14.8).

Males exceeded females by 262.

The number of live births registered in the "Special Area" for Maternity and Child Welfare was 2,915 and the rate was 14.7, compared with 2,854 and a rate of 14.5 in 1936.

The number of illegitimate births registered in the County was 238, giving a rate of 0.51 per 1,000 of the population and 32.5 per 1,000 registered births, compared with 34.4 in 1936 and 37.7 in 1935.

For Urban Districts this rate was 33.4 (1936, 36.3) per 1,000 registered births and for Rural Districts 30.2 (1936, 30.0).

The following table gives the birth statistics for the County Districts for the year 1937.

BIRTHS, 1937.

	Total No. Live Births	No. Legitimate		No. Illegitimate		Total Birth Rate (Live Births)
		Male	Female	Male	Female	
URBAN DISTRICTS						
Mansfield (Borough) ..	684	340	319	13	12	14·5
Worksop (Borough) ..	470	233	215	12	10	16·9
Newark (Borough) ..	301	141	145	5	10	14·9
East Retford (Borough) ..	230	125	95	5	5	15·2
Arnold	273	138	128	3	4	15·6
Beeston and Stapleford ..	710	360	326	17	7	18·9
Carlton	447	221	213	6	7	15·4
Eastwood	147	76	70	—	1	16·3
Hucknall	328	171	144	6	7	16·8
Kirkby-in-Ashfield ..	337	165	164	3	5	18·2
Mansfield Woodhouse ..	278	131	138	7	2	18·9
Sutton-in-Ashfield ..	600	301	278	12	9	15·6
Warsop	192	96	90	2	4	17·6
West Bridgford	205	102	103	—	—	9·8
AGGREGATE OF URBAN DISTRICTS	5,202	2,600	2,428	91	83	15·9
RURAL DISTRICTS						
Basford	696	362	318	8	8	16·3
Bingham	193	100	83	5	5	11·9
Worksop	291	147	137	3	4	19·7
East Retford	262	125	130	3	4	13·2
Newark	132	67	60	3	2	14·1
Southwell	542	266	257	10	9	14·6
Shire Hall	—	—	—	—	—	—
AGGREGATE OF RURAL DISTRICTS	2,116	1,067	985	32	32	15·1
WHOLE COUNTY	7,318	3,667	3,413	123	115	15·7

STILLBIRTHS, 1937.

	Total	LEGITIMATE		ILLEGITIMATE		Rate per 1,000 Total (Live and Still) Births
		Male	Female	Male	Female	
URBAN DISTRICTS						
Mansfield (Borough) ...	41	20	19	1	1	56
Worksop (Borough) ...	20	8	9	3	—	41
Newark (Borough) ...	14	7	6	—	1	44
East Retford (Borough) ...	8	4	4	—	—	34
Arnold	14	10	3	—	1	52
Beeston and Stapleford ...	23	12	9	—	2	31
Carlton	23	10	13	—	—	49
Eastwood	7	6	1	—	—	45
Hucknall	9	3	6	—	—	27
Kirkby-in-Ashfield ...	17	9	8	—	—	48
Mansfield Woodhouse ...	9	7	2	—	—	31
Sutton-in-Ashfield ...	22	11	8	1	2	35
Warsop	5	1	4	—	—	25
West Bridgford	8	2	6	—	—	37
Aggregate of Urban Districts	220	110	98	5	7	40
RURAL DISTRICTS						
Basford	35	12	20	2	1	48
Bingham	6	4	2	—	—	30
Worksop	10	5	5	—	—	33
East Retford	10	6	3	1	—	37
Newark	4	4	—	—	—	29
Southwell	25	10	13	1	1	44
Aggregate of Rural Districts	90	41	43	4	2	41
Whole County	310	151	141	9	9	41

DEATHS.

The number of deaths registered during 1937 was 5,100 (2,666 Males and 2,434 Females), giving a rate of 10.9 per 1,000 of the estimated population.

In 1936 there were seventy-two fewer deaths and the rate was 10.9.

The death rate for England and Wales for 1937 was 12.4 (1936, 12.1).

The aggregate rate for the Urban Districts was 10.9 (1936, 10.8) and for the Rural Districts 10.9 (1936, 11.3).

Death Rates, by County Districts.

To render the local crude death rates comparable with the death rate of the Country as a whole it is necessary to correct them by the application of a factor which compensates for differences in age and sex distribution in the local population, compared with the distribution in the Country as a whole. Such a factor has been furnished by the Registrar-General in respect of each of the County Districts.

The following table gives the crude death rate for each District, the correcting factor by which the crude rate is to be multiplied and, in the last column, the resultant corrected death rates for the year 1937.

	Death Rate per 1,000 of the Population	Areal Comparability Factor supplied by Registrar-General	Corrected Death Rate
URBAN DISTRICTS			
Mansfield Woodhouse ..	11·9	1·29	15·3
Kirkby-in-Ashfield	11·8	1·23	14·5
Sutton-in-Ashfield	10·9	1·22	13·3
Eastwood	12·0	1·10	13·2
Hucknall	11·8	1·12	13·2
Warsop	8·6	1·43	12·3
East Retford (Borough) ..	12·8	0·94	12·0
Carlton	10·9	1·10	11·9
Beeston and Stapleford ..	11·2	1·05	11·8
Arnold	11·3	1·04	11·7
West Bridgford	12·4	0·92	11·4
Mansfield (Borough)	9·4	1·19	11·2
Newark (Borough)	11·2	1·00	11·2
Worksop (Borough)	9·4	1·14	10·7
Aggregate of Urban Districts	10·9	1·12	12·2
RURAL DISTRICTS			
Newark	14·0	0·88	12·3
Bingham	13·5	0·82	11·1
East Retford	12·6	0·88	11·1
Basford	10·5	1·04	10·9
Worksop	8·2	1·33	10·9
Southwell	9·8	1·09	10·7
Shire Hall	—	2·44	—
Aggregate of Rural Districts	10·9	1·00	10·9

The chief causes of death in order for the whole County were as follows :—

Diseases of the Heart and Circulation	1,352
Cancer, Malignant Disease	649
Diseases of the Respiratory System (excluding Tuberculosis)	506
Cerebral Hæmorrhage, etc.	366
Congenital Debility, Premature Birth, Malformations, etc.	250
Tuberculosis, all forms	241
Influenza	230

The number of deaths due to Cancer was five less than in 1936, and seventy-eight more than in 1935.

In the above list of seven principal causes of death Cancer again occupies second place as in the previous year.

A record of the number of deaths from Cancer during the past ten years is given in the table hereunder, from which it will be observed that the mortality rate per thousand of the population in 1937 was slightly lower than in 1936 but higher than in any of the previous eight years.

TABLE SHOWING DEATHS FROM CANCER DURING THE PAST TEN YEARS.

	No.	Rate per 1,000 of Population.
1928	526 ..	1.24
1929	508 ..	1.18
1930	545 ..	1.24
1931	574 ..	1.28
1932	534 ..	1.18
1933	552 ..	1.23
1934	585 ..	1.30
1935	571 ..	1.26
1936	654 ..	1.42
1937	649 ..	1.39

Particulars of the facilities available for the diagnosis and treatment of Cancer are given on pages 42-46.

Deaths of Infants under one year of age.

There were 429 deaths of infants under one year of age in 1937, 244 males and 185 females. The rate per 1,000 live births was fifty-nine (legitimate fifty-nine, illegitimate fifty-five), compared with fifty-eight in 1936.

One hundred and fifty-seven deaths occurred in the "Special Area."

The rate for the Special Area of the County in which the County Council are the Authority for Maternity and Child Welfare was fifty-four, compared with fifty-three in 1936 and forty-seven in 1935.

The following table gives the rates for the whole County and aggregates for Urban and Rural Districts separately since the year 1908.

RATE OF INFANTILE MORTALITY PER 1,000 BIRTHS.

	Whole County.	Urban Districts.	Rural Districts.
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
1924	79	83	72
1925	77	79	74
1926	73	83	58
1927	69	76	57
1928	64	67	59
1929	76	79	72
1930	62	65	58
1931	72	75	66
1932	66	65	66
1933	68	71	63
1934	54	57	49
1935	56	61	46
1936	58	58	56
1937	59	63	48

The infantile mortality rates for the County Districts for the year 1937 are shown in the following table :—

RATE OF INFANTILE MORTALITY FOR 1937 PER 1,000 BIRTHS.

URBAN DISTRICTS.	RATE.
Warsop	88
*Carlton	83
Mansfield (Borough)	82
Hucknall	79
*Eastwood	75
Sutton-in-Ashfield	70
Kirkby-in-Ashfield	68
East Retford (Borough)	61
Mansfield Woodhouse	50
Worksop (Borough)	49
Beeston and Stapleford	49
Arnold	44
*West Bridgford	34
Newark (Borough)	33
Aggregate of Urban Districts	**63**

RURAL DISTRICTS.	RATE.
*East Retford	65
*Basford	57
*Worksop	48
*Southwell	46
*Bingham	26
*Newark	7
Aggregate of Rural Districts	**48**
Rate for Whole County	**59**

*Districts within the " Special Area " for Maternity and Child Welfare.

Table of Causes of Death of Children under one year of age.

	NUMBER OF DEATHS.			Rate per 1,000 live births.
	Urban Districts.	Rural Districts.	County.	
Congenital debility and malformation, premature birth	191	55	246	33.6
Pneumonia	46	15	61	8.3
Bronchitis	14	5	19	2.6
Tuberculosis of Respiratory System	—	—	—	—
Whooping Cough	7	3	10	1.4
Influenza	4	3	7	0.9
Other tuberculous diseases	3	—	3	0.4
Measles	1	1	2	0.3
Diarrhoea	28	10	38	5.2
Other causes	33	10	43	5.9

Fifty-seven per cent. of the infant deaths were due to pre-natal causes ; of the fifty-nine infant deaths which occurred for every thousand infants born alive, thirty-four were due to prematurity, malformation and debility at birth.

The next most frequent cause of death was respiratory disease.

Diarrhoea accounted for five deaths per thousand live births.

The numbers of deaths due to certain specified diseases are shown hereunder :—

Measles (all ages)	17
Whooping Cough (all ages)	16
Diarrhoea (under two years of age)	42

In the Borough of East Retford, the Urban Districts of Sutton-in-Ashfield and West Bridgford, and the Rural Districts of Bingham and Newark, there were no deaths due to Diarrhoea (under two years of age).

Tables dealing with the causes of death will be found in the Appendix, pages v., vi. and vii.

THE DIAGNOSIS AND TREATMENT OF CANCER.

Facilities for the diagnosis and treatment of Cancer are available as follows.

(*a*) Voluntary Facilities.

The Nottinghamshire Council of the British Empire Cancer Campaign have established, under the Chairmanship of Mr. R. G. Hogarth, C.B.E., F.R.C.S., an Institute at the Nottingham General Hospital, at which are available a deep X-ray therapy unit and a radium treatment unit. These are in charge respectively of Dr. W. J. Mowat, M.D., Ch.B., D.R., and Mr. F. C. Hunt, F.R.C.S.E.

This organisation may be described as the focal point for Cancer diagnosis and treatment for the County, as patients may be received here from all parts of the area and in fact many cases are dealt with from outside Nottinghamshire.

At the Nottingham General Hospital itself there are, of course, ample diagnostic and surgical treatment facilities, and at each of the following Voluntary Hospitals similar facilities are available :—

Mansfield and District Hospital.
Worksop Victoria Hospital.
Retford and District Hospital.
Newark and District Hospital.

In addition County residents are afforded service by the Sheffield Royal Infirmary and the Sheffield Royal Hospital.

(*b*) Public Authority Facilities.

At the following Institutions administered by the County Council facilities for surgical treatment are available and radiological treatment can be provided through co-operation with the Nottinghamshire Council of the British Empire Cancer Campaign :—

Worksop. Kilton Hill County Hospital.
Basford County Institution.
Mansfield County Institution.
Southwell County Institution.

At each Hospital or Institution the services of a complete Consultant Staff are available, both for diagnosis and for treatment, including the services of the Medical Officer in charge of the Radium Institute.

In order to avoid the possibility that advice or treatment shall not be secured owing to financial difficulties, it was arranged in 1935 for travelling expenses to be paid in approved cases to enable attendance at the Sheffield Radium Centre.

TREATMENT.

The record of treatment given is as follows.

British Empire Cancer Campaign.

In addition to the facilities available at the Hospitals previously mentioned there is accommodation for a limited number of in-patients available at the Women's Hospital, Peel Street, Nottingham.

In the year ended 30th April, 1938, 201 new patients have been admitted to Nottingham Hospitals for Radium treatment, and at the out-patient Clinic at the General Hospital 1,126 attendances were made. Three hundred and twelve new patients received treatment by deep X-ray therapy. In addition ninety-four old patients received further treatment and the total number seen in the follow-up Clinic was 648.

Voluntary Hospitals.

I am indebted to the Secretaries of Voluntary Hospitals who have supplied me with particulars of the treatment of Cancer at individual Hospitals during 1937, a summary of which appears in the following table.

CASES OF CANCER ADMITTED TO VOLUNTARY HOSPITALS DURING 1937.

	SITES.									
	Uterus	Tongue and Mouth	Breast	Lip	Skin	Larynx	Bladder	Rectum	Other Sites	Total
GENERAL HOSPITAL, NOTTINGHAM.										
No. of Cases ..	26	7	42	5	11	4	5	33	42	175
Treatment Received :										
Operative & Radiat'n.	—	1	3	1	—	—	—	—	—	5
Radiation only ..	22	4	8	4	11	—	—	1	2	52
Operative only ..	4	2	30	—	—	4	3	24	29	96
Inoperable Cases ..	—	—	1	—	—	—	2	8	11	22
NOTTINGHAM HOSPITAL FOR WOMEN, PEEL STREET.										
No. of Cases ..	36	—	30	—	—	—	—	1	13	80
Treatment Received :										
Operative & Radiat'n.	4	—	25	—	—	—	—	—	5	34
Radiation only ..	31	—	2	—	—	—	—	—	—	33
Operative only ..	1	—	3	—	—	—	—	—	4	8
Inoperable Cases ..	—	—	—	—	—	—	—	1	4	5
NEWARK TOWN AND DISTRICT HOSPITAL AND DISPENSARY.										
No. of Cases ..	—	1	6	—	—	—	1	—	7	15
Treatment Received :										
Operative & Radiat'n.	—	—	—	—	—	—	—	—	—	—
Radiation only ..	—	1	—	—	—	—	—	—	—	1
Operative only ..	—	—	6	—	—	—	—	—	1	7
Inoperable Cases ..	—	—	—	—	—	—	1	—	6	7
RETFORD AND DISTRICT HOSPITAL AND DISPENSARY. (Cases sent to Leeds and Sheffield for Radiation Treatment).										
No. of Cases	2	—	1	—	—	—	—	—	1	4
Treatment Received :										
Operative & Radiat'n.	—	—	—	—	—	—	—	—	—	—
Radiation only ..	—	—	—	—	—	—	—	—	—	—
Operative only ..	2	—	1	—	—	—	—	—	—	3
Inoperable Cases ..	—	—	—	—	—	—	—	—	1	1
WORKSOP VICTORIA HOSPITAL.										
No. of Cases ..	3	—	1	—	—	1	1	3	10	19
Treatment Received :										
Operative & Radiat'n.	—	—	—	—	—	—	—	—	—	—
Radiation only ..	—	—	—	—	—	—	—	—	—	—
Operative only ..	1	—	1	—	—	—	—	3	8	13
Inoperable Cases ..	2	—	—	—	—	1	1	—	2	6

Particulars of the cases admitted to Mansfield and District Hospital are not available.

County Council Institutions.

The following table gives particulars of the cases of Cancer treated during 1937 in Institutions belonging to the County Council.

STATEMENT OF CANCER PATIENTS FOR 1937.

TOTAL NUMBER OF PATIENTS ADMITTED TO HOSPITALS OF THE COUNCIL — 65.

SITES.	I. Patients admitted after previous advice or treatment at another Hospital providing radiation as well as operative treatment. Total number—26.		II. Patients admitted after previous advice or treatment at another Hospital providing operative but not radiation treatment. Total number—Nil.				III. Patients admitted without previous advice or treatment at another Hospital. Total number—39.		
			Treated at that Hospital.		Not treated at that Hospital.				
	(*a*) Numbers treated at that Hospital.	(*b*) Numbers not treated at that Hospital.	(*a*) Numbers retained in Council's Hospital.	(*b*) Numbers referred for advice and/or treatment to a Hospital providing radiation treatment.	(*a*) Numbers retained in Council's Hospital.	(*b*) Numbers referred for advice and/or treatment to a Hospital providing radiation treatment.	(*a*) Numbers retained in Council's Hospital.	(*b*) Numbers referred for advice and/or treatment to :— (i) Hospital providing operative treatment.	(*b*) Numbers referred for advice and/or treatment to :— (ii) Hospital providing radiation as well as operative treatment.
Uterus	2	1	—	—	—	—	5	—	—
Tongue and Mouth	2	1	—	—	—	—	—	—	1
Breast	3	—	—	—	—	—	3	—	—
Lip	—	—	—	—	—	—	—	—	1
Skin	1	—	—	—	—	—	1	—	2
Larynx	—	—	—	—	—	—	1	—	—
Bladder	—	—	—	—	—	—	1	—	—
Rectum	2	1	—	—	—	—	4	—	1
Other Sites ..	10	3	—	—	—	—	19	—	—
TOTAL ..	20	6	—	—	—	—	34	—	5

Payment of Travelling Expenses.

No assistance was afforded during the year under the arrangements with the After-Care Committee of the Sheffield Radium Centre at the Royal Infirmary, Sheffield, for the payment of travelling expenses of necessitous patients attending the Centre for treatment for Cancer.

ORTHOPAEDIC OUT-PATIENT TREATMENT OF CHILDREN UP TO SIXTEEN YEARS OF AGE.

Public Health Act, 1875 (Section 131) or Public Health Act, 1936 (Section 181).

Arrangements were made with the Cripples' Guilds in the County in April, 1937, for Orthopaedic Out-Patient Treatment, including the supply of appliances and payment of travelling expenses where necessary to be given free of cost to children up to sixteen years of age, suffering from crippling defects, who have hitherto been unprovided for under the Education Committee's schemes owing, in the case of children of school age, to non-attendance at an elementary school or, in the case of children between fourteen and sixteen, to non-attendance at a special school.

The Borough Councils of East Retford and Mansfield have subsequently provided similar facilities and the Newark Borough Council have the question under consideration.

In consequence cases from these Districts have not been treated under the County scheme.

The amount provided for the financial year 1937-38 was £30.

During this period—i.e., from the 1st April, 1937, to the 31st March, 1938, thirty-nine cases made 332 out-patient attendances at the various Clinics of the Cripples' Guilds; two patients were provided with appliances, and travelling expenses were paid in one case.

HOSPITAL AND INSTITUTIONAL ACCOMMODATION.

The following tables, A., B., D. and E., indicate the several Voluntary Hospitals and Local Authority Hospitals or Institutions which are available for the reception of the various categories of sick in the County. Table C. shows the proportion of beds reserved for certain specified categories.

As regards the Basford and Mansfield County Institutions, the Derbyshire County Council have the right to use sixty-five beds in the former and eighty beds in the latter during the period ending 31st March, 1940.

Table A.

HOSPITAL ACCOMMODATION.

Hospitals under the Control of Local Authorities.

Name.	Situation.	Management.	Purpose.	Number of Beds and Cots.	Medical Staff.		Nursing Staff.		Consultants.		Special Departments.	Approximate percentage of Beds serving	
					Total No.	Classification.	Total No.	Classification.	Total No.	Classification.		County.	Outside Areas.
Ransom Sanatorium.	Rainworth, near Mansfield.	County Council.	Tuberculosis Sanatorium.	150	2	Medical Superintendent. Assistant Resident Medical Officer.	31	Matron. Assistant Matron. Home Sister and Sister Tutor. Night Sister. Three Day Sisters. Seven Staff Nurses. Seventeen Probationer Nurses.	6	Radiologist. Orthopaedic Surgeon. Laryngologist. Chest Surgeon. General Surgeon. Physicians (2).	X-Ray. Ultra-Violet Radiation.	100%	—
Kilton Hill County Hospital.	Worksop.	County Council.	General.	97	1	Visiting Medical Officer.	12	Matron. Assistant Matron. Four Ward Sisters. Five Nurse Attendants. Male Attendant.	—	Thoracic Surgeon, Asst. Thoracic Surgeon and Complete Panel available as required.	Operating Theatre. Maternity. Ultra-Violet Radiation.	100%	—
County Institution.	Basford.	County Council.	General.	214	1	Visiting Medical Officer.	37	Superintendent Nurse. Home Sister and Sister Tutor. One Night Sister. Four Ward Sisters. Four Staff Nurses. Twenty-three Probationer Nurses. Four Male Attendants.	—	Complete Panel available as required.	Operating Theatre. Maternity.	80%	20%
County Institution.	Bingham.	County Council.	General.	33	1	Visiting Medical Officer.	4	Matron. Three Nurse Attendants.	—	Complete Panel available as required.	—	100%	—
County Institution.	Mansfield.	County Council.	General.	237	2	Visiting Medical Officer. Visiting Surgeon.	42	Matron and Superintendent Nurse. Assistant Superintendent Nurse. Home Sister and Sister Tutor. Night Sister. Five Ward Sisters with C.M.B. Thirty Probationer Nurses. Four Male Attendants.	—	Complete Panel available as required.	Operating Theatre. Maternity.	86%	14%

Accommodation and Staff as at 31st December, 1937.

Table A.—*Continued.*

HOSPITAL ACCOMMODATION.

Name.	Situation.	Management.	Purpose.	Number of Beds and Cots.	Medical Staff.		Nursing Staff.		Consultants.		Special Departments.	Approximate percentage of Beds serving	
					Total No.	Classification.	Total No.	Classification.	Total No.	Classification.		County.	Outside Areas.
County Institution.	Newark.	County Council.	General.	69	1	Visiting Medical Officer.	7	Superintendent Nurse. Ward Sister. Five Nurse Attendants.	—	Complete Panel available as required.	Operating Theatre (not equipped). Maternity.	100%	—
County Institution.	Retford.	County Council.	General.	68	1	Visiting Medical Officer.	7	Matron. Head Nurse. Five Nurse Attendants.	—	Complete Panel available as required.	Maternity.	100%	—
County Institution.	Southwell.	County Council.	General.	*80	1	Visiting Medical Officer.	10	Matron. Head Nurse. Night Sister. Seven Nurse Attendants.	—	Complete Panel available as required.	Operating Theatre. Maternity.	100%	—
County Mental Hospital.	Radcliffe-on-Trent.	County Council.	Mental.	818	3	Medical Superintendent. Senior Assistant Medical Officer. Second Assistant Medical Officer.	116	Matron. Head Male Nurse. Assistant Matron. Junior Assistant Matron. Deputy Head Male Nurse. Thirty-nine Certified Male Nurses. Twenty-four Certified Female Nurses. Eight Male Nurses (passed preliminary examination). Four Female Nurses (passed preliminary examination). Eight Male Probationer Nurses. Twenty-eight Female Probationer Nurses.	—	All members of the Honorary Medical Staff of the Nottingham General Hospital are available as required.	Dental. Out-patient Nerve Clinic at the Nottingham General Hospital.	100%	—
City Venereal Diseases Hospital.	Greendale House Nottingham.	City and County Borough of Nottingham.	Venereal Diseases in Women.	12 and Cots.	—	——	—	——	—	—	—	10%	90%

* Includes 29 Beds in Infirm Block.

Accommodation and Staff as at 31st December, 1937.

Table B. HOSPITAL ACCOMMODATION—VOLUNTARY HOSPITALS.

NAME.	SITUATION.	PURPOSE.	Number of Beds and Cots.	SPECIAL DEPARTMENTS.	Approximate Percentage of Beds serving.	
					County.	Outside Areas.
General Hospital.	Nottingham.	General.	*389	Operating Theatre, X-Ray, Dental, Massage, Ear, Nose and Throat, Pathological, Orthopædic, Maternity, Radium, Cardiological, Skin, Actino-Therapy, Fracture Clinics.	40%	60%
Children's Hospital.	Nottingham.	General.	90	Operating Theatre, X-Ray, Dental, Massage, Ear, Nose and Throat, Pathological.	50%	50%
Mansfield and District Hospital.	Mansfield.	General.	†132	Operating Theatre, X-Ray, Dental, Massage, Electrical, Ear, Nose and Throat, Pathological, Orthopædic, Maternity, Ultra-Violet Radiation, Fracture Clinic.	90%	10%
Newark Town and District Hospital and Dispensary.	Newark.	General.	66	Operating Theatre, X-Ray, Dental, Massage, Maternity, Electrical, Ultra-Violet Radiation.	91%	9%
Retford and District Hospital and Dispensary.	Retford.	General.	36	Operating Theatre, X-Ray, Dental, Massage, Electrical.	100%	—
Victoria Hospital.	Worksop.	General.	92	Operating Theatre, X-Ray, Ophthalmia, Dental, Massage, Ear, Nose and Throat, Pathological, Maternity. Fracture Clinic.	85%	15%
Nottingham and Midland Eye Infirmary.	Nottingham.	Ophthalmic.	56	Operating Theatre, Ophthalmia.	50%	50%
Nottingham and Notts. Hospital for Diseases of Throat, Ear and Nose.	Nottingham.	Ear, Nose and Throat.	14	Ear, Nose and Throat.	Information not available.	
Gringley Children's Hospital.	Gringley-on-the-Hill.	Surgical Tuberculosis.	44	Operating Theatre, Dental, Ultra-Violet Radiation.	50%	50%
Harlow Wood Orthopædic Hospital.	Harlow Wood, nr. Mansfield.	Orthopædic.	155	Operating Theatre, X-Ray, Massage, Orthopædic, Actino-Therapy.	70%	30%
Nottingham Hospital for Women (Peel Street).	Nottingham.	Gynæcological.	60	Operating Theatre, Pathological, Gynæcological.	50%	50%

*In addition there are 115 beds (average number equipped) at "The Cedars" Branch of the Hospital, Mansfield Road, Woodthorpe, Nottingham, representing 55 male and 60 female beds. Medical and Surgical cases are admitted to these beds as occasion arises.

†Also 13 extra beds, including 3 maternity (labour beds) in Nursing Home which is adjacent to the Hospital.

Table C. HOSPITAL ACCOMMODATION. Beds available for various categories of sick.

	Ransom Sanatorium	Kilton Hill County Hospital	County Institution, Basford	County Institution, Bingham	County Institution, Mansfield	County Institution, Newark	County Institution, Retford	County Institution, Southwell	County Mental Hospital	City V.D. Hospital	General Hospital, Nottingham	Children's Hospital, Nottingham	Mansfield & District Hospital	Newark Town & District Hospital & Dispensary	Retford & District Hospital & Dispensary	Victoria Hospital, Worksop	Nottingham and Midland Eye Infirmary	Nottingham and Notts. Hospital for Diseases of the Throat Ear & Nose	Gringley Children's Hospital	Harlow Wood Orthopædic Hospital	Nottingham Hospital for Women (Peel Street)	TOTALS		
	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M. F. C.	M.	F.	C.
GENERAL MEDICAL ..											53 50 13	34	12 12	17 13 10	10 10 6	11 8 4						103	93	67
GENERAL SURGICAL ..											98 87 14	40	7 1 27	Included in General Medical	Included in General Medical	39 20 6						208	134	60
CHRONIC SICK ..																								
MENTAL									370 448													370	448	
‡MENTAL DEFICIENCY		Incldg 1 Labr. 5	Incldg 1 Labr. 9		Incldg 2 Labr. 8	Incldg 1 Labr. 2	Incldg 1 Labr. 4	1			Included in General Surgical		4	11							Included in Gynæcological		44	
MATERNITY ..											Included in General Surgical		Included in General Medical	Included in General Medical		Included in General Medical							60	
PUERPERAL FEVER AND PYREXIA ..																								
GYNÆCOLOGICAL ..																								
VENEREAL DISEASES..										12 & cots														12 & cots
TUBERCULOSIS ..	56 54 40	7 5	4 5		15 12	4 2					Included in General Medical								44			86	78	84
ORTHOPÆDIC ..											Included in General Surgical	Included in General Surgical	2 1				06 Private beds included 3 male 3 female			88 67 **		90	68	
EAR, NOSE AND THROAT ..											16 16 8	16	2 1					cots 12 2				18 12	17	26 12
OPHTHALMIC ..																	0 0 25 15 10					25	15	10
OPHTHALMIA NEONATORUM ..																	3 3						3	3
OTHER ..											31 3			Private beds 5 6 Obs'n 2 2	Private beds 5 5	Isolation 2 2						43	16	
UNCLASSIFIED ..		44 36	86 91 19	14 19	100 84 18	30 20 11	32 27 5	41 34 4														349	313	57
	56 54 40	51 46	90 105 19	14 19	115 104 18	34 24 11	32 31 5	41 35 4	370 448	12 †	198 156 35	90	87 45	24 32 10	15 15 6	52 30 10	25 18 13	12 2	44	88 67 **	60	1292 12	1301	307
TOTALS ..	150	97	214	33	237	69	68	*80	818	12 †	§389	90	††132	66	36	92	56	14	44	155	60	2912		

* Includes 29 Beds (18 Male, 11 Female) in Infirm Block. † And Cots. ** Included in Male and Female. ‡Mental Defectives accommodated in ordinary Wards of certain County Institutions. § In addition there are 115 beds (average number equipped) at "The Cedars" Branch of the Hospital representing 55 male and 60 female beds. Medical and Surgical cases are admitted to these beds as occasion arises.
††Also 13 extra beds including 3 labour beds in Nursing Home adjacent to the Hospital.

Table D. INFECTIOUS DISEASES HOSPITAL ACCOMMODATION

(Other than Smallpox).

Name of Hospital.	Situation.	Area and Districts Served.	Number of beds on the basis of one bed per 144 sq. ft. of floor space or in the case of single bed wards 120 sq. ft.
		Area No. 1.	
Forest Hospital.	Southwell Road, Mansfield.	Mansfield B.	32
		Area No. 2.	
Barnby Road Hospital.	In the Parish of Balderton, about two miles from Newark.	Newark B. Newark R.D.	20
		Area No. 3.	
Carlton Isolation Hospital.	Carlton-in-Lindrick.	East Retford B. East Retford R.D.	26
Arlington House.	New Street, Retford.	Worksop B. Worksop R.D.	6
		Area. No. 4.	
Basford Hospital.	Hucknall Road, Old Basford, Nottingham.	Basford R.D.	31
		See Table E.	
*Southwell Hospital.	Upton Road, Southwell	Southwell R.D.	10

The following County Districts have not yet provided Isolation Hospital Accommodation, but a Joint Hospital Board has been constituted who are engaged in the provision of a new large Central Hospital.

Arnold U.D.
Beeston and Stapleford U.D.
Carlton U.D.
Eastwood U.D.
Hucknall U.D.
Kirkby-in-Ashfield U.D.
Mansfield Woodhouse U.D.
Sutton-in-Ashfield U.D.
Warsop U.D.
West Bridgford U.D.
Bingham R.D.

*Under the County scheme the Scarlet Fever Block is allocated for the reception of Smallpox Cases (the Diphtheria Block to be abolished), but at the present time the whole Hospital is used for the treatment of Infectious Diseases, other than Smallpox, pending the erection of the new Hospital by the Joint Board of which the above and Southwell R.D. are the constituent Districts (Area No. 5).

The Bed accommodation now available in Areas 1, 2 and 4 is in accordance with the minimum requirements under the County scheme. In Areas 3 and 5 the minimum numbers are fifty-three and 154 respectively.

Table E. SMALLPOX HOSPITAL ACCOMMODATION.

Name of Hospital.	Situation.	Area and Districts Served.	Approved Number of Beds.
		Area No. 1.	
East Retford Smallpox Hospital.	Grove Lane, Retford.	East Retford B. East Retford R.D. Worksop B.	6
Kilton Wood Smallpox Hospital.	Kilton Wood, Worksop.	Worksop R.D. Warsop U.D.	16
Misterton Hospital.	Walkeringham.	Mansfield Woodhouse U.D.	4
		Area No. 2.	
Kirkby-in-Ashfield Smallpox Hospital.	The Doles, Kirkby-in-Ashfield.	Kirkby-in-Ashfield U.D. Sutton-in-Ashfield U.D. Mansfield B. Eastwood U.D.	21
		Area No. 3.	
Rushcliffe Smallpox Hospital.	Hucknall, Notts.	Arnold U.D. Beeston & Stapleford U.D. Carlton U.D. Hucknall U.D. West Bridgford U.D. Basford R.D.	22
		Area No. 4.	
Barnby Road Hospital.	In the Parish of Balderton, about two miles from Newark.	Newark B. Newark R.D. Bingham R.D.	8
		Area No. 5.	
*Southwell Hospital.	Upton Road, Southwell.	Southwell R.D.	6

* This Hospital is at present used for the treatment of Infectious Diseases other than Smallpox (see footnote to table D).

Additional Infectious Diseases Hospital Accommodation.

As regards the Districts shown at the foot of table D. as not yet having made provision for Hospital accommodation for infectious diseases other than Smallpox; the County Council's scheme under Section 63 of the Local Government Act, 1929, which was approved by the Minister of Health in November, 1935, was implemented during 1936 by the issue of an Order constituting a Joint Board for the purpose of the provision and maintenance of Infectious Diseases Hospital accommodation for the service of these Districts.

The Joint Board were engaged during the year in finding a suitable site for the new Hospital and several were inspected. Unfortunately certain technical difficulties delayed decision and no site had been secured at the end of the year, though there were reasonable prospects of an early removal of the difficulties.

The services of the County Architect and myself have been made available to the Joint Board by arrangement with the County Council, as long as required.

Co-ordination in the use of County Institutions with other Public Health Services.

Co-ordination between the Institutions and other Public Health Services has been continued formally by two schemes for the admission of cases on the order of the County Medical Officer and at the charge of the appropriate Committees, namely :—

(1) For the admission of complicated cases of maternity, or cases whose home conditions are unsuitable for home confinement, at the charge of the Maternity and Child Welfare Committee.

(2) For the admission of tuberculous cases at the charge of the Public Health and Housing Committee, Pulmonary cases to be admitted only to specially reserved Tuberculosis Wards.

Formal arrangements have also been made for the reception of cases of maternity whose home conditions are unsuitable from the areas of the following autonomous District Maternity and Child Welfare Authorities—Beeston and Stapleford Urban District, Hucknall Urban District, Kirkby-in-Ashfield Urban District, Mansfield Woodhouse Urban District, Sutton-in-Ashfield Urban District and Arnold Urban District.

During 1937 the arrangements with the Beeston and Stapleford Urban District Council were extended to include the admission of complicated maternity cases.

The following table shows the type and amount of work undertaken at the County Institutions.

COUNTY INSTITUTIONS.

No. and Classification of Cases dealt with in Sick Wards, 1937.

No. of Admissions.	Basford 670		Bingham 33		Mansfield 699		Newark 167		East Retford 90		Southwell 127		Total 1,786	
Classification of Patients discharged or died.	Discharged	Died	Discharged	Died	Discharged	Died	Discharged	Died	Discharged	Died	Discharged	Died	Discharged	Died
Acute infectious disease	14	—	—	—	6	1	1	—	—	—	2	—	23	1
Influenza	4	1	—	3	11	4	6	1	1	—	1	1	23	10
Tuberculosis—Pulmonary	8	3	—	—	11	9	1	2	—	—	—	—	20	14
Non-Pulmonary	—	2	—	—	—	—	—	—	—	—	—	1	—	3
Malignant Disease	7	21	—	1	5	10	1	2	1	5	1	6	15	45
Rheumatism	12	3	—	—	16	—	2	—	4	—	3	—	37	3
Venereal Disease	2	—	—	—	23	3	—	—	—	—	—	—	25	3
Puerperal Pyrexia	5	—	—	—	2	—	—	—	—	—	—	—	7	—
Puerperal Fever														
(*a*) Confined in Institution or Hospital	—	—	—	—	—	1	—	—	—	—	1	—	1	1
(*b*) Other cases	—	—	—	—	1	—	—	—	—	—	—	—	1	—
Other diseases and accidents of pregnancy and childbirth	26	6	—	—	18	5	3	—	—	—	3	1	50	12
Mental diseases	34	18	10	—	47	—	15	—	4	—	8	—	118	18
Senile decay	14	—	—	1	16	31	4	3	6	4	4	8	44	47
Accidental injury and violence	23	5	2	—	21	1	2	—	1	—	5	—	54	6
Diseases of the Nervous System and Sense Organs	33	28	3	—	46	37	14	8	6	12	6	3	108	88
,, ,, Respiratory System	40	26	1	1	48	23	22	10	4	1	10	2	125	63
,, ,, Circulatory System	30	35	1	6	48	31	5	12	4	5	4	15	92	104
,, ,, Digestive System	32	4	1	1	26	5	4	—	3	—	3	—	69	10
,, ,, Genito-Urinary System	21	9	—	2	8	3	3	3	3	3	1	1	36	21
,, ,, Skin	22	—	—	—	46	—	17	—	7	2	3	3	95	5
Other diseases	17	1	—	—	14	1	5	1	4	—	5	—	45	3
Mothers and infants discharged from Maternity Wards and not included above — Mothers	72	—	—	—	47	—	4	—	2	—	5	—	130	—
Mothers and infants discharged from Maternity Wards and not included above — Infants	68	—	—	—	41	—	3	—	2	—	8	—	122	—
Any persons not falling under any of the above headings	21	—	—	—	15	—	7	—	10	—	3	—	56	—
Totals	505	162	18	15	516	165	119	42	62	32	76	41	1296	457

From this it is interesting to note a further increase in the figures in respect of the maternity work which has been carried through at the Basford and Mansfield Institutions.

A considerable proportion of this work is in relation to complicated cases and at both Institutions there was an excellent record of successful results which were a great credit to the Medical and Nursing Staffs.

Though these Institutions are still administered under the Poor Law there is now no disinclination by expectant mothers to enter the Maternity Wards, and many letters expressing gratitude have been received.

As a standby, pending the provision of special Maternity Hospital accommodation as envisaged in my introductory statement, these Institutions have rendered invaluable service.

The Kilton Hill County Hospital.

In my introductory remarks to the Report I have described in some detail the extent of the shortage of Hospital beds in the County.

In reporting upon the work of the County Hospital I have to record that there is a considerable margin of unused accommodation, the average number of empty beds being sixty-five out of a total available of ninety-six.

This somewhat conflicting state of affairs has caused some anxious inquiry during the year, and the following special report was issued to the Public Health Committee in explanation :—

" At your last meeting I was requested to prepare a Report indicating the reasons why there are always a comparatively large number of empty beds in the Hospital, although in other parts of the County there is a serious shortage of Hospital accommodation.

During the year 1937 the average number of beds occupied was sixty-five out of a total available of ninety-six, the highest occupation was seventy-four, and the lowest fifty-six.

The Committee will note that in the bed accommodation figure, ninety-six, no account is taken of the twenty-four children's beds available on the balcony wards.

There are several reasons why the average number of unoccupied beds, thirty-one, is as high as it is, of which the following are, I think, the principal.

Whilst the Kilton Hill Hospital has doubtless always had a reputation for being well managed, it has nevertheless for a long period of years been associated with the Poor Law and the Poor Law type of case, and it must be remembered that appropriation has only been effected for a relatively short period. Although the Hospital is now a Public Health

Hospital there is undoubtedly still a definite feeling that admission there will involve an association with a rather mixed type of case, many suffering from chronic diseases, and a proportion perhaps mentally afflicted or otherwise objectionable. These conditions were, of course, and in many cases are still essentially associated with the old mixed Institution, and it will take some time to overcome these prejudices.

When appropriation was effected it was realised that these prejudices would have to be overcome, but it was not practicable to take any sort of intensive steps to further the publicity of the Hospital as a Public Health Hospital and to encourage its greater use by more acute types of cases, on account of the fundamental difficulty that the Staffing of the Hospital was and remains inadequate to deal with any considerable number of cases of a type requiring more nursing than those normally received, and, further, it was not practicable to provide additional Nursing Staff accommodation in a short period of time. In fact, as the Committee are aware, it has not yet been possible even to open the new Children's Wards for the same reason.

A further difficulty has been that, although the Hospital has become a Public Health Hospital, it has in fact continued to receive what may be known as the Poor Law type of case, and up to quite a recent date has accommodated several cases of an objectionable type from the other patients' point of view. There are still many patients in the Hospital who would normally never be found in an acute Hospital, and in my view their presence definitely militates against the Hospital being readily accepted as a Hospital for the reception of acute cases. Removal of these cases to other Institutions could doubtless be arranged through the Public Assistance Committee, but there would appear to be no justification for taking that step until the Committee are really ready to push forward the Hospital as an acute Hospital adequately equipped and Staffed.

There is a further difficulty which militates against the use of the Hospital now by persons who are urgently in need of Hospital treatment but who cannot find accommodation in their local Hospitals, and that is the fact that, as regular contributors to the local Hospital from which they normally expect service, they are entitled to free treatment ; whereas if they are admitted to the Kilton Hill County Hospital they must necessarily be charged such proportion of the expense incurred in treating them as the Management Sub-Committee consider them to be able to pay. The result of this is, of course, that they are virtually being asked to pay twice over. I believe this difficulty to be a most important one as regards the whole question of a co-ordinated Hospital Service for the County and to be one which pressingly needs an early solution. It would appear that the only feasible remedy would be to arrange for an amalgamation of contributory schemes and an extension of such schemes so as to cover the whole County area. Under such an arrangement the central body controlling the contributory organisations would be responsible for making payments in respect of treatment of contributing members to any Hospital within the scheme which in fact afforded that treatment.

As I think the Committee are aware, I have already brought this matter to the notice of the Consultative Body which represents all the Voluntary Hospitals in the County and with which the County Council are required to confer under the conditions of the Local Government Act, 1929, in regard to any Hospital extensions which the Council may have in mind. There is to be a further meeting of this Body, which has now constituted itself into a Standing Hospitals Advisory Body, shortly, and my Memorandum dealing with this aspect of the Hospitals question will again be before them at their meeting.

At the present time I cannot see that the Committee can wisely take any step further to popularise the Hospital, as it must still be some time before the Nursing Staff accommodation can be provided to accommodate the additional Nursing Staff which would be necessary to enable the Hospital to become really active as an acute Hospital. Further, there is no accommodation at the present time for a Resident Medical or Surgical Officer, and it would certainly not be practicable to admit any large number of acute cases to the Hospital unless there were on the premises a permanent resident medical man."

Despite this temporary delay in making full use of the Hospital, the opportunity has been seized to turn "appropriation" to good account by the initiation of the arrangements for the reception of cases for highly specialised treatment by "Thoracic Surgery."

This work, begun in 1936 and described in my Report for that year, has been continued and expanded with success.

The operations performed during the year in respect of cases of Pulmonary Tuberculosis and other Intra-Thoracic Conditions were as follows :—

Cases of Pulmonary Tuberculosis.

(Transferred from Ransom Sanatorium).

Aspiration of Pneumothorax	1
Phrenicothlasty	21
Thoracolysis	3
Thoracoplasty	24
Thoracoscopy	1
	50

Other Intra-Thoracic Conditions.

Bronchoscopy	1
Thymectomy	1
Lobectomy	1
Thoracotomy	1
	4

The operations were performed by Mr. Laurence O'Shaughnessy, M.D., B.S., F.R.C.S., L.R.C.P., assisted by Mr. E. A. Nicoll, M.A., M.B., B.Ch., F.R.C.S.E., after prior consultation with the Medical Superintendent at the Sanatorium and, if necessary, the Tuberculosis Officer, or with Private Practitioners concerned.

The following interesting and valuable Special Report has been received from Mr. O'Shaughnessy.

THORACIC SURGERY.

By Mr. Laurence O'Shaughnessy.

" Thoracic surgery had its beginnings in the surgical treatment of Pulmonary Tuberculosis, and the experience gained can now be applied in the relief of otherwise fatal affections of the heart, lungs and mediastinum. It was decided to follow the same line of development in this new Clinic, and at first we were solely concerned with the treatment of Pulmonary Tuberculosis ; only in the middle of 1937 was the surgical treatment of other chest conditions undertaken.

The Surgical Treatment of Pulmonary Tuberculosis.

The Ransom Sanatorium was one of the earliest institutions in the Country devoted to the treatment of Pulmonary Tuberculosis by sanatorium régime and there is no doubt that rest, diet and skilled supervision are our most valuable weapons in the treatment of a disease which retains its pre-eminence as a killing disease during adolescence and early adult life. At the same time the disease often assumes a form which requires more active treatment and the intensive work of the last thirty years has provided an effective weapon in the form of collapse therapy.

The victim of Pulmonary Tuberculosis whose disease has progressed to cavity formation is at once in need of this treatment. A Tuberculous cavity in the lung is a danger to the patient and a menace to the community. The patient himself may suffer from alarming haemorrhage from an eroded vessel and it is from a patent cavity that the disease will spread until both lungs are widely involved. There are cases in which the patient himself may for years escape these dangerous complications and he may adjust himself to the disease and become one of a large army of chronic consumptives. But the cavity wall continues to secrete bacilli and unless very rigid precautions are taken, the sputum of such a patient is a most important source of infection. Early diagnosis will sometimes enable us to anticipate and by suitable means prevent cavity formation but, unfortunately, so insidious is the onset of the disease that patients are rarely seen at this favourable stage.

The initial collapse operation is the induction of an artificial pneumothorax, and in suitable cases the introduction of air into the pleural space is followed by retraction of the diseased lung and the final obliteration of the cavity. This operation is carried out by the Sanatorium Medical Staff, and the services of the Thoracic Surgeon

are only required when for one reason or another artificial pneumothorax fails to control the disease. Very often Pulmonary Tuberculosis is comparatively advanced before artificial pneumothorax is attempted, and pleural adhesions may already have formed. Under these conditions complete collapse of the lung cannot be attained; the diseased area remains anchored to the chest wall while the healthy portion of the lung retracts. In the past it was this type of pneumothorax which was frequently attended by the serious complication of Tuberculous empyema, but it is now possible to avoid this danger and to render the pneumothorax effective by the Jacobaeus operation of adhesion section. A small telescope is inserted into the chest through a puncture opening and the adhesions are then inspected and cut through with a heated cautery. The whole procedure is carried out painlessly under local anaesthesia. Sometimes the position of the adhesions or their size may render their division in this way impossible, and under these conditions the pneumothorax must be supplemented or replaced by one of the other collapse operations shortly to be enumerated.

The operation of phrenicectomy, in order to produce a paralysis of the diaphragm, has become unduly popular of recent years, especially in the hands of those whose repertoire of collapse operations is limited. Nevertheless, it is a valuable operation in properly selected cases as no one can doubt who has watched through the thoracoscope the strain exerted on an adherent and diseased lung at each contraction of the muscle (18-20 per minute). An important advance has been the substitution of temporary paralysis for permanent paralysis of the diaphragm. The operation has rarely been employed in this series as an independent measure. It has been most useful as a preliminary and supplementary operation to thoracoplasty, and in one case (Case twenty-seven) the induction of a temporary paralysis of the diaphragm converted an unsatisfactory artificial pneumothorax into an effective collapse measure.

The operation of thoracoplasty is required in cases of late disease when complete symphysis of the pleura renders the induction of an artificial pneumothorax impossible. There is gross destruction of pulmonary tissue, and despite any improvement which can be obtained in the general health by rest and suitable régime, the local conditions are such as to preclude natural healing. The chest wall is a rigid structure, and frustrates the natural healing and retractive processes in the lung. Removal of segments of the ribs renders the chest wall, for a time at least, yielding and so natural healing becomes possible. This operation, once used only as a last resort, still suffers from its old reputation but, as the following photographs show, the degree of deformity is minimal and function of the arm on the operated side is unimpaired. Recent modifications in technique which enable the operation to be performed in several stages, while adding to the inevitable tedium and discomfort suffered by the patient, have greatly diminished the immediate mortality.

A modification of thoracoplasty, which we have termed thoracolysis, has been used with success in selected cases. This operation can only

be applied after very careful localisation of the disease and the most recent radiological advance 'Tomography' enables this to be done. The operation is less extensive than the conventional thoracoplasty and by its aid healing of localised cavity systems can be brought about with a minimum loss of vital capacity.

Naturally this type of surgery is attended by definite risks and complications some of which are common to all types of major surgery, while others are due to the fact that under certain conditions general dissemination of the Tuberculous disease may occur. It must also be borne in mind that most patients are only submitted to surgery after a long and often exhausting illness; fifty per cent. of the patients submitted to thoracoplasty or thoracolysis had suffered from haemoptysis.

From October, 1936, to December, 1937, sixty operations were carried out in patients suffering from Pulmonary Tuberculosis. There were three deaths in the days immediately following the operation and another patient suffered a severe complication of an infected empyema after thoracolysis which has required further operative treatment during 1938. There were other cases in which the reaction to an initial operation was so ominous that the collapse programme had to be abandoned. It is interesting to note that the programme was only once given up at the request of the patient.

The details of sixteen patients submitted to thoracoplasty are given in the appended case histories, and the general results are illustrated in tables one, two and three. The collapse programme was completed in twenty-eight cases and is not yet complete in one instance. An analysis shows that three died at once and one a year later from dissemination into the opposite lung, but twenty-four patients are now arrested with a negative sputum or free from sputum. Control by culture and, when necessary, examination of the gastric contents for the bacillus has not been carried out in all cases (this so far as possible is our present policy), but the associated gain in weight—at least a stone in most cases—seems to indicate quiescence. Case ten is a particularly gratifying result because this patient, a young woman with cavernous phthisis, has been able to return to the care of a young family, and to resume a normal life with all fear of infection banished. Case twenty-six is the only patient of the completed series with a positive sputum—a control was achieved during 1937 but a return of diaphragmatic function has rendered further operation necessary.

The collapse programme was abandoned on six occasions; four of these patients are dead and two in statu quo.

The future course of our arrested cases will be observed and reported on in due course. Now that we have learnt to maintain a règime of absolute bed-rest for three months from quiescence (the disappearance

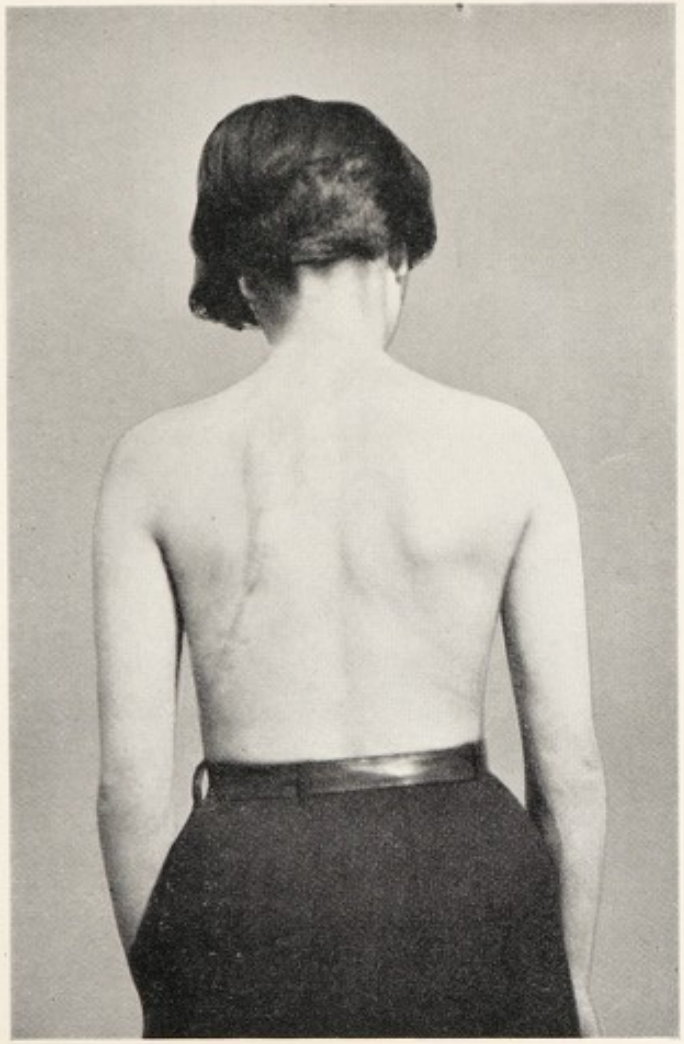


FIG. 1.

FIG. 2.

