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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
1959**

HEALTH DEPARTMENT,
SHIRE HALL,
NOTTINGHAM.

Telephone : 55024.





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SECTION I.

COUNTY HEALTH COMMITTEE

Constitution

Members of County Council	40
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Sub-Committees

Ambulance
 Finance and General Purposes
 Health Centres
 Maternity and Child Welfare
 Mental Health
 Preventive Health Service
 Sherwood Village Settlement Management

Members of the Committee†*Chairman :*

ALDERMAN MRS. F. G. STUART

Vice-Chairman :

COUNCILLOR W. W. GASH

Ex-officio : ALDERMAN W. BAYLISS, C.B.E., D.L.
 ALDERMAN S. FARR

Aldermen :

AINLEY, J.	READ, B. C.
ELEY, J. W.	SHARRARD, MRS. B.
HILL, MRS. L.	STRETTON, J. H.
IRELAND, W.	STUART, MRS. F. G.
QUIBELL, MRS. K. A.	TAYLOR, MRS. C. A.

† December, 1959

Councillors :

BARTLAM, R. A.	HARRISON, C.
BEARDSLEY, MRS. M.	JONES, J. B.
BETTERIDGE, MRS. A. E.	MEAD, A.
BOWER, J.	MORRIS, W. J.
BRAMLEY, L. J.	MYERS, P.
BROOKS, D. A.	O'HARA, H. F.
BURTON, L. A.	POLLARD, B.
BUXTON, J.	POUNDER, A. J.
CHEETHAM, W. H.	ROBERTS, J.
COATES, C. T.	SHILLING, H.
FOSTER, W. H.	SKILLEN, S. J.
FRANCKLIN, CMDR. M. B. P.	SUTTON, G. H.
GALE, F. J. W.	WALTERS, H. L.
GASH, W. W.	WATSON, MRS. P. R.
GREEN, A.	YATES, MRS. E. A.

*Representative Members :**Municipal Borough Councils :*

East Retford	PEATFIELD, J. W.
Mansfield	MILFORD, MRS. A.
Newark	WHOMSLEY, A. E.
Worksop	TAYLOR, H. B.

Urban District Councils :

Four Vacancies.

Rural District Councils :

BROCKLEHURST, T.	HILL, MRS. J.
BROWN, DR. R. W. W.	MILLS, H.

STAFF

The following is a list of personnel employed on the 31st December, 1959 :—

County Medical Officer and Principal School Medical Officer

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

Deputy County Medical Officer

A. R. C. MARGETTS, M.B., B.S., D.P.H., D.C.H.

Senior Administrative Medical Officer

R. S. MALE, M.B., Ch.B., M.R.C.P., D.P.H., D.C.H.

Senior Medical Officer for Maternity and Child Welfare

MRS. M. B. BLACK, M.B., Ch.B., D.P.H.

Medical Officer for Mental Health

MISS E. ROITH, M.B., B.Ch., B.A.O., D.P.H.

Clinical Medical Staff

Medical Officers for Ante-Natal Services

MISS J. A. FORBES, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

MRS. M. A. M. N. GILLATT, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Seven general medical practitioners were also employed for
Sessional duties on a Fee basis

Senior Clinical Medical Officers

(for Maternity and Child Welfare and School Health Services)

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

MISS E. DOUGLAS, M.B., Ch.B., D.P.H.

MISS U. LAWRIE, M.B., Ch.B., D.P.H.

A. J. JOHNSON, M.B., B.Ch., D.T.M. & H.

N. D. PATON, M.B., Ch.B., D.T.M. & H., D.P.H.

Assistant County Medical Officers

(for Maternity and Child Welfare and School Health Services)

Whole-time

MISS J. BOARD, M.B., B.S., D.C.H.

MRS. D. R. BROOK, M.B., Ch.B.

MRS. K. HAIGH, M.B., Ch.B., D.Obst.R.C.O.G., D.P.H.

Part-time

H. L. BARKER, M.D., B.S., D.P.H.

MRS. I. M. BUCKLE, M.B., Ch.B.

R. N. COLLEY, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.

MRS. M. S. COLLEY, M.B., Ch.B., D.Obst.R.C.O.G.

MRS. L. M. CRAM, M.B., B.S.

MRS. P. M. GRAY, M.B., B.S., M.R.C.S., L.R.C.P.

MRS. M. J. GRICE, M.B., Ch.B.

MRS. M. C. JEFFRIES, M.B., B.S.

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

As Assistant County Medical Officers, the undermentioned are employed on Maternity and Child Welfare and School Health Service duties except in the case of Dr. Drummond whose duties relate solely to the School Health Service, and Dr. McKean who undertakes Maternity and Child Welfare Service work only.

E. BEBBINGTON, M.B., Ch.B., D.P.H.	Beeston and Stapleford Urban District.
P. BRODBIN, L.L.M., L.R.C.P. and S.I., D.P.H.	Hucknall Urban District.
J. D. CARROLL, M.B., B.Ch., B.A.O., L.M., D.P.H., D.C.H.	Mansfield Woodhouse and Warsop Urban Districts.
C. CROSS, M.B., Ch.B., D.P.H.	West Bridgford Urban and Bingham Rural Districts.
J. S. DRUMMOND, M.B., B.Ch., D.P.H.	Mansfield Borough.
J. V. LOUGHLIN, M.B., B.Ch., B.A.O., D.P.H.	Kirkby-in-Ashfield Urban District.
M. B. McCANN, L.R.C.S., L.R.C.P., D.P.H.	Worksop Borough and Worksop Rural District.
T. S. McKEAN, M.B., Ch.B., D.P.H.	Sutton-in-Ashfield Urban District.
H. D. B. NORTH, M.Sc., M.B., Ch.B., D.P.H.	Newark Borough, Newark Rural and Southwell Rural Districts.
W. R. PERRY, M.B., B.S., D.P.H.	Eastwood Urban and Basford Rural Districts.
H. D. H. ROBINSON, M.R.C.S., L.R.C.P., D.P.H.	Arnold and Carlton Urban Districts.
Vacancy.	East Retford Borough and East Retford Rural District.

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

(As Assistant County Medical Officer undertakes Maternity and Child
Welfare and School Health Service duties)

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

Medical Superintendent, Sherwood Village Settlement

D. DAVIES, M.D., M.R.C.P.

Employed by the Regional Hospital Board as Physician
Superintendent, Ransom Hospital.*Children's Psychiatrists*

T. A. RATCLIFFE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M., D.C.H.

MRS. E. ARKLE, M.D., D.P.M.

Drs. Ratcliffe and Arkle are employed by the Regional Hospital Board.

Dental Staff*County Dental Officer*

D. E. MASON, O.B.E., L.D.S.

Orthodontist

J. I. McCracken, L.D.S.

*Dental Officers**Whole-time*

MISS M. ARMITAGE, L.D.S.

