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Nottinghamshire County Council

**THE HEALTH AND HEALTH SERVICES
OF THE COUNTY**

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

C. W. W. JEREMIAH,

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

FOR THE YEAR

1952

TOGETHER WITH THE

SPECIAL SURVEY REPORT

ON THE

**LOCAL HEALTH SERVICES PROVIDED UNDER
THE NATIONAL HEALTH SERVICE ACTS**

67186






Nottinghamshire County Council

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SECTION I.

County Health Committee.†

Chairman :

ALDERMAN MRS. F. G. STUART.

Vice-Chairman :

COUNCILLOR J. T. PEPPER.

Ex-officio : ALDERMAN W. BAYLISS, C.B.E.
ALDERMAN L. W. A. WHITE.*Aldermen :*COOPER, G. C.
ELEY, J. W.
FARR, S.
MARSHALL, J. A.PERCIVAL, J. A.
SEVERN, J. T.
STUART, MRS. F. G.
TAYLOR, MRS. C. A.*Councillors :*AINLEY, J.
ASHWORTH, R. W. B.
BAGGALEY, A. W.
BEARDSLEY, MRS. M.
BETTERIDGE, MRS. A. E.
BOWER, J.
BUXTON, J.
CARLTON, H. C. C.
CREWE, W. H.
DAVISON, R. C.
DODD, L.
FOSTER, W. H.
GALBRAITH, A. H.
GASH, W. W.
HAMILTON, R. G.
HARRISON, C.HAYES, F.
HILL, MRS. L.
IRELAND, W.
LIMB, MRS. A. M.
MARTIN, W.
MEAD, A.
MITCHELL, L. J.
PEPPER, J. T.
POLLARD, B.
QUIBELL, MRS. K.
ROBERTS, J.
SHARRARD, MRS. B.
STRETTON, J. H.
TRUMAN, R. H.
WARNER, E. L.*Representative Members :*

Borough Councils :

East Retford	.....	PEATFIELD, J. W.
Mansfield	.....	BOSWORTH, A. H.
Newark	.....	CLUTTERBUCK, C.
Worksop	.....	HARRIS, E.

Urban District Councils :

Four vacancies.

Rural District Councils :

EDDOWES, A. A.	STEVENS, W. H.
MILLS, H.	WALTERS, J. T.

†30th June, 1952.

STAFF.

The following is a list of personnel employed on the 31st December, 1952 :—

County Medical Officer and Principal School Medical Officer

C. W. W. JEREMIAH.

Deputy County Medical Officer

A. R. C. MARGETTS.

Senior Administrative Medical Officer

Vacancy.

Senior Medical Officer for Maternity and Child Welfare

MRS. M. B. BLACK.

Medical Officer for Mental Health

F. R. WALKER.

Medical Officers for Ante-Natal Services

MISS J. A. FORBES.

MRS. M. A. M. N. GILLATT.

Fourteen General Medical Practitioners were also employed for Sessional duties on a Fee basis.

Assistant County Medical Officers

Whole-time

MISS N. CAREW.

MISS J. KEAN.

MISS J. M. CUMMINS.

MISS E. C. NELSON.

MISS E. DOUGLAS.

Part-time

MRS. I. M. BUCKLE.

MRS. M. C. WOOD.

MRS. M. S. COLLEY.

R. N. COLLEY.

MRS. A. TOBERT.

Vacancies were equal to time of one and a half Medical Officers.

Assistant County Medical Officers and Medical Officers of Health of County Districts

E. BEBBINGTON Beeston and Stapleford Urban District.

G. G. BUCHANAN Newark Borough, Newark Rural and Southwell Rural Districts (District School Medical Officer, Newark Borough).

M. J. COLLINS Hucknall Urban District.

J. S. DRUMMOND Mansfield Borough.

E. H. GORDON Mansfield Woodhouse and Warsop Urban Districts.

M. B. McCANN Worksop Borough and Worksop Rural Districts.

T. S. McKEAN	.....	Sutton-in-Ashfield Urban District.
H. D. B. NORTH	.....	Arnold and Carlton Urban Districts.
W. R. PERRY	.....	Eastwood Urban and Basford Rural Districts.
C. R. C. RAINSFORD	.....	East Retford Borough and East Retford Rural Districts.
W. B. WATSON	.....	West Bridgford Urban and Bingham Rural Districts.
Vacancy	.....	Kirkby-in-Ashfield Urban District.

*Assistant County Medical Officer and Deputy Medical Officer of Health
of the Borough of Mansfield*

MISS I. CALEY.

Medical Superintendent, Sherwood Village Settlement

E. FIRTH.

Dr. Firth is principally employed by the Regional Hospital Board as Medical Superintendent, Ransom Sanatorium.

Child Psychiatrists

MISS J. E. GREENER.

T. A. RATCLIFFE.

Drs. Greener and Ratcliffe are employed by the Regional Hospital Board and their services are utilised jointly with the Nottingham City Council.

Principal School Dental Officer

D. E. MASON, L.D.S.

Dental Officers

Whole-time

MISS M. ARMITAGE, L.D.S.	G. R. SMITH, L.D.S.
MISS A. KAVANAGH, L.D.S.	J. E. W. STATHAM, L.D.S.
D. F. G. CAME, L.D.S.	B. J. SWYER, L.D.S.
R. R. MACLEAN, L.D.S.	T. TAYLOR, L.D.S.
J. M. MITCHELL, L.D.S.	

Part-time

MRS. I. M. KEATES, L.D.S. E. M. HOPE, L.D.S.

Vacancies were equal to the time of thirteen and a half Dental Officers.

Nursing and Allied Staff

Superintendent Health Visitors

MISS E. BOWLER.

MISS A. COLLISHAW.

MRS. C. J. MCHENRY.

Health Visitors	.....	69—with 9 Vacancies.
Tuberculosis Visitors		2.
School Nurses	.....	8—with 3 Vacancies.
Dental Nurses	.....	2.
Dental Attendants	.....	8—with 14 Vacancies.
Oral Hygienists	.....	1—with 1 Vacancy.

*Midwifery**Senior Non-Medical Supervisor of Midwives*

MISS M. K. COLLINS.

Junior Non-Medical Supervisor of Midwives

MISS R. E. HERMES.

County Midwives 63—with 8 Vacancies.

*Day Nurseries**Matrons*

Beeston	.....	MRS. E. W. GERRING.
Carlton	.....	MISS E. M. PIMLOTT.
Eastwood	.....	MRS. M. P. RILEY.
Harworth	.....	MRS. W. M. OGILVIE.
Mansfield (Bull Farm)	.....	MRS. G. NEPORA.
Mansfield (Ravensdale)	.....	Vacancy.
Newark	.....	Vacancy.
Stapleford	.....	MRS. S. FLETCHER.
West Bridgford	.....	MISS F. M. SCOTT.

*Home Help Service**Organiser*

MISS M. W. COTTEE.

Sub-Organisers 8—with 2 Vacancies.

Mental Health*Mental Health Officer*

W. A. FROST.

Female Superintendent Mental Health Worker

MRS. E. L. ANDREWS.

Male Mental Health Workers 11.

All are employed jointly as Mental Health Workers and District Welfare Officers.

Female Mental Health Workers 1—with 1 Vacancy.

Occupation Centre Supervisor 1.

Female Home Teachers for

Mentally Defective Persons 2—with 1 Vacancy.

Ambulance*County Ambulance Officer*

F. E. JOLLEY.

Assistant Ambulance Officer

S. S. DIXON.

Speech Therapy

Chief Speech Therapist

MISS M. DOLMAN.

Speech Therapists 4—with 1 Vacancy.

Child Guidance

Educational Psychologists 2 (1 part-time).

Psychiatric Social Workers 2—with 1 Vacancy.

Play Therapist Vacancy.

Other Special Services

County Health Inspector

G. H. EARNSHAW.

Senior County Almoner

MISS B. B. STEWART.

Assistant County Almoners

MISS S. M. CUTTS.

with one Vacancy.

Health Education Officer

A. H. MARROW.

Assistant Health Education Officers

N. S. WASS.

with one Vacancy.

Sherwood Industries (Village Settlement) General Manager

A. E. DURHAM.

Occupational Therapists for Tuberculous Persons

MISS E. C. A. TOYN.

with one Vacancy.

Audiometrician

MISS M. TORRANCE.

Milk Samplers

Two.

Central Office

Lay Administrative Assistant

W. L. RICHARDSON.

Chief Clerk

J. RENSHAW.

Deputy Chief Clerk

E. GILLOTT.

*Senior Clerks of Sections**Accounts*

H. R. ADAMS.

Staff

J. M. ANSON.

School Health Service

W. R. CLEMENS.

Mental Health Service

W. A. FROST.

Preventive Health Services

R. GOSPEL.

Maternity and Child Welfare

L. HOCKIN.

Ambulance Service

P. L. WEEKS.

NAMES AND ADDRESSES OF THE MEDICAL OFFICERS OF HEALTH OF THE TWENTY COUNTY DISTRICTS.

AS AT THE 31ST DECEMBER, 1952.

DISTRICT.	MEDICAL OFFICER OF HEALTH.	ADDRESS.
BOROUGHES.		
EAST RETFORD ..	C. R. C. Rainsford	Municipal Offices, Chancery Lane, Retford.
MANSFIELD ..	J. S. Drummond	Public Health Department, Gilcroft Street, Mansfield.
NEWARK ..	G. G. Buchanan	Public Health Department, The Friary, Appleton Gate, Newark.
WORKSOP ..	M. B. McCann	Health Department, Park House, Park Street, Worksop.

URBAN DISTRICTS.

ARNOLD ..	H. D. B. North	Health Department, Arnot Hill House, Arnold.
BEESTON AND STAPLEFORD ..	E. Bebbington	Public Health Department, The Willows, Dovecote Lane, Beeston.
CARLTON ..	H. D. B. North	Public Health Department, Council House, Burton Road, Carlton.
EASTWOOD ..	W. R. Perry	Council Offices, Church Street, Eastwood.
HUCKNALL ..	M. J. Collins	Council Offices, Hucknall.
KIRKBY-IN-ASHFIELD	(Vacancy)	Council Offices, Urban Road, East Kirkby.
MANSFIELD WOODHOUSE ..	E. H. Gordon	Public Health Department, Manor House, Mansfield Woodhouse.
SUTTON-IN-ASHFIELD	T. S. McKean	Public Health Department, Forest Street, Sutton-in- Ashfield.
WARSOP ..	E. H. Gordon	Health Department, Town Hall, Warsop.
WEST BRIDGFORD	W. B. Watson	Health Department, The Hall, Bridgford Road, West Bridgford.

RURAL DISTRICTS.

BASFORD ..	W. R. Perry	Health Department, Rock House, Stockhill Lane, BASFORD, Nottingham.
BINGHAM ..	W. B. Watson	Council Offices, Bingham.
EAST RETFORD ..	C. R. C. Rainsford	Municipal Offices, Chancery Lane, Retford.
NEWARK ..	G. G. Buchanan	Public Health Department, The Friary, Appleton Gate, Newark.
SOUTHWELL ..	G. G. Buchanan	Public Health Department, The Friary, Appleton Gate, Newark.
WORKSOP ..	M. B. McCann	Council Offices, Highfield House, Carlton Road, Worksop.

NOTTINGHAMSHIRE COUNTY COUNCIL.

PUBLIC HEALTH DEPARTMENT,
COUNTY HALL,
TRENT BRIDGE,
NOTTINGHAM.

December, 1953.

TO THE CHAIRMAN AND MEMBERS OF THE
NOTTINGHAMSHIRE COUNTY COUNCIL.

LADIES AND GENTLEMEN,

The final preparation of this Annual Report for the year 1952 comes as something of an anticlimax.

In accordance with the requirements of the Ministry of Health Circular 29/52, I prepared a comprehensive Survey of the Local Health Services provided under the National Health Service Acts in time for submission to the Ministry by the end of February, and this was presented to the County Health Committee at their meeting on the 1st April, 1953.

The preparation of the Survey material by the date requested was a high-powered effort and I think I should fail in my duty if I did not pay tribute to the efforts of my senior sectional clerical staff in this connection, particularly mentioning Mr. W. L. Richardson, my Lay Administrative Assistant, in whose hands was placed responsibility for the initial build-up of the Survey.

My comments on the development of the Health Services have been included in the Survey Report and call for no amplification.

Much of the material in the Medical Officer of Health's Annual Report—the presentation of which is his statutory obligation—is of necessity statistical and, having regard to the virtue of economy in words, space and pounds, shillings and pence, gives little idea of the constant effort of the field workers within the public health system, nor of the multiplicity of health and human problems they are called upon to deal with in the course of their year's work.

Nor is it always appreciated that in the County area the work goes on in spite of snow, flood or fog.

The comfortable circumstances of an administrative office must be very near to the thoughts of a field worker carrying out a planned programme of daily duties involving cross-country travel under weather conditions such as we have had to endure during some recent winters.

Turning to consideration of the health circumstances of the County area, during 1952, apart from Measles, 6,071 cases, no disease appeared in anything approaching epidemic proportions.

Thirty-two cases of Acute Poliomyelitis were recorded but these cases were spread out over the year and in no particular area was there a suggestion of significant linking of cases.

Study of the Vital Statistics to be found on page 17 reveals that the death rate from all forms of Tuberculosis during the year was 0.22, the lowest ever recorded.

Recent decline in the death rate from this disease has given rise and expression to the opinion that the impact of new methods of treatment by anti-biotics heralds the impending defeat of this scourge.

I shall subscribe to that view when I see a more significant downward trend in the statistics of incidence of the disease.

A slight decrease in incidence is recorded in the Table to be found on page 42, i.e. 0.71 cases per 1,000 of the population as compared with 0.74 in 1951 and 0.78 in 1950.

The prolongation of life by modern methods of treatment of those infected by Tuberculosis constitutes an added danger to the community generally.

Their treatment by modern chemical and biological methods can produce strains of Tuberculosis resistant to further treatment by such methods.

Nothing yet discovered in the way of treatment, therefore, justifies for one moment a relaxation of our efforts to secure the environmental ideals of good housing, sound economic conditions and hygienic working conditions which are the spearheads of attack on this disease of the "preventive" health services.

In concluding this brief introduction to the Report for the year 1952—a year in which I shared office with my predecessor and mentor, Dr. A. C. Tibbits, I desire to express my gratitude to the staff of my Department, both indoor and outdoor, for their loyalty and their industry, in particular mentioning my Deputy, Dr. A. R. C. Margetts.

Despite the loss of certain Services to other Authorities within the the scope of the National Health Service, new Services have developed rapidly and have brought changing responsibilities and problems to the work of the Department.

It is to the Council's credit that, by their purposeful acceptance of the heavy financial requirements of their Proposals for the development of their Services under the Act, the standards of their Health Services are to-day as sound as ever they were.

To the Chairmen and Members of my several Committees I extend my grateful thanks for their encouragement and support.

I am, Ladies and Gentlemen,

Your obedient Servant,

C. W. W. JEREMIAH

SECTION II.

STATISTICS AND NATURAL AND SOCIAL CONDITIONS OF THE AREA.

[illegible]

*These figures relate to the area and population of the County after the Nottingham City and County Boundaries Act, 1951, had become effective on the 1st April, 1952.

VITAL STATISTICS.

The Vital Statistics for the year 1952, together with those for the previous year for comparison, are given on page 17.

The total population of the County at mid-year 1952 was 534,400, a decrease of 1,400 compared with the previous year, but this is accounted for by the fact that 1,796 persons were transferred from the County to the City of Nottingham by virtue of the Nottingham City and County Boundaries Act, 1951.

The Registrar General has, however, supplied a constructed population figure of 535,410 which is appropriate for use with the mixed records of births and deaths for the year which combine the before-change and after-change position, and the statistics are based on this latter figure.

The number of deaths from all causes was 5,271, this being 733 fewer than in 1951, when there were 6,004 deaths. The resulting death rate of 9.8 is the second lowest recorded, the lowest being 9.6 in 1948. The death rate for England and Wales for 1952 was 11.3 (12.5 in 1951).

The number of live births in the County was 8,515 as compared with 8,551 the previous year.

The birth rate was 15.9, being the same as for 1951, compared with 15.3 for England and Wales (15.5 in 1951).

The number of infants who died before reaching the age of one year during 1952 was 250, compared with 252 in 1951. The infantile mortality rate was 29.3—England and Wales 27.6.

The number of maternal deaths during the year was nine, compared with six the previous year.

The maternal mortality rate was 1.03 (0.68 in 1951) as compared with 0.72 for England and Wales (0.79 in 1951).

The deaths from Tuberculosis in the County during 1952 numbered 116 (101 pulmonary and 15 non-pulmonary), and the death rate of 0.22 for all forms of Tuberculosis is the lowest ever recorded, the previous lowest being 0.27 in 1951. The pulmonary death rate was 0.19. The corresponding rates for England and Wales were : All Forms 0.24 (0.31 in 1951), Pulmonary 0.21 (0.27 in 1951).

The number of deaths from Cancer was 836 compared with 811 in 1951, and the Cancer death rate for 1952 was 1.56 compared with 1.51 the previous year. The Cancer death rate for England and Wales was 1.8 in 1952 (1.96 in 1951).

1. Infantile Mortality.	1951	1952
Rate per thousand live births—		
a. Whole County	29.4	29.3
b. England and Wales	29.6	27.6
2. Maternal Mortality.		
(i) Rate per thousand live births—		
a. Whole County	0.70	1.06
b. England and Wales	Not available	
(ii) Rate per thousand total (live <i>and</i> still) births—		
a. Whole County	0.68	1.03
b. England and Wales	0.79	0.72
3. Puerperal Sepsis.		
(i) Rate per thousand live births—		
a. Whole County	Nil	Nil
b. England and Wales	Not available	
(ii) Rate per thousand total (live <i>and</i> still) births—		
a. Whole County	Nil	Nil
b. England and Wales	0.09	0.09
4. General Death Rate.		
a. Whole County	11.2	9.8
b. England and Wales	12.5	11.3
5. Birth Rate.		
a. Whole County	15.9	15.9
b. England and Wales	15.5	15.3
6. Tuberculosis Mortality.		
Pulmonary—		
a. Whole County	0.23	0.19
b. England and Wales	0.27	0.21
All Forms—		
a. Whole County	0.27	0.22
b. England and Wales	0.31	0.24
7. Deaths from Cancer, Malignant Disease.		
a. Whole County	1.51	1.5
b. England and Wales	1.96	1.8

The general death rate, birth rate, tuberculosis mortality rates and cancer death rate given above are per thousand of the population.

The following table† gives the chief vital statistics for the years 1951 and 1952 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.	
	1951	1952	1951	1952	1951	1952
England and Wales	15.5	15.3	12.5	11.3	29.6	27.6
160 County Boroughs, etc.	17.3	16.9	13.4	12.1	33.9	31.2
160 Smaller Towns	16.7	15.5	12.5	11.2	27.6	25.8
London, Admin. County	17.8	17.6	13.1	12.6	26.4	23.8
County of Nottingham	15.9	15.9*	11.2	9.8*	29.4	29.3
Aggregate Urban Districts	15.9	15.9*	11.4	9.9*	30.7	31.3
Aggregate Rural Districts	16.0	16.0*	10.8	9.8*	26.6	24.8

*These rates are calculated on the special constructed population supplied by the Registrar-General.

†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.

The number of live births registered in the County during 1952 was 8,515 as compared with 8,551 the previous year. The rate was 15.9, the same as that for 1951.

Males exceeded females by 319.

The number of illegitimate births registered during 1952 was 368 as compared with 396 the previous year.

Particulars of the number of illegitimate births registered, the rate per thousand of the population and the rate per thousand live births each year since 1942 are given in the following table.

ILLEGITIMATE BIRTHS.

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 live Births
1942	442	0.92	51.1
1943	541	1.15	58.5
1944	629	1.32	60.8
1945	699	1.47	76.8
1946	610	1.23	61.0
1947	489	0.97	45.8
1948	480	0.92	50.6
1949	450	0.86	49.4
1950	394	0.73	45.4
1951	396	0.72	46.4
1952	368	0.68	43.2

Deaths.

The number of deaths registered during 1952 was 5,271 (2,814 males and 2,457 females) giving a rate of 9.8 per thousand of the estimated population compared with 11.2 for the previous year.

The corresponding rate for England and Wales for 1952 was 11.3 (1951—12.5).

Principal Causes of Death.

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

Heart Diseases	1,654
Cancer, Malignant Disease	836
Vascular Lesions of Nervous System	782
Diseases of Respiratory System (excluding Tuberculosis)	558
Tuberculosis (all forms)	116

Deaths of Infants under One Year of Age.

The number of registered live births and of infants, legitimate and illegitimate, who died during 1952 before reaching the age of one year, was as follows :—

	No. of Registered Live Births			No. of Deaths of Infants under one year of age		
	Legitimate	Illegitimate	Total	Legitimate	Illegitimate	Total
Male	4206	211	4417	125	5	130
Female	3941	157	4098	115	5	120
Totals	8147	368	8515	240	10	250

The deaths of ten illegitimate infants under one year of age out of a total of 368 registered illegitimate live births give an illegitimate infantile mortality rate of 27.1 per thousand compared with a legitimate infantile mortality rate of 29.4 per thousand arising from the death under one year of age of 240 infants out of a total of 8,147 registered legitimate live births.

The total infantile mortality rate for 1952 was 29.3 per thousand registered live births which is the lowest rate recorded in the County. One hundred and sixty four of the infant deaths occurred during the first four weeks of life.

**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	
Tuberculosis	1	—	1	0.11
Syphilitic Disease	1	—	1	0.11
Whooping Cough	2	—	2	0.23
Poliomyelitis	1	—	1	0.11
Measles	1	—	1	0.11
Other Infective and Parasitic Diseases	3	—	3	0.35
Leukaemia, Aleukaemia	1	—	1	0.11
Pneumonia	31	10	41	4.80
Bronchitis	5	1	6	0.70
Gastritis, Enteritis and Diarrhoea	4	1	5	0.58
Congenital Malformations	24	11	35	4.30
Other defined and ill-defined Diseases	107	34	141	16.50
Accidents	5	5	10	1.10
Homicide and Operations of War	—	2	2	0.23
TOTALS	186	64	250	29.3

Birth and Death Rates (Corrected).

To render the local crude birth and death rates comparable with 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 factors have been furnished by the Registrar-General in respect of each of the County Districts, for the aggregates of Urban Districts and Rural Districts, and for the County as a whole.

The following table gives the crude rates for each district, the correcting factors by which the crude rates are to be multiplied, and the resultant corrected rates.

DISTRICT	BIRTHS			DEATHS		
	Crude Rate per 1,000 of the Population	Area Comparability Factor	Corrected Rate per 1,000 of the Population	Crude Rate per 1,000 of the Population	Area Comparability Factor	Corrected Rate per 1,000 of the Population
URBAN DISTRICTS						
Mansfield M.B. ..	16.1	0.97	15.6	10.0	1.10	11.0
Worksop M.B. ..	17.0	1.07	18.2	10.2	1.20	12.2
Newark M.B. ..	18.2	1.00	18.2	11.4	0.99	11.3
East Retford M.B.	16.8	0.99	16.6	11.1	0.95	10.5
Arnold ..	16.9	0.96	16.2	9.2	1.09	10.0
Beeston & St'ford	14.6	0.97	14.2	8.3	1.17	9.7
Carlton ..	14.8	0.97	14.3	9.5	1.05	10.0
Eastwood ..	15.9	1.04	16.5	8.7	1.20	10.4
Hucknall ..	15.7	0.98	15.4	9.8	1.23	11.0
Kirkby-in-Ashfield	18.5	1.04	19.2	9.9	1.14	11.3
Mansfield W'house	16.5	1.04	17.2	8.7	1.24	10.8
Sutton-in-Ashfield	14.9	1.01	15.0	10.2	1.17	11.9
Warsop ..	16.9	1.01	17.1	9.5	1.26	12.0
West Bridgford ..	12.8	1.00	12.8	12.4	0.82	10.2
Aggregate of Urban Districts	15.9	1.00	15.9	9.9	1.10	10.9
RURAL DISTRICTS						
Basford ..	15.6	1.02	15.9	9.7	1.03	10.0
Bingham ..	14.5	1.08	15.7	9.5	0.88	8.4
Worksop ..	16.6	1.01	16.8	8.2	1.27	10.4
East Retford ..	14.8	1.09	16.1	10.4	0.94	9.8
Newark ..	16.7	0.96	16.0	11.5	0.98	11.3
Southwell..	17.4	1.06	18.4	9.8	1.13	11.1
Aggregate of Rural Districts	16.0	1.04	16.6	9.8	1.03	10.1
Whole County ..	15.9	1.01	16.1	9.8	1.08	10.6

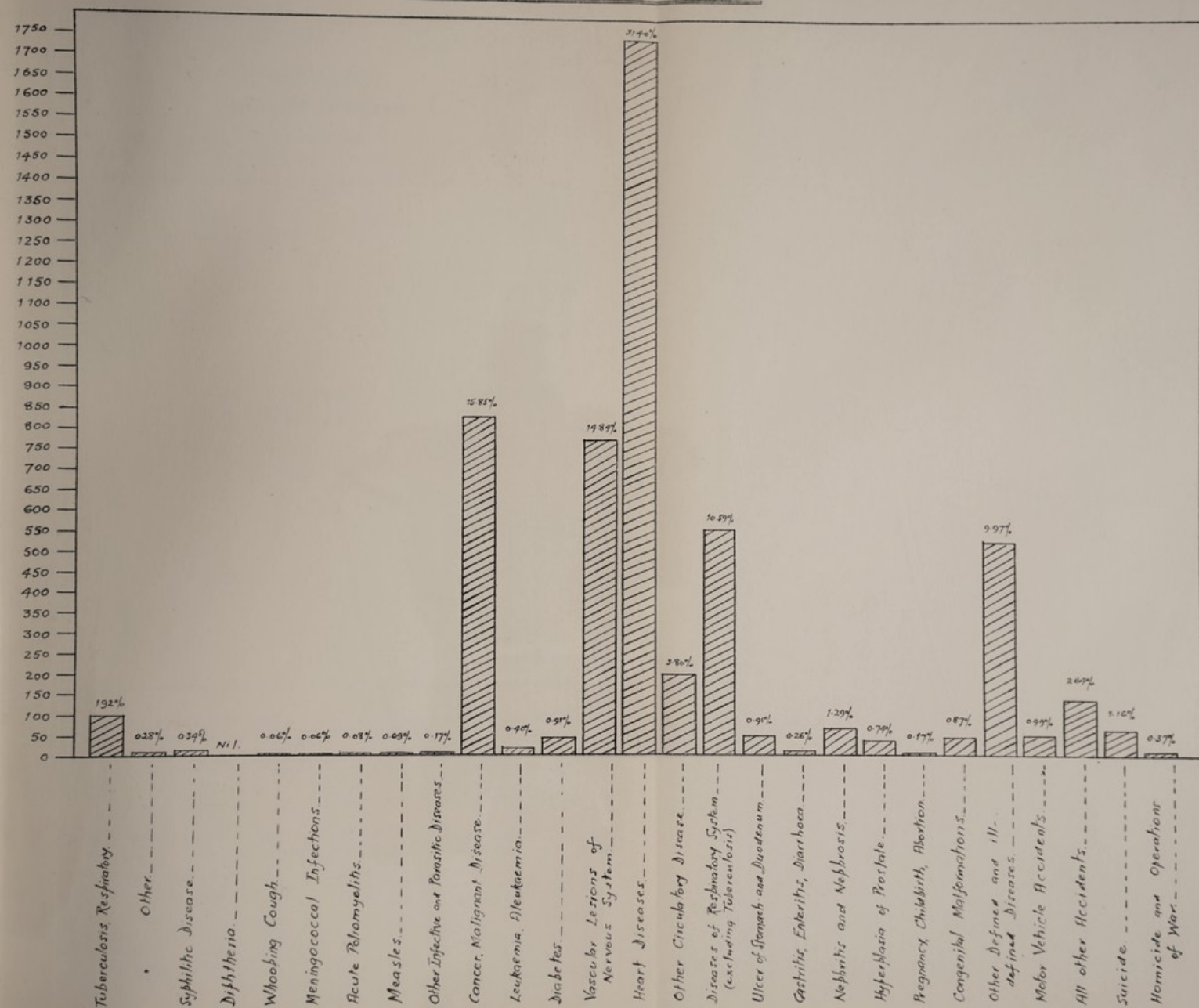
Birth-rates, Death-rates, Analysis of Mortality, and Case-rates for Certain Infectious Diseases in the Year 1952.

Provisional figures based on Quarterly Returns.

	England and Wales	160 County Boroughs and Great Towns (including London)	160 Smaller Towns (Resident Population 25,000-50,000 at 1951 Census)	London Administrative County	Nottinghamshire
<i>Births</i>		Rates per	1,000 Home Po	pulation	
Live Births	15.3	16.9	15.5	17.6	15.9
Still Births	0.35	0.43	0.36	0.34	0.38
	22.6(a)	24.6 (a)	23.0 (a)	19.2(a)	23.4(a)
<i>Deaths</i>					
All Causes.. ..	11.3	12.1	11.2	12.6	9.80
Typhoid and paratyphoid	0.00	0.00	0.00	—	—
Whooping Cough.. ..	0.00	0.00	0.00	0.00	0.01
Diphtheria.. ..	0.00	0.00	0.00	0.00	—
Tuberculosis	0.24	0.28	0.22	0.31	0.22
Influenza	0.04	0.04	0.04	0.05	0.04
Smallpox	0.00	—	—	—	—
Acute poliomyelitis (including polioencephalitis)	0.01	0.01	0.00	0.01	0.01
Pneumonia	0.47	0.52	0.43	0.58	0.33
<i>Notifications (Corrected)</i>					
Typhoid fever	0.00	0.00	0.00	0.00	0.00
Paratyphoid fever	0.02	0.02	0.03	0.01	0.02
Meningococcal infection	0.03	0.03	0.03	0.02	0.02
Scarlet fever	1.53	1.75	1.58	1.56	1.31
Whooping cough.. ..	2.61	2.74	2.57	1.66	2.57
Diphtheria.. ..	0.01	0.01	0.03	0.01	0.00
Erysipelas.. ..	0.14	0.15	0.12	0.14	0.14
Smallpox	0.00	0.00	0.00	—	—
Measles	8.86	10.11	8.49	9.23	11.30
Pneumonia	0.72	0.80	0.62	0.57	0.60
Acute poliomyelitis (including polioencephalitis)					
Paralytic	0.06	0.06	0.06	0.06	0.04
Non-paralytic	0.03	0.03	0.02	0.03	0.02
Food poisoning	0.13	0.16	0.11	0.18	0.05
Puerperal pyrexia	17.87 (a)	23.94(a)	10.22(a)	30.77(a)	4.01 (a)

(a) Per 1,000 Total (Live and Still) Births.

NOTTINGHAMSHIRE
CAUSES OF DEATH 1952.



SECTION III.

INFECTIOUS DISEASES.

The total numbers of cases of infectious diseases notified, other than Tuberculosis, amongst County residents during 1952 were as follows :

DISEASE								Cases Notified
Scarlet Fever.....	.....	.....	.....	.....	.....	.....	.....	700
Whooping Cough	.....	.....	.....	.....	.....	.....	.....	1,376
Diphtheria	.....	.....	.....	.....	.....	.....	.....	2
Measles	.....	.....	.....	.....	.....	.....	.....	6,071
Acute Pneumonia	.....	.....	.....	.....	.....	.....	.....	323
Meningococcal Infection	.....	.....	.....	.....	.....	.....	.....	11
Acute Poliomyelitis	—Paralytic			23				32
	Non-paralytic			9				
Acute Polioencephalitis	—Infective			—				1
	Post-infectious			1				
Dysentery	.....	.....	.....	.....	.....	.....	.....	16
Ophthalmia Neonatorum	.....	.....	.....	.....	.....	.....	.....	2
Puerperal Pyrexia	.....	.....	.....	.....	.....	.....	.....	35
Paratyphoid Fevers	.....	.....	.....	.....	.....	.....	.....	10
Enteric or Typhoid Fever	.....	.....	.....	.....	.....	.....	.....	2
Food Poisoning	.....	.....	.....	.....	.....	.....	.....	25
Gastro-Enteritis	.....	.....	.....	.....	.....	.....	.....	7
Erysipelas	.....	.....	.....	.....	.....	.....	.....	73

In cases where a copy of an infectious diseases notification, submitted in accordance with statutory requirements (*i.e.* as soon as a doctor became aware that his patient was suffering from a notifiable condition), was passed to the County Council within 12-48 hours of receipt by a County District Council, the fee paid to the general medical practitioner by the Local Authority was reimbursed by the County Council.

In all cases the Council's Health Visitors were provided with full particulars in order to facilitate preventive action.

SECTION IV.

SANITARY CIRCUMSTANCES OF THE AREA.

Sewerage and Sewage Disposal.

No major schemes were completed during the year. There have, however, been improvements to existing plant and extensions of sewers as follows :—

*Worksop M.B.**Foul Water—*

6"— 90 yds.

9"—1,343 yds.

Surface Water—

9"—1,172 yds.

12"— 213 yds.

15"— 60 yds.

Newark M.B.

3,500 lineal yards of sewer to Hawton Estate and Beacon Hill.

East Retford M.B.

New Pumping Station at Ordsall.

Beeston and Stapleford U.D.

The £80,000 scheme for alleviating flooding due to the surcharging of sewers in parts of Beeston is now nearing completion. The sewer has been extended along South Road and it will now be possible for the houses in Trent Vale Road to be connected to the sewer.