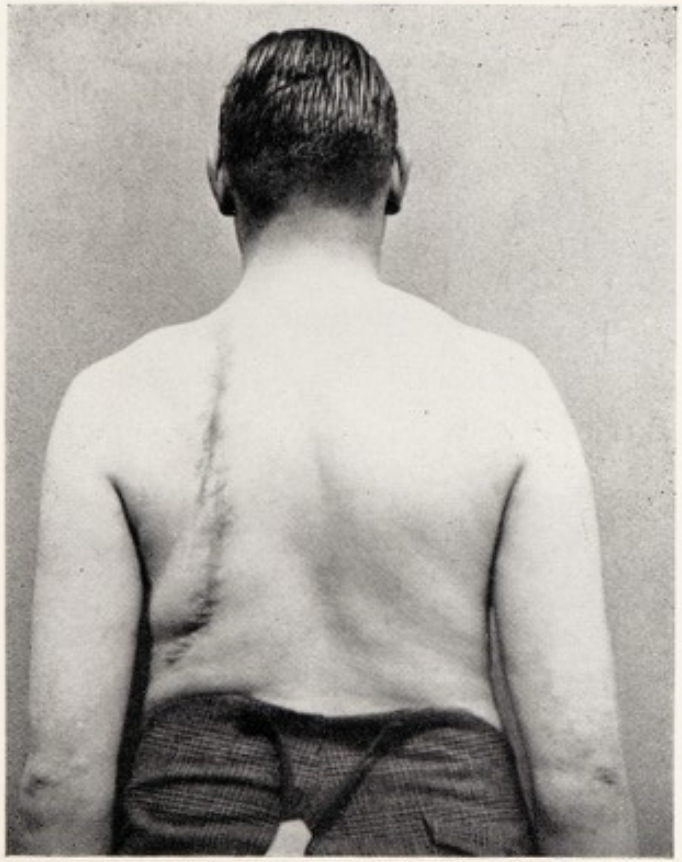


FIG. 3.

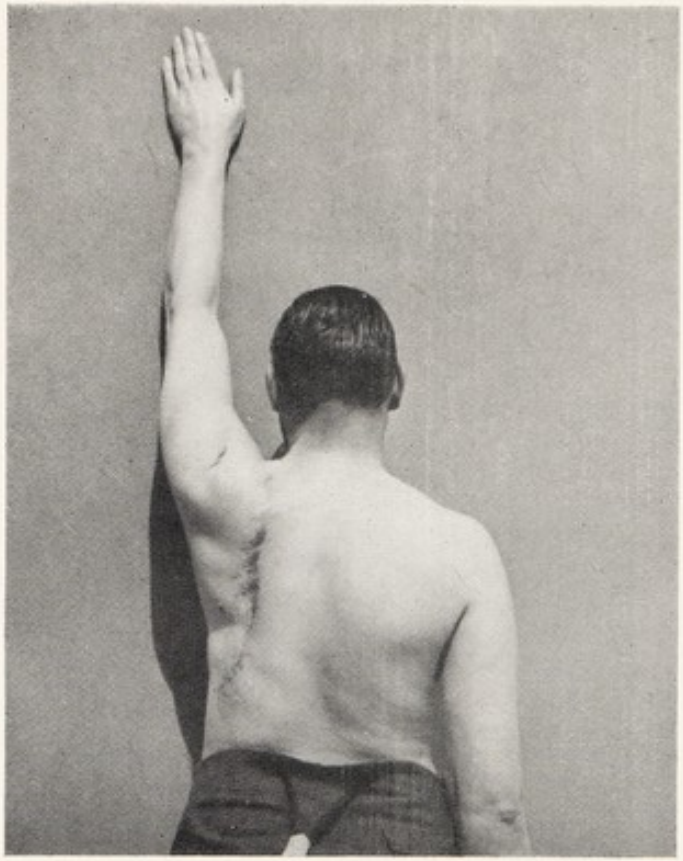


FIG. 4.

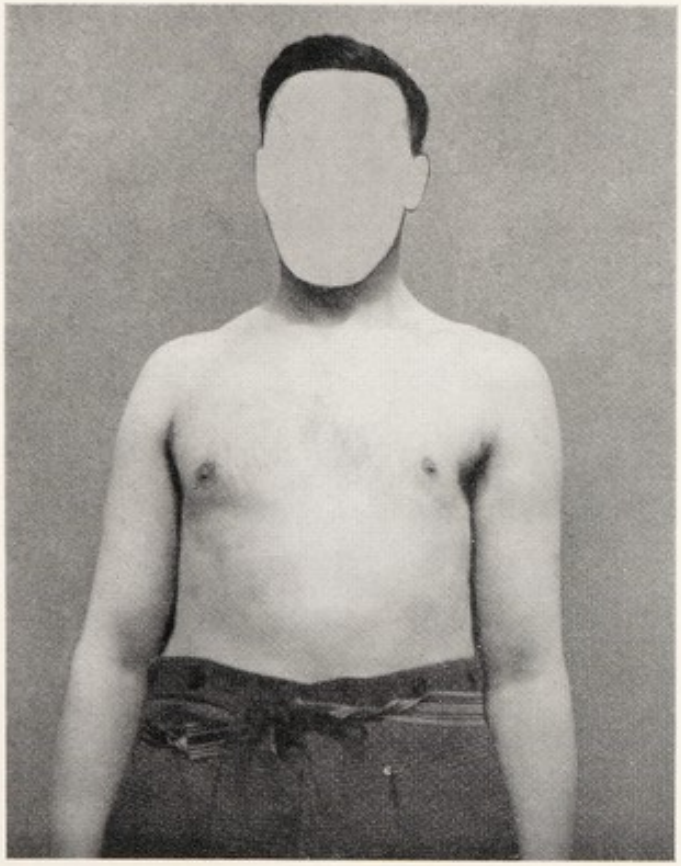


FIG. 5.

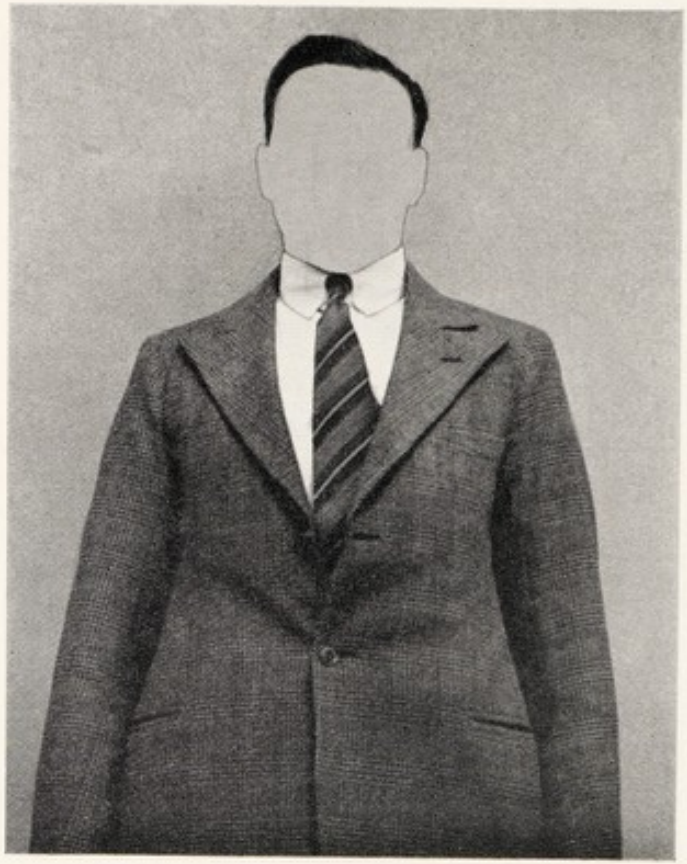


FIG. 6.

of the bacillus from the sputum) there is every possibility that the future course of our arrested cases will be smooth. Collapse therapy may give temporary improvement even if divorced from rest and skilled Sanatorium control, but permanent good is only likely to result from the intelligent combination of the two forms of treatment.

Surgery of the Lungs, Heart and Mediastinum.

During 1937 only a few operations of this type were performed, but since the introduction of the new scheme for consultation on patients suffering from diseases of the heart, lungs or mediastinum a number of patients have been seen and in future more operations will be done.

In view of the special difficulty of this work and, because so many general factors must be taken into consideration, any such plan must provide for discussion with the patient's own Doctor, who is familiar not only with the syndrome for which relief is sought but has unique knowledge of his patient's temperament, constitution and previous history.

It is, of course, only a proportion of patients suffering from such severe affections as carcinoma of the lung and bronchiectasis who can be relieved by surgery, but the possibilities of active intervention are well illustrated by a case, which will be reported in detail in my next report, where an exploratory operation for supposed carcinoma of the lung disclosed an encysted collection of pus curable by a relatively simple operation.

Operations performed during 1937, included lobectomy for bronchiectasis which proved fatal, thymectomy for auricular fibrillation and drainage of an encapsulated empyema. Healing of the last case was encouraging ; for some months the patient had suffered chronic invalidism with a copious and foul sputum and was a typical member of that large group of patients with chronic chest suppuration who so commonly lead a life of prolonged and distressing invalidism until waxy degeneration and other toxic visceral changes bring them release.

It is in the treatment of chronic pulmonary suppuration that thoracic surgery holds out the best prospect of cure, and this at a minimum risk. There are now certain cases of cardiac disease—angina pectoris, coronary sclerosis and coronary thrombosis—which surgery can assist and, in rare cases, an adherent pericardium with cardiac symptoms can be relieved by surgery. Such palliative operations as sympathectomy for anginal pain and decompression operations for cardiac enlargement or aortic aneurysm have now a definite place in surgery. Affections of the mediastinum and oesophagus amenable to surgery are rare, but endoscopic and radiological examination will sometimes disclose a curable cause for a complex and persistent syndrome like cardiospasm, dysphagia, dyspnoea or cyanosis.

Before recording my gratitude for the clinical collaboration which made the establishment of a Clinic for thoracic surgery possible, I wish to emphasise that the scheme was only practicable because of the efficiency and elasticity of the central administration of the Public Health Department.

I must make grateful acknowledgment for the collaboration from Dr. Crawford Crowe, Medical Superintendent of the Ransom Sanatorium and Dr. Galloway, Assistant Resident Medical Officer. All cases of Pulmonary Tuberculosis were only submitted to operation after consultation with them, and they were also responsible for the final post-operative treatment. The cure attained in most of our cases depended more on careful selection and after treatment than on the technical details of the operation itself.

For immediate assistance during the operation, I am grateful to Mr. E. A. Nicoll, and for assistance and unremitting attention during the critical days immediately afterwards I am indebted to Dr. Wallis, Medical Superintendent of Kilton Hill County Hospital.

Dr. J. K. Hasler and, in his absence, Dr. Kirkham, were responsible for the Anaesthetics in a very difficult series of cases. The complete security which we enjoyed from anaesthetic complications or difficulties was an essential factor. Finally, I must gratefully acknowledge the assistance rendered by the Nursing Staff without whose help such frequent healing could not have been obtained.

Table 1. **COLLAPSE PROGRAMME COMPLETED.**

Case No.	Sex.	Age.	Condition.	Sputum.	Operation.		Condition—August, 1938.
1	M.	22	Pulmonary Tuberculosis ..	+	Thoracoplasty	10 - 3 - 37	Died 3 - 4 - 38.
2	M.	17	Pulmonary Tuberculosis ..	+	Thoracoplasty	18 - 2 - 37	No sputum. Gained 2st. 2-lbs
3	M.	20	Pulmonary Tuberculosis ..	+	Thoracoplasty	27 - 1 - 37	Sp. —. Working at Sherwood (Industries.
4	M.	19	Pulmonary Tuberculosis ..	+	Thoracoplasty	27 - 1 - 37	No sputum.
6	M.	30	Pulmonary Tuberculosis ..	+	Thoraco ysis	12 - 12 - 36	Sp. —. Working at Sherwood (Industries.
8	M.	20	Pulmonary Tuberculosis ..	+	Thoracolysis	6 - 10 - 37	No sputum. Gained 1st.
9	M.	20	Pulmonary Tuberculosis ..	+	Phrenicothlasty	12 - 12 - 37	Sp. —.
10	F.	26	Pulmonary Tuberculosis L. ..	+	Thoracoplasty	6 - 4 - 37	No sputum. Gained 1st. 4-lbs. Working in her house.
11	F.	26	Pulmonary Tuberculosis R. ..	+	Thoracoplasty	16 - 6 - 37	No sputum. Gained 1st. 4-lbs. Working in her house.
12	F.	53	Pulmonary Tuberculosis ..	+	Thoracopl sty	7 - 4 - 37	Died 9 - 4 - 37.
13	M.	19	Pulmonary Tuberculosis ..	+	Thoracoplasty	19 - 5 - 37	Sp. —. Gained 2st.
14	M.	23	Pulmonary Tuberculosis ..	+	Thoracoplasty	20 - 5 - 37	No sputum.
15	F.	39	Pulmonary Tuberculosis ..	+	Thoracoplasty	16 - 6 - 37	No sputum. Gained 3st.
16	F.	18	Pulmonary Tuberculosis ..	+	Thoracolysis	28 - 10 - 37	Sp. —. At work.
18	M.	36	Pleurisy	—	Phrenicothlasty	20 - 5 - 37	At work.

Table 1.—*Continued.* **COLLAPSE PROGRAMME COMPLETED.**

Case No.	Sex.	Age.	Condition.	Sputum.	Operation.		Condition—August, 1938.
19	F.	17	Pulmonary Tuberculosis ..	+	Thoracoplasty	26 - 10 - 37	Died 2 - 11 - 37.
20	F.	29	Pulmonary Tuberculosis ..	+	Thoracoplasty	29 - 6 - 37	Sp. —. after secondary Thoracoplasty.
21	F.	19	Pulmonary Tuberculosis ..	+	Thoracoplasty	16 - 6 - 37	No sputum. Gained 5-lbs.
22	M.	11	Pulmonary Tuberculosis ..	—	Phrenicothlasty	30 - 6 - 37	No sputum. At school.
23	F.	31	Pulmonary Tuberculosis ..	+	Thoracolysis	23 - 11 - 37	Sp. — after secondary Thoracoplasty.
25	F.	28	Pulmonary Tuberculosis ..	+	Phrenicothlasty	31 - 8 - 37	No sputum. Working in her house.
26	F.	19	Pulmonary Tuberculosis ..	+	Phrenicothlasty	1 - 8 - 37	Sp. —. after induction of artificial pneumothorax.
27	F.	21	Pulmonary Tuberculosis ..	+	Phrenicothlasty	1 - 9 - 37	Disease controlled, but recurred with return of paralysis of diaphragm. For operation 1938.
28	F.	26	Pulmonary Tuberculosis ..	+	Phrenicothlasty	5 - 10 - 37	Died after Thoracoplasty in 1938.
30	M.	39	Pulmonary Tuberculosis ..	+	Phrenicothlasty	27 - 10 - 37	Sp.—. after Thoracoplasty 1938.
32	M.	16	Pleurisy	—	Phrenicothlasty	27 - 10 - 37	Fit. Working.
33	M.	38	Pulmonary Tuberculosis ..	+	Thoracoplasty	23 - 11 - 37	Sp. +. In Sanatorium. Case incomplete.
34	M.	33	Pulmonary Tuberculosis ..	+	Phrenicothlasty	23 - 11 - 37	Sp. —. In Sanatorium.
35	F.	17	Pulmonary Tuberculosis ..	+	Phrenicothlasty	24 - 11 - 37	Sp. —. after Thoracolysis in 1938.

Table 2. **COLLAPSE PROGRAMME ABANDONED.**

Case No.	Sex.	Age.	Condition.	Sputum.	Operation.	Remarks.
5	F.	23	Pulmonary Tuberculosis ..	+	Thoracoscopy 19 - 11 - 36. Adhesion not divided	Died 1 - 2 - 37.
7	M.	19	Pulmonary Tuberculosis ..	+	Phrenicothlasty 19 - 3 - 36. Intended Thoracoplasty impossible	Died 17 - 6 - 38.
17	M.	32	Pulmonary Tuberculosis ..	+	Phrenicothlasty 19 - 5 - 37. Intended Thoracoplasty impossible	Unfit.
24	M.	41	Pulmonary Tuberculosis ..	+	Phrenicothlasty 10 - 8 - 37. Intended Thoracoplasty impossible	In statu quo.
29	F.	23	Pulmonary Tuberculosis ..	+	Thoracoscopy 5 - 10 - 37. Adhesion not cut ..	Died 1 - 3 - 38.
31	M.	20	Pulmonary Tuberculosis ..	+	Phrenicothlasty 27 - 10 - 37. Refused to continue with Thoracoplasty	Died 23 - 3 - 38.

Table 3. **THORACOPLASTY AND THORACOLYSIS.**

Number of Cases.	Operative Deaths.	Subsequent Deaths.	Sp. —. or No sputum	Sp. +.
18	2	1	12	3*

*Sp. —. in two cases after secondary Thoracoplasty in 1938, and third case incomplete.

Case Histories of Sixteen Thorocoplasty Cases.

Case No. 1. M. aged 22. First treated for Pulmonary Tuberculosis 1929' Cavernous phthisis. Sputum positive. Thoracoplasty completed 10 - 3 - 37. Active disease developed in right lung and patient died 3 - 4 - 38.

Case No. 2. M. aged 17. First treated 1934. Right lung clear, large cavity system left upper zone with diffuse infiltration in lower zone. Recurrent haemoptysis and sputum positive. Thoracoplasty completed 18 - 2 - 37. At present — 15 - 8 - 38. — has gained one stone two pounds in weight and no sputum.

Case No. 3. M. aged 20. First treated 1931. Sputum positive and recurrent haemoptysis. Cavitation right upper zone, left lung clear. Thoracoplasty completed 26 - 10 - 36. Working in Sherwood Industries. Sputum negative, but is said to have spat blood early in 1938 during an attack of (?) German Measles.

Case No. 4. M. aged 19. First treated 1934. Diffuse disease left lung with small cavity system. Sputum positive. Right lung clear. Thoracoplasty completed 27 - 1 - 37. No sputum and at home.

Case No. 6. M. aged 30. First treated 1931. Sputum positive and repeated haemoptyses. Large cavity left lower zone, right lung clear. Thoracolysis completed 19 - 11 - 36. Has gained twelve pounds. Sputum negative and no further haemorrhage. Working in Sherwood Industries.

Case No. 8. M. aged 20. Cavity system left lower zone, right lung clear. Sputum positive. Thoracolysis completed 6 - 10 - 37. Has gained one stone in weight and sputum absent. At home.

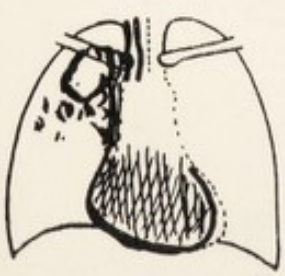
Case No. 10. F. aged 26. First treated 1936. Cavitation left upper zone with infiltration throughout lung. Right lung clear. Sputum positive. Thoracoplasty completed 6 - 4 - 37. Working in own home. Gained one stone four pounds and sputum absent.

Case No. 11. F. aged 26. First treated in 1930. Diffused disease entire right lung, left lung clear. Sputum positive and haemoptysis. Now working in her own home. Gained one stone four pounds and without sputum.

Case No. 12. F. aged 53. Cavernous phthisis left lung. Sputum positive. First treated in 1935, but disease probably of longer duration. Died 9 - 4 - 37 of thoracoplasty.

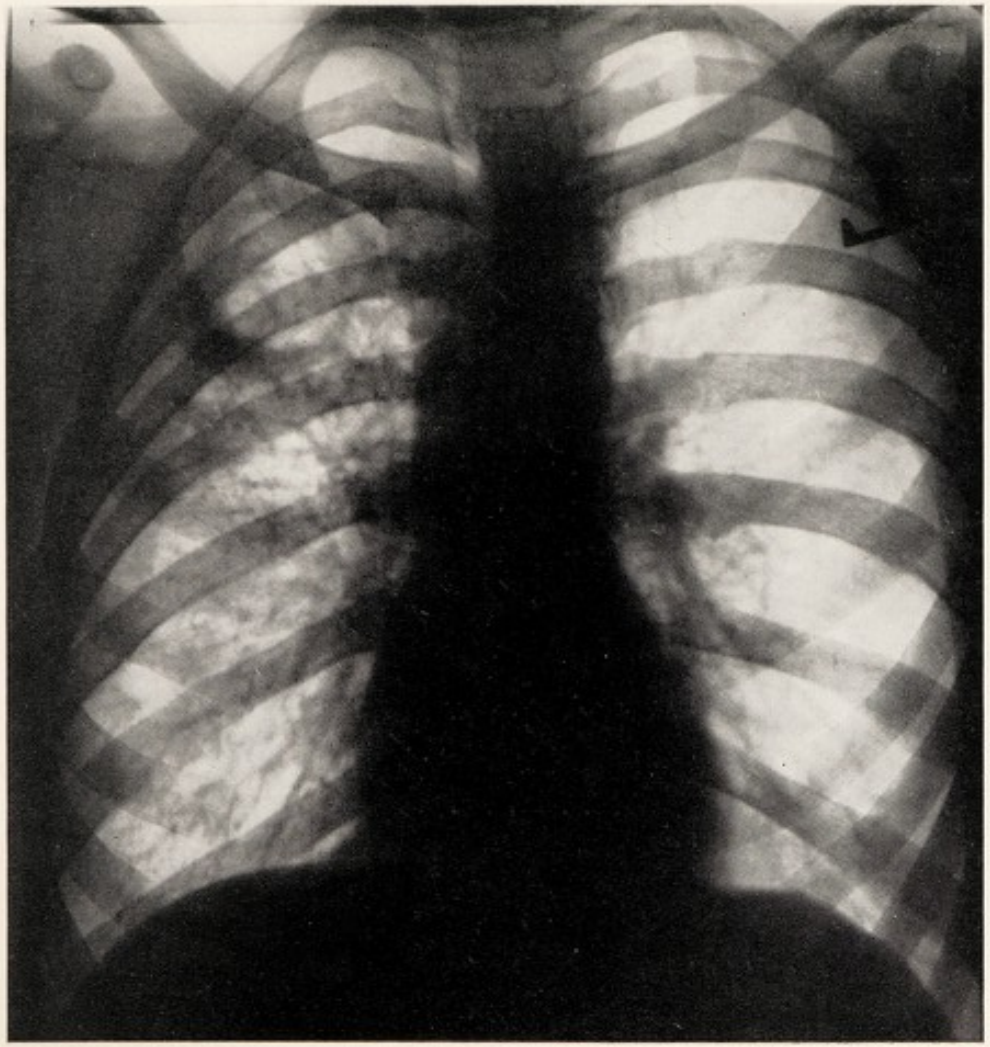
Case No. 13. M. aged 19. First treated 1935. Cavernous phthisis right, left lung clear. Sputum positive and haemoptysis. Thoracoplasty completed 19 - 5 - 37. At home. Gained two stones in weight and sputum negative.

BEFORE THORACOPLASTY.



AFTER THORACOPLASTY.

BEFORE THORACOPLASTY.



CASE No. 13.

AFTER THORACOPLASTY:

CASE No. 13.

Case No. 14. M. aged 23. Diffuse infiltration of right lung, left lung clear. Sputum positive. Thoracoplasty completed 20 - 5 - 37. At home. No sputum and five pounds gained in weight.

Case No. 15. F. aged 39. First treated 1933. Cavernous phthisis left. Sputum positive and repeated haemoptyses. Right lung clear. Thoracoplasty completed 16 - 6 - 37. At home, working as housewife. No sputum and three stones gained in weight.

BEFORE THORACOPLASTY.

AFTER THORACOPLASTY.

Case No. 16. F. aged 18. First treated 1936. Cavity right lower zone. Sputum positive and haemoptysis. Left lung clear. Thoracolysis completed 26 - 10 - 37. Now working in Sanatorium. Sputum negative and gain of eight pounds.

Case No. 19. F. aged 17. Cavernous phthisis left. Sputum positive. Died 2 - 11 - 37, after thoracoplasty.

Case No. 20. F. aged 29. Cavity the size of a large cocoanut in left upper zone. Infiltration throughout left lung. Right lung clear but patient very ill. Sputum positive and recurrent haemoptyses. First treated 1934. Thoracoplasty completed 29 - 6 - 37, but deliberately restricted to produce gradual collapse. Now after secondary thoracoplasty in good condition and sputum negative. Still in Sanatorium.

Case No. 23. F. aged 31. First treated 1936. Sputum positive and cavity left middle zone. Thoracolysis 23 - 11 - 37. Acute suppurative pleuritis as a complication which required further treatment during 1938. Patient still in Sanatorium, but condition improving. Sputum negative."

The following table shows the amount and character of the work carried out in the Hospital during the year and in the preceding year for purposes of comparison.

KILTON HILL COUNTY HOSPITAL.

Classification of Patients Discharged or Died.	Number of Patients Discharged.		Number of Deaths.	
	1936	1937	1936	1937
Acute infectious disease	21	—	—	—
Influenza	1	3	—	—
Tuberculosis—Pulmonary	27	50	8	7
Non-Pulmonary	1	1	—	—
Malignant Disease	5	3	8	4
Rheumatism	6	10	1	2
Venereal Disease	—	—	—	—
Puerperal Pyrexia	1	—	—	1
Puerperal Fever				
(*a*) Confined in Hospital	—	—	—	—
(*b*) Other cases	—	—	—	—
Other diseases and accidents of pregnancy and childbirth	8	7	1	—
Mental diseases	2	2	—	7
Senile decay	1	4	8	7
Accidental injury and violence	7	4	—	—
Diseases of the Nervous System and Sense Organs	11	12	6	12
„ „ Respiratory System	25	13	3	7
„ „ Circulatory System	9	6	10	4
„ „ Digestive System	20	12	3	2
„ „ Genito-Urinary System	6	11	3	—
„ „ Skin	15	12	—	1
Other diseases	11	8	2	—
Mothers and infants discharged from Maternity Wards and not included above — Mothers	19	25	—	—
Mothers and infants discharged from Maternity Wards and not included above — Infants	19	25	—	—
Any persons not falling under any of the above headings	1	1	—	—
Totals	216	209	53	54

Total number of admissions :—

1936	266
1937	251

During the year a large scheme for augmentation and improvement of the Engineering Services of the Hospital was undertaken and almost completed, and provision was made for a Mobile X-ray Plant and properly equipped Dark Room.

Progress was made with the plans for the new Nurses' Home and certain structural additions to the Hospital, and it was decided at the same time to improve the natural lighting of the Hospital by altering the principal windows throughout.

Reclassification of County Institutions.

The County Council have approved proposals for improvements and modifications at the several County Institutions, with a view to their more specialised use, estimated to cost approximately £70,000.

During 1937 large instalments of this work (costing about £30,000) were authorised to be proceeded with and detailed plans were prepared. This was a very large undertaking and some delay was caused by a change of policy as to the future use of the Newark County Institution.

Amongst the most urgent of the proposed works was the complete reconstitution of the Maternity Section at the Basford County Institution, where difficulty was being threatened by the steadily increasing number of cases seeking admission.

Plans for these works have been submitted informally to the Ministry and have now been agreed, and it is hoped, at the time of writing, that full plans for the first complete instalment of works under the classification proposals may be submitted to the Ministry in the Autumn.

Whilst it is obvious that a matter of this sort must be dealt with comprehensively on a whole-County basis, involving consideration of many separate Institutions and Hospitals and therefore cumulatively becoming a task of very large dimensions administratively, architecturally and financially, yet an inevitable consequence of such broad consideration is a most disappointing delay, owing to the very size of the issues involved.

Further, delay gives opportunity for the irruption of new factors which in turn may involve reconsiderations and amendments.

Probably this is all to the good in the long run and tends to ensure that there will be better ultimate dovetailing, but there remains the disappointment of a tortoisean progress.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

A list of the Public Health Officers of the Authority is given at the beginning of the Report, as required by Circular 1650, for convenience of reference.

Nursing in the Home.

(*a*) General.

There are seventy-six District Nursing Associations at work in the County of which sixty-one are affiliated to the Nottinghamshire Nursing Federation.

All of these undertake home sick nursing.

The majority of the Associations received payments from the County Council in respect of Midwifery Services rendered under the scheme under the Midwives Act, 1936, and seventy-three Associations received grants in respect of services for the " sick nursing " of poor persons through the Public Assistance Committee and the Public Health and Housing Committee.

The proposals referred to in my previous Report for the formation of an association for general nursing (affiliated to the Nottinghamshire Nursing Federation) in West Bridgford Urban District matured during 1937, work being commenced on the 1st April.

At Forest Town an Association for general nursing, which at one time was affiliated, but which had carried on as an independent Association for a number of years, became re-affiliated to the Federation in October.

Proposals were also under consideration at the end of the year for the formation of a new Association to undertake general nursing in the parishes of Hickling, Kinoulton and Upper Broughton.

The County Council have continued to support the efforts of the Nottinghamshire Nursing Federation by increased grants in respect of " Administration ", " Training of Midwives ", " Post-Graduate Courses for Midwives " and the provision of " Emergency Nurse Midwives."

The following is a list of Nursing Associations at work in the County on the 31st December, 1937 :—

Associations Affiliated to the Nottinghamshire Nursing Federation.

Annesley and Kirkby (South Ward)
Arnold and Daybrook
Babworth and Osberton
Balderton
Barnstone
Beeston
Bingham
Blidworth
Blidworth Colliery
Blyth and Hodsock
Brinsley
Bull Farm
Burton Joyce
Calverton
Carlton-on-Trent
Chilwell
Clayworth, Gringley and Wiseton
Clifton
Collingham
Cropwells and District
Dunham, East Drayton and District
East Bridgford
East Leake, Gotham and District
East Markham
Eastwood
Edwinstowe and Clipstone
Farnsfield
Firbeck Main Colliery
Forest Town
Greasley
Harworth
Hucknall
Huthwaite
Kimberley
Kingston-upon-Soar
Kneesall
Lowdham
Muskham
Newark
Ollerton Colliery
Orston
Oxton and Epperstone
Pleasley
Plumtree
Radcliffe-on-Trent
Rainworth
Retford
Ruddington
Rufford
Selston
Serlby
Southwell
Thoresby
Thorney
Thurgarton
Tuxford
Underwood
Warsop
West Bridgford
Wollaton and Trowell
Worksop Victorial Hospital District

Associations not Affiliated to the Nottinghamshire Nursing Federation.

Carlton, Porchester, Gedling and Colwick
Carlton-in-Lindrick
Clipstone
Cotgrave
Ironville, Codnor Park & District
Kirkby-in-Ashfield
Langwith and District
Mansfield & Mansfield Woodhouse
Newark, St. Leonard's Charity
Newstead Colliery
Rampton, Treswell and Woodbeck
Skegby, Stanton Hill and Teversal
Sutton-in-Ashfield
Walkeringham and Misterton
Welbeck Abbey Estate

All except the following are providing Midwives under agreement with the County Council under the County scheme under the Midwives Act, 1936.

Arnold and Daybrook
Blidworth Colliery
Bull Farm
Carlton, Porchester, Gedling and Colwick
Cotgrave
Forest Town
Ironville, Codnor Park & District
Kirkby-in-Ashfield
Langwith and District
Mansfield & Mansfield Woodhouse
Newark, St. Leonard's Charity
Newstead Colliery
Pleasley
Rampton, Treswell and Woodbeck
Retford
Sutton-in-Ashfield
Welbeck Abbey Estate
West Bridgford
Worksop Victoria Hospital District

Grants in Aid of "Sick Nursing."

(*a*) From the date (1st October, 1937) of operation of the Public Health Act, 1936, the Public Health and Housing Committee took over the responsibility hitherto held by the Public Assistance Committee for making formal annual grants in aid of Sick Nursing.

The basis of such formal grants was, prior to the operation of the Midwives Act, 1936, £4 4s. 0d. per annum per Nurse employed by an Association.

From the 1st August, 1937, onwards this figure was increased to £6 6s. 0d. per Nurse employed, as a small contribution towards the increased expenses incurred by District Nursing Associations as a consequence of the new salary scale under the Midwives Act, 1936.

(*b*) The Public Health and Housing Committee decided to give such further grants in aid of Sick Nursing as might be proved to their satisfaction to be necessary in the case of individual Associations, such grants to be reviewed annually.

The reason necessitating provision for such additional grants was that the County Council required all District Nursing Associations participating in the County scheme under the Midwives Act, 1936, to pay their District Nurse Midwives the approved scale salaries.

As regards Midwifery Service, the County Council, by their system of payment, met this additional salary cost; but as regards the Sick Nursing proportion of the salary cost the burden fell upon the individual District Nursing Associations, many of whom felt that their resources would be quite inadequate for the purpose.

After full consideration of each individual case the County Council sanctioned grants in aid of Sick Nursing for the period 1st August, 1937, to 31st March, 1938, to fifteen District Nursing Associations at a total cost of £505.

Provision for similar grants has been made in respect of the year 1938-39.

During the year under review there was grave anxiety amongst the Associations as to how the County arrangements under the Midwives Act, 1936, would work out, but I am glad to record that after six months' operation these doubts were relieved and the scheme has worked out, as was planned and expected, without disadvantage to the Associations participating.

(*b*) Nursing for Infectious Diseases.

No arrangements are made by the County Council for the nursing in their homes of infectious cases.

Pathological Laboratory.

The following table shows the number of specimens submitted from each of the Sanitary Districts in the County and by the County Medical Officer's Staff during the year 1937 :—

SPECIMENS SUBMITTED FOR BACTERIOLOGICAL EXAMINATION DURING THE YEAR 1937.

(The examinations for Spirochaetes, Gonococci and Wassermann Tests are given under Venereal Diseases on p. 216).

	Diphtheria	Enteric Fever	Tubercle	Cerebro-Spinal Fever	Dysentery	Other
Mansfield (Borough) ..	1	7	14	—	—	2
Worksop (Borough) ..	27	2	19	—	—	—
Newark (Borough) ..	—	—	5	—	—	1
East Retford (Borough)	1,523	8	26	—	—	—
Arnold	3	—	14	—	—	—
Beeston and Stapleford	332	2	38	—	—	—
Carlton	62	—	71	—	—	—
Eastwood	31	—	—	—	—	—
Hucknall	1	—	22	—	—	—
Kirkby-in-Ashfield ..	19	—	3	—	—	—
Mansfield Woodhouse ..	—	—	3	—	—	—
Sutton-in-Ashfield ..	36	4	10	1	—	—
Warsop	—	—	14	—	—	—
West Bridgford	45	10	50	—	—	—
Basford	142	—	37	—	—	—
Bingham	27	1	16	—	—	—
Worksop (Rural) ..	39	2	10	—	—	1
East Retford (Rural) ..	48	—	13	—	—	—
Newark (Rural)	1	—	2	—	—	—
Southwell	110	4	51	1	—	1
By County Council Staff	164	—	849	—	—	8
TOTAL ..	2,611	40	1,267	2	—	13
GRAND TOTAL	3,933					

Institutional Provision for Unmarried Mothers.

There is one Voluntary Institution in the County to which annual grants are made by the County Council.

Institutional Provision for Mental Defectives.

There is a Special School for Mentally Defective Boys, of forty-five beds, at Hopwell Hall, maintained by the County Council, and a similar School of forty-five beds for Girls at Sutton Fields House, Sutton Bonington. Considerable extension of accommodation is under consideration.

In the Basford County Institution there is a block of forty beds for trainable adult females and there is certified accommodation for thirty-eight adult cases at the other County Institutions—namely, Mansfield, eighteen (six males, twelve females), Retford, twelve (four males, eight females), and Southwell, eight (three males, five females).

Since the end of the year tenders have been accepted for the erection of the buildings and for the engineering and electrical services in connection with the establishment of a Colony for Mental Defectives of 540 beds at Balderton.

Building operations were commenced immediately after Easter and at the time of writing the farm buildings and cottages included in the scheme are in course of erection.

Ambulance Provision.

The County Council do not maintain any ambulances.

The ambulance facilities available in the County are as follows :—

(A) *For Infectious Cases.*

Ambulances, which are available for use by other Districts having arrangements for the accommodation of their cases, are maintained by the Local Authorities at or in connection with the undermentioned Isolation Hospitals.

Forest Hospital, Southwell Road, Mansfield.
Carlton Isolation Hospital, Carlton-in-Lindrick.
Barnby Road Hospital, Balderton, Newark.
Arlington House, New Street, East Retford.
Basford Hospital, Hucknall Road, Old Basford, Nottingham.
Rushcliffe Smallpox Hospital, Hucknall.
City Isolation Hospital, Bagthorpe, Nottingham.

In addition an ambulance for infectious cases is maintained by the Hucknall Urban District Council.

(B) *For Non-Infectious and Accident Cases.*

The ambulance arrangements for non-infectious and accident cases in the County Districts are summarised on the following pages.

No difficulty has been experienced in hiring an ambulance from one of the sources outlined when needed for County Council purposes, and

formal arrangements are in operation in connection with the Kilton Hill County Hospital and the County Institutions.

District.	*Nature of Arrangements.*
Urban Districts.	
Mansfield Borough ..	An ambulance provided by the Borough Council and Mansfield Woodhouse and Warsop Urban District Councils for the combined Districts is stationed in Mansfield and is under the control of the Mansfield and District Ambulance Committee, the three Authorities being represented thereon. Another ambulance maintained by the St. John Ambulance Brigade and garaged at Mansfield Woodhouse is available for use in the Borough.
Worksop Borough ..	Ambulance maintained by the St. John Ambulance Brigade and stationed in the Borough.
Newark Borough ..	An ambulance provided by the Borough Police is available for use within the Borough and all districts within a radius of twenty miles.
East Retford Borough	Two ambulances maintained by the East Retford and District Ambulance Committee (Voluntary Organisation) are stationed in the Borough.
Arnold	An ambulance provided by the Urban District Council and manned by the British Red Cross Society is available for use in any district when called upon.
Beeston and Stapleford	Two ambulances provided by the Urban District Council are available for use in the District.
Carlton	An ambulance provided by the Urban District Council is available for use in parts of the Bingham and Southwell Petty Sessional Divisions within reasonable distance when not required in the Urban District.
Eastwood	Arrangements made by the Urban District Council in 1936 whereby ambulance facilities are provided by a private firm (Messrs. Neville & Co.).
Hucknall	Ambulance provided by the Urban District Council for use in the District.

District.	*Nature of Arrangements.*
Urban Districts—continued.	
Kirkby-in-Ashfield ..	An ambulance provided by the Urban District Council is available for use in the District.
Mansfield Woodhouse	See Mansfield. An ambulance maintained by the St. John Ambulance Brigade and stationed in the District is available for use in any district.
Sutton-in-Ashfield ..	Ambulance provided by the Urban District Council for use in the District.
Warsop	See Mansfield.
West Bridgford ..	Two ambulances provided by the Urban District Council for use in the District.
Rural Districts.	
Basford	Arrangements made by the Rural District Council in 1935 whereby ambulance facilities are provided throughout the District by the St. John Ambulance Brigade from Nottingham. A further ambulance maintained by the St. John Ambulance Brigade at Loughborough is available for use in the East Leake area. The ambulance provided by Messrs. Neville & Co., Eastwood, which serves the Urban District, is also available for use in the parishes of Greasley and Kimberley.
Bingham	The Nottingham City Police ambulance is available for use in the Bingham Petty Sessional Division. Carlton Urban District Council ambulance is also available for use in parts of the same Division which are within reasonable distance.
Worksop	Ambulance facilities provided by the St. John Ambulance Brigade from Worksop by arrangement with the Rural District Council. At Harworth an ambulance is maintained by the Colliery Hospital Fund for use in the parish. At Langold a further ambulance provided by the Firbeck Colliery is available for use in the parishes of Carlton-in-Lindrick, Hodsock and Styrrup (Oldcotes). The parishes of Carburton, Cuckney, Langwith and Welbeck are also served by a horse ambulance kept at Welbeck (Welbeck Estates).

District.	*Nature of Arrangements.*
Rural Districts—continued.	
East Retford ..	The two ambulances maintained by the East Retford and District Ambulance-Committee (Voluntary Organisation) and stationed in the Borough are also available for use in the Rural District.
Newark	Newark Police ambulance is available for use in the area within a twenty mile radius of the Borough.
Southwell	Southwell Petty Sessional Division is served by the Police ambulance from Nottingham and parts within reasonable distance of Carlton by the Urban District Council ambulance. Newark Police ambulance also covers the area within a twenty mile radius of the Borough. Another ambulance maintained at Ollerton by the Ollerton Sick and Accident Club is available for use in the parishes of Edwinstowe, Ollerton, Perlethorpe-cum-Budby, Rufford and Wellow, but is not definitely limited to these districts.

In addition to the foregoing an ambulance maintained by the St. John Ambulance Brigade and stationed in Nottingham is available for use in any district in case of necessity.

The Nottingham City Police ambulance can also be obtained in areas other than those indicated, but in all instances in which it is utilised outside the City boundary the prescribed fees must be paid.

Clinics and Treatment Centres.

The table which follows on page 78 shows the various Clinics and Centres in operation in the County.

Those maintained by District Authorities are identified by †.

The figure shown opposite each place indicates the number of sessions held under each heading per month of four weeks.

Further tables giving days and times of sessions at County Centres and Clinics are given in the chapters dealing with the respective Services.

CLINICS AND TREATMENT CENTRES.

Situation of Clinic or Centre.	Maternity and Child Welfare.	Ante-Natal.	Post-Natal.	School Clinic.	Tuberculosis.	Venereal Diseases.	Orthopaedic (All maintained by Voluntary Organisations).	Aural.	Dental.
Arnold (2 M. C. W. Centres)	12†	4†	4†	8	—	—	—	—	2
Awsworth	2	1	—	—	—	—	—	—	—
Balderton	4	1	—	8	—	—	—	—	2
Barnby Moor ..	2	1	—	—	—	—	—	—	—
Beauvale	4	2	—	—	—	—	—	—	—
Beeston (& Stapleford)	8†	—	—	8	—	—	—	1†	2
Bestwood	2	1	—	—	—	—	—	—	—
Bilsthorpe	4	1	—	—	—	—	—	—	2
Bingham	4	1	—	—	—	—	—	—	—
Blidworth	4	2	1	—	—	—	—	—	2
Calverton	2	1	—	—	—	—	—	—	—
Carlton	16	4	1	12	—	—	—	—	42
Chilwell (Beeston) ..	2†	—	—	—	—	—	—	—	—
Clipstone	4	2	—	8	—	—	—	—	2
Collingham	2	1	—	—	—	—	—	—	—
Cotgrave	2	1	—	—	—	—	—	—	—
Dunham-on-Trent ..	2	1	—	—	—	—	—	—	—
East Bridgford ..	2	—	—	—	—	—	—	—	—
East Leake	2	1	—	4	—	—	—	—	—
East Retford	8†	4†	—	32†	4	—	—	—	12†
Eastwood	4	2	1	8	—	—	—	—	4
Edwinstowe	4	1	—	—	—	—	—	—	2
Farndon	2	1	—	—	—	—	—	—	—
Flintham	2	1	—	—	—	—	—	—	—
Gotham	2	1	—	—	—	—	—	—	—
Gringley-on-the-Hill	2	1	—	—	—	—	—	—	—
Harworth	8	2	1	8	—	—	—	—	2
Hickling	2	1	—	—	—	—	—	—	—
Hucknall	12†	4†	—	8	—	—	32	—	18
Huthwaite (Sutton-in-Ashfield)	4†	2†	1†	—	—	—	—	—	—
Kimberley	4	1	—	—	—	—	—	—	—
Kirkby-in-Ashfield ..	8†	4†	—	8	—	—	—	—	2
Langar	2	1	—	—	—	—	—	—	—
Langold	4	2	—	8	—	—	—	—	2
‡Loughborough ..	—	—	—	—	—	—	20	—	—
Lowdham	4	1	—	—	—	—	—	—	—
Mansfield (2 M.C.W. & Ante-Natal Centres, 3 School Clinics) ..	12†	4†	—	24†	16	88	44	4†	44†
Mansfield Woodhouse (2 M.C.W. Centres)	12†	4†	—	8	—	—	—	—	2†
Misterton	4	2	—	—	—	—	—	—	—
Newark	8†	8†	—	12†	4	—	14	—	8†
Newstead	4	2	—	—	—	—	—	—	—
North Muskham ..	2	1	—	—	—	—	—	—	—
Nottingham	—	—	—	—	16	92*	44	—	—
Ollerton	10	2	1	8	—	—	—	—	2
Plumtree	2	1	—	—	—	—	—	—	—
Porchester	2	2	—	—	—	—	—	—	—
Radcliffe-on-Trent ..	2	1	—	8	—	—	—	—	—
Rainworth	2	1	—	—	—	—	—	—	—
Ruddington	2	1	—	—	—	—	—	—	—
Selston	4	2	1	8	—	—	—	—	2
Skegby(Sutton-in-Ashfield)	2†	—	—	—	—	—	—	—	—
South Leverton ..	2	1	—	—	—	—	—	—	—
Southwell	4	1	—	8	—	—	—	—	2
Stanton Hill (Sutton-in-Ashfield) ..	2†	2†	1†	—	—	—	—	—	—
Stapleford (& Beeston)	8†	—	—	8	—	—	—	—	—
Sutton Bonington ..	2	1	—	—	—	—	—	—	—
Sutton-in-Ashfield ..	8†	4†	2†	12	—	—	—	4	42
Sutton-on-Trent ..	2	1	—	—	—	—	—	—	—
Tuxford	4	1	—	—	—	—	—	—	2
Underwood	2	1	—	—	—	—	—	—	—
Warsop (3 M.C.W. Centres)	10†	2†	—	8	—	—	—	—	1†
West Bridgford ..	8	2	—	—	—	—	—	—	10
Willoughby	2	1	—	—	—	—	—	—	—
Worksop	8†	2†	—	8	8	—	16	—	42

‡ Nottinghamshire cases living near the boundary attend this Clinic.
* This Clinic is maintained by the Nottingham Corporation.

MENTAL DEFICIENCY ACTS, 1913-27.

The following Report has been issued by the Local Authority and forwarded to the Board of Control.

"The duties of the Local Authority under the Mental Deficiency Acts continue to be discharged through the Committee for the Care of the Mentally Defective, with the Financial, Balderton Farm and Buildings Sub-Committees; representatives also being appointed on the Medical and Nursing Staffs Joint Committee.

The administrative arrangements remain as hitherto, whereby the Committee and legal matters devolve on the Clerk of the County Council, and the general administration is carried out by the Public Health Department under the supervision of the County Medical Officer assisted by :—

DR. C. W. W. JEREMIAH,
Second Assistant County Medical Officer;
MRS. E. L. ANDREWS,
Supervisor and Petitioning Officer;
MR. R. KNIGHT,
Senior Clerk, Petitioning Officer and Authorised Officer for obtaining Contribution Orders;
MISS R. BARFOOT,
Instructress, Mansfield Occupation Centre;

and thirty-nine members of the Health Visiting Staff.

The financial work, including the collection of contributions and payment of guardianship allowances, is undertaken by the County Accountant.

This Report, which deals with the fourth complete year of work since the re-organisation of the Mental Deficiency Service in Nottinghamshire, records further considerable progress in the various branches of the work.

In the matter of ascertainment, despite the late start, the County figure has approached within 0.14 per 1,000 of the population, of the average figure for the whole Country as at the end of 1936, and the County figure as at the end of 1937 will probably prove to be equal to, or slightly above, the average figure.

The year has been a rather difficult one in maintaining continuity of supervision in some districts owing to changes and vacancies in the Health Visiting Staff, but at the time of writing the establishment is again at its normal level.

An important development has been the approval of a scheme, to come into operation in the next financial year, providing for the appointment of a Home Teacher for the purpose of giving suitable instruction and training to selected cases under Guardianship and under Supervision in their own homes.

The problem of obtaining suitable Institution accommodation for all necessary cases has become increasingly difficult and, although no immediate relief is available, it is a source of gratification to contemplate the opening of the Balderton Colony. The acceptance of three tenders shortly after the close of the year for the erection of this Colony at a cost of £291,548 provides the outstanding feature to date in the development of the Service in Nottinghamshire.

Details of the work carried out during 1937 are given in the following pages under the main headings of Ascertainment; Medical Examination and Classification; Supervision; Occupation Centre; Guardianship; Institutional Care; and General.

1. Ascertainment.

(*a*) 154 new cases have been ascertained during the year from the sources shown in the following table :—

	Males.	Females.	Totals.
Blind Persons Service	—	1	1
Child Welfare Service	1	2	3
Committee Member	1	—	1
Diocesan Welfare Workers :—			
(i) Newark	—	3	3
(ii) Nottingham	—	1	1
(iii) Mansfield	—	2	2
Employment Exchange, Worksop ..	—	1	1
*Mansfield Local Education Authority ..	2	1	3
Medical and Visiting Staff	15	20	35
National Society for the Prevention of Cruelty to Children, Mansfield	—	1	1
*Nottinghamshire Local Education Authority	12	10	22
Other Local Authorities	2	3	5
Parents and Relatives	3	2	5
Police, Worksop	1	—	1
Prison Medical Officer	1	—	1
Private Medical Practitioners	1	2	3
Public Assistance Committee (including District Medical Officers and Relieving Officers)	8	11	19
Reported through School Medical Services on attaining 16 years of age, but not statutorily notified :—			
(i) Nottinghamshire Local Education Authority	19	22	41
(ii) Retford Local Education Authority ..	—	5	5
Tuberculosis Service	—	1	1
	66	88	154

(**The total number of cases formally notified by Local Education Authorities during the year was forty-four, of which nineteen were previously known to the Local Authority).*

(*b*) Details of the notifications by the four Local Education Authorities in the administrative area are given in the following table :—

Local Education Authority.	Idiots.		Imbeciles.		Feeble-minded.		Totals.		
	M.	F.	M.	F.	M.	F.	M.	F.	Total.
Mansfield Borough	1	–	–	1	1	–	2	1	3
Newark do.	–	–	–	–	–	–	–	–	–
Nottinghamshire	6	–	11	6	9*	9	26	15	41
Retford Borough	–	–	–	–	–	–	–	–	–
	7	–	11	7	10	9	28	16	44

**Includes one case notified because of 'special circumstances.'*

and such cases have been disposed of as follows :—

	Males.	Females.	Totals.
Placed under Statutory Supervision ..	28	15	43
Removed from the Area	–	1	1
	28	16	44

(*c*) The following table shows the number of new cases reported and/or notified each year since the Mental Deficiency Acts came into operation :—

Year.	Number of new cases reported and/or notified.	Year.	Number of new cases reported and/or notified.
1914	19	1926	61
1915	68	1927	62
1916	10	1928	37
1917	10	1929	63
1918	21	1930	178
1919	24	1931	64
1920	38	1932	74
1921	30	1933	76
1922	17	1934	286
1923	44	1935	345
1924	22	1936	199
1925	69	1937	154

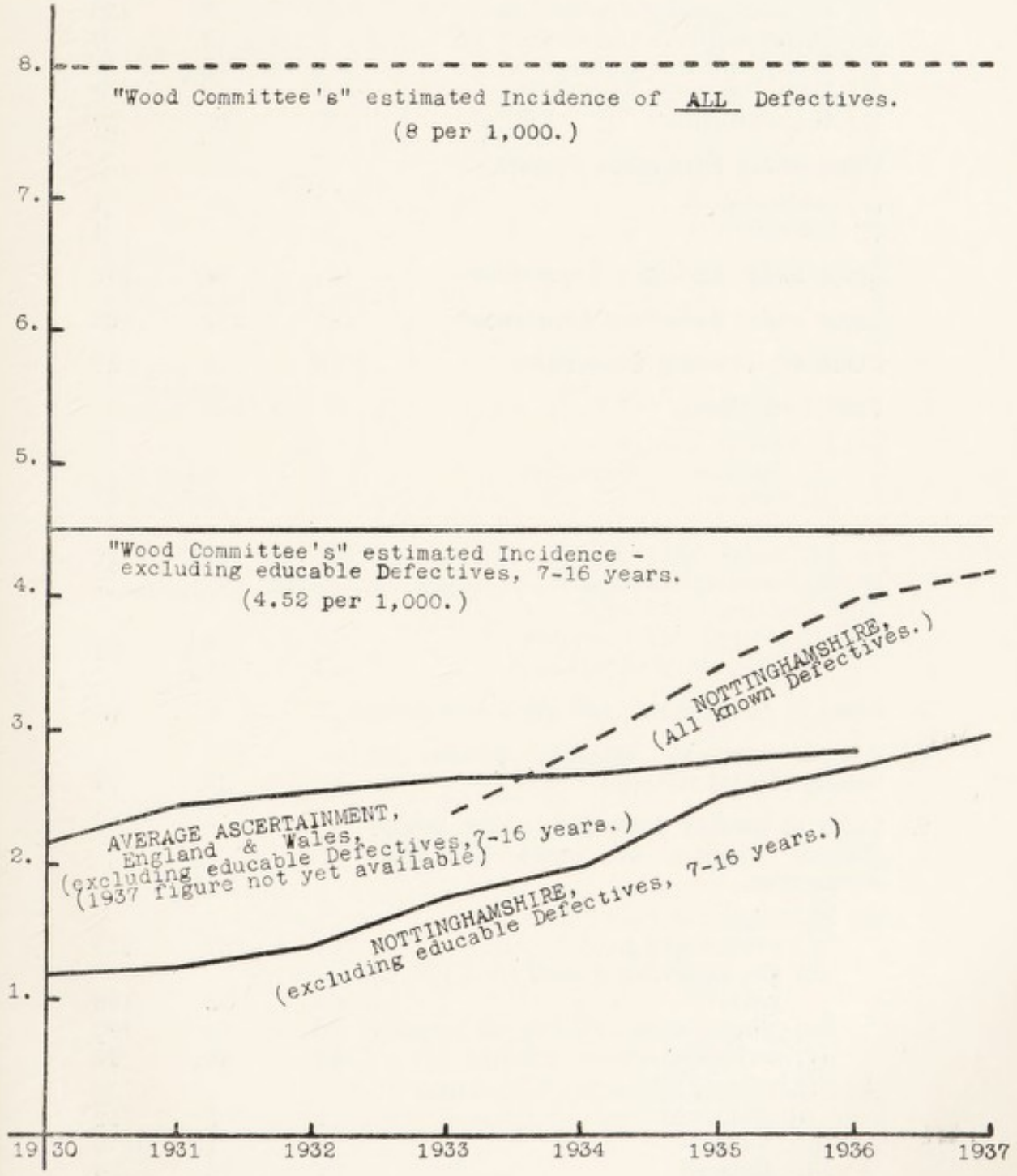
In considering the yearly incidence of new cases in the foregoing table it should be noted that :—

(i) The figures for 1930 were swollen as a result of the Local Government Act, 1929, by the inclusion of cases accommodated in the transferred Poor Law Institutions previously dealt with only under the Poor Law.