S. MELLOR, L.D.S.

MRS. A. M. E. FERGUSON, L.D.S.

B. J. SWYER, L.D.S.

MISS A. KAVANAGH, L.D.S.

Part-time

MISS S. I. ANDREW, L.D.S., B.D.S.

MRS. S. M. KENNEDY, B.D.S.

D. B. DOXEY, L.D.S.

G. PEARSON, L.D.S.

MRS. M. J. S. HUNTER, L.D.S.

J. E. PRESTON, L.D.S.

D. P. JAMES, L.D.S.

A. J. ROLFE, L.D.S., B.D.S.

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

M. SAVAGE, B.D.S.

Vacancies equal to the time of approximately fourteen Dental Officers.

All Dental Officers are employed by the Education Committee but undertake Maternity and Child Welfare as well as School Health Service work.

Nursing and Allied Staff*Superintendent Health Visitors*

MISS E. BOWLER, S.R.N., S.C.M., H.V.Cert.

MISS A. COLLISHAW, S.R.N., S.C.M., H.V.Cert.

MRS. C. J. MCHENRY, S.R.N., S.C.M., H.V.Cert.

Health Visitors 75—with 7* Vacancies.

Tuberculosis Visitors 5

School Nurses 11

Dental Nurse 1

Dental Attendants 11—with 12 Vacancies.

*Two vacancies filled temporarily by Assistant Clinic Nurses

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

MISS M. K. COLLINS, S.R.N., S.C.M., H.V.Cert.

Assistant Non-Medical Supervisor of Midwives

MISS M. ALLCOCK, S.R.N., S.C.M.

County Midwives 64—with 7 Vacancies.

*Day Nurseries**Matrons*

Beeston	.....	MRS. M. D. ASHER, S.R.N.
Carlton	.....	MISS J. S. E. FLETCHER, N.N.E.B.
Mansfield (Bull Farm)	.....	MISS M. BREWSTER, S.R.C.N.
Newark	.....	MRS. P. GAMMAGE, N.S.D.N.Cert.
Stapleford	.....	MRS. S. FLETCHER, S.R.N.
West Bridgford	.....	MISS M. BECKETT, N.S.D.N.D.

*Home Help Service**Organiser*

MISS M. W. COTTEE.

District Organisers 10

Mental Health Staff*Mental Health Officer*

W. A. FROST.

Superintendent Mental Health Worker

MRS. E. L. ANDREWS.

Male Mental Health Workers 10

Assistant Male Mental Health Workers 3—with 2 Vacancies.

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

Female Mental Health Worker Vacancy.

Female Supervisors, Occupation
Centres 2Female Home Teachers for Mentally
Defective Persons 2**Ambulance Staff***County Ambulance Officer*

F. E. JOLLEY.

Deputy County Ambulance Officer

S. S. DIXON.

Staff for Other Special Services

County Health Inspector

G. H. EARNSHAW.

County Almoners

MISS S. M. CUTTS.

MISS P. K. EMY.

With 1 Vacancy.

Health Education Officer

A. H. MARROW.

Assistant Health Education Officers

N. S. WASS.

With 1 Vacancy.

Sherwood Industries (Village Settlement) General Manager

W. H. TIPPING.

Auditory Therapist

MISS J. M. COOPER.

Milk Samplers

Two.

Central Office Staff

Lay Administrative Assistant and Chief Clerk

W. L. RICHARDSON.

Senior Administrative Assistant

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 Services

L. HOCKIN.

Ambulance Service

R. J. MARLOWE.

NAMES AND ADDRESSES OF THE MEDICAL OFFICERS OF HEALTH OF THE
 TWENTY COUNTY DISTRICTS.
 AS AT 31ST DECEMBER, 1959.

DISTRICT	MEDICAL OFFICER OF HEALTH	ADDRESS	TELEPHONE NO.
BOROUGHES.			
EAST RETFORD	Vacancy	Municipal Offices, Chancery Lane, Retford.	Retford 561
MANSFIELD	J. S. Drummond	Public Health Department, Gilcroft Street, Mansfield.	Mansfield 1296
NEWARK	H. D. B. North	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 181
WORKSOP	M. B. McCann	Health Department, Park House, Park Street, Worksop.	Worksop 2405

URBAN DISTRICTS.

ARNOLD	H. D. H. Robinson	Health Department, Arnot Hill House, Arnold.	Nottingham 26-8584
BEESTON AND STAPLEFORD	E. Bebbington	Public Health Department, The Willows, Dovecote Lane, Beeston.	Nottingham 25-4891
CARLTON	H. D. H. Robinson	Public Health Department, Council House, Burton Road, Carlton.	Nottingham 24-8231
EASTWOOD	W. R. Perry	Council Offices, Church Street, Eastwood.	Langley Mill 3022
HUCKNALL	P. Brodwin	Council Offices, Hucknall.	Hucknall 904
KIRKBY-IN- ASHFIELD	J. V. Loughlin	Council Offices, Urban Road, East Kirkby.	Kirkby-in- Ashfield 2371
MANSFIELD WOODHOUSE	J. D. Carroll	Public Health Department, Manor House, Mansfield Woodhouse.	Mansfield 1891
SUTTON-IN- ASHFIELD	T. S. McKean	Public Health Department, Forest Street, Sutton-in-Ashfield.	Sutton-in- Ashfield 600
WARSOP	J. D. Carroll	Health Department, Town Hall, Warsop.	Warsop 37
WEST BRIDGFORD	C. Cross	Health Department, 70 Bridgford Road, West Bridgford.	Nottingham 89651

RURAL DISTRICTS.

BASFORD	W. R. Perry	Health Department, Rock House, Stockhill Lane, Basford, Nottingham.	Nottingham 76677
BINGHAM	C. Cross	Council Offices, Bingham.	Bingham 391
EAST RETFORD	Vacancy	Municipal Offices, Chancery Lane, Retford.	Retford 561
NEWARK	H. D. B. North	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 181
SOUTHWELL	H. D. B. North	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 181
WORKSOP	M. B. McCann	Council Offices, Highfield House, Carlton Road, Worksop.	Worksop 2219

NOTTINGHAMSHIRE COUNTY COUNCIL

HEALTH DEPARTMENT,

SHIRE HALL,

NOTTINGHAM.

August, 1960.

TO THE CHAIRMAN AND MEMBERS OF THE
NOTTINGHAMSHIRE COUNTY COUNCIL

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report on the health circumstances of the County for the year 1959.

Throughout the year, the Department was greatly preoccupied with the planning and preparations of approved building schemes, and construction was actually commenced of the new Child Welfare Clinics at Newark (Hawtonville), Worksop (Manton) and the extension of the Arnold (Arno Vale) Clinic.