*Carlton U.D.**Foul Water—*

9"— 482 yds.

6"— 426 yds.

Surface Water—

15"— 342 yds.

12"— 160 yds.

9"—1,341 yds.

6"—1,327 yds.

Eastwood U.D.

New sewers, both foul and surface water, were laid in connection with the extension of the Church View Housing Estate to link up with Newthorpe Common. Satisfactory progress was made with the new Sewage Disposal Works at Newthorpe.

Hucknall U.D.

New sewers have been provided on the Ruffs Farm Housing Estate and an extension of the sewer to new houses in Whyburn Lane has been constructed.

East Retford R.D.

Small Sewage Disposal Plants have been taken over from Contractors on Council House sites at Mattersey and West Stockwith.

Southwell R.D.

Small Sewage Disposal Plants were constructed on the Council's housing sites at Egmanton, Laxton and Lowdham. Sewer extensions were made on the Council's housing site at Dale Lane, Blidworth, and to the Pit Head Baths site at Clipstone.

Work undertaken by the County Health Inspector.**Summary of Inspections.**

Investigations in connection with public water supplies	45
Investigations of complaints of sanitary defects from Health Visitors, County Residents, etc.	126
Investigations of sanitary circumstances generally (including interviews with Officers of County Districts)	394

Dairies and Cowsheds.

<i>No.</i>		<i>Fairly</i>	
<i>Inspected</i>	<i>Satisfactory</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
92	48	14	30

Public Cleansing.

The existing services have been maintained during the year, and limited improvements have been made as follows :—

Worksop M.B.

One new 9.7 cubic-yard side loading vehicle was brought into use. Three hundred and forty-six new houses have been added to collection rounds.

East Retford M.B.

Tipping at Goosemoor Lane has been completed and controlled tipping has been commenced in the gravel pits of the North Nottinghamshire Sand and Gravel Company adjoining the northern boundary of the Borough.

Hucknall U.D.

A second rear-loading vehicle was purchased during the year.

Warsop U.D.

The introduction of a single-journey collection scheme has been successful. Each bin after emptying at the vehicle in the roadway is carried to the adjoining house, where the full bin is collected.

A high proportion of the houses are under public ownership, and the replacement of bins presents no difficulty.

West Bridgford U.D.

Incineration was discontinued and all refuse is now dealt with by controlled tipping.

Basford R.D.

Thirty-four privies and pail closets were converted to the water carriage system.

Southwell R.D.

Eight additional Parishes have been included in the cleansing scheme.

Smoke Abatement.

Local Authorities continue to show concern in matters of atmospheric pollution, and a number are using apparatus for continuous measurement of pollution in addition to the suppression of smoke nuisances as they occur.

Any appliance consuming raw coal is a potential offender, so that a County Authority with establishments both numerous and widespread has a substantial responsibility—a fact which is accepted with good grace.

WATER SUPPLIES.

PARTICULARS OF SUPPLIES FROM WATERWORKS.												
District.	Quality.	Quantity.	RESULTS OF BACTERIOLOGICAL EXAMINATIONS						Plumb-solvency	Action taken in respect of any form of contamination.	Proportion of houses and population connected to public mains.	Particulars of extensions of water mains.
			Raw Water :		Water after treatment :		Results of Chemical Analyses :					
			Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory				
URBAN DISTRICTS :												
MANSFIELD (Borough) ...	Satisfactory	Satisfactory	1	—	13	—	14	—	Satisfactory	None	Houses and population—99.7%	To new Housing Estates.
NEWARK (Borough) ...	Do.	Do.	2	4	24	1	2	2	Do.	Consideration of scheme for piped supply.	Houses and population—100%	To Hawton Road Housing Site, 3000 yards.
EAST RETFORD (Borough) ...	Do.	Do.	48	—	52	—	1	—	Do.	None	Houses and population—100%	576 yds. 6 in. main 443 yds. 4 in. main 218 yds. 3 in. main
WORKSOP (Borough) ...	Do.	Do.	12	—	4	—	4	—	Do.	None	Houses—99% Population—98%	4 in. diameter—133 yds. 3 in. diameter—1637 yards.
ARNOLD ...	Do.	Do.	—	—	10	—	2	—	Do.	None	Houses and population—100%	To Housing Estate
BEESTON & STAPLEFORD ...	Do.	Do.	2	—	2	—	2	—	Do.	None	Houses and population—100%	To new properties
CARLTON ...	Do.	Do.	*10	*3	*11	*1	*1	*1	Do.	Emergency chlorination of a private supply	Houses and population—99.9%	3 in.—291 yds. 4 in.—1,194 yds. 6 in.—156 yds.
EASTWOOD ...	Do.	Do.	—	—	—	—	—	—	Do.	None	Houses and population nearly 100%	To Church View Housing Estate.

* Taken from private supplies.

WATER SUPPLIES—Continued.

PARTICULARS OF SUPPLIES FROM WATERWORKS.												
DISTRICT.	Quality.	Quantity.	RESULTS OF BACTERIOLOGICAL EXAMINATIONS						Plumbosolvency	Action taken in respect of any form of contamination.	Proportion of houses and population connected to public mains.	Particulars of extensions of water mains.
			Raw Water :		Water after treatment :		Results of Chemical Analyses :					
			Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory				
RURAL DISTRICTS <i>(continued)</i> :												
NEWARK	Satisfactory	Satisfactory	—	—	—	—	—	—	Satisfactory	None	Not known.	The Southern Parishes water scheme was almost completed during the year. There is now a piped supply to each Parish.
EAST RETFORD	Do.	Pressure and flow of water at Hayton, Clarborough, Welham and Ranby is intermittently unsatisfactory	12	—	59	—	—	—	Do.	None	Houses—88.9% Population—88.6%	162 yds. 3 in. main Westwells Lane, Gringley - on - the Hill.
SOUTHWELL	Do.	Satisfactory	2	—	3	1	14	1	Do.	Follow-up samples of the unsatisfactory supply proved satisfactory after work had been carried out at the reservoir.	Houses and population—95%	Kelham 100 yds. Southwell 600 yds. Farnsfield 100 yds.
WORKSOP	Do.	Do.	10	—	44	—	6	—	Do.	None	Houses—96.25% Population—95.7%	386 yards of 3 in. main to new houses.

SECTION V.

INSPECTION AND SUPERVISION OF FOOD.

The Milk Supply.

Supervision by District Authorities.

The records of the inspections carried out during 1952, which have been furnished by District Medical Officers of Health, are as follows :—

District.	No. on Register at end of year.		No. of Inspections.		No. of Defects found.		No. of Defects remedied.	
	Distri- butors	Dairies	Distri- butors	Dairies	Distri- butors	Dairies	Distri- butors	Dairies
<i>Boroughs—</i>								
Mansfield ..	10	6	116	70	—	1	—	2
Worksop ..	21	18	68	30	2	6	2	6
Newark ..	14	3	46	46	—	—	—	—
East Retford ..	2	1	—	31	—	—	—	—
<i>Urban</i>								
<i>Districts—</i>								
Arnold ..	35	10	60	47	5	5	5	5
Beeston and Stapleford ..	58	12	45	47	—	—	—	—
Carlton ..	58	15	30	—	1	—	1	—
Eastwood ..	3	1	4	4	—	1	—	1
Hucknall ..	27	5	36	14	—	—	—	—
Kirkby-in- Ashfield ..	21	4	—	83	—	—	—	—
Mansfield Woodhouse ..	40	1	108		1	—	1	—
Sutton-in- Ashfield ..	65	13	297	43	—	—	—	—
Warsop ..	6	4	63	7	—	2	—	1
W. Bridgford ..	24	9	72	38	—	—	—	—
<i>Rural</i>								
<i>Districts—</i>								
Basford ..	91	309	54	—	3	—	3	—
Bingham ..	4	1	102	49	—	—	—	—
Worksop ..	16	2	43	5	—	—	—	—
East Retford ..	9	1	19	2	—	—	—	—
Newark ..	6	—	2	—	—	—	—	—
Southwell ..	112	79	9	7	1	2	1	2

Routine Milk Sampling.

Details of the mixed herd samples collected by the County Milk Samplers and submitted during the year to the Public Health Laboratories for biological examination for the presence of tubercle bacilli are as follows :—

No. of farms involved	No. of cows involved	No. of samples submitted	Result of biological examination No. of samples		
			Positive	Negative	Not Tested
3,088	32,845	1,087	61	1,017	9

Testing of School Milks.

The testing of pasteurised milk by animal inoculation has been discontinued in favour of the well-tried phosphatase test.

The test is now widely accepted as a reliable check on the efficiency of pasteurisation and a satisfactory report is accepted as evidence that the milk is free from pathogenic organisms. During the year sixty-four samples were submitted for the test, a satisfactory report being received in every case.

A useful result of the change has been a small but valuable increase in the number of ' farm ' samples submitted each week for animal inoculation at the Public Health Laboratories.

Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950.

The Chief Inspector of the County Food and Drugs Department has kindly provided the following information relating to Dealers' Licences in operation at 31st December, 1952, under the above Regulations :—

Pasteurised Milk—Licensed Processors	.....	14
Sterilised Milk	do.	1

According to information provided by County District Councils, the number of Licences in operation at the end of the year for the sale of graded milks was as follows :—

Pasteurised Milk	.....	387
Sterilised Milk	.....	444
Tuberculin Tested Milk	.....	228
Accredited Milk	.....	1

Inspection of Meat and Other Foods.

In accordance with the Livestock (Restriction on Slaughtering) Order, 1940, the slaughtering of animals for human consumption continued during 1952 to be centralised under the control of the Ministry of Food at requisitioned Slaughter Houses at Nottingham, Mansfield, Newark and East Retford so that the only inspection of Slaughter Houses and of carcasses carried out in other Sanitary Districts was in connection with the slaughtering of privately owned pigs. All Sanitary Inspectors employed by the appropriate District Councils assisted, however, in the inspection of carcasses at Slaughter Houses used by the Ministry of Food and particulars of carcasses inspected and condemned by these Officers as reported by Medical Officers of Health of the County Districts are as follows :—

	Cattle (excluding Cows)	Cows	Calves	Sheep and Lambs	Pigs
Number killed	*13,096		7,693	44,527	25,928
Number inspected	*13,096		7,693	44,527	25,928
<i>All diseases except Tuberculosis</i>					
Whole carcasses condemned ..	*54		158	207	141
Carcasses of which some part or organ was condemned ..	*3,305		98	1,842	1,418
Percentage of the number in- spected affected with disease other than Tuberculosis ..	25.6%		3.3%	4.6%	6.01%
<i>Tuberculosis only</i>					
Whole carcasses condemned ..	*236		28	—	88
Carcasses of which some part or organ was condemned ..	*2,538		1	—	1,595
Percentage of the number in- spected affected with Tuber- culosis	21.2%		0.38%	—	6.5%

*Separate figures not available in all County Districts.

The above inspections necessitated 4,344 visits to slaughterhouses.

The total weight of meat condemned as a result of these inspections and visits was 32,863 stones.

Clean Food Campaigns.

Fewer special campaigns have been held during the year, but there has been no slackening of the effort to educate food manufacturers, distributors, and the general public in the importance of clean food, and of the risks from consuming food which has either been prepared or sold in insanitary or unsatisfactory premises, or is not properly protected from contamination when exposed for sale.

A special campaign was, however, held at Carlton which was considered to be most successful and at which the County Health Education Officers of my Department assisted.

At Workshop lectures were given by the Medical Officer of Health and the Sanitary Inspector.

Food Poisoning.

Twenty-five cases, in five County Districts, were notified during the year. There were no deaths.

Food and Drugs Act, 1938.

The above Act is administered by the County Food and Drugs Department and, by the courtesy of the Chief Inspector (Mr. Gregory) a summary of the work carried out during the year is given below.

	Obtained	Tested by Inspectors.		Analysed by Public Analyst.		
		Genuine	Sub-standard	Submitted	Genuine	Adulterated or Sub-standard
Beverages	30			30	30	
Butter and Margarine ..	17			17	17	
Cakes and Pastries ..	18			18	18	
Condiments, Pickles and Sauces	47			47	45	2
Cooking Oils and Fats ..	18			18	18	
Cordials and Minerals ..	16			16	16	
Dried Fruit	18			18	17	1
Drugs, various	24			24	22	2
Fish Products	20			20	20	
Flour and Cake Mixtures ..	31			31	30	1
Fruit and Vegetables, Canned	63			63	63	
Herbs and Stuffings ..	6			6	6	
Ice Cream	81			81	78	3
Jams and Preserves ..	39			39	38	1
Milk	2579	2204	304	71	29	42
Milk, Condensed ..	17			17	17	
Puddings and Pudding Mixtures	4			4	4	
Sausage, Sausage Meat and Meat Products ..	101			101	83	18
Sweets	40			40	35	5
Table Jellies and Powders	23			23	22	1
Wines and Spirits ..	57			57	57	
Miscellaneous	153			153	150	3
TOTALS	3402	2204	304	894	815	79

SECTION VI.

CLINICS AND TREATMENT CENTRES.

The table which follows shows the various Clinics and Centres in operation in the County and the figures shown opposite each place indicate the number of sessions held under each heading per month of four weeks.

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante- Natal	Post- Natal	School Clinic	Dental
Arnold—Arnot Hill House ..	8	6	2	8	—
Arnold—Cavendish Street ..	4	—	—	—	—
Awsorth	2	2	—	—	—
Balderton	4	1	—	4	—
Barnby Moor	2	1	—	—	—
Beauvale	4	2	—	—	—
(a) Beeston—Dovecote Lane ..	12	8	—	8	44
Bestwood	2	1	—	—	—
Bilsthorpe	4	2	—	8	—
Bingham	4	1	—	—	—
Blidworth	4	2	—	—	—
Blyth	2	1	—	—	—
Bunny	2	—	—	—	—
Burton Joyce	2	—	—	—	—
Calverton	2	1	—	—	—
Carlton—Park House	16	12	1	12	44
Chilwell (Beeston)	2	2	—	—	—
Clipstone	4	2	—	8	—
Collingham	2	1	—	—	—
Cotgrave	2	1	—	—	—
Cropwell Bishop	2	1	—	—	—
Cuckney	2	1	—	—	—
Dunham-on-Trent	2	1	—	—	—
East Bridgford	2	1	—	—	—
East Leake	2	2	—	4	—
East Retford	12	4	—	8	8
Eastwood	4	4	—	8	42
Edwinstowe	4	2	—	—	—
Farndon	2	1	—	—	—
Flintham	2	1	—	—	—
Forest Town	4	1	—	—	—
Gotham	2	1	—	—	—
Gringley-on-the-Hill	2	1	—	—	—
Harworth	8	4	—	8	8
Hickling	2	1	—	—	—
Hucknall	12	6	1	12	44
Huthwaite (Sutton-in-Ashfield) ..	4	2	—	—	2
Kilvington	2	1	—	—	—
Kimberley	4	4	—	8	—
Kirkby-in-Ashfield	8	8	—	8	8
Lambley	2	1	—	—	—
Langar	2	2	—	—	—
Langold	4	2	—	8	—
Lowdham	4	1	—	—	—
(b) Mansfield—St. John Street ..	12	12	—	—	—
Mansfield— St. Lawrence Church Hall ..	8	—	—	—	—
Mansfield—Brownlow Road ..	4	—	—	—	—
Mansfield—Gilcroft Street ..	—	4	—	—	—

(a) Ultra-Violet Light Treatment—16 sessions per month.

(b) Ultra-Violet Light Treatment—8 sessions per month.

CLINIC AND TREATMENT CENTRES—*continued.*

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante- Natal	Post- Natal	School Clinic	Dental
Mansfield—Pleasley Hill..	4	—	—	—	—
Mansfield—Redcliffe House ..	—	—	—	16	44
Mansfield—Pleasley ..	—	—	—	4	—
Mansfield Woodhouse ..	8	3	—	8	—
Manton (Worksop) ..	2	—	—	—	—
Mapperley (Plains Road, Arnold) ..	4	—	—	—	—
Mattersey ..	2	1	—	—	—
Misson ..	2	1	—	—	—
Misterton ..	4	2	—	—	—
Newark ..	10	2	—	12	—
Newstead ..	4	2	—	—	—
North Muskham ..	2	1	—	—	—
Nuthall ..	2	1	—	—	—
Ollerton ..	8	4	—	8	8
Papplewick ..	2	1	—	—	—
Plumtree ..	2	1	—	—	—
Porchester (Carlton) ..	8	3	—	—	—
Radcliffe ..	2	1	—	4	—
Rainworth ..	2	1	—	—	—
Ruddington ..	2	2	—	—	—
Scofton (Worksop) ..	2	—	—	—	—
Selston ..	2	2	—	8	—
Shireoaks (Worksop) ..	2	—	—	—	—
South Clifton ..	2	1	—	—	—
South Leverton ..	2	1	—	—	—
Southwell ..	4	1	—	4	—
Standhill Road (Carlton) ..	4	—	—	—	—
Stanton Hill (Sutton-in-Ashfield)	4	4	1	—	—
Stapleford ..	8	2	—	8	44
Sutton Bonington ..	2	2	—	—	—
Sutton-in-Ashfield—Forest St. ..	8	6	1	—	—
Sutton-in-Ashfield—Lawn House	—	—	—	12	—
Sutton-on-Trent ..	2	1	—	—	—
Syerston ..	2	1	—	—	—
Trowell ..	2	1	—	—	—
Tuxford ..	4	2	—	—	—
Underwood ..	2	1	—	—	—
Upper Broughton ..	2	1	—	—	—
Warsop ..	8	4	—	8	—
Warsop Vale ..	2	—	—	—	—
Welbeck Colliery Village ..	2	—	—	—	—
West Bridgford ..	12	4	1	8	44
Westwood ..	2	2	—	—	—
Willoughby-on-the-Wolds ..	2	1	—	—	—
Woodborough ..	2	1	—	—	—
Worksop—Carlton Road ..	8	4	—	—	—
Worksop—Watson Road ..	—	—	—	8	24

All Centres and Clinics are equipped for vaccination or immunisation and this is carried out at special sessions arranged according to need or at the request of a parent at a routine session.

SECTION VII.

SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS, 1946-52.

Details of the services provided under the above Acts during 1952 are, in general, covered by the special Survey Report which was submitted to the Minister of Health in accordance with Circular 29/52. (See pages 54 to 148).

The following further details are in respect of the year 1952 only, or are in substitution of provisional figures given in the Survey Report.

HEALTH CENTRES (Section 21).

For reasons beyond the control of Local Health Authorities, there is nothing to report under this heading.

Suffice it to say that, in a County area where premises are difficult to find which offer conditions suitable for clinic purposes, the provision of Health Centres appears to remain the hope of the future.

HOME NURSING (Section 25).

The Survey Report which is embodied in this Annual Report deals in broad outline with the development of the Home Nursing Service since the coming into operation of the National Health Service Act on the 5th July, 1948, and includes statistical data relating to the year 1952.

During the year the administration of the Service through the agency of the Nottinghamshire Nursing Federation and the District Nursing Associations proceeded on approved lines.

The County Council continued their policy of providing post-graduate instruction for the District Nurses, and six Nurses attended the Autumn School at Bangor in September; while the County Superintendent was permitted to attend a Course earlier in the year at Roffey Park, Horsham.

Reference was made in the Report for 1950 to the public-spirited action of the Hucknall District Nursing Association in offering a Hall in their possession for conversion into flats for District Nurses. The Association were at that time willing to contribute a considerable sum of money from their own funds to the cost of this conversion; but circumstances necessitated some variation of these arrangements and in the event the County Council met the whole cost of the conversion, the District Nursing Association giving them a long lease of the premises at a peppercorn rent. By the end of the year the converted premises were nearly ready for occupation.

The generous action of the Burton Joyce Association is worthy of record in placing cash and securities of considerable value at the disposal of the County Council as a contribution towards the cost of the provision of a house for their District Nurse at an appropriate time. This Association have also handed over to the County Council their Ford 8 h.p. car.

During the year the purchase of four new cars for the use of District Nurses was authorised, and the repair of ten cars was approved.

Two garages were supplied, and two were repaired.

In three instances furnishings for houses occupied by District Nurses were supplied or renewed.

In four cases houses were repaired, redecorated or improved.

Certain reorganisations, involving increases of staff, were effected; with the result that the staffing position at the end of the year was relatively better than at any time since the Service was taken over by the County Council.

Reference was made by my predecessor in the Annual Report for 1951 to the services rendered by Miss W. M. Blagg, who retired from the position of Honorary Secretary of the Federation during the year 1952, after more than thirty years' sterling service. She has been succeeded by Mrs. D. Blundy, of Newark, who has already shown every desire to co-operate with the County Council and their staff in all matters appertaining to the successful administration of the Home Nursing Service in Nottinghamshire.

VACCINATION AND IMMUNISATION (Section 26). DIPHTHERIA IMMUNISATION, 1952

DISTRICT.	No. OF CHILDREN IMMUNISED AT ANY TIME UP TO 31/12/52.						
	Under 1 yr.	1 yr.—	2 yrs.—	3 yrs.—	4 yrs.—	5-9 yrs.	10-14 yrs.
Urban Districts.							Total (under 15)
Mansfield (Borough)	22	316	446	455	571	4,087	3,464
Worksop (Borough)	22	290	354	369	440	1,525*	259*
Newark (Borough)	39	281	343	317	328	1,521	1,325
East Retford (Borough)	7	175	145	144	159	1,263	1,279
Arnold	38	244	281	309	343	1,648	1,416
Beeston and Stapleford	123	462	612	596	655	3,607	3,185
Carlton	34	346	342	398	469	2,360	1,650
Eastwood	12	127	114	141	148	695	537
Hucknall	44	290	251	323	289	1,489	1,011
Kirkby-in-Ashfield	20	153	237	260	275	1,583	1,431
Mansfield Woodhouse	98	80	198	310	271	1,493	1,393
Sutton-in-Ashfield	53	545	551	600	595	3,360	2,825
Warsop	31	165	186	192	198	938	684
West Bridgford	30	229	259	238	265	1,419	720
TOTAL (Urban Districts)	573	3,703	4,318	4,652	5,006	26,988	21,179
Rural Districts.							
Basford	68	535	631	636	684	3,545	2,924
Bingham	20	171	197	186	229	1,315	801
Worksop	7	207	208	225	287	1,336	1,129
East Retford	16	222	254	253	249	1,634	1,420
Newark	11	155	146	145	171	831	745
Southwell	35	447	506	535	559	3,003	2,812
TOTAL (Rural Districts)	157	1,737	1,942	1,980	2,179	11,664	9,831
Whole County—GRAND TOTAL (†)	730	5,440	6,260	6,632	7,185	38,652	31,010
							29,490
							95,909

*Complete figures not available.

(†)Correction of "provisional" figures in the Special Survey Report.

The figures for the whole County expressed as percentages of the Registrar-General's mid-1952 estimate of the child population are as follows :—

AGE GROUP.	PERCENTAGE OF CHILDREN IMMUNISED AT ANY TIME BEFORE 31ST DECEMBER, 1952.
0-4 years	59.5%
5-14 years	86.1% (*)
Total (under 15 years)	76.7% (†)

(*) Including treatment records from 1946 only in one County District.

(†) Correction of "provisional" figure given in the Survey Report.

VACCINATION AGAINST SMALLPOX, 1952

DISTRICT.	NUMBER VACCINATED.					Total	NUMBER RE-VACCINATED.					
	Under 1 year	1 year	2-4 years	5-14 years	15 years and over		Under 1 year	1 year	2-4 years	5-14 years	15 years and over	Total
Urban Districts.												
Mansfield (Borough) ..	164	13	11	11	14	213	—	—	—	2	44	46
Worksop (Borough) ..	74	60	2	7	7	150	—	—	—	8	21	29
Newark (Borough) ..	129	4	6	1	5	145	—	—	1	1	9	11
East Retford (Borough)	70	4	4	2	6	86	—	—	1	2	12	15
Arnold	182	2	14	1	13	212	—	—	—	4	26	30
Beeston and Stapleford ..	328	17	9	13	24	391	—	—	5	12	74	91
Carlton	188	15	29	9	27	268	—	—	3	9	46	58
Eastwood	46	3	2	3	2	56	—	—	—	—	7	7
Hucknall	46	5	27	7	11	96	—	—	—	—	3	3
Kirkby-in-Ashfield ..	50	6	9	2	13	80	—	—	—	—	—	—
Mansfield Woodhouse ..	70	6	3	2	4	85	—	—	—	—	5	5
Sutton-in-Ashfield ..	150	1	6	3	23	183	—	—	—	—	35	35
Warsop	66	4	11	15	13	109	—	—	—	2	2	4
West Bridgford	174	8	10	5	11	208	—	—	2	5	38	45
TOTAL (Urban Districts)	1,737	148	143	81	173	2,282	—	—	12	45	322	379
Rural Districts.												
Basford	279	21	19	37	22	378	—	—	1	5	24	30
Bingham	150	13	11	8	11	193	—	—	1	6	24	31
Worksop	30	58	6	8	7	109	—	—	—	1	7	8
East Retford	120	13	10	4	9	156	—	—	1	3	14	18
Newark	80	6	6	3	4	99	—	—	1	—	10	11
Southwell	288	20	18	3	9	338	—	—	3	—	23	26
TOTAL (Rural Districts)	947	131	70	63	62	1,273	—	—	7	15	102	124
Whole County—												
GRAND TOTAL ..	2,684	279	213	144	235	3,555	—	—	19	60	424	503

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

(Section 28).

(i) Tuberculosis.

New Cases and Mortality.

The number of new cases recorded during 1952 in the Registers of the Medical Officers of Health of County Districts and the number of deaths in the County due to tuberculosis according to the Registrar-General's statistics for the year were as set out in the following table :—

AGE PERIODS	NEW CASES (including "Inward Transfers")				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0-1	3	2	—	1	—	—	—	1
1-4	9	8	3	2	—	1	1	1
5-14	17	29	7	6	—	—	—	3
15-44	147	137	13	12	21	30	4	1
45-64	66	14	5	—	27	7	2	1
65 & over ..	14	3	1	1	13	2	—	1
TOTALS ..	256	193	29	22	61	40	7	8

The Pulmonary death rate per thousand of the population was 0.19 for the County for the year 1952 compared with 0.21 for England and Wales, whilst the rate for all forms was 0.22 for the County compared with 0.24 for England and Wales.

Incidence—Pulmonary Tuberculosis.

The following table shows the incidence of Pulmonary Tuberculosis in the County over the past eight years :—

YEAR	†No. OF NEW CASES INCLUDED IN ANNUAL RETURN TO THE MINISTRY OF HEALTH			Rate per 1,000 of population
	Formal notification	Not notified before death	Total	
1945	332	20	352	0.74
1946	352	22	374	0.75
1947	431	27	458	0.91
1948	425	15	440	0.85
1949	369	18	387	0.74
1950	401	18	419	0.78
1951	375	22	397	0.74
1952	368	14	382	0.71(*)

† Excluding "Inward Transfers."

* Confirms "provisional" figure given in the Survey Report.

Home Visits.

The number of domiciliary visits made by Health Visitors during 1952 was 3,986 compared with 4,993 similar visits during 1951. The lower figure for 1952 was due to the fact that one of the Council's two whole-time Tuberculosis Visitors was absent from duty through illness for over four months during the year.

Sherwood Village Settlement.

In respect of the Village Settlement trading activities during 1952 the General Manager, Mr. A. E. Durham, reports as follows :—

" During the year 1952 a great development has taken place in the Cabinet Department. We were awarded a £15,000 contract from the Nottinghamshire Education Committee for school furniture of all types and during this period have provided approximately the following furnishings :—

128 Stacking Chairs.	2,620 Pupil's Chairs.
1,950 School Desks.	78 Teacher's Desks.
58 Easy Chairs.	12 Teacher's Tables.
35 Sliding door cupboards.	48 Bookcases.
7 Needlework cupboards.	35 Art easels.
200 Deep locker desks.	10 Infants blackboards.
1 Chest of drawers.	4 Wardrobes.

Additional miscellaneous items amounted to approximately £300 in value.

In addition to this contract we have supplied £3,000 of furniture for the Supplies Department and to other Local Authorities.

In the Portable Buildings Section we have manufactured approximately £5,700 worth of goods. This includes two new prototype round Poultry Houses, one of which was awarded a Certificate of Merit at the Bath and West Show held at Nottingham on May 28th-31st.

A training scheme has been started for the men and there is provision for a Warehouse to be built, at an estimated cost of £2,500.

With myself we now have a staff of four fit men. An additional appointment has been made of one Cabinet and General Woodwork Instructor. There is provision for the appointment of two more fit Cabinet-Maker Charge Hands in the event of an increase in the number of Settlers."

Additionally, Sherwood Industries exhibited products at the Bakewell Annual Show and, by their success at the Bath and West Show in Nottingham obtained much useful publicity, which resulted in the appointment of Mr. V. W. Sylvester of the Crewe Green Packing Station, Crewe, as their agent for the sale of sectional wooden buildings and portable poultry appliances in certain Northern counties.

A new Mortiser, a Router, additional equipment for the automatic clamp, and a wireless set with two extension speakers were purchased and installed in the Workshops during the year, and thirteen Settlers availed themselves of the opportunity to purchase their own Tool Kits at cost price by small weekly instalments under a scheme approved by the County Council in February, 1952.

Under a national award the wages of the Settlers employed in the Woodwork Department were increased by 3d. per hour as from 4th February, 1952, and the wages of ten Settlers were further increased during the year in consequence of reports submitted to the Management Sub-Committee on their progress and efficiency.

A generous gift of £250 in 1952 from the Sunday Cinemas Fund was added to a previous similar gift from the Nottinghamshire Miners towards the provision of a Bowling Green at the Village Settlement, and on his retirement from the office of County Medical Officer, Dr. A. C. Tibbits, C.B.E., presented to the Settlers' Social Committee a trophy to be awarded annually to "The Best All-Round Sportsman of the Year."

Funds raised by the voluntary efforts of the Settlers were used to purchase a Television Set which was installed in the Men's Hostel.

(ii) Other Types of Illness.

Loan of Nursing Equipment and Appliances.

Loans of nursing equipment and appliances by issues from the Public Health Department during 1952 were as indicated in the following table :—

ARTICLE	1-1-52		Purchases during year	Loans during year	Returns during year	31-12-52	
	On loan	In store				On loan	In store
Air/Water beds ..	10	4	—	24	25	9	5
Back rests ..	11	44	—	11	8	14	41
Bed blocks (prs.) ..	—	30	—	1	1	—	30
Bedpan, slipper ..	—	—	1	1	—	1	—
Bedpan, rubber ..	1	—	1	1	1	1	1
Bedstead, Hospital type	11	1	6	14	9	16	2
Bed table (over-bed) ..	—	—	1	1	—	1	—
Bed table (folding) ..	1	59	—	3	1	3	57
Cot, adult ..	—	—	1	1	—	1	—
Crutches (prs.) ..	8	24	2	2	3	7	27
Draw sheets ..	2	—	—	—	—	2	—
Dunlopillo mattress ..	22	—	9	24	19	27	4
Dunlopillo pillow ..	1	—	—	—	—	1	—
Dunlopillo cushion ..	3	—	2	3	3	3	2
Fracture boards ..	13	2	15	21	15	19	11
Male rubber urinal ..	—	1	—	1	—	1	—
Sandbags ..	2	58	—	—	—	2	58
Sectional mattress ..	1	—	—	3	3	1	—
Self-lifting poles ..	8	—	6	11	6	13	1
Spinal carriages ..	4	3	—	4	5	3	4
Stool commodes ..	14	—	10	23	13	24	—
Walking machine ..	2	—	1	1	1	2	1
Wheel Chairs—							
" Stairway " ..	3	1	—	6	7	2	2
" Merlin " ..	9	2	3	11	11	9	5
Folding ..	68	1	11	53	51	70	10
Total number of loans				201			
Number of patients involved				156			
Number of free loans involved				8			

Almoner Service.

The following figures indicate the general care and after-care work undertaken by the two Almoners employed throughout 1952. These do not include work for tuberculous and venereal diseases patients for which full details are given in the appropriate Sections of the Special Survey Report.

General.

No. of cases referred—

(a) Hospital After-Care	108
(b) Other Patients	87
	<hr/> 195

Analysis of Assistance—

(a) Hospital After-Care—

Assistance <i>re</i> Hospital discharge	7
Assistance <i>re</i> Rehabilitation	3
Assistance <i>re</i> bedding and clothing	2
Assistance <i>re</i> domestic problems	21
Assistance <i>re</i> financial problems	13
General follow-up	64

(b) Other patients—

Assistance <i>re</i> general problems	87
---	----

No. of home visits involved—

(a) Hospital after-care	181
(b) Other patients	85
	<hr/> 266

Chronic Sick and Senile Patients.

Cases investigated at the request of a Hospital Authority or Bed Bureau—

(a) With a view to Hospital admission—

(i) Hospital admission recommended	181
(ii) Hospital admission not recommended	95
	<hr/> 276

(b) With a view to Hospital discharge—

(i) Hospital discharge recommended	28
(ii) Hospital discharge not recommended	9
	<hr/> 37

313

No. of home visits involved	231
-----------------------------------	-----

Convalescence.