(ii) The greatly increased numbers for the last four years are due to the improved facilities for ascertainment which became available on the transfer of the administration of the Mental Deficiency Acts to the Public Health Department in July, 1933, and to the intensive efforts which have since been made in an endeavour to accelerate the complete ascertainment of Mental Defectives in the County.

GRAPH

showing 'ASCERTAINMENT' position in Nottinghamshire as compared with the 'Wood Committee's' estimated Incidence of the numbers of Mental Defectives, and the actual average ascertainment for England and Wales.



(*d*) The following table shows the numbers of all Mental Defectives known to the Local Authority as on the 31st December, 1937 :—

		Males.	Females.	Totals.
1.	**Cases under Orders.**			
	(*a*) In County Institutions	12	60	72
	(*b*) On licence from County Institutions ..	—	6	6
	(*c*) In Out-County Institutions ..	66	72	138
	(*d*) On licence from Out-County do. ..	4	3	7
	(*e*) Rampton State Institution ..	6	5	11
	(*f*) Moss Side State Institution ..	2	—	2
	(*g*) Guardianship	22	35	57
2.	**Cases under Permissive Powers.**			
	(*a*) Institutional	4	—	4
	(*b*) Guardianship	1	—	1
3.	**Cases under Statutory Supervision** ..	151	94	245
4.	**Cases under Voluntary Supervision** ..	227	279	506
5.	**Declining Friendly Supervision** ..	18	14	32
6.	**Poor Law Cases.**			
	(*a*) In County Institutions :—			
	(i) Statutory Supervision ..	7	1	64
	(ii) Others	25	31	
	(*b*) In County Institutions under Section 24, Lunacy Act	15	27	42
	(*c*) Under Section 3, Mental Deficiency Act	1	—	1
	(*d*) Receiving Out-Relief :—			
	(i) Statutory Supervision ..	7	3	97
	(ii) Voluntary Supervision ..	33	54	
7.	**Cases in 'Charitable' and other Institutions**	2	8	10
8.	**Alleged mentally defective persons in County Mental Hospital**	41	36	77
9.	**Cases at present dealt with under School Medical Services of Local Education Authorities.**			
	(*a*) Nottinghamshire :—			
	(i) attending school	110	67	177
	(ii) not attending school (*i.e.*, 14—16 years)	65	53	118
	(iii) alleged defectives not yet certified	70	50	120
	(iv) attending Special Schools ..	53	46	99
	(*b*) Other Local Education Authorities :—			
	(i) Mansfield	7	5	12
	(ii) Newark	8	1	9
	(iii) Retford	4	6	10
		961	956	1,917

2. Medical Examination and Classification.

(*a*) During the year 153 cases have undergone detailed mental and physical examination by the Second Assistant County Medical Officer and his findings are broadly summarised as follows :—

Cases Medically Examined.			Recommended for									
			Supervision.		Supervision for time being, Institution later.		Institutional Care.		Guardianship Care.		Not Mentally Defective.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under Statutory Supervision	13	9	4	1	—	2	3	4	6	2	—	—
Under Voluntary Supervision	45	71	20	31	1	2	9	11	8	16	7	11
In County Institutions	8	7	—	—	—	—	7	7	—	—	1	—
Totals ..	66	87	24	32	1	4	19	22	14	18	8	11

(*b*) In connection with the proposals for the establishment of the Balderton Colony for Mental Defectives a classification is being made of all cases under Order both in County and Out-County Certified Institutions as well as those cases who are not yet under Order but are needing Institutional care and training. The results to date exclusive of Mental Defectives in the County Mental Hospital are summarised as follows :—

Classification.	Cases under Order.				Cases in Public Assistance Institutions.				Cases under Supervision.				Totals.		
	In County Institutions.		In Out-County Institutions.		Public Assistance Cases.		Lunacy Act S. 24 Cases.		Statutory.		Voluntary.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. **Older Adults** (Over 25)															
(*a*) High grade	—	23	3	2	3	5	—	2	—	—	1	7	7	39	
(*b*) Medium grade	1	23	7	5	1	5	3	6	1	—	4	5	17	44	
(*c*) Low grade	3	2	2	3	9	3	5	13	—	—	6	7	25	28	
2. **Younger Adults and Adolescents** (16-25)															
(*a*) High grade ..	—	8	10	11	1	1	—	—	1	2	4	4	16	26	
(*b*) Medium grade	5	6	18	20	—	2	1	—	9	7	4	8	37	43	
(*c*) Low grade	3	2	4	4	1	1	1	—	3	2	1	3	13	12	
3. **Troublesome Adults**															
(*a*) Unstable	—	—	2	5	1	2	—	4	—	—	—	—	3	11	
(*b*) Epileptic	—	2	3	4	3	1	2	2	1	1	1	—	10	10	
(*c*) Severe physical disability ..	—	—	—	2	—	4	—	—	—	—	—	1	—	7	
4. **Children**															
(*a*) High grade	—	—	7	2	2	—	—	—	10	10	3	2	22	14	
(*b*) Low grade	—	—	13	14	3	1	1	—	7	7	1	1	25	23	
5. **Lower Grade** (Idiots, any age)	—	—	5	3	5	2	2	—	7	4	1	4	20	13	
Totals ..	12	66	74	75	29	27	15	27	39	33	26	42	195	270	465

3. Supervision.

(*a*) As from 1st April, 1937, a slight re-arrangement of visiting duties has been effected, whereby the routine visitation of Defectives under Supervision within the Borough of Mansfield previously undertaken by the Supervisor, is carried out by the Instructress of the Mansfield Occupation Centre.

(*b*) As will be seen from the table on page 84 of this Report the total number of cases now under Statutory and Voluntary Supervision in their homes is 818. These cases are given regular Supervision at quarterly intervals by the Supervisor, Occupation Centre Instructress and Health Visiting Staff.

The total visits paid during the year are :—

Supervisor	1,645
Occupation Centre Instructress ..	126
Health Visitors	1,868

(*c*) Twenty-six defectives previously under Supervision in this County have removed to reside in the areas of other Local Authorities and relevant information concerning them has been forwarded to the appropriate Officers of the respective Authorities.

(*d*) Reports from the Visiting Staff show that fourteen defectives, whose names previously appeared on the list of cases under Supervision, have died.

(*e*) Four female defectives have been married during the year, and children have been born of eight known mentally defective mothers. One child was still-born, and the remainder are apparently normal as far as can be judged at such a young age and without special medical examination. In three cases the mothers were married, and in the remainder unmarried.

(*f*) Assistance has been afforded in one case under Statutory Supervision by the provision of orthopaedic appliances and the payment of part travelling expenses to and from the Cripples' Guild. Another case has been assisted by providing dental treatment and dentures.

TABLE.

(*g*) Indicating Social Utility of 255 Mental Defectives under Statutory Supervision in their own Homes as on the 31st December, 1937.

Grade.	Attending School.		Attending Occupation Centre.		Employed.		Temporarily Unemployed.		Occupied at home (*e.g.* simple household duties, odd jobs and errands).		Incapable of employment or useful occupation.		Totals.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Idiots ..	—	—	—	—	—	—	—	—	—	—	8	5	8	5
Imbeciles ..	6	3	8	5	3	1	—	—	11	26	44	26	72	61
Feebleminded	1	1	4	—	48	7	7	3	13	19	2	4	75	34
TOTALS ..	7	4	12	5	51	8	7	3	24	45	54	35	155	100
	11		17		59		10		69		89		255	
Percentages ..	(4.3)		(6.7)		(23.1)		(3.9)		(27.1)		(34.9)		(100)	

(*h*) The Occupations and Average Earnings as on the 31st December, 1937, of Fifty-nine Mental Defectives under Statutory Supervision in their own homes who are Employed are shown in the following table :—

Occupation.	Wages.
Barber's Boy	10/- weekly
Bricklayer	23/- ,,
Butcher's Boy	5/- ,, plus meals
Chimney Sweep	25/- ,,
Cinema Attendant (evenings)	5/- ,,
Cycle Factory Hand	20/- ,,
,, ,, ,,	20/- ,,
,, ,, ,,	Not known
,, ,, ,,	,,
,, ,, ,,	,,
,, ,, ,,	,,
Domestic Servant	10/- weekly
,, ,,	9/- ,,
,, ,,	6/- ,,
,, ,,	6/- ,,
,, ,,	5/- ,,
Errand Boy	2/6 ,,
,, (Fruiterer)	Meals
Factory Hand (Lace)	20/- weekly
,, ,, (Silk)	10/- ,,
,, ,, (Hosiery)	16/4 ,,
Farm Labourer	18/- ,,
,, ,,	17/6 ,, plus board and
,, ,,	6/- ,, (lodgings
,, ,,	5/- ,,
,, ,,	Not known
,, ,,	,, ,,
Farm (Cattle Hand)	25/- weekly
,, (Milk Roundsman)	12/- ,,
Garage Hand	10/- ,,
Gardener	18/6 ,,
,,	9/- ,, plus rent-free cottage for parent
Ironworker (apprentice)	20/- ,,
,, ,,	13/- ,,
,, ,,	Not known
Labourer (brickyard)	25/- weekly
,, (builder)	15/- ,,
,, (fish merchant)	20/- ,,
,, (general)	Not known
,, (quarry)	30/- weekly
,, (travelling fair)	Not known
Miner	,,
,,	£2/12/6 weekly
,,	28/- ,,
,,	25/- ,,
,,	23/- ,,
,,	23/- ,,
,,	17/- to £1 weekly
,,	15/- ,,
,,	14/- ,,
,,	3/6 daily
Painter	Meals and pocket money
Poultry Farm Hand	17/- weekly
Wagon Worker (apprentice)	9/- ,,
Window Cleaner	20/- ,,
Woodchopping and odd jobs	5/- to 10/- weekly
,, ,,	6/- weekly
,, ,,	Meals
Woodman and Handyman on Estate	20/- weekly

4. Occupation Centre.

(*a*) The existing arrangements for the provision of occupation and training through the Occupation Centre, conducted in a part of the Folk House, Westfield Lane, Mansfield, have been continued during the year.

The Staff now consists of the Instructress, Domestic Assistant and Escort and two part-time Escorts, one of the latter being newly appointed. The work of the Centre is carried out under the general supervision of the County Medical Officer acting through the Mental Deficiency Supervisor.

The arrangement mentioned under the heading of Supervision, whereby the Instructress has been entrusted with the routine supervision visits in the Borough of Mansfield, has afforded her a valuable opportunity of contact with the homes of several of the defectives who come under her care at the Centre and also of encouraging the attendance of others who have so far been unwilling to attend.

(*b*) Twenty-five defectives are now in attendance at the Occupation Centre, an increase of six during the year. The cases are drawn as shown from the following Groups :—

	Males.	Females.	Totals.
Statutory Supervision	12	4	16
Voluntary Supervision	4	—	4
Guardianship	4	1	5
	20	5	25

The number attending the morning session for males under sixteen years and females of all ages is eight males and five females, whilst twelve cases attend the afternoon session for males over the age of sixteen years.

(*c*) The following is a summary of the attendances made during the year :—

Morning.				Afternoon.	
Males under 16.		Females (all ages).		Males over 16.	
Possible.	Actual.	Possible.	Actual.	Possible.	Actual.
1,414	1,185 (83.8%)	1,042	814 (78.1%)	2,109	1,619 (76.8%)

Defectives attending the Centre are assisted with 'bus fares where necessary.

(*d*) A Medical Inspection was carried out at the Centre on 8th July, 1937. Thirteen defectives received a primary inspection and nine defectives were inspected for the second time. It was apparent that the patients had derived very great physical benefit from their participation in the daily drill and physical exercises.

(*e*) Steady progress has been maintained in the training of the defectives, and there is marked improvement both in the defectives themselves and in the articles made by them.

(*f*) All the defectives at the Centre receive milk daily under the amended ' Milk in Schools ' scheme.

(*g*) Souvenir mugs, similar to those distributed in the Nottinghamshire Schools, were given to the defectives in connection with the Coronation Celebrations.

(*h*) Mainly through the generosity of interested persons in Mansfield the boys and girls, in two parties, were taken for outings into the neighbouring countryside during the Summer and provided with tea. Two very successful Christmas Parties were also held.

(*i*) The following is a summary of the articles made during the year, and a sum of £9 18s. 7d. has been realised from sales :—

Seagrass stools	Thirteen small ; three large.
Wool rugs	Ten small ; three large.
Wood work	Six sets table mats ; fourteen calendar cut-outs.
Raffia work	Four table mats ; one tea cosy, one basket tidy.
Pewter work	Five table mats.
Beaded cork table mats	Nine.
Weaving	One hand-bag.
Stocking rug	One.

5. Guardianship.

(*a*) Petitions for Orders for the appointment of Guardians have been presented concerning twenty-six defectives (eleven males and fifteen females) and Orders have been obtained in each case. In one instance the Petition was a second one on account of the previous Order having lapsed by operation of law.

In compliance with the Mental Deficiency Regulations, suitable arrangements have been made for the provision of medical visitation and necessary attendance in each of these cases under the approved scheme.

(*b*) Varying Orders have been obtained for the transfer of one female defective from Guardianship to a Certified Institution; one female defective on licence from a Certified Public Assistance Institution to Guardianship; and for the appointment of a new Guardian in the place of a Guardian of a female defective who has resigned.

(*c*) The total of fifty-eight defectives under Guardianship on 31st December, 1937, is made up as shown in the following table which also indicates the number residing under the Guardianship of parents or elsewhere :—

Resident Under the Guardianship of :—	Under Order.		Under Sec. 3.		Totals.	
	M.	F.	M.	F.	M.	F.
1. Parents	20	24	1	—	21	24
2. Relatives other than parents	2	5	—	—	2	5
3. Non-relatives	—	6	—	—	—	6
Totals ..	22	35	1	—	23	35

Two of the cases in Group 3 are resident with Guardians without the County area, one being supervised on behalf of the Local Authority by the Brighton Guardianship Society and the other by the Lancashire Local Authority.

(*d*) On 31st December, 1937, monetary allowances were being granted to Guardians in accordance with the approved scale in respect of forty of the cases in Group 1 at the following rates :—

1 case	.. .. ..	2/6 weekly
2 cases	.. .. ..	5/- a head weekly
2 ,,	.. .. ..	7/6 ,, ,,
2 ,,	.. .. ..	10/- ,, ,,
3 ,,	.. .. ..	12/6 ,, ,,
30 ,,	.. .. ..	15/- ,, ,,

and payments towards maintenance were being made respecting all the cases in Groups 2 and 3 at rates ranging from 2/6 to 18/6 a head weekly.

Forty-two variations in the amounts of these grants were made during the year in accordance with the approved scale on account of changing financial circumstances.

(*e*) In one case in Group 3 the Local Authority receive a payment of 7/6 weekly under an affiliation order, and in another case in the same Group a contribution of 10/- weekly is paid by the parent.

(*f*) Leave of absence on licence has been granted to defectives under Guardianship as follows :—

One male to a County Institution for seven weeks on account of his physical condition.

One female to a County Institution for two months pending a Varying Order being obtained.

One female to a County Institution for a month whilst the Guardian was on holiday.

(*g*) At a cost to the Local Authority of £2 a head, three female defectives were sent for a short period of holiday leave to a Seaside Holiday Home organised by one of the Guardians, whilst grants of 34/6 and 20/- respectively were made to cover the travelling expenses of one female and one male defective who were taken on holiday by their Guardians.

(*h*) Other special forms of assistance have been granted in respect of defectives under Guardianship as shown below :—

Two cases—Travelling expenses of parents to enable them to attend the hearing of Petitions.

Two cases—Provision of dental treatment and dentures.

One case—Provision of blankets and loan of invalid chair.

One case—Orthopaedic appliances and replacements.

(*i*) 168 visits have been paid to patients under Guardianship during the year by the Supervisor.

6. Institutional Care.

(*a*) Seventy-four applications have been made for vacancies in Out-County Institutions during the year with the following results :—

Successful .. 22 Unsuccessful .. 52

(*b*) Sixteen Petitions have been presented to Judicial Authorities for Orders for the detention of defectives in Certified Institutions and Orders obtained in each case. One of the Petitions was a second one owing to the first Order having been discharged because of an invalid medical certificate.

In one case the Petition was presented on behalf of the Local Authority by the Sheffield Local Authority, and in another case by the Managers of Dr. Barnado's Homes.

One Petition was in respect of a defective who had been removed to a place of safety.

(*c*) One female defective who was resident in an Approved School has become chargeable to the Local Authority as a result of an Order made by H.M. Secretary of State.

(*d*) Orders for the payment of maintenance contributions ranging from 1/- to 15/- weekly were obtained in seven cases at the time Detention Orders were made, and in one case an Order was made for the payment of the full cost of 33/2 weekly.

A review has been carried out during the year of the financial circumstances in 126 cases respecting which no contributions had been paid previously. As a result of the review special applications for Contribution Orders were made in nine cases subsequent to the presentation of Petitions, and Orders were obtained in each case for the payment of sums ranging from 6d. to 7/- weekly.

The total number of Contributors at the end of the year was sixty-four, of whom forty-four were actively contributing. In the remaining cases the liable relatives were unemployed or in such poor circumstances as to be unable to contribute, or could not be traced.

The total amount recovered during the year in contributions towards maintenance was £558 19s. 10d.

(*e*) The defectives detained under Order at the charge of the Local Authority are resident in the following Institutions :—

	Accommodation Available.		Beds Occupied.		
	Males.	Females.	Males.	Females.	Total.
Basford Certified P.A. Institution ..	0	40	0	39‡	39
Mansfield do. ..	6	12	6	12	18
Retford do. ..	4	8	3	10†	13
Southwell do. ..	3	5	3	5*	8
Caterham Mental Hospital, Surrey			0	3	3
Worcester Certified Institution, Worcester			1	0	1
Etloe House Certified Institution, Leyton			0	2	2
Royal Earlswood Certified Institution, Surrey			6§	3	9
Great Barr Park Colony, Birmingham			6	1	7
Princess Christian's Farm Colony, Kent			2	4	6
Royal Albert Institution, Lancaster			4	2	6
Stoke Park Colony, Bristol			15	19	34
Barvin Park Colony, Potters Bar			1	0	1
Besford Court Catholic M.W. Hospital, Worcester ..			1*	0	1
Whittington Hall, Chesterfield			0	17*	17
West of England School of Handicrafts, Burlton ..			2§	0	2
Royal Hostel, Elstead, Surrey			1	0	1
Mary Dendy Home, Sandlebridge, Cheshire			2	0	2
Monkton Hall Home, Jarrow-on-Tyne			5*	0	5
St. Mary's Home, Painswick, Gloucestershire			0	10*	10
Ashton House, Birkenhead			0	2*	2
Hortham Colony, Bristol			17*	9	26
Mount Tabor Certified Institution, Basingstoke ..			0	1	1
Brentry Colony, Bristol			9*	0	9
Ellen Terry National Homes, Reigate			1	0	1
House of Help Certified Institution, Bath			0	2	2
			85	141	226

‡Includes three cases on licence.
†Includes two cases on licence.
*Includes one case on licence.
§Includes two cases maintained under Permissive Powers.

In addition to the foregoing there are thirteen patients from Nottinghamshire maintained by the State in the Rampton State Institution.

(*f*) As indicated in the table on the previous page, thirteen defectives (four males and nine females) were absent on licence from Certified Institutions as at 31st December, 1937, and were resident as follows :—

	Males.	Females.
In Domestic Service	—	2
,, Farm Service	1	—
,, a Welfare Home, training for domestic service	—	1
,, occasional employment	2	—
,, a Hostel	—	1
,, other Institutions receiving medical treatment	1	1
,, care of relatives or friends	—	3
,, another Institution for a probationary period	—	1
	4	9

(*g*) One female defective on licence has been provided with a suitable outfit.

(*h*) Nineteen visits have been paid by the Supervisor to cases on licence.

(*i*) In compliance with paragraph 4 of the enclosure to Circular 835 of May, 1937, from the Board of Control, arrangements have been made for the provision of any necessary medical attendance to cases on licence who are not entitled to medical benefit under the provisions of the National Health Insurance Acts. Except that quarterly visits are paid by the Second Assistant County Medical Officer, and an additional clause provides for the payment of a fee of 2/6 when patients attend at the doctor's surgery, the scheme is the same as that set out for Guardianship patients on page 56 of the Report for 1934.

(*j*) One female patient chargeable to the Local Authority has died in a Certified Institution, and the parents were assisted to the extent of seven-eighths of the expenses incurred in removing the body from Bristol to the home in Nottinghamshire for burial.

(*k*) Two adult male defectives, who had escaped from Certified Institutions and remained at large for periods of nine months and two years, have been discharged by operation of law.

(*l*) Ten transfers of patients between various Certified Institutions have taken place during the year, including two Nottinghamshire patients in the Rampton State Institution who were transferred to the Moss Side State Institution.

(*m*) Licence has been granted to patients from Certified Institutions in five cases.

(*n*) Twenty patients have been granted periods of Summer holiday leave from one to four weeks at an approximate cost of £45 less certain savings in maintenance charges. In nine cases the full cost was borne by the Local Authority and in the remaining cases the responsible relatives were required to contribute a part or the whole of the expenses incurred in accordance with the approved scale.

(*o*) The Local Authority have made several small grants to various Institutions in respect of extra fare on festival occasions and holiday home expenses.

(*p*) The approximate average maintenance charge per head for Nottinghamshire patients detained in Certified Institutions during 1937 has been £67 a year.

(*q*) Dental treatment, extending in one case to the provision of a full set of dentures, has been authorised for two patients.

(*r*) Parents have been afforded financial assistance for the purpose of visiting their children in Out-County Certified Institutions in six cases.

7. General.

(*a*) The Local Authority have agreed to make a contribution of £30 a year under Permissive Powers towards the cost of maintenance of an adult male defective in a Certified Institution.

(*b*) In order to avoid overlapping and duplication of visiting, the half-yearly reports required by the Board of Education concerning the after-careers of children discharged from Special Schools have been prepared by the Officers of the Committee for the Care of the Mentally Defective on behalf of the Nottinghamshire Education Committee in respect of forty-three Mental Defectives now under Statutory Supervision.

(*c*) Reports have been prepared for the information of the Visitors concerning the home circumstances and conditions of 104 patients whose Orders became due for re-consideration during the year.

(*d*) Miscellaneous reports concerning Mental Defectives have been prepared on behalf of other Local Authorities in eleven cases.

(*e*) One petition has been presented to a Judical Authority on behalf of another Local Authority, resulting in an Order being obtained.

(*f*) The Local Authority have considered and approved a resolution of the County Councils' Association :—

> 'That a communication be addressed to the Joint Committee on Sterilisation drawing their attention to the fact that the slow progress made in this matter is becoming a source of general dissatisfaction to the County Authorities, and asking for a statement of the Joint Committee's recent efforts to convert public opinion to the principle of voluntary sterilisation.'

(*g*) The Mental Deficiency Supervisor was granted leave of absence and reasonable expenses to enable her to attend the Annual Conference of the Mental Health Workers' Association at Brussels in April, 1937, when visits were paid to the Decroly Schools, Brussels and the Gheel Colony at Moll."

MATERNITY AND CHILD WELFARE.

A record of the work performed during the year in connection with the Maternity and Child Welfare Services is given in the course of the next few pages.

Administration of Midwives Acts, 1902-1926.

The Nottinghamshire County Council up to the 1st December, 1936, were the Local Supervising Authority for the whole Administrative County. On that date the Mansfield Corporation became the Local Supervising Authority for the Borough.

During the year 267 Midwives notified their intention to practise in the County area, of whom 257 were trained, the remaining ten being untrained.

Supervision is normally carried out by the whole-time Non-Medical Supervisor, Miss F. M. Kirkby, and by Dr. Maclean in special cases.

The following table shows the number of cases attended by *trained* Midwives without a Doctor during the last five years.

Year.	Number of Cases.	Total No. of Births.
1933 ..	.. 4,648	.. 6,945
1934 ..	.. 4,607	.. 7,042
1935 ..	.. 4,663	.. 7,083
1936 ..	.. 4,608	.. 6,971
1937 ..	.. 4,480	.. 6,634

Since the 1st December, 1936, figures in respect of the Borough of Mansfield have been excluded from the above table.

Four of the *untrained* Midwives took no cases and the remaining seven attended forty-six cases.

The largest number of cases (midwifery and maternity) attended by any individual Midwife during 1937 was 148.

Medical Aid.

In 1937 medical aid was sent for in 1,697 cases—37.49 per cent. of the cases attended by Midwives. Trained Midwives sent for medical aid in 37.75 per cent. of their cases and the untrained in 13.04.

In 1937 the number of notices that medical assistance had been summoned was 1,697, but the actual number of claim forms submitted by 130 Medical Practitioners was 1,004, claiming fees amounting to £1,315, compared with 1,023 claims amounting to £1,462 in 1936.

The percentage of cases in which Doctors claimed fees was 59.16 in 1937, compared with 64.30 in 1936.

In one necessitous case resident in the County Maternity and Child Welfare "Special Area" the Midwife's fee was paid by the County Council, the amount paid being £1 10s. 0d.

The particulars of notices received by the Local Supervising Authority are set out in the following table with the numbers for the previous four years for comparison.

TABLE OF NOTICES RECEIVED BY THE NOTTINGHAMSHIRE LOCAL SUPERVISING AUTHORITY.

	1933	1934	1935	1936	1937
Records of sending for Medical help ..	1,442	1,560	1,626	1,591	1,697
Notices of still-birth	129	134	113	113	89
Notices of death of child	86	52	53	73	75
Notices of death of mother	4	7	3	8	9
Notices of laying out the dead ..	22	24	17	25	19
Changes of name notified to the Central Midwives Board	—	—	—	2	—
Deaths of Midwives notified to the Central Midwives Board	—	1	—	—	—
Notices of Liability to be a source of Infection	94	105	111	102	142
Notices of Artificial Feeding	69	59	82	81	105
TOTALS ..	1,846	1,942	2,005	1,995	2,136

MIDWIVES ACTS, 1902-1926.

CLASSIFICATION OF THE CAUSES FOR WHICH MEDICAL HELP WAS SOUGHT DURING THE YEAR 1937.

PREGNANCY :—

Abdominal pain	5	
Abortion and threatened abortion	132	
Albuminuria	63	
Ante-natal examinations	7	
Breast injury	1	
Dangerous varicose veins	7	
Fits or convulsions	4	
Haemorrhage	60	
Hydramnios	1	
Hyperemesis	14	
Illness of patient	51	
Malpresentation	1	
Oedema	20	
Post-maturity	1	
Prolapse	2	
Purulent vaginal discharge	2	
Retention	1	
Small measurements	5	
Twin labour	1	
	——	378

LABOUR :—

Albuminuria	3	
Breech presentation	35	
Contracted pelvis	5	
Death of patient	1	
Delayed labour	273	
Early rupture of the membranes	5	
Eclampsia	1	
Excessive bleeding	34	
Foetal distress	3	
Hydramnios	2	
Malpresentation other than breech	18	
Occipito posterior	18	
Placenta praevia	7	
Premature labour	5	
Prolapsed cord	3	
Retained placenta	34	
Ruptured perineum	403	
Twin labour	2	
Unsatisfactory condition of patient	37	
Uterine inertia	24	
Varicose veins	2	
Vulva injury	1	
Where no presentation could be made out	3	
	——	919

Carried forward	1,297

The comparable figures for abortion and threatened abortion for the past ten years are as follows, commencing with the year 1928 :—

Year.	Number.
1928 ..	96
1929 ..	106
1930 ..	118
1931 ..	129
1932 ..	128
1933 ..	141
1934 ..	154
1935 ..	152
1936 ..	147
1937 ..	132

MIDWIVES ACTS, 1902-1926—*continued.*

CLASSIFICATION OF THE CAUSES FOR WHICH MEDICAL HELP WAS SOUGHT DURING THE YEAR 1937.

Brought forward ..		1,297
LYING-IN :—		
Albuminuria	1	
Death of patient	1	
Fits	1	
Haemorrhage	2	
Inflammation and swelling of leg	11	
Nasal obstruction	1	
Offensive lochia	2	
Pain and swelling of breasts	12	
Poor condition of patient	23	
Rash	1	
Rise of temperature	63	
Subinvolution	1	
Swollen varicose veins	3	
Thrombosis	2	
	——	124
THE CHILD :—		
Asphyxia	21	
Breast abscess	1	
Convulsions	4	
Dangerous feebleness	47	
Death of baby	4	
Haemorrhage	3	
Hernia	2	
Inflammation of, or discharge from, the eyes	82	
Jaundice	4	
Malaena	3	
Malformation	19	
Phimosis	5	
Prematurity	32	
Skin eruptions	8	
Spina bifida	1	
Stillbirth	8	
Tongue tie	1	
Unsatisfactory condition	31	
	——	276
TOTAL ..		1,697

All the Midwives were visited at least quarterly by the Supervisor, (Non Medical), who made 571 routine visits and 2,602 special visits during the year.

The County Council paid compensation amounting to £5 9s. 6d. to two Midwives for loss of practice due to suspension.

In forty-four instances Midwives were suspended for more than twenty-four hours on account of liability to be a source of infection, due notification being sent to the Central Midwives Board in each case.

Ante-Natal Work.

Throughout the year all Midwives were carefully inspected in connection with their Ante-Natal work and the standard was again found to be improved.

The Midwives are advised to try to persuade their patients to go to their own Doctors or to an Ante-Natal Clinic for at least one examination. In 1937 medical help was sought in 378 cases for abnormalities arising during pregnancy, compared with 355 in 1936.

Eye Discharge in the Newborn.

Ninety-nine (sixty-eight in 1936) cases of eye discharge in newborn infants were notified, fifty-four (thirty-six in 1936) being also notified as Ophthalmia Neonatorum.

Every case attended by a Midwife was inquired into immediately by the Supervisor of Midwives (Non-Medical) and was subsequently followed-up by a County or District Health Visitor.

All the cases of Ophthalmia Neonatorum received treatment as shown in the subjoined table.

Cases of Ophthalmia Neonatorum.				Vision un-impaired.	Vision impaired.	Total Blindness.	Deaths.
Notified.	Treated.						
	At Home.	At Hospital.					
		Out-Patients.	In-Patients.				
54	39	10	5	54	—	—	—

"Collosal Argentum" is supplied free of charge by the County Council to all practising Midwives for prophylactic use in the Prevention of Blindness.

Midwifery Services by Nottinghamshire Nursing Federation.

In the Annual Report of the Federation for the year 1937-38 it is shown that 1,206 new midwifery cases and 469 new maternity cases were undertaken by their Nurses during the twelve months—twenty-five per cent. of the total number of live births registered in the County, (excluding the Borough of Mansfield). In addition the Nurses paid 9,492 visits in connection with Ante-Natal welfare.

The number of District Nurse Midwives carrying out midwifery, employed by Nursing Associations affiliated to the Nottinghamshire Nursing Federation, was, at the 31st March, 1938, sixty-three.

Nursing and Maternity Homes.

There were fourteen Homes on the register at the beginning of the year, eleven Maternity and three other Nursing Homes.

Four Maternity Homes were closed during the year and the registrations cancelled.

During the year two applications for registration were granted; in one case the application was in respect of the transfer of premises to a fresh Keeper. One further application was refused on account of insufficiency of staff.

Exemptions were granted in five cases on application from General Hospitals in the County.

At the end of the year there were seven Maternity and four other Nursing Homes registered in the County.

All the Homes were inspected quarterly.

Puerperal Fever and Puerperal Pyrexia Regulations, 1926.

Ten cases of Puerperal Fever and fifty-two cases of Puerperal Pyrexia were notified during 1937, compared with thirteen and thirty-five during 1936, and nineteen and fifty in 1935. In every case reported to the County Public Health Department a formal notification was received.

Of the total of sixty-two cases, twenty-three occurred in the County "Special Area" for Maternity and Child Welfare, three Puerperal Fever and twenty Puerperal Pyrexia.

Two cases of Puerperal Pyrexia were notified in two of the three Urban Districts in the "Special Area."

The services of a Consultant under the County Council's scheme were obtained in seven cases, three more than in the previous year.

Twelve of the cases in the County Council Area for Maternity and Child Welfare were admitted to Hospital, as follows :—

Nottingham General Hospital, five ; Victoria Hospital, Worksop, one ; Kilton Hill County Hospital, two ; Newark General Hospital, one ; Edenfield Maternity Home, one ; Southwell County Institution, two.

In no case was it reported that there was any difficulty in obtaining Hospital treatment.

The County Council have formal arrangements for the use of beds at the Mansfield and Worksop Hospitals and undertake the cost of treatment at other Hospitals as required.

Of the sixty-two cases notified, fifty-eight made good recoveries and four died. One of the deaths occurred in the County Council Area for Maternity and Child Welfare.

Maternal Mortality.

The maternal mortality rate per 1,000 live births for the whole County was 3.01 (1936, 3.98) and in the County Council "Special Area" for Maternity and Child Welfare 4.12 (1936, 3.50), compared with a rate of 3.23 (1936, 3.81) for England and Wales.

The rates for Puerperal Sepsis only per 1,000 live births were, whole County 0.82 (1936, 1.56) and "Special Area" 0.69 (1936, 1.75), compared with 0.97 (1936, 1.40) for England and Wales.

The maternal mortality rate per 1,000 total (live *and* still) births was 2.88 (1936, 3.81) for the whole County and 3.94 (1936, 3.35) in the County Council "Special Area," compared with a rate of 3.11 (1936, 3.65) for England and Wales.

For Puerperal Sepsis only the rates per 1,000 total (live *and* still) births were, whole County 0.79 (1936, 1.50) and "Special Area" 0.66 (1936, 1.67), compared with a rate of 0.94 (1936, 1.34) for England and Wales.

The total number of maternal deaths registered in the whole County was twenty-two (twenty-eight in 1936), six from Puerperal Sepsis, compared with eleven in 1936, and sixteen from other causes, compared with seventeen in 1936.

Of the total of twenty-two deaths recorded twelve occurred in the County Council "Special Area" and the remaining ten were distributed as follows :—

District.	Cause of Death.	
	Sepsis.	Other Causes.
Mansfield Borough	3	—
Worksop Borough	—	2
Newark Borough	—	1
Arnold Urban District	—	1
Hucknall Urban District	—	1
Sutton-in-Ashfield Urban District ..	1	—
Warsop Urban District	—	1
	—	—
	4	6

Of the twelve deaths in the County Council "Special Area" two were due to Sepsis and ten to other causes and were located as follows :—

District.	Cause of Death. Sepsis.	Other Causes.
Carlton Urban District	—	4
Worksop Rural District	1	2
East Retford Rural District ..	—	1
Newark Rural District	—	1
Southwell Rural District	1	2
	2	10

Both of the Sepsis cases received in-patient Hospital treatment.

A table showing the maternal mortality rates in the areas of the County Council and Autonomous Authorities, together with those for England and Wales, will be found in the Appendix, page iv.

The County Council Area for Maternity and Child Welfare.

The "Special Area" comprises the six Rural Districts and the Urban Districts of Carlton, Eastwood and West Bridgford,as constituted under the County of Nottingham Review Order, 1934.

The main statistics for the Area for the past five years are given in the following table :—

Year.	Total Population.	No. of Centres.	No. of Births.	Birth Rate.	Deaths of Infants under 1.	Infantile Mortality Rate.	No. of Maternal Deaths.	Maternal Mortality Rate.
1933	221,820	38	3,414	15.2	204	59	23	6.74
1934	223,920	38	3,362	15.0	159	47	19	5.65
1935	196,106	41	3,070	*15.1	144	47	13	4.23
1936	197,200	41	2,854	14.5	152	53	10	3.50
1937	198,670	46	2,915	14.7	157	54	12	4.12

* Calculated upon a total population of 203,607.

The infantile mortality rate in the individual Districts which constitute the "Special Area" shows wide variation, as set out in the table below, and the variation from year to year is equally wide owing to the relatively small units of population involved :—

Infantile Mortality Rate, 1937.

Urban Districts.	*Rate.*	*Rural Districts.*	*Rate.*
Carlton	83	East Retford	65
Eastwood	75	Basford	57
West Bridgford	34	Worksop	48
		Southwell	46
		Bingham	26
		Newark	7

PROGRESS OF MATERNITY AND CHILD WELFARE IN 1937.

By Dr. J. A. D. Maclean,
Woman Assistant County Medical Officer.

" The expansions foreshadowed in the Report for the year 1936 were duly carried out during 1937. These included extensions in the fields of Ante-Natal and Child Welfare work.

With regard to the former, at Bingham, Barnby Moor, Gringley-on-the-Hill, and Plumtree, separate Ante-Natal sessions were commenced to relieve the pressure of work experienced at these places when combined Ante-Natal and Child Welfare work was carried on. Country Clinics of this type are subject to much fluctuation in the number of attendances, but the separation of the work has been much appreciated by the expectant mothers themselves, many of whom feel somewhat self-conscious when entering a room already full of mothers and children.

The Ante-Natal work throughout the ' Special Area ' continues to increase in volume though the Post-Natal attendances still leave room for improvement, in spite of the fact that the actual number of attendances shows a slight increase over those of last year. Every woman who attends Ante-Natally is urged to submit to examination after confinement, but the importance of such examination is as yet not fully appreciated by the women concerned.

The dental treatment scheme continues to prove of great value to expectant mothers. Nevertheless, one still meets the woman who, in spite of medical advice, refuses such treatment. It is to be hoped, however, that as time progresses this type of expectant mother will not be in evidence, and that there will be a hundred per cent. response to the facilities offered. Arrangements are also being made for the extension of the scheme to those nursing mothers who have been unable to obtain dental treatment before the advent of their babies.

In connection with the Ante-Natal work a word of praise is due to the excellent co-operation which exists between the Ante-Natal Medical Officer, Dr. M. B. Walker, the Health Visitors, and the County Midwives who were appointed on the 1st August, 1937. These Midwives fully appreciate the value of the work done at the various Clinics and encourage their patients to be examined there regularly. Several Clinics formerly somewhat erratically attended have shown a marked increase in attendances since the advent of the County Midwife in a district hitherto ill-supplied with Midwives.

Turning now more particularly to Child Welfare work, combined Child Welfare Centres and Ante-Natal Clinics were opened during 1937 at Awsworth, Farndon, North Muskham, Porchester and Willoughby. The resultant attendances at these Centres have fully justified these additions to the Service. Indeed, pressure of work has become so great at Porchester that provision has been made in the 1938-39 estimates for the opening of a separate Ante-Natal Clinic in that area, while at

Farndon and Awsworth an extra Doctor's session would be very welcome. More than one mother in these districts has expressed her appreciation of the new Service.

Throughout the ' Special Area ' there is an ever increasing interest shown in the Centres on the part of the mothers, while the efforts of the Doctors and Health Visitors to encourage the attendance of ' toddlers ' at regular intervals is meeting with some greater success. The attendance of these ' toddlers ' is fairly satisfactory,but there are still too many children who are brought regularly only during the first year or eighteen months of their lives.

The schemes for the treatment of enlarged tonsils and adenoids, defective vision and teeth, continue to be of great value in Child Welfare work, for the defects of these types if found and treated at an early age can avert much suffering in later years.

For many years now the issue of free milk to necessitous cases has been in force, but it has been felt that it would be advantageous if cod liver oil and its products could also be so issued. Arrangements have accordingly been made for the adoption of such a measure.

And so another year has passed by, bringing with it advances in the Maternity and Child Welfare Services. Like other Public Health Services it can never stay still, and we hope that day by day it is getting a step nearer to perfection."

Health Visiting.

The extent of this work is statistically indicated in the following table.

	1937.
First visits to Infants and Children	4,063
Re-visits to Infants and Children	58,528
Visits to Expectant Mothers	3,569
Visits to Post-Natal Cases	10
TOTAL ..	66,170

A list of the Health Visiting Staff will be found in the table at the beginning of the Report.

MATERNITY AND CHILD WELFARE CENTRES.

Name of Centre.	Address of Centre.	Days upon which sessions are held.	Times of Sessions. From a.m.	To a.m.	From p.m.	To p.m.	Sessions at which a Medical Officer is present.	Average Attendance 1937.
SESSIONS HELD FOUR TIMES A WEEK.								
CARLTON	Park House, Main Street	Monday			2.0	4.30	Every session	46
		Wednesday	9.30	12.0			Every fourth session	
		Wednesday			2.0	4.30	Every session	
		Friday			2.0	4.30	Every session	
SESSIONS HELD TWICE AND THREE TIMES A WEEK.								
OLLERTON	Methodist Chapel	Tuesday			2.0	4.30	None	26
		Wednesday			2.0	4 30	Every session	
		Wednesday (fortnightly)	9.30	12.0			Every session	
SESSIONS HELD TWICE A WEEK.								
HARWORTH (BIRCOTES)	Methodist Chapel, Waterslack Road, Bircotes	Monday	9.30	12.0			Every fourth session	37
		Monday			2.0	4.30	Alternate sessions	
WEST BRIDGFORD	Baptist Church, Melton Road	Monday			2.0	4.30	Alternate sessions	37
		Thursday	9.30	12.0			Every fourth session	
SESSIONS HELD WEEKLY.								
BALDERTON	14, Bullpit Lane	Thursday			2.0	4.30	Alternate sessions	32
BEAUVALE	Methodist Church	Friday			2.0	4.30	Alternate sessions	30
BILSTHORPE	Village Hall	Thursday	9.30	12.0			Every session	37
BINGHAM	Market Street	Friday	9.30	12.0			Alternate sessions	15
BLIDWORTH	Methodist School	Monday			2.0	4.30	Alternate sessions	40
CLIPSTONE	Church Hut	Friday			2.0	4.30	Every fourth session	23
EASTWOOD	Clinic, Council School, Devonshire Drive	Thursday	9.30	12.0			Alternate sessions	40
EDWINSTOWE	Church Institute	Thursday			2.0	4.30	Alternate sessions	37
KIMBERLEY	Methodist Chapel	Monday	9.30	12.0			Alternate sessions	27
LANGOLD	Temporary School Buildings	Friday			2.0	4.30	Alternate sessions	37
LOWDHAM	The Institute	Tuesday			2.0	4.30	Alternate sessions	22
*MISTERTON	Victoria Institute	Tuesday			2.0	4.30	Alternate sessions	19
NEWSTEAD	Old Institute, Old Village	Tuesday			2.0	4.30	Alternate sessions	37
SELSTON	Congregational Chapel	Thursday			2.0	4.30	Alternate sessions	36
SOUTHWELL	45, King Street	Thursday			2.0	4.30	Alternate sessions	22
TUXFORD	Old Grammar School	Monday			2.0	4.30	Alternate sessions	19

MATERNITY AND CHILD WELFARE CENTRES—*Continued.*

SESSIONS HELD FORTNIGHTLY.

Name of Centre.	Address of Centre.	Days upon which sessions are held.	Times of Sessions. From a.m.	To a.m.	From p.m.	To p.m.	Sessions at which a Medical Officer is present.	Average Attendance 1937.
*Awsworth (opened 2-6-37)	Methodist Church School	Wednesday			2.0	4.30	Alternate sessions	17
Barnby Moor	Village Hall	Thursday			2.0	4.30	Alternate sessions	12
*Bestwood	Village Hall	Monday			2.0	4.30	Alternate sessions	21
*Calverton	The Institute	Wednesday			2.0	4.30	Alternate sessions	17
*Collingham	Public Hall	Tuesday			2.0	4.30	Alternate sessions	24
*Cotgrave	Parish Hall	Thursday			2.0	4.30	Alternate sessions	11
*Dunham-on-Trent	Women's Institute	Thursday			2.0	4.30	Alternate sessions	9
East Bridgford	Women's Institute	Thursday			2.0	4.30	Alternate sessions	13
East Leake	Church Schoolroom	Thursday			2.0	4.30	Alternate sessions	18
*Farndon (opened 18-6-37)	Methodist Hall	Friday			2.0	4.30	Alternate sessions	14
*Flintham	The Reading Room	Tuesday			2.0	4.30	Alternate sessions	11
*Gotham	The Village Hall	Tuesday			2.0	4.30	Alternate sessions	21
Gringley-on-the-Hill	Church Room	Thursday			2.0	4.30	Alternate sessions	18
*Hickling	Methodist School Rooms	Wednesday			2.0	4.30	Alternate sessions	6
*Langar	The Institute, Barnstone	Tuesday	9-30	12.0			Alternate sessions	11
*North Muskham (opened 4-6-37)	Methodist School Room	Friday			2.0	4.30	Alternate sessions	9
Plumtree	Memorial Hall	Tuesday			2.0	4.30	Every session	38
Porchester (opened 8-6-37)	Church Hall, Marshall Hill Drive	Tuesday			2.0	4.30	Every session	56
Radcliffe-on-Trent	Methodist Chapel	Thursday			2.0	4.30	Every session	29
Rainworth	Methodist Chapel	Tuesday			2.0	4.30	Alternate sessions	32
Ruddington	Village Hall	Monday			2.0	4.30	Every session	43
*South Leverton	The Institute	Wednesday			2.0	4.30	Alternate sessions	9
*Sutton Bonington	Village Hall	Wednesday			2.0	4.30	Alternate sessions	13
Sutton-on-Trent	Church Hall	Tuesday			2.0	4.30	Alternate sessions	20
Underwood	Bagthorpe & Underwood Inst.	Wednesday			2.0	4.30	Every session	31
*Willoughby (opened 31-5-37)	Village Hall	Monday			2.0	4.30	Alternate sessions	11

* Ante-natal work is also carried out at these Centres at the Medical Officers' sessions.

ANTE-NATAL CLINICS.

1. Special Separate Ante-Natal Sessions.

Name of Clinic.	Address of Clinic.	Days upon which sessions are held.	Times of Sessions. From a.m.	To a.m.	From p.m.	To p.m.	Sessions at which a Medical Officer is present.	Average Attendance 1937. Ante-Natal.	Post-Natal.
SESSION HELD WEEKLY.									
CARLTON	Park House, Main Street	Tuesday			2.0	4.30	Every session	18	—
SESSIONS HELD FORTNIGHTLY.									
BEAUVALE	Methodist Church	Tuesday	9.30	12.0			Every session	7	2
BLIDWORTH	Methodist School	Monday	9.30	12.0			Every session	9	—
CLIPSTONE	Church Hut	Thursday	9.30	12.0			Every session	6	—
EASTWOOD	Clinic, Council School, Devonshire Drive	Tuesday	9.30	12.0			Every session	10	—
HARWORTH (BIRCOTES)	Methodist Chapel, Waterslack Road, Bircotes	Friday			2.0	4.30	Every session	15	—
LANGOLD	Temporary School Buildings	Wednesday			2.0	4.30	Every session	11	2
NEWSTEAD	Old Institute, Old Village	Monday			2.0	4.30	Every session	8	—
OLLERTON	Methodist Chapel	Wednesday	9.30	12.0			Every session	10	1
PORCHESTER (opened 28-5-38)	Church Hall, Marshall Hill Drive	Saturday	9.30	12.0			Every session	4	—
SELSTON	Congregational Chapel	Thursday	9.30	12.0			Every session	9	1
WEST BRIDGFORD	Baptist Church, Melton Road	Thursday			2.0	4.30	Every session	6	1
SESSIONS HELD MONTHLY.									
BALDERTON	14, Bullpit Lane	Friday			3.15	4.30	Every session	2	—
BARNBY MOOR (opened 31-5-37)	Village Hall	Monday			3.15	4.30	Every session	4	—
BILSTHORPE	Village Hall	Friday	9.30	12.0			Every session	4	—
BINGHAM (opened 12-6-37)	Market Street	Friday			3.15	4.30	Every session	1	—
EAST LEAKE	Church Schoolroom	Wednesday			2.0	4.30	Every session	5	1
EDWINSTOWE	Church Institute	Friday	9.30	12.0			Every session	8	2
GRINGLEY-ON-THE-HILL (opened 31-5-37)	Church Room	Monday			1.45	3.0	Every session	2	—
KIMBERLEY	Methodist Chapel	Wednesday			2.0	4.30	Every session	11	3
LOWDHAM	The Institute	Friday	9.30	12.0			Every session	1	1
PLUMTREE (opened 12-6-37)	Memorial Hall	Friday			1.45	2.45	Every session	4	—
RADCLIFFE-ON-TRENT	Methodist Chapel	Tuesday	9.30	12.0			Every session	2	—
RAINWORTH	Methodist Chapel	Wednesday	9.30	12.0			Every session	7	1
RUDDINGTON	Village Hall	Wednesday	9.30	12.0			Every session	7	1
SOUTHWELL	45, King Street	Friday			1.45	2.45	Every session	4	—
SUTTON-ON-TRENT	Church Hall	Friday			2.0	4.30	Every session	3	—
TUXFORD	Old Grammar School	Friday	9.30	12.0			Every session	4	—
UNDERWOOD	Bagthorpe & Underwood Inst.	Monday	9.30	12.0			Every session	6	1

ANTE-NATAL CLINICS—*Continued.*

Name of Clinic.	Address of Clinic.	Days upon which sessions are held.	Times of Sessions. From a.m.	To a.m.	From p.m.	To p.m.	Sessions at which a Medical Officer is present.	Total Attendance 1937. Ante-Natal.	Post-Natal.
2. **Ante-Natal Work carried out at ordinary Maternity and Child Welfare Sessions.**									
		SESSION HELD FORTNIGHTLY.							
MISTERTON	Victoria Institute	Tuesday			2.0	4.30	Every session	1	—
		SESSIONS HELD MONTHLY.							
AWSWORTH (opened 3-6-37)	Methodist Church School	Wednesday			2.0	4.30	Every session	24	7
BESTWOOD	Village Hall	Monday			2.0	4.30	Every session	47	1
CALVERTON	The Institute	Wednesday			2.0	4.30	Every session	18	—
COLLINGHAM	Public Hall	Tuesday			2.0	4.30	Every session	32	6
COTGRAVE	Parish Hall	Thursday			2.0	4.30	Every session	4	—
DUNHAM-ON-TRENT	Women's Institute	Thursday			2.0	4.30	Every session	28	1
FARNDON (opened 18-6-37)	Methodist Hall	Friday			2.0	4.30	Every session	11	—
FLINTHAM	The Reading Room	Tuesday			2.0	4.30	Every session	6	1
GOTHAM	The Village Hall	Tuesday			2.0	4.30	Every session	20	2
HICKLING	Methodist School Rooms	Wednesday			2.0	4.30	Every session	6	—
LANGAR	The Institute, Barnstone	Tuesday	9.30	12.0			Every session	14	—
NORTH MUSKHAM (opened 4-6-37)	Methodist School Room	Friday			2.0	4.30	Every session	4	—
SOUTH LEVERTON	The Institute	Wednesday			2.0	4.30	Every session	3	2
SUTTON BONINGTON	Village Hall	Wednesday			2.0	4.30	Every session	10	—
WILLOUGHBY (opened 31-5-37)	Village Hall	Monday			2.0	4.30	Every session	4	—

Child Welfare Centres.

There were at the end of the year forty-six Centres fairly evenly distributed over the " Special Area."

The location of these, together with days and times of sessions, is given in the table on pages 108 and 109. The average attendances at each Centre are also shown.

For the convenience of public reference this table is brought up-to-date to 31st July, 1938.

The total number of attendances by infants and children under five years of age at the Child Welfare Centres was 54,526.

In addition 48,081 attendances were made by mothers, 500 by expectant mothers and thirty-seven by post-natal mothers.

Medical consultations were given in respect of 20,997 attendances by infants and young children, 295 in respect of expectant mothers and thirty-three in respect of post-natal mothers.

The Health Visitors gave 667 lectures or " talks " to mothers at the Centres during the year on the various duties of " Mothercraft."

Centre Attendance by District Nurses.

District Nurses are encouraged to attend and assist at Child Welfare Centres (irrespective of their attendance as Midwives when any of their expectant mothers are under examination) and during the year the Nurses attended 995 sessions at thirty-four Centres.

Grants are paid to the Nursing Associations employing the Nurses in respect of every attendance made.

Ante-Natal Clinics.

The table of Ante-Natal Clinics on pages 110 and 111 is brought up-to-date to 31st July, 1938, for convenience of public reference.

In it are shown the location and days and times of sessions of the separate Clinics now in operation, which, including one opened in 1938, number twenty-nine.

In addition there are full equipment and facilities for Ante-Natal work at sixteen Child Welfare Centres in areas insufficiently populous for the setting-up of special Ante-Natal Clinic sessions.

There is, therefore, now a total of forty-five Centres at which Ante-Natal examination can be properly carried out, compared with six in 1928.