Work also commenced on the new Ambulance Stations at Newark, Sutton-in-Ashfield and West Bridgford; the extensions of both the Ambulance Station and the Occupation Centre at Mansfield and of the hostel accommodation at the Sherwood Village Settlement.

Material progress was also made in the Committee's further programmes of development in the clinic field and in the Ambulance and Mental Health Services.

In this last mentioned field, I have commented at some length in the body of the report under the heading of Mental Health Service.

Resignations and retirements of long serving Duly Authorised Officers previously employed in the joint service of the Welfare and Health Committees as Welfare and Mental Health Workers have brought home very forcibly the difficulties ahead in securing the right staff with the right experience and the right qualifications to provide the service that the Mental Health Act imposes upon us for the future.

Had it not been for our foresight some five years ago in creating the new grade of Assistant District Welfare and Mental Health Officer, we should already have been in dire straits to maintain our existing service.

Out of five officers taken into employment in the Assistant posts, four have already been promoted to senior posts and our experience of advertising the senior posts has only served to make more apparent the difficulties that lie ahead.

The Mental Health Services will develop just as fast as qualified staff become available—and no faster.

The cart does not go before the horse!

In the field of the care of the aged, although we have in mind the fact that their social care is placed primarily upon the Welfare Authority by the National Assistance Act, we should also bear in mind the tremendous calls made by the aged upon the services administered by the Health Department.

Out of 266,742 visits paid by District Nurses during the year, 166,107 were paid to the aged—62.3 per cent.

Out of 4,784 cases served during the year by the Home Help Service, 3,731 were aged and chronic sick—77.9 per cent.

Add to these the new chiropody services now being provided; the constant and repetitive provision of nursing appliances; the occasional provision of convalescence; the growing responsibilities of the Health Visitor, and the constant calls upon the ambulance service for treatment and other purposes, and we are brought to realise that the maintenance of the aged in the general community is not simply a question of material sustenance and shelter.

Turning to Infectious Diseases, it is to be noted that only six cases of Poliomyelitis were notified compared with nine in 1958 and fifty-three in 1957. Are we really beginning to see a return for the effort and expenditure that went into the Poliomyelitis Immunisation campaign?

Measles with 4,260 cases followed the pattern of 1958, when 4,174 cases were noted.

One case of Typhoid Fever was recorded, but yet again no case of Diphtheria arose.

Again it is pleasurable to draw attention to the fact that notifications of Tuberculosis show a further decline from 372 in 1957: 305 in 1958, to 270 in 1959, whilst deaths from this disease numbered thirty compared with forty-three in the previous year.

Study of the vital statistics set out on page 16 draws immediate attention to the fact that only three maternal deaths occurred in a total of 10,178 live and still births, giving a maternal mortality rate of 0.29 compared with the national rate of 0.38 for the year.

When one considers the significance of the human factor in this connection—the intelligence and co-operation of the expectant mother—the demands of her family—the availability at the right time and moment of medical and nursing attention—our 1959 experience is to say the least of it remarkable, and I cannot recall in my experience in the County a happier year.

In passing one might mention that during the year four babes were born in ambulances as they travelled to hospital and in three instances delivery was conducted by the ambulance staff.

Attention is drawn to the results of an analysis of infant deaths under the title of Stillbirths and Infant Deaths appearing on page 35. No positive conclusions can be drawn as a result, but the study is of more than a little interest.

In reaching the end of my introductory comment, I particularly wish to record the retirement, in May, of my Chief Clerk, Mr. John Renshaw, who had served the Department since 19th January, 1931, and whose capacity for the organisation of office procedure had been a source of strength to all who worked with him.

I count myself first amongst those who were privileged to enjoy his support and loyalty.

To my many colleagues, both lay and professional, whether in the Council service or in that of the National Health Service, I express my sincere appreciation of their constant help and goodwill.

I pay tribute to the staff of my Department, particularly to my Deputy, Dr. A. R. C. Margetts, for their keenness and industry in a year of noteworthy progress and achievement.

To the Chairman and Members of the Health Committee I offer again my gratitude for their encouragement and confidence.

I am,

Ladies and Gentlemen,

Your obedient Servant,

C. W. W. JEREMIAH.

SECTION II.

SUMMARY OF STATISTICS, 1959.

Area in acres (land and inland water, Census 1951) (actual 523,482)	*521,645
Population Census, 1951 (actual 535,156)	*533,361
Number of Households Census, 1951	156,581
Average number of persons per household, Census 1951	3.3
Population estimated, June, 1959	575,400
Rateable Value	£6,735,297
Estimated product of a penny rate	£27,500

*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, 1959

	County	England and Wales
Mothers and Infants		
Live Births	9,964	750,383
Live Births per 1,000 population : Crude	17.32	16.5
Corrected	17.14	
Illegitimate live births per cent. of total live births	4.23	5.1
Still Births	214	16,076
Still Births rate per 1,000 live and still births	21.03	21.0
Total Live and Still Births	10,178	766,059
Infant Deaths	209	16,629
Infant mortality rate per 1,000 live births	20.98	22.2
Infant mortality rate per 1,000 live births—legitimate	20.54	Not available
Infant mortality rate per 1,000 live births—illegitimate	30.88	Not available
Neo-Natal Mortality rate per 1,000 live births	14.55	15.8
Early Neo-Natal Mortality rate per 1,000 live births	12.24	13.55
Perinatal Mortality rate (still births and deaths under 1 week combined per 1,000 total live and still births)	33.01	34.2
Maternal Deaths—including abortion	3	291
Maternal mortality rate per 1,000 live and still births	0.29	0.38

	County	England and Wales
Deaths (All ages)		
Number—all causes	5,882	527,648
Death Rate : Crude	10.22	11.6
Corrected	11.96	

Tuberculosis

Number of Deaths—

All Forms	30	3,855
Pulmonary	24	3,475
Non-Pulmonary	6	380

Death Rate—

All Forms	0.05	0.09
Pulmonary	0.04	0.08
Non-Pulmonary	0.01	0.01

Cancer

Number of Deaths	1,055	97,116
Death Rate	1.83	2.14

Population

The estimated population of 575,400 shows an increase of 5,600 on the previous year. The biggest increase was in Beeston and Stapleford U.D.—1,190.

The natural increase (excess of births over deaths) was 4,082.

County District Statistics

These are given in Tables I, II, III and IV at the end of the Report.