No. of cases referred—

(a) by Hospital Authorities	18
(b) by General Practitioners	75
	<hr/> 93

No. of cases for whom Convalescence obtained—		
(a) at Regional Hospital Board Homes	.....	11
(b) at other Convalescent Homes—		
(i) under Voluntary Scheme arrangements	.....	7
(ii) under County Council arrangements	.....	28
No. of cases referred elsewhere for arrangements (or for whom Convalescence not recommended)		
	.....	28
No. of cases who declined accommodation offered		
	.....	19
		<hr/> 93
No. of home visits involved		
	.....	<hr/>134

(iii) **Health Education.**

The following tables show some analysis of the work carried out during 1952 :—

TABLE 1.

Meetings.

Total No. of Meetings	.....	260
Total No. of Talks	.....	252
Total No. of Brains Trusts	.....	2
Total No. of Film Shows	.....	6
Total No. of Talks illustrated by Films	.....	28

TABLE 2.

Audiences.

AUDIENCE	PERSONS ADDRESSED	ATTENDANCES
Women	4,126	6,937
Men	386	463
Total	<hr/> 4,512	<hr/> 7,400
Girls	310	929
Boys	291	444
Total	<hr/> 601	<hr/> 1,373
Females	4,436	7,866
Males	677	907
Grand Total	<hr/> 5,113	<hr/> 8,773

TABLE 3.
Distribution of Meetings.

AREA	NO. OF MEETINGS	PERSONS ADDRESSED	ATTENDANCES
BOROUGH—			
Mansfield	10	170	301
Newark	6	258	258
East Retford	14	101	372
Worksop	4	84	84
URBAN DISTRICTS—			
Arnold	2	92	92
Beeston and Stapleford	26	552	931
Carlton	15	537	716
Eastwood	3	35	82
Hucknall	7	229	229
Kirkby-in-Ashfield	10	260	446
Sutton-in-Ashfield	3	121	121
Warsop	4	82	160
West Bridgford	8	124	383
RURAL DISTRICTS—			
Basford	29	732	1,407
Bingham	14	416	436
Newark	1	22	22
East Retford	7	138	156
Southwell	20	468	772
Worksop	15	124	385
COUNTY HEALTH DEPARTMENT STAFF	15	267	654
OTHER COUNTY COUNCIL STAFF	37	259	425
TOTAL	260	5,113	8,773

TABLE 4.
Talks.

Total Talks to Women	170
Total Talks to Men	2
Total Talks to Mixed Adults	31
Total Talks to Girls	28
Total Talks to Boys	1
Total Talks to Mixed Youth	19
Total Talks to Mixed Adults and Youth	1
	252

TABLE 5.
Summary of Lecturers.

LECTURER	No. of Meetings	Persons addressed	Attendances
County Health Department—			
Mr. A. H. Marrow, Health Education Officer	82	2,254	3,063
Mr. N. S. Wass, Assistant Health Education Officer	70	1,454	1,910
Dr. A. R. Margetts, Deputy County Medical Officer	11	368	368
Mr. D. E. Mason, Principal School Dental Officer	8	491	491
Mr. G. Earnshaw, County Health Inspector	11	125	348
Mrs. E. L. Andrews, Superintendent Mental Health Worker	1	27	27
Miss L. Mee, Health Visitor	14	40	269
Miss P. M. Dabell, Health Visitor	10	82	290
Miss A. Thorpe, County Midwife	6	28	159
Miss M.W. Cottee, Home Help Organiser	9	332	332
Miss D. K. Banks, Home Help Sub-Organiser (Home Help Service Talks)			
Honorary Lecturers—			
Mrs. A. E. Marrow, Consultant Obstetrician & Gynaecologist	11	452	452
Dr. G. Gordon-Napier, Consultant Ophthalmologist	1	68	68
Dr. T. R. Forsythe, Consultant Psychiatrist	1	61	61
Dr. A. Roberts, Physician (Research)	2	123	123
Mrs. J. A. Stagg, Old Peoples' Welfare Committee	1	44	44
Part-time Lecturers—			
Dr. I. Powell-Heath, Medical Lecturer	14	411	411
Dr. M. Gurd, Pharmacologist (Research)	2	119	119
Mrs. A. Hardman-Lawson, Physiotherapist	3	85	85
Brains Trusts	2	121	121

TABLE 6.

Talks Subjects.

	No. of Talks
<i>Health Education—</i>	
Responsibility for Health	9
Parents' Responsibility for the Child's Health	5
Health Education in the Home	2
	<hr/>
	16
	<hr/>
<i>Maternity and Child Welfare—</i>	
Education for Healthy Pregnancy	5
Care of the Infant	6
Care of the Toddler	14
	<hr/>
	25
	<hr/>
<i>Health of the Child and Adolescent—</i>	
Health of the School child	2
Problems of Growth in the Child	2
Care of Children's Feet	7
Sleep and Rest Problems in the Child	1
Care of Children's Teeth	1
Problems of Growth in Adolescence	3
	<hr/>
	16
	<hr/>
<i>Sex Education—</i>	
Sex Education	3
Sex Education in the Home	2
Hygiene of Menstruation	3
Health during the Menopause	3
Physiology of Sex and Reproduction	2
	<hr/>
	13
	<hr/>
<i>Mental Health—</i>	
The First Five Years	4
Mental Needs of the Child	2
Temper Tantrums	1
The Difficult Child	1
Social Work in Mental Health	1
	<hr/>
	9
	<hr/>

General Health Interest Topics—

Food and Digestion	5
Dental Health in the Adult	1
The Skeleton and Posture	2
Care of the Feet	11
Rest and Relaxation	18
Health in Winter	1
The Preservation of Health	1
The Body's Defences	3
Heredity	2
The Story of Penicillin	1
	<hr/>
	45
	<hr/>

Environmental Health—

Environment and Health	6
Hygiene of Housing	2
Rural Housing	2
Water Supply and Health	3
Sewage Disposal	1
	<hr/>
	14
	<hr/>

Accident Prevention—

Prevention of Accidents in the Home	6
First Aid and Safety in the Kitchen	11
	<hr/>
	17
	<hr/>

Prevention of Disease—

The Common Cold and Influenza	5
Prevention of Food Infection	7
Prevention of Tuberculosis	1
Infectious Diseases of Childhood	4
Immunisation and Vaccination	2
The Rheumatic Disorders	8
The Problem of Cancer	4
	<hr/>
	31
	<hr/>

Health Services Publicity—

The functions of the Medical Officer	1
The Public Health Services	1
The Dental Health Services	3
The Home Help Service	9
	<hr/>
	14
	<hr/>

Technical Talks to Health Department Staff—

Recent Advances in the Treatment of Tuberculosis	1
The Health Visitor and Dental Health	1
New Drugs	1
Home Influences and Mental Illness	1
Eye Diseases in the Child	1
Histamine and Antihistaminics	1
Preparation for Normal Childbirth	3
Relaxation in Childbirth	3
Food Poisoning Investigation	1
Visual Aids in Health Education	1
Welfare of the Aged	1
	<hr/>
	15
	<hr/>

Technical Talks to Other County Staff—

Health Education in the School	2
Advances in Nutrition	1
Physiology of Digestion	3
Kitchen and Canteen Hygiene	30
Emergency Kitchen Hygiene.....	1
	<hr/>
	37
	<hr/>

SPECIAL SURVEY

of

LOCAL HEALTH SERVICES

provided under the

NATIONAL HEALTH SERVICE ACTS

(in accordance with Ministry of Health Circular 29/52)

SPECIAL SURVEY OF LOCAL HEALTH SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS.

GENERAL.

1. ADMINISTRATION.

Within the framework of the National Health Service Act, 1946, Local Health Authorities were given a certain latitude as to the means by which they could provide and administer the Services which they were required or empowered to establish or continue under the Act. Obviously, before deciding which method they would adopt subject to the approval of the Minister of Health, a Local Health Authority would have regard to the circumstances already prevailing in the area for which they were responsible. It is, therefore, appropriate that this Survey should begin with a brief description of the circumstances obtaining in the County of Nottingham immediately before the "appointed day," *i.e.* 5th July, 1948.

Situated in the heart of England, Nottinghamshire is a County of compact size, the maximum distance from North to South being 50 miles, and from East to West, 26 miles. In shape the County is roughly elliptical. The administrative centre at Nottingham, although some distance South of the geographical centre, is, nevertheless, easy of access from most parts of the County, and at worst not unduly difficult of access even from the remote North. Road and rail communications are reasonably good. The administrative County comprises twenty County Districts, including four Municipal Boroughs, ten Urban Districts and six Rural Districts, and at the middle of 1948 had a total estimated population of 518,300.*

The four Boroughs and seven of the Urban Districts were autonomous Welfare Authorities; but nearly 214,000 of the County population were provided with Maternity and Child Welfare Services by the County Council, who were also the Local Supervising Authority under the Midwives Acts for the whole of the County except the Borough of Mansfield.

The scope and quality of the Services provided by the autonomous Welfare Authorities varied with local circumstances.

There was, inevitably, a desire on the part of those Authorities who had hitherto enjoyed autonomy to continue to exercise some measure of control over the Services—transferred by the Act to the County Council—for which they, the County District Councils, had so long been responsible. Having taken all the relevant factors into consideration and being conscious that in any event the final responsibility rested fairly and squarely on their own shoulders, the County Council felt that central administration would be the best means of securing a uniformly high standard of service throughout the County, and they decided accordingly, despite some opposition. In the event, their decision seems to have been fully justified, as the facts disclosed in the sections of this Survey dealing in detail with the various Services show.

*The last available estimate of population (mid-1951) is 535,800.

Although fully convinced that central administration, rather than devolution, was the method best suited to the circumstances prevailing in Nottinghamshire, the County Council were not unmindful of the fact that certain disadvantages might accrue as the result of their adoption of the former method. In particular, they were concerned lest the loss of responsibility for certain personal health services should rob the post of County District Medical Officer of Health of much of its interest, and thus make it difficult for the County District Authorities either to retain their Medical Officers or to fill vacancies.

This difficulty was overcome by arranging with the County District Authorities that as from the "appointed day" all County District Medical Officers of Health who were not already Assistant County Medical Officers should be so appointed, and that there should be a specified apportionment of the time of every County District Medical Officer of Health to the work of the County Council. The effect of this arrangement was that the County District Medical Officer of Health was enabled to retain a practical interest in the personal health services for which he had hitherto been responsible; but as from the "appointed day" his work in this connection became subject to the administrative direction and control of the County Medical Officer, and the County Council met the cost.

It was also agreed with the County District Authorities that the services of their Medical Officers of Health should be made available, under agency arrangements and subject to appropriate financial adjustment, for vaccination and immunisation.

In view of the special responsibility which was assumed by the County Council under the Act for the Prevention of Illness, Care and After-Care, the opportunity was taken to bring about more effective liaison with the County District Medical Officers of Health, particularly with a view to securing an improvement, where necessary, in the environmental conditions of persons suffering from Tuberculosis.

Thus in Nottinghamshire the County Medical Officer is in control of the administration of all the Health Services provided by the Local Health Authority under the Act, and is responsible to the County Health Committee for the organisation and efficiency of these Services. Under his direction the Medical Officers of Health of the former autonomous Welfare Authorities exercise a measure of supervision within their own Districts; but general supervision and control of all Services throughout the County are maintained from County Headquarters, where the Services are co-ordinated and administered, and developments are planned.

The staffing arrangements for each Service will be described in detail under its appropriate heading.

The organisation outlined above has worked efficiently and smoothly, and the experience of the past four and a half years has not demonstrated any need for radical changes in the arrangements. Recently a review of the arrangements made under Section 111 of the Local Government Act, 1933, was undertaken, and consideration was then given to the

apportionment of time devoted by each County District Medical Officer of Health to the work of the County Council. Generally the County District Authorities expressed themselves as satisfied with the existing arrangements.

Unfortunately, the County Council have not been wholly successful in their endeavours to provide for representation of the County District Authorities on the County Health Committee. Hitherto the Urban District Councils have declined to accept representation on the basis approved by the County Council and have stood out for individual representation to which the County Council have been unable to agree. The constitution of the County Health Committee as at present is as follows :—

Members of County Council	.....	.....	40
Co-opted Members—			
Municipal Boroughs (1 for each)	.....	.....	4
Urban District Councils (10)	.....	.....	4
Rural District Councils (6)	.....	.....	4

There are at present no joint arrangements with other Local Health Authorities. It was hoped that by this time a Joint Board representative of all Local Health Authorities within its "catchment" area would have been set up for the administration of the Sherwood Village Settlement (and associated Sherwood Industries) which has been established by the County Council in connection with the after-care of persons suffering from Tuberculosis. Unfortunately, circumstances outside the County Council's control have so far prevented the inauguration of the Board—and the development of the Settlement has been retarded in consequence.

2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

(a) Hospital and Specialist Services.

From the beginning there has been formal co-operation between the Local Health Authority and the Chest Physicians employed at Chest Clinics. The Authority's Tuberculosis Visitors attend these Clinics as Clinic Nurses, and their reports on the environmental conditions of tuberculous patients, as well as the reports of the Health Visitors and County Almoners, are available to assist the Chest Physician to determine the form of care and treatment best suited to the patients' needs. Reciprocally the Chest Physician makes formal recommendations to the Authority with regard to the care and after-care of the tuberculous patient, and is associated with the After-care Committees which are organised on the Authority's behalf by the Nottingham and Nottinghamshire Association for the Prevention of Tuberculosis.

The Physician-Superintendent of the Ransom Sanatorium has continued to act as Medical Superintendent of the Sherwood Village Settlement.

Formal arrangements exist for the reference of patients to the Hospital and Specialist Services from the Authority's Ante- and Post-Natal Clinics and Child Welfare Centres.

The Authority's Almoners deal with the medico-social problems of patients at certain hospitals not provided with their own Almoners, and their services are also available for the following-up of cases attending Venereal Diseases Clinics.

The shortage of hospital beds has made it necessary in many instances to discharge maternity patients before the end of the normal lying-in period. There are effective arrangements between the Hospital Service and the Authority for ensuring that the services of a Domiciliary Midwife are available to the mother up to at least the fourteenth day from the date of confinement.

Co-operation between the Hospital Service and the Home Nursing Service is improving. More formalised arrangements would make for greater efficiency in this connection.

There is limited co-operation between the Hospital Service and the Authority's Mental Health Service, although the officers of the latter Service are always available to assist the Hospital Service in dealing with the medico-social problems of mental patients.

(b) General Medical Practitioners.

There is formal and effective co-operation between General Medical Practitioners and the Authority's Mental Health, Domiciliary Midwifery and Home Nursing Services. So far as the latter Service is concerned, no patient is attended by a Home Nurse, except in emergency, without a certificate from the private practitioner concerned, and while in attendance on the patient the Nurse acts under his direction.

(c) Dissemination of Information.

A copy of the Guide to the Health Services which has been issued by the Authority is enclosed herewith.* This Guide has been distributed widely both to general practitioners and to the public, including professional workers and interested institutions and organisations. Copies have been sent to the headquarters of all other branches of the National Health Service operating in the area. Copies are available in every Post Office. One revision of the Guide has already been undertaken, and this process will be repeated from time to time. Meanwhile, medical practitioners and other interested parties have been kept up-to-date as regards variations in Services by means of circular letters.

*A copy of this booklet was forwarded to the Minister of Health with the Special Survey Report.

In considering the question of co-ordination and co-operation with other parts of the National Health Service it should be noted that considerable advantage accrues to the Local Health Authority by reason of the fact that the County Medical Officer has been appointed to the following Committees :—

Sheffield Regional Hospital Board—Tuberculosis Advisory Committee. (Nominated by East Midlands Branch of the Society of Medical Officers of Health).

Nottingham County and City Local Medical Committee. (Nominated by County Council).

Nottingham County and City Local Executive Council—Obstetric Committee.

Sheffield Hospital Region—Nottingham County and City Medical Co-ordinating Committee.

Regional Liaison Committee—representative (at officer level) of the Ministry of Health, Regional Hospital Board, and all Local Health Authorities in the Sheffield Region.

3. JOINT USE OF STAFF.

Reference has already been made to the use of staff jointly by the Local Health Authority and other branches of the National Health Service in Section 2 of this Survey.

In addition the Authority make use of Child Psychiatrists and Paediatricians employed by the Regional Hospital Board.

Fourteen General Practitioners undertake work for the Local Health Authority on a sessional basis in connection with the Service for the Care of Mothers and Young Children.

Throughout the County the services of General Practitioners are used in connection with Vaccination and Immunisation.

4. VOLUNTARY ORGANISATIONS.

The Nottinghamshire Nursing Federation and their affiliated and associated District Nursing Associations provide Home Nursing Services throughout the County as the Authority's agents. A number of District Nursing Associations provide Midwifery Services in addition.

The Nottingham and Nottinghamshire Association for the Prevention of Tuberculosis are responsible, under agency arrangements, for certain measures for the care and after-care of the tuberculous.

Use was made of voluntary organisations in the County Ambulance Service at its inception, but since the 10th February, 1952, this Service has been maintained entirely by the County Council direct.

Although no formal arrangements exist, the County Council utilise from time to time, as occasion demands, the services of the Diocesan Board for Moral Welfare in connection with the care of the unmarried mother.

Patients in the approved categories who require contraceptive advice or appliances are referred to convenient Clinics of the Family Planning Association unless they live in the Borough of Mansfield where appropriate facilities are provided by the Local Health Authority.

The Authority make substantial grants to the Central Council for Health Education, whose propaganda material they use extensively.

The training facilities provided by the National Association for Mental Health are utilised from time to time by the Authority's Mental Health Service.

PARTICULAR SERVICES.

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

The story of the transfer and absorption of maternity and child welfare functions from the four Boroughs and seven of the Urban District Councils has been recorded in detail in previous reports but for the purpose of the survey it may be of interest to include a brief review.

There was naturally considerable variation, both in the standard and type of service afforded in the individual Districts. In some, the services were comprehensive and the only changes have been rationalisation and the standardisation of records as replacement of stocks required. In others, considerable improvements were possible in one direction or another and these were introduced, either immediately or gradually according to the need. To give examples, in one District there were three Child Welfare Centres which were not attended by a Medical Officer, in others, the frequency of medical consultations was very low. At many, the equipment was poor or inadequate.

It was found in some of the transferred Districts that emphasis was placed more on Centre and Clinic work than Home Visiting and some adjustment was necessary.

All the District Councils having agreed that their Medical Officers of Health should continue, in the capacity of Assistant County Medical Officers, to undertake maternity and child welfare duties, for an agreed apportionment of their time, the process of rationalisation proceeded smoothly and the major changes necessary were completed by the end of 1949.

The difficulty of recruiting suitable whole-time medical staff has so far prevented the implementation of the proposal to staff all Ante-Natal Clinics and Child Welfare Centres with whole-time Medical Officers with special experience or training, and the few Clinics and Centres involved have continued under the charge of General Medical Practitioners; all the Doctors concerned, however, are General Practitioner Obstetricians and have had specialised or extensive experience.

The arrangements which existed with the Voluntary Hospitals for cases to be referred to their Out-Patient Departments for specialist advice have been continued with the Hospital Management Committee and some extensions have been possible. Other services which had been established by the County Council prior to the National Health Service Act have also been continued by the Hospital Management Committees; these include provision for Consultant Paediatricians, or Consultant Obstetricians (including, when necessary, a full Emergency Obstetrical Team) to be available in the patient's home at the call of the general practitioners. The arrangements which previously existed with the various Orthopaedic Clinics have also been continued with the Hospitals under which they now operate. Details are given under the appropriate headings in the following pages.

Expectant and Nursing Mothers.

Ante-Natal and Post-Natal Clinics.

At the end of 1952 the number of Centres at which the medical examination of expectant and nursing mothers is undertaken was seventy-eight as compared with seventy-seven on the 5th July, 1948. Certain variations in the frequency of sessions have been necessary at certain of the Centres but the net result is that these have increased from 156 per month in 1948 to 183 per month at the present time.

In the scattered rural areas, the work is combined with that of the child welfare centres. In the more populous areas separate sessions are held for ante-natal and post-natal cases and at six of the larger centres special sessions for post-natal cases are provided.

The numbers of the different types of clinic at the end of the year were as follows :—

Combined ante-natal, post-natal and child welfare sessions	30
Special sessions for ante-natal and post-natal cases	48
Separate sessions for post-natal cases	6

Details of the attendances made and medical consultations undertaken during the past four years are as follows :—

ANTE-NATAL.

	1949	1950	1951	1952
Primary attendances	4,777	4,376	4,083	3,894
Individuals	6,317	6,335	5,600	5,167
Total Attendances	27,756	27,688	23,031	22,186
Medical Consultations	27,446	27,141	22,508	21,967

POST-NATAL.

	1949	1950	1951	1952
Primary attendances	1,187	1,138	791	948
Individuals	1,234	1,326	836	991
Total Attendances	1,404	1,781	1,024	1,131
Medical Consultations	1,386	1,083	990	1,118

Maternity Hospital Treatment.

Cases of complicated maternity ascertained at the Ante-Natal Clinics are referred to the appropriate Consultant Clinic where arrangements are made for admission. One hundred and sixty-two cases were admitted under these arrangements during the year.

Reference to cases requiring hospital confinement on sociological grounds is included in the section of this report dealing with domiciliary midwifery.

Consultant Services.**Clinics.**

Consultant Clinics are attached to the Nottingham Hospital for Women, Basford Highbury Hospital, Mansfield Victoria Hospital and Worksop Victoria Hospital, and during 1952, 354 cases were referred by the Ante-Natal Medical Officers for specialist advice. In fifty-eight cases X-ray examinations were arranged through the Nottingham General Hospital, Mansfield and District General Hospital, Newark Town and District Hospital and the Worksop Victoria and Kilton Hospitals.

Domiciliary.

The arrangements which the County Council had set up for the services of Consultant Obstetricians and Gynaecologists to be available at the call of general medical practitioners have been replaced by similar arrangements made by the various Hospital Management Committees. These include the availability of Emergency Obstetrical Teams (Flying Squads) based on Nottingham City Hospital, Nottingham Hospital for Women, Mansfield Victoria Hospital, Mansfield General Hospital, Hamilton Annexe, Doncaster, Jessop Hospital, Sheffield, and Lincoln Maternity Home.

Blood Investigations.

The arrangements with the Regional Transfusion Laboratory, Sheffield, for the investigation of blood specimens from pregnant women for the Rhesus factor, and Kahn test, have been extended to the whole county and samples are normally taken as a routine practice at the Ante-Natal Clinics.

Use of Premises for Blood Donor Sessions.

The use of several of the larger Welfare Centres has been placed at the disposal of the National Blood Transfusion Service for the purpose of Blood Donor Sessions.

The Care of the Unmarried Mother.

Ascertainment in such cases is usually made through the Health Visiting or Midwifery staff. Each case is referred to the County Almshouses and assistance is afforded, according to need, in proper arrangements being made for the remainder of the pregnancy, the confinement, the rehabilitation of the mother, and the future care of the infant. Valuable assistance in this work is afforded by the Southwell Diocesan Board of Moral Welfare and the Visitors attached to the five Branches of the Board.

During the year, one hundred and twenty-seven cases were dealt with. Hospital confinement was arranged in ninety-five cases and twenty-four girls were admitted at the charge of the Authority to residential hostels.

Mothercraft Training.

This is afforded by the Health Visitors by talks to the mothers, either in groups at the Centres or in the individual homes, and by the County Midwives and District Nurse-Midwives during their ante-natal and lying-in visits. In addition, the Health Education Officer carries out more general work on the health of the infant and pre-school child by talks, shows, and distribution of literature and posters, at Centres and at meetings of Parents' Associations, Women's Institutes, etc., as well as at staff meetings of Health Visitors, Midwives and Home Helps. Further reference to the Health Education Service is contained in another part of this report.

Provision of Maternity Outfits and Pads.

Sterilised Maternity Outfits containing twenty-four maternity pads, one sheet of tarred paper, one accouchment sheet and eight ounces cotton-wool, are available to all expectant mothers who are arranging to have their confinements at home. Outfits are issued on the certificate of the Midwife engaged or the Health Visitor and additional pads are

supplied to the midwives as required. The midwives carry as part of their normal equipment, supplies of cotton-wool, cord powder, ligatures and dressings. During the year 4,861 maternity outfits and 211 packets of pads were issued through fifteen of the larger Centres or from County Hall.

Birth Control.

Cases coming within the required categories are either dealt with at the special sessions held at the Gilcroft Street Centre, Mansfield, or are referred, by arrangement with the Family Planning Association, to their Clinics at Nottingham, Doncaster, Chesterfield and Sheffield.

Arrangements were completed during the year for payment on a capitation basis to be made to the Family Planning Clinics for cases so referred, and assistance towards the cost of appliances and travelling expenses is available in necessitous cases.

Maternal Deaths.

Twelve maternal deaths occurred during the year and were located as follows :—

BOROUGH—

Mansfield	.....	.....	.....	.....	3
Newark	.....	.....	.....	.....	1

URBAN DISTRICTS—

Arnold	.....	.....	.....	.....	1
Carlton	.....	.....	.....	.....	2
Sutton-in-Ashfield	.....	.....	.....	.....	1

RURAL DISTRICTS—

Basford	.....	.....	.....	.....	1
Newark	.....	.....	.....	.....	1
Southwell	.....	.....	.....	.....	2
					<hr/>
					12
					<hr/>

The deaths were due to pulmonary embolism (7), cardiac failure (2), toxæmia of pregnancy, generalised septicaemia, and myocardial degeneration following recent hysterectomy and ruptured uterus.

Child Welfare.

Child Welfare Centres.

On the 5th July, 1948, there were eighty-six Child Welfare Centres operating in the County and the total number of sessions held per four weeks amounted to 362. Since that time some adjustment of the sessions

has been effected ; at some Centres additional sessions have been arranged to meet increased attendances, at others, the sessions have been reduced. Four new Centres have been opened at Nuthall, Syerston, Upper Broughton and Woodborough and the net result is that at the end of 1952 there were ninety Child Welfare Centres holding 372 sessions each month.

Notwithstanding the steady reduction in births since the peak year of 1947 the attendances have been well maintained. The following Table gives the figures for the past four years :—

	1949	1950	1951	1952
Individual children	21,583	21,027	20,193	19,631
Total attendances	161,960	160,935	154,012	147,319
Medical Consultations	41,568	42,186	40,241	38,352

Towards the end of the year notification was received that " Starting Dates " had been awarded for the building of new Centres at Carlton (Parkdale) and Clipstone. Permission to proceed with the extension of the Beeston Centre had been granted earlier in the year and at the time of writing this sorely needed additional accommodation is nearing completion.

The lack of Health Visiting staff has so far delayed the establishment of six additional Centres included in the expansion programme but it is hoped that progress in this direction will be possible in 1953.

Transport to Rural Centres.

In January, 1952, arrangements were completed for the mothers and children residing in the scattered rural areas around the North Muskham and Kilvington Centres, but who were unable to attend the Centres owing to the absence of public transport, to be conveyed to and from the Centres by bus.

The Pre-School Child.

The scheme for the ascertainment and follow-up of defects in children under school age through the Child Welfare Centres and Health Visitors was continued. Cases requiring treatment are referred either to their own doctor or to the appropriate Hospital Out-Patients Department.

Paediatric Clinics.

Arrangements were made in 1950 with the Regional Hospital Board for the part-time services of two Consultant Paediatricians who are attached to local Hospitals to be available to the County Council ; these arrangements have proved most valuable. Sessions are held weekly at the Child Guidance Clinic, Fletcher Gate, Nottingham and the Mansfield School Clinic, and fortnightly at the Worksop School Clinic. Selected

cases referred by the Assistant County Medical Officers* attend these sessions by appointment. Reports are received on all cases examined and any necessary hospital treatment is arranged direct by the Paediatrician with the appropriate hospital department. The number of pre-school children referred during 1952 to the Paediatricians under these arrangements was 143.

Ophthalmic Clinics.

The Regional Hospital Board have made available the services of an Ophthalmic Consultant to serve the area around Nottingham and regular sessions are held at the following Clinics :—

Arnold	Beeston	Carlton
Eastwood	Hucknall	Stapleford

and at the Child Guidance Clinic, 3, Fletcher Gate, Nottingham, for cases from West Bridgford and the area south of the River Trent.

The services of the Consultant are also available for sessions held at the Mansfield School Clinic.

At Newark, another Consultant visits the School Clinic to deal with children in the Borough and the surrounding rural areas.

In the north of the county arrangements are in hand for a third Consultant to attend special sessions at Worksop and Retford.

These facilities cover both school and pre-school children. Cases attend by appointment and any spectacles prescribed are obtained through the Hospital Eye Service. The Consultants are attached to Hospitals to which they are able to refer any cases requiring hospital treatment.

Child Guidance.

The Education Committee provide a comprehensive Child Guidance Service to which suitable children over the age of two years may be referred for investigation and any necessary treatment. The Service is comprised of a Central Clinic at Nottingham, with Sub-Clinics at Mansfield, Newark and Worksop. The Regional Hospital Board have made available the part-time services of two Children's Psychiatrists who are also attached to Hospitals to which they can transfer appropriate cases. The remaining members of the Clinic staff are employed by the County Council.

Chronic Tonsils and/or Adenoids.

Pre-school children requiring operative treatment for these conditions are referred to the Nottingham Children's Hospital, Mansfield, Newark, Retford and Worksop General Hospitals or to the Worksop

Kilton Hospital; eighty-three operations were performed during 1952 under these arrangements. The average number of operations performed each year since 1948 is eighty-nine and, although there has been a slight reduction in the waiting lists over that period, the waiting time is still between one and two years at some of the Hospitals.

Orthopaedic Treatment.

During the year 186 children were referred by the Medical Officers of the Child Welfare Centres to the seven Orthopaedic Clinics administered by the Regional Hospital Board.

The Care of Premature Infants.

The provisions, which had been made in 1945 for dealing with premature infants in the County Council's Special Area for maternity and child welfare, were extended in July, 1948, to those of the transferred districts which did not already have comparable schemes in operation.

The Scheme provides for any necessary additional nursing attention to be given, under the direction of the medical practitioner, to premature infants; for the loan of special draught-proof cots and equipment, and the services of a Home-Help, when required.

The services of a Consultant Paediatrician when required by the general practitioner, which had previously been available through arrangements made by the Maternity and Child Welfare Authority, are now provided by the Hospital Management Committees. In cases where removal to hospital is found necessary, special transport facilities are available and the child is accompanied in the ambulance by the nurse in attendance on the case.

Close liaison is maintained with the Hospitals and the infants are closely followed-up on discharge.

The following statistics show the incidence of prematurity during 1952 :—

	<i>Live Births</i>	<i>Still Births</i>	<i>Total</i>
Born at home	233	40	273
Born in private nursing homes	12	—	12
Born in hospitals	329	68	397
	<u>574</u>	<u>108</u>	<u>682</u>

Of the 233 domiciliary live births, fifty-one were transferred to hospital, and 182 were nursed at home.

Supply of Dried Milks and Other Nutrients.

A comprehensive range of welfare foods has been made available for sale at all the Centres and, in addition, a variety of nutrients and medicaments are provided for free issue; both the sales and free issues are subject to the recommendation of the Medical Officer at the Centre.

Assistance is continuing to be afforded to the Ministry of Food in the distribution of their welfare foods.

At some of the larger Centres facilities are provided for the distribution to be undertaken by Food Office staff, but in other rural districts the whole of the work is carried out by the Health Visitors, who submit the necessary returns to the Food Officers.

Dental Care.

Prior to the introduction of the National Health Service Act of 1946, the County Council were providing a service of dental treatment for expectant and nursing mothers and for children under five in their own maternity and child welfare area, and also, by arrangement, on behalf of the other Welfare Authorities in the County with the exception of the Boroughs of East Retford and Newark and the Urban District of Warsop. This service was carried out by the Dental Officers employed by the Education Committee and an amount of time equivalent to the services of 2 9/11ths whole-time dental officers was devoted to the work.

In order to meet the additional obligations placed on the County Council under Section 22 of the National Health Service Act, 1946, it was decided to extend the existing service so as to cover the whole of the areas for which the County Council were to become responsible and also to augment the dental staff so that the services of five whole-time dental officers would become available for this work. It was also decided that the construction of artificial dentures by an independent firm of dental mechanics should be discontinued and that the County Education Committee should establish their own Dental Laboratory under the supervision of the County Senior Dental Officer.

The foregoing decisions were approved by the Minister of Health but could not be implemented (except for covering the whole area) owing to the impossibility of securing the requisite staff. There was therefore no alternative but to use the existing facilities for the wider service under the new Act. This procedure, in itself, soon produced evidence that the available service was falling seriously short of the demands being made for treatment, and a bad position was made worse when some members of the existing dental staff terminated their appointments in order to engage in practice under the much more remunerative Hospital or General Dental Services Schemes of the National Health Service Act. The staffing position continued to deteriorate during 1949 until a position was reached when the services of only five dental officers were available to the Education Committee for all purposes, whereas the approved establishment was twenty-three.

During this period of acute shortage of staff the dental officers employed were so seriously overloaded with demands for emergency treatment that it became necessary for the Senior Dental Officer to make numerous personal approaches to General Dental Services practitioners with the object of persuading them to accept, under the General Dental Services Scheme, many of the expectant mothers and young children who had applied for dental treatment under the County Scheme. These persuasive efforts met with considerable success as far as the treatment of mothers (including the provision of dentures) was concerned, but a very different result was experienced in regard to the dental care of young children.