The attendances at Ante-Natal Clinics during 1937, were as follows :—

Clinic.	Individuals.		Attendances.	
	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.
Awsworth ..	10	3	24	7
Balderton ..	13	3	30	3
Barnby Moor ..	14	—	29	—
Beauvale ..	52	24	155	43
Bestwood	19	1	47	1
Bilsthorpe ..	24	1	63	5
Bingham	5	1	9	2
Blidworth	58	5	211	11
Calverton	7	—	18	—
Carlton	206	7	808	19
Clipstone ..	44	1	144	4
Collingham ..	8	3	32	6
Cotgrave	4	—	4	—
Dunham-on-Trent	12	1	28	1
East Leake ..	31	7	60	19
Eastwood ..	72	7	250	13
Edwinstowe ..	41	8	98	26
Farndon ..	6	—	11	—
Flintham	3	1	6	1
Gotham ..	7	1	20	2
Gringley-on-the-Hill	8	—	20	—
Harworth ..	86	6	289	8
Hickling	4	—	6	—
Kimberley ..	51	12	139	36
Langar	5	—	14	—
Langold	82	2	255	43
Lowdham ..	8	1	16	16
Misterton	1	—	1	—
Newstead	54	1	180	2
North Muskham ..	2	—	4	—
Ollerton	84	7	265	18
Plumtree ..	6	—	25	2
Porchester ..	15	3	55	6
Radcliffe-on-Trent	9	—	21	—
Rainworth ..	31	10	93	14
Ruddington ..	34	1	85	12
Selston	68	6	225	15
South Leverton	1	1	3	2
Southwell ..	21	—	52	—
Sutton Bonington	4	—	10	—
Sutton-on-Trent ..	17	3	36	5
Tuxford	21	5	58	6
Underwood ..	31	7	73	8
West Bridgford ..	46	14	141	24
Willoughby ..	1	—	4	—
Totals ..	1,326	153	4,117	380

Expectant mothers also attend for advice at ordinary Child Welfare sessions, 215 such attendances being made during the year and eleven attendances by post-natal mothers.

The Ante-Natal Medical Officer, Dr. M. B. Walker, works in close co-operation with General Practitioners and Midwives, furnishing such reports as are necessary in the mothers' interests to enable those

responsible for the actual confinements to be informed adequately of any anticipated difficulty and provision is made for her to receive reports on the end result of cases.

The following Summary Report of her work for the year 1936 has been submitted by Dr. Walker.

Report on Ante-Natal Work.

By Dr. M. B. Walker.

"During 1936 there was an increase in the number of women who submitted themselves for examination as expectant mothers, the total being 944, compared with 924 in the previous year.

The increase, although small, is encouraging and may be attributed to the excellent work of the Health Visitors and District Nurses who are painstaking in their efforts to maintain contact with the expectant mothers during the course of their home visiting duties.

In order that comparisons may readily be made, the report has been prepared upon the same lines as in previous years.

As a result of examination the 944 cases were classified as follows :—

Multiparae	.. ..	598
Primiparae	.. ..	346
	Total	944

Of this figure 891, or 94.4 per cent. (1935, 861, or 93.2 per cent.), proved to have a normal pelvis ; forty-six, or 4.9 per cent. (1935, forty or 4.3 per cent.), a slightly generally contracted pelvis ; and seven, or or 0.7 per cent. (1935, six or 0.7 per cent.), a generally contracted pelvis.

The clinical examinations further revealed that 909, or 96.3 per cent., of the women were pregnant and thirty-five, or 3.7 per cent., not pregnant.

Attendances made by the 909 pregnant cases totalled 3,272, the average attendance per case being 3.6, compared with 3,274 and 3.7 in 1935.

For statistical purposes the stages of pregnancy in which attendance commenced have been divided into ten periods of four weeks each and are shown in this form in the following table :—

No. of Period.	Stage of Pregnancy.	No. of Cases Recorded in each Period.		Percentage.	
1	Under 4 weeks.	4		0.4	
2	4 to 8 ,,	38		4.2	
3	8 ,, 12 ,,	75		8.2	
4	12 ,, 16 ,,	54	432	5.9	47.5
5	16 ,, 20 ,,	112		12.4	
6	20 ,, 24 ,,	149		16.4	
7	24 ,, 28 ,,	142		15.6	
8	28 ,, 32 ,,	207	446	22.8	49.1
9	32 ,, 36 ,,	97		10.7	
10	36 ,, 40 ,,	31		3.4	
	Total	909		100.0	

An analysis of the above figures shows that more women made a first attendance in the early stages of pregnancy than in 1935, the total for the periods one to six, i.e., the 1st to the 24th weeks of pregnancy, being 432, or 47.5 per cent., compared with 364, or 41.1 per cent., in 1935. The highest number recorded as commencing in any single period was, as in previous years, between the 28th and 32nd weeks when 207, or 22.8 per cent., of the cases put in an appearance, compared with 221, or 24.9 per cent., in 1935.

Toxaemic symptoms were found in 679, or 74.7 per cent., of the expectant mothers (1935, 672, or 75.8 per cent.). In 235, or 34.6 per cent., of these cases (1935, 462, or 68.7 per cent.) no symptoms were recorded as having been noted after the first attendance at an Ante-Natal Clinic.

There was again an increase in the number of cases in which no evidence of toxaemic symptoms was found, the total being 230, or 25.3 per cent., compared with 214, or 24.2 per cent., in the previous year.

The following table shows the nature of the symptoms and the number of occasions on which each was found at the first attendance and at subsequent visits for the purpose of comparison :—

Toxaemic Symptoms.	No. of Occasions found at First Visit.	No. of Occasions found at a Subsequent Visit.
Albuminuria	31	54
Headaches	452	46
High Blood Pressure ..	27	38
Oedema	18	34
Sickness	338	20
Visual Disturbances ..	233	16
Total ..	1,099	208

Information regarding the mode of delivery is not available in three instances but in the remaining 906 cases is as follows :—

Mode of Delivery.	No. of Cases.	Percentage.
Spontaneous Delivery	821	90.6
Instrumental	65	7.2
Caesarian Section	3	0.3
Induction	2	0.2
Perforation	2	0.2
Miscarriages	13	1.5
Total	906	100.0

The percentages in each of the above categories are almost identical with those in the preceding year.

Complications at birth occurred in twenty-four cases, as follows :—

Adherent Placenta	6
Placenta Praevia	3
Ante-Partum Haemorrhage ..	7
Post-Partum Haemorrhage ..	5
Eclampsia	3
Total	24

One case of Placenta Praevia resulted in the death of the mother. In all other instances the mothers made good recoveries.

Information is available regarding the birth of 901 babies and this, together with the comparable percentages for 1935, is given in the following table :—

Result.	No. of Cases.	Percentage.	Percentage for 1935.
Alive and Well	845	93.8	93.1
Stillborn ..	30	3.3	3.6
Premature ..	10	1.1	1.6
Died	16	1.8	1.7
Total ..	901	100.0	100.0

There were :—

8 Sets of Twins.
1 Mongol.
1 Anencephalus.
1 Hare Lip.
1 Spina Bifida.
1 Spina Bifida and Hydrocephalus.

Of the seven women with generally contracted pelves :—

4 had Spontaneous Deliveries.

2 had Instrumental Deliveries.

1 had Caesarian Section.

Caesarian Section was also performed in two other instances on account of Placenta Praevia.

There were sixteen breech deliveries and in twelve other cases of breech presentation external version was performed successfully and the confinements terminated spontaneously.

Recommendations for Hospital treatment were made in thirty-nine cases, as follows :—

Cause of Recommendation.	No. of Cases.
Unsuitable Home Conditions	24
Poor General Condition	2
Cardiac Disease	2
Feeble Mentality	3
Contracted Pelvis	3
Transverse Position	1
Previous Obstetric History	3
Toxaemia	1
Total ..	39

The Consultants were called upon owing to complications in eleven instances, as under :—

Contracted Pelvis	3
Abdominal Abnormalities	3
Abdominal Pain	1
Non-descent of the Head	1
Excessive Sickness	1
Haemorrhage	1
Central Hernia	1
Total ..	11

During the year two expectant mothers were admitted to Hospital previous to confinement. One had an Ovarian Cyst removed and the other a Uterine Fibroid. Both patients made good recoveries and the pregnancies subsequently pursued an uneventful course finally terminating in spontaneous deliveries of full-time live-births.

Two deaths occurred during 1936, compared with one in 1935.

The particulars were as follows :—

(1) Patient had an Ante-Partum Haemorrhage on 15th August, after which loss was intermittent until she collapsed on 1st September, when the Doctor was in attendance, and was admitted to Hospital. Version performed after admission. Breech delivery. Serum, douches and diuretics administered. Eclampsia developed and death resulted on 7th September, the cause being certified as Exhaustion ; Convulsions ; Puerperal Eclampsia.

(2) Labour commenced 28th September but patient still undelivered on 3rd October. Admitted to Hospital and epiciotomy performed. Instrumental delivery. Pyrexia developed. Anti-streptococcal serum etc. given. Parotitis developed 30th October and patient died the day afterwards. The cause was certified as (I) Peritonitis ; (IIa) Parametritis ; (IIb) Laceration of Cervix into broad ligament.

Post-Natal Work.

The number of mothers who attended the Post-Natal Clinics for examination during the year 1936 was 208, compared with 205 in 1935.

Of these nine, or 4.3 per cent., attended because of sterility, seventy, or 33.7 per cent., for routine post-natal examination and 129, or 62.0 per cent., on account of various complaints.

The comparable figures for routine examinations during 1935 were forty-five, or 22.0 per cent.

The following table gives a summary of the action taken in each case :—

Treatment Recommended or Advice Given.	No. of Cases.
Advice regarding general health and special localised treatment	80
Referred to Hospital	35
Referred to General Practitioner	42
Referred to Women's Welfare Centre	16
Referred to Tuberculosis Officer	6
Referred to Treatment Centre	1
No treatment or advice necessary	19
Sterile cases :—	
Referred to Hospital	5
Advice regarding general hygiene	4
Total	208"

Ante-Natal Care by General Practitioners.

With the approval of the Ministry of Health a scheme was started during 1934 whereby uninsured women who had not booked a Doctor for their confinements and who were unable to attend an Ante-Natal Clinic by reason of distance or ill-health might secure Ante-Natal supervision through a General Practitioner of their own choice at the cost of the County Council.

Applications under this scheme are received via Midwives or Health Visitors, all of whom have been supplied with a panel of the names of Practitioners who have notified their willingness to serve under the scheme.

The General Practitioner selected undertakes to carry out two Ante-Natal attendances and one Post-Natal, either at the home of the patient or at his surgery, according to the needs of the case, and receives a fee at the rate of five shillings per attendance plus a mileage allowance in the event of attendance at the home of the patient on the same scale as under the Midwives Acts.

This scheme, provided to fill a potential gap in service and not expected to be greatly utilised owing to the considerable number of Ante-Natal Clinics available and the strictly limited group of women to whom it might apply, was only used in one instance during the year.

Post-Natal Clinics.

The six Post-Natal Clinics arranged as special sessions at existing Child Welfare Centre premises, are as follows :—

POST-NATAL CLINICS.

Name of Clinic	Address of Clinic.	Days upon which Sessions are held.	Times of Sessions. From a.m.	To a.m.	From p.m.	To p.m.
	SESSIONS HELD MONTHLY.					
Blidworth ...	Methodist School ...	Monday ...	9.30	12.0		
Carlton	Park House, Main St.	Thursday			2.0	4.30
Eastwood	Clinic, Council School, Devonshire Drive ...	Monday ...			3.15	4.30
Harworth (Bircotes)	Methodist Chapel, Waterslack Road, Bircotes ...	Thursday			2.0	4.30
Ollerton	Methodist Chapel ...	Monday	9.30	12.0		
Selston	Congregational Chapel	Monday ...			1.45	2.45

The following table gives a record of the attendances made at Post-Natal Clinics during 1937 :—

Clinic.	Individuals.		Attendances.	
	Ante-Natal.	Post-Natal.	Ante-Natal.	Post-Natal.
Blidworth	—	6	—	9
Carlton	5	32	8	54
Eastwood ..	4	20	4	29
Harworth ..	16	9	27	10
Ollerton	2	26	3	44
Selston	1	31	1	49
Totals ..	28	124	43	195

One hundred and thirty nine Post-Natal cases also made 354 attendances at Ante-Natal Clinics and twenty-four Post-Natal cases made thirty-seven attendances at Child Welfare Centres.

Travelling Expenses to Hospitals or Ante-Natal Clinics.

The number of applications granted under the arrangements started in 1933 for free travelling expenses in necessitous cases was only four during 1937, the same number as in 1936.

Consultant Service.

This scheme has continued to work smoothly and has proved beneficial, Consultants having been called in forty-one instances, thirty-three by General Practitioners and eight by Medical Officers of the Department.

The list of Consultants whose services are available is given at the beginning of the Report under the heading of " Public Health Officers of the Authority " and is brought up-to-date to 1st August, 1938.

The County Council accept responsibility for the Consultant's fee and no part of the cost is recovered from the patient.

The Consultant's services are available for all complications or difficulties encountered in connection with pregnancy, childbirth or the puerperium, either under this scheme or under that formulated under the Puerperal Fever and Puerperal Pyrexia Regulations.

Hospital Treatment for Complicated Maternity.

The scheme for use of surplus maternity beds in County Institutions at the charge of the Maternity and Child Welfare Committee for cases of complicated maternity or cases whose home conditions were unsatisfactory was maintained during the year at the following County Institutions :—

Basford County Institution.
Mansfield County Institution.
Southwell County Institution.

Under this arrangement cases are admitted direct *on the written order of the County Medical Officer* and not through Poor Law channels.

The Maternity and Child Welfare Committee accept responsibility for the cost and recover from the patients according to their means.

The admission order is valid for four weeks from date of issue instead of the six days laid down by the Public Assistance Order.

Sixty-eight cases were dealt with under this arrangement during 1936 ; forty-five at Basford, seventeen at Mansfield, and six at Southwell.

It is again pleasing to record that there has been no objection to entering a " County Institution," and many letters of appreciation have been received.

Arrangements on lines similar to those outlined above are also in operation for the admission of cases to Kilton Hill County Hospital, the number admitted during the year being thirteen.

In twenty-two other cases Hospital treatment was provided under the formal arrangements existing with Voluntary Hospitals.

Provision of Maternity Outfits.

The issue of free maternity outfits to persons necessitous, under the Committee's Assistance Scale, was maintained.

Sixty-nine applications were received and twenty-seven of these proved to be cases which could not be classed as needing assistance. In forty-two cases outfits were supplied, compared with forty in 1936.

One hundred and twenty-one maternity outfits were sold at cost price, compared with 106 last year and eighty in the previous year.

Specimen outfits are " on demonstration " at every Child Welfare Centre and Ante-Natal Clinic.

Birth Control Clinic.

Arrangements are available whereby married women in the categories approved by the Ministry may receive assistance when necessary in obtaining advice and contraceptive appliances at the Nottingham Women's Welfare Centre.

Six applications were received during the year, but assistance could not be provided as three of the cases did not come within the categories approved by the Ministry and in the other three the financial circumstances were above scale.

Dental Treatment for Expectant Mothers and Children under five Years of Age.

By D. E. Mason, L.D.S., *Senior Dental Officer.*

"The arrangements which were introduced in October 1936, for the dental treatment of expectant mothers and pre-school children to be carried out by the Dental Officers employed by the Education Committee instead of by Private Dental Practitioners were continued during the year under review, and it is therefore possible to submit the first complete annual report on this scheme.

The original allocation of time for this work was the equivalent of 'half a full-time Dental Officer' but it had become apparent towards the end of 1936 that the demand for the service was increasing and that the allocation would need to be increased if the demands were to be met. Provision was therefore made in the financial estimates for the allocation to be increased to the equivalent of a 'full-time Dental Officer' and this augmentation was put into effect from 1st April, 1937.

The work was distributed amongst all the Dental Officers on the Staff and a total of 433 sessions were so devoted during the calendar year. Regular sessions (either weekly or fortnightly according to local necessities) were held at nineteen fixed centres throughout the County and additional sessions or part sessions were held at other places whenever the circumstances justified such a procedure.

The distribution of the treatment centres throughout the County enabled the big majority of expectant mothers to reach a centre without undue inconvenience. A few, however, were found to reside in isolated rural villages to which they could not be reasonably expected to return from a treatment centre after having had teeth extracted. The Committee gave an important and helpful decision by approving that, where necessary, the treatment of these women may be carried out by the Dental Officers actually in the homes of the women. Only eight such cases were treated during the year but, although the number is small, it means that eight women who would otherwise have remained untreated were able to receive the treatment of which they were in need.

The arrangements entered into towards the end of 1936 by means of which the Dental treatment for four autonomous Maternity and Child Welfare Authorities should be carried out by School Dental Officers employed by the County Council were continued. This arrangement seems to be a very satisfactory one and, amongst other things, it enables the same Dental Officer to deal with the pre-school child, the school child and the expectant mother.

During the year 499 expectant mothers were referred by the Medical Officers for inspection by the Dental Officers. All of these women were in need of dental treatment and by 31st December, 244 of them had signed the necessary agreement forms in connection with the payment of fees and had commenced a course of treatment. Of the

remaining cases, 184 were definite refusals, thirty-four left the County area before treatment could be commenced and thirty-seven were undecided as to whether to accept or refuse. The treatment of 114 women was completed.

The inspections revealed that the big majority of the women referred for inclusion in the scheme required multiple extractions followed by the insertion of partial or full artificial dentures. It is pleasing to be able to record that in the mouths of some of the younger expectant mothers there was ample evidence of conservative dental work which had been carried out for them before they left school by the School Dental Officers. Unfortunately, however, there was very little evidence of any dental work, other than the extraction of an aching tooth, having been carried out since they left school. This scheme, therefore, for expectant mothers is providing a much needed service and one that is very much appreciated by those who have participated in it.

In every case the patient is requested in the first place to pay fees which are in accordance with the scale for National Health Insurance Dentistry. If the patient then states that she is unable to pay these fees an assessment is made in accordance with the verified income and expenditure of the head of the household. The collection of the assessed amounts is undertaken by the County Accountant.

Children under school age are referred to the Dental Officers by Medical Officers in charge of welfare centres or by Health Visitors. One thousand two hundred and seventy-seven such children were referred during the year and 943 of these underwent a course of treatment and made 1,320 attendances at the centres. The treatment carried out for these toddlers consisted mainly of the extraction of aching or septic ' milk ' teeth. In certain instances, however, it was considered desirable to insert metal fillings in small cavities in molar teeth and 168 such fillings were inserted.

Dental treatment of these young children, particularly in rural areas, is full of difficulties. The majority of mothers will not agree to have anything done for their children unless they are having toothache. Those who are brought along have usually been in this painful state for some days and they therefore arrive in anything but a tranquil and composed state and it is frequently impossible to get them to submit themselves voluntarily for the operation. In these circumstances complete treatment of all defective teeth, even with the aid of a general anaesthetic, cannot always be managed. Second appointments which follow at a short interval after the initial appointment are unsatisfactory because, even if they are kept, the behaviour of the child is usually worse than on the first occasion. The usual plan, therefore, in such cases is to allow wherever possible an interval of from two to three months to elapse between successive appointments and in this way gradually make the child reasonably dentally sound.

During the first few months of the introduction of this Maternity and Child Welfare dental scheme much propaganda work had to be carried out by both the Medical and Dental Staffs for the purpose of

persuading those eligible to undergo the treatment of which they were so much in need. Towards the end of the year it became apparent that this spade work was having its effect in breaking down the existing beliefs and prejudices. The lists of expectant mothers and pre-school children applying for treatment were greater than could be accommodated in the sessions allocated for the work and a recommendation for an increase in this allocation during the financial year 1938-39 was placed before, and approved by, the Maternity and Child Welfare Committee. This was a very gratifying termination to a year's pioneer work in this aspect of Public Dental Service."

Provision of Elastic Bandages.

During the year 136 elastic bandages were loaned to expectant mothers on the recommendation of the Medical Officers of the Ante-Natal Clinics.

The Pre-School Child.

A system of recording and following-up defective children, similar to that long used in the School Medical Service, has been maintained.

As in a County area it is not possible for every child to attend at a "Centre" for medical ascertainment of defects, Health Visitors are instructed to report any child whom, in the course of their visiting, they suspect to be suffering from some defect and who could not by reason of distance attend a Centre for medical examination.

In such cases arrangements are made, with the concurrence of the Education Committee, for medical examination to be carried out at the next medical inspection at the school nearest the children's homes.

The Education Committee further allow pre-school children to attend for treatment at any of their School Clinics.

All the treatment schemes available for school children are now available also for children under school age.

Six hundred and seventy-nine defective children with 757 defects have been formally reported and followed up during the year.

Table of Defects.

Nose and Throat	Chronic Tonsillitis and/or Adenoids	178	
	Nasal Catarrh	2	
		—	180
Eye	Defective Vision	2	
	Inflammatory Conditions	37	
	Squint	84	
	Other Conditions	8	
		—	131
Ear	Intertrigo	3	
	Otitis Media	39	
		—	42
Teeth	Dental Caries		50
Lung	Bronchitis		12
Heart	Congenital Conditions	6	
	Functional Conditions	3	
		—	9
Deformities ..	Congenital Deformities	82	
	Minor Injuries	4	
	Rickets	62	
		—	148
Other Defects ..	Abscesses	5	
and Diseases	Acute Nephritis	1	
	Anaemia	2	
	Burns	4	
	Cysts	3	
	Debility	7	
	Eneuresis	1	
	Enlarged Glands	1	
	Epilepsy	2	
	Gastro-Enteritis	6	
	Growth in Larynx	1	
	Hernia	37	
	Mental Deficiency (Suspected) ..	9	
	Mongols (Suspected)	3	
	Naevus	24	
	Phimosis	17	
	Prematurity	1	
	Pyloric Stenosis	1	
	Rheumatism	2	
	Skin Diseases	41	
	Stomatitis	9	
	Undescended Testicles	6	
	Vaginal Discharge	1	
	Worms	1	
		—	185
	Total		757

Treatment of the Pre-School Child.

The various schemes for the treatment of defects in children under school age have been utilised during the year as follows.

Chronic Tonsillitis and/or Adenoids.

In Nottingham Children's Hospital, Mansfield and District, Retford, Worksop and Newark Hospitals, with which the County Council have arrangements for operation for chronic tonsillitis and/or adenoids, sixty-four cases were treated.

Orthopaedic Defects.

Treatment for orthopaedic defects is carried out on behalf of the County Council by the various Nottinghamshire District Cripples' Guilds. During the year 148 children made 1,620 out-patient attendances at the various Orthopaedic Clinics throughout the County and appliances were supplied in eleven cases. Travelling expenses were paid in fourteen cases and three X-Ray examinations were authorised.

During 1936, 132 children made 1,221 attendances and eighteen appliances were supplied.

All orthopaedic in-patient treatment is carried out at the Harlow Wood Hospital. Four cases received in-patient treatment.

Defects of Vision.

Examinations for defective vision are carried out by the Assistant Medical Officers. Ninety-four examinations were made in 1937 and in fifty-eight cases spectacles were supplied under the scheme.

The supply of Milk to Expectant and Nursing Mothers and Children under five years of age.

The supply of milk and cod liver oil products at the County Council Child Welfare Centres and Ante-Natal Clinics was continued. These were issued at cost price on the written recommendations of the Medical Officer of the Centre in each case. Considerable quantities were sold throughout the County. The medical recommendation is necessary to avoid abuse of a facility which is primarily intended for those needing extra nourishment as treatment, and there is no test of means.

In cases where the income per head is below a certain figure, as laid down in a scale approved by the County Council, and a certificate of medical necessity is given by one of the County Council's Medical Officers, milk is supplied free. During 1937 free milk was supplied to 581 cases, at a cost of £609, showing a decrease of forty-seven cases compared with the number in 1936.

The sales of milk and other foods amounted to £1,926 8s. 10d.

Referred Poor Law Functions.

Domiciliary Midwifery.

The domiciliary midwifery services for poor persons continued to be secured on parallel lines to existing midwifery arrangements, the scale of fees due to District Medical Officers for such services conforming with the scale under the Midwives Acts.

Further, the attendance on poor persons by Midwives—alternatively to the District Medical Officer—is provided by an arrangement whereby each Relieving Officer is authorised to issue an " order " to the Local District Nurse Midwife in such cases, the Nursing Association receiving a fee of thirty shillings in respect of each case so attended.

Relieving Officers are required to notify the County Medical Officer of every case of pregnancy in a poor person which comes to their notice, in order that the ordinary machinery of the Maternity and Child Welfare Committee may be set in motion on behalf of each such person reported —Health Visitors, Ante-Natal and Consultant Services, etc.

Autonomous Maternity and Child Welfare Authorities co-operate in these arrangements and, on a report being received from a Relieving Officer in respect of a case in the area of such an Authority, notification is sent to that Authority so as to enable them to co-operate in the care of the poor person.

During the year thirty-six cases passed through this scheme, compared with fifty in 1936. Ten were attended by the District Medical Officers, two by District Nurse Midwives and twenty-four were admitted to the Maternity Wards of County Institutions.

The arrangement continues to fulfil the purpose aimed at, and this is largely due to the excellent co-operation of the County Relieving Officers.

Provision of Milk on Medical Grounds.

The arrangements for providing milk on medical grounds continued as co-ordinated with those existing under the Maternity and Child Welfare Act and secured the supply of milk on medical necessity over and above any other relief in kind required to relieve destitution.

Thirty cases were dealt with during the year, compared with thirty-four last year, and thirty-three in 1935.

This arrangement has proved convenient as enabling the one Committee (Maternity and Child Welfare) to provide for the needs of each case throughout, even though the circumstances became such as normally would have precluded a case from assistance under the Maternity and Child Welfare scheme.

Medical Supervision of Children under the Care of the "Joint Committee for the Management of Children's Homes and the Boarding-Out of Children."

Since 1930, when the duty of supervising children in Children's Homes and boarded-out children was transferred to the County Council, every endeavour has been made to treat these children through channels other than those of Poor Law. This policy was continued throughout the year under review and cases have been dealt with under schemes of the Education Committee, the Maternity and Child Welfare Committee, the Public Health Committee and the Committee for the Care of the Mentally Defective. The medical work of all these Committees is vested in the Public Health Department, and therefore close co-operation exists, enabling the rapid transfer of cases to the proper scheme under which treatment can be most suitably obtained.

During the year nineteen children came under notice, ten of these being dealt with for the first time.

The reason for reference in each instance was as follows :—

Alleged Mental Deficiency	10
Defective Vision	2
Ear Defect	1
Enlarged Tonsils and Adenoids	2
Examination for Admission to Harlow Wood Orthopaedic Hospital	1
Examination of Tuberculous Contacts ..	2
Slight Club Foot	1
TOTAL ..	19

All the Children's Homes were visited during the year and from a medical standpoint were found to be satisfactory.

Child Life Protection.

These duties continued to be administered as an integral part of the Health Visiting services in the " Special Area."

The administrative Medical Staff and the full-time Health Visitors of the County Council, whose duties include Maternity and Child Welfare work, act as Infant Protection Visitors and each home in which a child under nine years of age was maintained for reward was visited at least quarterly and detailed reports submitted to me regarding the care and maintenance of the children and the home conditions.

The number of children's names on the register on 1st January, 1937, was fifty-two.

The names of twenty-four children were removed from the register during 1937 for the following reasons :—

Attained the age of nine years	4
Left County Area	13
Legally Adopted	1
Returned to Relations	5
Died (in Hospital)	1
TOTAL	24

During the year twenty-one names were added to the register, leaving a total of forty-nine names on the register on 31st December, 1937.

The Child Protection Visitors paid 205 visits, compared with 265 in 1936.

Adoption of Children Act, 1926.

During the year twenty applications in respect of children under five years of age were investigated under this Act. Full inquiry was made into all the circumstances of each case and the Maternity and Child Welfare Committee were represented as Guardian *ad litem* in the Courts. All the applications were supported and Adoption Orders were made in each case.

MIDWIVES ACT, 1936.

I have recorded in the introduction the smooth operation of the County arrangements under this Act, which were initiated at midnight 31st July—1st August, 1937.

The statistics in respect of the period 1st August to 31st December, 1937, are as follows.

Whole-time County Midwives employed	..	50
District Nurse Midwives employed	..	65

Summary of the work carried out during the period 1st August to 31st December, 1937.

Cases.

Number Booked :			
Midwifery	1,593		
Maternity	456		
			1,949
Number Delivered :			
At home	1,109		
At hospital	33		
			1,142
Number Completed			1,031

Visits.

Ante-Natal :	
Home	8,248
Clinic	1,059
Delivery	1,277
Lying-in	19,194
Total Visits	29,778

A full statement of the County arrangements was published in my Annual Report for 1936.

Certain minor provisions in the original scheme were not put into operation, such as the provision of houses and cars for whole-time County Midwives, as it was found that when the actual appointments were made the necessity did not arise.

Most of the Midwives appointed already had homes in the County and this prevented, at this stage, any grouping of County Midwives such as might have been convenient and necessary had non-County applicants received the majority of appointments.

The necessity to provide cars was eliminated by the fact that many Midwives already owned cars or were desirous of obtaining cars provided that the County Council would grant them mileage allowances within the County Council scale.

It was finally decided that practically all whole-time County Midwives should be eligible to receive car mileage allowances in respect of the use of their own cars, and in practice nineteen County Midwives availed themselves of this arrangement.

Every County Midwife and District Nurse Midwife was provided with a telephone at the cost of the County Council.

There is no room for doubt that this Service has been most cordially welcomed by the public and many letters of appreciation have been received from husbands and patients.

I wish to record my admiration for the way in which the Midwives employed under the arrangements have adapted themselves to the new conditions in which they have become units in a " Service " instead of isolated individuals.

Their response and enthusiasm have been most praiseworthy, and I have ample evidence that they are performing their duties with devoted care.

Relinquishment of Certificates.

In ten cases it was considered necessary to give notice under Section 5 (2) of the Act requiring compulsory relinquishment of Certificates on account of incapacity owing to age or infirmity.

The amount involved by way of compensation was £834 1s. 3d. of which £4 2s. 11d. was recovered from other Local Authorities.

In fifteen cases Certificates were relinquished voluntarily, involving compensation amounting to £4,388 0s. 11d. Of this amount £39 3s. 1d. was recovered from other Local Authorities.

During the same period (to the 31st July, 1938) £78 18s. 6d. was paid to other Local Authorities in respect of six instances in which Certificates had been surrendered voluntarily.

SANITARY CIRCUMSTANCES OF THE AREA.

Most of the facts for the purpose of this section of the Report are obtained from the Annual Reports of Medical Officers of Health of County Districts, or, if any of these are not published in time, from a form of annual questionary which the Medical Officers of Health are good enough to complete in advance.

Completed questionaries have been received from nineteen of the twenty Districts and Annual Reports from twelve.

Water Supplies.

The tabular statement which follows indicates the sources of water supplies in the various County Districts.

In the Rural areas large schemes were completed during the year in Bingham and East Retford (where a further extensive scheme is in progress) ; smaller schemes in Basford and Southwell ; and additional premises connected in Worksop.

In the Urban areas there were considerable extensions of mains and at the end of the year work was commenced upon an important scheme for the provision of a supplementary supply for the Borough of Newark.

District.	Source of Supply.	Remarks.
Mansfield Borough	Deep wells at Rainworth and Clipstone. Corporation undertaking.	Excellent in both quality and quantity.
Worksop Borough	Deep well at Sunnyside. Corporation undertaking.	Quality good and quantity sufficient. Mains extended for a total distance of 1,706 yards during 1937. Village of Shireoaks supplied since 1934.
Newark Borough	Deep wells at Farnsfield. Corporation undertaking.	Excellent in both quality and quantity. Work commenced on a new borehole in Clay Lane at end of year. Considerable extension of mains during 1937.
East Retford Borough	Deep wells at Ordsall. Corporation undertaking. Paterson Purification Plant installed as a precautionary measure on account of excavations on South side of boreholes.	Satisfactory in all respects. Mains extended for a total distance of 472 yards during 1937.

District.	Source of Supply.	Remarks.
ARNOLD U.D.	Nottingham Corporation. Part from deep wells situate in the County and part from upland sources, Derwent Valley scheme.	Satisfactory. New service mains (1,634 yds.) provided.
BEESTON AND STAPLEFORD U.D.	Nottingham Corporation (whole area).	Satisfactory.
CARLTON U.D.	Nottingham Corporation.	Satisfactory. One factory obtains water of doubtful quality from private boreholes. Owners being pressed to take supplies of drinking water from mains.
EASTWOOD U.D.	Nottingham Corporation.	Satisfactory.
HUCKNALL U.D.	Deep wells at Salterford with two reservoirs (800,000 and 350,000 gals.). Urban District Council undertaking. Small areas in Papplewick Lane and Moor Road, also parts of Linby Road and Aerodrome supplied from Nottingham Corporation mains.	Supply satisfactory both in quality and quantity. Service mains extended in connection with housing and estate development. Old reservoir empty throughout 1937, but high level constantly maintained in new one.
KIRKBY-IN-ASHFIELD U.D.	Deep well at Norman's Hollow, Sherwood Forest. Two reservoirs (1,100,000 gals.) on Blidworth Road; one (50,000 gals.) in West Ward; and one (10,000 gals.) in South Ward at Annesley Woodhouse. Urban District Council undertaking. Butterley Colliery Company supply 392 houses on their estate. Forty-two houses in Portland Row, Selston, supplied by Nottingham Corporation.	Supply satisfactory. Mains connected with those of Sutton-in-Ashfield U.D.C. as a precautionary measure in 1933. New borehole now yielding a plentiful supply of water.
MANSFIELD WOODHOUSE U.D.	Mansfield Borough.	Supply from Mansfield Borough satisfactory. Nine houses unprovided, of which four obtain water from wells, four from springs and one isolated house has water carted on to the premises. Mains extended 540 yards. during 1937.

District.	Source of Supply.	Remarks.
SUTTON-IN-ASHFIELD U.D.	Deep well at Rushley. Urban District Council undertaking.	Satisfactory in quality and quantity. Pumping necessary for sixteen hours daily. Mains connected with those of Kirkby-in-Ashfield U.D.
Huthwaite	Bulk supply from the Warsop Urban District and Blackwell Rural District pipe scheme to service reservoir (capacity 100,000 gals.) at Huthwaite.	Quality and quantity excellent. Supplies available for highest parts of the district.
Skegby Teversal	Warsop Urban District and Blackwell Rural District scheme.	Supply adequate and quality excellent. Highest parts of district now constantly supplied.
WARSOP U.D.	Meden Valley Waterworks.	The joint scheme with the Blackwell Rural District Council, which came into operation during 1932, provides a supply ample in quantity and of excellent quality.
WEST BRIDGFORD U.D.	Nottingham Corporation.	Satisfactory. Mains extended 1,242 yards. During the year three polluted wells in South Wilford were closed and another allowed to remain for garden use only. Water from a borehole sunk in the same district found to be polluted and chlorination advised.
BASFORD R.D.	Nottingham Corporation (direct).	All parishes except those added on the 1st April 1935, under the County of Nottingham Review Order, 1934, are within the limits of supply of Nottingham Corporation and are provided with water mains, facilities being available for all but isolated premises.

District.	Source of Supply.	Remarks.
BASFORD R.D. cont. *Area Added 1st April 1935.*:— Parishes of :—		
Stanford-upon-Soar	Private piped supply from Loughborough to Stanford Hall and Estate. Remainder of parish dependent upon shallow wells.	
East Leake Normanton-upon-Soar Sutton Bonington	Loughborough Corporation.	During 1935 an agreement was entered into with Loughborough Corporation for the provision of a piped supply from the Corporation mains to the parishes of East Leake, Normanton-upon-Soar and Sutton Bonington. Work commenced in 1936, and extension of mains completed in the parish of Normanton-upon-Soar in the same year and in East Leake and Sutton Bonington during 1937.
Costock Kingston-upon-Soar Ratcliffe-upon-Soar Rempstone Thorpe-in-the Glebe West Leake Willoughby-on-the Wolds Wysall	The supply is exclusively from shallow wells and is very hard in character.	Ten samples of well-water taken during the year and all proved to be unsatisfactory.
BINGHAM R.D. Parishes of :—		
Aslockton Bingham Car Colston Cotgrave Cropwell Bishop Cropwell Butler East Bridgford Gamston (part) Holme Pierrepont (part) Keyworth Kinoulton Normanton-on-the-Wolds Orston Plumtree Radcliffe-on-Trent Saxondale Scarrington Stanton-on-the-Wolds (part) Tollerton Whatton	Nottingham Corporation.	The whole of this District is within the limits of supply of Nottingham Corporation. Scheme completed during the year for the extension of the Corporation mains to the parishes of Aslockton, Car Colston, Cotgrave, Cropwell Bishop, Cropwell Butler, Kinoulton, Orston, Scarrington, Stanton-on-the-Wolds (part) and Whatton.
	Remainder of District, comprising twenty parishes, mainly depends upon shallow wells.	

District.	Source of Supply.	Remarks.
WORKSOP R.D.		
Parishes of :—		
Hodsock Carlton-in-Lindrick	Worksop Corporation and held in storage reservoir. Council supply 1,327 houses in the two parishes.	Supply satisfactory. Ninety-three houses unprovided.
Harworth	Colliery village of Bircotes (except 100 houses) supplied by Colliery Company. Meter supply taken by Council to 417 premises in the parish, including 100 houses in Colliery village. Sixty-four houses on the Martin Estate at Bawtry supplied from the mains of the Doncaster and Tickhill Joint Water Board.	Supplies satisfactory. Sixty-four houses unprovided.
Blyth	Borehole (Council undertaking since 1931). Water Tower (25,000 gals.). Council supply 182 premises.	Supply satisfactory. Fifty-one houses unprovided.
Carburton Cuckney Holbeck Norton Welbeck	Deep well belonging to Welbeck Estates (50,000 gals.).	Quality good and quantity sufficient. Thirty-three houses unprovided.
Nether Langwith	Welbeck Estates and Colliery Company's deep wells ; thirty-nine premises from Blackwell Rural District Council mains.	Constant and satisfactory. Six houses unprovided.
Styrrup	Part of parish known as Oldcotes from Hodsock and Carlton-in-Lindrick mains. Styrrup from Harworth mains. Sixty-two premises supplied.	Supplies satisfactory. Eighty-two houses unprovided.
Wallingwells	Borehole at Hall.	Thirteen houses unprovided.
EAST RETFORD R.D.		
Parishes of :—		
Askham Bevercotes Bothamsall Cottam Darlton Dunham East Drayton East Markham Eaton Elkesley Fledborough Gamston Haughton Headon-cum-Upton Laneham Marnham Normanton-on-Trent	Lincoln Corporation main from deep well in the County.	Supply satisfactory. Piped supply from the Lincoln Corporation main to the parishes of Bevercotes, Cottam, Haughton, Marnham, Normanton-on-Trent, and Stokeham provided during the year. Parishes of South Leverton and Treswell also being connected.

District.	Source of Supply.	Remarks.
EAST RETFORD R.D. cont.		
Parishes of :—		
Ragnall Rampton South Leverton Stokeham Treswell Tuxford West Drayton West Markham	Lincoln Corporation main from deep well in the County (continued).	Supply satisfactory.
Finningley	Doncaster and Tickhill Joint Water Board.	Piped supply provided during the year.
Grove; also Hamlet of Welham	Piped supply from Retford Borough.	Supply satisfactory.
		A comprehensive scheme is in progress for the supply of twenty-six northern parishes from boreholes with a storage reservoir at Gringley-on-the-Hill.
		Upon completion of the above scheme and the connection of the parishes of South Leverton and Treswell to the Lincoln Corporation main, piped supplies will be available for all parishes in the Rural District and will be possible for all but isolated premises.
NEWARK R.D.		
Parishes of :—		
Balderton Coddington Farndon Hawton Langford (part) North Collingham South Collingham Winthorpe	Newark Corporation.	Well water at East Stoke and Thorpe reported to be unsatisfactory. Newark Corporation willing to extend mains to these parishes subject to the concurrence of the Sherwood Area Water Committee.
	Remainder of District, comprising twenty-two parishes, depends on wells.	

District.	Source of Supply.	Remarks.
SOUTHWELL R.D.		
Parishes of :—		
Averham	Newark Corporation.	Piped supplies satisfactory in all instances.
Edingley (part)		
Farnsfield		
Halam		
Kelham		Private water undertaking which supplied Kersall (part), Kneesall (part) and Laxton (part) purchased and reserved for use in case of emergency. Work on extension of mains from the Bilsthorpe source to the parishes of Kersall, Kneesall, Laxton and Ompton completed during the year. Link main provided between Laxton and Moorhouse. Minor extensions to the large scheme (completed during 1936), also executed during 1937.
Rolleston		
Southwell		
Staythorpe		
Upton		
Boughton	Nottingham Corporation, from deep well at Boughton.	
Bulcote		
Kirton		
Ollerton		
Walesby		
Wellow		
Bathley	Piped supply from Colliery well at Bilsthorpe, through Council's reservoir and mains.	
Bilsthorpe		
Carlton-on-Trent		
Caunton		
Cromwell		
Eakring		
Egmanton		
Grassthorpe		
Hockerton		
Kersall		
Kirklington		Samples of water from four private wells submitted for analysis and all proved unsatisfactory. Two of the wells have since been cleaned out and repaired ; a piped supply provided in another instance ; and water obtained from a well on nearby property in the remaining case.
Kneesall		
Laxton		
Maplebeck		
North Muskham		
Norwell		
Norwell Woodhouse		
Ompton		
Ossington		
South Muskham		
Sutton-on-Trent		
Weston		
Winkburn		
Bleasby	Piped supply from Council's well at Epperstone.	
Caythorpe		
Epperstone		
Fiskerton-cum-Morton		
Gunthorpe		
Halloughton		
Hoveringham		
Lowdham		
Oxton		
Thurgarton		
Edwinstowe	Piped supply from Council's reservoir at Edwinstowe.	
Clipstone	Piped supply through Mansfield Corporation and Clipstone Colliery.	
Gonalston (part)	Piped supply from private borehole.	

District.	Source of Supply.	Remarks.
SOUTHWELL R.D. cont. Parishes of :—		
Rufford	Mansfield Corporation.	
Perlethorpe-cum-Budby	Piped supply through Thoresby Estate.	
Blidworth	Piped supply from Council's own well from which water is pumped to a reservoir. New village supplied by Colliery Company.	Pumping station reconstructed and new pumping main laid in 1935.
Haywood Oaks Lyndhurst	Shallow wells.	

The policy of the County Council as regards financial assistance in respect of schemes of water supply remains as described in the last Report.

WATER SUPPLIES.
Ministry of Health Inquiries, 1937.

District.	Parishes Concerned.	Loan Applied for.	Source of Proposed Supply.	Source of Present Supply.	Result.
Urban District—Newark Borough.	———	£17,000	Bore-hole, Clay Lane, Newark. (to supplement present supply).	Deep wells at Farnsfield.	Work proceeding.
Rural District—East Retford.	Bevercotes, Cottam, Haughton, Marnham, Normanton-on-Trent, South Leverton, Stokeham, Treswell, West Drayton.	£15,202	Lincoln Corporation main at Elkesley, (extension of Southern Area scheme).	Mainly Shallow wells. One or two deep wells.	Completed.

Prevention of Pollution of Rivers and Streams.

During the year the Public Health (Drainage of Trade Premises) Act, 1937, received the Royal Assent, and it will come into operation on the 1st July, 1938.

Subject to the provisions of this Act, the occupier of any trade premises within the district of a Local Authority may, with the consent of the Local Authority, or, so far as is permitted by byelaws, without such consent, discharge into the public sewers of the Local Authority any trade effluent proceeding from those premises.

Before a trade effluent can be discharged into a public sewer the occupier is required to serve on the Local Authority a written notice stating the nature or composition of the trade effluent, the maximum quantity which it is proposed to discharge on any one day and the highest rate at which it is proposed to discharge the effluent into the sewers.

The passing of this Act cannot be other than acceptable to the County Council as their policy has consistently followed the principle laid down in the new legislation and wherever it has appeared that beneficial results would accrue from the connection of a trade effluent to the public sewers representations have accordingly been made.

The Fourth Report of the Joint Advisory Committee on River Pollution has also been published during the year.

This Report surveys the present position with respect to river pollution prevention law and the existing machinery for its administration.

This Committee recommend that the question of the formation of River Authorities, in whom should be centralised the functions relating to river pollution prevention, land drainage, fisheries, water abstraction and, in suitable cases, navigation, should receive immediate consideration by an authoritative body who would hear evidence and arrive at conclusions.

They desire to make it clear that they have not in mind any curtailment of the work which is now being done, but simply a centralisation in representative bodies of powers and duties relating to a river and its tributaries.

In the following detailed report it will be observed in connection with the treatment of coal washing waste at collieries that four purification plants have been erected. These are proprietary plants scientifically designed and should, in principle, revolutionise the old established method of dealing with this waste in lagoons or tanks. Under proper conditions of adequate capacity and efficient operation the rotary filter—following the correct conditioning of the slurry waste—facilitates the removal of the solid matter.

It is understood that one of the claims made with respect to this type of clarification plant is the maintenance of a clean water circulating system in the washery thus avoiding discharges of large volumes of waste from the water tower. In some cases, however, withdrawals have taken place and the old existing tanks and lagoons on these occasions have fulfilled a useful and vital purpose.

In 1936 no Ministry of Health Inquiries were held into applications by Local Authorities for loans for sewerage and sewage disposal but, during the year under review, nine such inquiries have taken place. It will also be observed that there are extension schemes in progress and much activity with respect to contemplated schemes.

DETAIL REPORT.

By MR. F. WRIGLEY,
Rivers Inspector.

" (1) Industrial Pollution.

The work undertaken can be mainly classified as follows.

1. *Collieries.*

At nine pits extensions or alterations have been carried out, and schemes are contemplated in two cases.

At four pits the extensions included the erection of new purification plants, the existing provisions being retained as emergency units and for the settlement of boiler water waste and yard drainage.

The purification plant put down at the New Ollerton Colliery, situated on a tributary of the River Maun, was completed in May and is now giving satisfactory results. It consists of two sections ; one a tank containing fixed filter plates and an automatic scraper. The effluent can be either discharged to waste or returned to the washery while the concentrated slurry is lifted into hoppers and emptied into wagons for tipping. The second section is a rotary filter the effluent from which is returned for re-use and the cake burnt or tipped.

The new plant at Gedling Colliery, situated on the Ouse Dyke, a tributary of the River Trent, was completed in August. It consists of a tank with an automatic scraper and chemicals are used to bring about precipitation. The effluent is returned to the washery for re-use and the slurry is settled in a hollow above the tip. The purification plant has worked successfully but conditions have been unsatisfactory due to breakdowns in the washery plant itself and failure to clean out the old existing tanks to receive these emergency discharges.

The effluent from the Warsop Main Colliery is discharged to a tributary of the River Meden and has been of a generally satisfactory quality. A new purification plant has, however, been erected, and consists of a conical tank in which are immersed a number of filtering

elements for the thickening of the waste. The thickened product is then delivered to a rotary filter which yields a cake suitable for burning. The existing tanks and lagoons are retained for boiler water waste and surface drainage.

There is no stream in the vicinity of the Blidworth Colliery, and any liquid waste soaks into the ground. It is, however, interesting to record that in connection with the washery plant a new slurry purification plant has been erected. The waste is precipitated by chemicals after which the thickened slurry is filtered on a rotary filter. The effluent from the tanks is returned to the washery for re-use and the cake from the filter is burnt on the boilers.

At Sutton Colliery, the effluent from which is discharged to a tributary of the River Meden, a new pump and motor to lift the slurry waste to the tip have been installed.

The effluent from the slurry settling tanks at Bentinck Colliery formerly mixed and discharged with a quantity of clean water into the River Erewash. Alterations have now been made to facilitate the withdrawal of the top water from the tanks on to a filter for final treatment, and the clean water is separately discharged.

At Silver Hill Colliery the slurry waste is settled in lagoons formed by cinder barriers between the tips. In the early part of the year pollution of a tributary of the River Meden occurred and requests were made for barriers to be constructed with earth foundations. The work has been carried out in such a manner as to afford a greater security against pollution.

Pollution of a tributary of the River Meden at Mansfield Woodhouse was traced to the Sherwood Colliery where the effluent from the slurry waste settling tanks was being pumped to a tip. A hole had been made in the tip for settlement, and the waste was evidently gaining access to some unknown drain which lower down had a connection with the surface water drainage system of the town. This was stopped by removing the pumping point to another part of the tip.

At Linby Colliery the boiler water waste and surface drainage are settled in a length of channels provided with scum boards, and the effluent passes to a tributary of the River Leen. The plant has been enlarged by the provision of a duplicate series of settling channels and the effluent passes over an area of land before finally discharging to the stream.

At Hucknall Colliery No. 2 and at Babbington Colliery plans are being prepared for the provision of settling tanks to deal with boiler water waste.

2. *Beet Sugar Factories.*

The two Beet Sugar Factories in the County discharge their effluent into the River Trent. Both factories carried out winter campaigns.

At the Colwick Factory the campaign was of short duration, and an effluent was only passing to the river for about a month. During the first few weeks the settling ponds were filling, and considerable soakage into the ground took place. A sample of final effluent taken was a little better than the average of two taken last year, and the suspended solids in the effluent were fairly low.

The effluent from the general ponds which settle the washing waters at the Kelham Factory were of almost the same quality as last year. Towards the end of last season the suspended solids in the effluent were much higher than was desirable, and to correct this the overflow weirs of the ponds were raised, thus increasing the available settling capacity. This alteration was effective, and the suspended solids in the effluent were low in amount except towards the end of the campaign when a slight increase was noticeable.

3. *Woollen Mills.*

At the Pleasley Vale Mills alterations have been made on the advice of the firm's Consulting Chemist with a view to producing a combined trades waste effluent capable of being dealt with at the proposed joint sewage disposal works.

The soap waste from the bleaching department has been connected for treatment with the wool scouring waste at the grease recovery plant. The washing and rinsing waters from the bleaching department have been connected to an underground tank, and the effluent from the grease recovery plant has also been connected to this tank for purposes of dilution and equalisation.

Plans have been prepared for the conversion of the sanitary arrangements at the mills to the water carriage system, and the conveyance of the sewage and trades waste to a point where it can be picked up for treatment at the proposed joint sewage works. After approval this scheme has to be submitted for discussion with the Local Authorities concerned in the construction of the sewage works.

(2) Sewerage and Sewage Disposal.

1. *Ministry of Health Inquiries.*

During the year nine Ministry of Health Inquiries have been held into applications by Local Authorities for sanction to raise loans for the construction of sewerage and sewage disposal works at a total estimated expenditure of £80,860.

The following are the details in brief :—

Authority.	*Amount.*	*Purpose of Loan.*
	£	
1. Retford Borough Council	7,200	Sewerage.
2. Beeston and Stapleford Urban District Council—		
Beeston Sewage Works ..	21,295	Sewage Disposal.
3. West Bridgford Urban District Council—		
Edwalton	10,040	Sewerage.
4. Basford Rural District Council—		
Annesley Grove	1,855	Sewerage.
Awsworth	3,450	Sewage Disposal.
Brinsley	440	Sewage Disposal.
Selston	14,180	Sewerage & Sewage Disposal.
Gotham	11,600	Sewerage & Sewage Disposal.
Calverton	10,800	Sewerage & Sewage Disposal.

At the end of the year sanction had been received in all cases. Work had been completed on the laying of the sewer at Annesley Grove and was proceeding on the extensions at Beeston, Edwalton, Brinsley and Selston. A contract had been let for the Awsworth scheme.

2. *New works constructed.*

A scheme of sewerage and sewage disposal for the parish of East Bridgford (Bingham Rural District) has been completed and the works are in operation. The sewage works consist of two sedimentation tanks, one storm water tank, two percolating filters, one humus tank and two sludge drying beds. The effluent discharges into the River Trent.

3. *Extensions completed.*

The erection of the pumping plant to lift the sludge to the drying beds has been completed at the Stoke Bardolph Works of the Nottingham Corporation.

At the Worksop Main Sewage Pumping Station electrically operated pumps have been installed.

At Harworth two new engines and the necessary shafting have been fitted to the pumps lifting the low level sewage.

4. *Extensions in progress.*

At Sutton-in-Ashfield, in addition to extensive alterations to the sewerage system of the town, work was proceeding at the main sewage disposal works on the construction of percolating filters, sludge digestion tanks, sludge beds and the provision of the necessary pumping plant to deal with sludge and sludge drainage.

The extensions at Southwell had been completed with the exception of the laying of the electric cable in connection with the pumping plant. A new percolating filter has been constructed and alterations made to the existing ones. A new detritus tank and screening chamber have been provided, and sludge drying beds have been constructed.

The construction of additional units at the Carlton and Hodsock Sewage Works had almost been completed at the end of the year.

At Beeston work was proceeding on the construction of additional settling tanks, percolating filters and humus tanks. In connection with the treatment of trades waste in separate tanks on the sewage works site an additional tank was also being constructed, and apparatus will be provided for the application of chemical precipitants to the trades waste.

At Selston Bagthorpe Works the new storm water tank was in course of construction, and work was proceeding on the excavations for sludge drying beds.