Live Births

The following Table gives details for the year :—

Number of Registered Live Births			
	Legitimate	Illegitimate	Total
Male	4,823	223	5,046
Female	4,720	198	4,918
Total	9,543	421	9,964

Illegitimate Births

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 Live Births
1949	450	0.86	49.4
1950	394	0.73	45.4
1951	396	0.72	46.4
1952	368	0.68	43.2
1953	349	0.65	40.5
1954	384	0.70	44.7
1955	335	0.61	38.4
1956	329	0.60	36.9
1957	346	0.61	36.9
1958	372	0.65	38.5
1959	421	0.73	42.3

Principal Causes of Death

Heart Disease	1,890
Cancer, Malignant Disease	1,055
Vascular Lesions of Nervous System	909
Diseases of Respiratory System (excluding Tuberculosis)	668
Accidents	211

Infant Deaths

Deaths of Infants under one year of age			
	Legitimate	Illegitimate	Total
Male	106	7	113
Female	90	6	96
Total	196	13	209

Distribution of Still Births and of Infant Deaths

	Still Births	Under One Month	Between 1-12 Months	Total
URBAN DISTRICTS				
Mansfield (Borough)	15	16	5	36
Worksop (Borough)	15	12	2	29
Newark (Borough)	11	9	1	21
East Retford (Borough)	5	1	4	10
Arnold	6	6	3	15
Beeston & Stapleford	22	5	7	34
Carlton	14	7	4	25
Eastwood	5	—	—	5
Hucknall	8	8	2	18
Kirkby-in-Ashfield	11	11	3	25
Mansfield Woodhouse	10	5	4	19
Sutton-in-Ashfield	14	11	8	33
Warsop	6	6	2	14
West Bridgford	9	7	—	16
Totals for Urban Districts	151	104	45	300
RURAL DISTRICTS				
Basford	22	14	8	44
Bingham	7	4	2	13
Worksop	10	3	1	14
East Retford	2	3	2	7
Newark	7	6	2	15
Southwell	15	11	4	30
Totals for Rural Districts	63	41	19	123
Whole County	214	145	64	423

**Table of Causes of Death of Children
Under One Year of Age**

CAUSE OF DEATH	NUMBER OF DEATHS			Rate per 1,000 Live Births
	Urban Districts	Rural Districts	Whole County	
Meningococcal Infections	2	—	2	0.20
Other Heart Disease	2	—	2	0.20
Influenza	1	1	2	0.20
Pneumonia	17	7	24	2.41
Bronchitis	2	1	3	0.30
Gastritis, Enteritis and Diarrhoea	2	—	2	0.20
Congenital Malformations	39	12	51	5.12
Other Defined and Ill- Defined Diseases	74	35	109	10.94
All Other Accidents	9	4	13	1.31
Homicide and Operations of War	1	—	1	0.10
Totals	149	60	209	20.98

Births 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 factors which compensate 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 (Borough)	16.7	0.97	16.2	11.7	1.11	13.0
Worksop (Borough)	19.0	0.96	18.2	9.8	1.26	12.4
Newark (Borough)	17.9	1.00	17.9	12.5	1.01	12.6
East Retford (Borough)	16.1	0.99	15.9	12.4	0.96	11.9
Arnold	16.6	0.98	16.3	9.5	1.25	11.9
Beeston & Stapleford	16.3	0.97	15.8	8.8	1.37	12.1
Carlton	16.2	0.98	15.8	10.5	1.14	11.9
Eastwood	17.7	1.00	17.7	7.8	1.34	10.4
Hucknall	15.2	1.00	15.2	10.0	1.36	13.6
Kirkby-in-Ashfield	20.4	0.98	19.9	10.5	1.27	13.3
Mansfield Woodhouse	21.5	0.98	21.1	9.1	1.42	12.9
Sutton-in-Ashfield	15.7	1.00	15.7	10.0	1.29	12.9
Warsop	18.3	0.95	17.4	9.5	1.40	13.3
West Bridgford	16.2	1.03	16.7	12.3	0.86	10.6
Aggregate of Urban Districts	17.1	0.98	16.8	10.4	1.19	12.3
Rural Districts—						
Basford	19.0	0.98	18.7	9.9	1.21	12.0
Bingham	19.9	1.11	22.1	11.6	0.80	9.3
Worksop	17.4	1.04	18.1	9.1	1.36	12.4
East Retford	13.1	1.10	14.4	10.2	0.98	10.0
Newark	19.7	0.99	19.5	8.7	1.10	9.6
Southwell	17.2	1.00	17.2	9.5	1.24	11.7
Aggregate of Rural Districts	17.8	1.03	18.3	9.9	1.13	11.2
Whole County	17.3	0.99	17.1	10.2	1.17	12.0
England and Wales	16.5	—	—	11.6	—	—

SECTION III.

INFECTIOUS DISEASES

The total numbers of cases of infectious diseases, other than tuberculosis, notified amongst County residents during 1959, were as follows :—

Disease		Cases notified
Scarlet Fever		833
Whooping Cough		338
Measles		4,260
Acute Poliomyelitis—paralytic	4	
non-paralytic	2	6
Meningococcal infection		12
Dysentery		501
Puerperal Pyrexia		17
Ophthalmia Neonatorum		3
Acute Pneumonia		164
Paratyphoid Fever		5
Enteric or Typhoid Fever		1
Food Poisoning		78
Erysipelas		22
Gastro-enteritis		7

In cases where a copy of an infectious disease notification submitted in accordance with statutory requirements was passed to the County Council within 12-48 hours of receipt by a County District Council, the fee paid to the doctor concerned by the County District Council was reimbursed by the County Council.

Health Visitors were provided with details to facilitate preventive action.

SECTION IV.

SANITARY CIRCUMSTANCES OF THE AREA

Sewerage and Sewage Disposal

New Works and Improvements

MANSFIELD M.B.

One contract for main drainage to relieve flooding continued at a cost of £21,000 and another contract commenced for the construction of new sludge beds at a cost of £31,881.

WORKSOP M.B.

Extensions of sewers :—

Surface water	.....	.....	1,028 yards
Foul water	.....	.....	723 yards

NEWARK M.B.

12" sewer	.....	.....	128 yards
9" sewer	.....	.....	468 yards

EAST RETFORD M.B.

New sewage disposal works under construction—estimated completion date April, 1961.

BEESTON AND STAPLEFORD U.D.

Applications for loan sanction made for following works :—

Extensions to Beeston Sewage Works	.....	£101,600
Extensions to Stapleford Sewage Works	.....	£144,000

Chilwell Sewerage Scheme now nearing completion at a cost of £120,000.

Clearing out of streams and dykes to prevent flooding carried out at cost of £1,000 and further expenditure of £5,000 approved for this purpose.

CARLTON U.D.

Extensions of Sewers :—

Surface water	.....	.....	1,392 yards
Foul water	.....	.....	584 yards

MANSFIELD WOODHOUSE U.D.

Extensions of Sewers :—

Surface water	1,694 yards
Foul water	1,566 yards

SUTTON-IN-ASHFIELD U.D.

New sewers laid	1,924 yards
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WARSOP U.D.

New sewers laid 173 yards

BASFORD R.D.