The strength of the dental staff remained at the very low level of five during the whole of 1950, but by the end of 1951 it had increased to seven and a half and by the end of 1952 to nine and a half. This augmentation, although small, has been more than welcome. The introduction of charges for artificial teeth supplied under the General Dental Services Scheme has resulted in a substantial increase in the demand rate for free treatment under the County Scheme from expectant and nursing mothers whose treatment includes the provision of dentures.

In stating that the County Council have been able to meet only a fraction of the demands made for dental treatment by expectant and nursing mothers and children under five since the National Health Service Act was introduced in July, 1948, it is fair to state that the proposals to meet the expected demands were carefully drawn up before the introduction of the National Health Service Act and were, in fact, approved by the Minister of Health on 8th June, 1948. Prior to a Whitley Council agreement in regard to salary scales for dental officers the County Council had enhanced the prevailing salary scales by a bonus award with the result that the salaries paid compared favourably with the average amounts being paid by other Local Authorities, and the revised scales recommended by the Dental Whitley Council were adopted *in toto* and without delay by the County Council. Although the Dental Whitley Council agreement has partially succeeded in stopping the drift of Dental Officers from the Local Authority Services and has, in addition, secured a limited improvement in staffing conditions generally, it is obvious that the financial disparities which have created the staff shortage have not been smoothed out.

The statistical details of dental treatment carried out during 1952 under Section 22 are shown in Table A below. The number of half-day sessions devoted to this treatment was 682—this being the maximum which the available staff could reasonably undertake having in mind their school-children commitments.

A Table (B) is also appended summarising the work performed during the past five years.

TABLE A.
Dental Inspection and Treatment, 1952.

(a) Numbers provided with dental care.

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	609	609	413	261
Children under five ..	773	733	634	522

(b) Forms of dental treatment provided.

	Extractions	Anaesthetics		Fillings	Scalings or Scalings and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers	2,000	1,005	3	697	273	11	147	15	155	205
Children under five	932	454	67	340	22	238	134	1	—	—

TABLE B.
Dental Inspections and Treatment 1948-1952.

	1948	1949	1950	1951	1952
Treatment sessions held ..	964	909	443	503	673
Expectant and Nursing Mothers—					
Inspected	799	678	491	385	609
Treated	600	380	404	288	413
Teeth extracted ..	3,452	2,135	1,817	1,720	2,000
Fillings inserted ..	861	556	821	421	697
Dentures fitted ..	438	331	290	343	360
Miscellaneous operations	1,565	676	337	280	431
Children under School Age—					
Inspected	382	504	525	732	773
Treated	382	504	525	618	634
Teeth extracted ..	536	798	749	1,062	932
Fillings inserted ..	382	368	184	519	340
Miscellaneous operations	183	121	370	555	394

Other Provision.

Boarded-Out Children.

The assistance afforded to the Children's Committee in investigating the home conditions of applicants who wish to undertake the duties of foster-parents was continued, but at the beginning of the year this was limited to cases where health factors are involved instead of in all cases as previously. Forty-nine investigations in such cases were made during the year.

Daily Guardian Scheme.

This scheme, which is a continuation of that introduced by the Ministry of Labour and National Service during the last war, is utilised to meet the needs of women in employment who are not able to make other arrangements for the care of their children under five years of age.

A Daily Guardian, when registered, receives an allowance of 4/- per week (or 2/- per week if the child is cared for on less than four days) in addition to the payment which is made to her by the mother.

The home of each applicant is inspected and reported upon by the Health Visitor before registration is effected and the Health Visitors maintain supervision by visits at intervals not exceeding one month.

On the 5th July, 1948, apart from eight cases which were being dealt with in the County Council's "Special Area," a Daily Guardian Scheme was only operating in the Arnold Urban District, where eighty-three persons were receiving the allowance. It was found that many of these persons were relatives living in the same house as the mother whose child was being cared for; after consideration, the County Council restricted registration in such cases to persons who would normally undertake employment themselves if they were not acting as a Daily Guardian.

The following table shows the cases dealt with under this Scheme :—

	1948	1949	1950	1951	1952
Cases on Register at 1st January	8	74	56	58	57
New cases approved	114	60	64	80	58
Cases discontinued	48	78	63	81	62
Cases on Register at 31st December	74	56	57	57	53

Day Nurseries.

On the 5th July, 1948, the County Council assumed responsibility for the five day nurseries operating at Bull Farm and Ravensdale (Mansfield), Newark, Beeston and Stapleford; they were already responsible for the four nurseries at Carlton, Eastwood, Harworth and West Bridgford.

The tendency on the part of mothers to make less use of day nurseries which had become evident over the past two or three years was given distinct impetus when the County Council's decision to increase the charges in accordance with Circular 23/52 of the Ministry of Health was implemented on the 1st December, 1952. From that date the standard charge was increased from 2/- per day (1/4d. half-day) to 5/- per day (3/6d. half-day) with provision for a reduced charge to be made in necessitous cases.

With the intervention of the Christmas holiday and the incidence of sickness, which is prevalent at this time of the year, it has not yet been possible to assess accurately the full effect of the increased charges, but at the time of writing this matter is being made the subject of investigation by a Special Sub-Committee.

The average daily attendances during the five years under review were as follows :—

Day Nursery	Places	1948	1949	1950	1951	1952
Beeston	40	36	36	36	28	27
Carlton	26	18	18	18	19	22
Eastwood	50	19	19	36	31	27
Harworth	50	20	20	33	27	18
Mansfield (Bull Farm)	40	36	36	35	33	32
Mansfield (Ravensdale)	40	27	27	32	30	30
Newark	40	34	34	25	29	31
Stapleford	50	47	47	45	34	35
West Bridgford	30	20	20	18	22	23

Nurseries and Child Minders Regulation Act, 1948.

Four fresh applications for registration under this Act were dealt with during the year, approval being given for the care of twenty-eight children, and one certificate of registration (in respect of seven children) was surrendered. There were six registered Child Minders at the end of the year undertaking the care of forty-four children.

Nursing Homes.

The advent of the National Health Service with its provision for free hospital treatment, coupled with the increased salaries of nurses, appears to have had a marked effect on the existence of the private Nursing Home. Of the twelve Nursing Homes operating at the end of 1948 and providing beds for sixty-two maternity cases and fifty-eight other cases, only five are now open and their accommodation has been reduced to twelve maternity and forty-one other cases. It will be observed that the greatest loss to the private nursing home keeper has been in respect of maternity patients.

There were five Nursing Homes registered at the beginning of the year, one of these has closed but there have been three new registrations, making seven Homes open at the end of 1952; these provided accommodation for sixteen maternity cases and forty-nine other cases. Thirty-one visits of inspection were made during the year.

6. DOMICILIARY MIDWIFERY.

General Arrangements.

Prior to the appointed day, the County Council were the Local Supervising Authority for the whole of Nottinghamshire with the exception of the Borough of Mansfield. As the arrangements made by the Mansfield Corporation in their capacity of Local Supervising Authority were originally based on those made by the County Council, the transfer of the administration of the midwifery service in the Borough to the County Council created no difficulty.

Midwifery service is provided by whole-time County Midwives, or by District Nurse-Midwives employed by District Nursing Associations affiliated to the Nottinghamshire Nursing Federation who act as Agent of the County Council.

The County is divided into areas of three differing types, *i.e.*—

1. Areas covered by County Midwives only.
2. Areas covered by Midwives employed by District Nursing Associations.
3. Areas covered partly by County Midwives and partly by Midwives employed by District Nursing Associations.

All the Midwives employed by District Nursing Associations also undertake Home Nursing.

At the end of the year, the midwives practising in the County were as follows :—

County Midwives	.....	....	....	64	
*District Nurse-Midwives	....	....	....	64	(*These District Nurse-
Privately practising Midwives—					Midwives gave service
Domiciliary	....	....	13		equivalent to 35 whole-
Nursing Homes	....	....	9		time midwives).
			—	22	
Employed by Hospitals	....	....	....	24	
				174	

The full establishment of County Midwives is seventy-one but the number employed (sixty-four), together with the sixty-four District Nurse-Midwives who undertake part-time midwifery, is sufficient to meet the present needs and enable the number of cases per midwife to be kept within the sixty-six per annum limit suggested in the Rushcliffe recommendations.

Supervision.

The County Medical Officer and the Senior Assistant Medical Officer for Maternity and Child Welfare undertake the medical supervision of the midwives, and the non-medical supervision is undertaken by one Senior and one Junior Non-Medical Supervisor, the latter devoting part of her time to health visiting duties.

The general supervision of the County Midwives is undertaken from County Hall, and that of the Midwives employed by District Nursing Associations by the Superintendent of the Nottinghamshire Nursing Federation and her staff, but for the purposes of the Midwives' Acts, all the midwives, including those engaged in private practice, are supervised by the Non-Medical Supervisors, and by the Specialist Medical Officer in special cases.

All domiciliary midwives are visited at least quarterly, and additionally as frequently as may be necessary. Visits to the patients' homes with the midwives are undertaken as a routine measure. The degree of supervision of midwives in hospitals varies according to the type of hospital, *i.e.* whether or not a medical officer is in residence, etc.

Notifications of intention to practice were received during the year from 214 Midwives, three of these restricting their activities to maternity nursing only.

Four hundred and eighty-five visits and 1,972 investigations into abnormal cases were made during the year.

Suspension from practice in order to prevent the spread of infection was necessary in the case of twenty Midwives, *i.e.* fourteen County Midwives and six District Nurse-Midwives.

During 1952 medical aid was sent for in 1,056 cases.

The number of claim forms submitted by Medical Practitioners was 457, claiming fees amounting to £1,421 7s. 9d.

Other statutory notices were received from Midwives as follows :—

Notification of Stillbirth	....	....	....	....	73
Do.	Death of Child	....	....	....	29
Do.	Death of Mother	....	....	....	1
Do.	Laying-out the Dead	....	....	....	13
Do.	Liability to be a Source of Infection	....	....	....	146
Do.	Artificial Feeding	....	....	....	515
					<hr/>
					777
					<hr/>

Eye Discharge in the Newborn.

Sixty-five cases of inflammation of, or discharge from, the eyes of newborn infants were notified, two being also notified as Ophthalmia Neonatorum.

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

Two cases received hospital treatment and unimpaired vision resulted in all cases.

Puerperal Pyrexia.

Thirty-five cases of Puerperal Pyrexia were notified during the year, seventeen being concerned with domiciliary confinements and eighteen with deliveries in institutions. Of the seventeen confined at home, four were subsequently admitted to hospital for treatment. All made good recoveries.

Administration of Analgesics.

Gas and Air Analgesia.

The scheme for training midwives in the administration of Gas and Air Analgesia, which had been established at the Basford County Institution prior to 1948, was continued by arrangement with the Hospital Management Committee on the transfer of the Hospital to the Regional Hospital Board, and proved so successful that by the end of 1949 this form of analgesia was available throughout the whole of the County.

Sixty-two of the sixty-four County Midwives and fifty-seven of the sixty-four District Nurse-Midwives now practising are qualified to administer this form of analgesia in accordance with the requirements of the Central Midwives Board. The two County Midwives and the seven District Nurse-Midwives who are not qualified are nearing retiring age but they are covered for this work by midwives in the same or adjoining districts. All the qualified midwives are equipped with the Minnitt Gas and Air apparatus, the routine inspection and maintenance of which is undertaken by skilled engineers through an arrangement with the manufacturers.

Six of the twenty-two privately practising midwives are qualified to administer gas and air analgesia but only one is in possession of the necessary equipment.

Details of the cases which received gas and air analgesia during their deliveries in 1952 are as follows :—

<i>Administered by</i>	<i>Midwifery cases</i>	<i>Maternity cases</i>	<i>Total</i>
County Midwives	1,151	375	1,526
District Nurse-Midwives	544	240	784
Privately Practising Midwives	3	1	4
	<hr/> 1,698	<hr/> 616	<hr/> 2,314

The gas and air administrations in 1949 amounted to 1,815.

Pethedine.

Sixty-seven Midwives, *i.e.* twenty-three County Midwives, thirty-four District Nurse-Midwives and ten Privately Practising Midwives, are trained in the administration of pethedine and the cases to which this drug was administered during the year are as follows :—

<i>Administered by</i>	<i>Midwifery cases</i>	<i>Maternity cases</i>	<i>Total</i>
County Midwives	178	145	323
District Nurse-Midwives	126	136	262
Privately Practising Midwives	—	1	1
	<hr/> 304	<hr/> 282	<hr/> 586

Identification of Medical Gas Cylinders.

In July, 1952, information was received from the Minister of Health regarding the international agreement which had been reached on the standardisation of colours, names and symbols of medical gas cylinders which involves altering the identifying colours of most of the medical gas cylinders at present being used in the United Kingdom.

To avoid confusion and danger the gases are being dealt with in groups, the first group being the cylinders containing Nitrous Oxide which have been changed from black to French blue. This gas is used by Midwives in the gas and air analgesia apparatus. It was, of course, essential that every precaution should be taken to eliminate the risk of accidents during the changeover, and immediate instructions were issued to Midwives and other users of the gases, together with tie-on labels for identifying the cylinders during the period of changeover.

Ante-Natal Supervision by Midwives.

All domiciliary practising Midwives are required to carry out adequate ante-natal supervision of their patients, the minimum requirements being a full examination at the time of booking, and thereafter at least monthly visits until the seventh month, after which weekly visits are paid, the urine being tested and the general condition inspected. Instruction in hygiene and mothercraft is afforded to their patients by Midwives as a routine measure during the ante-natal visits.

Every effort is made by the Midwives to induce their patients to attend an Ante-Natal Clinic, and they themselves attend and are present during the medical examination of their cases. In cases where a Midwife is engaged as a Maternity Nurse, she ascertains the wishes of the Medical Practitioner concerned as to the attendance of the patient at an Ante-Natal Clinic.

Co-operation with Medical Practitioners.

With the advent of the provision for maternity medical services to be afforded through the National Health Service some midwives were not clear as to whether they were acting as a midwife or a maternity nurse in cases where the patient had also arranged for a doctor to give her maternity medical services. This point was clarified in the Circular issued by the Minister of Health in November, 1948, and the medical

practitioners and midwives were duly informed that, unless a doctor states specifically that he wishes to be summoned at the onset of labour and that he proposes to deliver the patient himself, the midwife is acting as a midwife. With the view to assisting in this connection a supply of a simple form has been issued to medical practitioners for the purpose of informing the midwife that he had undertaken to provide maternity medical services in a particular case and advising her as to whether he did, or did not, wish to be present at the delivery; the form also provides for the midwife to notify the doctor of the result of the delivery if he is not present. Although this form has not been utilised to any extent by the medical practitioners the position appears to have resolved itself satisfactorily by the development of personal contacts between midwives and practitioners.

As indicated earlier in this report, the midwife ascertains the wishes of the medical practitioner as to whether an expectant mother should be encouraged to attend an ante-natal clinic and she acts under his instructions in all other matters affecting patients with whom he is concerned.

Selection of cases for admission to hospital on sociological grounds.

Applications from cases desiring admission to hospital owing to unsuitable home conditions are normally made either through the Ante-Natal Clinics or the general medical practitioners. Each application is referred to the appropriate Health Visitor who visits the home and submits her report and recommendation. Cases which are eventually considered to be unsuitable for domiciliary confinement are referred to one of the four hospitals with maternity accommodation for such cases, *i.e.* Basford Highbury Hospital, Mansfield Victoria Hospital, the Maternity Wing of the Newark Town and District Hospital, or the Worksop Kilton Hospital. With the exception of the Newark Maternity Wing, the Hospitals require that each case should make at least one visit to their Ante-Natal Out-Patients Department before being accepted for admission. Notwithstanding this stringent procedure, the demand for beds is still in excess of the accommodation available but the co-operation afforded by the Hospitals concerned enables the needs of all really urgent cases to be met.

During the year 1,440 cases were admitted owing to sociological reasons and 225 applications were refused.

Refresher Courses for Midwives.

Provision is made for eight County Midwives and eight District Nurse-Midwives to attend each year post-certificate courses arranged by the College of Midwives. These arrangements have been made with the view to securing, so far as possible, that the policy expressed in the recommendations of the Nurses Salaries Committee that Nurses in the Public Health Services should attend post-certificate courses at intervals not exceeding five years is applied to midwives employed in the Local Health Authority's domiciliary midwifery service. In making these arrangements the Authority had in mind the provision regarding refresher courses contained in Section 8 of the rules of the Central Midwives' Board, which is at present in abeyance.

The Non-Medical Supervisors of Midwives attend the courses organised by the Association of Supervisors of Midwives.

County Midwives.

The following is a summary of the work done by the County Midwives :—

	1948	1949	1950	1951	1952
Ante-Natal Visits—					
Home	27,736	28,451	29,431	28,717	29,362
Clinic	6,411	7,860	8,296	7,042	7,174
Deliveries—					
Midwifery	3,057	2,746	2,488	2,362	2,330
Maternity	727	883	958	1,029	984
Lying-in Visits	62,712	64,063	62,637	61,620	61,373
Totals	100,643	104,003	103,810	100,770	101,223

Transport.

Fifty-three of the County Midwives use motor-cars for the purpose of carrying out their duties; the remainder normally use bicycles but hire cars when necessary for emergency or long distance cases. Travelling allowances are paid in accordance with the County Council's scales. Assistance in purchasing cars under the Council's Car Purchase Scheme was afforded in six cases and the arrangements made by the Ministry of Health with the motor industry again proved most helpful in accelerating the delivery of cars.

7. HEALTH VISITING.

On the appointed day the Health Visiting staff consisted of two Superintendents and fifty-seven Health Visitors. Thirty-two Health Visitors were employed in the "Special Area," *i.e.* the area for which the County Council were responsible for maternity and child welfare prior to the 5th July, 1948, and twenty-four were working in the transferred districts. The staff in the "Special Area" were, with one exception, engaged on combined duties and the equivalent of Health Visitors available for maternity and child welfare work was twenty-three. The twenty-four Health Visitors in the transferred districts were engaged wholly on maternity and child welfare work and there was accordingly the equivalent of forty-seven whole-time Health Visitors available for these activities; the average number of births per Health Visitor was 208.

By the end of 1952, the two Superintendents had retired and thirty Health Visitors had left the service of the County Council; twelve of these were from the "Special Area" and eighteen from transferred districts.

Between the 5th July, 1948, and the 31st December, 1952, three of the Health Visitors were promoted to Superintendents; thirty-one Health Visitors were recruited through the Pupil Health Visitors Training Scheme and fifteen were recruited by other methods, making a total of forty-six appointments. Of these forty-six, nineteen were allotted to the "Special Area" and twenty-seven to the transferred districts.

As new appointments were made the policy expressed in the Proposals of employing qualified Health Visitors to undertake all duties, including those in connection with the School Health Service, was implemented and therefore the position at the 31st December, 1952, was that the staff consisted of three Superintendents and sixty-nine Health Visitors, of whom fifty-seven were engaged on combined duties, and the equivalent of whole-time Health Visitors for maternity and child welfare work was fifty-two; the average number of births per Health Visitor is now 167.

The full establishment is seventy-eight Health Visitors, giving the equivalent of fifty-two for maternity and child welfare purposes and, had it been possible to have filled the nine vacancies, the target of 150 births per Health Visitor envisaged in the Proposals would have been reached. The difficulty which has been experienced in recruiting Health Visitors through normal channels has proved the value of the Training Scheme, although it is disappointing to note that of the thirty-two Health Visitors secured under these arrangements since the scheme was re-commenced in 1947 only twenty are still in the County service. The main reason for the resignations was marriage as the majority were young women who came into the Scheme shortly after completing their general training.

General Visiting.

As from the appointed day all Health Visitors extended their activities to the household as a whole and it is apparent from the returns that, although she was doubtlessly regarded as the general adviser in the majority of families in the past, the placing on the Health Visitor of definite responsibility has served a useful purpose.

Home Visiting.

Reference was made in the introduction to this section of the report to the fact that in some of the transferred districts more attention was given to Centre work than home visiting. Arrangements were accordingly made, as opportunity permitted, for the Health Visitor to devote more time to this important function and the result is reflected in the following Table, which gives the figures for 1952 as compared with those for 1947, the last complete year prior to the transfer :—

<i>Transferred Districts</i>	<i>Visits</i>	
	1947	1952
Mansfield	9,735	10,600
Newark	826	8,618
Retford	2,790	5,941
Worksop	2,270	15,225
Arnold	3,978	5,223
Beeston	8,247	14,272
Hucknall.....	5,006	4,666
Kirkby-in-Ashfield	5,083	6,160
Mansfield Woodhouse	3,942	4,820
Sutton-in-Ashfield	2,316	11,080
Warsop	1,502	3,120
	<hr/>	<hr/>
	45,695	89,725
" Special Area "	70,686	91,523
	<hr/>	<hr/>
Totals	116,381	181,248
	<hr/>	<hr/>

Details of the type of visits made during the four and a half years under review are as follows :—

	5.7.48—				
	31.12.48	1949	1950	1951	1952
First Visits to Infants	4,624	9,911	9,423	9,298	9,189
First Visits to Children	775	1,912	1,868	1,199	1,167
Re-Visits to Infants	16,402	36,994	41,306	42,653	44,835
Re-Visits to Children	40,194	90,204	99,572	110,448	112,137
Visits to Expectant Mothers	3,130	8,525	8,795	8,403	8,188
Visits to Post-Natal Mothers	447	934	514	2,298	2,849
General Health Visiting	1,755	1,312	2,038	2,907	2,883
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Totals	67,327	149,792	163,516	117,206	181,248
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

Health Visiting Training Scheme.

The scheme for training Health Visitors referred to above was established in conjunction with the City of Nottingham and Nottingham University. The Course extends over the period of an academic year, the students attending the University for the theoretical training. The major proportion of the lectures are given by the County and City medical and lay staffs. The practical training is afforded on the districts under the supervision of established Health Visitors.

Bursaries (at present of the value of £290 per annum) are paid during training, and an allowance of £23 per annum is given towards the cost of laundry, books and travelling expenses; the examination fee of £6 6s. 0d. is also refunded to successful students.

The County and City Authorities pay the tuition fees for their particular students on a capitation basis and also contribute towards the Tutor Health Visitor's salary and expenses. Subject to places being available, the training facilities are made available to neighbouring Authorities on the same terms.

After qualification, the Health Visitors are required to work in the area of their parent Authority for a period of at least two years.

Refresher Courses.

Provision is made for the Health Visitors to attend, in rotation, Courses arranged by the Royal College of Nursing and the Women Public Health Officers' Association. Six to eight Health Visitors have attended each year in the past but this number has been increased to twelve for 1953.

The Superintendent Health Visitors are also sent, in rotation, to these or other Courses specially arranged from time to time for supervising staff.

8. HOME NURSING.

(i) General Arrangements for the Service.

Prior to the 5th July, 1948, the Home Nursing Service in Nottinghamshire was provided by the Nottinghamshire Nursing Federation and a number of District Nursing Associations, most of whom were affiliated to the Federation. These organisations had played an integral part in the life of the County over many years, and had been liberally subsidised by the County Council, although the provision of a Home Nursing Service was not then a statutory duty. The County Council had, moreover, encouraged the formation of new Associations to such an extent that before the 5th July, 1948, most of the County area was covered for Home Nursing by District Nursing Associations. The position was such that only minor adjustments were necessary to secure complete cover as from the appointed day. The District Nurse had become a familiar figure in the towns and villages of Nottinghamshire. The services provided by the Federation and District Nursing Associations were a "going concern." There was, therefore, good reason so far as Nottinghamshire was concerned for accepting the advice given by the Minister of Health in Circular 118/47 that Local Health Authorities should utilise the services of existing organisations wherever they were providing a satisfactory service.

The Proposals submitted by the County Council to the Minister accordingly provided that these voluntary organisations should continue to undertake Home Nursing Services in the capacity of Agents of the County Council (who would meet the entire cost), subject to the completion of agreements, of three years' duration in the first instance, embodying terms safeguarding the County Council and the public. There was, however, one revolutionary change—namely, that the Associations were no longer able to collect benefit subscriptions from the public; as from the 5th July, 1948, the Services were free.

Originally the number of Associations involved was seventy-three*, the majority of whom were affiliated to the Nottinghamshire Nursing Federation. The arrangements which came into operation from the 5th July, 1948, provided that as from that date the few unaffiliated Associations should become associated with the Federation and have representation on the Federation's Executive Committee. The Federation, who employ a County Superintendent and Deputy, became responsible for the supervision and co-ordination of the work of the Associations, both affiliated and unaffiliated, for the provision of relief staff, and for the training of nurses in Home Nursing.

It was felt that the maintenance of the District Nursing Associations would ensure continued local interest; that their local Committees would be able to deal with minor day-to-day problems on the spot; and that in this connection their intimate knowledge of their districts and people would be invaluable. The County Council, for their part, were enabled to make use of the cars, houses and equipment which had been provided by the Associations before the appointed day for the use of their Nurses.

*By the end of 1952 this figure had been reduced to 70.

A voluntary body cannot expect to become part of a Service whose cost is met from public funds without being subject to some measure of control. It is undeniable that this fact has given rise to certain difficulties, but it is nevertheless true to say that with understanding and good will these difficulties have largely been overcome.

Undoubtedly from the new arrangements definite advantages have accrued both to the Home Nursing Service and to the Nurses employed. Probably the greatest personal benefit to the Nurses lies in the fact that all who are eligible are now participating in the County Council's Superannuation arrangements. A great deal has been done to improve the housing conditions of the District Nurses, and the County Council have from time to time expressed appreciation of the ready help of the Housing Authorities in this connection. The County Council have themselves provided housing accommodation for District Nurses in two cases and have approved similar provision for a third. A number of District Nurses have been provided by the County Council with motor cars and garages, and all District Nurses have available for their use a much more adequate scale of nursing equipment. Some Nurses have been helped to purchase their own cars by the County Council's assisted car purchase scheme.

It was not possible to effect any considerable improvement in the staffing position until 1952, when an increase of staff, together with a reduction of midwifery and maternity cases attended by District Nurse-Midwives, had the effect of enlarging the available Home Nursing Staff by the equivalent of ten Nurses. The standard laid down in the County Council's Proposals for Home Nursing is one Nurse per 4,000 of the population. The ratio at 31st December, 1948, when the equivalent of 76 whole-time Nurses were employed, was one per 6,654. At 31st December, 1952, the figure was one per 5,640 and the staff employed was the equivalent of 95 whole-time Nurses. It is, of course, appreciated that the standard of staffing laid down in the County Council's Proposals is high and perhaps hardly justifiable under present conditions. A review of the Service which was carried out in 1950 revealed considerable disparity statistically in the work performed by individual Nurses. While it was appreciated that the figures alone were not altogether reliable criteria, and that the area of her district and the distances the Nurse had to travel should also be taken into account, it was nevertheless evident that some Nurses were not employed to capacity while others seemed to be over-worked. The Agreements between the County Council and the voluntary bodies concerned expressly provided for adjustment of the areas of District Nursing Associations where the exigencies of the Service rendered such a course necessary. On representation by the County Council, the Federation and the District Nursing Associations began a process of rationalisation which is still going on, and which it is hoped will result in an increasingly better use of the staff available.

Following the review which was made at the end of 1950 the County Council decided, with the cordial agreement of the voluntary bodies concerned, to continue the arrangements for a further period of three years.

(ii) Co-operation with General Practitioners.

Reference has already been made, in Section 2 of this Survey, to the question of co-operation between Home Nurses and the General Practitioner Service.

There is every reason to believe that this co-operation is cordial and effective.

(iii) Arrangements for Liaison with Hospitals.

This matter has also been referred to in Section 2 of the Survey.

There is no doubt that the Home Nursing Service plays an important part in ensuring the economical use of the limited hospital provision which is at present available. It has, however, come to notice from time to time that the arrangements for liaison between the Hospital Service and the Home Nursing Service *via* the General Practitioner have been somewhat nebulous, and formalisation would, it is suggested, make this liaison more effective.

Recently a Hospital Management Committee have made tentative enquiries with regard to the post-operative care by the District Nurses of male hernia cases. Under the arrangements suggested the younger and more fit type of men would be admitted to hospital for operation and discharged after three days. They would remain in bed at home for a week and have a daily visit from the District Nurse, who would be asked to take out the stitches on the tenth day. This service would, of course, be undertaken with the full co-operation of the patient's own doctor, who would be responsible for the care of the case. The Hospital Management Committee have been assured of the co-operation of the Home Nursing Service if this proposal materialises.

(iv) Classification and Proportions of Main Types of Cases attended by Home Nurses.

It has unfortunately been found impracticable to carry out a detailed analysis of all the cases attended by the District Nurses throughout the County since the Home Nursing Service became the responsibility of the Local Health Authority. The following Table, which has been compiled from data collected by the County Superintendent of the Nottinghamshire Nursing Federation, gives a detailed analysis of the cases attended and visits paid in twenty representative areas served by District Nursing Associations.

Condition	NUMBER OF CASES						No. of Cases included in Cols. (2) and (3) referred on discharge from hospital		No. of Visits paid to Patients shown in Cols. (2) to (5)	
	Referred by G.P.'s		Emergencies		Total	%				
	M	F	M	F						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Infective & Parasitic Diseases ..	202	231	7	17	457	3.9	3	1	4,345	4,931
Neoplasms	243	297	11	26	577	4.9	21	22	6,086	9,994
Allergic, endocrine system, metabolic and nutritional diseases	60	187	10	33	290	2.5	16	32	4,051	13,251
Diseases of the blood and blood-forming organs ..	78	122	—	5	205	1.7	1	2	978	2,608
Mental, Psycho-neurotic and Personality Disorders ..	—	5	—	—	5	.04	—	—	—	43
Diseases of the Nervous System and Sense Organs	286	467	38	44	835	7.1	4	20	6,806	10,969
Diseases of the Circulatory System ..	554	791	52	96	1,493	12.6	—	7	13,189	23,856
Diseases of the Respiratory System ..	432	551	43	57	1,088	9.3	—	1	6,084	8,256

Complications of Pregnancy, Child-birth and the puerperium ..	—	1	—	—	1	.01	—	—	—	7
Diseases of the Skin & Cellular tissue	37	43	1	2	83	.71	11	8	822	676
Diseases of the Bones and organs of movement	87	231	13	52	383	3.2	3	1	2,097	9,687
Congenital Malformations	2	3	—	—	5	.04	—	—	17	93
Symptoms, Senility and ill-defined conditions	1,144	1,751	211	325	3,431	29.2	45	44	18,287	37,458
Accidents, Poisoning and violence ..	234	248	45	85	612	5.2	28	44	2,877	4,871
	4,297	5,949	459	1,057	11,762	100	566	349	76,363	136,205
PER CENT.	36.5	50.6	3.9	9.0			4.8	3.0		

This table reveals that in the Districts reviewed the District Nurses paid, during the period under survey, 212,568 visits to 11,762 patients. Of the latter, 10,246 (or 87.1%) were referred by general practitioners and the remaining 1,516 (or 12.9%) were attended in emergency, attendance subsequently being covered by medical certificate. The number of patients referred on discharge from Hospital was 915 or 7.8% of the total.

In the cases attended, females exceeded males by 2,250, the percentages being females 59, males 41.

The table indicates the proportions of patients attended in the standard main classifications of disease or injury. The principal conditions which required the attention of the Nurses and the numbers of cases attended are set out below.

	<i>No. of Cases</i>	<i>Percentage of total cases</i>
Septic conditions	2,417	20.5
Heart disorders	963	8.2
Senility	921	7.8
Cancer, Malignant disease	577	4.9
Circumcision (post operative)	464	3.9
Bronchitis	414	3.5
Rheumatic diseases	374	3.2
Tuberculosis	237	2.0
Burns and scalds	233	2.0
Diabetes	229	1.9
Anaemia	205	1.7

General Statistics (Whole County).

	1948 (5th July to 31st Dec.)	1949	1950	1951	1952
Total No. of cases attended ..	3,828	8,387	9,050	9,560	9,305
†Average No. of Cases attended per equivalent of whole-time Nurse	50	106	106	112	98
Total No. of Visits paid ..	89,293	208,000	225,575	246,186	248,712
†Average No. of visits paid per equivalent of Whole-time Nurse	1,175	2,633	2,536	2,896	2,618
Average No. of visits paid per Case	23	25	25	26	27
†Equivalent of Whole-time Staff employed at 31st December ..	76	79	85	85	95
††Equivalent of Whole-time Staff required at 31st December	126	130	131	133	134
*Extent to which Staff falls short of requirements at 31st December	50	51	46	48	39
*Ratio of Staff to Population at 31st December	1 per 6,654	1 per 6,651	1 per 6,154	1 per 6,281	1 per 5,640

†Some Nurses devote part of their time to Domiciliary Midwifery.
††On basis of 1 per 4,000 of population.
*Expressed as equivalent of whole-time Nurses.

The foregoing table shows in relation to the staff available the work undertaken by the Home Nursing Service during the period 5th July-31st December, 1948, and each of the years 1949 to 1952.

In the period to which the Survey relates it is estimated that the County population has increased by approximately four per cent.

Compared with that for the year 1949 (the first full year during which the Service was operating under the aegis of the Local Health Authority) the figure for 1952 shows an increase in cases attended of 918 (or 10.9 per cent). Actually the figure for 1952 had declined from that for the previous year; and if the 1951 figure had been maintained in 1952 the increase as compared with 1949 would have been 1,173 (or nearly 14 per cent).

The total number of visits paid in 1952 exceeded the figure for 1949 by no less than 40,712, giving a percentage increase of 19.6.

(v) Night Service.

In their Proposals the Local Health Authority indicated that as soon as the requisite staff became available they would have due regard to the need for the establishment of a Night Service.