At Brinsley Gin Sewage Works work had commenced on the reconstruction of the percolating filter.

5. *New works being constructed.*

At the end of the year work was proceeding on the construction of new sewage works to replace the existing works at Harlow Wood Orthopaedic Hospital. These have been designed to receive the sewage from the County Council's Residential Open-Air School to be erected nearby.

In connection with Rampton State Institution separate sewage works are being constructed to deal exclusively with the waste water from the piggeries. The works consist of sedimentation tanks, a percolating filter and humus tanks.

6. *Extensions contemplated.*

Extensions are contemplated in sixteen cases.

In connection with the Newthorpe Works plans have been prepared for comprehensive extensions and a decision made to go for-

ward with the separate treatment of the trades waste from the leather board works subject to certain legal agreements being satisfactorily completed. There has been much delay in this matter, and at the end of the year the agreement was still being submitted to the interested parties for consideration and adjustment.

At Hucknall plans have been prepared for an extensive sewerage scheme together with the proposed extension at the sewage works, and a Ministry of Health Inquiry was held on the 19th January, 1938.

In the Basford Rural District contracts have been let for schemes of extension at Awsworth and five works in the Selston area, and work commenced in January, 1938. Schemes of reconstruction are also contemplated for the works at Cossall and Sutton Bonington.

At the Mansfield main works it is proposed to install a flow control penstock working in conjunction with a sewage flow recorder to separate the sewage proper from the storm water, and in addition a second flow recorder to gauge the volume passing to the bio-aeration plant.

In the Sutton-in-Ashfield Urban District schemes are being prepared by the Council's Consulting Engineer for extensions and alterations at their Huthwaite (Blackwell Road and Common Road Works) and Skegby Works.

At Balderton an increase in the flow of sewage is anticipated by the connection of the sewage from the proposed new Colony for Mental Defectives at Balderton Hall, and the Rural District Council have called in a Consulting Engineer to report on the extensions necessary at the sewage works.

At Bestwood private sewage works deal with the sewage from the colliery property and from the pit-head baths. These works are unsatisfactory, and a Consulting Engineer has reported upon the necessity for alterations or construction of new works. There is, however, a possibility of a public sewer being laid within a reasonable distance to the existing works to which the sewage could be advantageously connected and this line of inquiry is being investigated before the report is considered.

7. *New schemes contemplated.*

In the Basford Rural District complete new schemes of sewerage and sewage disposal have been submitted to the Ministry of Health for Gotham and Calverton and at the end of the year formal sanction had been received. In the case of Calverton the scheme will require amendment to meet the demands of some 500 houses proposed to be erected by a colliery company sinking a shaft in this area.

Schemes are also proposed for the parishes of Costock and East Leake, Lambley and Woodborough.

In the Worksop Rural District schemes have been prepared for sewerage and sewage disposal in the parishes of Blyth and Cuckney, and these are under consideration by the District Council.

In the Southwell Rural District the Consulting Engineer has been instructed to submit alternative proposals for the sewerage and sewage disposal of the parishes of Lowdham and Bulcote.

8. *Sewerage schemes.*

Schemes of sewerage have been completed at Beeston, Rainworth and Annesley Grove.

Work is proceeding on schemes at Carlton-in-Lindrick and Edwalton. A scheme is contemplated at Retford.

9. *Pit-head Baths.*

The construction of pit-head baths has been completed at Clipstone Colliery and the sewage and bath waste connected to the public sewer.

Work is proceeding on the construction of baths at Babbington, Blidworth, Welbeck and Summit Collieries.

10. *Sampling of effluents.*

Periodical sampling of final effluents from the various sewage works in the County was undertaken as regularly as possible and, of the one hundred and eighty tested, one hundred and twenty were classified as 'good' or 'fair' and sixty as 'unsatisfactory' or 'bad.'

In addition to the sampling of final effluents taken and reported upon officially, sixty-five observation samples have been tested. These have been taken mainly from the various units of sewage purification plants, and examined for the information and guidance of engineers and surveyors with a view to assisting them in the control of their works.

(3) Rivers and Streams.

1. *Sampling surveys.*

(*a*) The hydrographical survey of the River Trent has been continued and in July and September the river was sampled at the seven established positions.

The Report for 1937, prepared by the Ministry of Agriculture and Fisheries (Standing Committee on River Pollution), is based upon observations and samples taken over the whole river watershed.

With respect to the July results it is stated :—

'The Trent was well oxygenated at Harrington Bridge. The Soar was not badly polluted but the concentration of dissolved oxygen was rather poor. There was a slight lowering of the dissolved oxygen content of the main river at Nottingham due to the confluence of the Soar and possibly the Erewash. The Nottingham sewage effluent has apparently little effect on the river except for a slight increase in the ammonia concentration. The condition of the river remained fairly satisfactory through Newark and down to Dunham.'

The remarks in the Report with reference to the September results are, in principle, the same as those for July.

The Report recommends :—

'That in any future surveys the Nottingham County Council include samples taken from the River Erewash near its confluence with the Trent (say at Toton if there is no convenient place nearer to the Trent), and also from the Trent at Barton Ferry, *i.e.*, between the confluence of the Soar and the Erewash with the Trent.'

(*b*) The River Erewash was surveyed in July and samples taken at eleven different points between the source and the mouth. The average result of the examination shows the river to be of a ' bad ' quality with a predominating pollution factor in the Pinxton zone.

(*c*) The River Idle was surveyed in November and samples taken at six different points. The results obtained for the percentage saturation of oxygen at the time of sampling were satisfactory and the average figure obtained for the organic content of the water warrants the same classification as last year, that of ' fairly clean river water.'

(*d*) The River Maun was surveyed in September and samples taken at eleven different points. The average result of the examination gave practically the same figure as last year, and would warrant the classification of ' fairly clean river water.'

(*e*) The River Meden was surveyed in October and samples taken at eight different points. The average result of the examination was slightly better than last year and maintains the previous classification of ' fairly clean river water.' The percentage saturation of oxygen was examined at four points and found to be satisfactory.

(*f*) The River Poulter was surveyed in October, and samples taken at five different points. The average results of the examination were satisfactory both as regards the organic content of the water and the percentage saturation of oxygen at the time of sampling. The conditions on this occasion warrant the classification of ' clean river water.'

(4) **Statistics.**

1. *Analyses of Samples.*

Summary of analyses of samples examined in the County Laboratory during 1937 :—

Sewage Disposal Works :—		
Good Effluents	76	
Fair Effluents	44	
Unsatisfactory Effluents	22	
Bad Effluents	38	
	——	180
Untreated Sewage Discharges	3	
Manufactory Effluents	11	
Rivers and Streams	55	
Observation Samples	65	
	——	134
TOTAL ..		314

2. *Visits of Inspection.*

The number of visits paid during the year was as follows :—

Sewage Disposal Works	242
Industrial Works	359
TOTAL ..	601 "

Closet Accommodation.

The number of " dry " closets converted to water closets during 1937 in the County Districts was recorded as 782, compared with 686 in 1936, and 2,131 in 1935.

In addition four slop closets were abolished in the Colwick portion of the Carlton Urban District and pedestal closets substituted.

Of the conversions carried out, 540 took place in the Urban Districts, the Borough of Newark accounting for forty, Beeston and Stapleford 142, and West Bridgford 290.

In the Rural Districts the number of conversions effected was 242, including seventy-eight in Basford, forty-five in Worksop and ninety-six in Southwell.

The information given in the Annual Reports relating to the numbers of closets on the conservancy system remaining at the end of 1937 is incomplete as regards certain Districts, but there are records of nearly 13,500, the Urban Districts accounting for 5,266 and the Rural Districts 8,202.

In many Districts it appears that the majority of the "dry" closets remaining are inaccessible to sewers; but the Districts who are faced with the most serious problems fail to give any information on this point.

The Annual Reports record that 1,102 slop closets were still in use in the County at the end of 1937, 694 in the Urban Districts and 408 in the Rural Districts.

Public Cleansing.

Progress in this important service has been maintained during the year.

In the Borough of Worksop 201 dry ashpits and 15 wet ashpits were replaced by movable dustbins, better means of collection were considered and three portable trucks for handling dustbins were actually provided.

Two new eight-cylinder Fordson Petrol Refuse Vehicles were purchased in the Borough of Mansfield.

The areas added to the Borough of Newark are now served by the Corporation Public Cleansing Service.

In the Kirkby-in-Ashfield Urban District litter receptacles have been provided; waste paper is now collected separately, baled and sold; the Refuse Destructor, formerly used continuously, is now in operation for eight hours a day only, greater use being made of controlled tipping; and the Urban District Council have established a proper Costing System for the Public Cleansing Service.

Fixed receptacles were replaced by movable dustbins to the number of forty-eight at Sutton-in-Ashfield.

A new collecting vehicle was brought into use at West Bridgford.

The Public Cleansing Service of the Basford Rural District Council was extended to the parishes of Strelley and Thrumpton, and it is stated that, at the end of the year, when the question of the further extension of the service to include Stoke Bardolph was under consideration, there were less than 100 houses unserved in the whole of the area. A new motor vehicle for the collection of refuse was provided and dustbin trucks are now available for each vehicle belonging to the District Council.

In the Newark Rural District a Public Cleansing Service with controlled tipping was established in the parish of Farndon; while at Balderton all refuse is now taken to the Sewage Disposal Works and disposed of partly by incineration and partly by controlled tipping. In addition 250 dustbins were supplied where previously there was no accommodation for domestic refuse.

Sanitary Inspection of the Area.

The work of Sanitary Inspection, in so far as it is recorded in District Reports and questionaries, is summarised in the table on page 153.

The vast amount of work performed in the Districts by the Sanitary Inspectors is also referred to under various subject headings.

Sanitary Complaints received in the County Public Health Department.

A short statement is appended showing the number of intimations of unsatisfactory conditions received during the year in the County Public Health Department. Of the ninety intimations received, involving eighty-seven separate premises, thirty-eight were by Health Visitors and the remainder by members of the general public (chiefly the tenants of the houses concerned).

On referring these complaints to the appropriate District Medical Officers of Health I have in most instances received reports in due course that action has been taken and I wish to express appreciation of the courteous co-operation thus given.

Cause of Complaint or Report.	Number.
Overcrowding	11
Unwholesome or Insufficient Water Supply ..	9
Dampness	16
General Structural Defects	18
Insufficient Lighting and Ventilation	1
Offensive Accumulations or Deposits	2
Defective or Insufficient Closets	1
Defective Drainage	14
Premises infested by Vermin	4
Other Complaints	14
Total ..	90

SANITARY INSPECTION OF THE AREA, 1937.

District.	No. of complaints received or registered.	Total No. of inspections made.	No. of nuisances and defects dealt with.	No. of Notices served.		No. of Notices complied with.		Remarks.
				Informal.	Statutory.	Informal.	Statutory.	
Urban Districts—								
Mansfield B. ..	No figures	12,490	2,084	1,511	30	1,489	30	
Worksop B. ..	213	* 9,859	3,022	295	387	262	336	*Includes 1,430 re-inspections or re-visits.
Newark B. ..	113	* 1,278	1,698	338	14	338	14	*Includes 546 re-inspections or re-visits.
East Retford B. ..	41	* 3,592	601	127	14	119	22	*Includes 685 re-inspections or re-visits.
Arnold ..	139	3,712	558	542	51	455	51	
Beeston and Stapleford ..	482	* 1,605	821	364	10	344	9	*Includes 893 re-inspections or re-visits.
Carlton ..	232	* 1,172	464	471	18	446	18	*Includes 700 re-inspections or re-visits.
Eastwood ..	78	* 1,932	947	80	12	107	19	*Includes 935 re-inspections or re-visits.
Hucknall ..	609	* 1,902	1,028	704	155	551	121	*Includes 856 re-inspections or revisits.
Kirkby-in-Ashfield ..	582	* 4,390	2,370	262	61	246	57	*Includes 2,577 re-inspections or re-visits.
Mansfield Woodhouse ..	136	* 3,406	729	295	26	247	17	*Includes 694 re-inspections or re-visits.
Sutton-in-Ashfield ..	216	* 8,684	657	161	..	156	..	*Includes 561 re-inspections or re-visits.
Warsop ..	15	* 3,140	241	100	15	94	26	*Includes 422 re-inspections or re-visits.
West Bridgford ..	576	* 3,507	2,402	1,605	45	1,480	44	*Includes 482 re-inspections or re-visits.
Rural Districts—								
Basford ..	165	* 7,174	3,267	1,183	98	1,037	94	*Includes 5,354 re-inspections or re-visits.
Bingham ..	164	* 2,603	276	188	13	162	6	*Includes 591 re-inspections or re-visits.
Worksop ..	14	* 2,534	510	252	..	245	..	*Includes 267 re-inspections or re-visits.
East Retford ..	61	* 1,995	232	303	..	232	..	*Includes 231 re-inspections or re-visits.
Newark ..	39	* 240	86	15	4	15	3	*Includes 140 re-inspections or re-visits.
Southwell ..	72	* 3,038	380	185	80	148	70	*Includes 398 re-inspections or re-visits.

Shops Act, 1934.

Examination of the records relating to inspections under the Shops Act, 1934, made during the year in the County Districts again reveals a striking disparity in numbers.

Of the 1,222 inspections recorded two Districts alone (and these not the most populous) accounted for approximately half.

It is perhaps significant that generally in the County Districts unsatisfactory conditions were in inverse ratio to inspections.

The defects ascertained and the results of subsequent action were as follows :—

	Ascertained.	Remedied.
Insufficient Sanitary Conveniences ..	63	60
Inadequate Heating Arrangements ..	35	31
Defective or Insufficient Ventilation ..	33	13
Unclassified	30	40

Smoke Abatement.

The information given in the Annual Reports of County Districts in regard to Smoke Abatement is in many instances incomplete. In two Urban Districts, and in all the Rural Districts save one, no observations at all appear to have been taken. So far as the remaining Districts are concerned 232 observations are recorded, of which all save nine were made in Urban Districts. The number of nuisances abated, according to the Reports, was twenty, statutory action being necessary in four instances only.

The problem of smoke abatement in Nottinghamshire is comparatively slight, but it is not confined, as the foregoing figures would appear to indicate, to the Urban Districts.

It should be noted that the law relating to smoke abatement is limited in its application and that Local Authorities are not empowered to deal with domestic smoke which is still the major cause of atmospheric pollution.

The action taken during the year in the County consisted mainly in obtaining the installation of mechanical stokers and smoke consuming devices and was generally effective in securing improved conditions.

Offensive Trades.

The existence of offensive trades is referred to in the Annual Reports relating to eight Districts in the County (seven Urban and one Rural), the number of premises concerned being eighty. Three complaints only were reported during the year, these being confined to one District. Inspections of premises were made in 279 instances, twenty-one nuisances being found all of which were abated after the service of statutory notices.

Common Lodging Houses.

Comment on the supervision of common lodging houses is made in the Annual Reports relating to six County Districts (five Urban and one Rural). For this purpose sixty-six visits of inspection were paid, and four notices were served, all save one being in respect of limewashing and all being complied with.

Houses Let in Lodgings.

Only four Annual Reports make reference to houses let in lodgings, which may, of course, be controlled by Byelaws. Thirty-six inspections of such houses are recorded, the number of unsatisfactory conditions observed being thirteen (including three cases of overcrowding). In ten instances the service of notices resulted in unsatisfactory conditions being remedied.

Tents, Vans and Sheds.

The problem of tents, vans and sheds affects every District in the County and is referred to in all the Annual Reports save two. The number of such dwellings in occupation in the County was variable (there were, for instance, some forty tents for summer use in the West Bridgford Urban District) but it is estimated that the vans and sheds in permanent use approximated to 500. In the Sutton-in-Ashfield Urban District it is recorded that "numerous" complaints were received regarding these structures, and in the remainder of the County fifty-eight complaints were made. Disregarding Sutton-in-Ashfield, where steps are being taken with a view to applying Clearance Order procedure, 549 visits of inspection were paid, resulting in the ascertainment of unsatisfactory conditions in 108 instances. In addition every such dwelling was regarded as unsatisfactory in the Eastwood Urban District, while the Report relating to Kirkby-in-Ashfield refers to the fifty dwellings there as a "menace" and stresses the urgent need for action by the Council.

Notices were served in sixty-six instances during the year and sixty-two unsatisfactory conditions were remedied. In addition action by the Borough Council under Section 164 of the Worksop Corporation Act, 1933, resulted in the vacation of thirty-three of the forty-seven vans in Worksop, while four were removed and two demolished.

The Eastwood Urban and Worksop Rural District Councils have both taken action under the Housing Acts, Demolition Orders being made as regards fifteen and thirty dwellings respectively. Other Authorities are contemplating similar action. This seems to be the most effective method of dealing with what is undoubtedly a most serious and perplexing problem; but here again the law is limited in its application and, when applied, creates further problems in connection with re-housing, the difficulties of which are fully appreciated. These difficulties should not, however, deter any Local Authority from taking whatever action is possible to remove the most unsatisfactory conditions which obtain in many Districts.

Rag Flock Acts, 1911 and 1928.

In five Districts in the County there are premises in which rag flock is used, being supplied by the manufacturers under guarantee. Eight visits of inspection to such premises were paid during the year.

Swimming Baths and Pools.

During 1937 the following developments occurred in connection with swimming baths and pools.

The new filtration and chlorinating plant installed at Arnold came into operation in April, 1937, and proved very successful. Since the installation no difficulty has been experienced in maintaining proper standards of bacterial content and clarity.

At Hucknall the installation of filtration and sterilisation plant was completed and the plant has proved very satisfactory. A privately owned swimming pool at Papplewick has been maintained in good condition.

A pool provided at Kirkby-in-Ashfield at the Butterley Company's Colliery is used by school children.

The same Company also have a swimming pool at the Ollerton Colliery in the Southwell Rural District which is used by their workmen and is not open to the general public.

Elsewhere in the County the position with regard to swimming baths and pools appears to be unchanged; several Reports making no reference to the subject.

Eradication of Bed Bugs.

The disinfestation of houses infested with bed bugs has, according to the Reports, been undertaken in all the Urban Districts in the County save West Bridgford and in the Rural Districts except Bingham, Worksop and Newark.

In the Urban Districts the number of houses reported to be infested was 241, of which forty were Council houses. The number of houses in which disinfestation was carried out during the year was 250 (forty Council houses and 210 others). Five Authorities employed hydrogen cyanide fumigation the work being done by contract.

In the Rural Districts the Reports refer to the infestation of four non-Council houses, all of which were disinfested (one by the owner).

Preventive action, including periodical inspections and verbal and written advice, was taken in most Districts.

HOUSING.

Rural Housing.

The following table, prepared by Mr. Herring and Mr. Brook, the two County Sanitary Inspectors concerned with Rural Housing, gives a summary of their inspections and findings.

Housing Act, 1936.

CHIEF DEFECTS RECORDED BY THE COUNTY SANITARY INSPECTORS DURING THEIR SURVEY OF 1,505 WORKING-CLASS HOUSES IN RURAL DISTRICTS.

	No. of Houses.	Percentage.
1. WATER SUPPLY.		
Contamination suspected, or supply insufficient or not readily accessible ..	704	46.8
2. CLOSET ACCOMMODATION.		
Insufficient or defective	629	41.8
3. DRAINAGE.		
(1) Lack of effectual means of drainage, or defects in existing drainage systems	1,193	79.3
(2) Lack of proper sink or waste pipe ..	611	40.6
4. LIGHT.		
Inadequate window space; obstructive buildings	901	59.9
5. VENTILATION.		
Inadequate openings for ventilation. Obstructive buildings	1,010	67.1
6. DAMPNESS	1,049	69.7
7. LACK OF CLEANLINESS	76	5.0
8. WASHING ACCOMMODATION.		
Inadequate or disrepair	442	29.4
9. FOOD STORAGE ACCOMMODATION.		
Unsuitable, inadequate ventilation or disrepair	791	52.5
10. STAIRCASES.		
Lack of handrail, inadequate lighting, disrepair or bad arrangement ..	1,035	68.8
11. YARDS, COURTS OR PASSAGES.		
Unpaved, inadequately paved, undrained or disrepair	1,056	70.2
12. REFUSE STORAGE ACCOMMODATION.		
Insufficient or defective	212	20.7
13. STRUCTURAL CONDITIONS WHICH APPEARED TO BE DANGEROUS	83	5.5

	No. of Houses.	Percentage.
14. General Disrepair of Houses or Domestic Outbuildings	1,275	84.7
. . . . .		
Total Number of Houses regarded as suitable for Representation under the Provisions of Sections 11 or 25, Housing Act, 1936, with a view to Demolition	135	9.0
. . . . .		
Total Number of Houses regarded as capable of being made fit at a reasonable Expense (Section 9, Housing Act, 1936)	1,334	88.6

The percentages of defects for the current year, given in the above summary, with few exceptions show little variation from those recorded for the two preceding years.

The general comments following this table for the year 1935, are again applicable.

A considerable number of the houses inspected were considered suitable for reconditioning under the Housing (Rural Workers) Acts, 1926 and 1931. It is felt that a greater use of the valuable provisions of this legislation could be made, and the County Sanitary Inspectors have used every endeavour to inform owners and agents of this type of property of the financial aid which can be obtained.

Apart from the value of these inspections to the County Council as enabling them better to fulfil their statutory obligation to have "constant regard to the housing conditions of the working classes in the Rural Districts," evidence has been forthcoming that the information collected has been of considerable help to the Officers of the Local Authorities. Since the survey commenced Inspectorial Staffs have been increased in every Rural District save one.

Table XV. in the Appendix (pages xxxvii. and xxxviii.) summarises the activities of the Officers of Local Authorities in the County during the year in relation to Housing but does not refer to the erection of new houses.

In the Rural Districts the number of houses inspected for housing defects totalled 2,188 (1936, 2,621), the number of inspections made for the purpose being 3,441 (1936, 2,921). The number of houses inspected and recorded under the Housing (Consolidated) Regulations, 1925, was 1,205, involving 1,624 inspections.

Eighty-four houses were found to be in a state so dangerous or injurious to health as to be unfit for human habitation, a considerable reduction on the corresponding figure for 1936, which was 243. The

number of houses (excluding the foregoing) found not to be in all respects reasonably fit for human habitation was 1,499 (1936, 1,701). The bulk of the defective houses ascertained were accounted for by the Basford Rural District, whose figure—1,185—only includes two houses of the type described as dangerous or injurious to health. The next highest figure was that for Southwell (136).

Informal action resulted in 885 unfit houses being rendered fit (1936, 769), Basford Rural District accounting for 583 and Southwell following with 140.

Notices requiring repairs under the Housing Act, 1936, were served in respect of 206 houses (192 in Basford). The number of houses rendered fit after the service of formal notices was 162, the Local Authority acting in default of the owner in four instances.

Sixty-five houses were the subject of Demolition Orders during the year and fifty-nine houses were demolished pursuant to Demolition Orders.

The number of dwellings recorded as overcrowded at the end of the year was 408, housing 439 families consisting of 2,689 persons.

Twenty-three new cases of overcrowding were reported and 103 (involving 652 persons) were relieved.

Apart from action under the Housing Acts a considerable number of housing defects have been dealt with under the Public Health Acts by means of which Local Authorities can deal with such matters as water supply, closet accommodation, drainage, etc. In this connection 190 houses were the subject of notices during the year and defects were remedied in 134 houses (eighty-four by the Local Authorities in default of the owners).

That two Authorities should have found it unnecessary to serve any statutory notices for repairs or the remedy of defects either under the Housing or Public Health Acts is a fact worthy of note.

Urban Housing.

The figures relating to the Urban Districts are incomplete, but the following facts have been noted.

The number of inspections made for housing defects under the Public Health or Housing Acts ranged from 3,431 (806 houses) to 293 (275 houses). The greatest number of actual houses inspected was in the West Bridgford Urban District (1,789).

The highest number of houses inspected and recorded under the Housing (Consolidated) Regulations was 520—in the Sutton-in-Ashfield Urban District—and this District also records the greatest ascertainment of defective houses—800—of which 524 were regarded as being

in a state so dangerous or injurious to health as to be unfit for human habitation, the remaining 276 being not in all respects reasonably fit for human habitation.

Four of the Urban Districts showed no houses in the former category.

Many unfit houses were rendered fit as the result of informal action by the Authorities or their Officers, the figures ranging from 1,704 to seventy-four.

Notices under the Housing Act, 1936, requiring repairs, were served in respect of 180 houses.

The number of houses rendered fit during the year after the service of formal notices was 186, in thirty-six cases the necessary works being executed by the Local Authorities in default of the owners.

In respect of houses found to be incapable of being made fit at reasonable expense 235 Demolition Orders were made. The number of houses demolished pursuant to Demolition Orders was 235.

Closing Orders relating to separate tenements or underground rooms were made in four instances.

The number of houses recorded as overcrowded at the end of the year ranged from 204 to six, the former figure involving 322 families, consisting of 1,207 persons, and the latter figure five families and twenty-eight persons.

New cases of overcrowding reported during the year varied in the Urban Districts from 107 to *nil*.

Complete figures are available for the relief of overcrowding, the number of cases relieved totalling 468 involving 3,351 persons.

Two hundred and seventy-one formal notices were served under the Public Health Acts requiring defects to be remedied. Defects actually remedied during the year numbered 238.

* * * *

Complete information for the whole County is not available as regards the erection of new houses during the year, but there is evidence that many Authorities have taken or are taking active steps to provide houses for persons to be displaced as the result of demolitions and for the relief of overcrowding. In the Sutton-in-Ashfield Urban District 166 houses were erected, in Mansfield seventy-three, in Hucknall fifty-two, and in Beeston and Stapleford eighty-four. As evidence of the phenomenal development of the latter District it may be mentioned that no less than 1,138 houses were erected there during the year by private enterprise. In other Districts also private enterprise has played a considerable part—in some cases the only part—in the provision of new houses.

Housing (Rural Workers) Acts, 1926 and 1931.

The following table shows the extent of the action taken under these Acts during the year.

No. of Applications.	No. of Houses involved.	Nature of Works.	Assistance Approved.	
			Grant.	*Loan.*
14	28	Alterations and additions	£2,479/10/-	£270
1	2	Alterations and provision of water supply ..	£126	—
1	4	Conversion of six cottages into four ..	£400	—

Seven further applications were refused on the grounds that the property did not come within the provisions of the Acts.

In two cases the certificate of the County Architect was received intimating that the works had been satisfactorily completed and payment of grant was approved involving a sum of £500.

Payment of grant was actually completed in respect of thirteen applications, involving a sum of £1,660.

At the end of the year the loan of £3,000 sanctioned in November, 1934, was exhausted and application has since been made to the Minister of Health for consent to the borrowing of a further sum of £3,000.

Attractive illustrated pamphlets, copies of which may still be obtained from the County Health Department, were issued by the Ministry of Health during the year for the purpose of explaining to property owners the provisions of the Acts which the Government are anxious to make more widely known and utilised. With this policy the County Council are in full sympathy and in suitable cases the maximum assistance permitted is granted.

It is perhaps not fully appreciated that a property owner desirous of reconditioning a cottage for an agricultural worker or a person of similar economic condition may be assisted by the County Council with a loan as well as a grant so that the whole cost of executing any necessary works may be found in the first instance by the County Council.

This aspect of housing work should commend itself particularly to all who are interested in the preservation of the essential characteristics of the English countryside. In carrying out reconditioning under these Acts every endeavour is made to secure that any new work undertaken harmonises with the old.

The alternative is generally, of course, demolition.

A further point to which attention is directed is that Local Authorities, who have acquired properties for reconditioning, are entitled to the same assistance under the Acts as private owners.

INSPECTION AND SUPERVISION OF FOOD.

The Milk Supply.

(*a*) Supervision by District Authorities.

Rural Districts.

The records of the inspections carried out during 1937 which have been furnished in respect of each Rural District are as follows :—

District.	No. on Register at end of year.		No. of Inspections.		No. of Defects found.		No. of Defects remedied.	
	Retailers.	Producers.	Retailers.	Producers.	Retailers.	Producers.	Retailers.	Producers.
Basford ..	48	434	63	986	22	241	22	202
Bingham ..	182	387	8	106	—	60	—	16
Worksop ..	85	82	76	76	—	—	—	—
East Retford ..	192	501	364		111		98	
Newark ..	59	83	100	281	—	10	—	8
Southwell ..	179	451	419		131		127	

These figures, which have been supplied by the District Medical Officers of Health, show a net increase of ninety-eight retailers and 460 producers as compared with last year. The increases are almost entirely confined to two of the larger milk producing districts concerning one of which the previous year's figures related to part of the District only, while, as regards the other, it is explained that only wholesale producers were included in the figure given for 1936.

Examination of the figures indicates that in four Districts it was found impracticable to pay even a single visit during the year to each retailer and producer.

It is impossible to draw accurate inferences from the disparity between the various Districts in the ratio of defects found to visits paid, as it is probable that some Inspectors may have been obliged to confine their visits to premises known to be unsatisfactory ; moreover Districts whose dairies and cowsheds have received regular and competent supervision over a long period will, of course, show fewer defects than those in which systematic inspection has only just commenced. Given a uniform standard of requirement, however, and systematic inspection of all premises at reasonably frequent intervals, the ratio of defects found to visits paid should, it is considered, become more or less constant throughout the Rural Districts.

According to the information furnished by the District Medical Officers of Health, only two of the Rural Districts have undertaken sampling of milk for the methylene blue reductase test or for bacterial

count and examination for the presence of b. coli. In the one District six out of forty-four samples were unsatisfactory and in the other nineteen out of thirty-two.

In the Worksop Rural District thirty-two samples were submitted to biological examination for the presence of tubercle, three being positive. In this District veterinary examination of the dairy herds on behalf of the District Council was continued during the year.

URBAN DISTRICTS.

The following information has been submitted by District Medical Officers of Health in relation to the supervision of milk supplies in the Urban Districts of the County.

District.	No. on Register at end of year.		No. of Inspections.		No. of Defects found.		No. of Defects remedied.	
	Re-tailers.	Pro-ducers.	Re-tailers.	Pro-ducers.	Re-tailers.	Pro-ducers.	Re-tailers.	Pro-ducers.
Boroughs—								
Mansfield ..	21	30	248	124	—	—	—	—
Worksop ..	53	26	72	62	6	14	6	14
Newark ..	54	11	41	41	27	24	27	24
East Retford	28	24	31	70	1	5	1	4
Urban Districts—								
Arnold ..	22	17	26	22	4	6	4	6
Beeston and Stapleford ..	26	25	50	69	15	41	15	32
Carlton ..	42	11	66	30	—	1	—	1
Eastwood ..	15	3	7	14	5	2	4	—
Hucknall ..	94	25	39	58	2	2	2	2
Kirkby-in-Ashfield ..	69	50	16	23	4	25	4	12
Mansfield Woodhouse	73	20	91	59	2	8	2	8
Sutton-in-Ashfield ..	126	75	111		7		7	
Warsop ..	29	30	126		3	10	—	10
W. Bridgford	48	7	62	73	6	6	6	6

Apart from the fact that the net increase in the number of retailers in the Mansfield Woodhouse Urban District during the year was thirty-eight (over 100 per cent.) the figures relating to registration show no appreciable change.

As is to be expected, inspections have been carried out at reasonably frequent intervals in many of the Urban Districts ; but five Districts have failed to maintain a standard of at least one visit per year, this failure being mainly in respect of retailers' premises.

Amongst the Districts in which inspections have been carried out with reasonable frequency there is again marked disparity in the ratio between visits paid and defects found, and the remarks made in this connection under the heading " Rural Districts " apply equally to Urban Districts.

The inspection of pasteurising plants is an important part of the duties of some Inspectors and reference is made thereto in their Annual Reports. The process of pasteurisation must, of course, be carried out with the utmost care if the public (and particularly school children) are to be afforded the protection which they are entitled to expect if they purchase milk which has been subjected to this treatment under licence from a Local Authority.

Eight Urban Authorities undertake the collection of samples of milk for examination by the methylene blue reductase test or for bacterial count and the presence of b. coli. Seventy-six such samples were found to be satisfactory and twenty-two unsatisfactory. Samples of milk for biological examination for the presence of tubercle were taken by four Authorities, five samples being positive and the remaining thirty-seven negative.

Half-yearly routine veterinary inspections of dairy herds were continued throughout the year in the Boroughs of East Retford and Worksop.

(*b*) Supervision by the County Council.

(i.) Milk and Dairies Order, 1926.

The duties of the County Council under Part IV of the Milk and Dairies Order are carried out by the Public Health and Housing Committee through the Veterinary Department under Mr. H. L. Torrance.

During the year, the arrangements adopted in November, 1934, which provided for the routine inspection of all dairy cows in the County by whole-time Veterinary Officers not less frequently than twice a year, followed by the taking of mixed herd milk samples immediately after clinical examination of the cows for submission to biological examination, were continued.

For administrative purposes the County has been divided into four areas since the 1st November, 1935—namely, Nottingham, Newark, Retford and Mansfield.

The Staff employed at the commencement of the year consisted of the Chief and four Assistant Veterinary Officers, one Assistant being stationed in each of the three last-mentioned areas and one with the Chief Veterinary Officer at the Shire Hall.

On the 1st July, 1937, the Staff was further increased by the appointment of an additional Assistant Veterinary Officer, who was also allocated to the Nottingham area.

There are approximately 24,500 milch cows in the County, in 2,300 herds.

The total number of cows examined in the course of routine inspections and re-inspections was 37,832, in 3,872 herds. Of these 209, or 0·55 per cent., were found to be tuberculous.

The number of mixed herd milk samples taken and submitted to biological examination during the year from " non-graded " herds was 576, representing 32,929 cows in 3,782 herds. Of these sixty-three, or 10·94 per cent., proved positive to tuberculosis.

Under the Milk (Special Designations) Order, 1936, 15,835 cows were examined, in "Accredited " herds, the number found to be tuberculous being sixty-five, or 0·41 per cent.

The arrangements, which commenced on the 1st April, 1936, for taking mixed herd milk samples from "Accredited " herds separately from " non-graded " herds, were continued during 1937. The number of such samples taken and submitted to biological examination during the year was 154, of which sixteen, or 10·39 per cent., were positive.

The following table gives a summary of veterinary inspections carried out during the year.

Summary of Inspections of Dairy Cattle, 1937.

Initial Cause of Inspection.	No. of cows examined.	Result of examination—cows affected.					Percentage of cows found to be Tuberculous.
		Non-Tuberculous		Tuberculous.			
		Mastitis.	Minor Lesions.	Tuberculous Udder.	Chronic Cough and Definite Clinical Signs.	Tuberculous Emaciation.	
Routine Inspection ..	37,832	399	1,541	53	143	13	0.55
Results of Mixed Herd Milk Samples ..	5,270	12	1	43	20	1	1.21
Notices under Section 4 Milk and Dairies (Con.) Act ..	336	1	—	3	5	—	2.38
Accredited Herds, Milk (Special Designations) Order, 1936 ..	15,853	200	47	14	49	2	0.41
Results of Mixed Herd Milk Samples from Accredited Herds ..	1,020	4	1	9	9	—	1.76
Tuberculin Testing of Herds	1,707	24	7	—	—	—	—
Reports by Owners ..	266	10	26	12	73	17	38.35
Other Causes	64	1	2	7	26	4	57.81

Action taken under the Milk and Dairies (Consolidation) Act, 1915, and the Milk and Dairies Order, 1926, comes within the purview of the Public Health and Housing Committee, but action taken under the Diseases of Animals Acts and the Tuberculosis Order, 1925, is controlled by the Diseases of Animals Sub-Committee of the County Agricultural Committee. The work of each of these Committees is complementary to that of the other and is so co-ordinated that overlapping is avoided. Thus it is generally convenient when action is required under the Milk and Dairies (Consolidation) Act, 1915, to make use of the provisions of the Tuberculosis Order, 1925, for carrying out the necessary herd examinations and disposing of the infected animals when found.

The following statement gives the numbers of cows slaughtered and the stage of disease found during the year, and the proportion slaughtered as a direct result of action by the Department.

Total number of cows slaughtered and findings.			Not affected.	Number slaughtered directly as a result of action by the Department and findings.			Not-affected.
	Stage of Disease found.				Stage of Disease found.		
Slaughtered	Advanced	Not advanced		Slaughtered	Advanced	Not advanced	
503	231	270	2	364	151	212	1

A table is appended showing the results of microscopical examinations carried out by the Veterinary Department in the Laboratory.

Microscopical Examinations, 1937.

Material examined.	No. of Samples.	RESULTS.		
		Tuberculous.	Other Diseases.	Negative.
Milk	1,626	129	—	1,497
Expectorate	1,027	279	—	748
Other Pathological Material	136	23	21	92
Totals	2,789	431	21	2,337

In 431 of the 2,789 examinations made it was possible to determine the presence of tubercle by microscopic examination only.

(ii.) Milk and Dairies (Consolidation) Act, 1915. Section 4.

Fourteen cases were notified during the year under Section 4 of the Milk and Dairies (Consolidation) Act, 1915, six from the City of Nottingham, three from the Borough of Worksop,two from the Borough of East Retford and three from Worksop Rural District. As a result four cows suffering from tuberculosis of the udder and five from a chronic cough and definite clinical signs of tuberculosis were detected and slaughtered.

MILK AND DAIRIES (CONSOLIDATION) ACT, 1915. SECTIONS 4 AND 8.

The procedure under Sections 4 and 8 of the Milk and Dairies (Consolidation)Act, 1915, for the sampling of milk imported into the County, which commenced on the 24th July, 1935, provided for the collection of samples by Inspectors of the County Food and Drugs Department on behalf of the Public Health Department and subsequent biological examination for the presence of tubercle at the Institute of Animal Pathology, Cambridge.

During the year ninety samples were taken and submitted to biological examination, of which eighty-six, or 95.6 per cent., proved negative and four, or 4.4 per cent., positive. The positive samples related to milk produced in Derbyshire, and notifications under Section 4 of the Milk and Dairies (Consolidation) Act, 1915, were forwarded to the County Medical Officer in each instance.

For comparison, the number of samples taken during the previous year was seventy-four. Of these seventy, or 94.6 per cent., were negative and four, or 5.4 per cent., positive.

(iii.) MILK (SPECIAL DESIGNATIONS) ORDER, 1936.

The Chief Inspector of the County Food and Drugs Department has kindly supplied me with the following information relating to producers of graded milks under the Milk (Special Designations) Order, 1936.

Tuberculin Tested.

The number of producers' licences in operation in the County to which the designation Tuberculin Tested applied on the 1st January, 1937, was eleven. During the year two new licences were granted and one withdrawn, making a total of twelve licensed producers of Tuberculin Tested milk at the end of the year.

Accredited.

There were 168 licences in operation in the County on the 1st January, 1937, for the production of this grade of milk. Thirty-four new licences were granted during the year, and eleven withdrawn. The total number of licensed producers of Accredited Milk on the 31st December, 1937, was therefore 191.

(iv.) THE MILK IN SCHOOLS SCHEME.

The grades of milk approved for supply to school children under this scheme are substantially the same as described in my Annual Report for the year 1934, except for the altered designations consequent upon the operation of the Milk (Special Designations) Order, 1936, from the 1st June, 1936, and are as follows :—

Tuberculin Tested.

Accredited Selected.

Pasteurised.

Accredited Selected is a specially safeguarded milk of which full particulars were recorded in the Report referred to above. The number of such herds approved in the County at the end of the year was eight, the same number as in 1936.

The number of school departments participating in the scheme on the 31st March, 1938, was 263, representing 28,149 children.

Check Sampling of School Milk Supplies.

The number of school milk samples taken on school premises during the year by the County Sanitary Inspectors and forwarded to the Institute of Animal Pathology, Cambridge, for biological examination for the presence of tubercle was eighty-nine, of which eighty-eight, or 98.9 per cent., were negative and one, or 1.1 per cent., positive.

In 1936 the number of samples taken was ninety-five, the result in each case being negative.

Since the introduction of the arrangements, which provide for two samples of milk to be taken each year from that delivered at schools by each supplier, on the 18th June, 1935, a total of 261 samples has been taken and submitted to biological examination with a negative result in every instance, except one.

Inspection of Meat and Other Foods.

On the 31st December, 1937, there were, according to the information supplied by District Medical Officers of Health, 322 private slaughter-houses in the County, a net decrease of four as compared with the previous year. Registered slaughter-houses numbered 117, seventeen were subject to annual licence and 188 were licensed permanently.

The six Rural Districts are responsible for the supervision of 160 (or approximately half) of the slaughter-houses in the County and, in order to gain some idea of the magnitude of the task which confronts some of the Inspectors in connection with the supervision of slaughter-houses and meat inspection, it should be noted that in the Basford Rural District, for example, there were fifty-one slaughter-houses under supervision during the year and that slaughtering took place on 2,541 occasions involving 3,918 visits for the purpose of meat inspection and general supervision.

Unfortunately complete information is lacking from which to compile a table showing the whole of the work carried out in the County in this connection. Fourteen Authorities have recorded the ascertainment of 197 defects in slaughter-houses, of which 185 were remedied during the year. The number of visits to slaughter-houses for meat inspection and other purposes was 20,400, and in the course of those visits a vast amount of meat was condemned, the highest quantity in the Urban Districts, which is recorded in the Reports, being 25,886-lbs. at Sutton-in-Ashfield, and in the Rural Districts 29,235-lbs. at Bingham. In the latter District more than half the

meat was condemned following the slaughter of animals under the Tuberculosis Order, 1925. Only five Authorities make reference to the inspection of animals before slaughter, which is of some importance in meat inspection.

The question of the desirability of substituting public abattoirs for private slaughter-houses has been the subject of comment in previous Reports, and the considerable amount of work now carried out in many areas under present unsatisfactory conditions merely serves to stress the need for the better conditions which have so long been advocated.

The inspection of meat on retail sale necessitated numerous visits to shops, stalls and other premises where meat was sold, for which complete figures are not available. Except in a few Districts, the amount of diseased or unsound meat recorded as having been condemned on such premises was small and in several instances *nil*. Unsatisfactory conditions of premises were recorded in 101 instances and successful remedial action was taken in every case. At Sutton-in-Ashfield it was found necessary to seize a quantity of pork, pork pies and cooked pork and to prosecute the owner, who was fined a total sum of £45, with costs amounting to £6 3s. 6d.

In none of the County Districts is there a meat marking scheme in operation.

* * * *

The Sanitary Inspectors in the County Districts also paid numerous visits of inspection to premises where foods other than butcher's meat were manufactured, prepared or sold, but here again complete information is not available for the whole County. Unsatisfactory conditions were recorded as ascertained and remedied in eight Districts, the number being 151. Unsound or unwholesome foodstuffs were condemned in varying quantities, including fresh and tinned or bottled fruits and vegetables, fish and tinned meat.

* * * *

Generally the Annual Reports indicate that there has been very little attempt by the retail traders in the County to sell unsound or unwholesome foodstuffs to the public ; there is much less necessity nowadays than formerly to resort to the process of " seizing " unsound foods.

The shellfish (Molluscan) marketed in the County are obtained from Whitstable (oysters), Boston (mussels), Cleethorpes (cockles) and elsewhere. In some Districts it is stated that shellfish are marketed rarely or not at all. No action during the year is recorded under the Public Health (Shellfish) Regulations, 1934, or the Public Health (Cleansing of Shellfish) Act, 1932.

Food and Drugs (Adulteration) Act, Artificial Cream Act, etc.

The adulteration of food is dealt with by the County Food and Drugs Department, and by the courtesy of the Chief Inspector (Mr. Templeman) a summary of the work carried out during the year is given.

The summary embraces samples taken under the Food and Drugs (Adulteration) Act, 1928, Public Health (Condensed Milk) Regulations, 1923 and 1927, and the Public Health (Preservatives, etc., in Food) Regulations, 1925 to 1927.

Annual Summary of Food and Drugs.

The following is the Annual Summary for the year ended 31st December, 1937.

	Bought.	Sub-mitted.	Genuine.	Reported Deficient.
Almonds, ground	6	6	6	—
Amm. Tinc. of Quinine	1	1	1	—
Apple Jelly	1	1	1	—
Arrowroot	6	6	6	—
Bacon	3	3	3	—
Baking Powder	11	11	11	—
Banana Cream	1	1	1	—
Beer	2	2	2	—
Bicarbonate of Soda	2	2	2	—
Borax	2	2	2	—
Brawn	2	2	2	—
Butter	23	23	23	—
Cake	3	3	3	—
Calves Feet Jelly	1	1	1	—
Camphorated Oil	2	2	2	—
Carraway Seeds	1	1	1	—
Castor Oil	1	1	1	—
Cheese	21	21	19	2
Chutney	1	1	1	—
Cocoa	11	11	11	—
Cocoa-nut, desiccated	1	1	1	—
Cod Liver Oil	1	1	1	—
Coffee	11	11	11	—
Coffee and Chicory	1	1	1	—
Cooking Fat	4	4	4	—
Corn Flour	1	1	1	—
Cream	8	8	8	—
Custard Powder	5	5	5	—
Dripping	4	4	4	—
Eggs, local farm	1	1	1	—
Epsom Salts	4	4	4	—
Eucalyptus Oil	1	1	1	—
Flour, self-raising	3	3	3	—
Friars Balsam	1	1	1	—
Fruit, dried	13	13	13	—
Fruit, bottled and tinned	10	10	10	—
Gin	58	1	—	1
Ginger, crystallised	1	1	1	—
Ginger, ground	4	4	4	—
Glycerine	2	2	2	—
Granulated Gravy	1	1	1	—
Ham Roll	1	1	1	—
Haslet	1	1	1	—
Carried forward	238	181	178	3

	Bought.	Sub-mitted.	Genuine.	Reported Deficient.
Brought forward ..	238	181	178	3
Health Salts	1	1	1	—
Icing Sugar	1	1	1	—
Indian Brandy	1	1	1	—
Jam	13	13	13	—
Lard	13	13	13	—
Lemon Cheese	1	1	1	—
Lemon Curd	1	1	1	—
Linseed, crushed	3	3	2	1
Liquid Paraffin	1	1	1	—
Lysol	1	1	1	—
Magnesia citrate	1	1	1	—
Margarine	8	8	8	—
Meat Pies	1	1	1	—
Meat, potted	10	10	10	—
Milk	687	98	47	51
Milk, condensed	26	26	26	—
Mincemeat	6	6	6	—
Minerals and Cordials	9	9	9	—
Mint	2	2	2	—
Mustard Mixture	1	1	1	—
Olive Oil	3	3	3	—
Peas, tinned	6	6	6	—
Pearl Barley	2	2	2	—
Pepper	16	16	16	—
Pickles	5	5	5	—
Polony	2	2	2	—
Pork Pies	1	1	1	—
Potatoes, cooked and uncooked ..	2	2	2	—
Pudding	3	3	3	—
Raspberry Leaves	1	1	1	—
Raspberry Vinegar and Olive Oil	1	1	1	—
Rice	6	6	6	—
Rice, ground	3	3	3	—
Rum	7	2	1	1
Salmon, tinned	2	2	2	—
Salmon Paste	2	2	2	—
Sauce	3	3	3	—
Sausage	28	28	27	1
Sausage Casings	1	1	1	—
Semolina	1	1	1	—
Senna Pods	1	1	1	—
Spirit of Sal Volatile	1	1	1	—
Sponge Cakes and Mixtures	7	7	7	—
Stuffing, Sage and Onion	1	1	1	—
Suet	6	6	6	—
Sulphur, Flowers of	2	2	2	—
Sweets	17	17	17	—
Syrup, table	1	1	1	—
Syrup of Figs	1	1	1	—
Syrup of Rhubarb	1	1	1	—
Syrup of Violets and Oil of Almonds ..	1	1	1	—
Tapioca	4	4	4	—
Tea	11	11	11	—
Tincture of Iodine	2	2	2	—
Tincture of Rhubarb	1	1	1	—
Vinegar	9	9	9	—
Vinegar, malt	7	7	7	—
Vinegar, raspberry	1	1	1	—
Whisky	65	1	—	1
Carried forward ..	1,259	544	486	58

	Bought.	Sub-mitted.	Genuine.	Reported Deficient.
Brought forward ..	1,259	544	486	58
Milk.				
Informal	2,698	—	—	—
Bulk samples taken on appeal to cows ..	—	34	27	7
Taken at farms	8	—	—	—
Received	476	—	—	—
Received from Milk Recording Society ..	333	—	—	—
TOTALS ..	4,774	578	513	65
Year ended 31st December, 1936 ..	4,731	565	485	80

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES.

During the year the total number of cases of infectious diseases notified was 2,731, compared with a total of 2,955 in 1936 and 2,661 in 1935.

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR.

DISEASE.	Total Cases Notified.	Cases admitted to Hospital.	Total Deaths.
Smallpox	—	—	—
Scarlet Fever	1,061	620	2
Diphtheria	364	311	21
Enteric Fever (including Paratyphoid)	7	3	1
Puerperal Fever	10	11	6
Puerperal Pyrexia	52	22	
Pneumonia	563	25	268
Cerebro-Spinal Fever	6	3	4
Erysipelas	148	11	3
Ophthalmia Neonatorum	54	4	—
Dysentery	6	3	—
Encephalitis Lethargica	—	—	3
Acute Poliomyelitis	2	2	—
Acute Polioencephalitis	2	1	2
Malaria (believed to be contracted abroad)	—	—	—
Malaria (induced in Institutions)	—	—	—

The following table shows the occurrence of infectious disease by Urban and Rural Districts.

INFECTIOUS DISEASE.

TOTAL NUMBER OF NOTIFICATIONS.

Year.	Urban Districts.	Rural Districts	Whole County.
1928	1,796	1,095	2,891
1929	2,525	1,363	3,888
1930	2,417	1,157	3,574
1931	1,744	1,054	2,798
1932	1,638	789	2,427
1933	1,691	977	2,668
1934	1,597	955	2,552
1935	1,852	809	2,661
1936	2,155	800	2,955
1937	1,958	773	2,731

Cerebro-Spinal Fever.

The number of notifications of Cerebro-Spinal Fever during the year was six, the same number as in the previous year.

Four deaths were recorded, as compared with six in the previous year, giving a case mortality of 66.7 per cent.

The Districts affected were :—

	No. of Notifications.	No. of Deaths.
Beeston and Stapleford Urban District	1	1
Carlton Urban District	1	—
Sutton-in-Ashfield Urban District ..	2	1
West Bridgford Urban District	1	1
Basford Rural District	—	1
Southwell Rural District	1	—

No notification of this disease was recorded in Basford Rural District during the year, but according to the statistics furnished by the Registrar-General one death occurred.

Dr. F. H. Jacob's services were again available in the capacity of Consultant under the Cerebro-Spinal Fever Regulations and the cost of these services during the year amounted to £17 4s. 0d.

Smallpox.

It is pleasing to record that for the sixth successive year no cases of Smallpox were notified and no deaths were recorded.

SMALLPOX.			
Year.	No. of Cases Notified.	No. of Deaths.	Case Mortality per cent.
1928	314	1	0.31
1929	64	—	—
1930	82	1	1.22
1931	3	—	—
1932	—	—	—
1933	—	—	—
1934	—	—	—
1935	—	—	—
1936	—	—	—
1937	—	—	—

Scarlet Fever.

During the year 1,061 notifications of this disease were received, as compared with 1,335 for the year 1936, and 1,113 for the year 1935.

The attack rate per thousand of the estimated population was 2.37, and the two deaths recorded gave a case mortality of 0.19 per cent. There were no deaths in the previous year.

No routine use has yet been made of either the Dick Test of immunity or of artificial methods of immunisation.

SCARLET FEVER.				
Year.	No. of Cases Notified.	No. of Deaths.	Case Mortality per cent.	Attack Rate or cases per 1,000 of the Population.
1933	790	3	0.38	1.76
1934	987	5	0.51	2.20
1935	1,113	5	0.45	2.50
1936	1,335	—	—	2.91
1937	1,061	2	0.19	2.37

Diphtheria.

A total of 364 cases of Diphtheria was notified during the year, as compared with 390 in 1936.

Twenty-one deaths resulted, giving a case mortality of 5.8 per cent., as compared with 8.2 in 1936, 8.5 in 1935, and 6.9 in 1934.

An Immunisation Clinic for individual cases has been in operation in the Mansfield Woodhouse Urban District since 1934, and in the Borough of East Retford facilities were provided whereby parents could have their children immunised.

The Districts chiefly affected were Mansfield Borough, seventy-four cases; East Retford Borough, fifty-seven cases; Basford Rural District, thirty-six cases; Sutton-in-Ashfield Urban District, thirty-five cases; Beeston and Stapleford Urban District, twenty-seven cases; Newark Borough, twenty-five cases; and Eastwood Urban District, twenty-cases.

DIPHTHERIA.				
Year.	No. of Cases Notified.	No. of Deaths.	Case Mortality per cent.	Attack Rate or cases per 1,000 of the Population.
1933	265	10	3.8	0.59
1934	197	12	6.9	0.44
1935	249	21	8.5	0.55
1936	390	32	8.2	0.85
1937	364	21	5.8	0.78

Enteric Fever.

Seven cases of Enteric Fever were notified during the year and one death resulted. The case mortality rate was 14.3 per cent., as compared with 9.9 in 1936 and 22.2 in 1935.