Ministry approval received for drainage scheme for Cossall.

Drainage scheme completed for Bradmore, Bunny and Ruddington.

New sewage disposal filter bed constructed at Thrumpton.

BINGHAM R.D.

Sewers and pumping stations nearing completion in Aslockton, Scarrington, Car Colston and Whatton.

WORKSOP R.D.

Extensions of Sewers :—

Surface water	.....	288 yards
Foul water	.....	452 yards

EAST RETFORD R.D.

New sewerage and sewage disposal schemes for Everton and Mattersey substantially completed.

Work on the Tuxford and East Markham sewerage scheme substantially completed.

Tenders accepted for new sewerage and sewage disposal scheme for Beckingham, Walkeringham and remainder of Misterton parish deferred in 1953.

NEWARK R.D.

Collingham sewerage and sewage disposal scheme completed.

Work commenced on scheme at Farndon.

SOUTHWELL R.D.

Sewers and septic tank to serve aged persons housing site at Lowdham.

Sewers to serve Council Estate at Bilsthorpe.

Ministry of Housing and Local Government Inquiries

Schemes which were the subject of investigation at which the Department was represented :—

Retford Rural District Council : 23rd July, 1959.

(1) Parishes of Everton and Mattersey.

(2) Parishes of Tuxford and East Markham.

Scheme of Sewerage and Sewage Disposal in progress.

Engineering Inspector : Mr. V. D. Joll.

Basford Rural District Council : 15th October, 1959.

Parish of Cossall.

Proposed Scheme of Sewerage and Sewage Disposal.

Engineering Inspector : Mr. V. D. Joll.

Southwell Rural District Council : 16th October, 1959.

Parishes of Edingley and Halam.

Proposed Scheme of Sewerage and Sewage Disposal.

Engineering Inspector : Mr. V. D. Joll.

Bingham Rural District Council : 11th December, 1959.

Parishes of Aslockton, Scarrington, Car Colston and Whatton.

Scheme of Sewerage and Sewage Disposal in progress.

Engineering Inspector : Mr. W. H. Norris.

Water Supply

There have again been no serious cases of contamination of Water Supplies during the year, and in the few instances where contamination was confirmed after chemical analysis or bacteriological examination, immediate steps were taken to make the water safe for consumption.

Seven hundred and seventy-three samples were taken during the year by Officers of District Councils.

Extensions of water mains were carried out in Mansfield M.B. (2,333 yards) ; Worksop M.B. (514 yards) ; Newark M.B. (2,769 yards) ; East Retford M.B. (853 yards) ; Carlton U.D. (4,554 yards) ; Kirkby-in-Ashfield U.D. (415 yards) ; Mansfield Woodhouse U.D. (1,454 yards) ; Sutton-in-Ashfield U.D. (2,775 yards) ; Warsop U.D. (173 yards) ; Basford R.D. (1,000 yards) ; Worksop R.D. (425 yards) and Newark R.D. (2,105 yards).

In the Bingham Rural District, work has commenced on extending water mains at Upper Broughton, the water being provided by Leicester Corporation.

Public Cleansing

It is evident that this essential public health service is under continuous review by County District Councils with the view to extension or improvement.

One notable improvement, most welcome to the men employed, was the provision during the year, of washing facilities at one Public Cleansing Depot, with hot showers and drying room, together with individual lockers for personal clothing.

Controlled tipping continues as the principal method of disposal. New machines are simplifying the work of covering and levelling and in some instances there have been reports of reduction of costs by these means.

The difficulties associated with the disposal of sewage sludge has always been a matter of some concern to District Councils. The possibility of producing a valuable fertiliser by composting sewage sludge with household refuse or other material is now receiving attention. One Rural District Council has shown particular interest during the year and experiments were carried out which could lead to an extension of the process in a permanent installation.

Smoke Abatement

The majority of County District Councils are now taking part in a continuous survey of atmospheric pollution in collaboration with the Department of Scientific and Industrial Research and have set up in various parts of their districts deposit gauges and other instruments in order to estimate the degree and type of pollution in their area.

The reduction of air pollution is always under examination, particularly in the larger urban areas where in several cases, approval was sought to the establishment of Smoke Control Areas during the year, and in some cases extensive proposals were under consideration which envisage a succession of Smoke Control Areas to encompass the whole area within a relatively short time.

Work of the County Health Inspector

The following is a summary of the principal work undertaken by the County Health Inspector during the year :—

Investigations concerning public water supplies	31
Investigation of complaints concerning housing circumstances and other matters received from Health Visitors, County residents, etc.	73
Investigations into environmental circumstances generally, including interviews with Officers of County District Councils	378

School Milk

During the year, 108 samples of school milk were collected at schools throughout the County and submitted to the Statutory test for Pasteurised milk, a satisfactory report being given in every case.

Prevention of Sale of Tuberculous Milk

The function of the County Council under this heading, as required by the Food and Drugs Act, was outlined in the previous report, and the work has continued without any substantial change.

The number of samples taken showed an increase over the previous year, also the number of herds involved, but only twelve samples were reported positive to tuberculosis, compared with the corresponding figure of eighteen last year.

Milk Sampling by County Officers

The following is a summary of the work carried out under this heading during the year. It has been possible to continue the supply of pasteurised milk to all Schools and the samples obtained from this source were subjected to the Phosphate test.

Type of Sample	Collected By	Samples Submitted	No. of Farms Involved	No. of Cows Involved	†Samples not Tested	Result of Biological Examination	
						Negative	Positive
Mixed Herds	Milk Samplers	1,130	2,843	26,668	87	1,031	12
School Milks	County Health Inspector	108	Phosphate Test		Methylene Blue Test		
			Con-forming to standard	Not conforming to standard	Con-forming to standard	Not conforming to standard	*Not Tested
			108	—	98	1	9

*Samples "not tested" are those which in accordance with the provisions of the Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations were not submitted to the Methylene Blue Test as the atmospheric shade temperature exceeded 65°F.

†The relatively high number of samples not tested was due to the premature death of the guinea pigs before any evidence of tuberculosis could be detected.

SECTION V.