Hitherto there has been no demand for such a Service, and none has been established, but the matter will be kept under constant review.

(vi) Refresher Courses for Nursing Staff.

The Local Health Authority have made a practice of sending six Nurses annually to a week's Post-Graduate Course arranged under the auspices of the Queen's Institute of District Nursing.

(vii) District Nurse Training.

Arrangements are made by the Nottinghamshire Nursing Federation for the special training in Home Nursing of suitable Nurses appointed to the staff who lack such training, and the County Council meet the cost. At the time of writing about half the District Nurses employed are members of the Queen's Institute of District Nursing.

9. VACCINATION AND IMMUNISATION.

Diphtheria Immunisation.

In the exercise of the powers conferred upon them by Section 26 of the National Health Service Act, 1946, the County Council chose to preserve the local goodwill built up in the preceding years by the County District Medical Officers of Health, and therefore continued, with the consent and approval of the several County District Councils, to utilise the services of the District Medical Officers of Health, acting as their agents, in the organisation and conduct of approved sessional arrangements and, after reimbursing the approved cost involved during the first two years, have since consolidated and simplified the financial aspects of this arrangement by the annual advance payment of agreed lump sums to the County District Councils concerned. Wherever necessary, the County Council's medical and nursing staffs have also participated in the work involved, provision being made for individual immunisations to be carried out on request at routine Child Welfare or School Clinic sessions. Since January 1952 the Council's arrangements have also provided for the transmission of information to general medical practitioners of their patients who are immunised under the Department's arrangements, so that they, too, may be fully informed as to the immunisation state in their practice.

The opportunity to serve under the Council's arrangements for securing Diphtheria immunisation has also been extended since July, 1948, to all general medical practitioners in the Authority's area, and the numbers participating in the Council's scheme at the end of 1952, and at 31st December in each of the four preceding years, were as follows :

Position at 31st December	1948	1949	1950	1951	1952
No. of general practitioners serving under the Scheme ..	154	188	219	246	274

Measures taken to improve the level of immunisation in the County area have included :—

1. Sustained personal persuasion by Health Visitors in the course of their routine duties.
2. The distribution by Health Visitors of leaflets provided by the Ministry of Health, together with forms specially designed by the Authority inviting the parent or guardian of every newly-born child to consent to immunisation against Diphtheria.
3. The seeking of consent to any necessary treatment by Health Visitors on the occasion of their pre-school visit, followed by the distribution through Head Teachers of forms inviting the parent or guardian of every Infant School entrant to consent to primary immunisation or a re-inforcing injection, as necessary.
4. The display of suitable posters in Health Departments, Welfare Centres and School Clinics as to facilities available at special sessions, normal Centre or Clinic sessions, or through the services of general practitioners.
5. The regular dissemination of statistics to Officers taking part in the service throughout the County.
6. Lectures and other activities by the Department's Health Education Service.

These measures have produced encouraging results, as indicated by the table and the graph of the immunisation state in the County which follow, but some concern has recently been felt at the reduction in the number of pre-school children being immunised and this is being carefully watched and such action as is possible taken to improve the acceptance rate in this important age group.

At the end of 1952, consideration was being given, in consultation with all District Medical Officers of Health, to some modification of the existing "agency" arrangements to give the District Medical Officer of Health a greater share in the organisation of the work involved—particularly the registration of births in his area and all consents to treatment obtained through the Health Visiting service—so that the time at present devoted to registration on these lines by Health Visitors and School Nurses might be devoted to their more important duty of the systematic follow-up of "defaulters" and more intensive seeking of consent to primary immunisation or a re-inforcing injection *before* rather than *after* a child enters School.

Age Group	†Children who had completed a full course of Immunisation at any time before 31st December				
	1948	1949	1950	1951	1952‡
0-4 years	24,226	25,807	26,669	27,211	26,132
5-14 years	58,479	58,636	63,605	65,577	69,635
Totals (under 15 yrs.)	82,705	84,443	90,274	92,788	95,767
Percentage of estimated child population ..	74.8	75.4	76.0	76.2	78.7+

†Figures for one County District complete as from 1946 only.

‡Provisional.

+Based on mid-1951 estimated population.

It should, of course, be borne in mind that these figures represent only the *known* immunisation state and that the *real* percentages might well be higher if it were possible to include children immunised by general medical practitioners who do not participate in the Local Health Authority's arrangements, although it is believed that these are comparatively few having regard to the increase in the numbers of practitioners now serving under the Council's scheme.

Diphtheria—Notifications and Deaths.

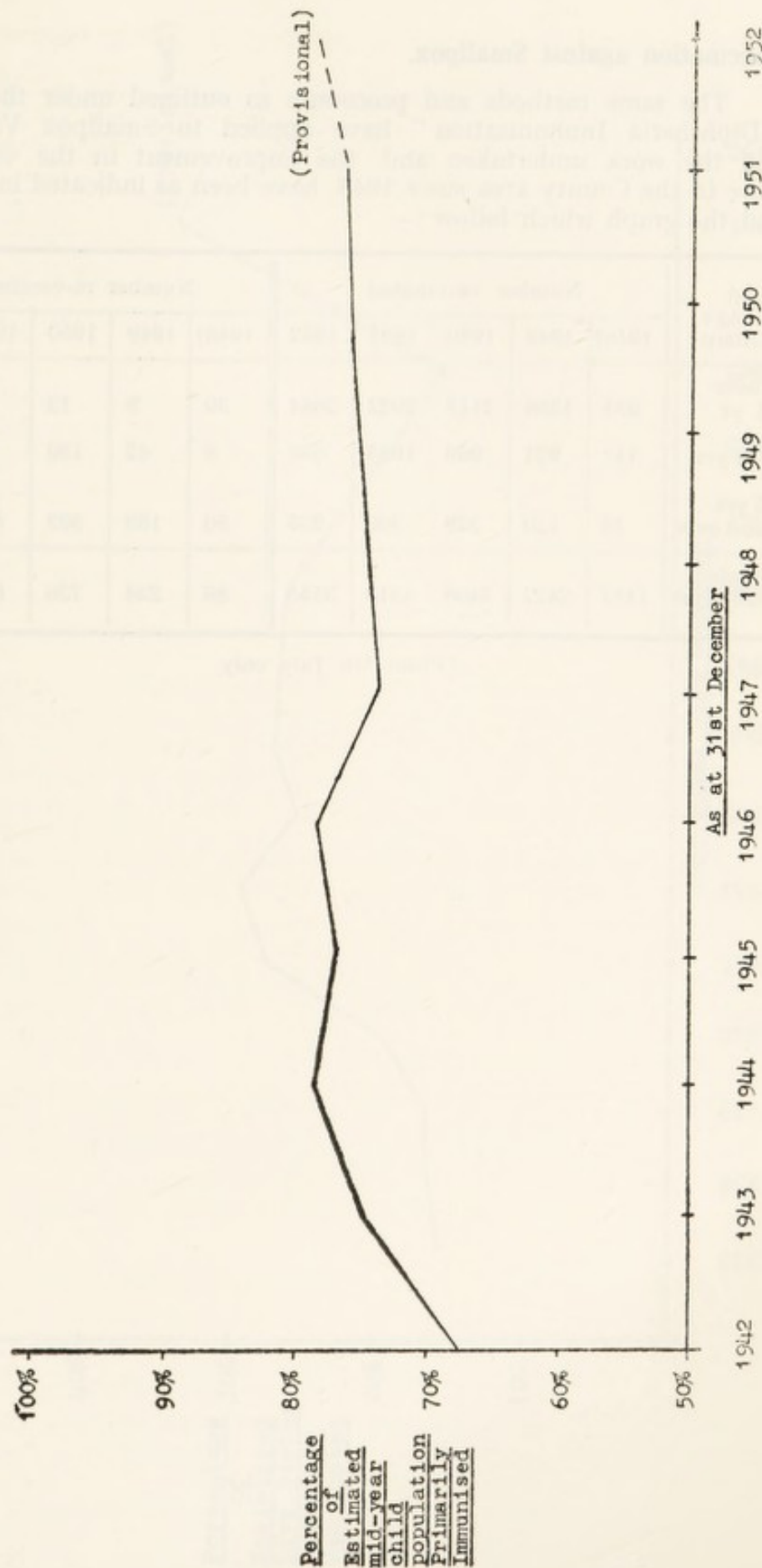
Notifications and deaths from diphtheria of children in the County area during the period covered by this Report were as follows :—

0-14 years	1948	1949	1950	1951	1952
Notifications ..	4(2)	4(1)	—	—	1(-)
Deaths	1(-)	—	—	—	—

Figures in parentheses indicate numbers concerned who had been immunised.

NOTTINGHAMSHIRE

Diphtheria Immunisation State 0 - 14 yrs.



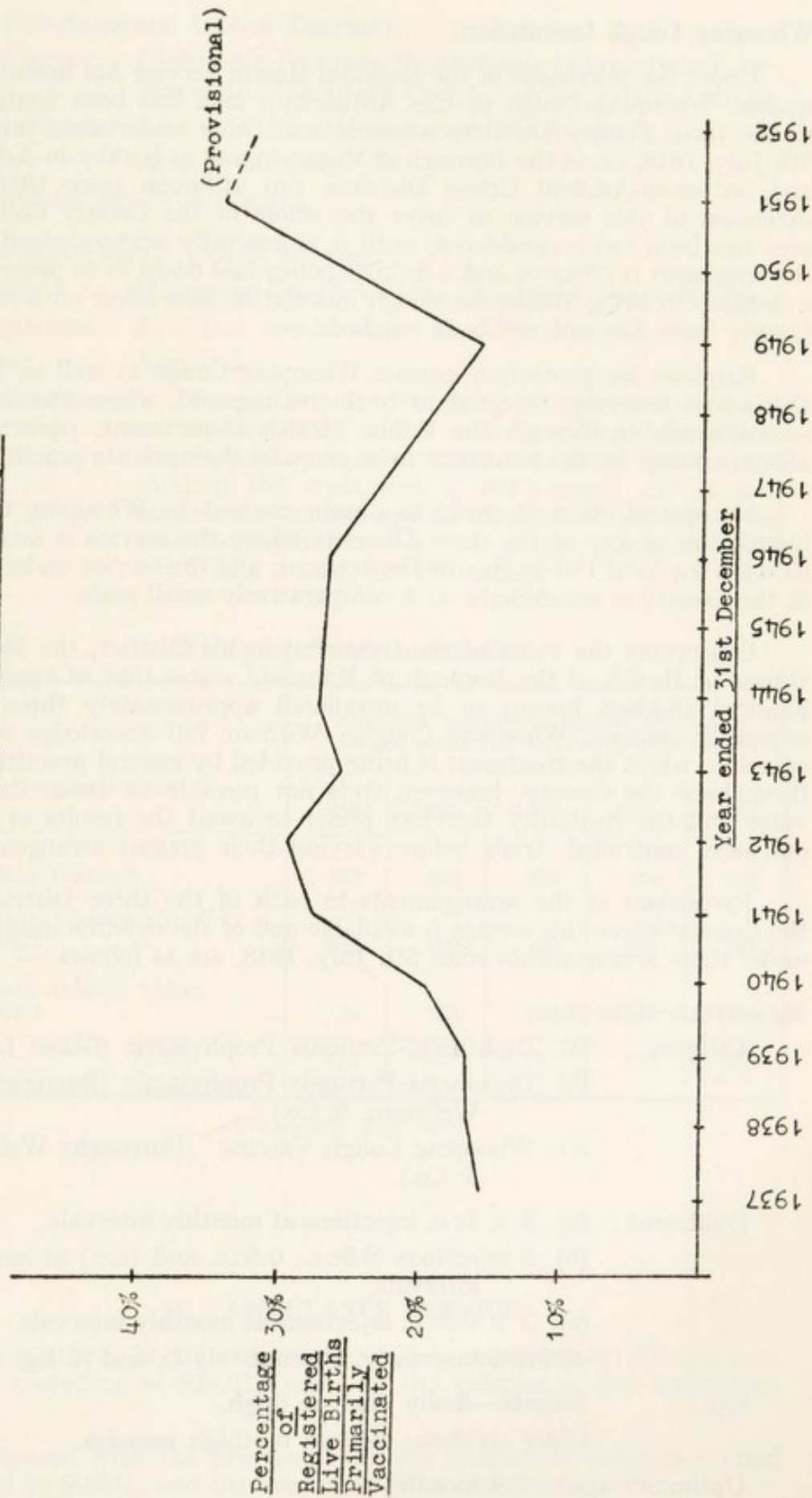
Vaccination against Smallpox.

The same methods and procedure as outlined under the heading "Diphtheria Immunisation" have applied to Smallpox Vaccination and the work undertaken and the improvement in the vaccination state in the County area since 1948, have been as indicated in the table and the graph which follow :—

Age Group	Number vaccinated					Number re-vaccinated				
	1948†	1949	1950	1951	1952	1948†	1949	1950	1951	1952
Under 1 yr. . .	935	1386	2113	2922	2684	30	9	13	38	—
1-14 yrs.	147	921	963	1085	636	6	42	130	67	79
15 yrs. and over	75	120	329	306	235	50	183	593	555	424
Totals (all ages)	1157	2427	3405	4313	3555	86	234	736	660	503

†From 5th July only.

NOTTINGHAMSHIRE
Smallpox Vaccination 0-1 yrs.



Whooping Cough Inoculation.

Under the provisions of the National Health Service Act inoculation against Whooping Cough in this Authority's area has been continued in the three County Districts where it was being undertaken prior to 5th July, 1948, *i.e.* in the Borough of Mansfield and in Kirkby-in-Ashfield and Sutton-in-Ashfield Urban Districts, but although since 1948 the extension of this service to cover the whole of the County Council's area has been twice considered, until it is generally acknowledged that the treatment is effective and a definite policy laid down as to procedure, a decision to bring Whooping Cough inoculation into effect on a whole-County basis has not yet been reached.

Requests for protection against Whooping Cough as well as Diphtheria are, however, reported to be increasing and, where the service is not available through the Public Health Department, parents are able to arrange for the treatment to be given by their private practitioner.

No special effort is made to obtain consent to Whooping Cough inoculation in any of the three Districts where the service is available through the local Public Health Department, and the service undertaken in the County is accordingly on a comparatively small scale.

Concerning the value of the treatment in his District, the Medical Officer of Health of the Borough of Mansfield states that of every one hundred children known to be inoculated approximately three subsequently contract Whooping Cough. Without full knowledge of the extent to which the treatment is being provided by general practitioners throughout the County, however, it is not possible to assess its true value and the Authority therefore prefer to await the results of more extensive controlled trials before varying their present arrangements.

Particulars of the arrangements in each of the three Districts in the County where this service is available and of the children inoculated under these arrangements since 5th July, 1948, are as follows :—

MANSFIELD BOROUGH.

- Antigens : (a) Diphtheria-Pertussis Prophylactic (Glaxo Labs.).
 (b) Diphtheria-Pertussis Prophylactic (Burroughs Wellcome & Co.).
 (c) Whooping Cough Vaccine (Burroughs Wellcome & Co.).

- Treatment : (a) $3 \times 1\text{c.c.}$ injections at monthly intervals.
 (b) 3 injections (0.5c.c., 0.5c.c. and 1c.c.) at monthly intervals.
 (c) $3 \times 0.5\text{c.c.}$ injections at monthly intervals.
all intramuscularly, alternatively L. and R. leg.

- Site : Infants—fleshy part of thigh.
 Older children—deltoid or thigh muscles.

Optimum age : 8-9 months.

KIRKBY-IN-ASHFIELD URBAN DISTRICT.

Antigens : Diphtheria-Pertussis Prophylactic (Glaxo Labs.), or
Suspended Whooping Cough Vaccine (Glaxo Labs.).

Treatment : $3 \times 1\text{c.c.}$ injections at monthly intervals.

Site : Arm or buttock.

Optimum age : 8 months.

SUTTON-IN-ASHFIELD URBAN DISTRICT.

Antigen : Whooping Cough Vaccine 'A' (Parke Davis & Co.).

Treatment : $3 \times 1\text{c.c.}$ injections at monthly intervals.

Site : Arm.

Optimum age : 6 months. If Whooping Cough inoculation is not commenced by 8-9 months of age, Diphtheria immunisation is done first. In older infants and children the treatment is discouraged and is only carried out at the special request of a parent, but *never* for children over 4 years of age. Approximately 1 in 7 fails to complete the course.

Whooping Cough Inoculation.

County District	Numbers inoculated against Whooping Cough under Public Health Department arrangements				
	1948†	1949	1950	1951	1952
Mansfield Borough	182	285	207	226	193
Kirkby-in-Ashfield Urban District	255	199	160	204	188
Sutton-in-Ashfield Urban District	36	153	212	100	104
Totals ..	473	637	579	530	485

†From 5th July only.

10. AMBULANCE SERVICE.

During 1952, 79,837 calls were received, involving 101,931 patients and the travelling of 924,019 miles by the vehicles of the Ambulance Service.

Compared with the previous year the number of patients carried increased by 9.63%, and the total mileage by .08% only.

The categories of the 101,931 patients carried were as follows :—

Category	Patients	Percentage of total	Percentage of total for previous year
Accident.. ..	2,264	2.22	2.53
Emergency	3,643	3.58	4.21
Treatment	92,931	91.18	89.90
Infectious	665	.65	.64
Maternity	2,227	2.18	2.32
Other	201	.19	.40

The only increase compared with the previous year is the percentage of treatment cases which include normal admission to and discharge from hospital cases, whilst the percentage of the other categories of cases decreased proportionately.

623,986 miles were covered by forty-two ambulances (an average of 14,857 miles per ambulance) and 300,031 miles by thirteen sitting-case vehicles (an average of 23,079 miles per vehicle).

The average mileage per patient for the last four years was as follows : 1949—10.84 ; 1950—9.96 ; 1951—9.93 ; 1952—9.06.

The decrease in the mileage per patient is attributed to :—

- (a) The introduction of radio control for approximately half of the ambulance fleet during the latter half of 1952.
- (b) The fuller use made of returning ambulances particularly in the Nottingham area where the majority of hospital discharge cases whose home addresses are in the County area are now conveyed by the vehicles of the County Ambulance Service instead of as previously by the vehicles of the Nottingham City Ambulance Service.
- (c) The slightly larger number of long distance cases conveyed by rail. If the eleven patients who were conveyed by train during 1952 had been taken all the way by ambulance vehicle, approximately a further 2,700 miles would have been covered.

The table on the following page shows the work undertaken by each of the Main Stations, Sub-Stations and Depots during the four complete years from 1949 to 1952.

Station, Sub-Station or Depot	Calls				Patients Carried				Mileage			
	1949	1950	1951	1952	1949	1950	1951	1952	1949	1950	1951	1952
Nottingham Group Station:												
Arnold	2,992	3,178	2,551	3,030	3,256	3,806	3,093	3,771	23,691	24,957	20,933	20,899
Beeston	6,446	6,668	7,007	7,487	6,729	7,544	8,218	9,292	75,981	77,640	75,612	74,719
Carlton	3,487	5,243	5,344	5,993	4,572	7,062	6,721	7,568	49,097	58,365	50,427	55,547
Hucknall.....	3,630	5,814	4,805	5,986	5,649	7,785	6,067	7,948	59,541	76,816	66,528	78,220
West Bridgford	3,935	5,425	5,281	6,364	4,942	6,365	6,164	7,897	62,575	80,112	78,163	86,843
Eastwood Sub-Station	1,943	2,778	2,718	2,236	2,579	3,381	3,355	2,882	27,692	27,362	22,484	21,503
Kirkby-in-Ashfield Sub-Station	2,412	3,543	2,862	2,890	3,173	4,167	3,182	3,659	32,057	30,540	27,804	24,483
Ruddington Sub- Station	1,589	1,701	1,640	508	1,949	2,618	2,653	860	22,195	24,516	23,052	6,417
Southwell Sub-Station †	816	1,005	1,267	1,326	1,094	1,304	1,683	1,952	15,550	17,032	15,781	16,414
Mansfield Main Station	18,924	18,240	19,347	19,954	23,632	24,132	25,628	24,418	204,855	203,053	208,415	192,231
Bilthorpe Sub-Station *	1,044	1,354	1,242	940	1,256	1,534	1,294	1,410	16,904	19,155	16,174	14,397
Ollerton Sub-Station **	1,918	1,472	62	—	2,267	1,857	68	—	22,540	22,193	936	—
Warsop Sub-Station ***	564	1,617	1,818	1,731	617	2,017	2,511	2,921	5,531	16,211	17,508	16,255
Newark Main Station	5,289	7,045	6,013	7,891	5,992	7,857	6,701	9,502	71,688	76,159	70,063	89,840
Retford Main Station	3,256	5,479	5,626	6,236	3,383	5,891	5,807	7,500	80,642	104,957	116,277	108,153
Workshop Main Station ...	6,287	6,628	6,823	6,610	7,286	8,419	8,816	8,820	86,488	91,122	93,140	97,815
Harworth Sub-Station	1,936	643	579	655	2,546	1,465	1,033	1,531	20,738	18,470	19,928	20,283
	66,468	77,833	74,985	79,837	80,922	97,204	92,976	101,931	877,765	968,651	923,225	924,019

†Sub-Station closed 31st March, 1952.

‡Sub-Station closed 15th January, 1951.

*Sub-Station opened 14th March, 1949, and closed for 4 months during 1952.

**Sub-Station opened 28th February, 1949.

***Sub-Station opened 22nd August, 1949.

The lowest number of patients carried was 80,922 in 1949, and in the following year the number of patients carried rose sharply to 97,204. Following the publication of Ministry of Health Circular 30/51 dated the 9th July, 1951, a considerable decline in the number of patients carried was noticed, and the total for 1951 was 4,228 less than the previous year; this downward trend was reversed, however, in 1952 when the number of patients carried was 101,931, the highest for any complete year of the 1949-1952 period.

During the year supplies of a standard form were sent to doctors and hospital authorities for use when requesting ambulance transport for non-urgent cases. These forms were designed to save the time of doctors and others, who had previously requested ambulance transport by means of letters or by a variety of different forms of certificate, and at the same time to supply all the details required to enable transport to be made available on clinical grounds without telephoning for further particulars. The introduction of these forms has generally had the desired effect but objections were made by some hospital authorities on account of the clinical information asked for.

It is felt that many of the "treatment" cases for whom ambulance transport is still being requested can travel to and from hospitals by means of public transport and it is with regard to this category of case that a careful review is again being made in conjunction with Hospital Staffs.

In some instances in which Hospital Authorities have been of the opinion that ambulance transport is not needed, the patients concerned have subsequently obtained certificates from general practitioners certifying the need for ambulance transport. In all such cases the attention of the general practitioner is drawn to the opinion of the Hospital Authority and only if the general practitioner re-affirms the need for ambulance transport is it supplied, pending a review of the case by the Hospital Staff concerned.

Voluntary Agencies.

The Harworth Colliery Hospital Fund Committee who since July, 1948, had provided an ambulance service in the Harworth area, terminated their agreement with the County Council in February, 1952, and from that date the Ambulance Service for the whole County area has been provided directly by the County Council.

Ambulance Premises.

The County Council have an extensive capital building programme which provides for new buildings or extensions at the following places :—

Arnold	.....	new depot buildings.
Beeston	.....	extensions to existing depot premises.
Bingham	.....	new sub-station premises and pair of houses for staff.
Carlton	.....	new depot premises.
Eastwood	.....	new sub-station premises.

Harworth	new sub-station premises.
Hucknall	new depot premises.
Kirkby-in-Ashfield	new sub-station premises.
Mansfield	extensions to existing station premises.
Misterton	new sub-station premises.
Newark	new station premises.
Retford	new station premises.
West Bridgford	new depot premises.
Worksop	new station premises.

During 1952 it was decided to defer the proposals to provide new sub-station premises at Tuxford and Ruddington until the full effects of the introduction of the radio control system have been ascertained.

The progress made during the year was again limited to the location of sites, the obtaining of planning permission and other preliminary enquiries. Towards the end of the year, however, starting dates of January 1953 were given by the Ministry of Works for the erection of new depot premises at Carlton and the extensions to the existing depot premises at Beeston.

The proposed scheme to extend the existing station premises at Mansfield to provide a lecture room, showers and adequate office, storage, lavatory and W.C. accommodation was deferred by the Minister of Health on account of the steel shortage and it is not anticipated that the amount of steel required can be released until late in 1953 or possibly 1954.

The alterations to the rented premises at Edwinstowe were commenced and it was hoped to open the Edwinstowe Sub-Station early in 1953. Improvements and alterations were also carried out at the Council's Sub-Station premises at Southwell.

The accommodation and staff facilities at many of the ambulance premises leave much to be desired, and despite certain small improvements which have been carried out a satisfactory solution to the accommodation problem will not be reached until the proposed new premises have been erected.

During the year the tenancy of the Ruddington Sub-Station premises was terminated and the vehicle and personnel concerned were transferred to the West Bridgford Depot.

Vehicles.

The approved establishment of ambulance vehicles remained at forty-two ambulances and thirteen sitting-case vehicles. During the year six new Bedford/Lomas ambulances were delivered and three of the 1948 Austin Welfarer ambulances were converted to mechanics' vans. Two obsolete ambulances and two old vans were disposed of and the vehicle strength at the end of the year was up to establishment, as follows ;—

<i>Make</i>	<i>H.P.</i>	<i>Year</i>	<i>Number</i>
(a) Ambulances—			
Austin	24	1944	3
Austin	27	1945	2
Austin	27	1946	1
Austin	27	1947	1
Austin	27	1948	2
Austin	25	1948	1
Austin	16	1948	1
Austin	16	1949	6
Bedford	28	1949	8
Bedford	28	1950	1
Bedford	28	1951	3
Bedford	28	1952	6
Morris	25	1947	2
Morris	25	1948	1
Morris	25	1949	2
Morris	25	1950	1
Morris	25	1951	1—42
(b) Sitting-Case Vehicles—			
Ford (Utility)	10	1944	1
Austin	16	1948	6
Austin	16	1949	4
Bedford Transit Ambulance	28	1950	2—13

At the end of the year the average age of ambulances was approximately 3 years 7 months and of sitting-case vehicles 4 years 2 months.

Radio Control.

The County Council in February 1952 approved a revised scheme for the radio control of twenty-seven vehicles, (approximately half of the ambulance fleet) and during the year fixed station equipment and fifteen mobile sets were installed in the Nottingham area, and later, fixed station equipment and a further four mobile sets were installed in the Newark area.

The full operational and economical effect of the system has not yet been felt, but the following figures indicate that a reduction of miles per patient has occurred in the two areas in which the radio control system has been in operation.

(a) **Nottingham area** (radio control brought into operation 25th July, 1952).

<i>Period</i>	<i>Patients</i>	<i>Mileage</i>	<i>Mileage per patient</i>
1952			
Jan.-March	11,230	96,202	8.56
April-June	11,130	93,104	8.36
July-September	11,502	96,644	8.40
October-December	11,981	98,095	8.19

- (b) **Newark area** (radio control brought into operation 25th August, 1952).

<i>Period</i> 1952	<i>Patients</i>	<i>Mileage</i>	<i>Mileage per patient</i>
Jan.-March	2,156	21,437	9.95
April-June	2,119	20,098	9.48
July-September	2,505	24,135	9.63
October-December	2,722	24,170	8.88

In December radio equipment was also installed in the Worksop/Retford area but was not in operation during the year under review.

Staff.

The total establishment of ambulance personnel at the end of the year was 198 comprising :—

- 1 County Ambulance Officer.
- 1 Assistant County Ambulance Officer.
- 4 Superintendents.
- 5 Station Officers.
- 11 Shift Leaders in charge of Sub-Stations.
- 153 Driver-Attendants.
- 3 Driver Mechanics.
- 1 Radio Technician.
- 4 Clerical Staff.
- 15 Control Assistants.

The total staff employed on the 31st December, 1952, was 173, a decrease of two on the total employed on the previous 31st December.

All operational personnel, with the exception of a few new entrants studying for their first certificate, are qualified in First Aid, many of them also being members of the St. John Ambulance Brigade or of the British Red Cross Society.

New uniform was issued to the majority of personnel during the year and the full issue of uniform is now :—

- 1 Peaked cap
- 1 Greatcoat
- 1 Raincoat
- 1 Tunic
- 2 prs. Trousers

In addition, personnel retain well worn tunics and trousers for wear whilst on night duty.

All driving personnel are now entered for the Road Safety Competition.

II. PREVENTION, CARE AND AFTER-CARE.

(1). TUBERCULOSIS.

Statistics.

Before considering the various aspects of the County Council's Prevention, Care and After-Care services in relation to persons suffering from tuberculosis, it may be helpful to examine the appropriate statistics for the five years under review.

Figures kindly provided by the Administrative Officer at the Nottingham and District Chest Centre show that the number of diagnosed County cases under Chest Clinic supervision had increased by more than 25% since the beginning of 1948, and that there had been an increase of over 53% in the number of contacts examined by the Chest Physicians during the same period.

(i) Cases of tuberculosis under Chest Clinic supervision on—

(1) 1st January, 1948	.....	.....	.....	2,194
(2) 31st December, 1952	.....	.....	.....	2,753

Increase in number of notified cases under Chest Clinic supervision in the five years under review	559
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(ii) Examination of Contacts.

Year	Category	Number examined	Number diagnosed		Number under observation at 31st December
			Tuberculous	Non-Tuberculous	
1948	Men Women Children	Details not available			
	Total	394	Details not available		
1949	Men	86	5	77	4
	Women	125	4	117	4
	Children	153	36	108	9
	Total	364	45	302	17
1950	Men	157	12	87	58
	Women	181	14	120	27
	Children	222	15	145	62
	Total	570	41	352	177
1951	Men	151	15	130	6
	Women	164	18	132	14
	Children	268	22	180	66
	Total	583	55	442	86
1952	Men	148	8	115	25
	Women	222	17	177	28
	Children	235	32	142	61
	Total	605	57	434	114

The following further figures, which have been compiled from records maintained in the Public Health Department, clearly show that the incidence of the disease has *not* diminished during the period under review at a rate comparable with the fall in the death rate since 1948, (which has been given wide publicity) and therefore serve to emphasise the very real importance of the preventive role of the Local Health Authority under Section 28 of the National Health Service Act, 1946.

Year	Category	New Cases				Incidence* per 1,000 population	Deaths	Death rate per 1,000 population
		Formally notified	Not notified before death	" Inward Transfers "	Total			
1948	Pulmonary	425	15	42	482	0.85	164	0.32
	Non-pulmonary	57	9	3	69	0.21	38	0.07
	All forms	482	24	45	551	1.06	202	0.39
1949	Pulmonary	369	18	47	434	0.74	186	0.35
	Non-pulmonary	37	19	4	60	0.20	26	0.05
	All forms	406	37	51	494	0.94	212	0.40
1950	Pulmonary	401	18	52	471	0.78	164	0.31
	Non-pulmonary	37	7	5	49	0.19	21	0.04
	All forms	438	25	57	520	0.97	185	0.35
1951	Pulmonary	375	22	69	466	0.74	124	0.23
	Non-pulmonary	49	4	6	59	0.24	20	0.04
	All forms	424	26	75	525	0.98	144	0.27
1952	Pulmonary	368	14	67	449	0.71†	} Not yet known	
	Non-pulmonary	43	6	2	51	0.22†		
	All forms	411	20	69	500	0.93†	Not yet known	

* Excluding " Inward Transfers."

† Provisional—based on mid-1951 estimated population.

B.C.G. Vaccination.

As the Regional Hospital Board were not able to allocate the services of Chest Physicians to undertake B.C.G. vaccination until late in 1951 the Council were not previously able to provide a service for the vaccination of contacts of County cases. Following quickly upon the appointment of the necessary staff by the Board, however, a start was made at the Nottingham and District Chest Clinic and during 1952 the service was extended to the Mansfield Clinic where B.C.G. sessions commenced in April, 1952. The numbers of contacts vaccinated up to 31st December, 1952, were as follows :—

<i>Year</i>	<i>Number of contacts vaccinated</i>	<i>Total</i>
1951	12	
1952	156	168

Efforts to extend the service during 1952 to the North County area had, unfortunately, to be postponed when the Registrar—Dr. O. Welsh—who had been carrying out this work, resigned her appointment with the Regional Hospital Board as from 30th November, 1952, and the service just being developed in the Mansfield area then ceased for the same reason. Administratively, the position was further complicated with the transfer of the management and control of the Mansfield Chest Clinic from the Nottingham No. 5 to the Mansfield Hospital Management Committee as from 5th November, 1952.

At the end of the year, therefore, B.C.G. vaccination for contacts of County cases was only available at the Nottingham and District Chest Clinic and a resumption of service in the Mansfield area—and the extension of the service to the remainder of the County—was again dependent upon the availability of the necessary specialist staff of the Sheffield Regional Hospital Board.

Protection of Children against Tuberculosis.

During 1951 the Council made arrangements for the annual examination by x-rays of the staffs of Day Nurseries, Children's Homes, Residential and Special Schools who work in close contact with groups of children by the Nottingham, Nottinghamshire and Lincolnshire Mass Radiography Units which collectively now cover the County area. Under these arrangements one hundred and seventy-one persons were examined towards the end of 1951 and twenty-seven during 1952. At the end of the year arrangements were also being made for the re-examination of the other staff then due.