ENTERIC FEVER including "CONTINUED."				
Year.	No. of Cases Notified.	No. of Deaths.	Case Mortality per cent.	Attack Rate or cases per 1,000 of the Population.
1928	38	2	5.3	0.09
1929	19	1	5.3	0.04
1930	38	9	23.7	0.09
1931	34	4	11.8	0.07
1932	41	6	14.6	0.09
1933	12	1	8.3	0.03
1934	8	—	0.0	0.02
1935	9	2	22.2	0.02
1936	22	2	9.9	0.05
1937	7	1	14.3	0.01

Puerperal Fever and Pyrexia.

Under the provisions of the Public Health Act, 1936, the notification of cases of Puerperal Fever was discontinued as from the 1st October, 1937, such cases being subsequently notified as Puerperal Pyrexia.

Ten cases of Puerperal Fever were notified up to the 30th September and fifty-two cases of Puerperal Pyrexia were notified during the year, as compared with thirteen cases of Puerperal Fever and thirty-five cases of Puerperal Pyrexia notified in 1936. Deaths from Puerperal Sepsis numbered six and from other Puerperal causes sixteen.

Pneumonia.

During the year 563 cases of Pneumonia were notified and of this total 257 cases were notified during the first quarter.

The total of deaths, 268, is a decrease of twenty-one compared with 1936. The deaths of children under twelve months numbered sixty-one.

PNEUMONIA.		
Year.	No. of Cases Notified.	No. of Deaths.
1933	693	291
1934	465	265
1935	428	251
1936	399	289
1937	563	268

Other Infectious Diseases.

Acute Poliomyelitis.

Two cases of this disease were notified in the following Districts—Beeston and Stapleford Urban District, one ; and Mansfield Borough, one. No deaths were reported.

Acute Polioencephalitis.

Two cases of Acute Polioencephalitis were notified, one in Carlton Urban District and one in the East Retford Borough. Both cases died.

Malaria.

No notifications of this disease were recorded during the year.

Encephalitis Lethargica.

No notifications of Encephalitis Lethargica were reported, but three deaths were recorded in the following Districts :—Bingham Rural District, one ; Eastwood Urban District, one ; and Sutton-in-Ashfield Urban District, one.

Dysentery.

Six cases of this disease were notified in the following Districts—Beeston and Stapleford Urban District, one ; East Retford Rural District, one ; Hucknall Urban District, one ; Kirkby-in-Ashfield Urban District, one ; and West Bridgford Urban District, two.

PUBLIC VACCINATION.

There has been no material change in the arrangements made for the administration of the Vaccination Acts during the year but, as stated in the previous Report, alterations were made in the boundaries of certain Vaccination Officers' Districts as from the 1st April, 1937, in order to make them coterminous with the revised Registration Sub-Districts under "The Nottinghamshire Registration Scheme, 1936," which came into operation on the 1st January, 1937.

Complete lists of the Public Vaccinators and Vaccination Officers together with the Districts served are given on pages 12-19.

Tabular statements recording the work of Public Vaccinators and Vaccination Officers in detail will be found in the Appendix (pp. xxxiii—xxxvi).

A very large proportion of infants is evading vaccination, as is shown by the following figures for the calendar year 1936.

Number of cases in Birth Lists received by Vaccination Officers	6,680
Number of Certificates of Vaccination received	1,132
Number of Statutory Declarations of conscientious objection received	4,882

The Public Vaccinators and Medical Officers of County Institutions carried out 929 successful primary vaccinations in persons under one year of age and 741 in persons of one year of age and upwards, or a total of 1,670.

In addition fifty-eight successful re-vaccinations were carried out.

There were no prosecutions during the year.

TREATMENT OF TUBERCULOSIS.

During 1937 fewer deaths were attributable to all forms of Tuberculosis and also to Pulmonary Tuberculosis than in any previous year, the death rates from these diseases being the lowest ever recorded in the County.

On the other hand the deaths due to " other Tuberculous Diseases " showed an increase upon the low figures of the previous year, but nevertheless gave the third lowest mortality rate yet registered.

The total number of deaths due to all forms of Tuberculosis fell from 283 in 1936 to 241 in 1937 and the death rate from 0.62 to 0.52 per thousand of the estimated population. The comparable rates for the whole Country were 0.69 for both years.

Pulmonary Tuberculosis, which had accounted for slightly higher mortality rates in each of the two preceding years, was responsible for fifty-eight fewer deaths than in 1936, the respective figures being 247 and 189 and the corresponding mortality rates 0.54 and 0.40. For England and Wales an unchanged rate of 0.58 was recorded.

The number of deaths from other Tuberculous Diseases was fifty-two (1936, thirty-six) and the death rate 0.11 (1936, 0.08), the corresponding rate for England and Wales being 0.11, the same as in 1936.

Comparative Statement of Work done under the Tuberculosis Scheme :—

The following tabular statement indicates the extent of certain activities under the County Tuberculosis scheme during 1937, compared with average figures for " all Counties " for the year 1936.

Comparative "All Counties " figures for 1937 are not yet available.

	Nottinghamshire. 1937.	All Counties. 1936.
New cases examined per 100 deaths from Tuberculosis	365	345
Contacts examined per 100 deaths from Tuberculosis	157	152
New cases and contacts found to be Tuberculous per 100 deaths from Tuberculosis ..	154	141
Consultations (personal and other) per 100 deaths from Tuberculosis	460	543
Sputa examined per 100 deaths from Pulmonary Tuberculosis	670	368
X-Ray examinations, per 100 deaths from Tuberculosis	236	414
Home visits by Tuberculosis Officers (including personal consultations) per 100 deaths from Tuberculosis	589	428
Home visits by Nurses or Health Visitors per 100 deaths from Tuberculosis	2,413	2,542
Number of patients (including observation cases) treated in Public Health and Approved Institutions per 100 deaths from Tuberculosis	259	145

Supplementary Annual Return, Form T.145a.

This Return, which, though provided for under Memo. 37/T. (revised), is optional, has again been completed except for the period prior to the year 1926. The Return shows, separately for Pulmonary and Non-Pulmonary Tuberculosis—

(*a*) the condition at the end of 1937 of all patients remaining on the Dispensary Register :

(*b*) the reasons for the removal of all cases written off the Register ; and will be found in the Appendix as Table XI (p), (pp. xxv-xxxii).

Medical Staff.

The Staff consists of the County Medical Officer as Chief (Administrative) Tuberculosis Officer, a Senior Tuberculosis Officer, a Tuberculosis Officer and the Medical Superintendent and Assistant Resident Medical Officer at the Sanatorium.

The following Consultants are also engaged under the scheme :—

Thoracic Surgeon	L. F. O'Shaughnessy, M.D., B.S., F.R.C.S., L.R.C.P.
Laryngologist	H. Bell Tawse, M.B., Ch.B., F.R.C.S.
Orthopaedic Surgeon	S. A. S. Malkin, M.B., B.S., F.R.C.S.E., L.R.C.P.
Radiologists ..	R. A. C. Rigby, L.R.C.P., L.R.C.S., L.R.F.P.S. W. J. Mowat, M.D., Ch.B., D.R.
Surgeon ..	E. A. Nicoll, M.A., M.B., B.Ch., F.R.C.S.E.
Physicians ..	F. H. Jacob, M.D., F.R.C.P., M.R.C.S. J. W. Scott, M.D., Ch.B., F.R.C.P.

Dispensary Organisation.

The Tuberculosis Dispensaries maintained by the County Council and the days and times of sessions in operation as at the 31st July, 1938, are as follows :—

MANSFIELD (Dr. W. H. Brown).

Address : Hermitage Avenue, Sutton Road, Mansfield.
Telephone : Mansfield 950.

Monday	..	10-0 a.m. to 12-30 p.m. — Females and Children only.
Monday	..	2-0 p.m. to 4-30 p.m. — Females and Children only.
Thursday	..	10-0 a.m. to 12-30 p.m. —Adult Males only.
*Thursday	..	6-30 p.m. to 8-30 p.m. —Males and Females.

*Only Adults *in employment* are seen at this session.

NEWARK (Dr. L. W. Hearn).

Address : 11 Carter Gate, Newark.
Telephone : Newark 368.

Tuesday .. 10-0 a.m. to 12-0 noon.

NOTTINGHAM (Dr. L. W. Hearn).

Address : Ellesmere House, 17 Clarendon Street, Nottingham.
Telephone : Nottingham 41122.

Wednesday .. 9-30 a.m. to 12.0 noon —Females and Children.
Wednesday .. 2-0 p.m. to 4-0 p.m. —Females and Children.
Thursday .. 9-30 a.m. to 12-0 noon —Adult Males only.
*Thursday .. 6-0 p.m. to 7-30 p.m. —Males and Females.

*Only Adults *in employment* are seen at this session.

RETFORD (Dr. W. H. Brown).

Address : Retford and District Hospital, Retford.
Telephone : Retford 154.

Tuesday .. 2-0 p.m. to 4-0 p.m.—Males, Females and Children.

WORKSOP (Dr. W. H. Brown).

Address : 28 Potter Street, Worksop.
Telephone : Worksop 415.

Friday .. 10-0 a.m. to 12-30 p.m.—Adult Males only.
Friday .. 2-0 p.m. to 4-30 p.m.—Females and Children.

During the latter part of the year a tender was accepted for the erection of separate buildings in Worksop which, as outlined in my previous Report, will be used as a Tuberculosis Dispensary and School Clinic respectively.

Since the erection of the buildings was commenced alterations have been made in the original plans in order to make both premises suitable for use as a First Aid Post under the Air-Raid Precautions scheme.

The adaptations suggested have met with the approval of the Home Office and amended plans have now been approved by the Ministry of Health and the Board of Education.

At Nottingham arrangements were ultimately completed for the purchase of Ellesmere House, 17 Clarendon Street, and the necessary works and alterations were carried out before the end of the financial year, thus enabling the first session in the new premises to be held on the 30th March, 1938.

New Cases.

The following table gives the number of new cases, including "Contacts" examined at each of the five Dispensaries during the year and the preceding year, together with the total attendances :—

	Attendances.		New Cases.	
	1936.	1937.	1936.	1937.
Mansfield	1,782	1,934	478	439
Nottingham	2.390	2,368	498	521
Newark	539	567	126	104
Retford	299	260	79	128
Worksop	686	540	137	58
TOTALS ..	5,696	5,669	1,318	1,250

As compared with 1936, the figures for 1937 show a decrease of twenty-seven attendances and sixty-eight new cases.

The figures given in Table XI (j), which will be found in the Appendix, pp. xviii and xix, show the condition of the new cases (Sections A. and B.) as ascertained by the Tuberculosis Officers. From this it will be observed that out of a total of 1,250 new cases examined 373 (or 30.0 per cent.) were found to be definitely tuberculous. In 1936 the percentage was higher (33.7 per cent.). The percentage distribution of these 373 definitely tuberculous patients was as follows :—

	MALE.	FEMALE.
Pulmonary Tuberculosis—Adults ..	39·7	29·8
,, ,, Children ..	5·4	6·7
Non-Pulmonary Tuberculosis—Adults ..	2·9	2·9
,, ,, —Children	5·4	7·2

In 1936 for every 100 deaths from Tuberculosis 337 new cases (excluding "Contacts") were examined. The corresponding figure for 1937 was 365.

Contacts.

Section B. of Table XI (j), Appendix, p. xviii, gives details with regard to "Contacts" examined during the year.

In 1937, 369 "Contacts" were examined, as compared with 365 in 1936 and 385 in 1935. For the year under review the number of "Contacts" examined per 100 deaths from Tuberculosis was 157, compared with 124 in 1936, and 128 in 1935.

Treatment.

All treatment other than residential is afforded by the patient's own Doctor in consultation, if necessary, with the Tuberculosis Officers, except certain specialised forms such as the injection of Tuberculin.

Domiciliary Treatment.

Patients requiring active treatment (other than residential) are referred to their own Doctors and attend the Dispensaries at intervals, if able, for supervision. Panel Practitioners furnish quarterly reports to the Tuberculosis Officers on insured patients under their care. Such patients as cannot attend the Dispensaries are visited by the Tuberculosis Officers as occasion requires.

Laboratory Work.

Specimens of sputum are examined and reported upon at the Ransom Sanatorium and the City Laboratory.

The total number of specimens examined in connection with the Dispensaries was 849 during 1937, compared with 681 in 1936. Four hundred and fifteen examinations were also made for the purposes of the Public Health (Tuberculosis) Regulations, 1930.

X-Ray Examinations.

The following summary gives the details of X-Ray examinations made in connection with the Dispensaries during the year 1937 :—

	Ransom Sanatorium.	Newark.	Nottingham.	Retford.	Worksop.	Total.
Chest Photographs	206	15	266	17	51	555
Bones and Joints Photographs ..	6	—	5	—	2	13
Screenings ..	—	—	1	—	—	1

X-Ray facilities are available in connection with all the Dispensaries.

Orthopaedic Treatment.

The number of attendances at the various Out-Patient Clinics of the Cripples' Guilds during 1937 was 804, as compared with 820 the previous year. For this service a grant of £75 was paid to the Guilds during 1937-38, while a further £40 was allotted for appliances. Mr. S. A. S. Malkin, F.R.C.S.E., the Guilds' Honorary Surgeon and a salaried part-time Officer of the County Council, attends at the Ransom Sanatorium in a consultative capacity to advise with regard to the treatment of children in-patients with orthopaedic defects.

Dental Treatment.

During the year eight cases (six in 1936) were treated under the scheme for the provision of dental treatment for patients in attendance at the Tuberculosis Dispensaries who are not eligible for treatment or are only entitled to partial treatment under other schemes.

The scheme is based upon the same lines as the National Health Insurance Dental Benefit scheme, treatment being given free of cost to the patients on the recommendation of the Tuberculosis Officers.

Treatment is carried out by Private Dental Practitioners subject to the approval of the Council's Senior Dental Officer.

Extra Nourishment.

Cod liver oil and allowances of extra milk are distributed on the recommendation of the Tuberculosis Officers as strictly as possible from a treatment standpoint and not as a measure of relief.

In 1937 the cost of milk so given was approximately £88, as compared with £62 in 1936, and the number of cases in receipt of such grants amounted to forty-three in 1937, the same number as in 1936.

Shelters.

The number of shelters in possession of the County Council is fifteen and these have been occupied by twenty patients during the year. Replacements, removals and repairs amounted to a total cost of £28.

Home Visiting by the Tuberculosis Officers.

During 1937, 1,420 domiciliary visits were paid by the Tuberculosis Officers, as compared with 1,470 in 1936.

The number of visits for purposes of consultation was ninety-one, compared with 110 in 1936 and 114 in 1935.

The Work of the Health Visitors.

There were during 1937 two whole-time and eighteen "combined" Health Visitors, whose duties comprised the visiting of tuberculous patients, some of them also acting as Dispensary Nurses. They paid 5,816 visits during the year, as compared with 5,692 in 1936, and were in attendance at 572 sessions at the Dispensaries.

The number of visits paid by the Health Visitors per hundred patients on the Dispensary register on the 31st December, 1937, was 272. The corresponding figure for 1936 was 276.

Visitors now ensure that all infectious cases are supplied with sputum flasks and pamphlets with directions. Conditions of overcrowding and bad housing are reported to the appropriate Authorities.

After-Care.

The work of the Nottingham and Nottinghamshire Association for the Prevention of Consumption, who carry out after-care work on behalf of the County Council, receiving a grant at the rate of £200 per annum, has been fully described in previous Annual Reports. The number of

cases who applied or were referred to the Association in 1937 was 158 and the result of the investigation into each case, together with the nature of assistance afforded, is given in the following table :—

RESULT OF INVESTIGATION AND NATURE OF ASSISTANCE AFFORDED.

	No. of Cases Investigated.
Extra Nourishment and Maintenance ..	51
Beds and Bedding	17
Clothing	12
Convalescent Treatment	1
Shelters Loaned	2
Loans	14
Dental Treatment	1
Help to Find Work	1
Advice and Information	15
Other Forms of Assistance	3
Inquiry and Report	10
Referred to other Funds	15
Application Withdrawn	7
Ineligible	3
Unsatisfactory	2
Help Refused	4
TOTAL ..	158

Public Health (Prevention of Tuberculosis) Regulations, 1925.

I have ascertained that no action was taken during the year by the Local Sanitary Authorities in the County under these Regulations, which aim at the prohibition of tuberculous persons in an infectious state from milking cows, treating milk or handling milk vessels.

Public Health Act, 1925 (Section 62), or Public Health Act, 1936 (Section 172).

According to information supplied to me no action was taken in the County during the year under Section 62 of the Public Health Act, 1925, or Section 172 of the Public Health Act, 1936, which provide for the compulsory removal and detention in Hospital of highly infectious cases of Pulmonary Tuberculosis if proper isolation is impossible at home.

Tuberculosis.

NEW CASES AND MORTALITY DURING 1937.

AGE PERIODS	NEW CASES.*				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0— 1.. ..	—	1	1	2	—	—	1	2
1— 5.. ..	2	—	15	11	—	—	7	6
5—15.. ..	22	28	24	26	3	3	4	5
15—25.. ..	52	55	7	6	26	32	3	5
25—35.. ..	48	42	3	3	21	26	2	2
35—45.. ..	33	30	7	8	20	12	4	4
45—55.. ..	34	10	1	4	17	10	2	1
55—65.. ..	13	8	4	—	8	4	2	2
65 and upwards	5	2	—	—	3	4	—	—
Totals ..	209	176	62	60	98	91	25	27

*Recorded in the Registers of Medical Officers of Health of County Districts.

Domiciliary Supervision and Treatment of Necessitous Tuberculous Persons.

This Service, referred to the Public Health and Housing Committee under Section 6 (3) of the Local Government Act, 1929, has assisted cases as follows :—

Clothing prior to admission to Sanatorium	9
TOTAL ..	9

Residential Treatment.

On the recommendation of the Tuberculosis Officers patients are admitted for treatment to the County Council's Sanatorium at Rainworth near Mansfield.

Cases are also admitted for observation and investigation where there exists some doubt as to diagnosis. Forty-six such cases were admitted during the year and the diagnosis was confirmed in ten cases.

There are also twelve beds (seven male and five female) available for the treatment of cases of Tuberculosis at Kilton Hill County Hospital, which is maintained under the Public Health Acts. Fifty-five cases (including those admitted for surgical treatment) were admitted during the year, fifty-five discharged and five died.

Surgical treatment of Pulmonary Tuberculosis is carried out at Kilton Hill County Hospital under the arrangements made in 1936.

Reference to this form of treatment, including particulars of the operations performed, is made previously in the section of this Report which deals with the Hospital. The number of cases operated upon during the year was thirty (including four also operated upon in 1936), compared with nine in 1936, when seven cases were also admitted to Brompton Hospital.

In addition to the beds referred to above an average of forty-two beds was maintained by the County Council for Non-Pulmonary cases (mainly adults) and the following Institutions have been utilised :—

Gringley-on-the-Hill Children's Hospital.
Harlow Wood Orthopaedic Hospital.

Sixty-nine patients received treatment in outside Institutions, as compared with eighty-two in 1936, admissions during the year numbered twenty-eight, as compared with forty-one in 1936, and discharges and deaths thirty-two, as compared with forty-two. Tables showing the extent to which institutional accommodation was available and utilised will be found in the Appendix (pp. xx-xxii).

The duration and immediate results of residential treatment are given in the Appendix (pp. xxiii and xxiv) ; summarised and compared with the figures for the previous year, they are as follows :—

NUMBER OF PATIENTS DISCHARGED OR DIED.

	Year.	Condition on Discharge.				Died.	
		Quiescent (or Arrested in Non-Pulmonary Cases).		Not Quiescent.			
		Number	Percentage	Number	Percentage	Number	Percentage
Pulmonary Tuberculosis	1936	136	38.42	120	33.90	19	5.37
	1937	137	35.86	122	31.94	30	7.85
Non-Pulmonary Tuberculosis	1936	33	9.33	12	3.39	1	0.28
	1937	38	9.95	8	2.09	1	0.26
		Tuberculous.		Non-Tuberculous.		Died.	
Observation Cases	1936	15	4.23	17	4.80	1	0.28
	1937	10	2.62	36	9.43	—	—

Use is made of the special Wards in the County Institutions by the admission of cases unsuitable for Sanatorium treatment, especially with a view to removing advanced patients who are a source of infection in crowded homes.

These arrangements have been in operation since the 1st April, 1934, and provide for the admission of such cases on the order of the County Medical Officer and not through Poor Law channels, the cost of maintenance being borne by the Public Health and Housing Committee.

The number of such cases admitted during the year was forty, compared with fifty-fou rin 1936. Discharges numbered twenty-three, compared with thirty-seven in 1936, and deaths seventeen, as compared with twenty-three. Further details of these cases are given in the Appendix (p. xxii).

Post-Institutional After-Care.

(i.) *Village Settlement.*

The progress made with this important proposal is recorded in my introductory statement.

(ii.) *Domiciliary Assistance.*

In order to ensure, as far as practicable, that tuberculous patients and their families should not lack sufficient means with which to maintain a standard of maintenance suited to their special needs, the Public Assistance Committee have continued to give special consideration to the needs of tuberculous patients and arrangements are in operation whereby the Public Assistance Officer and his Staff are systematically notified of such cases.

The Ransom Sanatorium.

This Institution is administered by the County Council. The Sub-Committee of Management consists of the following (brought up-to-date to 31st July, 1938), of whom a proportion are co-opted members.

Chairman : Alderman C. G. Caudwell.

Ex-officio—Alderman Major T. P. Barber, D.S.O., T.D., D.L. (*Chairman of the County Council*).

Alderman J. N. Derbyshire. (*Vice-Chairman of the County Council*).

Alderman W. Bayliss. (*Chairman of the Public Health and Housing Committee*).

Alderman M. Holland	Councillor G. Pritchard
,, A. Wilcox	,, J. T. Severn
Councillor Mrs. B. Cox	,, G. Spencer
,, W. M. E. Denison	,, J. Sumner
,, G. G. Goodhand	,, Mrs. C. A. Taylor
	,, J. H. Williamson

CO-OPTED MEMBERS :

Mrs. Bradfield Miss M. Ellis Mrs. J. O. Littlewood Mrs. Ransom Mr. A. K. Burton	Nottingham and Nottinghamshire Association for the Prevention of Consumption.
Mrs. A. M. Harrop White Mr. F. Lacey	Nottinghamshire Insurance Committee.

A record of the steps taken during the year to secure skilled surgical treatment for selected cases of Pulmonary Tuberculosis locally at the Kilton Hill County Hospital is given in detail in my introductory statement and in the section of the Report which deals with the Kilton Hill County Hospital, as also is a note on the progress of the new building proposals in connection with the Sanatorium.

For the financial year 1936-37 the cost per bed-week was £1 17s. 3.5d. *ex*clusive of capital expenditure defrayed from revenue and loan charges, compared with £1 16s. 0.6d. for the year 1935-6.

Throughout the year there has again been steady progress in the Sanatorium administration and I wish again to express my sincere appreciation of the keen and competent work of the Medical Superintendent, Dr. C. L. C. Crowe, and of the Sanatorium Staff under his control.

The following Report, dealing with the work at the Sanatorium in detail, has been submitted by Dr. Crowe.

Report of the Medical Superintendent for the year ended 31st December, 1937.

C. L. C. Crowe, M.D.

" The year 1937 was one of continued progress at the Sanatorium.

The erection of the new male ward was commenced in the early Spring and towards the end of the year the building of verandahs in front of both the Women's and Children's Wards was started.

A new wood block floor was laid in the Women's Ward and also in the entrance and corridor of the Children's Ward.

No new work has been undertaken in the Sanatorium grounds during the year. The orchards and gardens provided a plentiful supply of fruit and vegetables. In fact during 1937 the quality and yield of vegetables and potatoes has been much better than in previous years.

It would appear that the demands of the Sanatorium could be met without having to purchase any vegetables or potatoes until the 1938 crop is ready. This result has been achieved in my opinion by the adequate yearly supply of good manure.

The first workshop at the Village Settlement was completed just before Christmas. The machinery was installed and six ex-patients started their training under the tuition of a qualified and skilled wood-worker kindly lent to us by Dr. J. B. McDougall, of Preston Hall, Kent.

Five acres of settlement land were cultivated, three acres in potatoes and two acres in seeds. The potato crop was an excellent one.

During the year ended 31st December, 1937, 492 patients have received treatment. Of these 150 were in residence on 31st December, 1936, and their treatment extended into 1937.

There have been 342 admissions, 140 men, 129 women and seventy-three children. There were 352 discharges during the year of which details are given in table A. There were 140 patients in residence on the last day of the year.

Table A. ANALYSIS OF CASES DISCHARGED.

ADULTS—(272 discharged including 32 deaths).

	MEN.	WOMEN.
Pulmonary.		
Class T.B. Minus	41	35
Class T.B. Plus—Group 1	—	3
Group 2	43	27
Group 3	43	49
Observation Cases.		
Tuberculous	2	7
Non-Tuberculous	10	9
Non-Pulmonary.		
Abdominal	1	2
TOTALS	140	132

CHILDREN—(79 discharged including 2 deaths).

Pulmonary.	
Class T.B. Minus	43
Class T.B. Plus—Group 3	4
Observation Cases.	
Tuberculous	1
Non-Tuberculous	17
Non-Pulmonary.	
Bones and Joints	10
Abdominal	3
Peripheral Glands	1
TOTAL	79

One case from the City of Nottingham received treatment at the Sanatorium during the year, being admitted on 28th January and discharged on 28th July.

The daily average number of beds occupied was 146.3.

The results of treatment, length of stay, gain in weight, etc., of the patients discharged are shown in table B.

Table B. Return showing the immediate results of Treatment of Patients discharged from the Ransom Sanatorium during the year 1937.

Classification on admission to the Inst.		Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Grand Total	†Average Duration of Stay.		†Average Gain in Weight.		Maximum Gain in Weight.	
			Under 3 months			3-6 months			6-12 months			Over 12 months			Total							
			M.	F.	C.	M.	F.	C.	M.	F.	C.	M.	F.	C.	M.	F.	C.		Ads.	Ch.	Ads.	Ch.	Ads.	Ch.
																			Weeks		Lbs.		Lbs.	
Pulmonary Tuberculosis.	Class T.B.- Minus.	Quiescent	7	4	3	10	14	20	3	12	16	2	–	–	22	30	39	91	22.3	28.9	9.4	8.1	35	27
		Not Quiescent ..	6	2	–	1	1	2	4	–	1	–	–	–	11	3	3	17						
		Died in the Inst. ..	–	1	1	–	–	–	–	–	–	1	–	–	1	1	1	3						
		Stay less than 28 days	7	1	–	–	–	–	–	–	–	–	–	–	7	1	1	8						
	T.B.+ Group 1.	Quiescent	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1	26.5		15.5		29	
		Not Quiescent .	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	1						
		Died in the Inst. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–						
		Stay less than 28 days	–	1	–	–	–	–	–	–	–	–	–	–	–	1	–	1						
	T.B.+ Group 2.	Quiescent	4	–	–	8	4	–	7	3	–	1	1	–	20	8	–	28	25.5		8.2		35	
		Not Quiescent ..	3	5	–	7	8	–	9	2	–	2	–	–	21	15	–	36						
		Died in the Inst. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–						
		Stay less than 28 days	2	4	–	–	–	–	–	–	–	–	–	–	2	4	–	6						
	T.B.+ Group 3.	Quiescent	–	–	–	1	4	–	3	2	1	–	1	–	4	7	1	12	25.9		6.3		31	
		Not Quiescent ..	5	9	–	9	*8	–	8	9	2	1	3	1	23	29	3	55						
		Died in the Inst. ..	3	6	–	7	3	–	–	4	–	–	–	–	10	13	–	23						
		Stay less than 28 days	6	1	–	–	–	–	–	–	–	–	–	–	6	1	–	7						
		Totals (pulmonary)	43	34	4	43	43	22	34	33	20	7	5	1	127	115	47	289						
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent	–	–	–	–	–	1	–	–	–	–	–	7	–	–	8	8	23.1	91.7				
		Not Quiescent ..	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	1						
		Died in the Inst. ..	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	1						
		Stay less than 28 days	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–						
	Abdominal.	Quiescent	–	–	1	–	1	–	–	–	–	–	–	1	–	1	2	3						
		Not Quiescent ..	1	–	–	–	–	–	–	1	–	–	–	–	1	1	–	2						
		Died in the Inst. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–						
		Stay less than 28 days	–	–	1	–	–	–	–	–	–	–	–	–	–	–	1	1						
	Peripheral Glands.	Quiescent	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1						
		Not Quiescent ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–						
		Died in the Inst. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–						
		Stay less than 28 days	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–						
		Totals (non-pulmonary)	1	–	2	–	1	1	–	1	1	–	–	10	1	2	14	17						

		†Average duration of Stay. Weeks	†Average gain in Weight. lbs.
Adult patients		24.6	8.1
Children (Pulmonary Group)		28.9	8.1
Patients discharged 'quiescent'	Adults	24.9	11.5
	Children	26.7	9.0
Patients discharged 'not quiescent'	Adults	24.5	4.9
	Children	42.6	1.1

†Excluding those patients who stayed for less than 28 days.
*Including 1 Nottingham City Case.

Table C. RANSOM SANATORIUM, 1937.

		In Institution on January 1st, 1937.	Admitted during the year.	Discharged during the year.	Died in Institution.	In Institution on December 31st, 1937.
No. of doubtfully Tuberculous Cases admitted for observation.	Adult Males ..	1	12	12	—	1
	Adult Females ..	—	16	16	—	—
	Children ..	3	17	18	—	2
	TOTAL ..	4	45	46	—	3
No. of patients suffering from Pulmonary Tuberculosis.	Adult Males ..	53	127	109	18	53
	Adult Females ..	48	*110	*101	14	43
	Children ..	25	45	46	1	23
	TOTAL ..	126	282	256	33	119
No. of patients suffering from Non-Pulmonary Tuberculosis.	Adult Males ..	—	1	1	—	—
	Adult Females ..	—	3	2	—	1
	Children ..	20	11	13	1	17
	TOTAL ..	20	15	16	1	18
	GRAND TOTAL ..	150	342	318	34	140

*Including 1 Nottingham City case.

Table D. RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY TUBERCULOUS CASES DISCHARGED FROM THE RANSOM SANATORIUM DURING THE YEAR 1937.

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis.						Totals.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ..	1	4	—	1	3	1	—	—	—	—	—	—	2	7	1
Non-tuberculous ..	4	4	2	6	5	13	—	—	—	—	—	2	10	9	17
Doubtful	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	5	8	2	7	8	14	—	—	—	—	—	2	12	16	18

Table E.

DIAGNOSIS MADE IN CASES ADMITTED FOR OBSERVATION AND DISCHARGED AS NON-TUBERCULOUS.

Diagnosis.	No. of Cases.
Adult Males.	
Non-Tuberculous Fibrosis of Lungs	5
Non-Tuberculous Empyema	1
Bronchiectasis	2
Syphilis of Lungs	2
Adult Females.	
Non-Tuberculous Fibrosis	6
Bronchiectasis	2
Carcinoma of Lung	1
Children.	
Non-Tuberculous Fibrosis	15
Empyema	1
Bronchiectasis	1

Table F.

SHOWING THE COMPLICATIONS PRESENT IN THE CASES DISCHARGED FROM THE RANSOM SANATORIUM DURING THE YEAR 1937.

Nature of Complication.	No. of Cases.
Adult Males.	
Chr. Parenchymatous Nephritis	1
Tuberculous Peritonitis	3
Mitral Stenosis	1
Tuberculous Laryngitis	13
Tuberculous Cervical Adenitis	2
Tuberculous Epididymitis	2
Tuberculous Enteritis	2
Haemoptysis	7
Ischio Rectal Abscess	3
Rheumatoid Arthritis	1
Tuberculous Kidney	1
Tuberculous Meningitis	2
Myocarditis	1
Adult Females.	
Tuberculous Laryngitis	13
Tuberculous Spine	2
Tuberculous Kidney	1
Conjunctivitis	1
Tuberculous Hip	1
Acute Rheumatism	1
Tuberculous Enteritis	2
Tuberculous Meningitis	2
Haemoptysis	1
Tuberculous Peritonitis	1
Spontaneous Pneumothorax	2
Mitral Stenosis	1
Children.	
Tuberculous Peritonitis (ascitic type)	1
Tuberculous Meningitis	2
Tuberculous Laryngitis	3
Sub-Phrenic Abscess	1

Table G.

SHOWING THE DISTRICTS FROM WHICH CASES HAVE BEEN ADMITTED DURING 1937.

Boroughs—	
Mansfield	48
Worksop	20
Newark	20
East Retford	12
Urban Districts—	
Arnold	13
Beeston and Stapleford	21
Carlton	22
Eastwood	7
Hucknall	14
Kirkby-in-Ashfield	17
Mansfield Woodhouse	13
Sutton-in-Ashfield	32
Warsop	22
West Bridgford	10
Rural Districts—	
Basford	39
Bingham	5
Worksop	3
East Retford	1
Newark	6
Southwell	16
City of Nottingham	1
TOTAL	342

Table H.

SHOWING THE OCCUPATIONS OF ADULTS ADMITTED DURING 1937.

Males.		*Females.*	
Miners	45	Factory Workers	49
Factory Workers	14	Housewives	45
General Labourers	14	Domestic Servants	6
Colliery Surface Workers	7	Shop Assistants	6
Clerks	7	Typists	4
Shop Assistants	7	Clerks	3
Joiners	4	Sanatorium Orderlies	3
Foundry Workers	4	Hairdressers	2
Engineers	4	Laundry Workers	2
Salesmen	3	Brewery Workers	2
Railway Workers	3	Printers	2
Farm Labourers	2	Telephone Operators	2
Soldiers	2	Dairy Hand	1
Butchers	2	No Occupation	1
Lorry Drivers	2		
Male Nurses	2		
Boot Repairers	2		
Baker	1		
Hairdresser	1		
Blacksmith	1		
Painter	1		
School Teacher	1		
Licenseé	1		
Horse-keeper	1		
Porter	1		
Sanatorium Orderly	1		
Telephone Operator	1		
Scrap Merchant	1		
Cinema Operator	1		
Musician	1		
Brewery Worker	1		
Bus Conductor	1		
No Occupation	1		
TOTALS	140		128

From an analysis of the year's statistical tables the following facts may be deduced :—

(1) That out of a total of 241 adult patients discharged seventy-nine were in the T.B. Minus and T.B. Plus 1 Groups. The percentage therefore of early cases discharged during the year was 32.7, compared with 25.7 in the previous year.

(2) The T.B. Plus 3 Group, or those suffering from Pulmonary Tuberculosis in the advanced stage, numbered ninety-two, *i.e.*, 38.2 per cent. of the total adult discharges, compared with 39.2 per cent. in 1936.

(3) Forty-six cases admitted for observation and diagnosis were discharged during the year. Of these ten were diagnosed and notified as suffering from Pulmonary Tuberculosis and the remaining thirty-six were variously diagnosed as shown in table E.

TABLE I. COLLAPSE THERAPY.

Case No.	Sex	Age	Classification	Choice	Gain in Weight	Sputum Before	Sputum After	Remarks
1	Male	20	T.B.+2	1	Not weighed	+	—	Left phrenicothlasty followed by left thoracolysis : excellent result : patient has returned to full work.
2	Male	22	T.B.+2	1	Not weighed	+	—	Left artificial pneumothorax induced with proliferative pleurisy : left phrenic performed followed by total thoracoplasty : patient did quite well.
3	Male	17	T.B.+2	1	1-lb.	+	—	Right artificial pneumothorax attempted—no space found : right phrenic followed by thoracoplasty : discharged fit.
4	Male	22	T.B.+2	1	Not weighed	+	+	Phrenic crush followed by left thoracoplasty : no material improvement.
5	Male	19	T.B.+2	2	Not weighed	+	+	Phrenic crush : no material improvement.
6	Male	36	T.B.—	1	3-lbs.	—	—	Left phrenic crush with good results.
7	Male	33	T.B.+3	2	5-lbs.	+	+	Left artificial pneumothorax attempted—no space found : left phrenic crush performed : left thoracoplasty recommended but refused.
8	Male	22	T.B.—	1	Not weighed	—	—	Right artificial pneumothorax : encysted fluid : three fluid levels seen : aspiration of fluid followed by right phrenic evulsion and right thoracoplasty : excellent result and back at work.
9	Male	30	T.B.—	1	Not weighed	—	—	Large right sided pleural effusion : gas replaced : lung expanded : no radiological evidence of active Tuberculosis.
10	Male	18	T.B.+3	1	Not weighed	+	—	Right artificial pneumothorax followed by right phrenic crush : satisfactory collapse : lung allowed to expand : recrudescence of the disease : right thoracoplasty performed : Tb. larynx originally active now healed.
11	Male	26	T.B.+2	1	Not weighed	+	—	Right artificial pneumothorax : excellent collapse : patient discharged and now working as a gardener.

TABLE I. **COLLAPSE THERAPY—contd.**

Case No.	Sex	Age	Classification	Choice	Gain in Weight	Sputum Before	Sputum After	Remarks
12	Male	19	T.B.—	1	9-lbs.	—	—	Left artificial pneumothorax induced followed by hydropneumothorax : fluid encysted eventually absorbed with expansion of lung and satisfactory fibrosis.
13	Male	19	T.B.—	1	6-lbs.	—	—	Left artificial pneumothorax : proliferative pleurisy : eventual expansion of the lung with fibrosis of the lesion.
14	Female	53	T.B.+3	1	Not weighed	+	+	Recommended for right two-stage thoracoplasty : patient died after second stage operation : phrenic evulsion performed first.
15	Female	23	T.B.+3	2	Not weighed	+	+	Right artificial pneumothorax induced : adhesions prevented collapse : right thoracoscopy : adhesions too big for cauterisation.
16	Female	26	T.B.+2	1	11½-lbs.	+	—	Left phrenicothlasty followed by thoracoplasty : collapse perfect : patient returned home and working.
17	Female	21	T.B.+3	2	Not weighed	+	+	Right artificial pneumothorax induced with adhesions preventing collapse : adhesions cauterised followed by hydropneumothorax : patient died—Tb. meningitis.
18	Female	29	T.B.+2	1	Not weighed	+	—	Right artificial pneumothorax induced and maintained for two years. At the end of this time it was considered the lung should be allowed to expand and helped to do so by right phrenic evulsion : very satisfactory result.
19	Female	18	T.B.+1	1	29-lbs.	+	—	Right artificial pneumothorax attempted : adherent pleura : phrenic crush followed by right thoracolysis : excellent result : patient now working full day.
20	Female	38	T.B.+3	1	2-lbs.	+	—	Left phrenic crush followed by left thoracoplasty : excellent result.
21	Female	19	T.B.+2	1	28-lbs.	+	—	Left artificial pneumothorax : excellent collapse : attends as out-patient for refills.

Collapse Therapy.

ANALYSIS OF CASES DISCHARGED DURING 1937.

During the year artificial pneumothorax and allied measures of treatment have been advised in twenty-four cases and employed in twenty-one. Three patients refused treatment.

(1) Artificial pneumothorax was attempted in fourteen cases and successful inductions were effected in ten cases. No pleural space was found in the remaining four cases owing to adherent pleura. Other forms of surgical treatment were advised in these four cases.

(2) Three gas replacements were performed. One was undertaken for a primary pleural effusion. The remaining two were done in cases of hydropneumothorax following artificial pneumothorax treatment.

(3) Two thoracoscopies were performed. In one case only was it possible to cauterise the adhesions.

(4) Thoracoplasty was recommended in nine cases and performed in eight. Of these one patient died and one showed no material improvement, whilst the remaining six patients have made an excellent recovery. Seven cases out of the eight on whom a thoracoplasty was performed had tubercle bacilli in their sputum before operation. After operation five cases became tubercle free.

(5) Phrenic crush was performed in seven cases.

(6) Phrenic evulsion was performed in seven cases.

(7) Thoracolysis was performed in two cases. Both these cases had tubercle bacilli in their sputum before operation and now have no sputum.

All cases have been grouped according to choice at the time of the attempted induction.

Choice 1—Cases with involvement of one lung.

Choice 2—Cases with cavitation or much evident fibrosis of one lung with involvement of the better lung not beyond the upper third.

Choice 3—Cases in extremis, *e.g.*, haemoptysis.

Details of the cases are given in table I.

Table J. AUROTHERAPY.

Case No.	Sex.	Classification.	Type of Disease.	Sputum Before	Sputum After	Amount given.	Gain or Loss in Weight.	Remarks.
1	Male	T.B.—	Infiltrative ..	—	—	2g.	+35-lbs.	Good calcification and fibrosis in this case.
2	Male	T.B.—	Exudative ..	—	—	0.3g.	+1-lb.	Small doses for arthritis : intolerance : course stopped : albuminuria persistent.
3	Male	T.B.—	Fibrotic ..	—	—	2g.	+9-lbs.	Good fibrosis resulted.
4	Male	T.B.+2	Infiltrative ..	—	—	0.6g.	+12-lbs.	Intolerance : nausea : headache : course stopped.
5	Male	T.B.+2	Fibro-caseous ..	+	—	2g.	+10-lbs.	Definite retraction of cavities and considerable fibrosis.
6	Male	T.B.+2	Infiltrative ..	+	—	1.8g.	+3-lbs.	Calcification was effected : in addition he had right phrenic crush.
7	Male	T.B.+2	Fibro-caseous ..	+	+	1.8g.	+26-lbs.	Condition improved.
8	Male	T.B.+2	Infiltrative ..	+	+	2g.	Nil	No material benefit derived.
9	Male	T.B.+2	Infiltrative and Fibro-caseous	+	+	0.3g.	+14-lbs.	Staining : course stopped.
10	Male	T.B.+3	Infiltrative ..	+	—	2g.	+15-lbs.	Active larynx became quiescent on discharge.
11	Male	T.B.+3	Infiltrative ..	+	+	2g.	+11½-lbs.	No material benefit derived.
12	Male	T.B.+3	Fibro-caseous ..	+	+	2g.	+5-lbs.	Tuberculous larynx complicating.
13	Male	T.B.+3	Infiltrative ..	+	+	2g.	+9-lbs.	No material improvement radiographically : Tuberculous cervical adenitis.
14	Male	T.B.+3	Infiltrative ..	+	+	2g.	+4-lbs.	Tuberculous laryngitis complicating : no material benefit.
15	Male	T.B.+2	Exudative ..	+	—	2g.	+26-lbs.	Marked improvement : phrenic crush.
16	Male	T.B.+3	Fibro-caseous ..	+	+	2g.	+23-lbs.	No material difference radiographically.

Table J. AUROTHERAPY—*continued.*

Case No.	Sex.	Classification.	Type of Disease.	Sputum		Amount given.	Gain or Loss in Weight.	Remarks.
				Before	After			
17	Male	T.B.—	Infiltrative ..	—	—	2g.	+19-lbs.	A right A.P. attempted and failed : marked fibrosis after course of gold.
18	Female	T.B.—	Infiltrative ..	—	—	3.8g.	+15½-lbs.	No definite evidence of activity and marked fibrosis of lungs on discharge.
19	Female	T.B.—	Infiltrative ..	—	—	1.2g.	+17-lbs.	Rash after six injections : fibrosis took place.
20	Female	T.B.—	Infiltrative ..	—	—	2g.	+18-lbs.	Full course with marked fibrosis and calcification.
21	Female	T.B.+2	Fibro-caseous ..	+	+	4g.	+6-lbs.	No marked material improvement : two courses.
22	Female	T.B.+2	Infiltrative ..	—	—	2g.	+4-lbs.	Marked fibrosis.
23	Female	T.B.+2	Infiltrative ..	—	—	0.4g.	+5-lbs.	Discontinued after second dose because of rash : calcification.
24	Female	T.B.+2	Infiltrative ..	+	—	2g.	+13-lbs.	Rash on completion of course: infiltration of left lung decreased.
25	Female	T.B.+2	Infiltrative ..	+	—	2g.	+5-lbs.	Full course : lesion fibrosed considerably.
26	Female	T.B.+3	Fibro-caseous ..	+	—	2g.	+21-lbs.	Tuberculous laryngitis complicating.
27	Female	T.B.+3	Fibro-caseous ..	+	—	0.4g.	+12-lbs.	Course stopped because of rash : dicalcium phosphate given with satisfactory result : lesion fibrosed.
28	Female	T.B.+3	Infiltrative ..	+	+	1g.	+19-lbs.	General condition improved.
29	Female	T.B.+3	Exudative ..	+	+	0.2g.	+31½-lbs.	Course stopped at patient's request. Left hydropneumothorax. A.P. treatment abandoned.
30	Female	T.B.+3	Fibro-caseous ..	+	+	0.6g.	—13-lbs.	Discontinued because of buccal ulceration : no material improvement.
31	Female	T.B.—	Infiltrative ..	—	—	2g.	+15¾-lbs.	Fibrosis of lung.
32	Female	T.B.+2	Infiltrative ..	+	+	3g.	+7½-lbs.	Pylonoidal sinus : recommended left thoracoplasty.
33	Female	T.B.+2	Infiltrative ..	+	+	2g.	Nil	Slight fibrosis : left phrenic.

Aurotherapy.

Thirty-three of the adult discharges during the year under review were treated with gold salts. Allocrysin intramuscularly alone was used. The immediate results of treatment are recorded in table J.

From an analysis of this table the following facts may be deduced :—

(1) Of the thirty-three cases treated :—

Sixteen	were discharged	quiescent and improved.
Nine	,,	improved.
Eight	,,	no material benefit.

(2) Toxic Phenomena.

Eight cases only in the series showed some form of intolerance during the course.

The toxic symptoms observed were as follows :—

Haemoptysis	1
Buccal ulceration	1
Rash (various types)	4
Nausea and headache	1
Persistent albuminuria	1

(3)

(*a*) In this series the sputum became negative to tubercle bacilli in eight cases where formerly it was positive.

(*b*) No negative case became positive. Eleven such cases were treated.

(*c*) The sputum in the remaining fourteen cases was positive before and after treatment.

(4) Four cases in this series were complicated by tuberculous lesions of the larynx. All four had tubercle bacilli in their sputum before treatment. Two only became tubercle free with subsequent healing of the larynx.

Ear, Nose and Throat Department.

During the year seventy-three cases were examined by Mr. H. Bell Tawse, F.R.C.S., the Consulting Laryngologist.

Table K shows the localisation of the lesions in fifty-four cases and the number of subsequent examinations made in respect of each lesion.

In fifteen cases no definite organic lesion was found.

Four cases attended the Department for diagnosis. The investigations carried out were as follows :—

Case No. 1. Male aged 15 years. Admitted suffering from anorexia, loss of weight and some fluid at the left base. The patient diagnosed as suffering from Pulmonary Tuberculosis. The fluid absorbed and left an unresolved pneumonia with bronchiectasis at the left base. Lipiodol was introduced showing a normal bronchial tree, there was no evidence of tuberculous infiltration and the diagnosis arrived at was one of unresolved pneumonia. Culture of the fluid showed no growth of tubercle bacilli.

Case No. 2. Male aged 45 years. Admitted as a notified case of Pulmonary Tuberculosis. Sputum persistently negative. X-Ray showed fibrosis both lungs. Wassermann reaction negative. Lipiodol showed normal bronchial tree and bronchoscopically there was no evidence of malignancy. Diagnosis probably non-tuberculous fibrosis of lung.

Case No. 3. Male aged 36 years. Admitted with a history of pneumonia followed by pleurisy with effusion. Sputum persistently negative. Wassermann reaction negative. A Lipiodol injection left lung showed some dilatation of the bronchi. Diagnosis—bronchiectasis left base.

Case No. 4. Female aged 30 years. Admitted suffering from debility, dyspnoea and cough with a diagnosis of Pulmonary Tuberculosis. Sputum persistently negative. Culture also negative. Wassermann reaction negative. Lipiodol showed no evidence of bronchiectasis. Radiographically there appeared to be some consolidation throughout both lower lobes suggestive of bilateral unresolved pneumonia.

In one case the larynx was cauterised for tuberculous infiltration. One maxillary antrum antrostomy was done and in another case an aural polypus was removed.

Table K.

SHOWING THE ORGANIC LESIONS, TUBERCULOUS AND NON-TUBERCULOUS, *DIAGNOSED IN 54 CASES AND THE NUMBER OF SUBSEQUENT EXAMINATIONS MADE.

	Localisation of Lesion.	First Examination. Age Group. 0–15 M	0–15 F	15–20 M	15–20 F	20–30 M	20–30 F	30–40 M	30–40 F	40–50 M	40–50 F	Over 50 M	Over 50 F	Subsequent Examinations. Age Group. 0–15 M	0–15 F	15–20 M	15–20 F	20–30 M	20–30 F	30–40 M	30–40 F	40–50 M	40–50 F	Over 50 M	Over 50 F	Totals.
Tuberculous	Ear	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—
	Nose	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	Pharynx	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—
	Larynx : Epiglottis	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
	Vocal Chords	..	1	1	..	5	4	2	1	..	1	..	..	..	2	3	2	7	10	2	13	1	9	..	..	64
	Ventricular Band	..	..	..	..	1	..	2	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	5
	Arytenoids	..	..	..	1	3	1	4	..	..	1	..	..	..	..	..	..	2	3	1	5	..	9	..	..	30
	Interarytenoid Space	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	1	6	..	..	..	..	..	..	9
	Totals	..	1	1	1	10	6	11	1	..	2	..	..	..	2	3	2	12	19	3	18	1	18	..	..	111
Non-Tuberculous	Ear	..	1	..	1	2	2	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8
	Nose	..	..	1	1	2	3	4	..	..	..	..	..	..	..	1	..	..	4	..	..	..	..	..	..	16
	Pharynx	..	..	..	1	1	..	..	1	..	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	5
	Larynx : Epiglottis	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	Vocal Chords	..	..	1	..	..	3	..	2	..	..	..	1	..	..	2	..	..	13	..	..	..	..	..	..	22
	Ventricular Band	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	7	..	..	..	..	..	..	8
	Arytenoids	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—
	Interarytenoid Space	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—
	Totals	..	1	2	3	5	10	5	4	..	..	..	1	..	..	3	..	..	26	..	..	..	..	..	..	60
	Grand Totals	..	2	3	4	15	16	16	5	..	2	..	1	..	2	6	2	12	45	3	18	1	18	..	..	171

*In addition 15 cases were examined and found to have no definite lesion.

Laboratory Work.

The routine laboratory work has been conducted on somewhat similar lines to former years.

It consists chiefly of examinations for tubercle bacilli in sputum, faeces, pus, pleural exudates and cerebro-spinal fluid.

The sputum of all patients is examined shortly after admission and monthly afterwards until discharge.

In observation cases, weekly examinations of sputum are made.

During the year 426 sputum specimens were sent from the Dispensaries by the Tuberculosis Officers for examination.

X-Ray Department.

The work done during the year in this Department is summarised below :—

IN-PATIENTS.	
Chest Photographs	552
Bones and Joints Photographs	35
Screenings	—
OUT-PATIENTS.	
Chest Photographs	206
Bones and Joints Photographs	6
Screenings	—
STAFF.	
Chest Photographs	33
Bones and Joints Photographs	2
Screenings	—

Recreation.

The fit adult patients are allowed to play billiards, croquet, bowls, and table tennis. Full advantage is taken of such facilities.

Those less fit enjoy the amenities of darts, dominoes, cards, etc.

The Recreation Room is used extensively for Concerts, Whist Drives, etc.

I would like to take this opportunity of thanking those Members of the Committee, former patients and others who have kindly organised Concert Parties for the benefit of the patients. They are greatly appreciated always and I would ask for the continued support of these benefactors.

Dental Treatment.

The following dental treatment has been carried out during the year :—

	Men.	Women.	Staff.	Children.	Total.
Number of visits	95	149	15	52	311
Number treated	80	119	13	52	264
Number inspected only	15	30	2	50	97
Number of new patients	52	64	13	24	153
Number of fillings	12	14	5	51	82
Number of extractions	90	148	9	60 Temp. 4 Perm.	311
Number of local anaesthetics	62	87	6	27	182
Number of scalings	12	17	—	—	29
Number of other operations	15	17	1	6	39
Number of teeth lined	10	11	5	28	54
Number treated in bed	28	42	—	—	70
Number treated at surgery	68	106	15	—	189
Treatment sessions	—	23	—	11	34
Emergency visit	—	—	—	—	1

Appreciation.

In conclusion I offer my sincere thanks to Dr. Galloway for her willing and excellent co-operation throughout the year both in the clinical and social sides of the Sanatorium.

The Matron, Miss Walmsley, continues to maintain the high standard of work in all the Departments under her charge and works always untiringly and unsparingly on behalf of her patients and Staff.

I am grateful to Mr. Malkin, Mr. Tawse, Mr. O'Shaughnessy, Mr. Nicoll and Dr. Rigby, for their valuable assistance as Consultants.

To the Medical Superintendent and Matron of Kilton Hill County Hospital I would tender my grateful thanks for their courtesy shown both to myself and my Staff on the several visits made there during the year.

From the Nursing Staff, Clerical Staff, Domestic Staff, Orderlies and other members of the Staff, I have had the most wholehearted co-operation throughout the year and to them I take this opportunity of expressing my thanks."

BLIND PERSONS ACT, 1920.