(a) 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 Park	8	2	—	8	—
Arnold—Cavendish Street	4	—	—	—	—
Awsworth	2	2	—	—	—
Balderton	4	2	—	4	—
Beauvale	4	2	—	—	—
Beeston—Dovecote Lane*	12	6	—	8	44
Bestwood	2	1	—	—	—
Bilthorpe	4	2	—	4	—
Bingham	4	2	—	—	—
Blidworth	4	2	—	—	—
Blyth	2	1	—	—	—
Brinsley	2	2	—	—	—
Bunny	2	—	—	—	—
Burton Joyce	2	—	—	—	—
Calverton	8	2	—	—	—
Carlton—Parkdale	4	2	—	—	—
Carlton—Park House	12	4	—	12	28
Carlton-in-Lindrick	4	2	—	—	—
Chilwell—Ordnance Depot	2	2	—	—	—
Chilwell—Inham Nook	10	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	28†
Eastwood	4	4	—	8	16
Edwinstowe	4	2	—	—	—
Farndon	2	1	—	—	—
Forest Town	4	2	—	—	—
Gotham	2	1	—	—	—
Gringley-on-the-Hill	2	1	—	—	—
Harworth	8	4	—	8	28
Hickling	2	1	—	—	—
Hucknall	12	4	—	12	36
Huthwaite (Sutton-in-Ashfield)	4	2	—	8	—
Keyworth	2	2	—	—	—
Kilvington	2	1	—	—	—
Kimberley	4	4	—	8	—
Kirkby-in-Ashfield	8	4	—	8	8
Lambley	2	1	—	—	—
Langar	2	2	—	—	—
Langold	4	2	—	4	—
Lowdham	4	2	—	—	—

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

(†) Includes Evening Sessions.

CLINICS AND TREATMENT CENTRES—*continued*

SITUATION OF CLINIC OR CENTRE	Maternity and Child Welfare	Ante- Natal	Post- Natal	School Clinic	Dental
Mansfield—St. John Street	8	4	—	—	—
Mansfield— St. Lawrence Church Hall	8	—	—	—	—
Mansfield—Brownlow Road	4	—	—	—	—
Mansfield—Hermitage Avenue	12	2	—	8	—
Mansfield—Pleasley Hill	4	—	—	—	—
Mansfield—Redcliffe House	—	—	—	4	61†
Mansfield—Pleasley	—	—	—	4	—
Mansfield Woodhouse	8	2	—	8	—
Manton (Worksop)	2	—	—	—	—
Mapperley (Plains Road, Arnold)	4	—	—	—	—
Mattersey	2	1	—	—	—
Misterton	4	2	—	—	—
Newark	8	2	—	8	36
Newark (Hawtonville)	8	—	—	—	—
Newstead	4	2	—	—	—
North Muskham	2	1	—	—	—
Nottingham (Clarendon Street)	—	—	—	—	48†
Nuthall	2	2	—	—	—
Ollerton (Methodist Chapel)	8	4	—	4	—
Ollerton (Briar Road)	—	—	—	—	8
Papplewick	2	1	—	—	—
Plumtree	2	2	—	—	—
Porchester (Carlton)	8	2	—	—	—
Radcliffe	2	2	—	4	—
Rainworth	4	2	—	—	—
Ranskill	2	1	—	—	—
Ruedington	2	2	—	—	—
Selston	2	2	—	8	—
Shireoaks (Worksop)	2	—	—	—	—
South Clifton	2	1	—	—	—
South Leverton	2	1	—	—	—
Southwell	4	2	—	4	—
Standhill Road (Carlton)	4	—	—	—	—
Stanton Hill (Sutton-in-Ashfield)	4	4	1	—	—
Stapleford*	8	2	—	8	20
Sutton Bonington	2	2	—	—	—
Sutton-in-Ashfield—Forest St.	8	6	1	—	—
Sutton-in-Ashfield—Lawn House	—	—	—	8	8
Sutton-on-Trent	2	1	—	—	—
Syerston	2	1	—	—	—
Trowell	2	1	—	—	—
Tuxford	4	2	—	—	—
Underwood	2	1	—	—	—
Warsop	8	4	—	8	—
Warsop Vale	2	—	—	—	—
Welbeck Colliery Village	2	—	—	—	—
West Bridgford—Melton Road	12	4	1	—	—
West Bridgford—Alford Road	4	2	—	—	—
West Bridgford—Parochial Hall	—	—	—	4	—
West Bridgford—Loughborough Road	—	—	—	—	16†
Westwood	2	2	—	—	—
Willoughby-on-the-Wolds	2	1	—	—	—
Woodborough	2	1	—	—	—
Worksop—Carlton Road	8	4	—	—	—
Worksop—Watson Road	—	—	—	8	20

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

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.

(†) Includes Evening Sessions.

(b) NURSING HOMES

No new applications for registration were received during the year, but following the completion of their excellent modern extension, the approved accommodation of the Convent Nursing Home, Woodthorpe, was increased from twenty-six to forty-three, for surgical or medical cases. The number of Nursing Homes registered at the end of the year was six, and these provided a total of ninety-five beds, i.e. surgical or medical 43, medical or chronic 52.

SECTION VI.**SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS****HEALTH CENTRES (Section 21)**

It is again necessary to report that the conditions favourable to the provision of a Health Centre have not applied anywhere in Nottinghamshire in 1959, and no Health Centre has so far been provided or projected.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)**Ante-Natal and Post-Natal Clinics**

Facilities for the medical examination of expectant mothers and post-natal cases are provided throughout the whole County. Where the attendances are sufficiently large, separate sessions are held for each category but in the majority of the urban districts and in the more populous rural areas ante-natal and post-natal cases are dealt with at the same sessions. In the scattered rural areas the work is undertaken at the Child Welfare Centres during the sessions attended by a Medical Officer.

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

(a) Separate sessions for ante-natal and post-natal cases	3
(b) Combined sessions for ante-natal and post-natal cases	40
(c) Combined ante-natal, post-natal and child welfare sessions	38
	<hr/>
	81
	<hr/>

The percentage of cases attending these Clinics compared with the total number of births in the area is 27.73% for ante-natal cases and 5.40% for post-natal cases.

The following table shows the trend during the past ten years :—

Percentage of Cases Attending the Clinics Compared with the Total Number of Births		
Year	<i>Ante-Natal Cases</i>	<i>Post-Natal Cases</i>
1958	31.69%	5.92%
1957	33.86%	7.29%
1956	30.3%	7.8%
1955	36.4%	9.5%
1954	35.6%	9.2%
1953	41.3%	9.4%
1952	44.7%	10.9%
1951	46.7%	9.1%
1950	49.2%	12.8%
1949	51.4%	12.8%

The number of sessions held per month at the forty-eight clinics included under (a) and (b) amounted to one hundred and sixty-seven. The attendances made and medical consultations undertaken during the year were as follows :—

	<i>Ante-Natal</i>	<i>Post-Natal</i>
Attendances—Primary	2,207	514
Individual	2,823	550
Total	14,046	737
Medical Consultations	14,046	737

Consultant Services

One hundred and seventy-three expectant mothers were referred by Medical Officers to the Consultant Obstetricians at Hospital Out-Patient Departments during the year. In addition, seventeen cases were referred for X-ray examination for the diagnosis of abnormalities of pregnancy.