With regard to the individual x-ray examination of candidates for employment in close contact with groups of children, whilst provisional arrangements were made for these to be undertaken at the Nottingham General Hospital, Newark Town and District Hospital, Mansfield and District General Hospital and the Worksop Victoria Hospital, no candidates had been examined in this manner up to the end of 1952. The County Council have now, however, authorised their Health Committee,

pending a decision on the payment of fees, to incur expenditure where necessary on the examination by x-rays of teaching candidates and of staff for employment at all other County Council establishments where they would be required to work in close contact with groups of children.

Shelters.

Up to the end of 1952 the Council continued to maintain twelve wooden shelters for loan, free of charge, to tuberculous persons and these were used during the period under review as follows :—

	1948	1949	1950	1951	1952		
No. on loan on 1st January	Details not available		12	8	10		
No. returned during the year			6	3	3		
No. loaned during the year			6	5	7		
			2	5	1		
No. on loan on 31st December	12	12	8	10	8		
No. in store on 31st December	—	—	4	2	4		

Nottingham and Nottinghamshire Association for the Prevention of Tuberculosis.

The following report has been submitted by this Association on the care and after-care work undertaken by them since 5th July, 1948, under formal agency arrangements with this Authority :—

“ The Nottingham and Nottinghamshire Association for the Prevention of Tuberculosis has continued to carry out care and after-care work on behalf of the Nottinghamshire County Council on similar lines to those outlined in previous Reports. From 5th July, 1948 to the end of 1949 the grant paid to the Association by the County Council for these services was at the rate of £950 per annum, but owing to the number of cases then being dealt with the grant payable to the General Committee and its three Sub-Committees was reduced to the rate of £750 per annum (excluding payments for Domiciliary Occupational Therapy) as from 1st January, 1950. The numbers of cases considered, and the assistance which has been given, are shown separately for each of the five years under review. Each application receives individual consideration and assistance is given where necessary and in accordance with the needs of the patient.

Assistance to patients.

	1948	1949	1950	1951	1952
General Committee—					
No. of new cases	107	98	187	179	165
No. of cases considered for assistance	137	191	275	278	249
<i>Analysis of Assistance—</i>					
Referred to National Assistance Board for monetary grants	90	119	110	91	67
Milk permits issued	13	34	29	58	68
Bed and bedding loaned	24	26	15	12	10
Clothing provided	8	26	17	22	19
Nursing requisites loaned	16	28	23	25	38
Assistance re care of children	2	2	—	8	—
Assistance re National Insurance	—	9	12	5	4
Applications for assistance re housing	1	2	5	9	8
Assistance re accommodation	—	4	—	—	2
Assistance re application for pension	—	1	4	6	1
Requests from patients for advice, etc.	—	16	19	16	15
*Travelling expenses to visit sanatoria	2	1	5	9	11
*Assistance re Hire Purchase payments	4	1	4	5	4
Bedding only loaned	—	—	7	18	23
Dunlopillo beds loaned	—	—	2	1	—
Invalid chairs loaned	—	—	6	2	—
*Admission to Convalescent Home (fees paid)	1	—	2	2	1
*Monetary grants towards clothing—special circumstances	—	—	2	—	—
*Occupational therapy materials provided	—	—	3	9	4
Assistance re work	1	—	13	15	13
Assistance re home help	—	—	6	7	8
*Christmas parcels distributed	—	30	40	30	25
Clothing provided in conjunction with W.V.S.	—	—	—	3	8
*Payment of arrears of rent	—	—	—	1	—
*Payment of removal expenses	—	—	—	1	—
Assistance re adoption of child	—	—	—	1	—
Fares paid re B.C.G. vaccination	—	—	—	—	7
Other forms of help	20	24	24	19	11
Investigated but no action necessary at the moment	1	9	21	21	19
Mansfield Sub-Committee—					
No. of new cases	16	37	43	34	36
No. of cases considered for assistance	16	38	47	41	59
<i>Analysis of Assistance—</i>					
Milk permits issued	—	1	27	45	50
Bed and bedding loaned	7	19	12	6	4
Bedding only loaned	—	—	6	8	7
Clothing provided	7	6	6	11	8
Clothing provided in conjunction with R.A.F. Benevolent Fund	—	—	—	—	1
Nursing requisites loaned	—	8	10	11	16
Applications for assistance re housing	—	2	—	—	—
*Travelling expenses to visit sanatoria	—	1	2	—	—
*Assistance re Hire Purchase payments	—	—	1	—	—
Requests from patients for advice, etc.	—	—	1	—	—
Assistance given in conjunction with W.V.S.	—	—	4	3	—
*Christmas parcels distributed	—	20	15	13	11
*Payment of debt	—	—	—	1	—
*Payment of membership fee for a Nurse	—	—	—	1	—
*Payment of wireless licence and batteries	—	—	—	1	—
*Admission to Convalescent Home (fees paid)	—	—	—	—	2
Other forms of help	2	2	1	3	—
Investigated but no help necessary at the moment	—	—	—	—	11

Assistance to patients—*continued.*

	1948	1949	1950	1951	1952
Newark and Southwell Sub-Committee—					
No. of new cases	11	14	13	11	10
No. of cases considered for assistance	14	19	21	25	36
<i>Analysis of Assistance—</i>					
Milk permits issued	6	15	18	25	30
Bed and bedding loaned	1	4	2	5	1
Care of children arranged	—	2	—	—	—
Nursing requisites loaned	—	—	4	3	3
Assistance re housing	—	—	1	—	—
Clothing provided	4	—	—	1	—
Bedding only loaned	—	—	—	—	3
*Christmas parcels distributed	—	15	15	16	14
Other forms of help	2	2	—	1	—
Investigated but no action necessary at the moment	1	2	—	1	3
Workshop and Retford Sub-Committee—					
No. of new cases	4	23	14	13	16
No. of cases considered for assistance	4	28	19	13	26
<i>Analysis of Assistance—</i>					
Milk permits issued	2	6	8	4	8
Bed and bedding loaned	1	10	2	1	4
Bedding only loaned	—	—	2	3	2
Clothing provided	1	7	4	1	—
Nursing requisites loaned	—	6	5	3	12
*Assistance re Hire Purchase payments	—	—	1	—	—
*Travelling expenses to visit sanatoria	—	—	1	—	1
Referred to Harefield Fund for Nurses and grant obtained	—	—	1	—	—
*Christmas parcels distributed	—	18	17	17	16
*Occupational therapy materials provided	—	—	—	2	—
*Furniture provided for shelter	—	—	—	—	1
Other forms of help	1	5	4	—	—
Investigated but no action necessary at the moment	—	—	—	—	6

*Denotes assistance from the Association's Voluntary Funds.

SUMMARY

After-Care Committee	1948			1949			1950			1951			1952		
	New cases	Cases considered		New cases	Cases considered		New cases	Cases considered		New cases	Cases considered		New cases	Cases considered	
General Committee	107	137		98	191		187	275		179	278		165	249	
Mansfield Sub-Committee	16	16		37	38		43	47		34	41		36	59	
Newark & Southwell Sub-Committee	11	14		14	19		13	21		11	25		10	36	
Worksop & Retford Sub-Committee	4	4		23	28		14	19		13	13		16	26	
Totals	138	171		172	276		257	362		237	357		227	370	

Domiciliary Occupational Therapy.

In addition, the Association continued to assist in the scheme for providing domiciliary occupational therapy for tuberculous persons for which a grant of £200 per annum was received. As stated in the 1951 Report, when the scheme was in its early infancy, the Association hopes to give every assistance towards the development and success of the scheme and the following schedule indicates the progress made during the first year of this new service :—

No. of cases referred during 1952	47
Removals from the list during the year—	
Admitted to Hospital	2
Admitted to Sanatoria	2
Commenced work	4
Did not wish to continue	1
Died	2
Removed from the area	1— 12
No. of cases receiving instruction at 31st December, 1952.....	35
No. of visits paid to patients during the year	601

The various types of therapy practised by the patients were as follows :—

<i>Type of Occupational Therapy</i>	<i>No. of patients</i>
Candlewick	3
Canework	12
Coiled basketry	2
Embroidery	3
Feltwork	2
Jewellery	3
Lampshades	6
Leatherwork	8
Netting	1
Painting and Drawing	1
Stools	2
Tatting	1
Weaving	14 "

The Council's Almoners, acting for the appropriate After-Care Committees at the Mansfield, Worksop, Retford and Newark Chest Clinics, further assisted tuberculous persons during the period 5th July, 1948, to 31st December, 1952, as follows :—

	1948*	1949	1950	1951	1952
No. of cases referred for assistance	144	232	202	324	329
Analysis of Assistance—					
Bedding and Clothing			—	30	68
Domestic problems		Details	28	45	40
Financial problems			165	185	187
Rehabilitation		not	6	15	9
Other general problems			16	73	39
Investigated but no help necessary		available	—	8	22
Home visits involved		do.	104	111	148

*From 5th July only.

Sherwood Village Settlement.

(a) Proposed Regional Joint Board.

In their Proposals under Section 28 of the National Health Service Act, 1946, the County Council stated they were of the opinion that the best way of securing that Village Settlement facilities were in future developed for the benefit of the Region would be the setting up of a Joint Board under Section 19(2) of the Act representative of all Local Health Authorities in the Region desirous of making such provision, and accordingly proposed to seek the views of all concerned. When, therefore, the Minister approved the Council's Proposals under the Act, enquiries were made of the other seventeen Local Health Authorities in the Region to ascertain their views. Following a Conference in Nottingham in 1949 at which representatives decided unanimously to recommend their respective Authorities to give favourable consideration to participation in the proposed Joint Board, a small Drafting Committee was set up representative of both County and County Borough interests, to prepare a Draft Scheme for consideration by the fifteen Local Health Authorities still desirous of participating in a Regional Joint Board.

This Draft Scheme was completed early in 1950 but at this stage information was received of a Circular which the Minister of Health proposed to issue on the subject of "Occupational Resettlement for Tuberculous Persons" including reference to Village Settlement provision, which resulted in a deferment of further action on the Regional Joint Board proposal pending a decision on the publication of the Minister's draft circular.

When this Circular was issued, early in 1952, without any reference to Village Settlement provision, the Council sought the Minister's further views on their proposal before taking up the matter again with the Local Health Authorities concerned. The Minister's reply to this enquiry, unfortunately, was not favourable to the project, the reasons given being both legal and financial—although he stated he had every wish to see the sort of collaboration between Authorities implicit in the Council's proposal, and hoped a degree of this might still be achieved

by agreed arrangements between the Council and the other Regional Local Health Authorities without the necessity of setting up a Joint Board. The position arising from this communication was under consideration at the end of 1952.

(b) Other Developments.

During the period of awaiting a decision on the Joint Board proposal the Authority were not, however, inactive—six new houses were erected and occupied by Settlers and their families (thus doubling the accommodation which was available for married Settlers at the time the National Health Service Act came into operation); authority was given to employ a number of suitable tuberculous persons as non-resident Settlers; and an arrangement was made with the Nottingham No. 5 Hospital Management Committee (controlling the two neighbouring sanatoria) to allow suitable patients who were willing to do so to attend for employment at the Village Settlement workshops as In-patient Trainees for such hours per day as were laid down by the Chest Physicians concerned.

The year 1952 saw a general review of the Village Settlement Scheme which was originally drafted by the County Council in 1934. In the course of this review a Joint Consultative Committee was established consisting of equal representation of the Settlers and the Management Sub-Committee, and after discussion in this Committee, the revised Scheme was brought into operation as from 1st October, 1952, the main changes being in connection with—

1. Rates of pay for Probationer Settlers and Accepted Settlers.
2. Variation of allowances as between Hostel residents and other Settlers for hours not worked in a standard working week, and absences owing to illness.
3. Holidays.

Economies were also effected in the running of the Men's Hostel without detriment to the welfare of the resident Settlers and, with a view to modification of the provision in the original scheme dealing with the selection of cases for settlement, steps were taken to arrange consultation with the Authority locally responsible for the treatment of tuberculosis, *i.e.* Nottingham No. 5 Hospital Management Committee.

(c) Trading Activities.

During the period under review the development of the Village Settlement's trading activities has been considerable and important. At the beginning of 1948 the Village Settlement trading activities consisted of a Woodwork Department—primarily engaged in the manufacture of non-utility infants' cots—and a small Painting Department engaged in the painting of property at the Village Settlement and the neighbouring Ransom Sanatorium. Some doubt then existed, however, as to the suitability of the latter occupation for men with active and moderately advanced disease and this Department was finally closed down in 1950 and the few men employed absorbed into the other Industries. With

the increase in the rate of purchase tax on non-utility infants' cots during 1948 from 50% to 66 $\frac{2}{3}$ %, and the better range of utility cots then becoming available, the Village Settlement Woodwork Department was forced to seek other markets and, after some re-organisation, reverted to their original production of sectional wooden buildings. During 1949, however, steps were taken to establish an alternative line of production, and a Cabinet-Maker Instructor was appointed and commenced duty in January 1950. Under his guidance a small Cabinet-Making Section was established and, by the end of the first year, was developing sales of articles of furniture to other Departments of the County Council.

During 1950 the Council also sought the advice of an Industrial Consultant in order to improve the Village Settlement's trading position which, by this time, was seriously affected by the increasingly keen post-war competition of the ordinary commercial manufacturer. On the advice of this Consultant, a General Manager was appointed in 1951 and made directly responsible to the Management Sub-Committee for all trading activities at the Village Settlement, and to meet the need for more speedy decisions in trading matters the powers and duties of the County Council in relation to these activities were delegated to the Management Sub-Committee.

In consequence, considerable re-organisation has taken place in the Village Settlement workshops resulting in a marked improvement in production and sales, a most important development having been the securing of contracts in 1951 and in 1952 for certain school furniture supplies for the County Education Committee. The major changes in the trading departments during the past two years have been as follows :

- (a) the erection of a " Nissen " building extension to the Workshops ;
 - (b) the provision and installation of eight new woodworking machines ;
 - (c) the completion of agency arrangements for the sale of sectional wooden buildings with Messrs. North Notts. Farmers (locally) and the Crewe Green Poultry Packing Station (covering sales in certain Northern counties) ;
 - (d) the adoption of a Training Scheme by which Settlers may receive tuition appropriate to their trade, subject to medical suitability ;
 - (e) the provision of protective clothing for all Settlers ;
 - (f) the institution of arrangements whereby Settlers may purchase their own tool kits from the County Council at cost price by small weekly instalments ;
- and (g) fresh provision for the award of " efficiency payments " to Settlers on the recommendation of the appropriate Officers.

At the end of 1952 the County Council had also authorised the purchase from another Departmental Committee of a second-hand motor vehicle to be used for the transportation of products of the Cabinet-Making Department, and arrangements were being made for the erection of a permanent brick-built Warehouse and a new Timber Store.

(d) Report of the Medical Superintendent.

The Medical Superintendent of the Village Settlement—Dr. E. Firth—whose services are shared with the Regional Hospital Board and who is the Physician-Superintendent of the neighbouring Ransom Sanatorium, reports on the period under review as follows :—

“ In accordance with the suggestion made by the Ministry of Health, this report will deal with events during the past five years.

On thinking of this period mixed feelings are aroused ; particularly disappointment at the sluggish and almost painful expansion of a scheme which is basically sound but, because its end results are slow to reveal themselves—its ‘ profits ’ not measured in terms of money—and the men and women who need help from it small in number, the ‘ Settlement ’ rarely hits the headlines.

A consequence of this is that comparatively little is known of the aims and aspirations of all those who have laboured for so many years to build the Sherwood Village Settlement into a much larger organisation.

At one point, with many Local Health Authorities actively interested and willing to share in the work and responsibilities of a Joint Board the future appeared to be assured but, because of the National Health Service Act, difficulties arose and the future of the Joint Board is again uncertain.

It is satisfactory, however, to find that modern business methods and workshop management can change a steadily worsening financial position into one of moderate prosperity, and if it is always remembered that it is not the whole purpose of the Settlement to produce a balance sheet which will satisfy all the requirements of commercial success, then such prosperity will be of considerable value, particularly in encouraging all connected with the Scheme to stand firm and keep inviolate the principles of the Settlement.

Another cause of satisfaction is that at last the large spending Departments of the County Council are placing substantial orders and so making possible a steady flow of work. From the medical aspect it is very important to plan production in such a way as to avoid sudden surges of work, for the tuberculous person is much better on an even steady life and, although his productivity does vary directly with the activity of his disease, if his hours of work are graded correctly he is capable of steady output.

A start was made late in 1949 on additional houses, three pairs being sanctioned and are now occupied. The design of these houses followed closely that which proved so satisfactory in the first six houses erected in 1941. They provide excellent light and ventilation, are easy and economical to run, and the Settlers generally are happy to be living in them. The families have, with one exception, remained free from tuberculosis and three new babies have received B.C.G. injections ; the exception was the wife of one of the Settlers but her disease was not very extensive and a spell of Sanatorium treatment plus Streptomycin produced a satisfactory result.

During these five years 34 men have been admitted, fourteen of them coming from outside Local Health Authorities.

In practice the County Council have accepted candidates for Settlement from two main groups :—

- (1) Men whose disease can best be described as chronic and slowly progressive, unlikely ever to become quiescent for any length of time and unable to hold their own under ordinary industrial conditions.

This is the group who will almost always have a positive sputum and require long-term 'settlement,' but well able to make a good contribution to industrial production if employed on the correct type of job and under constant medical supervision.

- (2) Men whose disease is almost quiescent, but owing to adverse circumstances, either physical or environmental, require sheltered conditions for a comparatively short time before being able to return to full employment in the open labour market.

Because of the severe cases accepted under Group (1) breakdowns are inevitable and have numbered nineteen during this period. Of these three have died but six have recovered sufficiently to enable them to return to the Settlement and continue their work. Five still remain in the Sanatorium, the remainder being unfit to return.

Settlers who suffer a relapse of their tuberculous condition are admitted to the Ransom Sanatorium and the separation of the two institutions by the National Health Service Act has in no way weakened the ties between them and beds are quickly made available when required.

At the present time, with the exception of one working as a Sanatorium Porter, all the Settlers are employed on woodworking, the majority on light furniture manufacture and the others on sectional buildings. A workshop of this type is very suitable as it offers a sufficient variety of jobs to enable satisfactory grading to be done according to the Settlers' physical and mental capacity.

In 1950 the Painting Department was closed down, for with increasing experience, it became clear the work was not suitable for our Settlers. An endeavour was made to reduce the physical effort required by introducing spray painting but this was quickly abandoned as it proved to be even more unsuitable.

Although the Workshop can easily absorb the present number of Settlers and more in addition, I think attention should be given to the provision of suitable alternative employment, either as a permanent Department or as a means of training. A Training Scheme suggested by the General Manager has been approved by the County Council and, if successful, might point the way.

The amenities of the Hostel have been improved by laying out the grounds with lawns and flower beds and have been much appreciated by all who live in the Village. The most recent acquisition has been a television receiver which will provide entertainment for Hostel residents and married Settlers alike. It is hoped to commence the laying of a Bowling Green in the near future as the game is very suitable for the Settlers.

Employment of Settlers—

<i>Year</i>	<i>Woodwork</i>	<i>Painting</i>	<i>Porters</i>	<i>Total</i>
1948	21	5	2	28
1949	23	6	2	31
1950	27	—	2	29
1951	33	—	1	34
1952	35	—	1	36

Discharges—

<i>Year</i>	<i>Other employment</i>	<i>Unfit</i>	<i>Disciplinary</i>	<i>Death</i>	<i>Total</i>
1948	1	2	—	—	3
1949	4	1	—	—	5
1950	2	1	—	2	5
1951	1	4	1	—	6
1952	5	1	—	1	7
	—	—	—	—	—
Totals	13	9	1	3	26
	==	==	==	==	==

E. FIRTH,

Medical Superintendent."

Generally.

Since the National Health Service Act, 1946, split the Tuberculosis Service into two parts, the one responsible for treatment and the other for prevention, care and after-care (not, of course, forgetting the third party in a County area, namely the Local Authority with its important housing and environmental functions) the need for co-operation has been repeatedly urged upon all concerned by the Ministry of Health.

The need for co-operation (though a firmer link was thought to be essential) was nowhere more appreciated than in this County, and in the implementation of their approved Proposals, therefore, the Authority made arrangements for :—

- (1) The sharing of the Services of the former Tuberculosis Officers and the Medical Superintendent of the Sherwood Village Settlement with the Regional Hospital Board.
- (2) The sharing of the services (without charge to the Regional Hospital Board) of the Authority's Tuberculosis Visitors.

- (3) The attendance at Chest Clinics of the Authority's Almoners to work in close collaboration with the Chest Physicians (also without cost to the Board) and to act on behalf of the appropriate After-Care Committee of the Nottingham and Notts. Association for the Prevention of Tuberculosis.
- (4) The use of a form (Prev.T/1) for the systematic transmission to Medical Officers of Health of Local Authorities in each notified case of Tuberculosis of information as to—
 - (a) Environmental conditions (according to the Tuberculosis Visitor's report).
 - (b) Brief clinical details (e.g. type, severity, etc.).
 - (c) Disposal of the case (e.g. Sanatorium, Chest Clinic, or domiciliary supervision).
- and (d) Chest Physician's recommendations as to housing, sanitary defects, sleeping arrangements, employment, etc.).
- (5) The systematic notification to the Department by the Nottingham and District Chest Centre of information obtained through Chest Clinics as to all changes in circumstances affecting registration, and the transmission of such information as necessary to the County District Medical Officers of Health.
- (6) The weekly notification by the Department to the Nottingham and District Chest Centre of all cases formally notified throughout the County area during the preceding week.

Whilst these measures have been reasonably helpful there has been some evidence that the Chest Physician—much more closely associated than before with the domiciliary treatment of the disease by modern drugs—has found the filling in of forms a weighty task so that the information provided as a routine measure, particularly as to clinical details, for the guidance of County District Medical Officers of Health has often been all too scanty.

During the four and a half years which have passed since the Appointed Day, further experience in the Preventive Services has only served to emphasise the difficulties which have arisen as a result of the separation of the two functions—Prevention and Treatment—of the Tuberculosis Service which the Ministry describe in a later Circular (RHB (50) (64) as “an essential entity.”

B.C.G. Vaccination against Tuberculosis—Whilst responsibility for the management and control of this service has been vested in the Local Health Authority its development is wholly dependent upon the availability of the services—and the goodwill—of Chest Physicians who are primarily employed by the Regional Hospital Board. The previous paragraph in this Report describing the progress made up to the end of 1952 by the County Council in developing this service is, perhaps, sufficient further comment.

The Protection of Children against Tuberculosis—This involves the annual x-ray examination of persons working in close contact with groups of children by Mass Radiography Units which, under the Act, were

transferred from the control of the Local Health Authority to the Regional Hospital Board. Before the Appointed Day this would have involved a simple arrangement with the one Unit then covering the whole of the Council's area, but under the Regional Hospital Board four Units are now involved (two based on Nottingham, one on Doncaster and one on Lincoln) and, whilst their Directors have offered every assistance in examining the Authority's staff, it is quite impossible for them to fit in their normal commitments with the routine annual requirements of this particular Preventive scheme.

The Sherwood Village Settlement—As a result of the dual appointment of Dr. E. Firth as Physician-Superintendent of the Ransom Sanatorium and Medical Superintendent of the Sherwood Village Settlement only minor difficulties have thus far been experienced by the County Council in consequence of the separation of the Village Settlement from its "parent" Sanatorium. An attempt is being made to make co-operation even more solid by the setting up of a Joint Consultative Committee consisting of equal representation of the Village Settlement Management Sub-Committee and the Nottingham No. 5 Hospital Management Committee, though admittedly a Committee of this nature can only act in an advisory capacity and has no executive powers. It is significant that since the Appointed Day there has been a material rise in the proportion of Settlers admitted by arrangement with other Local Health Authorities in the Sheffield Region, manifesting their confidence in the Village Settlement concept as a valuable asset in the anti-tuberculosis struggle.

Attendances of County Cases at Out-County Chest Clinics—The attendance of County cases and contacts at Out-County Chest Clinics (as, for example, from parts of Nottinghamshire to more convenient Clinics at Doncaster, Gainsborough, Grantham, Loughborough, Long Eaton and Ilkeston) creates difficulties in the transmission of information and the provision of adequate care and after-care. For the same reason, and the fact that the Mass Radiography Units now operate without regard for the boundaries of the areas of Local Health Authorities, statistics compiled by the Regional Hospital Board are of little real value to the Local Health Authority who now, therefore, have to plan the necessary preventive, care and after-care services without detailed knowledge of the tuberculosis state in their area.

Public Health (Tuberculosis) Regulations, 1952—Finally, the revocation by the Public Health (Tuberculosis) Regulations, 1952, of the 1930 Regulations terminating the statutory requirements for Local Authorities to maintain a register of all notified cases in their areas—which collectively formed a register for the area of the Local Health Authority—has created serious disadvantages for the progressive Authority. In a covering Circular, the Minister stated that the registers maintained at Chest Clinics remained the essential "tuberculosis registers" and that he was therefore asking Regional Hospital Boards to ensure that Medical Officers of Health should have information from clinic records made freely available to them. All notified cases do not, however, attend Chest Clinics, and with the attendance of cases at

Out-County Chest Clinics, the registers to which the Minister refers can never provide the information previously obtained by the Medical Officer of Health from his Notification Register. In accordance with the Minister's suggestion, this Authority promptly undertook to assist Medical Officers of Health—to our mutual interest—to maintain a register of tuberculosis notifications, though not, of course, in the same form as for those other notifiable diseases which do not present the same long-term problem.

Bereft, however, of the statutory authority to do so, particularly the important duty of transferring registered particulars of any notified case removing from the area of one Local Authority to another—without which the registers would soon be useless as an essential record of notified cases within a Local Authority's area—the present registers cannot be regarded as complete unless other Authorities are continuing the notification of "transfers" as formerly provided for under Article 10(6) of the Public Health (Tuberculosis) Regulations, 1930.

There is some evidence that many Hospital Officers without previous Local Authority service—particularly in Mental, Orthopaedic and General Hospitals—do not yet fully appreciate the notification requirements and it is possible therefore that many cases of the disease are not being notified. This, however, is no new circumstance.

There is some justification for the belief, widely held, that the modern Chest Centre with its emphasis on diagnosis for treatment purposes has made completely subordinate its responsibilities in the field of Prevention. It has not taken the place of the erstwhile "Tuberculosis Dispensary" in this field.

In no other affliction of mankind is Treatment more positively subordinate to Prevention than it is in the fight against Tuberculosis.

Experience has shown that a paper allocation of a proportion of the salary of a selected Chest Physician does not secure for Prevention its rightful place in the outlook or activities of the modern Chest Centre.

Equally, concern is felt as to the rightful place of the Mass Radiography Unit. The eradication from the community of the "unknown" carrier of tuberculosis was surely the primary purpose leading to the establishment of such Units. Treatment of the "found" case followed naturally, but Mass Radiography Units belong to the preventive organisation and could return to the sphere of control of the Local Health Authority with added purpose and a much more clearly defined area of responsibility.

The position of the Chest Physician in the field of Prevention has become nebulous and lacking in obligation. He serves the Regional Hospital Board, he diagnoses, he treats, but whether or not he accepts a responsible role in the Local Health Authority's preventive function is left to depend on the individual physician, and the Health Authority has no power in the matter other than the invidious one of official complaint.

Prevention should be able to *command* the services of the Chest Physicians.

Finally, it appears abundantly clear that there is a necessity to restore to the Regulations the provision for the transfer of cases removing from the area of one Local Authority to that of another as was provided for in the 1930 Regulations.

(2). OTHER TYPES OF ILLNESS.

Loan of Nursing Equipment and Appliances.

Since 5th July, 1948, the County Council have provided for the loan of the larger items of home nursing equipment, not normally to be found in a District-Nurse's loan cupboard, direct from the Public Health Department subject to the production of a medical certificate, and for the loan of such articles have made a small standard charge based on the cost of the article to the Authority, as follows :—

Items costing not more than £10	.....	5/- at the time of the loan but no further payment.
Items costing between £10-30	.....	5/- at the time of the loan and 5/- at the beginning of each quarter.
Items costing more than £30	.....	10/- at the time of the loan and 10/- at the beginning of each quarter.

Reduction, or remission, of the standard charge can, however, be arranged in cases where an applicant is unable to pay and where the weekly income (no items disregarded) does not exceed certain prescribed limits.

The development of this service up to 31st December, 1952, is as shown in the table on page 121.

The increased reference of patients by Hospital Officers for assistance under this scheme is a noticeable feature, and the other point calling for special comment is with regard to the loan of wheel chairs.

Owing to the fact that these can be obtained from either of two sources, i.e. from the Ministry of Pensions (acting as agents for the Ministry of Health) where the need is permanent, or from the Local Health Authority where the need is temporary, and as the quickest and simplest source of supply (not involving examination of the patient and a recommendation by a Specialist) has been the Local Health Authority, general medical practitioners have tended to refer their patients to the Public Health Department in all instances.

This position has been, and still is, carefully watched so that the Authority may at all times be able to undertake their proper function without delay to any patient in need of the *loan* of nursing equipment, and there is now evidence that with the recent improvement in the delivery of invalid chairs by the Ministry of Pensions, cases in need of the *provision* of these are not so frequently referred to the Local Health Authority.

Article	Number issued on loan										31st Dec., 1952	
	5.7.48-31.12.48		1949		1950		1951		1952		Number on loan	Number in store
	G.P.	Hosp.	Other	G.P.	Hosp.	Other	G.P.	Hosp.	Other	G.P.		
Air/Water beds	1	1	23	1	29	1	27	2	24	11	9	5
Back rests	-	-	5	-	11	-	17	2	-	-	14	41
Bed blocks	-	-	-	-	-	-	-	-	-	-	-	30
Bedpan, rubber	-	-	-	-	-	-	1	-	-	-	1	1
Bedpan, slipper	-	-	-	-	-	-	-	-	-	-	1	2
Bedsteads, Hospital type	-	-	-	-	2	-	3	2	3	11	16	-
Bed table (over-bed)	-	-	1	-	-	-	-	-	-	-	1	-
Bed table (folding)	-	-	-	-	2	-	1	-	3	-	3	57
Cot, adult	-	-	-	-	2	-	-	-	1	-	1	-
Crutches, pairs	1	-	2	1	3	-	4	-	1	1	8	26
Draw Sheets	-	-	-	-	-	-	2	2	-	-	2	-
Dunlopillo cushion	-	-	-	-	-	-	2	2	-	-	3	2
Dunlopillo mattress	-	-	10	4	13	-	11	1	15	9	27	4
Dunlopillo pillow	-	-	-	-	1	-	1	-	-	-	1	-
Fracture boards	-	-	-	-	1(3)	-	-	-	1(10)	2(21)	3(19)	-(11)
Mattress, sectional	-	-	1	-	1	-	-	1	-	-	1	-
Sandbags	-	-	-	-	2	-	2	-	-	-	2	58
Self-lifting pole	-	-	-	-	-	-	-	-	-	-	-	-
Spinal carriage	-	-	5	2	4	-	2	3	1	10	13	1
Stool commode	-	-	1	-	12	-	16	3	2	5	3	4
Urinal, rubber, male	-	-	1	-	-	-	2	-	1	-	24	-
Walking machine	-	-	-	-	-	-	-	-	-	-	1	-
Wheel Chair—Stairway	-	-	-	-	4	-	2	1	-	-	2	1
Wheel Chair—"Merlin"	-	-	10	-	5	-	6	1	6	-	2	2
Wheel Chair—Folding	-	-	38	-	37	-	43	7	45	8	9	5
Total number of articles loaned	2	4	3	102	4	125	3	144	4	144	217	249
No. of patients involved	8		100		145		151			156	169	-
No. of free loans involved	4		25		12		18			8	21	-

It is worthy of note, however, that of the eighty-one wheel chairs on loan from the Public Health Department at the end of 1952, fifteen had been with patients for over three years ; eight for over two years ; and twenty-one for more than one year.

In addition to the items so far mentioned, the Council have also provided since 1948 for the loan of the smaller and more frequently needed items of home nursing equipment direct to patients, free of charge, by District Nurses and District Nurse-Midwives. For this purpose all District Nurses and District Nurse-Midwives were equipped by the Authority to the following standard scale during 1949, and replacements issued by the Authority up to the end of 1952 were as indicated :—

<i>Item</i>	<i>Scale per District Nurse-Midwife</i>	<i>Replacements since 1949</i>
Air rings, rubber	4	25
Bedpans, " Perfection " type	3	31
Urinals, male.....	3	7
Mackintosh sheets	4	24
Feeding cups	2	8
Sputum Mugs	2	2
Douche outfit	1	3
Steam Kettle.....	1	1

Convalescence.

Arrangements were approved by the County Council in May, 1951, for providing convalescence of the ' holiday home ' type (i.e. not involving active medical treatment or nursing) for County residents, subject in each case to formal certification of need by the General Medical Practitioner concerned, and to the completion of an undertaking by the patient to conform to the conditions laid down by the Council and by the Convalescent Home authority concerned and to contribute towards the total cost involved, including travelling expenses, according to individual financial circumstances.

Following the completion of formal arrangements to accept cases referred by the County Council with Convalescent Homes situated inland and on the coast, details of the scheme were circularised to all General Medical Practitioners in the County area in February, 1952, and the cases assisted under these arrangements up to 31st December, 1952, classified according to the duration of stay, were as follows :—

Convalescent Home	1951			1952					
	2 wks	3 wks	Total	2 wks	3 wks	4 wks	5 wks	6 wks	Total
Hunstanton, Norfolk	1	3	4	5	5	2	1	—	12
Sheffield Works' Convalescent Association—									
(i) Ashover, Derbyshire	—	1	1	2	1	3	—	1	7
(ii) Matlock, Derbyshire	—	2*	2	5†	2	—	—	—	7
Evelyn Devonshire Home, Buxton, Derbyshire	—	—	—	1	—	1	—	—	2
Totals	1	6*	7	13†	7	6	1	1	28
No. of free assessments involved	1	3	4	7	3	3	—	—	13

*Including one mother with baby.