The County Council continued during 1937 the arrangements whereby the Blind Persons Act, 1920, is administered through the Royal Midland Institution for the Blind.

Registration.

On the 1st January, 1937, there were 490 registered blind persons in the County. During the year 1937 eighty-six new names were added to the register, as compared with eighty-four in 1936 ; there were thirty-two deaths, as compared with twenty-six in 1936 ; and eleven blind persons left the County, as compared with twelve in 1936.

The number on the register on the 31st December, 1937, was, therefore, 533, showing a net increase of forty-three during the year, as compared with forty-two during 1936.

Medical certification by a Medical Practitioner with special experience in ophthalmology is required before registration, and the forms of certificate prepared by the Union of Counties' Associations for the Blind have been used.

A composite table is included on page 210a which gives full details of registration, training and employment.

Relief of the Necessitous Blind.

The number of blind persons in receipt of relief on the 1st January, 1937, was 291, and at the end of 1937 the number was 325. The amount actually expended on assistance during the calendar year was £8,968 0s. 3d. This sum includes 17s. 10d. given in special grants.

In conformity with the declaration made under the Local Government Act, 1929, no blind person was afforded relief otherwise than by way of the Blind Persons Act, except in temporary emergency pending registration.

The " standard income " assured to blind persons under the Council's relief scheme is twenty-two shillings and sixpence in Urban areas and eighteen shillings in Rural areas. These amounts were provided as from the 1st April, 1936, prior to which date the " standard income " was eighteen shillings and sixpence in Urban areas and sixteen shillings and sixpence in Rural areas.

All blind persons who are in receipt of monetary assistance from the County Council are considered to be necessitous and as such are placed on the panels of the respective District Medical Officers in order that they may be afforded free domiciliary medical treatment, a capitation fee at the rate of thirteen shillings and sixpence per annum being paid for each case.

Relief of Dependents of Blind Persons.

The duty of affording relief to blind persons' dependents was referred by the Public Assistance Committee to the Public Health and Housing Committee, under Section 6 (3) of the Local Government Act, 1929, who carry out the work through their Blind Persons Act Sub-Committee. Thirty cases were dealt with during the year at a cost of £927 16s. 7d. Relief payments, as determined monthly by the Blind Persons Act Sub-Committee, were sent direct by post to the dependents.

Home Workers and Workshop Employees.

On the 1st January, 1937, the number of Home Workers whose earnings were augmented by the County Council was sixteen. Two additional cases were approved during the year, and on the 31st December the number of Home Workers was eighteen.

The number of Workshop Employees on the 1st January, 1937, was thirteen. One additional case was approved during the year and at the end of the year the number of Workshop Employees actually in employment was therefore fourteen.

As from the 1st April, 1936, the cost to the County was at the rate of £59 per head per annum for each Home Worker, of which amount the blind person receives £39 and the Royal Midland Institution for the Blind £20 for supervision and administration.

Payment by the County Council for each Workshop Employee is at the rate of £59 10s. 0d. per annum. Of this amount £49 10s. 0d. is allocated for the augmentation of earnings of each Employee and £10 per head per annum to meet the administrative expenses of the Institution incidental to the employment of each Workshop Employee. In addition free travelling facilities are afforded by the County Council to all blind workers between the place of work and the home address when average earnings plus augmentation are less than the earnings of a comparable sighted person.

Home Teachers.

There was no change in the Home Teaching Staff during the year, the Home Teachers being Miss Heyes, Miss Lewis and Miss McDearmid.

The number of home visits paid by Home Teachers during the year 1937 amounted to 3,483, compared with 3,410 in 1936.

Lessons to blind persons were given by the Home Teachers during the year in reading from Braille and Moon types, handicrafts, hand-knitting, chair-caning, straw basket making and netting, and pastime occupations.

The Home Teachers conducted Social Centres at Hucknall, Netherfield, Mansfield, Retford, Sutton-in-Ashfield and Worksop. The Centres were well attended.

M.—Males.
F.—Females.
T.—Total.

NOTTINGHAMSHIRE.

WELFARE OF THE BLIND—REGISTRATION, as at 31st March, 1938.

TABLE I.

Age Period. 0-1			Age Period. 1-5			Age Period. 5-16			Age Period. 16-21			Age Period. 21-40			Age Period. 40-50			Age Period. 50-65			Age Period. 65-70			Age Period. 70 and over.			(i) Total of all Age Groups. (ii) Age Unknown.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
–	–	–	1	–	1	7	11	18	13	6	19	36	29	65	31	23	54	65	55	120	43	50	93	72	102	174	(i) 268 (ii) –	(i) 276 (ii) –	(i) 544 (ii) –

TABLE II.—AGES AT WHICH BLINDNESS OCCURRED.

Age Period. 0-1			Age Period. 1-5			Age Period. 5-10			Age Period. 10-20			Age Period. 20-30			Age Period. 30-40			Age Period. 40-50			Age Period. 50-60			Age Period. 60-70			Age Period. 70 and over.			Age Period. Unknown.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
41	32	73	8	7	15	11	8	19	10	18	28	22	9	31	21	8	29	32	28	60	33	48	81	54	57	111	20	46	66	16	15	31

TABLE III.
Children of School Age, 5—16.

	Normal.		Mentally Defective.		Physically Defective.	
	M.	F.	M.	F.	M.	F.
In Schools for the Blind	6	6	–	–	–	–
Other Schools	–	–	–	–	–	–
Not at School	–	–	*1	*4	–	1

*Includes 1 Male and 1 Female in Certified Institutions under Mental Deficiency Acts.

TABLE IV.—TRAINING AND EMPLOYMENT, AGE PERIOD 16 AND UPWARDS.

EMPLOYED. By Blind Organisations. (a) Workshops.			(b) Home Workers.			(c) All others not included in (a) and (b)			(d) Total Employed.			UNDERGOING TRAINING. (e) Industrial.			(f) Secondary.			(g) Professional and University.			(h) Trained but Unemployed.			(i) No Training but Trainable.			(j) Unemployable.			(k) TOTAL.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
8	6	14	12	6	18	14	2	16	34	14	48	8	5	13	—	—	—	1	—	1	—	—	—	1	—	1	216	246	462	260	265	525

TABLE V.—OCCUPATIONS OF EMPLOYED BLIND PERSONS INCLUDED IN (d) OF TABLE IV.

	Agents, Collectors, &c.	Basket Workers.	Bedding (including Divans & Ottomans) and Upholstering. Mattress Makers.	Machinists.	Upholsterers.	Boot Repairers.	Brailla Copyists and Proof Readers.	Brushmakers.	Carpenters and Woodworkers.	Chairwaters.	Clerks and Typists.	Coalbag Makers.	Dealers, Tea Agents, Newsagents, Shop Keepers.	Firewood Workers.	Gardeners.	Hawkers, Newsvendors, etc.	Home Teachers.	Knitters. Hand.	Machine.	Labourers.	Massage.	Mat Makers.	Ministers of Religion.	Musicians and Music Teachers.	Netting Makers.	Porters, Packers, Cleaners.	Poultry Farmers.	School Teachers.	Shipbreaker (Foudoff) Makers.	Telephone Operators.	Tuners.	Weavers.	Miscellaneous.	TOTAL.
Within Institutions for the Blind.	..	3	..	..	..	1	..	4	..	..	..	..	..	..	..	..	..	..	5	..	..	1	..	..	..	..	..	..	..	..	..	..	..	14
In Approved Homeworkers Schemes.	..	3	..	..	..	3	..	1	..	..	..	..	2	..	..	..	..	1	4	..	..	..	..	..	..	..	..	..	..	..	4	..	..	18
Others (not Pastime Workers)	..	2	..	..	..	2	..	..	..	..	..	..	5	..	1	..	..	..	..	..	..	1	..	..	..	..	1	..	..	1	..	..	3	16
TOTAL	..	8	..	..	..	6	..	5	..	..	..	..	7	..	1	..	..	1	9	..	..	2	..	..	..	..	1	..	..	1	4	..	3	48

TABLE VI.—PHYSICALLY AND MENTALLY DEFECTIVE. (Including those given in Table III.)

(a) Mentally Defective.			(b) Physically Defective.			(c) (i) Deaf. (ii) Deaf-Mute.			Combinations of (a) and (b).			Combinations of (a) and (c).			Combinations of (b) and (c)			Combinations of (a), (b), (c).			TOTAL.		
M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
6	6	12	16	18	34	(i) 7 (ii)*2	(i) 19 (ii) –	(i) 26 (ii)*2	1	4	5	–	–	–	–	*2	–	–	–	–	32	47	79

* These cases in Table VI. c)(ii) are not previously included in (c) (i).

TABLE VII.—Unemployable Persons resident in Homes for the Blind, Mental Hospitals or Poor Law Institutions.

Homes for The Blind.			Mental Hospitals.			Poor Law Institutions.		
M.	F.	T.	M.	F.	T.	M.	F.	T.
–	–	–	–	2	2	6	6	12

Pay Centres for the distribution of financial assistance to necessitous blind persons under the County Council's scheme are in operation at Beeston, Carlton, Hucknall, Mansfield, Newark and Sutton-in-Ashfield.

* * * *

I desire to express my sincere gratitude to the Chairman and Members of the Welfare Committee of the Royal Midland Institution for the Blind; to Mr. Priestley, former Superintendent; and to Mr. Thomas, the present Superintendent, and his Staff for their help and co-operation during the year.

Prevention of Blindness.

SECTION 66 OF THE PUBLIC HEALTH ACT, 1925, OR SECTION 176 OF THE PUBLIC HEALTH ACT, 1936.

Provision has again been made in the estimates for the financial year 1938-39 for the prevention of blindness or for the treatment of persons suffering from any disease of or injury to the eyes, a sum of £100 having been included for this purpose.

THE PREVENTION AND TREATMENT OF VENEREAL DISEASES.

The County Council provide treatment for Venereal Diseases by means of two Centres, one at Nottingham and one at Mansfield. Both are *ad hoc* Centres, that at Mansfield being owned and administered by the County Council and that at Nottingham by the City Council. At the latter County patients are treated by arrangement, the County Council making payment *pro rata*. Dr. J. C. Buckley is in charge at the Mansfield Centre but retired from the service of the City Council on the 20th April, 1937, and was succeeded at the Nottingham Centre by Dr. A. Taylor.

At Mansfield there was no change in personnel during the year and the staffing arrangements were the same as in 1936.

Since the end of the year, however, owing to the large number of attendances at the Wednesday evening session for females, arrangements have been made for additional medical assistance at this session and Dr. Buckley commenced attending on the 2nd March, 1938.

The Medical Staff, therefore, now attend as follows :—

TUESDAY.

Morning session (males) and afternoon session (females) conducted by Dr. Buckley, who is assisted at both sessions by Dr. N. C. L. B. Tweedie.

WEDNESDAY.

Evening session (females) conducted by Dr. Buckley, with the assistance of Dr. Tweedie.

THURSDAY.

Evening session (males) conducted by Dr. Tweedie, with Dr. P. M. Gettleson as Assistant.

The non-Medical Staff comprises a whole-time Nurse and Orderly and two part-time Officers, namely a Nurse who assists at the Medical Officers' sessions for females on Tuesday afternoon and Wednesday evening and an Orderly who conducts the intermediate sessions for males on Wednesday and Thursday evenings.

The Treatment Centre at Nottingham was transferred from 35 North Church Street to temporary premises known as Amberley House and 2, 3 and 4 Postern Street on the 27th March, 1938.

Particulars of the sessions held at both Centres are given on pages 216 and 217.

During 1937 there was a decrease of 929 in the number of attendances made at the Mansfield Treatment Centre, the total being

26,985 (1936, 27,914). Of these 10,430 (1936, 10,815) were made at Medical Officers' sessions and 16,555 (1936, 17,099) at intermediate sessions.

The number of new cases, however, showed an increase of forty-one and totalled 307 (1936, 266), the rise in the figures being entirely attributable to cases of Syphilis.

The four tables which follow refer to the work at the Mansfield Treatment Centre during the last seven years.

MANSFIELD TREATMENT CENTRE.

ATTENDANCES.

Year	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Totals		
	M	F	M	F	M	F	M	F	M	F	Totals
					Medical Officers' Sessions.						
1931	1522	1114	38	—	2435	1268	109	56	4104	2438	6542
1932	1934	945	10	—	2322	1225	179	84	4445	2254	6699
1933	2783	1288	35	—	3459	1918	157	91	6434	3297	9731
1934	2895	1391	45	—	3572	2010	184	52	6696	3453	10149
1935	2730	1489	31	—	3888	2133	117	131	6766	3753	10519
1936	2256	1435	19	—	4092	2804	129	80	6496	4319	10815
1937	2252	1469	21	—	3561	2925	129	73	5963	4467	10430
					Intermediate Sessions.						
1931	—	—	42	—	9952	3812	98	30	10092	3842	13934
1932	105	—	30	—	9184	3931	86	5	9405	3936	13341
1933	91	19	32	—	9360	5129	99	7	9582	5155	14737
1934	167	24	51	—	9407	5545	110	9	9735	5578	15313
1935	122	3	26	—	11671	5044	40	105	11859	5152	17011
1936	132	20	14	—	10990	5731	123	89	11259	5840	17099
1937	267	56	20	—	9892	6244	55	21	10234	6321	16555

NEW CASES.

(excluding cases known to have received treatment at other Centres for the same infection).

Year	Syphilis		Soft Chancre		Gonorrhoea		Conditions other than Venereal		Totals		
	M	F	M	F	M	F	M	F	M	F	Totals
1931	37	29	8	—	126	40	51	37	222	106	328
1932	51	18	4	—	137	43	65	43	257	104	361
1933	50	20	4	—	129	48	57	28	240	96	336
1934	40	17	5	—	109	37	66	28	220	82	302
1935	31	29	4	—	131	36	48	32	214	97	311
1936	23	15	4	—	99	54	51	20	177	89	266
1937	54	26	3	—	96	58	50	20	203	104	307

CASES WHICH CEASED TO ATTEND BEFORE COMPLETION OF TREATMENT.

Year	Syphilis		Soft Chancre		Gonorrhoea		Totals		
	M	F	M	F	M	F	M	F	Totals
1931	16	22	2	—	50	30	68	52	120
1932	23	12	—	—	29	20	52	32	84
1933	32	9	—	—	45	25	77	34	111
1934	21	11	—	—	34	28	55	39	94
1935	20	14	—	—	37	22	57	36	93
1936	22	20	—	—	31	25	53	45	98
1937	16	16	—	—	25	19	41	35	76

MANSFIELD TREATMENT CENTRE.

GONORRHOEA.

Ratio of Attendances.

MALES.

1931	One attendance at a Medical Officers' Session to		4.1	attendances at Intermediate Sessions.	
1932	Do.	do.	3.9	do.	do.
1933	Do.	do	2.7	do.	do.
1934	Do.	do.	2.6	do.	do.
1935	Do.	do.	3.0	do.	do.
1936	Do.	do.	2.7	do.	do.
1937	Do.	do.	2.8	do.	do.

FEMALES.

1931	Do.	do.	3.0	do.	do.
1932	Do.	do.	3.2	do.	do.
1933	Do.	do.	2.7	do.	do.
1934	Do.	do.	2.7	do.	do.
1935	Do.	do.	2.4	do.	do.
1936	Do.	do.	2.0	do.	do.
1937	Do.	do.	2.1	do.	do.

Mansfield and Nottingham Treatment Centres.

The following table relates to the Treatment Centres at Mansfield, Nottingham, and the Out-Patient Department, Greendale House Hospital, Nottingham, and gives particulars of the *new* cases resident in the County dealt with each year since 1918, together with the attendances of *all* County cases over the same period.

NUMBER OF INFECTIONS IN PERSONS RESIDENT IN THE COUNTY DEALT WITH FOR THE FIRST TIME AND ATTENDANCES AT COUNTY CENTRES.

Year	Syphilis	Soft Chancre	Gonorrhoea	Total Venereal Diseases	Diseases *other* than Venereal	Total *New* Infections	Total Attendances *all* Cases
1918	326	1	229	556	44	600	5,964
1919	467	18	368	853	146	999	13,019
1920	379	11	407	797	91	888	23,863
1921	270	17	245	532	133	665	23,323
1922	153	5	218	376	128	504	20,272
1923	172	10	277	459	92	551	20,988
1924	115	12	309	436	85	521	23,616
1925	160	9	274	443	117	560	23,427
1926	155	5	293	453	138	591	23,559
1927	182	9	410	601	140	741	31,881
1928	142	9	436	587	153	740	35,483
1929	137	9	394	540	132	672	31,600
1930	101	15	408	524	130	654	33,357
1931	105	10	345	460	143	603	34,018
1932	136	5	337	478	165	643	34,089
1933	118	12	325	455	134	589	35,839
1934	116	14	278	408	149	557	37,332
1935	107	7	327	441	159	600	40,856
1936	68	7	320	395	147	542	42,882
1937	116	4	304	424	140	564	41,792

During 1937 there was a considerable increase in the number of new infections of Syphilis, the total being 116, compared with sixty-eight in 1936 which was the lowest figure recorded since treatment was commenced in 1918. The average figure for the ten years previous to 1936 was 130.

For the second successive year there was a decrease in the number of new cases of Gonorrhoea which totalled 304, compared with 320 in 1936, or an average of 358 since 1926.

The total number of new infections was 424, compared with 395 in 1936, or the average figure of 489 for the last ten years.

Attendances (by all current County cases), after showing increases each year since 1929, in which the total was 31,600, fell from 42,882 in 1936 to 41,792 in 1937, a decrease of 1,090 attendances of which 599, or fifty-five per cent., were attributable to Nottingham, 275, or twenty-five per cent., to Mansfield and 216, or twenty per cent., to the Out-Patient Department, Greendale House Hospital, Nottingham.

At Mansfield (cases from all areas) there were thirty-two cases of Syphilis and forty-four of Gonorrhoea (compared with forty-two and fifty-six in 1936) who ceased to attend before completion of treatment, and at Nottingham (cases from all areas) eighty-five cases of Syphilis and 139 of Gonorrhoea (compared with 116 and 131 in 1936).

Although there was a decrease in the number of cases who failed to complete treatment during 1937, as indicated above, the figures in this respect are still high and continue to present an unsatisfactory feature of the annual returns.

At Mansfield no home visiting is undertaken in the case of Males, but every effort is made to induce defaulting patients to resume attendance by means of suitable follow-up letters. In the case of Females and Children the same methods are employed, except that, in instances in which correspondence is impracticable or has been unsuccessfully employed, the Venereal Diseases Nurse endeavours to regain contact by calling at the homes unless the circumstances are such as to render visiting inadvisable. Hitherto the number of visits paid has been comparatively small owing to the limited time available, but the scope of this work was further extended in May, 1938, when the Nurse was authorised to use a motor car in the course of such duties.

In-patient treatment for females was provided at Greendale House Hospital, Nottingham, the aggregate of in-patient days being 838, compared with 460 in 1936 and 686 in 1935.

Laboratory examinations were carried out during the year as follows :—

	City Laboratory.	Mansfield Centre.
Wassermann Reactions	1,934	—
Examinations for Spirochaetes ..	—	50
Examinations for Gonococci ..	1,542	802
Other examinations	39	—

Refund of the cost of travelling was provided for patients unable to bear the cost to the amount of £87 17s. 6d.

The following table, brought up-to-date to the 31st July, 1938, gives particulars of the days and times of sessions at the Mansfield and Nottingham Treatment Centres.

Table of Venereal Diseases Treatment Centres.

MANSFIELD, West Hill House, West Hill Drive, Mansfield.
Telephone : Mansfield 251.

Medical Officers are in attendance at the following sessions :—

	MALES.					FEMALES.			
	a.m.		p.m.			a.m.		p.m.	
	From	To	From	To		From	To	From	To
Tuesday ..	10.0	12.0	..	..	Tuesday ..	..	..	2.0	4.0
Thursday ..	..	..	6.0	8.0	Wednesday	..	..	6.0	8.0

Other sessions at which a Medical Officer is not present are as follows :—

MALES					FEMALES.				
IRRIGATION CLINIC.					INTERMEDIATE CLINIC.				
	a.m.		p.m.			a.m.		p.m.	
	From	To	From	To		From	To	From	To
Daily Monday to Friday ..	10.0	1.0	6.0	8.0	Monday ..	..	..	1.30	4.30
					,, ..	..	..	6.0	8.0
					Wednesday	..	..	1.30	4.30
					Thursday	..	..	1.30	5 0
					Friday ..	..	..	1.30	4.30
Saturday ..	10.0	1.0	4.0	6.0	,, ..	..	.	6.0	8.0

NOTTINGHAM, Amberley House, and 2, 3 and 4, Postern Street, Nottingham. Telephone : Nottingham 2351.

This Centre is open daily for both males and females from 9 a.m. to 8 p.m., with the exception of Saturday, when it is closed from 1 p.m. to 6 p.m.

Medical Officers are in attendance at the following sessions :—

MALES.					FEMALES.				
	a.m.		p.m.			a.m.		p.m.	
	From	To	From	To		From	To	From	To
Monday ..	10.0	12.0	6.0	8.0	Tuesday ..	..	..	5.0	7.0
Wednesday	..	..	6.0	8.0	Wednesday	10.0	12.0	..	..
Thursday ..	..	..	6.0	8.0	Thursday	10.0	12.0	..	..
Saturday ..	10.0	12.0	..	..	Friday ..	..	..	6.0	8.0

Abstract relating to persons treated at the Venereal Diseases Treatment Centres during 1937.

	MANSFIELD.		NOTTINGHAM.	GREENDALE HOUSE, NOTTINGHAM.	TOTAL.
	County Cases.	Other Districts.	County Cases only.	County Cases only.	
A. Number of persons dealt with for the first time and found to be suffering from—					
Syphilis	76	4	39	1	120
Soft Chancre	3	—	1	—	4
Gonorrhoea	147	7	155	2	311
Conditions other than Venereal ..	63	7	68	9	147
TOTALS ..	289	18	263	12	582
B. Attendances	25,344	1,641	16,102	346	43,433
C. Aggregate In-patient Days	—	—	—	838	838

HEALTH EDUCATION.

Throughout the work of the Department continual emphasis is laid upon the educational needs and opportunities, and of course in such Services as Maternity and Child Welfare the prime function is education.

In all, hundreds of thousands of home visits are paid by Health Visitors, School Nurses, Tuberculosis Visitors, Sanitary Inspectors and Members of the Medical Staff, nearly all of which are advisory and instructional in character.

At Centres, Clinics and Dispensaries advice is given to individuals and at Centres, in addition, there are systematic Health talks to groups of mothers, given by the Health Visitors.

In the Schools there is much indirect and valuable Health instruction and some direct teaching.

Through Women's Institutes and Adult Education Organisations lectures reach considerable numbers of the public, many such lectures being given by members of the Department's Staff.

In Social Hygiene we have at work a County Branch of the British Social Hygiene Council, established in 1935, which has been very active during the year.

The following are the principal Officers of the Branch :—

President—Lady Robinson, J.P.
Chairman of the Executive Committee—Mrs. Wainwright, J.P., [C.C.).
Hon. Secretary—Dr Mary Collis.
Hon. Treasurer—Mr. J. W. Holmes.

During 1937 a very satisfactory programme was prepared and carried through, as indicated by the following extract from the Branch Council's Annual Report for the year ended the 31st March, 1938.

British Social Hygiene Council (Nottinghamshire Branch). Third Annual Report.

" The Annual General Meeting was held at the Ransom Sanatorium on 10th June, 1937. An address was given by Dr. Drummond Shiels, Medical Secretary of the Council.

Parents' conferences have been held at fifteen centres during the year, and continue to arouse much interest, though in nearly every case the attendance of men is disappointingly small. In view of this fact, and also because it has been pointed out that both parents cannot, as a rule, attend a meeting simultaneously, the executive committee have decided, as an experiment, to hold two meetings in each centre during the coming Autumn ; one in the afternoon for mothers and one in the evening for

men, the latter to be addressed by a man speaker. This arrangement will involve some difficulties in organisation and increased expenditure, but if it results in a larger attendance these will be justified.

Courses of lectures to young people have been held in four centres, and have again proved satisfactory. A pleasant feature of these meetings is the friendly feeling which springs up between the audience and the speakers, and the spontaneous expressions of thanks which are frequently tendered by individuals after the meetings.

The Joint Committee for the Management of Children's Homes gave permission for two lectures and a film display to be given to the Foster-Mothers of the Children's Homes in the County at the Basford Children's Homes, to which were invited members of the Staffs of Voluntary Homes. These lectures were appreciated by the Foster-Mothers, but it was felt that in view of the special problems met with in Homes of this type some more comprehensive talks would be desirable at a future date.

A new departure during the year consisted of courses of lectures to the fifth and sixth forms at the County Secondary School, West Bridgford. These were preceded by a meeting for the parents. The fact that practically all the pupils had studied biology during some part of their school career laid a good foundation for the study of human reproduction. Many interesting and thoughtful questions were handed in to the lecturers, which show how greatly boys and girls of this age appreciate the opportunity of obtaining accurate information on sex matters. It is greatly to be hoped that this aspect of our work may be extended, as it is likely to be of the greatest value and importance.

In addition to the lectures arranged by the committee other organisations have sent requests for speakers on Social Hygiene ; the annual meeting of the Nottinghamshire Women's Institutes, the Gotham Women's Institute and the Hucknall Rotary Club have been addressed on the subject. The committee are always glad to receive requests for speakers, and will do their best to meet the needs of different organisations."

National Health Campaign.

In an endeavour to supplement the normal Health Education activities of Local Authorities and to focus public opinion upon the importance of making the utmost use of the existing Health Services the Minister of Health launched a National Health Campaign in October, 1937, which was continued over a period of six months to the end of March, 1938.

Large scale posters for use on public hoardings ; posters for indoor display in clinics, centres, schools and offices ; pamphlets ; show cards and cards for use in public transport vehicles ; and special bookmarks were issued throughout the County, month by month, in their thousands.

Each month was devoted to the emphasis of certain special Services, and a series of different posters issued.

In this County the following numbers of posters, pamphlets, etc., were issued *per month* :—

Posters	..	1,700	Bookmarks	..	40,000
Leaflets	..	30,000	Display Cards	..	100

The Education Committee co-operated by encouraging the display of posters and the distribution of leaflets in and through the schools and the organisation of Health lessons appropriate to the months' subjects.

The work of distribution placed a very heavy burden upon the Staffs of the Departments concerned and I particularly desire to express appreciation of the endeavours of the junior members of my Office Staff who ungrudgingly gave up many hours of their normal off-duty time in order to secure the prompt despatch of the propaganda material each month.

In connection with the Campaign the County Council sanctioned an expenditure not exceeding £540 on the organisation of supplementary Health Campaigns in four of the more populous areas of the County—namely, Carlton, Mansfield, Newark and Worksop—each of a duration of a week.

It had been hoped that these Campaigns would have been begun towards the end of the year, but owing to the pressure upon the Staff of the Central Council for Health Education it was not possible to secure their co-operation until early in 1938.

However, in due course very successful arrangements were completed and a series of most instructive lectures and demonstrations provided in the four centres named.

The inaugural meetings in each area were addressed by the following gentlemen :—

Carlton	..	Alderman W. Bayliss, J.P., Chairman of the County Public Health and Housing Committee :
Mansfield	..	Dr. O. Kentish Wright, Medical Officer, Ministry of Health :
Newark	..	Sir Francis Freemantle, M.P. :
Worksop	..	Mr. Robert H. Bernays, M.P., Parliamentary Secretary to the Ministry of Health :

and the following gentlemen gave addresses at other evening meetings :—

Dr. Drummond T. Shiels,
Dr. John MacMillan, D.S.O., M.C.,
Mr. H. A. Cole, M.B.E.,
Mr. A. G. Mulford.

Physical training demonstrations formed a prominent part of the programme in each area and proved most attractive.

These were given by local classes of adults and school children and their proficiency was a revelation of the possibilities of attaining active and alert physical fitness by means of group spare-time training.

Cookery demonstrations were given each afternoon by the Instructors of the National Milk Publicity Council.

At each afternoon and evening meeting there were several film displays, and special films were shown in local kinemas for audiences of school children.

Attendances throughout were fairly satisfactory, but there was as usual a noticeable failure of attendance by fathers.

Post-Graduate Courses and Conferences.

During 1937 the Senior Tuberculosis Officer attended a special Course on Radiology of Diseases of the Chest at the Royal Chest Hospital, London.

One Superintendent Health Visitor and five members of the Nursing Staff were granted facilities to enable them to attend Post-Graduate Courses, whilst six Midwives practising in the County were enabled to attend a revision Course at the City of London Hospital.

District Nurse Midwives employed by District Nursing Associations were assisted by grants to the Nottinghamshire Nursing Federation.

The Supervisor of Midwives (Non-Medical) also attended the appropriate Post-Graduate Course and Conference.

Other members of the Staff who attended Courses were the Head Teacher of the Ransom Sanatorium School (Course for Teachers of Physically Defective Children) and the Instructress at the Occupation Centre for Mental Defectives (Course of Special Study in Occupation Work).

Conferences on Maternity and Child Welfare, Tuberculosis, General Public Health and Mental Deficiency were attended by members of the Medical Staff.

Facilities for attendance at other Conferences were also afforded to the Chief and one County Sanitary Inspector (Annual Conference of the Sanitary Inspectors Association); the Rivers Inspector (Conference of the Institute of Sewage Purification); The Superintendent Health Visitors (Conferences of County Superintendents); the Female Supervisor and Petitioning Officer under the Mental Deficiency Acts (Annual Conference of the Association of Mental Health Workers); and the Matron of the Ransom Sanatorium (Annual Meeting of the Association for Hospital Matrons and International Congress of Nurses).

CONCLUSION.

All the many activities now carried out through the Health Department with the exception of the School Medical Service—upon which a separate Report has already been issued—have again been reviewed in this Report.

I have again pleasure in acknowledging helpful co-operation during the year from many sources.

I owe gratitude to the Clerk of the County Council for advice and support and to many Heads of other County Council Departments, to leaders and officers of Voluntary Organisations, to my professional colleagues in the City and County, to the District Medical Officers of Health and their Staffs, and to my Administrative Assistants, Doctors Buchanan, Jeremiah and Maclean, the Senior Tuberculosis Officer, Dr. Hearn and the whole of the Staff of the Department.

I wish to acknowledge gratefully the assistance rendered in the preparation of this Report, in particular naming Mr. J. Renshaw, the Senior Clerk responsible for collecting and marshalling facts and preparing the intricate statistical matter.

To the Chairman and Members of the Public Health and Housing Committee and to my many other Committees I tender my sincere gratitude for their encouragement and support.

I am, My Lord, Ladies and Gentlemen,

Your obedient servant,

CHRISTOPHER TIBBITS.

STATISTICAL TABLES.

Table I. NOTTINGHAMSHIRE. Vital Statistics for the Year 1937.

BOROUGHS AND URBAN DISTRICTS.

BOROUGHS AND URBAN DISTRICTS.	Area in Acres (Land and Inland Water).	Persons per Acre.	Families or separate Occupiers at Census 1931.	Persons per Family at Census 1931.	*Population, Census, 1931.	Population estimated to the middle of 1937.	Births.		Deaths under 1 year of age.		Net Deaths at all Ages belonging to the District.	Net Death Rate, i.e., Death Rate corrected for "Transferable" Deaths.	Death Rate from Pulmonary Tuberculosis per 1,000 of population.	Death Rate from ALL Tuberculous Diseases per 1,000 of population.
							Number.	Rate.	Number.	Rate per 1,000 Births Reg'd.				
MANSFIELD (Borough) ..	7,009	6·7	11,082	4·0	46,068	47,080	684	14·5	56	82	444	9·4	0·42	0·48
WORKSOP (Borough) ..	17,936	1·5	6,320	4·1	26,285	27,800	470	16·9	23	49	262	9·4	0·36	0·54
NEWARK (Borough) ..	3,364	6·0	5,152	3·6	19,535	20,230	301	14·9	10	33	226	11·2	0·49	0·54
EAST RETFORD (Borough)	4,657	3·2	3,677	3·7	14,229	15,090	230	15·2	14	61	194	12·8	0·26	0·39
ARNOLD	4,506	3·9	3,766	3·8	14,325	17,450	273	15·6	12	44	197	11·3	0·29	0·46
BEESTON & STAPLEFORD	6,462	5·8	7,250	3·8	27,812	37,420	710	18·9	35	49	419	11·2	0·35	0·56
CARLTON	4,018	7·2	6,883	3·8	26,425	28,960	447	15·4	37	83	318	10·9	0·59	0·73
EASTWOOD	1,178	7·7	2,201	3·9	8,830	9,040	147	16·3	11	75	109	12·0	0·55	0·66
HUCKNALL	4,029	4·8	4,523	3·9	17,839	19,480	328	16·8	26	79	230	11·8	0·41	0·56
KIRKBY-IN-ASHFIELD ..	5,830	3·2	4,406	4·0	17,866	18,490	337	18·2	23	68	219	11·8	0·54	0·54
MANSFIELD WOODHOUSE	4,834	3·0	3,363	4·0	13,721	14,700	278	18·9	14	50	176	11·9	0·75	0·75
SUTTON-IN-ASHFIELD ..	10,507	3·7	9,151	4·1	37,725	38,510	600	15·6	42	70	422	10·9	0·54	0·62
WARSOP	7,174	1·5	2,478	4·4	10,959	10,880	192	17·6	17	88	94	8·6	..	0·18
WEST BRIDGFORD ..	3,501	5·9	5,515	3·4	19,209	20,970	205	9·8	7	34	261	12·4	0·29	0·53
Totals for Urban Districts ..	85,005	3·8	75,767	3·9	300,828	326,100	5,202	15·9	327	63	3,571	10·9	0·43	0·55

*The figures under this heading relate to the population enumerated on the 26th April, 1931, but the Districts for which they are now given are as constituted at the 30th September, 1935, and include changes of area under the County of Nottingham Review Order, 1934, which came into effect on the 1st April, 1935, and the Nottingham Corporation Act, 1932, which came into effect on the 1st April, 1933.

Table II. NOTTINGHAMSHIRE. Vital Statistics for the Year 1937.
RURAL DISTRICTS.

RURAL DISTRICTS.	Area in Acres (Land and Inland Water).	Persons per Acre.	Families or separate Occupiers at Census 1931.	Persons per Family at Census 1931.	*Population, Census, 1931.	Population estimated to the middle of 1937.	Births.		Deaths under 1 year of age.		Net Deaths at all Ages belonging to the District.	Net Death Rate, i.e., Death Rate corrected for "Transferable" Deaths.	Death Rate from Pulmonary Tuberculosis per 1,000 of population.	Death Rate from ALL Tuberculous Diseases per 1,000 of population.
							Number.	Rate.	Number.	Rate per 1,000 Births Reg'd.				
BASFORD	71,571	0·59	10,434	3·9	41,303	42,560	696	16·3	40	57	447	10·5	0·35	0·40
BINGHAM	67,583	0·24	3,882	3·6	15,106	16,100	193	11·9	5	26	218	13·5	0·31	0·37
WORKSOP	28,515	0·52	3,348	4·3	14,555	14,760	291	19·7	14	48	121	8·2	0·41	0·68
EAST RETFORD	111,032	0·18	4,910	3·7	19,506	19,790	262	13·2	17	65	249	12·6	0·40	0·50
NEWARK	41,550	0·22	2,356	3·7	8,898	9,326	132	14·1	1	7	131	14·0	0·32	0·32
SOUTHWELL	118,586	0·31	8,976	3·9	36,342	37,160	542	14·6	25	46	363	9·8	0·32	0·40
SHIRE HALL	1	..	1	4·0	4	4	..	..	..	..	..	..	..	..
Totals for Rural Districts ..	438,838	0·32	33,907	3·9	135,714	139,700	2,116	15·1	102	48	1,529	10·9	0·35	0·44

*The figures under this heading relate to the population enumerated on the 26th April, 1931, but the Districts for which they are now given are as constituted at the 30th September, 1935, and include changes of area under the County of Nottingham Review Order, 1934, which came into effect on the 1st April, 1935, and the Nottingham Corporation Act, 1932, which came into effect on the 1st April, 1933.

TABLE III. **NOTTINGHAMSHIRE.** **Vital Statistics for the Year 1937.**

WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres. (Land and Inland Water).	Persons per Acre.	Families or Separate Occupiers at Census 1931.	Persons per Family at Census 1931.	*Population, Census, 1931.	Estimated Population 1937.	Births.		Deaths under 1 year.		Net 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	85,005	3.8	75,767	3.9	300,828	326,100	5,202	15.9	327	63	3,571	10.9	0.43	0.55
RURAL DISTRICTS	438,838	0.32	33,907	3.9	135,714	139,700	2,116	15.1	102	48	1,529	10.9	0.35	0.44
WHOLE ADMINISTRATIVE COUNTY	523,843	0.89	109,674	3.9	436,542	465,800	7,318	15.7	429	59	5,100	10.9	0.40	0.52

*Adjusted figures which relate to the area of the County as constituted at the 30th September, 1935, and exclude the population enumerated in the area transferred to the City of Nottingham under the Nottingham Corporation Act, 1932, which came into effect on the 1st April, 1933.

TABLE IV. **NOTTINGHAMSHIRE. Maternal Mortality Rates for the year 1938.**

Areas of the County Council and Autonomous Authorities together with the Rates for England and Wales.

AREA.	No. of Births during the year.			No. of Maternal Deaths during the year.			Maternal Mortality Rate per 1,000 Live Births.			Maternal Mortality Rate per 1,000 Live & Still-Births		
	Live Births.	Still-Births.	Total.	Puerperal Sepsis.	Other Puerperal Causes.	Total.	Puerperal Sepsis.	Other Puerperal Causes.	All Causes.	Puerperal Sepsis.	Other Puerperal Causes.	All Causes.
County Council Area for Maternity & Child Welfare ..	2,915	128	3,043	2	10	12	0·69	3·43	4·12	0·66	3·28	3·94
Autonomous Authorities.												
Boroughs—												
MANSFIELD	684	41	725	3	—	3	4·38	—	4·38	4·14	—	4·14
WORKSOP	470	20	490	—	2	2	—	4·25	4·25	—	4·08	4·08
NEWARK	301	14	315	—	1	1	—	3·32	3·32	—	3·17	3·17
EAST RETFORD	230	8	238	—	—	—	—	—	—	—	—	—
Urban Districts—												
ARNOLD	273	14	287	—	1	1	—	3·66	3·66	—	3·48	3·48
BEESTON & STAPLEFORD	710	23	733	—	—	—	—	—	—	—	—	—
HUCKNALL	328	9	337	—	1	1	—	3·05	3·05	—	2·97	2·97
KIRKBY-IN-ASHFIELD ..	337	17	354	—	—	—	—	—	—	—	—	—
MANSFIELD WOODHOUSE	278	9	287	—	—	—	—	—	—	—	—	—
SUTTON-IN-ASHFIELD ..	600	22	622	1	—	1	1·67	—	1·67	1·61	—	1·61
WARSOP	192	5	197	—	1	1	—	5·21	5·21	—	5·08	5·08
WHOLE COUNTY ..	7,318	310	7,628	6	16	22	0·82	2·19	3·01	0·79	2·09	2·88
For Comparison— **England and Wales** ..	—	—	—	—	—	—	0·97	2·26	3·23	0·94	2·17	3·11

The County Council Area comprises the Urban Districts of Carlton, Eastwood and West Bridgford and all the six Rural Districts.

TABLE V. **Causes of Death during the Year 1937.** **URBAN DISTRICTS.**

DISTRICTS.	Typhoid and Paratyphoid Fevers.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro-Spinal Fever.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Syphilis.	General Paralysis of the Insane, Tabes Dorsalis.	Cancer, Malignant Disease.	Diabetes.	Cerebral Haemorrhage, &c.	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases	Peptic Ulcer.	Diarrhoea, &c. (under two years).	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, &c.	Other Digestive Diseases.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Debility, Premature Birth, Malformations, &c.	Senility.	Suicide.	Other Violence.	Other Defined Diseases.	Causes Ill-defined or Unknown.	All Causes.
MANSFIELD (Borough) ..	..	..	..	1	..	22	..	..	20	3	3	1	45	5	31	95	2	24	14	24	6	6	7	2	..	3	7	7	3	..	33	21	4	22	28	5	444
WORKSOP (Borough) ..	..	2	..	..	..	14	..	..	10	5	..	1	35	5	16	72	1	15	7	14	1	3	1	1	1	..	3	3	..	2	14	9	1	8	18	..	262
NEWARK (Borough) ..	..	1	..	2	1	18	..	..	10	1	..	..	36	2	9	59	..	20	8	9	2	2	1	1	1	1	4	4	..	1	8	4	..	6	15	..	226
EAST RETFORD (Borough) ..	..	..	..	..	4	9	..	..	4	2	1	1	28	4	14	22	..	11	6	18	..	3	..	1	2	3	3	3	..	..	8	19	1	6	21	..	194
ARNOLD	..	1	..	..	..	9	..	..	5	3	..	..	29	4	19	29	1	15	16	4	1	5	3	1	..	1	8	2	..	1	4	3	2	11	19	1	197
BEESTON & STAPLEFORD	..	4	..	4	3	15	..	1	13	8	..	2	51	4	31	91	..	16	23	28	2	3	3	7	..	2	12	14	..	..	22	12	5	8	28	7	419
CARLTON	..	..	..	1	2	6	..	..	17	4	..	2	39	6	21	72	..	10	10	26	2	2	3	..	..	..	3	7	..	4	23	14	5	9	21	9	318
EASTWOOD	..	..	..	..	3	8	1	..	5	1	..	..	17	3	9	25	..	2	2	4	1	1	2	1	1	..	..	3	..	..	7	5	3	1	2	2	109
HUCKNALL	..	1	..	1	..	10	..	..	8	3	..	..	29	2	20	54	..	13	8	11	1	2	2	..	1	2	3	6	..	1	14	3	2	11	18	4	230
KIRKBY-IN-ASHFIELD ..	..	1	1	1	2	5	..	..	10	..	..	1	23	2	21	38	..	10	9	17	3	3	3	..	1	..	4	1	..	..	14	22	5	5	14	3	219
MANSFIELD WOODHOUSE	..	..	..	1	..	7	..	..	11	..	1	1	16	1	9	33	..	5	10	7	5	1	1	1	..	2	4	5	..	..	5	21	2	8	18	1	176
SUTTON-IN-ASHFIELD ..	1	2	..	2	1	15	1	1	21	3	1	1	44	7	43	73	..	16	21	26	5	3	..	1	1	3	8	9	1	..	27	17	4	29	29	6	422
WARSOP	..	1	..	..	..	1	..	..	..	2	..	2	14	..	5	17	..	3	5	3	..	..	5	..	..	1	5	3	..	1	8	4	..	8	6	..	94
WEST BRIDGFORD ..	..	1	..	..	1	10	..	1	6	5	..	..	44	..	22	65	1	16	2	11	2	2	..	4	2	4	7	7	..	..	5	8	4	8	19	4	261
TOTALS ..	1	14	1	13	17	149	2	3	140	40	6	12	450	45	270	745	5	176	141	202	31	36	31	20	10	22	71	74	4	10	192	162	38	140	256	42	3571

A.

TABLE VI. **Causes of Death during the Year 1937.** **RURAL DISTRICTS.**

DISTRICTS.	Typhoid and Paratyphoid Fevers.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Cerebro-Spinal Fever.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Syphilis.	General Paralysis of the Insane, Tabes Dorsalis.	Cancer, Malignant Disease.	Diabetes.	Cerebral Haemorrhage, &c	Heart Disease.	Aneurysm.	Other Circulatory Diseases.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases	Peptic Ulcer.	Diarrhoea, &c. (under two years.)	Appendicitis.	Cirrhosis of Liver.	Other Diseases of Liver, &c	Other Digestive Diseases.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Puerperal Causes.	Congenital Debility, Premature Birth, Malformations, &c.	Senility.	Suicide.	Other Violence.	Other Defined Diseases.	Causes Ill-defined or Unknown.	All Causes.
BASFORD	..	1	1	1	2	20	..	1	15	2	1	4	63	6	21	88	1	22	19	23	7	6	4	2	1	2	6	13	..	..	20	22	10	12	40	11	447
BINGHAM	..	..	..	..	..	11	1	..	5	1	1	..	30	3	10	64	..	15	6	10	..	1	..	2	2	..	5	11	..	..	3	4	1	5	24	3	218
WORKSOP	..	..	..	..	..	5	..	..	6	4	..	..	19	1	4	13	..	4	4	10	1	1	2	2	..	..	5	3	1	2	6	8	..	10	10	..	121
EAST RETFORD	..	..	..	1	1	10	..	..	8	2	..	..	36	3	24	34	..	18	9	7	..	1	2	1	2	3	4	13	..	1	12	10	1	24	21	..	249
NEWARK	..	..	..	1	..	13	..	..	3	..	..	..	9	3	12	44	1	9	4	3	..	2	..	2	..	1	..	5	..	1	1	3	1	3	10	..	131
SOUTHWELL	..	2	..	..	1	22	..	..	12	3	..	..	42	4	25	97	2	14	15	13	1	5	3	..	1	1	6	5	1	2	15	7	3	25	32	4	363
TOTALS	..	3	1	3	4	81	1	1	49	12	2	4	199	20	96	340	4	82	57	66	9	16	11	9	6	7	26	50	2	6	58	54	16	79	137	18	1529

TABLE VII. Causes of Death at Different Periods of Life in the Administrative County of Nottingham, 1937.

Causes of Death.	Sex	Aggregate of Urban Districts.												Aggregate of Rural Districts.											Total for Co'ty
		All Ages	0–	1–	2–	5–	15–	25–	35–	45–	55–	65–	75–	All Ages	0–	1–	2–	5–	15–	25–	35–	45–	55–	65–	75–	
ALL CAUSES ..	M	1887	196	29	19	43	71	75	93	168	310	474	409	779	48	8	10	10	41	39	41	70	136	168	208	5100
	F	1684	131	22	18	35	48	71	95	135	293	389	447	750	54	4	7	20	25	35	45	55	105	140	260	
Typhoid and Paratyphoid Fevers ..	M	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	1
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Measles	M	8	..	4	2	2	..	..	..	..	..	..	..	2	1	1	..	..	..	..	..	..	..	..	..	17
	F	6	1	3	1	1	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	..	..	..	..	
Scarlet Fever	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2
	F	1	..	..	..	1	..	..	..	..	..	..	..	1	..	..	..	..	1	..	..	..	..	..	..	
Whooping Cough ..	M	2	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	16
	F	11	6	3	2	..	..	..	..	..	..	..	..	3	3	..	..	..	..	..	..	..	..	..	..	
Diphtheria	M	9	..	..	2	6	1	..	..	..	..	..	..	2	..	..	..	2	..	..	..	..	..	..	..	21
	F	8	..	..	1	7	..	..	..	..	..	..	..	2	..	..	..	1	..	1	..	..	..	..	..	
Influenza	M	74	3	1	1	2	2	3	7	10	15	17	13	37	2	1	1	..	3	2	3	2	9	4	10	230
	F	75	1	2	..	..	..	2	5	1	23	21	20	44	1	1	1	1	1	2	2	1	8	7	19	
Encephalitis Lethargica	M	2	..	..	..	..	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3
	F	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..	1	..	
Cerebro-Spinal Fever	M	2	1	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4
	F	1	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	..	..	..	..	..	
Tuberculosis of Respiratory System ..	M	75	..	..	..	3	20	15	14	13	7	3	..	23	..	..	..	..	6	6	6	4	1	..	..	189
	F	65	..	..	..	2	25	17	9	7	3	2	..	26	..	..	..	1	7	9	3	3	1	2	..	
Other Tuberculous Diseases	M	18	1	2	3	4	2	2	1	2	1	..	..	7	..	..	2	..	1	..	3	..	1	..	..	52
	F	22	2	4	1	5	5	2	1	1	1	..	..	5	..	..	1	..	..	..	3	..	1	..	..	
Syphilis	M	4	..	..	..	..	..	..	1	1	2	..	..	2	..	..	..	..	..	..	..	2	..	..	..	8
	F	2	..	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
General Paralysis of the Insane, Tabes Dorsalis	M	7	..	..	..	..	..	..	1	3	3	..	..	2	..	..	..	..	..	..	..	..	2	..	..	16
	F	5	..	..	..	..	..	..	2	2	1	..	..	2	..	..	..	..	..	..	1	..	..	1	..	
Cancer, Malignant Disease	M	219	..	..	..	..	1	4	10	17	66	83	38	108	..	..	..	..	1	2	6	7	31	45	16	649
	F	231	..	..	..	..	1	6	19	37	63	69	36	91	..	..	..	..	..	3	6	13	23	21	25	
Diabetes	M	20	..	..	..	1	..	..	..	2	5	10	2	8	..	..	..	..	..	..	..	4	1	..	3	65
	F	25	..	..	..	..	..	2	1	3	7	8	4	12	..	..	..	1	..	..	..	1	3	5	2	
Cerebral Haemorrhage, etc.	M	121	..	..	..	..	..	2	2	9	22	47	39	43	..	..	..	..	..	..	..	1	6	18	18	366
	F	149	..	..	..	..	1	2	4	8	29	54	51	53	..	..	..	..	..	..	..	5	12	19	17	
Heart Disease ..	M	368	..	..	..	..	3	4	5	24	80	135	117	155	..	..	..	3	2	5	4	7	37	38	59	1085
	F	377	..	..	..	3	4	13	10	25	77	113	132	185	..	..	..	3	2	7	8	9	17	40	99	
Aneurysm	M	4	..	..	..	..	..	..	1	1	1	1	..	3	..	..	..	..	1	..	..	2	..	..	..	9
	F	1	..	..	..	..	..	..	..	..	1	..	..	1	..	..	..	..	1	..	..	..	..	..	..	
Other Circulatory Diseases	M	97	..	..	..	1	..	..	..	..	13	42	41	49	..	..	..	..	..	1	..	2	6	9	31	258
	F	79	..	..	..	..	..	..	1	4	15	20	39	33	..	..	..	..	..	..	2	1	2	7	21	
Bronchitis	M	79	10	..	..	..	..	1	1	6	9	18	34	30	3	..	1	..	1	1	1	5	2	4	12	198
	F	62	4	2	..	1	..	..	1	2	5	16	31	27	2	..	..	1	1	..	1	2	2	6	12	
Pneumonia (all forms)	M	132	32	12	3	3	4	5	10	16	19	18	10	34	9	3	1	..	1	2	3	4	3	4	4	268
	F	70	14	7	4	3	3	3	6	4	6	10	10	32	6	1	1	4	..	1	3	3	3	3	7	
Other Respiratory Diseases	M	23	1	..	1	1	1	1	3	3	6	2	4	5	..	..	..	..	..	..	..	1	3	1	..	40
	F	8	..	..	..	..	..	..	..	2	1	3	2	4	..	..	..	..	1	..	1	1	1	..	..	
Peptic Ulcer	M	30	..	..	..	..	..	..	6	6	8	7	3	12	..	..	..	..	..	..	1	5	5	1	..	52
	F	6	..	..	..	..	..	..	1	1	1	2	1	4	..	..	..	..	..	1	1	..	2	..	..	
Diarrhoea, etc. ..	M	20	11	2	1	..	1	..	1	1	..	..	3	5	3	1	..	..	..	..	..	1	..	..	..	61
	F	26	17	1	..	..	..	1	2	1	1	1	2	10	7	..	..	..	..	1	..	..	..	..	2	
Appendicitis	M	14	..	..	..	3	1	2	4	..	2	2	..	8	..	..	1	..	2	1	1	1	2	..	..	29
	F	6	..	..	..	2	1	..	..	1	1	..	1	1	..	..	..	..	..	..	..	..	1	..	..	
Cirrhosis of Liver ..	M	6	..	..	..	..	..	..	..	1	1	3	1	3	..	..	..	..	..	..	..	..	1	1	1	16
	F	4	..	..	..	..	..	..	1	1	2	..	..	3	..	..	..	..	..	..	..	1	..	1	1	
Other Diseases of Liver, etc.	M	5	..	..	..	..	..	..	..	2	2	1	..	4	..	..	..	..	..	..	..	1	..	2	1	29
	F	17	..	..	..	..	..	..	1	3	5	5	3	3	..	..	..	..	..	..	..	..	2	1	..	
Other Digestive Diseases	M	29	5	1	2	1	2	1	1	3	8	4	1	11	2	..	1	..	2	..	1	..	2	2	1	78
	F	27	1	..	3	..	1	1	2	2	6	4	7	11	1	1	..	2	..	..	1	..	2	1	3	
Acute & Chronic Nephritis	M	32	..	..	..	..	3	6	1	5	3	9	5	28	..	..	..	..	2	4	..	3	7	5	7	124
	F	42	..	..	..	1	..	..	5	7	9	14	6	22	..	..	..	1	4	1	..	..	5	5	6	
Puerperal Sepsis ..	F	4	..	..	..	..	1	2	1	..	..	..	..	2	..	..	..	..	..	2	..	..	..	..	..	6
Other Puerperal Causes	F	10	..	..	..	..	1	6	3	..	..	..	..	6	..	..	..	..	1	3	2	..	..	..	..	16
Congenital Debility, Premature Birth, Malformations, etc.	M	119	119	..	..	..	..	..	..	..	..	..	..	27	24	..	..	1	1	1	..	..	..	..	..	250
	F	73	72	..	..	..	..	..	1	..	..	..	..	31	31	..	..	..	..	..	..	..	..	..	..	
Senility	M	75	..	..	..	..	..	..	..	..	1	13	61	24	..	..	..	..	..	..	..	..	..	4	20	216
	F	87	..	..	..	..	..	..	..	..	2	16	69	30	..	..	..	..	..	..	..	..	..	5	25	
Suicide	M	23	..	..	..	..	..	6	3	6	5	3	..	12	..	..	..	..	..	1	..	3	6	2	..	54
	F	15	..	..	..	..	..	1	3	4	4	1	2	4	..	..	..	..	..	..	1	..	1	1	1	
Other Violence	M	110	..	2	2	6	22	14	16	19	10	12	7	62	1	1	3	3	15	9	8	10	3	7	2	219
	F	30	1	..	4	4	1	5	1	2	2	3	7	17	..	..	1	1	2	..	..	1	5	1	6	
Other Defined Diseases	M	139	12	5	1	9	8	7	4	15	17	32	29	65	3	1	..	1	3	4	4	3	7	18	21	393
	F	117	11	..	2	5	4	8	14	17	23	18	15	72	3	..	2	4	4	4	9	14	12	8	12	
Causes Ill-Defined or Unknown	M	20	..	..	..	..	..	1	..	3	4	11	1	8	..	..	..	..	..	..	..	2	1	3	2	60
	F	22	..	..	..	..	..	..	1	..	3	9	9	10	..	..	..	..	..	..	1	..	2	5	2	

TABLE VIII. NOTTINGHAMSHIRE. Abstract of Vital Statistics.