Routine Chest X-ray Examination of Expectant Mothers

The arrangements for expectant mothers to be referred for Chest X-ray examination as a routine practice to Dr. A. E. Beynon, Medical Director of Nottingham No. 1 Mass Radiography Unit, were continued, and in April similar arrangements were made with Dr. E. J. S. Townsend, Consultant Pathologist for King's Mill Hospital. Six hundred and five expectant mothers availed themselves of these facilities. Ten cases

were recalled for further examination, none of whom were referred to a Chest Physician, although no case of active pulmonary tuberculosis was diagnosed three women were found to be suffering from other respiratory conditions and two had enlargement of the heart line suggestive of mitral stenosis.

From November, 1959, the examinations were by large film with limited field as recommended by the Adrian Committee.

Relaxation Instruction for Expectant Mothers

The courses of instruction in relaxation attracted 1,846 expectant mothers, compared with 1,581 in 1958. The total attendances amounted to 11,164 and provided an opportunity for health education of which full advantage was taken by the Health Education Officer in co-operation with the Health Visiting Staff.

At the end of the year, instruction in relaxation was being afforded at twenty-six Centres. Sixty-five of the Health Visitors are now capable of acting as instructors and 108 Midwives have attended a course of instruction.

In addition to the training of staff, Mrs. H. A. Lawson, the physio-therapist, pays supervisory visits to the Centres at which relaxation instruction is afforded in order to maintain uniform standards.

As requested by the Ministry of Health, the Health Education Officer's comments on this Service are included on page 84.

Maternity Hospital Accommodation

The arrangements for investigating and referring to maternity hospitals cases requiring admission for sociological reasons followed the established pattern and, notwithstanding some difficult periods when the number of applications was particularly heavy, all the more urgent cases were admitted.

Altogether 1,608 applications were investigated and of these, 1,459 were referred to Hospitals. The remaining 149 applications could not be supported and assistance through the Home Help and Other Services was made available.

Cases referred to Hospitals on account of abnormalities ascertained at the ante-natal clinics numbered 149.

Provision of Maternity Outfits and Pads.

Sterilised maternity outfits are provided free of cost to mothers who are to be confined in their own homes and, during the year, 5,959 outfits were issued on the certificates of the Health Visitors or Midwives. In addition, thirty-one packets of sterilised maternity pads were issued to cases discharged from hospital shortly after delivery.

Family Planning

Selected cases requiring advice are referred to the Family Planning Association's Clinics at Nottingham, Sheffield or Doncaster. Assistance towards the cost of obtaining such advice is available to necessitous cases.

Maternal Deaths

Three maternal deaths occurred during the year ; one being located in the Kirkby-in-Ashfield Urban District and two in the Southwell Rural District.

The causes of death were as follows :—

1. a. Accidental Haemorrhage
 (premature separation of placenta).
2. 1a. Uraemia.
 b. Suppurative Pyelonephritis.
 c. Puerperal Sepsis.
- 11a. Anaemia.
- b. Recent Pregnancy.
3. 1a. Eclampsia.

A full investigation is made into each maternal death and a comprehensive report forwarded to Mr. H. Jordan Malkin, in his capacity of Regional Assessor, for final submission to the Ministry of Health.

Premature Births

The Table on page 34 gives details of the premature births which occurred during 1959 classified under birthweights in accordance with the international standard used by the World Health Organisation.

The services of a paediatrician are available through the domiciliary consultant services of the National Health Service if required for babies born at home, as is also any additional nursing attention which may be necessary, including the loan of equipment and special cots.

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS		
	Born in Hospital†			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day		
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(a) 3-lb. 4-oz. or less (1,500 gms. or less)	71	29	26	1	1	—	14	4	7	—	—	—	—	—	—
(b) Over 3-lb. 4-oz. up to and including 4-lb. 6-oz. (1,500-2,000 gms.)	94	9	82	7	1	5	29	1	26	1	—	1	—	—	—
(c) Over 4-lb. 6-oz. up to and including 4-lb. 15-oz. (2,000-2,250 gms.)	96	1	90	20	—	20	13	—	12	—	—	—	—	—	—
(d) Over 4-lb. 15-oz. up to and including 5-lb. 8-oz. (2,250-2,500 gms.)	167	1	159	146	—	144	16	—	11	1	—	1	—	—	—
TOTALS ...	428	40	357	174	2	169	72	5	56	2	—	2	—	—	—

†The group under this heading includes cases which may be born in one hospital and transferred to another.

Stillbirths and Infant Deaths.

During the year 1959, there were 145 deaths during the first twenty-eight days of life and 214 stillbirths. There were 122 deaths within seven days of birth and the perinatal death rate for the administrative County was thirty-three. Of the stillbirths, forty-two were born at home and 172 in hospital. There were ninety-one infants born in hospital who died in hospital during the neo-natal period, and one died at home (aged 18 days) from bronchial pneumonia after discharge from hospital where the mother had been confined.

Of the babies born at home, eighteen died at home. A further thirty-five died following admission to hospital. The following summary shows the place of birth and death of the stillbirths and the neo-natal deaths during the year 1959 :—

Stillbirths

Born at home	42
Born in hospital	172
Total	<u>214</u>

Neo-Natal Deaths

Born at home and died at home	18
Born at home and died in hospital	35
Born in hospital and died in hospital	91
Born in hospital and died at home	1
Total	<u>145</u>

MAIN CAUSES OF NEO-NATAL DEATHS

Main Causes of Death	Total	Born at Home Died at Home	Born at Home Died in Hospital	Born in Hospital Died in Hospital	Born in Hospital Died at Home	Sex		Premature	Age at Death		
						Male	Female		Under 24 hrs.	1-7 days	7-28 days
Congenital Malformation	28	7	9	12	—	14	14	1	8	10	10
Prematurity	36	3	3	30	—	25	11	36	20	12	4
Atelectasis and Anoxia	36	2	9	25	—	17	19	24	17	19	—
Birth Hazards	21	5	6	10	—	10	11	7	9	11	1
Rhesus Incompatibility	4	—	1	3	—	3	1	1	1	3	—
Infection—Respiratory	13	1	3	8	1	9	4	3	2	6	5
„ Other	1	—	1	—	—	1	—	1	—	—	1
Other Causes	6	—	3	3	—	2	4	—	1	3	2
	145	18	35	91	1	81	64	73	58	64	23

Thirteen deaths accompanied twin deliveries and three deaths followed Caesarean Section

As far as possible deaths of infants born at home, and stillbirths occurring at home, are investigated by the County Non-Medical Supervisor of Midwives. The following are some of the items of interest arising out of her investigations :—

Of thirty-nine stillbirths occurring at home, ten (that is 26%) showed gross congenital defect. In a further nineteen cases the foetus was macerated or there was evidence ante-natally of foetal death in utero. At least seven of these were premature.