†Including one mother with twins.

General Care and After-Care.

By arrangements with the Sheffield Regional Hospital Board the County Almoners have since July, 1948, included amongst their duties the regular visitation of certain Hospitals in the County which are without Hospital Almoners. Whilst since February, 1950, the County Almoner service has been one-third below strength, the remaining two Almoners employed have continued with this work and the following figures give some indication of the care and after-care work for cases other than those suffering from tuberculosis or venereal disease (which are dealt with separately in this Report) undertaken during the period under review.

	1948*	1949	1950	1951	1952
I. CASES REFERRED—					
<i>General problems</i>		166	118	103	87
<i>Hospital After-Care</i>					
(a) by Hospital Almoners	23	53	46	69	65
(b) by Hospitals attended by County Almoners		42	39	74	37
(c) by Hospitals where no Almoner attends		19	28	8	6
<i>Chronic Sick and Senile patients</i>					
(a) for recommendation as to Hospital admission	—	25	298	169	276
(b) for recommendation as to Hospital discharge	—	—	48	20	37
<i>Convalescence</i>					
(a) by Hospital Authorities	11	56	46	51	18
(b) by General Practitioners	2	24	56	43	75
Totals	36	385	679	537	601
II. HOME VISITS INVOLVED—					
<i>General problems</i>	Details		345	321	266
<i>Hospital After-Care</i>					
<i>Chronic Sick and Senile patients</i>	not		288	138	231
<i>Convalescence</i>	available		66	67	134
Totals	do.		699	526	631

*From 5th July only.

Infectious Diseases.

In cases in which copies of infectious diseases notifications were passed to the County Council by County District Councils in accordance with the Tenth Schedule to the National Health Service Act, the fees statutorily paid by the County District Councils to general medical practitioners were reimbursed by the County Council and full details of notified cases were promptly forwarded to the County Council's Health Visitors to facilitate preventive action. This procedure has particularly enabled Health Visitors to assist in epidemic periods by advising parents in proper nursing and preventive methods.

The County Council, as Local Health Authority, have, however, found it necessary to draw the attention of County District Councils to the importance which they attach to the prompt submission of notifications, and have requested that, where necessary, the District Councils should advise general practitioners accordingly. At the same time, the County District Councils were informed that in cases where notifications were received by their Medical Officers not in accordance with statutory requirements and, therefore, too late to be of any value for preventive action, the County Council would be unable legally to reimburse any fee paid by the District Council to the medical practitioner concerned.

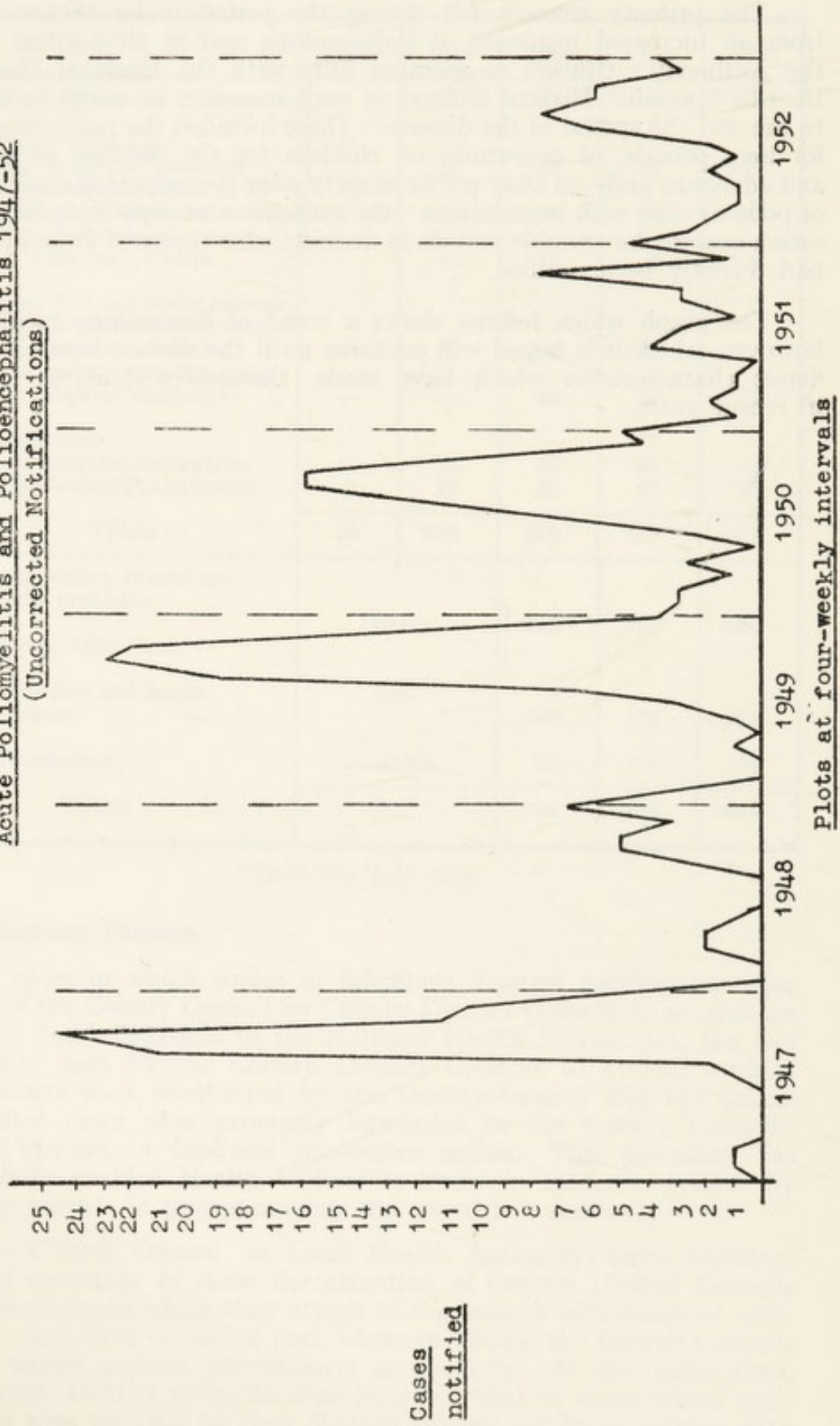
The primary concern felt during the period under review arose from an increased incidence of Poliomyelitis and in all notified cases the Authority's Officers co-operated fully with the Regional Hospital Board's Specialist Medical Officers in such measures as could be taken to prevent the spread of the disease. These included the postponement, for long periods, of operations on children for the removal of tonsils and adenoids, and—to allay public anxiety over the suspected association of poliomyelitis with inoculations—the suspension of diphtheria immunisation sessions for suitable periods in districts where cases of Poliomyelitis had recently been notified.

The graph which follows shows a trend of diminishing incidence, however, which it is hoped will continue until the disease loses the epidemic characteristics which have made themselves manifest locally in recent years.



NOTTINGHAMSHIRE

Acute Poliomyelitis and Polioencephalitis 1947-52
(Uncorrected Notifications)



Venereal Diseases.

(a) Treatment of County Cases at all Centres.

The numbers of cases resident in the County who were dealt with for the first time during the past five years according to returns received from the Mansfield, Worksop and Out-County Centres were as follows :—

Year	No. of cases dealt with for the first time					Grand Total
	Syphilis	Gonorrhoea	Soft Chancre	Total Venereal Infection	Undiagnosed and non-venereal conditions	
1948	162	243	10	415	844	1,259
1949	158	221		779		1,158
1950	95	148		814		1,057
1951	56	149		595		800
1952	63†	131†		545†		739†

*Amended form of Ministry of Health Return.

†Provisional.

(b) Source and Contact Tracing.

Since 5th July, 1948, by arrangement with the Sheffield Regional Hospital Board the services of the Council's Almoners have been made available without charge to the Specialist Medical Officers at the Treatment Centres in the County in the follow-up work formerly undertaken under Regulation 33B, and the following table indicates the extent of the work involved :—

Cases referred for the first time during the year	1948		1949		1950		1951		1952	
	C	D	C	D	C	D	C	D	C	D
No. persuaded to attend for treatment	5	38	3	21	3	21	—	17	—	6
No. untraced	1	2	2	—	—	—	—	2	—	—
No. who failed to attend for treatment	3	3	2	8	1	6	—	6	—	—
Totals	9	43	7	29	4	27	—	25	—	6
<i>Home visits involved—</i>										
New cases	72		44		57		39		10	
Old cases	147		15		30		9		11	
Totals	219		59		87		48		21	

C—Contacts.

D—Defaulters.

In view of the considerable reduction in the numbers of new cases since 1948 consequential upon the use of anti-biotics in the treatment of the disease—and the resultant decrease in the need for following-up contacts and defaulters by the Council's Almoners—the attendance of these Officers at the Treatment Centres has, by agreement, been limited since 1st January, 1952, in order to make the most effective use of their services in other fields, but the Almoners' services are always available to investigate any case referred to them between attendances at the Treatment Centres at Mansfield and Worksop.

12. DOMESTIC HELP.

On the 5th July, 1948, apart from the area for which the County Council were already responsible for maternity and child welfare, a Domestic Help Service was only available in the Sutton-in-Ashfield Urban District and, in a modified form, in the Urban Districts of Arnold, Beeston and Stapleford and Kirkby-in-Ashfield.

As a result of the implementation of the County Council's Proposals, the end of 1950 saw the Service firmly established over the whole of the county. Nine of the ten sub-offices envisaged in the Proposals are operating in the following districts :—

Sutton-in-Ashfield and Kirkby-in-Ashfield	.....	.....	Operating at 5th July, 1948
Arnold and Carlton	.....	.....	Operating at 5th July, 1948
West Bridgford	.....	.....	Operating at 5th July, 1948
Mansfield	.....	.....	Opened May, 1949
Worksop	.....	.....	Opened May, 1949
Beeston and Stapleford	.....	.....	Opened August, 1949
Eastwood and Hucknall	.....	.....	Opened August, 1949
Newark	.....	.....	Opened June, 1950
Retford	.....	.....	Opened August, 1950

These centres also cover the work in the surrounding rural areas, and for the time being the Mansfield Woodhouse and Warsop Urban Districts are being served from the Mansfield Sub-Office.

The growth of the Service can be judged by the fact that the number of hours of service given in 1947 was 3,509, whereas in 1952, 335,271 hours of service were provided. The following table gives the figures for the past five years :—

Year	Home Helps employed		Cases served		Total Hours Served
	Whole-time	Part-time	Maternity	Others	
1948	23	70	109	174	37,047
1949	31	98	314	641	102,516
1950	36	191	519	1,139	191,454
1951	64	186	482	1,575	253,725
1952	97	210	453	1,694	335,271

Each sub-office is staffed by a Sub-Organiser and a Case-Worker and, in the districts where dense population brings heavy demands upon the service, clerical help is also provided.

All visiting is done by the Domestic Help Staff but good co-operation is maintained with all members of the health team.

The allocation of hours of service in each case is under constant revision to ensure that domestic help is only given according to the need, and in this way the amount of money spent on the Service is used to the best advantage.

The close liaison maintained with the General Practitioners and Hospital Almoners ensures not only adequate help for the patient discharged from hospital but the freeing of much needed hospital beds. Similarly the help allocated in maternity cases (based on two weeks full-time service) allows more maternity hospital accommodation to be available for cases where domiciliary confinement is for other reasons impracticable.

Cases are frequently reported by the Children's Officer and, where help can be given to families temporarily deprived of the mother on account of illness, the children have the security of their own home and the family entity is preserved. Valuable assistance and influence has been exercised in "problem families" where mothers have lost interest in their homes on account of worry, strain or ill-health.

Home Help for the Aged.

The demand for help for cases of bedridden or partially bedridden old people is high and is increasing. Many of these patients are living alone and, whilst they are not sufficiently ill to be admitted to hospital, they need too much personal care to be considered suitable for the Old People's Homes provided by the Local Authority. Every effort is made to "stagger" the hours of the work of the Home Helps in order that these patients may receive adequate attention during the day, and to reduce so far as possible the period between the departure of the Home Help after tea-time and when she returns in the morning. So far, no night service has been put into operation,

Employment of Home Helps in Households of Persons suffering from Tuberculosis.

Tuberculous cases are served by Home Helps who volunteer for the work; they must be over thirty-five years of age and have no young children. Before commencing duty each Home Help attends a Chest Radiography Centre for an X-Ray of her chest and thereafter at six monthly intervals. These Home Helps are fully instructed in the precautions to be taken against infection and receive extra supervision. It is a tribute to the service that we have never yet failed to secure a volunteer for this particular aspect of Home Help.

Recruitment.

The attraction of a variety of part-time and full-time employment available to women throughout the large industrial area of the County and the well paid casual agricultural labour in the rural areas proved a serious obstacle to satisfactory recruitment in the first years, but the growing appeal of "service" in work in homes where help is so desperately needed, and a decline in the demands for female labour in industry have done much to attract the right type of woman to the job. By 1952, applicants for enrolment were coming forward in sufficient numbers to permit of a more rigorous selection to be made.

Such selection, followed by scrutiny at County Hall of applications and references, followed by supervision and weekly "briefing," is bringing good results. Judging by the many tributes paid to the work of Home Helps, a training scheme does not at present appear to be necessary.

Home Helps are normally non-resident and are issued with green overalls and a metal badge.

At the end of 1952 the establishment was nine full-time guaranteed workers (minimum forty-two hour week), 137 guaranteed part-time workers (minimum twenty-two hour week) and 161 casual workers, all of whom are employed regularly and may work from fifteen to forty-two hours a week.

The known demand for help is being met, but it is not always possible to give as much help as would be desirable. This applies mainly to the aged, whose need is frequently greater in the winter months.

The following statistics give a concise picture of the work undertaken during 1952 :—

Total hours of Service	.....	335,271.
Number of cases served :—		
Maternity including expectant mothers	.....	453
Illness and blindness	....	700
Aged, most of which were long term cases	.....	902
Tuberculosis, all of which were long term cases		47
Mothers of large families	.....	45
Total cases served		<u>2,147</u>

13. HEALTH EDUCATION.

- Health. That state of a living body in which parts are sound and all perform freely their natural functions—and of the mind, in which there is natural vigour of the faculties and moral purity.
- Education. In its simplest sense—to instruct the young. In its broader meaning—to enlighten the understanding—to instil into the mind **principles** of science, morals and good behaviour.

So states the Imperial Lexicon by the Reverend John Boag.

How clearly the definitions, read in combination, set out the purpose of Health Education as an integral part of the "National" Health Services.

Sir George Newman was wont to say—"Why have health services and not advertise them?" It might be said of Health Education in its present form that herein lies the means, not only of advertising the existing National Health Services, but, more importantly, of guiding the public outlook to a cleaner, more efficient and fuller conception of the meaning of efficiency, the happiness and the enjoyment of life.

It was concepts on these lines which determined the Council in 1945 to inaugurate their scheme of Health Education with the appointment of a whole-time Health Education Officer, Mr. A. H. Marrow.

His teaching and lecturing experience, combined with a wide knowledge of biology and kindred subjects, gave him solid foundation on which to build and expand the Service.

By 1948, the Council were satisfied that this was a live Service and in their Proposals made it clear that they meant "to continue this special work and expand it as necessary."

The value of the facilities offered by the Central Council for Health Education was fully recognised and annual grants to that Council have since been made. The grant for 1952 was £267 10s. 0d.

In 1948, it was decided that the calls made upon the time and services of the Health Education Officer were so significant as to justify the appointment of an Assistant Health Education Officer. This appointment was made in July, 1949.

In these early days the Service began to make its presence felt in industrial and school canteens. Lectures were given to the Nottinghamshire Industrial Caterers and Canteen Managers on the subject of Food and Drink Infections, and visits were made to School Canteens and School Kitchens for informal talks to staffs on practical hygiene. The fullest co-operation was secured with the Education Department in these special visits and also in the inclusion of Health Education lectures during "Education Weeks."

The year 1949 saw for the first time an effort to secure co-ordination in the question of Sex Education in Schools and, by arrangement with the Director of Education, a course of lectures to teachers was given with the view to securing some clarification of outlook on this somewhat confused subject.

The year also saw an extension of health educational facilities by the commencement of a central library of reference books; the provision of articulated anatomical models, and the use of cinemas in one of the Boroughs for the showing of films.

By 1950, the use of films had become more commonplace in the Service, and a series of talks and film shows was arranged in one Urban District. Lecture-demonstrations were also given during that year to groups of Home Helps.

Special expenditure during 1950, on visual health teaching aids and films and film strips, amounted in total to approximately £215.

During 1951, the Service had now so established itself as to secure the closest co-operation of the Health Departments of County District Councils in the arrangement of "Health" and "Clean Food" Exhibitions, and the artistic and inventive flair of the Assistant Health Education Officer, Mr. N. Wass, was given full scope.

By this time, Mr. Wass had by experience and study reached a stage when he could play a full part in the routine duties of a health education officer—and at this time approximately 100 meetings a quarter were being organised and addressed.

During 1952, the film projectionist who had given unfailing service with his own apparatus from mid-1947 found it necessary to withdraw his help, but fortunately this aspect of the Service has now been covered. Special expenditure on reference books, films and film strips, and anatomical models and charts during the year amounted to £175.

The County Council have approved that the work carried out by the Health Education staff has reached the stage when further assistance is necessary and have approved the appointment of a Second Assistant.

As, over the years, the Service has become an integral part of the Health Services of the County, work has been—and is being—done for the Ministry of Labour; the Ministry of Supply (Depot); the Education Department; Parents and Parent-Teacher Associations (lectures and brains trusts); Women's Institutes; Miners' Welfare Women's Groups; Youth Organisations; and it would probably be fair to say, for every Organisation in the County area which has for its object the social welfare of its members and the public generally.

Within the Department, the Health Education Officer has organised Refresher Lectures and Demonstrations by medical men and women of Consultant status, and tribute is properly to be paid to them for the ready expression of their willingness to co-operate. Sixteen such lectures were given in 1952. Members of the senior staff of the Health Department lectured or assisted on Brains Trusts on thirty-two occasions during the year.

Fourteen lectures were given, on a fee basis, by a medical practitioner who for many years has taken a profound interest in Health Education.

An analysis of the subjects dealt with during the year is adequate description of the expansion of the Service and the broadening of the scope of its educational influence.

<i>Subject matter</i>	<i>Lectures</i>
Health Education	16
Maternity and Child Welfare	25
Health of the Child and Adolescent	16
Sex Education	13
Mental Health	9
General Health Interest Topics	45
Environmental Health	14
Accident Prevention	17
Prevention of Disease (including Vaccination and Immunisation)	31
Health Service Publicity	14

It is worthy of note that the itemised subject matters of lectures under these general headings have increased from thirty-two in 1948 to sixty-six in 1952.

Briefly, it can be stated that the Service makes full—but sensible—use of propaganda leaflets and posters purchased from the Central Council for Health Education. These are not broadcast but are distributed at meetings to augment the subject matter of the lecturers. Some 30,000 selected leaflets and 300 posters were so used during 1952.

With regard to accident prevention, full use is made of posters provided by the Royal Society for the Prevention of Accidents, but so far no special poster or other literature on the subject has been devised by the Service. It is to be noted that seventeen lectures were devoted to this subject during 1952.

In conclusion, it is fitting to acknowledge the part played by Mr. Marrow in the development of this Service. His profound belief in Health Education as a vital public need has secured for it a firm place in the Health Services of the County.

In this Report, the special service set up by the County has been described. No special account has been taken of the constant "health education" that is undertaken by the Authority's medical and nursing staff—by word and precept—during the normal course of their clinical and other routine work under the Maternity and Child Welfare and School Health Services.

14. MENTAL HEALTH SERVICE.

ADMINISTRATION.

(a) Committee responsible for Service.

Since the appointed day under the National Health Service Act, the Local Health Authority's Mental Health functions have been carried out through the Mental Health Sub-Committee of the County Health Committee and quarterly meetings have been held. The Sub-Committee consists of eighteen members, of whom two are District Council representatives and three are added members with experience in mental deficiency or mental illness. Also included, from the composition of the County Health Committee, have been members of the Council's Education, Welfare, and Children's Committees, as well as representatives of the former Committee for the Care of the Mentally Defective and Visiting Committee of the former County Mental Hospital.

The practice of holding meetings at three-monthly intervals has been found to be quite adequate and, in any matter of emergency arising between meetings, it is usually possible for the Chairman of the Sub-Committee to give a decision.

(b) Staff.

(i) Medical.

The organisation, control, and medical direction of the Mental Health Service continues to be undertaken through the Mental Health Section of the Public Health Department under the general supervision of the County Medical Officer.

The Authority's approved Proposals under the National Health Service Act envisaged the appointment of a full-time Medical Officer for Mental Health but it was not until November, 1951, that the vacancy could be filled. In consequence, much of the routine clinical work of the Service was neglected and only matters of an urgent nature could be dealt with. The appointment of Dr. F. R. Walker, M.A. (Psych.), L.M.S.S.A., who devotes the whole of his time to Mental Health matters has considerably eased the situation, however, and he has been able to reduce the arrears of work as well as to keep abreast of current commitments. Dr. Walker's duties now include the medical ascertainment and classification of mental defectives, including recommendations as to their future care; the furnishing of medical certificates in support of petitions under the Mental Deficiency Acts; statutory medical visitation of patients under guardianship; submission of medical evidence in Courts in respect of alleged mental defectives or persons of unsound mind charged with offences; advising Mental Health Workers in cases presenting any unusual difficulty; preparation of Special Reports and Certificates in respect of guardianship patients whose Orders become due for re-consideration and (at the request of Hospital Management Committees) in respect of patients on licence from Institutions; and carrying out other associated medical duties which arise from time to time.

It is, of course, accepted that medical treatment is primarily the concern of the general practitioner and where, in the course of his duties, Dr. Walker considers that there should be further investigation of a patient's physical condition, appropriate details are forwarded to the patient's own doctor. It may be that some practitioners regard this procedure as interfering and redundant but, on the whole, it has been found that they are usually very willing to co-operate.

Dr. Walker is approved by the Minister of Education for employment under the Handicapped Pupils and School Health Service Regulations, 1945, in connection with the Local Education Authority's arrangements for the ascertainment of educationally sub-normal pupils and, in consequence, there is close co-operation and consultation with the School Health Service, particularly in cases presenting unusual features. Dr. Walker has also achieved a close degree of liaison with the County Welfare Department and his advice is frequently sought where there is doubt as to the suitability of applicants for accommodation provided by the County Council under the National Assistance Act, particularly if it appears that such persons should more appropriately be dealt with as mental defectives or as persons suffering from mental illness.

In order to render assistance in emergency, all full-time Medical Officers of Health in the County, as well as Assistant County Medical Officers engaged in School Health Service duties, have been approved by the County Council as Certifying Officers under the Mental Deficiency Acts. In practice, however, it has seldom been found necessary to utilise their services in this connection.

(ii) Non-Medical.

The following non-medical staff of my Department were employed on administrative and statutory duties in the Mental Health Service on 31st December, 1952 :—

- (i) a male Mental Health Officer (responsible to the County Medical Officer for the work of the Mental Health Section of the Public Health Department) ;
- (ii) a female Superintendent Mental Health Worker (responsible for advising and assisting the Mental Health Workers and organising their duties) ;
- (iii) a female Mental Health Worker ;
- (iv) ten part-time male District Mental Health Workers (also employed half-time as District Welfare Officers) ;
- (v) a male Assistant District Mental Health Worker and Welfare Officer for relief duties ;
- (vi) Mansfield Occupation Centre staff :—
 - One Instructress ;
 - One trained Assistant Instructress ;
 - One untrained Assistant Instructress ;
 - One part-time female Escort (one vacancy) ;
- (vii) Two female Home Teachers (one vacancy) ;
- Two part-time female Helpers (employed at Group Teaching Centres) ;
- (viii) Two clerks and a shorthand-typist.

The Mental Health Officer, the female Superintendent Mental Health Worker, and the eleven male Mental Health Workers have been approved by the County Council as " Authorised Officers " for all purposes of the Lunacy, Mental Treatment and Mental Deficiency Acts, whilst the female Mental Health Worker is authorised to carry out duties in connection with the ascertainment and supervision of mental defectives in the community, and the care and after-care of persons suffering from mental illness or defectiveness. The Proposals originally approved envisaged the appointment of five full-time male and four full-time female Mental Health Workers but this proved impracticable owing to difficulties in recruiting suitably experienced personnel and the needs of the County Council's Welfare Service, and the Proposals were modified accordingly. Additionally the male Assistant District Welfare Officer and Mental Health Worker was appointed to fill one of the female vacancies as it was considered essential that an officer should be available to undertake relief duties in any part of the County in the absence owing to sickness or holidays of any of the other male officers. Experience has also shown that the staff now available are quite capable of undertaking all the duties involved, and the appointment of additional female Mental Health Workers is not envisaged at the present time. The existing Female Mental Health Worker is based on County Hall and it has been found that she and the Superintendent Mental Health Worker are able to undertake any visits or enquiries which appear to require the services of a female officer.

As previously reported, the County has been divided into ten Districts. A male Mental Health Worker is allocated to each District and provided with office accommodation, whilst the male Assistant, who is normally based on Mansfield and assists the two officers with the largest districts (in terms of population), is available for relief duty as necessary. All these officers are authorised car-users and, by working in pairs for the purposes of night and week-end duty, as well as for relief duty at other times, they are able to provide a continuous day and night service. Telephones are maintained at the cost of the County Council both in their homes and offices, and full details as to their location and availability have been circulated to all persons in the County who are likely to be concerned with the Mental Health Service. The arrangement whereby the male officers devote half of their time to the County Welfare Service has continued to function quite satisfactorily, and I am of the opinion that the advantages of this far outweigh any slight disadvantages which might become apparent from time to time. As with any arrangement of this nature, there must be co-operation and goodwill between the two employing Departments, and I am happy to record the cordial relationship existing between my Department and that of the County Welfare Officer.

As indicated above, there is a vacancy on the approved establishment for a third Home Teacher but advertisements to date have not produced a suitably experienced candidate. In consequence the envisaged expansion of the Home and Group Teaching Service cannot take place at present as both the existing Teachers are employed to capacity.

It is anticipated that the vacancy for a part-time female escort at the Mansfield Occupation Centre, caused by a recent resignation on grounds of ill-health, will shortly be filled. In the meantime, the existing staff are undertaking the additional escort duties.

(c) Co-ordination with Regional Hospital Boards and Hospital Management Committees.

Since 1948, the Local Health Authority have provided, free of charge, the services of their officers in undertaking the supervision of patients on licence or holiday from mental deficiency institutions, and in the preparation of the various reports on home conditions required in connection with the re-consideration of Orders or with applications for discharge, licence, or holiday leave. Medical reports have also been completed on request. With few exceptions, co-operation with Management Committees of mental deficiency institutions and their officers has been of the closest, and it has been gratifying to find that the views of the Local Health Authority have frequently been sought in matters affecting the welfare of Nottinghamshire patients. At the present time many patients from Nottinghamshire are accommodated in institutions far removed from their homes but it is to be anticipated that this situation will no longer exist when adequate accommodation is available within the Sheffield Region and that, when that time comes, Hospital Management Committees may appoint their own Social Workers to undertake the work now being carried out on their behalf by the Local Health Authority's officers. In my submission, this would be a retrograde step as I consider it to be of the utmost importance that my officers should maintain some form of contact with the family of a defective under institution care, not only from the long-term point of view that such contact makes it easier to maintain friendly relationships if and when the patient is ultimately discharged, but because experience has shown that most parents prefer to be visited by the officer they have known since the case was ascertained—and tend to place greater confidence in him on that account. On the whole, I consider that existing arrangements have worked most satisfactorily and I should like to see them perpetuated because I am convinced that any change such as I have envisaged would have the effect of destroying much of the goodwill and close co-operation which has been achieved over the past five years.

In the field of mental illness, I regret to report that there is still opportunity for much closer co-ordination of the hospital and community care services. With the exception of a few cases referred by mental hospitals in the City of Nottingham, the Local Health Authority has not been called upon to assist to any material extent with the after-care of patients discharged from, nor with the supervision of patients on trial from, the Hospital normally serving the County area. This work is normally undertaken by Social Workers on the staff of the Hospital. I am prepared to concede that the Hospital's own Social Workers have the advantage of knowing the patient during his treatment and of the advice of the medical officers concerned with the case, yet I remain convinced that arrangements could be made whereby the long and extensive local knowledge of nearly all the Local Health Authority's

officers could be utilised to the discharged patient's advantage, even though communication difficulties in a County area might make this more difficult of achievement than in a County Borough. As matters stand, the services of the Authority's Authorised Officers are being utilised almost entirely as a convenient means of effecting admissions although, at the same time, they are expected to use their utmost endeavours to restrict admissions wherever possible. To this end, inter alia, the fullest use continues to be made of Psychiatric Out-Patient Clinic facilities, and the arrangement whereby case histories are supplied for the information of the Consultant Psychiatrists in attendance appears to have operated satisfactorily, notwithstanding the fact that it has sometimes been difficult for the officer referring a case to ascertain what course of action has been decided upon.

At Regional Hospital Board level, I have always found the Regional Psychiatrist and his staff to be most helpful and, especially in regard to the provision of institutional accommodation for mental defectives, I have frequently had reason to be grateful for their assistance, particularly as I am only too well aware of the extreme pressure on the comparatively limited accommodation resources at their disposal.

No arrangements have been made with the Regional Hospital Board for the joint employment of officers, either medical or lay, nor is it anticipated that any such arrangements will be necessary.

(d) Voluntary Associations.

The Local Health Authority have not enlisted the aid of any Voluntary Bodies in discharging their statutory Mental Health functions, but they have from time to time made use of the training facilities offered by the National Association for Mental Health and further reference is made to this under the next heading.

Prior to the appointed day, the County Council made an annual grant of £22 to the National Association and this practice has since been continued as provided for in the approved Proposals. The amount of the grant was increased in 1951 to £25 per annum.

(e) Training of Staff.

During 1952, the Medical Officer for Mental Health, Dr. Walker, attended a three-weeks Course for Medical Officers on "Educationally Sub-Normal Children and Mental Defectives" and he has since been approved by the Minister of Education to undertake the ascertainment of educationally sub-normal children. The Superintendent Mental Health Worker attended the Annual Conference of the National Association for Mental Health, whilst she and the Female Mental Health Worker were both granted paid leave of absence to attend the Annual Conference of the Association of Mental Health Workers. Arrangements were also made for the untrained Assistant Instructress at the Mansfield Occupation Centre to attend a short refresher course for Staffs of Occupation Centres, etc., organised by the National Association for Mental Health.

Having regard to the fact that the male Mental Health Workers were recruited from the ranks of Relieving Officers and had had little practical experience of mental deficiency, whilst the staff who had previously devoted the whole of their time to mental deficiency were not conversant with the requirements of the Lunacy and Mental Treatment Acts, it was recognised at the outset that early advantage would need to be taken of any courses of training which were to be arranged. Early in 1948, therefore, the Superintendent Mental Health Worker attended a two-month residential course organised by the National Association for Mental Health whilst, in 1948, 1949, and 1950, the Mental Health Officer and the eleven male Mental Health Workers all attended courses arranged by the Department of Extra-Mural Studies of the University of Sheffield. The Female Mental Health Worker has not yet attended such a course but it is hoped that there will be an early opportunity for her to do so.

The two Home Teachers and the Instructress at the Mansfield Occupation Centre have all attended short refresher courses since 1948 and, in 1951, arrangements were made in collaboration with the Local Education Authority for the female Trainee at the Occupation Centre to take the one-year Course for Occupation Centre Supervisors organised by the National Association for Mental Health. This she completed satisfactorily and she has now returned to the Occupation Centre as a trained Assistant Instructress.

WORK UNDERTAKEN IN THE COMMUNITY.

(a) Section 28, National Health Service Act, 1946.

Prevention of Illness, Care and After-Care.

Details are given later in this report of the arrangements for the ascertainment, supervision and training of mental defectives in the community. The primary responsibility for the care of defectives living at home rests, of course, upon their relatives, and in some homes it is found that there is no desire for the assistance of the Authority's Officers, whose visits, though usually tolerated, are looked upon with disfavour. Frequently, however, it happens that a sudden change in circumstances, such as might be occasioned by the death of a parent, or, perhaps, by the defective losing his job or being charged with some offence, has the effect of removing the family's previous reluctance to accept advice or help. In the majority of cases, of course, relatives do appreciate that the sole aim of the Authority is to assist them as far as possible in improving the lot of defectives in their care. To this end, Mental Health Workers seek to maintain close collaboration with the officials of other statutory or voluntary bodies in their districts who provide services which can benefit defectives. In particular, I have always found the officials of the National Assistance Board to be most sympathetic and helpful in their attitude towards mental defectives, whilst much valuable assistance has been obtained through the Local Education Authority's Youth Employment Service, and through the Ministry of Labour in finding jobs for those patients who are capable of earning their own living.