Year.	Estimated Population at the *middle* 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.	Net Deaths.	Net Death Rate per 1,000 of the Population.
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	59,755	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	14.3
1904	295,586	5086	.56	..	..	9379	31.7	139	4293	14.5
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
1924	391,700	3715	.75	..	..	8085	20.6	79	4370	11.2
1925	393,400	3373	.75	..	..	7921	20.1	77	4548	11.6
1926	398,900	3310	.75	..	..	7739	19.4	73	4429	11.1
1927	408,100	2984	.78	..	..	7613	18.6	69	4629	11.3
1928	422,700	3549	.81	..	..	7941	18.8	64	4392	10.4
1929	429,300	2242	.82	..	..	7517	17.5	76	5095	11.8
1930	439,400	3261	.84	..	..	7746	17.6	62	4485	10.2
1931	447,900	2617	.86	*109,674	3.9	7695	17.2	72	5078	11.3
1932	451,600	2821	.86	..	..	7534	16.7	66	4713	10.4
1933	444,970	2036	.86	..	..	6945	15.5	68	4909	10.9
1934	448,500	2395	.87	..	..	7042	15.7	54	4647	10.4
1935	453,500	2382	.86	..	..	7083	15.6	56	4701	10.4
1936	459,000	2005	.88	..	..	7033	15.3	58	5028	10.9
1937	**465,800**	**2218**	**.89**	..	..	**7318**	**15.7**	**59**	**5100**	**10.9**
For Comparison—										
1937	England and Wales ..				..	..	14.9	58	..	12.4
	125 County Boroughs and Great Towns including London				..	..	14.9	62	..	12.5
	148 Smaller Towns ..				..	..	15.3	55	..	11.9
	LONDON				..	..	13.3	60	..	12.3

*Adjusted figures owing to alteration in area under the Nottingham Corporation Act, 1932, as from the 1st April, 1933.

INFECTIOUS DISEASES.

TABLE IX. NOTTINGHAMSHIRE. Cases of Infectious Diseases notified during the Year 1937. BOROUGHS AND URBAN DISTRICTS.

BOROUGHS & URBAN DISTRICTS.	Smallpox.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Dysentery.	Pneumonia.	Malaria.	Acute Poliomyelitis.	Acute Polioencephalitis.	Puerperal Pyrexia.	TOTAL.
MANSFIELD (Borough)..	..	74	22	99	1	4	..	..	6	37	12	..	49	..	1	..	7	312
WORKSOP (Borough)	..	6	5	16	1	1	..	..	4	20	18	..	16	..	..	..	3	90
NEWARK (Borough)	..	25	3	30	..	..	..	..	1	26	4	..	3	..	..	..	2	94
EAST RETFORD (Borough)	..	57	6	34	..	..	..	..	1	17	3	..	50	..	..	1	7	176
ARNOLD	..	2	1	9	..	..	..	..	2	17	3	..	11	..	..	..	3	48
BEESTON & STAPLEFORD	..	27	12	160	..	1	1	..	3	36	5	1	39	..	1	..	2	288
CARLTON	..	12	10	61	..	..	1	..	3	29	7	..	19	..	..	1	1	144
EASTWOOD	..	20	1	24	..	..	..	..	2	10	2	..	11	..	..	..	1	71
HUCKNALL	..	1	11	23	1	..	..	..	5	10	1	1	57	..	..	..	2	112
KIRKBY-IN-ASHFIELD	..	18	12	86	..	..	..	..	..	12	6	1	53	..	..	..	2	190
MANSFIELD WOODHOUSE	..	5	5	41	..	..	..	..	3	12	3	..	14	..	..	..	1	84
SUTTON-IN-ASHFIELD	..	35	9	117	1	..	2	..	5	33	8	..	44	..	..	..	1	255
WARSOP	..	3	4	8	..	1	..	..	3	12	3	..	3	..	..	..	2	39
WEST BRIDGFORD	..	7	2	19	..	..	1	..	..	11	..	2	13	..	..	..	..	55
TOTALS	..	292	103	727	4	7	5	..	38	282	75	5	382	..	2	2	34	1,958

INFECTIOUS DISEASES.

TABLE X. NOTTINGHAMSHIRE. Cases of Infectious Diseases Notified during the Year 1937.

RURAL DISTRICTS.

RURAL DISTRICTS.	Smallpox.	Diphtheria (including Membranous Croup).	Erysipelas.	Scarlet Fever.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Encephalitis Lethargica.	Ophthalmia Neonatorum.	Pulmonary Tuberculosis.	Other Forms of Tuberculosis.	Dysentery.	Pneumonia.	Malaria.	Acute Poliomyelitis.	Acute Polioencephalitis.	Puerperal Pyrexia.	TOTAL.
BASFORD	..	36	18	102	2	..	..	..	8	35	6	..	47	..	..	..	5	259
BINGHAM	..	3	6	13	..	..	..	..	2	4	..	..	26	..	..	..	1	55
WORKSOP	..	5	1	14	..	..	..	..	..	4	5	..	25	..	..	..	2	56
EAST RETFORD	..	8	5	31	..	2	..	..	1	9	4	1	40	..	..	..	2	103
NEWARK	..	3	1	37	1	..	..	..	1	3	1	..	3	..	..	..	..	50
SOUTHWELL	..	17	14	137	..	1	1	..	4	18	10	..	40	..	..	..	8	250
TOTALS ..	..	72	45	334	3	3	1	..	16	73	26	1	181	..	..	..	18	773

TABLE XI. PULMONARY TUBERCULOSIS—DEATHS, 1937.

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				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Class T.B. minus ..	7	6	1	2	2	1	1	2	–	1	–	1	1	1	2	2	1	3	–	–	1	–	–	2	1	4	17	25	24.3
Class T.B.+ Group 1 ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1	1	1	–	1	1	1	–	4	3	4.0
Class T.B.+ Group 2 ..	–	–	2	–	–	–	–	–	–	–	2	–	1	1	–	2	4	2	7	4	4	2	3	1	4	3	27	15	24.3
Class T.B.+ Group 3 ..	4	1	9	5	–	1	6	5	5	3	2	–	4	7	1	1	9	7	3	6	1	–	–	–	–	2	44	38	47.4
Total No. of deaths in each period ..	11	7	12	7	2	2	7	7	5	4	4	1	6	9	3	5	14	13	11	11	7	2	4	4	6	9	92	81	..
Percentage of deaths in each period ..	10.4		11.0		2.3		8.1		5.2		2.9		8.7		4.6		15.6		12.7		5.2		4.6		8.7		..		..

TABLE XI. (a).

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Summary of Notifications during the period from the 1st January, 1937, to the 31st December, 1937, in the area of the County of Nottingham.

Age Periods.	Formal Notifications. Number of Primary Notifications of new cases of Tuberculosis.												Total Notifications.
	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total (all ages).	
Pulmonary Males ..	—	2	12	10	21	29	45	32	31	12	5	199	202
Pulmonary Females ..	1	—	13	13	27	23	39	25	10	8	2	161	164
Non-Pulmonary Males ..	—	15	15	7	4	1	3	6	1	4	—	56	57
Non-PulmonaryFemales	1	11	17	6	3	1	3	5	3	—	—	50	51

TABLE XI (b).

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 1st January, 1937, to the 31st December, 1937, OTHERWISE than by Notification.

Age periods.	0—	1—	5—	10—	15—	20—	25—	35—	45—	55—	65—	Total.
Pulmonary Males ..	—	—	—	—	1	1	3	1	3	1	—	10
Pulmonary Females ..	—	—	—	2	3	2	3	5	—	—	—	15
Non-Pulmonary Males ..	1	—	1	1	2	—	—	1	—	—	—	6
Non-Pulmonary Females ..	1	—	2	1	2	—	—	3	1	—	—	10

Source of Information.	Number of Cases.	
	Pulmonary.	Non-Pulmonary.
Death Returns { from local Registrars	2	2
Death Returns { transferable deaths from Registrar-General	7	8
Posthumous notifications..	1	1
" Transfers " from other areas (other than transferable deaths)	14	3
Other Sources if any	1	2

TABLE XI (c).

Deaths from Tuberculosis.

Year.	Deaths from Pulmonary Tuberculosis.	Deaths from other Tuberculous Diseases.
1928	248	70
1929	262	81
1930	285	60
1931	275	71
1932	230	61
1933	239	71
1934	224	39
1935	241	59
1936	247	36
1937	189	52

TABLE XI (d).

Death Rate from Pulmonary Tuberculosis per 1,000 of the Population.

Year.	Whole County.	Urban Districts.	Rural Districts.
1928	0.59	0.61	0.54
1929	0.61	0.63	0.56
1930	0.65	0.75	0.48
1931	0.61	0.67	0.52
1932	0.51	0.56	0.43
1933	0.53	0.56	0.49
1934	0.50	0.55	0.42
1935	0.53	0.57	0.44
1936	0.54	0.59	0.42
1937	0.40	0.43	0.35

TABLE XI (e).

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

Year.	Whole County.	Urban Districts.	Rural Districts.
1928	0.17	0.17	0.15
1929	0.19	0.18	0.17
1930	0.14	0.15	0.11
1931	0.16	0.18	0.13
1932	0.13	0.15	0.11
1933	0.16	0.16	0.15
1934	0.09	0.09	0.09
1935	0.13	0.15	0.09
1936	0.08	0.07	0.10
1937	0.11	0.12	0.04

TABLE XI (f).

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

Year.	Whole County.	Urban Districts.	Rural Districts.
1928	0.75	0.78	0.69
1929	0.80	0.81	0.73
1930	0.79	0.91	0.59
1931	0.77	0.85	0.65
1932	0.64	0.71	0.54
1933	0.69	0.72	0.65
1934	0.59	0.63	0.51
1935	0.66	0.72	0.53
1936	0.62	0.66	0.52
1937	0.52	0.55	0.44

TABLE XI (g).

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Number of cases of Tuberculosis remaining on the Registers of Notifications kept by District Medical Officers of Health in the County on the 31st December, 1937.

Total Cases.	Pulmonary.			Non-Pulmonary.		
	Males.	Females.	Total.	Males.	Females.	Total.
3,783	1,338	1,298	2,636	637	510	1,147

TABLE XI (h).

TUBERCULOSIS—Year 1937.

URBAN DISTRICTS.	Deaths from Pulmonary Tuberculosis.	Deaths from *other* Tuberculous Diseases.	Death Rate per 1,000 of the population from Pulmonary Tuberculosis.	Death Rate per 1,000 of the population from *other* Tuberculous Diseases.	Death Rate per 1,000 of the population from *all* Tuberculous Diseases.	Patients admitted into Ransom Sanatorium.
Mansfield (Borough) ..	20	3	0.42	0.06	0.48	48
Worksop (Borough) ..	10	5	0.36	0.18	0.54	20
Newark (Borough) ..	10	1	0.49	0.05	0.54	20
East Retford (Borough)	4	2	0.26	0.13	0.39	12
Arnold	5	3	0.29	0.17	0.46	13
Beeston and Stapleford	13	8	0.35	0.21	0.56	21
Carlton	17	4	0.59	0.14	0.73	22
Eastwood	5	1	0.55	0.11	0.66	7
Hucknall	8	3	0.41	0.15	0.56	14
Kirkby-in-Ashfield ..	10	–	0.54	—	0.54	17
Mansfield Woodhouse	11	–	0.75	—	0.75	13
Sutton-in-Ashfield ..	21	3	0.54	0.08	0.62	32
Warsop	–	2	—	0.18	0.18	22
West Bridgford ..	6	5	0.29	0.24	0.53	10
Aggregate Urban Districts ..	140	40	0.43	0.12	0.55	271

TABLE XI (i).

TUBERCULOSIS—Year 1937.

RURAL DISTRICTS.	Deaths from Pulmonary Tuberculosis.	Deaths from *other* Tuberculous Diseases.	Death Rate per 1,000 of the population from Pulmonary Tuberculosis.	Death Rate per 1,000 of the population from *other* Tuberculous Diseases.	Death Rate per 1,000 of the population from *all* Tuberculous Diseases.	Patients admitted into Ransom Sanatorium.
Basford	15	2	0.35	0.05	0.40	39
Bingham	5	1	0.31	0.06	0.37	5
Worksop	6	4	0.41	0.27	0.68	3
East Retford ..	8	2	0.40	0.10	0.50	1
Newark	3	—	0.32	—	0.32	6
Southwell	12	3	0.32	0.08	0.40	16
Aggregate Rural Districts ..	49	12	0.35	0.09	0.44	70
Whole County ..	189	52	0.40	0.11	0.52	341

TABLE XI (j). TUBERCULOSIS SCHEME OF THE NOTTINGHAMSHIRE COUNTY COUNCIL.

Memo. 37/T. (revised)—(A) RETURN SHOWING THE WORK OF THE DISPENSARIES DURING THE YEAR 1937.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				Grand Total.
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts) :—													
(*a*) Definitely tuberculous ..	141	105	14	16	11	9	20	25	152	114	34	41	341
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	19	24	15	13	71
(*c*) Non-tuberculous	—	—	—	—	—	—	—	—	179	149	82	59	469
B.—CONTACTS examined during the year :—													
(*a*) Definitely tuberculous ..	7	6	6	9	—	2	—	2	7	8	6	11	32
(*b*) Diagnosis not completed ..	—	—	—	—	—	—	—	—	—	8	1	3	12
(*c*) Non-tuberculous ..	—	—	—	—	—	—	—	—	75	102	72	76	325
C.—CASES written off the Dispensary Register as :—													
(*a*) Recovered ..	31	29	5	5	15	10	12	2	46	39	17	7	109
(*b*) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ..	—	—	—	—	—	—	—	—	280	273	176	147	876
D.—NUMBER OF CASES on Dispensary Register on December 31st :—													
(*a*) Definitely tuberculous ..	587	631	156	128	112	113	186	116	699	764	342	244	2,049
(*b*) Diagnosis not completed	—	—	—	—	—	—	—	—	19	32	16	16	83

Table XI (J)—contd.

1. Number of cases on Dispensary Register on January 1st	2,161	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ..	33
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ..	147	4. Cases written off during the year as dead (all causes)	180
5. Number of attendances at the Dispensary (including Contacts)	5,669	6. Number of Insured Persons under Domiciliary Treatment on December 31st ..	7
7. Number of consultations with medical practitioners :— (*a*) Personal .. .. .. (*b*) Other	91 1,018	8. Number of visits by Tuberculosis Officers to homes (including personal consultations)	1,420
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ..	5,816	10. Number of :— (*a*) Specimens of sputum, etc., examined (*b*) X-Ray examinations made .. in connection with Dispensary work	849 *415 569
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(*a*) and A(*b*) above	1	12. Number of "T.B. plus" cases on Dispensary Register on December 31st	600

(B) NUMBER OF DISPENSARIES FOR THE TREATMENT OF TUBERCULOSIS (EXCLUDING CENTRES USED ONLY FOR SPECIAL FORMS OF TREATMENT).

Provided by the Council .. Five Provided by Voluntary Bodies .. —

*Examinations made for the purposes of the Public Health (Tuberculosis) Regulations, 1930.

TABLE XI (k). **Memo. 37/T (revised).**

(C) Number of beds available for the treatment of Tuberculosis on the 31st December, 1937, in Institutions belonging to the Council.

Name of Institution.	For Pulmonary Cases.		For Non-Pulmonary Cases.		Total.
	Adults.	Children under 15.	Adults.	Children under 15.	
Ransom Sanatorium, Near Mansfield ..	110	20	Nil	20	150
Kilton Hill County Hospital, Worksop ..	12	—	No beds specially reserved		12
County Institution, Basford	9		No beds specially reserved		9
County Institution, Mansfield	27		No beds specially reserved		27
County Institution, Bingham	No beds specially reserved				—
County Institution, Newark	6		No beds specially reserved		6
County Institution, Retford	No beds specially reserved				—
County Institution, Southwell	No beds specially reserved				—

TABLE XI (I). **Memo. 37/T (revised).**

(D) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT AND OBSERVATION IN INSTITUTIONS (OTHER THAN POOR LAW INSTITUTIONS) APPROVED FOR THE TREATMENT OF TUBERCULOSIS DURING THE YEAR 1937.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of doubtfully tuberculous cases admitted for observation.	Adult males	1	12	12	—	1
	,, females	—	16	16	—	—
	Children	3	17	18	—	2
	Total	4	45	46	—	3
Number of patients suffering from pulmonary tuberculosis.	Adult males	57	149	131	20	55
	,, females	51	140	130	17	44
	Children	25	46	47	1	23
	Total	133	335	308	38	122
Number of patients suffering from non-pulmonary tuberculosis.	Adult males	8	9	11	—	6
	,, females	11	11	10	1	11
	Children	44	24	28	1	39
	Total	63	44	49	2	56
GRAND TOTAL ..		200	424	403	40	181

TABLE XI (m). **Memo. 37/T (revised).**

(E) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED IN POOR LAW INSTITUTIONS FOR PERSONS CHARGEABLE TO THE COUNCIL DURING THE YEAR 1937.

		In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions.	In Institutions on Dec. 31.
Number of patients suffering from pulmonary tuberculosis admitted for treatment.	Adult males	3	24	10	10	7
	„ females	4	12	10	4	2
	Children	—	—	—	—	—
	Total	7	36	20	14	9
Number of patients suffering from non-pulmonary tuberculosis admitted for treatment.	Adult males	—	2	—	1	1
	„ females	5	1	3	2	1
	Children	—	1	—	—	1
	Total	5	4	3	3	3
Grand Total ..		12	40	23	17	12

TABLE XI (n). **Memo. 37/T. (revised).**

(F) RETURN SHOWING THE RESULTS OF OBSERVATION OF DOUBTFULLY TUBERCULOUS CASES DISCHARGED FROM INSTITUTIONS APPROVED FOR THE TREATMENT OF TUBERCULOSIS DURING THE YEAR 1937.

Diagnosis on discharge from observation.	FOR PULMONARY TUBERCULOSIS.						FOR NON-PULMONARY TUBERCULOSIS.						TOTALS.		
	Stay under 4 weeks.			Stay over 4 weeks.			Stay under 4 weeks.			Stay over 4 weeks.					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ..	1	4	—	1	3	1	—	—	—	—	—	—	2	7	1
Non-tuberculous ..	4	4	2	6	5	13	—	—	—	—	—	2	10	9	17
Doubtful ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	5	8	2	7	8	14	—	—	—	—	—	2	12	16	18

TABLE XI (o). **Memo. 37/T. (revised)**

(G) Return showing the immediate results of treatment of definitely Tuberculous Patients Discharged from Institutions approved for the Treatment of Tuberculosis during the Year 1937.

Classification on admission to the Institution.		Conditon at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.
			Under 3 months, but exceeding 28 days.			3—6 months.			6—12 months.			More than 12 months.			Totals.			
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Pulmonary Tuberculosis.	Class T.B. minus.	Quiescent	7	5	3	11	14	20	4	12	16	2	–	–	24	31	39	94
		Not quiescent ..	6	2	–	1	1	2	4	–	1	–	–	–	11	3	3	17
		Died in Institution ..	–	1	1	–	–	–	–	–	–	1	–	–	1	1	1	3
	Class T.B. plus Group 1.	Quiescent	–	–	–	–	–	–	–	1	–	–	–	–	–	1	–	1
		Not quiescent ..	–	–	–	–	1	–	–	–	–	–	–	–	–	1	–	1
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
	Class T.B. plus Group 2.	Quiescent	6	–	–	8	4	–	7	3	–	1	1	–	22	8	–	30
		Not quiescent ..	5	8	–	8	9	–	10	2	–	2	–	–	25	19	–	44
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
	Class T.B. plus Group 3.	Quiescent	–	–	–	1	4	–	3	2	1	–	1	–	4	7	1	12
		Not quiescent ..	8	10	–	9	8	–	8	10	2	1	3	1	26	31	3	60
		Died in Institution ..	4	8	–	7	3	–	–	4	–	–	1	–	11	16	–	27
Totals (pulmonary) ..			36	34	4	45	44	22	36	34	20	7	6	1	124	118	47	289
Non-Pulmonary Tuberculosis.	Bones and Joints.	Quiescent	1	1	–	–	–	1	3	2	–	5	3	17	9	6	18	33
		Not quiescent ..	–	–	1	–	–	1	–	–	–	1	–	1	1	–	3	4
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	1	–	–	1	1
	Abdominal.	Quiescent	–	–	1	–	1	–	–	1	–	–	–	1	–	2	2	4
		Not quiescent ..	1	–	–	–	–	1	–	1	1	–	–	–	1	1	2	4
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
	Other Organs.	Quiescent	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
		Not quiescent ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
	Peripheral Glands.	Quiescent	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1
		Not quiescent ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
		Died in Institution ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	—
Totals (non-pulmonary) ..			2	1	2	–	1	3	3	4	2	6	3	20	11	9	27	47

TABLE XI (p). PULMONARY TUBERCULOSIS.

MEMO. 37/T. (revised).

Supplementary Annual Return showing in summary form (A) the condition at the end of 1937 of all patients remaining on the Dispensary Register and (B) the reasons for the removal of all cases written off the Register. The table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

	Condition at the time of the last record made during the year to which the return relates.		Previous to 1926.					1926.					1927.					1928.				
			Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
				Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)
(A)	Disease Arrested.	Adults M.	—	—	—	—	—	—	—	2	—	2	—	—	1	—	1	—	1	—	—	1
		Adults F.	—	—	—	—	—	2	—	—	—	—	—	—	3	—	3	—	—	4	—	4
		Children.	—	—	—	—	—	1	—	—	—	—	5	—	—	—	—	4	—	—	—	—
	Disease Not Arrested.	Adults M.	—	—	—	—	—	1	—	2	—	2	—	—	1	2	3	—	—	2	1	3
		Adults F.	—	—	—	—	—	2	—	2	1	3	1	—	1	2	3	—	—	3	2	5
		Children.	—	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	1	1
	Condition not ascertained during the year.		—	—	—	—	—	2	—	1	—	1	8	1	3	—	4	11	—	3	—	3
	Total on Dispensary Register at 31st December.		—	—	—	—	—	9	—	7	1	8	15	1	9	4	14	15	1	12	4	17
(B)	Discharged as Recovered.	Adults M.	—	—	—	—	—	8	3	2	—	5	17	1	1	—	2	8	1	3	1	5
		Adults F.	—	—	—	—	—	6	—	1	—	1	14	1	3	1	5	11	1	2	—	3
		Children.	—	—	—	—	—	12	—	—	—	—	24	—	—	—	—	11	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register.		—	—	—	—	—	108	15	11	10	36	92	6	21	6	33	61	16	11	5	32
	Dead.	Adults M.	—	—	—	—	—	9	8	17	54	79	12	5	20	49	74	7	5	29	51	85
		Adults F.	—	—	—	—	—	15	2	18	44	64	15	5	21	66	92	10	4	14	63	81
		Children.	—	—	—	—	—	5	—	3	3	6	5	—	1	5	6	1	1	—	5	6
	Total written off Dispensary Register.		—	—	—	—	—	163	28	52	111	191	179	18	67	127	212	109	28	59	125	212
	GRAND TOTALS ..		—	—	—	—	—	172	28	59	112	199	194	19	76	131	226	124	29	71	129	229

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom.

TABLE XI (p)—contd. PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1937 of all patients remaining on the Dispensary Register and (B) the reasons for the removal of all cases written off the Register.

	Condition at the time of the last record made during the year to which the return relates.		1929.					1930.					1931.					1932.				
			Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus				Class T.B. minus	Class T.B. plus			
				Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)		Group 1	Group 2	Group 3	Total (Class T.B. plus)
(A)	Disease Arrested.	Adults M.	—	1	1	1	3	13	1	4	1	6	11	—	4	1	5	7	—	7	3	10
		Adults F.	5	2	4	—	6	15	1	2	—	3	11	—	—	2	2	17	1	2	1	4
		Children.	22	—	—	1	1	27	—	—	—	—	37	—	—	—	—	22	—	—	—	—
	Disease Not Arrested.	Adults M.	1	2	3	1	6	2	—	7	—	7	1	3	6	1	10	2	—	10	1	11
		Adults F.	3	3	1	1	5	1	3	5	—	8	—	—	3	1	4	5	1	6	2	9
		Children.	1	—	—	—	—	1	—	1	—	1	2	1	1	—	2	5	—	1	—	1
	Condition not ascertained during the year.		21	1	5	—	6	19	—	2	2	4	18	1	7	1	9	17	2	7	1	10
	Total on Dispensary Register at 31st December.		53	9	14	4	27	78	5	21	3	29	80	5	21	6	32	75	4	33	8	45
(B)	Discharged as Recovered	Adults M.	9	3	2	—	5	7	—	—	—	—	2	1	1	—	2	—	—	—	—	—
		Adults F.	20	—	1	—	1	15	1	—	—	1	6	—	—	—	—	1	—	—	—	—
		Children.	18	—	—	—	—	15	—	—	—	—	6	—	—	—	—	4	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register.		94	17	23	8	48	95	6	28	12	46	56	7	24	8	39	40	5	17	3	25
	Dead.	Adults M.	16	10	34	49	93	12	3	33	53	89	15	6	43	37	86	12	2	33	39	74
		Adults F.	16	6	22	38	66	17	2	23	59	84	14	1	33	38	72	9	4	20	34	58
		Children.	3	—	—	—	—	4	—	2	1	3	2	—	—	6	6	4	—	—	3	3
	Total written off Dispensary Register.		176	36	82	95	213	165	12	86	125	223	101	15	101	89	205	70	11	70	79	160
	GRAND TOTALS ..		229	45	96	99	240	243	17	107	128	252	181	20	122	95	237	145	15	103	87	205

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom

TABLE XI (p)—contd. PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1937 of all patients remaining on the Dispensary Register and (B) the reasons for the removal of all cases written off the Register.

	Condition at the time of the last record made during the year to which the return relates.		1933.					1934.					1935.					1936.				
				Class T.B. plus					Class T.B. plus					Class T.B. plus					Class T.B. plus			
			Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)	Class T.B. minus	Group 1	Group 2	Group 3	Total (Class T.B. plus)
(A)	Disease Arrested.	Adults M.	17	1	2	3	6	7	—	1	—	1	4	—	—	—	—	—	—	—	—	—
		Adults F.	22	3	3	—	6	22	5	6	1	12	4	—	2	—	2	—	—	—	—	—
		Children.	24	—	—	—	—	18	—	—	—	—	6	—	—	—	—	—	—	—	—	—
	Disease Not Arrested.	Adults M.	1	5	10	5	20	2	—	12	7	19	10	5	29	3	37	31	7	30	13	50
		Adults F.	6	8	15	4	27	11	1	13	6	20	18	8	22	9	39	49	2	15	9	26
		Children.	4	—	—	—	—	8	1	—	1	2	27	—	—	1	1	50	1	—	1	2
	Condition not ascertained during the year.		22	1	6	1	8	17	—	8	—	8	20	2	—	2	4	19	1	2	—	3
	Total on Dispensary Register at 31st December.		96	18	36	13	67	85	7	40	15	62	89	15	53	15	83	149	11	47	23	81
(B)	Discharged as Recovered.	Adults M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Adults F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register.		28	4	13	4	21	22	6	13	1	20	7	4	6	9	19	16	—	7	5	12
	Dead.	Adults M.	13	7	25	36	68	15	—	17	41	58	8	2	15	44	61	10	—	8	24	32
		Adults F.	17	4	33	34	71	14	1	16	34	51	11	1	17	39	57	21	1	3	26	30
		Children.	3	—	1	1	2	—	—	1	—	1	3	—	—	3	3	—	—	—	1	1
	Total written off Dispensary Register.		61	15	72	75	162	51	7	47	76	130	29	7	38	95	140	47	1	18	56	75
	GRAND TOTALS ..		157	33	108	88	229	136	14	87	91	192	118	22	91	110	223	196	12	65	79	156

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom.

TABLE X (p)—contd. PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1937 of all patients remaining on the Dispensary Register and (B) the reasons for the removal of all cases written off the Register.

	Condition at the time of the last record made during the year to which the return relates.		1937. Class T.B. minus	Class T.B. plus Group 1	Group 2	Group 3	Total (Class T.B. plus)
(A)	Disease Arrested.	Adults M.	—	—	—	—	—
		Adults F.	—	—	—	—	—
		Children.	—	—	—	—	—
	Disease Not Arrested.	Adults M.	48	4	42	16	62
		Adults F.	43	1	30	12	43
		Children.	42	—	—	1	1
	Condition not ascertained during the year.		—	—	—	—	—
	Total on Dispensary Register at 31st December.		133	5	72	29	106
(B)	Discharged as Recovered.	Adults M.	—	—	—	—	—
		Adults F.	—	—	—	—	—
		Children.	—	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register.		4	—	1	1	2
	Dead.	Adults M.	10	—	—	27	27
		Adults F.	11	—	—	14	14
		Children.	1	—	—	1	1
	Total written off Dispensary Register.		26	—	1	43	44
	GRAND TOTALS		159	5	73	72	150

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom.

TABLE XI (p)—contd. NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1937 of all patients remaining on the Dispensary Register and (B) the reasons for the removal of all cases written off the Register.

	Condition at the time of the last record made during the year to which the return relates.		Previous to 1926.					1926.					1927.					1928.				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(A)	Disease Arrested.	Adults M.	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
		Adults F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children.	—	—	—	—	—	1	—	—	1	2	1	1	—	—	2	3	—	—	1	4
	Disease Not Arrested.	Adults M.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
		Adults F.	—	—	—	—	—	1	—	—	—	1	1	—	—	—	1	—	—	—	—	—
		Children.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1
	Condition not ascertained during the year.		—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	1	—	—	3	4
	Total on Dispensary Register at 31st December.		—	—	—	—	—	2	—	—	1	3	4	1	1	—	6	6	—	—	4	10
	Transferred to Pulmonary.		—	—	—	—	—	1	1	—	1	3	1	—	—	—	1	2	—	—	3	5
(B)	Discharged as Recovered.	Adults M.	—	—	—	—	—	3	—	—	—	3	1	—	—	—	1	—	1	—	1	2
		Adults F.	—	—	—	—	—	2	—	—	—	2	—	1	—	1	2	2	1	—	—	3
		Children.	—	—	—	—	—	2	2	1	7	12	5	8	1	5	19	7	4	—	14	25
	Lost sight of, or otherwise removed from Dispensary Register.		—	—	—	—	—	12	10	1	19	42	16	8	3	18	45	23	8	4	23	58
	Dead.	Adults M.	—	—	—	—	—	3	—	1	—	4	—	—	1	—	1	1	—	—	1	2
		Adults F.	—	—	—	—	—	2	1	—	—	3	1	—	—	1	2	3	—	—	—	3
		Children.	—	—	—	—	—	2	—	—	1	3	4	1	—	—	5	2	1	—	—	3
	Total written off Dispensary Register.		—	—	—	—	—	26	13	3	27	69	27	18	5	25	75	38	15	4	39	96
	GRAND TOTALS of (A) and (B) (excluding those transferred to Pulmonary).		—	—	—	—	—	28	13	3	28	72	31	19	6	25	81	44	15	4	43	106

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom.

TABLE XI (p)—contd. NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1937 of all patients remaining on the Dispensary Register and (B) the reasons for the removal of all cases written off the Register.

	Condition at the time of the last record made during the year to which the return relates.		1929.					1930.					1931.					1932.				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(A)	Disease Arrested.	Adults M.	—	—	—	1	1	—	—	—	—	—	2	3	—	—	5	4	—	—	—	4
		Adults F.	—	—	—	—	—	1	—	—	—	1	2	2	1	2	7	2	1	1	1	5
		Children.	1	2	—	3	6	7	7	—	7	21	5	4	—	13	22	12	7	—	7	26
	Disease Not Arrested.	Adults M.	—	1	—	—	1	—	—	1	—	1	—	—	—	—	—	1	—	—	—	1
		Adults F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	—	3
		Children.	1	—	—	—	1	2	—	—	1	3	1	—	—	—	1	2	—	—	—	2
	Condition not ascertained during the year.		1	—	—	3	4	3	—	—	4	7	—	1	—	4	5	3	1	1	4	9
	Total on Dispensary Register at 31st December.		3	3	—	7	13	13	7	1	12	33	10	10	1	19	40	25	10	3	12	50
	Transferred to Pulmonary.		1	—	—	2	3	1	1	—	—	2	—	—	—	1	1	—	—	1	—	1
(B)	Discharged as Recovered.	Adults M.	—	—	1	—	1	1	1	—	—	2	—	2	1	1	4	—	—	1	2	3
		Adults F.	2	—	—	—	2	—	—	—	3	3	1	1	—	—	2	—	—	—	—	—
		Children.	6	4	—	8	18	3	7	—	11	21	—	2	—	9	11	—	2	—	5	7
	Lost sight of, or otherwise removed from Dispensary Register.		18	9	1	17	45	12	3	2	17	34	8	7	2	11	28	8	5	3	17	33
	Dead.	Adults M.	—	1	1	1	3	1	—	1	—	2	—	—	1	—	1	—	—	1	—	1
		Adults F.	—	—	—	1	1	2	1	—	—	3	—	1	—	—	1	3	2	—	1	6
		Children.	1	3	1	1	6	3	2	—	—	5	1	—	2	—	3	2	—	—	—	2
	Total written off Dispensary Register.		27	17	4	28	76	22	14	3	31	70	10	13	6	21	50	13	9	5	25	52
	GRAND TOTALS of (A) and (B) (excluding those transferred to Pulmonary).		30	20	4	35	89	35	21	4	43	103	20	23	7	40	90	38	19	8	37	102

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom.

Table XI (p)—contd. NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1937 of all patients remaining on the Dispensary Register and (B) the reasons for the removal of all cases written off the Register.

	Condition at the time of the last record made during the year to which the return relates.		1933.					1934.					1935.					1936.				
			Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total	Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(A)	Disease Arrested.	Adults M.	2	—	—	—	2	2	1	—	2	5	3	—	1	—	4	2	1	2	1	6
		Adults F.	3	1	1	—	5	2	2	1	4	9	5	4	3	3	15	1	2	—	5	8
		Children.	12	10	—	16	38	14	5	—	17	36	5	5	—	13	23	2	1	—	22	25
	Disease Not Arrested.	Adults M.	—	—	—	—	—	1	—	—	—	1	3	—	1	—	4	3	2	3	—	8
		Adults F.	—	2	—	—	2	1	—	1	—	2	2	—	—	—	2	5	—	—	—	5
		Children.	2	1	—	1	4	8	—	—	—	8	12	4	1	1	18	10	1	—	13	24
	Condition not ascertained during the year.		6	1	—	7	14	6	3	1	2	12	5	3	—	10	18	3	2	3	9	17
	Total on Dispensary Register at 31st December.		25	15	1	24	65	34	11	3	25	73	35	16	6	27	84	26	9	8	50	93
	Transferred to Pulmonary.		—	—	1	2	3	1	1	—	1	3	—	1	—	—	1	—	—	—	—	—
(B)	Discharged as Recovered.	Adults M.	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—
		Adults F.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
		Children.	2	—	—	1	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register.		11	5	1	9	26	6	4	—	4	14	3	3	4	4	14	1	—	—	—	1
	Dead.	Adults M.	1	—	—	—	1	4	—	2	—	6	1	1	—	—	2	1	—	1	1	3
		Adults F.	—	—	—	1	1	1	1	—	1	3	—	—	—	—	—	—	1	—	—	1
		Children.	1	—	—	—	1	1	—	—	1	2	2	—	1	—	3	—	1	—	—	1
	Total written off Dispensary Register.		15	5	1	11	32	12	6	2	6	26	6	4	5	4	19	2	2	1	1	6
	GRAND TOTALS of (A) and (B) (excluding those transferred to Pulmonary).		40	20	2	35	97	46	17	5	31	99	41	20	11	31	103	28	11	9	51	99

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom.

TABLE X (p)—contd. NON-PULMONARY TUBERCULOSIS.

Supplementary Annual Return showing in summary form (A) the condition at the end of 1937 of all patients remaing on the Dispensary Register and (B) the reasons for the removal of all cases written off the Register.

	Condition at the time of the last record made during the year to which the return relates.		1937. Bones and Joints	Abdominal	Other Organs	Peripheral Glands	Total
(A)	Disease Arrested.	Adults M.	—	1	1	1	3
		Adults F.	—	1	—	—	1
		Children.	—	—	—	8	8
	Disease Not Arrested.	Adults M.	2	—	4	—	6
		Adults F.	3	—	2	4	9
		Children.	6	6	2	23	37
	Condition not ascertained during the year.		—	—	—	—	—
	Total on Dispensary Register at 31st December.		11	8	9	36	64
	Transferred to Pulmonary.		—	—	—	—	—
(B)	Discharged as Recovered.	Adults M.	—	—	—	—	—
		Adults F.	—	—	—	—	—
		Children.	—	—	—	—	—
	Lost sight of, or otherwise removed from Dispensary Register.		1	—	—	—	1
	Dead.	Adults M.	—	1	—	—	1
		Adults F.	1	—	—	—	1
		Children.	—	1	1	—	2
	Total written off Dispensary Register.		2	2	1	—	5
	GRAND TOTALS of (A) and (B) (excluding those transferred to pulmonary).		13	10	10	36	69

(A)—Remaining on Dispensary Register on 31st December. (B)—Not now on Dispensary Register and reasons for removal therefrom.

TABLE XII. Return from Vaccination Officers respecting the Vaccination of Children whose Births were registered from 1st January to 31st December, 1936, inclusive.

Registration Districts.	Sub-Districts.	No. of Births returned in "Birth List Sheets" as registered from 1st January to 31st December, 1936.	†No. of these Births entered by 31st January, 1938, in Cols. I., II., IV. and V. of the Vaccination Register, viz.:—				No. of these Births which on 31st January, 1938, remained unentered in Vaccination Register on account of:—			No. of these Births on 31st January, 1938 neither duly entered in the Vaccination Register nor temporarily accounted for in the "Report Book."	Total No. of Certificates and copies of Certificates of successful primary vaccination of children under 14 received during the calendar year 1937.	No. of Statutory Declarations of conscientious objection actually received by Vaccination Officers during the calendar year 1937.
			Successfully Vaccinated.	Insusceptible of Vaccination.	No. of Statutory Declarations of Conscientious objection received.	Died Un-Vaccinated.	Postponement by Medical Certificate.	Removal to other Districts, Vaccination Officers of which have been apprised.	Removal to places unknown or which cannot be reached and cases not having been found.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
BASFORD ..	Arnold ..	253	90	..	149	8	1	1	4	..	132	156
	Beeston ..	241	56	..	158	11	5	4	5	2	65	180
	Carlton ..	408	87	..	280	14	7	6	13	1	137	317
	Greasley ..	688	115	..	506	34	12	6	14	1	115	589
	Ilkeston ..	33	9	..	22	..	1	..	..	1	10	24
	Hucknall ..	334	39	..	274	9	1	6	5	..	68	295
	West Bridgford ..	257	46	..	187	10	3	4	4	3	49	184
BINGHAM ..	Bingham ..	160	25	..	128	6	..	..	1	..	23	134
	Waltham ..	3	..	..	3	..	..	..	..	..		
EAST RETFORD	Clarborough ..	105	9	..	88	7	..	1	..	..	86	222
	East Retford ..	231	39	1	183	3	..	..	..	5		
	Gringley ..	34	9	..	24	1	..	..	..	..		
	Tuxford ..	43	7	..	34	1	..	..	..	1		
MANSFIELD ..	Blidworth ..	105	19	..	80	1	..	..	4	1	6	21
	Mansfield ..	727	102	..	498	33	15	20	39	20	82	550
	Sutton-in-Ashfield ..	578	67	..	472	34	1	..	4	..	78	465
	Warsop ..	419	53	..	301	27	7	3	17	11	108	323
NEWARK ..	Balderton ..	55	12	..	42	..	..	1	..	..	11	47
	Collingham ..	41	2	..	26	1	..	1	..	11	..	..
	Newark ..	318	52	1	244	5	5	3	8	..	43	270
SOUTHWELL ..	Kneesall ..	300	52	1	221	11	2	..	10	3	61	184
	Southwell ..	154	55	2	84	8	..	2	3	..	67	120
WORKSOP ..	Carlton ..	281	52	..	184	16	1	11	17	..	22	48
	Cuckney ..	10	5	..	5	..	..	..	..	..	..	..
	Worksop ..	514	82	1	393	18	1	2	10	7	127	506
DONCASTER ..	Bawtry and Tickhill	19	8	..	11	..	..	..	..	..	..	..
LOUGHBOROUGH	East Leake ..	56	5	..	47	3	..	..	..	1	9	27
GAINSBOROUGH	Misterton ..	51	4	..	42	4	..	1	..	..	*	*
SHARDLOW ..	Castle Donington ..	5	1	1	3	..	..	..	..	..	..	..
	Stapleford ..	257	30	..	193	8	6	5	10	5	41	235
	Totals ..	6,680	1,132	7	4,882	273	68	77	168	73	1,340	4,897

† There were no Births entered in the "Vaccination Register" by 31st January, 1938, as having had Smallpox.

* Included in figures for East Retford Registration District.

TABLE XIII. SUMMARY OF PROCEEDINGS UNDER THE VACCINATION ACTS.

From 1st January 1937, to 31st December, 1937.

DISTRICT.	No. of Cases in Birth Lists received during the period.	No. of Certificates of Vaccination received.	No. of Certificates of Postponement owing to			No. of Statutory Declarations under Sec. 1 of the Vaccination Act, 1907.	No. of Certificates of Insusceptibility or of having had Smallpox.	No. of Cases		No. of Entries in Lists sent to Public Vaccinators.	Proceedings taken			
			Health of Child.	Condition of House.	Prevalence of Infectious Disease.			Parents removed out of District.	Otherwise not found.		Under Sec. 29 of Vaccination Act, 1867, or Sec. 7 of Vaccination Act, 1871.	Cases Dismissed.	Under Sec. 31 of Vaccination Act, 1867.	Orders Granted.
A1	2,768	538	36	—	1	1,980	—	36	27	654	—	—	—	—
A2	47	11	—	—	—	17	—	—	—	4	—	—	—	—
B	165	23	—	—	—	125	1	2	2	15	—	—	—	—
C1	197	37	2	1	—	139	—	2	1	29	—	—	—	—
C2	263	59	2	—	—	153	1	—	—	22	—	—	—	—
D1	1,226	191	21	—	—	884	—	37	41	242	—	—	—	—
D2	568	81	1	—	—	465	—	7	8	72	—	—	—	—
E1	355	43	2	—	—	273	—	—	—	57	—	—	—	—
E2	65	11	—	—	—	47	—	1	—	6	—	—	—	—
F1	270	61	2	—	—	184	—	12	1	47	—	—	—	—
F2	215	67	—	—	—	120	—	—	—	32	—	—	—	—
G	776	152	1	—	—	557	2	24	—	102	—	—	—	—
Totals	6,915	1,274	67	1	1	4,944	4	121	80	1,282	—	—	—	—

NOTE.—Owing to the changes in the boundaries of certain Vaccination Officers' Districts as from 1st April, 1937, the appropriate figures in the above table to 31st March, have, as far as possible, been included in the Districts of the Vaccination Officers responsible up to that date.

TABLE XIV. VACCINATION.

RETURN SHOWING THE NUMBERS OF PERSONS SUCCESSFULLY VACCINATED AND RE-VACCINATED AT THE COST OF THE RATES BY THE MEDICAL OFFICERS OF COUNTY INSTITUTIONS AND THE PUBLIC VACCINATORS DURING THE YEAR ENDED 30TH SEPTEMBER, 1937.

Name of the Institution or Vaccination District.	Name of the Medical Officer or Public Vaccinator.	Numbers of Successful Primary Vaccinations of Persons:—			Number of Successful Re-Vaccinations, i.e., Successful Vaccinations of Persons who had been successfully vaccinated at some previous time.
		Under One Year of age.	One Year and upwards.	Total.	
Basford County Institution	Dr. W. J. Candlish	1	..	1	..
Bingham County Institution	Dr. W. Robinson	..	..	..	..
East Retford County Institution ..	Dr. J. C. Teasdale	3	..	3	..
Mansfield County Institution	Dr. H. L. Flint	..	1	1	..
Southwell County Institution	*Dr. A. W. Kirkham	2	..	2	..
Worksop County Institution	Dr. A. R. Wallis	..	5	5	..
Newark County Institution	Dr. H. F. Hine	1	1	2	..
No. 1 District	Dr. W. Thomson	4	1	5	1
2 „	Dr. T. Elliott	2	2	4	..
3 „	Dr. W. F. Ward	27	..	27	1
4 „	Dr. T. F. J. Ryan	11	7	18	..
5 „	Dr. J. J. McCarthy	7	..	7	..
6 „	Dr. E. A. Mackenzie	14	..	14	4
7 „	Dr. C. E. Droop	1	14	15	..
8 „	Dr. J. C. Teasdale	13	4	17	1
9 „	Dr. A. R. Wallis	63	11	74	1
10 „	Dr. J. J. Kennedy	10	..	10	1
11 „	Dr. C. J. Palmer	33	93	126	6
12 „	Dr. P. H. Court	14	12	26	..
	Carried forward ..	206	151	357	15

* Appointed 1/7/1937 vice Dr. E. Lloyd.

TABLE XIV.—*continued.* **VACCINATION.**

Name of the Institution or Vaccination District.	Name of the Medical Officer or Public Vaccinator.	Numbers of Successful Primary Vaccinations of Persons :—			Number of Successful Re-Vaccinations, i.e., Successful Vaccinations of Persons who had been successfully vaccinated at some previous time.
		Under One Year of age.	One Year and upwards.	Total.	
	Brought forward ..	206	151	357	15
No. 13 District	*Dr. J. Cuddigan	24	9	33	1
14 „	Dr. Marjorie C. Hawkins ..	7	..	7	..
15 „	Dr. W. Deane	3	2	5	1
16 „	Dr. C. E. Droop	1	..	1	..
17 „	Dr. O. H. Rogerson	14	18	32	1
18 „	Dr. S. Littlewood	55	243	298	7
19 „	Dr. J. Gaston	6	3	9	..
20 „	Dr. J. Young	57	8	65	2
21 „	Dr. A. B. Waller	33	17	50	6
22 „	Dr. E. Bertram Smith ..	12	12	24	..
23 „	Dr. R. W. Nairn	12	1	13	..
24 „	†Dr. A. W. Kirkham	5	1	6	..
25 „	Dr. H. F. Hine	24	2	26	..
26 „	Dr. R. O. Brooks	35	2	37	8
27 „	Dr. B. A. West	12	7	19	..
28 „	Dr. H. Francis	102	51	153	2
29 „	Dr. M. R. Saunders	25	68	93	5
30 „	Dr. M. E. Kayton	6	8	14	..
31 „	Dr. W. H. France	9	3	12	..
32 „	‡Dr. A. C. Gladstone	15	15	30	..
33 „	§Dr. J. Myles	39	16	55	6
34 „	Dr. C. S. Vartan	31	10	41	..
35 „	Dr. W. R. Smith	52	15	67	3
36 „	Dr. W. T. Torrance	86	71	157	1
37 „	Dr. C. B. Crofts	8	1	9	..
38 „	Dr. E. E. Allaway	21	2	23	..
39 „	Dr. J. W. M. Hunter ..	15	4	19	..
40 „	Dr. A. L. Rhind	5	..	5	..
41 „	Dr. W. Roche ..	2	..	2	..
42 „	Dr. J. C. P. Beatty	7	1	8	..
	TOTALS ..	929	741	1,670	58

*Appointed 1/12/1936 vice Dr. Gifford.

†Appointed 1/7/1937 vice Dr. Lloyd.

‡Appointed 1/8/1937 vice Dr. Fletcher.

§Appointed 1/2/1937 vice Dr. Northwood.

TABLE XV. HOUSING STATISTICS, 1937.

	Mansfield B.	Worksop B.	Newark B.	E. Retford B.	Arnold.	Beeston and Stapleford.	Carlton.	Eastwood.	Hucknall.	Kirkby-in-Ashfield.	Mansfield Woodhouse	Sutton-in-Ashfield.	Warsop.	West Bridgford.	Basford.	Bingham.	Worksop R.D.	E. Retford R.D.	Newark R.D.	Southwell.
1. Inspection of Dwelling-houses during the year :—																				
(1) (*a*) Total number of dwelling-houses inspected for housing defects (under P.H. or Housing Acts)	615	384	397	261	633	426	355	143	275	143	862	806	318	1789	1185	153	321	230	96	203
(*b*) Number of Inspections made for the purpose ..	744	401	519	370	1056	1220	355	948	293	2498	1134	3431	740	2271	1873	320	367	461	120	300
(2) (*a*) Number of dwelling-houses (included under subhead (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	46	108	124	50	75	60	37	71	174	83	64	520	92	51	607	86	321	61	59	71
(*b*) Number of Inspections made for the purpose ..	89	113	200	137	297	172	37	103	189	1945	78	524	300	116	910	110	367	61	80	106
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	92	92	49	..	56	10	..	61	10	17	524	..	34	2	13	14	16	9	30
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	266	205	103	121	558	225	345	78	214	133	350	276	199	761	1183	73	56	76	15	96
2. Remedy of Defects during the year without Service of formal Notices :—																				
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	1704	155	207	77	497	569	300	74	185	76	279	170	85	861	583	69	49	31	13	140

3. Action under Statutory Powers during the year :—																				
A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :—																				
(1) Number of dwelling-houses in respect of which notices were served requiring repairs ..	7	14	42	1	..	4	27	8	57	8	..	..	1	11	192	4	..	..	1	9
(2) Number of dwelling-houses which were rendered fit after service of formal notices																				
(*a*) By owners	7	7	29	1	..	..	27	15	37	14	..	..	6	7	137	4	7	..	1	*9
(*b*) By Local Authority in default of owners..	..	..	..	4	..	..	..	..	32	..	..	..	..	..	4	..	..	..	..	..
B.—Proceedings under Public Health Acts :—																				
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	49	11	82	25	..	1	28	..	5	..	50	..	14	6	98	..	..	..	5	87
(2) Number of dwelling-houses in which defects were remedied after service of formal notices																				
(*a*) By owners	49	11	82	24	..	1	28	..	1	..	16	..	20	6	41	..	..	..	5	4
(*b*) By Local Authority in default of owners	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	..	..	..	..	81
C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—																				
(1) Number of dwelling-houses in respect of which Demolition Orders were made	..	35	49	27	9	53	3	35	6	..	18	..	..	..	31	13	9	..	2	10
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	..	46	49	90	7	2	..	17	4	..	15	..	5	..	24	6	..	12	..	17
D.—Proceedings under Section 12 of the Housing Act, 1936 :—																				
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	..	..	..	..	..	..	..	1	3	..	..	..	..	..	..	..	..	..	..	..
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4. Housing Act, 1936—Part IV.—Overcrowding :—																				
(*a*) (i) Number of dwellings overcrowded at the end of the year	?	45	204	36	40	128	23	32	172	23	30	84	55	6	197	19	10	52	28	102
(ii) Number of families dwelling therein ..	?	46	322	39	41	128	23	32	196	23	31	85	58	5	224	20	10	52	28	105
(iii) Number of persons dwelling therein ..	?	387	1207	255	322	898	232	215	1363	184	253	592	389	28	1213½	127	84	355	186	724
(*b*) Number of new cases of overcrowding reported during the year	?	24	107	13	2	..	4	1	15	4	..	24	4	2	2	..	..	1	3	17
(*c*) (i) Number of cases of overcrowding relieved during the year	15	79	103	25	10	94	13	46	25	23	25	..	9	1	39	31	1	4	8	20
(ii) Number of persons concerned in such cases ..	94	485	920	190	79	727	102	271	167	37	198	..	75	6	263	162	7	32	53	135

* Work in hand in each case.

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