A fairly recent innovation has been the arrangement whereby defectives may be admitted to institutions for periods up to two months without legal formality in order to give temporary relief to relatives, or where it becomes urgently necessary that the defective should be cared for elsewhere than at home for the time being, and already it has been possible in a number of instances to avert domestic crises by this means. I have previously made reference to the disruption of home life occasioned by the presence of the defective who requires permanent institution care, and it is hardly necessary for me to stress the urgency of the need for more institutional accommodation.

As regards persons reported to be suffering from mental illness, every effort is made by the Authority's officers, in co-operation with general practitioners, to ensure that patients take early advantage of facilities for advice and treatment. Relationships with the general practitioner service have generally been excellent. Only rarely has there been misunderstanding—usually occasioned by failure to appreciate the Duly Authorised Officer's statutory obligations under the Lunacy and Mental Treatment Acts, with consequent resentment of his position as a layman. Many practitioners since the appointed day have continued to seek the assistance of the Authority's officers in cases, particularly the aged, where the need has been for treatment under institution conditions. Consequently, personal contacts with officials at local Hospitals and knowledge of procedure has often made it possible for the Mental Health Workers to arrange admission with a minimum of delay.

The pressure on mental hospital accommodation in the past few years has, of course, necessitated some restriction on admissions and, whenever possible, cases are first referred to Psychiatric Out-patient Clinics for advice as to disposal, when the Duly Authorised Officer concerned provides all available information concerning the patient's illness, previous history and home background.

After-care of persons who have received hospital treatment for mental illness has been undertaken by the Local Health Authority's officers only on a very limited scale, and so far it would appear that the staff of the Hospital which normally serves the County area are satisfied that this function can best be performed by their own Social Workers. Although, in the past year or so, there have been signs that greater use is being made of the services of the Authority's male Mental Health Workers, especially in cases presenting risky or unsavoury environmental features, it seems to me that far greater advantage might be taken of the assistance which they could give in this direction, but lack of adequate opportunity makes it difficult to demonstrate this fact in a practical way. A few cases have come to notice from other Mental Hospitals and discharged patients have themselves approached the District Mental Health Workers for assistance. The number of cases referred to the Authority under the scheme for the after-care of ex-service personnel has been small.

The County Council's general scheme for the loan of nursing equipment and appliances has been utilised where necessary whilst the aid of other Local Authority Services and Departments (e.g. Domestic Help, Children's Department) has been enlisted in appropriate cases.

These figures do not, of course, represent a full picture of the number of persons in the County who have sought treatment or advice on account of mental illness since the appointed day, as many are admitted direct to hospital as voluntary patients by arrangement with their own doctors and do not therefore come to the notice of the Local Health Authority's officers. Furthermore, it should be noted that many of those patients shown as admitted to hospitals had previously attended out-patient clinics. The numbers of cases dealt with in 1951 and 1952 show some decrease on the figures for the earlier years but, although it would be gratifying to assume that this represents some diminution in the incidence of mental illness, it seems more likely that the difference is due to an increase in direct voluntary admissions.

One particularly disturbing feature noticeable since the inception of the National Health Service Act has been the proportion of senile patients over the age of 65 years admitted to hospital under the Lunacy and Mental Treatment Acts. The solution of this distressing problem of the care of the aged infirm is exercising the minds of Regional Hospital Boards and Welfare Authorities throughout the country, but one thing must be said—admission to mental hospitals is not the solution to the problem and reluctance to admit such patients can readily be understood when it is appreciated that they often occupy for long periods (if not permanently) beds which could otherwise be used for the treatment of younger patients with reasonable prospects of recovery.

(c) Mental Deficiency Acts, 1913-1938.

(i) Ascertainment.

The number of new cases reported during 1952 was 108 (52 males and 56 females) and at the end of the year 2,296 cases remained on the register out of a total of 3,521 ascertained since the transfer of the Mental Deficiency Service to the Public Health Department in 1933. Ascertainment figures for the years 1948-1951 were as follows :—

		<i>Males</i>	<i>Females</i>	<i>Total</i>
1948	....	71	61	132
1949	....	71	46	117
1950	....	48	48	96
1951	....	51	45	96

The main source of ascertainment continues to be the School Health Service and there is little doubt that the shortage of Assistant Medical Officers in that Service since the appointed day has had the effect of reducing the numbers ascertained in this way. As evidence of this may be cited the fact that some defectives of whom there is no previous record come to notice within a few years of their leaving school—often through Clerks to Justices, Police, or Probation Officers. Nevertheless, there is close co-operation and interchange of information within the Public Health Department between the Mental Health and School Health Sections and every effort is made to ensure that, wherever possible, defective children are first given a trial at school before any decision is taken as to their ineducability. Opportunity is also taken from time

to time to arrange for the re-examination through the School Health Service of children who, though statutorily reported as ineducable, have improved sufficiently to merit re-assessment and, where appropriate, to recommend revocation of the report so as to enable the child to be brought once more within the scope of the general education system.

One important source of ascertainment since 1948 has been the National Assistance Board, and reports from the Board's officers following receipt by them of applications for maintenance allowances from suspected defectives have been very much appreciated. Reports of hitherto unknown cases are also received from time to time from a wide variety of sources including patients' own medical attendants, medical officers of the Regional Hospital Board following attendance at Psychiatric or General Hospital Clinics, and patients' own relatives or friends—usually in this latter instance when some domestic crisis necessitates the making of urgent alternative arrangements for the patient's care.

(ii) Supervision.

The numbers of defectives under supervision at home on 31st December, 1952, were as follows:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Statutory Supervision—			
Under sixteen	92	69	161
Over sixteen	303	186	489
Voluntary Supervision—			
Under sixteen	2	3	5
Over sixteen	327	336	663
	<hr/> 724	<hr/> 594	<hr/> 1,318

The total number under supervision has shown little variation since 1948 and this is accounted for by the fact that the number of new cases ascertained has been offset by the number of old cases ceasing to be under community care either because of removals to other areas, deaths, discontinuation of visits where these were no longer necessary, or transfers of patients to institution care.

Prior to the appointed day, home visitation was undertaken by the Council's Health Visiting and School Nursing Staffs but this duty was then transferred to the male Mental Health Workers, supplemented where necessary by the Female Superintendent Mental Health Worker and her assistant. As ex-Relieving Officers, mostly well-known in their districts, it took some time for the male Mental Health Workers to gain the confidence of many families who appeared to resent any connection, however slight, with the Poor Law, and that they have generally succeeded in achieving this end greatly reflects to their credit. At the outset of their visiting duties, it was laid down that two-monthly visits would normally be regarded as a minimum requirement in statutory cases, whilst patients under voluntary supervision should be visited not less than once every three months subject, of course, to the proviso that more frequent visits should be paid where this appeared desirable. Reports on the results of each visit are submitted to my Department when any further necessary action is taken.

(iii) Guardianship.

The number of patients remaining under guardianship at 31st December, 1952, was 38 (16 males and 22 females), as compared with 130 (52 males and 78 females) at the end of 1948. The considerable decrease in numbers has been due in large measure to the decision taken in 1949 to transfer responsibility for payment of maintenance allowances to the National Assistance Board, and the subsequent discharge from Order of those defectives who had been placed under Guardianship solely to enable the County Council to pay maintenance allowances and who were no longer considered to be in need of guardianship care, being in each instance under the satisfactory care of a parent or parents. Seventy-eight such cases were accordingly discharged from Order on the Local Health Authority's recommendation and arrangements were then made for the patients concerned to be placed under friendly supervision.

As regards defectives remaining under guardianship, the Local Health Authority make a small weekly payment to Guardians other than parents (which is additional to any National Assistance Board allowance) and they also grant additional financial assistance with holiday travelling and maintenance expenses in appropriate cases. As the National Assistance Board are prepared to recognise the exceptional needs of certain defectives in regard to clothing and bedding, the Authority's previous scheme for the provision of such items for guardianship patients has been largely discontinued and, at the present time, applies to only one defective, who is under sixteen and therefore ineligible for a National Assistance Board allowance. The Authority also make a maintenance allowance in this particular case.

The County Council's schemes for the provision of medical, dental and optical treatment were discontinued on the appointed day as these facilities then became available through the services provided under the National Health Service Act, but steps were taken to ensure the provision of personal medical services for each patient. Since his appointment in November, 1951, the Medical Officer for Mental Health has undertaken the medical visitation of patients under guardianship as required by the Mental Deficiency Regulations and, where it appears that any medical treatment is necessary, the patient's own medical attendant is informed and asked to co-operate. If there is a need for dental treatment, the guardian is advised appropriately and particular attention is paid to this at subsequent visits by the Female Mental Health Worker who now undertakes the lay supervision of guardianship patients.

(iv) Training.

(a) Occupation Centres.

The only Occupation Centre in the County is situated at Mansfield where premises are rented from the Local Education Authority. The Centre has been in operation since 1934 and, although the available accommodation is restricted and by no means ideal, much valuable work has been done. There were twenty-seven defectives on the Register at the end of 1952 and three part-time classes are held as follows :—

Class for younger defectives of both sexes—each morning from Monday to Friday ;

Class for adult females—Tuesday and Thursday afternoons ;

Class for adult males—Monday, Wednesday and Friday afternoons.

The Local Health Authority had long recognised the need for the provision of a new Centre capable of meeting the training and occupational needs of the defective population in Mansfield and adjoining districts, and provision to this effect was included in the approved Proposals. Unfortunately, however, their plans have not yet materialised—mainly because of building and financial restrictions since the War—but a site has been purchased and there is every reason to hope that building operations will commence during 1953.

The Authority's Proposals also envisaged the possible future development of new Centres in other districts of the County, and they have recently given their approval in principle to the provision of a Centre to serve the Urban Districts surrounding Nottingham.

(b) Home and Group Teaching.

Owing to staffing difficulties it proved impracticable at the outset to give effect to the Authority's stated intention to re-organise this service so as to establish group centres in the more populous districts of the County and increase the number and frequency of home visits to isolated cases, but the appointment of two new Home Teachers early in 1950 made it possible to proceed on these lines. In May, 1950, ten group centres were established throughout the County—mainly at School Clinic or Maternity and Child Welfare Centre premises—and fortnightly half-day sessions were held, whilst the frequency of individual home visits was increased from once in three weeks to once per fortnight. Experience since that time has shown the Group Centre experiment to have been well worthwhile and, whilst it is not claimed that they are an adequate substitute for full-time Occupation Centres, some very encouraging results have been achieved and the patients themselves have enjoyed the opportunity for making social contacts which they would not otherwise have had. At two of the original group centres—Eastwood and West Bridgford—the lack of demand for group teaching necessitated their closure but further groups were formed at Retford, Warsop and Ollerton. At the end of 1952, one weekly (Hucknall) and ten fortnightly centres were being held as follows :—

Balderton	Retford
Beeston	Stapleford
Carlton	Sutton-in-Ashfield
Hucknall	Warsop
Kirkby-in-Ashfield	Worksop
Ollerton	

The following is a summary of the number of defectives receiving instruction at 31st December, 1952 :—

Group Centres—

Number on Register	74
Sessions held in 1952	282
Total attendances	1,643

Individual home visits—

Numbers being visited	50
Number of visits in 1952	1,137
Hours of instruction given	1,071

At the Worksop and Hucknall Group Centres, a female helper is employed on a sessional basis in order to assist the Home Teacher with the supervision of the defectives attending, and the County Council have authorised the appointment of helpers at other Centres if and when the need arises.

In order to facilitate further expansion of the Service, provision has been made on the approved establishment for a third teacher but efforts to appoint a suitable person have so far been unsuccessful.

(v) Institution Care.

The total number of defectives remaining on the books of institutions on 31st December, 1952, was 503, as follows :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Institutions in the area of the Sheffield Regional Hospital Board	100	202	302
Institutions outside the Sheffield Region	110	65	175
Rampton and Moss Side Hospitals for Mental Defectives....	17	9	26
	<u>227</u>	<u>276</u>	<u>503</u>

The provision of additional institution accommodation for mental defectives remains one of the most pressing needs in the Health Service and there is, of course, wide recognition of this. Prior to the appointed day, the majority of Nottinghamshire cases were accommodated in Institutions outside the Sheffield Region and, although this arrangement made it difficult for relatives to visit (they were assisted financially by the County Council in this respect), the subsequent embargo on admissions to other Regions was keenly felt. Experience in Nottinghamshire since 1948 has shown an ever increasing demand for vacancies in mental deficiency institutions and, in spite of the most helpful and sympathetic co-operation of the responsible officials at Regional Hospital Board level, many cases presenting features of the utmost urgency have to remain at home where their presence imposes an almost unbearable strain on their unfortunate relatives and very often exerts a most undesirable influence on the younger members of the household. At the end of 1952 the Local Health Authority's waiting list totalled 175 (102 males and 73 females) of whom 63 (38 males and 25 females) were under the age of sixteen. Eighty of these defectives were considered to be in real and urgent need of removal to institution care.

As was only to be expected, practically all available accommodation has now been utilised and the situation has gradually deteriorated to such an extent that it is now extremely rare to find vacancies either for children or for adult males and lower-grade females. Every effort is made, in co-operation with the Regional Psychiatrist, to try to ensure that the most urgent cases receive priority but this becomes a most difficult achievement when there are many whose need is so acute. Often the clinical needs and potentialities of the defectives themselves (surely a most important factor in normal circumstances) must be subordinated to considerations of home background and environment and, regrettable though it may be, the needs of defectives in good homes have to be ignored in favour of those whose environment is poor.

Reference has been made in previous reports to the position of the delinquent defective considered by Courts to be in need of institution care and control and to the fact that use has had to be made of prisons as places of safety pending the provision of institution vacancies. This practice still continues and I re-affirm my predecessor's opinion that, unavoidable though it may be, it can only have the effect of bringing the Mental Deficiency Acts into disrepute, even though I know that such cases are afforded the highest priority by the Regional Hospital Board in the allocation of vacancies.

I am not aware of the latest stage in the development of the Balderton Colony, near Newark—originally planned by the County Council before the War—but I can see little prospect of any general improvement in the situation locally until it is opened for the reception of patients.

Relationships between the Authority's officers and the officers of the Regional Hospital Board, both at Headquarters and Institutions, have been excellent and I have always found a ready willingness to help. Reference is made in the succeeding item to the work undertaken by the Local Health Authority's officers on behalf of Hospital Management Committees, but it is appropriate to mention here that it has been the practice since 1948 to prepare reports on home conditions for the information of the Visitors in connection with the re-consideration of Orders and to undertake any miscellaneous enquiries on request.

(vi) Licence.

According to information supplied by institutions, the number of Nottinghamshire patients on licence at 31st December, 1952, was 49 (19 males and 30 females) of whom 27 (12 males and 15 females) were residing within the County area. In accordance with the practice which has operated since the appointed day, the Authority's Mental Health Workers carried out, on behalf of Hospital Management Committees, the routine supervision of patients on licence in the County, and progress reports were forwarded to institutions at two-monthly intervals. Appropriate advice and assistance has been extended to patients newly sent out on licence in their re-adjustment to life in the community and, in suitable cases, help has been given in finding employment within the capacity of the patients concerned. Medical examination of licence patients has been undertaken

on request by the Authority's medical staff, and arrangements made in appropriate cases for defectives to be seen locally by the Visitors so as to avoid their return to institutions when their Orders have become due for re-consideration. Where required, the Authority have also arranged for the special review by their medical and lay staff of cases who have been on licence for two years, and recommendations as to their suitability for discharge from Order have been forwarded to the institutions concerned. Numerous other reports on home conditions have been supplied in connection with such matters as applications for licence, holiday leave, and discharge from Order.

The amount of work involved in undertaking these additional duties on behalf of Hospital Management Committees has not been inconsiderable, but the Authority decided, nevertheless, that the services of their officers should be provided without charge as a matter of day to day co-operation. That this decision was right is evidenced by the degree of confidence which Hospital Management Committees generally have placed in the judgment of the Authority's officers and the close co-operation which has thereby resulted.

SECTION VIII

STATISTICAL
TABLES



TABLE I.

**NOTTINGHAMSHIRE.
BOROUGH AND URBAN DISTRICTS.**

Vital Statistics for the Year 1952.

BOROUGH AND URBAN DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Families or separate Occupiers at Census 1951	Persons per Family at Census 1951	Population, Census 1951	Population estimated to the middle of 1952	Births			Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from all Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000	Number	Rate (Crude)	Rate (Corrected)		
MANSFIELD (Borough)	7,009	7.2			51,343	51,110	824	16.1	15.6	26	31.6	513	10.0	11.0	0.27	0.33
WORKSOP (Borough)	17,936	1.7			31,038	31,160	530	17.0	18.2	20	37.7	318	10.2	12.2	0.10	0.10
NEWARK (Borough)	3,364	6.8			22,909	22,970	417	18.2	18.2	11	26.4	261	11.4	11.3	0.39	0.48
EAST RETFORD (Borough)	4,657	3.5			16,312	16,540	278	16.8	16.6	8	28.8	184	11.1	10.5	0.12	0.18
ARNOLD	4,506	4.8			21,474	21,620	365	16.9	16.2	8	21.9	200	9.2	10.0	0.14	0.18
BEESTON & STAPLEFORD	6,468†	7.8			49,849	50,430	737	14.6	14.2	14	19.0	418	8.3	9.7	0.16	0.20
CARLTON	4,018	8.5			34,248	34,410	511	14.8	14.3	15	29.3	328	9.5	10.0	0.26	0.26
EASTWOOD	1,178	8.5			9,896	10,050	160	15.9	16.5	3	18.7	88	8.7	10.4	0.10	0.10
HUCKNALL	4,029	5.8			23,213	23,420	367	15.7	15.4	13	35.4	229	9.8	11.0	0.13	0.17
KIRKBY-IN-ASHFIELD	5,830	3.4			20,131	20,170	373	18.5	19.2	14	37.5	199	9.9	11.3	0.20	0.25
MANSFIELD WOODHOUSE	4,834	3.6			17,819	17,480	288	16.5	17.2	13	45.1	152	8.7	10.8	0.23	0.29
SUTTON-IN-ASHFIELD	10,507	3.8			40,521	40,080	598	14.9	15.0	24	40.1	410	10.2	11.9	0.15	0.15
WARSOP	7,174	1.5			10,880	10,910	184	16.9	17.1	9	48.9	104	9.5	12.0	0.37	0.37
WEST BRIDGFORD	3,044†	7.7			23,372†	23,510*	300	12.8	12.8	8	26.7	291	12.4	10.2	0.30	0.30
TOTALS	84,554†	4.4			373,013†	373,860*	5932	15.9	15.9	186	31.3	3695	9.9	10.9	0.20	0.24

* Amended figures which allow for changes of area and population after the Nottingham City and County

TABLE II.

NOTTINGHAMSHIRE.
RURAL DISTRICTS.

Vital Statistics for the Year 1952.

RURAL DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Families or separate Occupiers at Census 1951	Persons per Family at Census 1951	Population, Census 1951	Population estimated to the middle of 1952	Births			Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from all Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
BASFORD	69,825†	0.72			49,973†	50,300*	783	15.6	15.9	17	21.7	489	9.7	10.0	0.16	0.18
BINGHAM	67,583	0.31			20,556	21,130	307	14.5	15.7	5	16.3	201	9.5	8.4	0.14	0.19
WORKSOP	28,515	0.61			17,234	17,380	289	16.6	16.8	9	31.1	142	8.2	10.4	0.17	0.17
EAST RETFORD	111,032	0.19			21,530	21,460	318	14.8	16.1	4	12.6	223	10.4	9.8	0.09	0.09
NEWARK	41,550	0.27			11,267	11,248	188	16.7	16.0	7	37.2	129	11.5	11.3	0.09	0.09
SOUTHWELL	118,586	0.34			39,705	40,030	697	17.4	18.4	22	31.6	392	9.8	11.1	0.17	0.20
SHIRE HALL	1	—			2	2	1	—	—	—	—	—	—	—	—	—
TOTALS	437,092†	0.37			160,267†	161,550*	2,583	16.0	16.6	64	24.8	1,576	9.8	10.1	0.15	0.17

†Amended figures which allow for changes of area and population after the Nottingham City and County Boundaries Act, 1951, had become effective on the 1st April, 1952.

*Special constructed figures supplied by Registrar General in consequence of change of boundaries.

TABLE III.

NOTTINGHAMSHIRE.

Vital Statistics for the Year 1952.

WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres (Land and Inland Water)	Persons per Acre	Families or separate Occupiers at Census 1951	Persons per Family at Census 1951	Population, Census 1951	Population estimated to the middle of 1952	Births			Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from all Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
URBAN DISTRICTS	84,554	4.4			373,913†	373,860*	5,932	15.9	15.9	186	31.3	3,695	9.9	10.9	0.20	0.24
RURAL DISTRICTS	437,092	0.37			160,267†	161,550*	2,583	16.0	16.6	64	24.8	1,576	9.8	10.1	0.15	0.17
WHOLE ADMINISTRATIVE COUNTY	521,646	1.02	Not Available	Not Available	533,280†	535,410*	8,515	15.9	16.1	250	29.3	5,271	9.8	10.6	0.19	0.22

*Amended figures which allow for changes of area and population after the Nottingham City and County Boundaries Act, 1951, had become effective on the 1st April, 1952.

†Special constructed figures supplied by Registrar General in consequence of change of boundaries.

TABLE IV. 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
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
1938	470,900	2796	.90	.....	.....	7549	16.0	46	4753	10.1
1939	a478,200	2511	.91	.....	.....	7847	16.4	51	5336	11.1
1940	b479,900					7610	15.7	58	5875	12.2
1941	483,240	1735	.92	.....	.....	7954	16.1	62	5453	11.1
1942	492,750	2501	.94	.....	.....	8659	18.0	48	4904	10.2
1943	481,200	3755	.92	.....	.....	9255	20.2	47	5309	11.2
1944	472,300	3946	.90	.....	.....	10,343	21.8	47	5218	11.0
1945	474,960	5125	.91	.....	.....	9096	19.1	44	5028	10.5
1946	475,910	4068	.91	.....	.....	10,001	20.2	41	5308	10.7
1947	495,620	4693	.95	.....	.....	10,673	21.2	41	5559	11.0
1948	505,690	5114	.97	.....	.....	9486	18.3	42	5003	9.65
1949	518,300	4483	.99	.....	.....	9098	17.4	32	5536	10.6
1950	523,160	3562	.99	.....	.....	8683	16.3	34	5571	10.4
1951	533,870	3114	1.01	.....	.....	8551	15.9	29.4	6004	11.2
1952	535,800	2547	1.02	.....	.....	8515	15.9	29.3	5271	9.8
	{ 535,410 [†] 534,400 [‡]	3244	1.02	.....	.....			
For Comparison—										
1952	England and Wales .....					.....	15.3	27.6	.....	11.3
	160 County Boroughs and Great Towns including London .....					.....	16.9	31.2	.....	12.1
	160 Smaller Towns .....					.....	15.5	25.8	.....	11.2
	LONDON (Administrative County) .....					.....	17.6	23.8	.....	12.6

*Adjusted figures owing to alteration in area under the Nottingham Corporation Act, 1932, as from the 1st April, 1933.

a Population figures for calculation of Birth rates.

b Population figures for calculation of Death rates and incidence of notifiable diseases.

†Special constructed figure supplied by Registrar General in consequence of change of boundaries.

‡Actual mid-year population.

TABLE V.

NOTTINGHAMSHIRE.

INFANTILE MORTALITY, 1952.

DISTRICT	NO. OF LIVE BIRTHS	DEATHS UNDER ONE YEAR OF AGE		DEATHS UNDER ONE MONTH	
		Total No.	Rate per 1,000 Live Births	No.	Rate per 1,000 Live Births
MANSFIELD (Borough)	824	26	31.6	15	18.2
WORKSOP (Borough)	530	20	37.7	11	20.7
NEWARK (Borough)	417	11	26.4	7	16.8
EAST RETFORD (Borough)	278	8	28.8	3	10.8
ARNOLD	365	8	21.9	6	16.4
BEESTON & STAPLEFORD	737	14	19.0	12	16.3
CARLTON	511	15	29.3	11	21.5
EASTWOOD	160	3	18.7	3	18.7
HUCKNALL	367	13	35.4	9	24.5
KIRKBY-IN-ASHFIELD	373	14	37.5	5	13.4
MANSFIELD W'HOUSE	288	13	45.1	8	27.8
SUTTON-IN-ASHFIELD	598	24	40.1	16	26.8
WARSOP	184	9	48.9	7	38.0
WEST BRIDGFORD	300	8	26.7	6	20.0
URBAN DISTRICTS	5,932	186	31.3	119	20.0
BASFORD	783	17	21.7	12	15.3
BINGHAM	307	5	16.3	5	16.3
WORKSOP	289	9	31.1	5	17.3
EAST RETFORD	318	4	12.6	3	9.4
NEWARK	188	7	37.2	5	26.6
SOUTHWELL	697	22	31.6	15	21.5
NOTTINGHAM (Shire Hall)	1	—	—	—	—
RURAL DISTRICTS	2,583	64	24.8	45	17.4
WHOLE COUNTY	8,515	250	29.3	164	19.2

TABLE VI. CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NOTTINGHAM, 1952.

No.	CAUSE OF DEATH	SEX	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS										Total for County							
			All Ages					0—1—5—15—25—45—65—75—All Ages					All Ages					0—1—5—15—25—45—65—75—All Ages												
			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	M	F
1	Tuberculosis Respiratory	M	48	29	1	1	4	12	23	9	13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	61	
2	Do. Other	M	7	7	1	1	3	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40	
3	Syphilitic Disease	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7	
4	Diphtheria	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
5	Whooping Cough	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	12	
6	Meningococcal Infections	M	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6	
7	Acute Poliomyelitis	M	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	
8	Measles	M	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	
9	Other Infective and Parasitic Diseases	M	5	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	
10	Malignant Neoplasm—Stomach	M	56	47	1	1	2	23	15	16	24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
11	Do. Lung Bronchus	M	68	47	1	1	1	18	17	11	19	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
12	Do. Breast	M	10	2	1	1	5	48	11	4	24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15	
13	Do. Uterus	M	49	2	1	1	4	23	15	7	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	75	
14	Other Malignant and Lymphatic Neoplasm	M	31	31	1	1	5	10	11	5	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40	
15	Leukaemia, Aleukaemia	M	181	136	1	1	11	59	59	51	95	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40	
16	Diabetes	M	6	6	1	1	2	2	2	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10	
17	Vascular Lesions of Nervous System	M	33	263	1	1	3	42	117	100	91	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
18	Coronary Disease	M	302	272	1	1	8	60	86	151	126	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40	
19	Hypertension	M	143	143	1	1	1	31	52	59	76	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	40	
20	Other Heart Disease	M	31	282	1	1	8	19	24	139	421	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	65	
21	Other Circulatory Disease	M	66	72	1	1	2	33	59	31	69	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	27	
22	Influenza	M	6	6	1	1	2	1	2	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	6	
23	Pneumonia	M	68	18	2	1	3	12	13	19	22	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	11	
24	Bronchitis	M	63	13	1	1	4	8	16	20	22	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
25	Other Diseases of Respiratory System	M	73	1	1	1	4	44	72	56	44	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
26	Ulcer of Stomach and Duodenum	M	18	7	1	1	4	3	4	5	10	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	13	
27	Gastritis, Enteritis and Diarrhoea	M	25	9	1	1	2	3	12	4	14	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3	
28	Nephritis and Nephrosis	M	5	2	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
29	Hyperplasia of Prostate	M	21	24	1	1	1	9	6	2	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
30	Pregnancy, Childbirth, Abortion	M	23	1	1	1	5	12	2	7	14	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	33	
31	Congenital Malformations	M	6	17	1	1	3	3	1	1	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8	
32	Other Defined and Ill-Defined Diseases	M	15	12	1	1	1	1	32	29	45	69	21	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25	
33	Motor Vehicle Accidents	M	180	52	3	1	7	11	39	27	73	45	13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	249	
34	All Other Accidents	M	212	55	1	1	4	5	5	5	1	21	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	43	
35	Suicide	M	22	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	9	
36	Homicide and Operations of War	M	60	1	7	3	5	13	19	9	3	33	3	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	46	
		F	13	13	1	1	2	4	19	10	3	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	44	
		F	1	1	1	1	1	6	3	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	17	
		F	1	1	1	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	5	
	TOTALS		3698	186	28	30	49	194	845	1009	1354	1576	64	12	8	39	68	341	387	657	5271									

TABLE VII. SANITARY INSPECTION OF THE AREA, 1952.

District (1)	No. of complaints received or registered (2)	Total No. of inspections made (3)	No. of nuisances and defects dealt with (4)	No. of Notices served		No. of Notices complied with		No. of Re-Inspec- tions or re-visits included in Column (3) (9)
				Informal (5)	Statutory (6)	Informal (7)	Statutory (8)	
Urban Districts—								
Mansfield Borough	899	10,303	3,521	2,258	510	2,107	487	8,018
Worksop Borough	318	6,789	1,711	348	45	349	51	1,078
Newark Borough	533	718	212	168	3	156	1	335
East Retford Borough	74	2,557	306	143	15	131	23	340
Arnold	1,012	5,698	949	417	80	453	74	974
Beeston and Stapleford	1,102	7,456	3,350	602	95	605	77	1,529
Carlton	1,378	7,694	—	497	138	520	149	1,465
Eastwood	71	848	146	174	52	81	50	—
Hucknall	757	1,658	1,658	533	227	281	227	901
Kirkby-in-Ashfield	1,477	4,114	1,836	374	184	263	140	2,635
Mansfield Woodhouse	326	2,270	1,032	404	63	361	65	1,424
Sutton-in-Ashfield	1,051	8,543	951	490	122	474	157	7,492
Warsop	79	1,694	318	289	33	197	27	556
West Bridgford	537	4,207	736	251	11	282	14	1,539
Rural Districts—								
Basford	670	2,442	1,061	1,061	183	911	198	5,243
Bingham	215	948	349	292	18	245	18	536
Worksop	30	1,543	143	57	2	46	—	453
East Retford	150	3,905	156	136	9	165	9	786
Newark	27	109	35	25	—	23	—	37
Southwell	334	5,236	403	65	3	85	6	248

TABLE VIII.

HOUSING STATISTICS, 1952.

	Mansfield B.	Workshop B.	Newark B.	E. Retford B.	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.	Basford R.D.	Bingham R.D.	Workshop R.D.	E. Retford R.D.	Newark R.D.	Southwell R.D.
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)	1702	449	383	243	440	993	705	88	864	384	845	596	139	547	1804	948	151	335	25	325
(b) Number of Inspections made for the purpose	8028	572	718	236	1350	2522	2150	198	1763	1116	2270	1933	394	547	5243	1484	260	603	60	660
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing (Consolidated) Regulations, 1925	10	—	—	6	—	12	—	—	—	—	11	—	—	—	—	—	—	53	—	83
(b) Number of Inspections made for the purpose	10	—	—	12	—	12	—	—	—	—	14	—	—	—	—	—	—	77	—	83
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	10	13	4	6	1	3	3	8	—	10	3	27	—	—	25	3	3	10	3	14
(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	1692	314	168	157	439	602	431	55	477	374	237	569	37	300	968	254	34	296	14	156
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	1526	319	137	145	359	605	454	47	268	190	211	474	63	323	802	149	31	34	18	85
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	116	—	—	—	—	78	61	1	84	—	8	—	—	7	12	5	2	—	—	—
(2) Number of dwelling-houses which were rendered fit after service of formal notices :																				
(a) By owners	110	—	—	8	—	62	53	—	57	—	8	—	—	4	10	2	—	—	—	—
(b) By Local Authority in default of owners	4	—	—	—	—	14	11	1	—	—	—	—	—	—	2	3	—	—	—	—

remedied	201	45	3	26	80	17	77	-	125	116	106	79	8	11	171	13	-	5	-	2
(2) Number of dwelling-houses in which defects were remedied after service of formal notices																				
(a) By owners	151	51	1	36	45	15	72	-	109	97	47	58	7	5	188	10	-	5	-	6
(b) By Local Authority in default of owners	57	-	-	-	29	5	13	-	32	1	61	4	-	9	63	3	-	-	-	-
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	10	1	3	-	1	3	2	6	-	1	3	26	-	-	9	-	3	10	-	11
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	-	-	-	-	-	-	-	4	-	1	3	54	1	-	13	1	3	1	-	4
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	-	-	-	1	-	-	-	-	-	-	-	-
(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	*	*	*	4	*	*	11	-	138	7	*	19	5	-	46	-	6	-	*	*
(ii) Number of families dwelling therein	*	*	*	7	*	*	21	-	235	9	*	42	12	-	69	-	8	-	*	*
(iii) Number of persons dwelling therein	*	*	*	41	*	*	98	-	1033	47	*	186	39	-	353	-	51	-	*	*
(b) Number of new cases of overcrowding reported during the year	*	*	*	4	*	*	5	-	45	7	*	4	-	-	20	-	8	-	*	*
(c) (i) Number of cases of overcrowding relieved during the year	*	*	*	2	*	*	6	3	20	2	*	7	5	1	11	-	11	-	*	*
(ii) Number of persons concerned in such cases have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	*	*	*	12	*	*	54	20	102	-	*	55	19	-	81	-	93	-	*	*
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	*	*	*	12	*	*	-	-	-	-	*	-	-	-	-	-	-	-	*	*
(e) Any other particulars with respect to overcrowding conditions upon which the Medical Officer of Health may consider it desirable to report	*	*	*	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Number of new houses erected during the year	305	346	218	174	170	281	149	65	82	139	150	262	118	136	224	115	49	111	75	338

*Information not available