Some of the stillbirths of an otherwise apparently normal foetus might possibly have been avoided. For reasons of parity and age alone, at least three would have been suitable for hospital confinement, including the case of a mother, a primipara aged 40 years, who did not make any arrangements for ante-natal care and the foetus was born at term before the arrival of medical or nursing aid.

Of the fifty-three babies born at home who subsequently died, either at home or in hospital, none of the mothers had been recommended for hospital booking on sociological grounds.

One of the cases of asphyxia was a criminal act of infanticide of an illegitimate baby.

Owing to restricted hospital accommodation only 48% of births were institutional. One effect of this shortage is that some mothers who should have been confined in hospital decided to have their confinement at home as the only available hospital accommodation was at a considerable distance. However, there were few primipara over thirty-five years who were not confined in hospital, and only three known cases of multipara of the fifth degree were confined at home. It is likely, however, that the records are incomplete in this respect.

It is noteworthy that 19.3% of the total infant deaths were certified as due to a congenital defect. As much as possible is done to protect women from exposure to those influences known or likely to be harmful, particularly in early pregnancy. For the protection of susceptible women who have been exposed to the possibility of rubella infection gammaglobulin is available from the Director of the Nottingham Public Health Laboratory.

Ante-natal care is the one vital preventive measure which is readily subject to control and improvement. Of those domiciliary cases investigated, the following table shows the method by which the mothers concerned received their ante-natal care :—

	<i>Stillbirths</i>	<i>Neo-Natal Deaths</i>
General Practitioner and Midwife	28	26
Local Authority Clinic and Midwife	5	6
Local Authority Clinic, General Practitioner and Midwife	2	1
Hospital, General Practitioner and Midwife	1	—
Local Authority Clinic only	1	—
Midwife only	2	3
No ante-natal care	2	4
	—	—
	<u>41</u>	<u>40</u>

Every effort is being made to improve the co-ordination between the three branches of the maternity service. Of the total of 5,296 domiciliary deliveries, 997 did not book a doctor. The position is rapidly improving in this respect and I anticipate that in the near future every woman will consent to book a general practitioner obstetrician as well as a midwife.

Child Welfare Centres

December 1959 saw the completion of two of the Centres included in the Maternity and Child Welfare Sub-Committee's building programme to provide purpose-built clinics to meet the needs of newly developed areas or to replace Centres held in unsuitable premises. The new Centres which were provided at Hawtonville (Newark) and Manton (Worksop) came within the latter category. In addition, an extension to the Arnold Centre was completed and this not only provided separate accommodation for the maternity and child welfare and school health services but also included a suite of rooms for dental treatment.

The number of Centres operating at the end of the year was ninety-four, and the number of sessions held per month amounted to 398. The attendances of infants and children show an increase of 2,479 over the previous year. A list of the Centres with details of sessions is set out on pages 28 to 29.

The work undertaken at the Centres during 1959 is shown in the following table :—

	Primary	Attendances Individual	Total	Medical Con- sultations
Infants	7,804	12,748	102,245	26,291
Children	942	9,857	52,855	13,134
Expectant Mothers	175	216	783	783
Post-Natal Mothers	53	56	70	70
Totals	8,974	22,877	155,953	40,278

Supply of Dried Milk and other Nutrients

A comprehensive range of welfare foods is available for sale at all the Centres and, in addition, a variety of nutrients and certain simple medicaments are provided for free issue.

Both sales and free issues are subject to the recommendation of the Medical Officer at the Centre.

Welfare Foods Service

The task of distributing the National Welfare Foods (National Dried Milk, Cod Liver Oil, Vitamin A & D Tablets and Orange Juice), undertaken by local Health Authorities since the closing of Food Offices on the 28th June, 1954, has continued smoothly throughout the year under review upon the same lines as previously.

The following table gives the extent of the issues of all products during the twelve months ended 26th December, 1959 and for the three previous years :—

	National Dried Milk	Cod Liver Oil	A & D Tablets	Orange Juice
Year	Tins	Bottles	Packets	Bottles
1959	106,283	32,442	30,017	256,554*
1958	110,164	31,413	27,603	235,745*
1957	152,947	46,319	28,081	344,639
1956	196,297	53,296	27,078	316,539

*Supplied to children up to the age of 2—previously available to children up to 5 years of age.

The decrease in the consumption of National Dried Milk noted in previous years is shown to be less pronounced and the numbers of the vitamin products distributed have been maintained at an average level.

The number of Distribution Centres in operation at the end of the year was 134, of which ninety-four were County Council Centres and forty Voluntary Centres. The situation of the Centres as between Urban and Rural Districts was as follows :—

	<i>In Urban Districts</i>	<i>In Rural Districts</i>	<i>Total</i>
County Council Centres	37	57	94
Voluntary Centres	8	32	40

Additional Voluntary Distribution Centres were opened during the year at Hoveringham, Newstead Abbey and Thrumpton, whilst the Voluntary Centres at Barton-in-Fabis, Edingley and Shireoaks were closed.

A considerable number of voluntary workers have participated in the Service both in the running of the purely Voluntary Distribution Centres and also in assisting with the work at other Centres. I am indebted to them for the very good service which they have so willingly undertaken during the year.

The Pre-School Child

The scheme for the ascertainment and follow-up of defects in children under school age was continued, children requiring treatment being referred to the National Health Service in those cases where the arrangements could not be made directly under the Authority's established Schemes. Included in the latter category were the following :—

Enlarged Tonsils and/or Adenoids

Operations performed	129
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Orthopaedic Conditions

Pre-school children referred to Orthopaedic Clinics	40
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Paediatric Service

Weekly sessions of Paediatric Clinics are held at the County Clinic, Clarendon Street, Nottingham, and at the Mansfield and Worksop School Clinics. The Clinics are attended by Dr. A. C. Blandy and Dr. M. Eastwood, Consultant Paediatricians, by arrangement with the Sheffield Regional Hospital Board. Dr. Blandy also deals with cases by special arrangement at the Newark Hospital.

Pre-school children referred by Assistant County Medical Officers to these Clinics during 1959 were as follows :—

		<i>Mansfield</i>	<i>Nottingham</i>	<i>Worksop</i>	<i>Total</i>
New Cases	.....	11	36	8	55
Total attendances	.....	41	78	30	149

Routine Hearing Testing of Pre-School Children

The Scheme for the routine hearing testing of pre-school children which was established in 1958 was consolidated during the year. Miss J. M. Cooper, the Auditory Therapist, continued to work in close consultation with the Consultant Otologists and Consultant Paediatricians at the various Hospitals, and with the Health Visitors and Audiometricians.

Assessment and training sessions at the Auditory Centre housed in the Clarendon Street Clinic amounted to 343, whilst seventy-eight sessions of work were carried out at Hospitals. Five sessions were devoted to child welfare assessment work and twenty-seven to school and home visits.

The cases dealt with at the Auditory Centre during the year were as follows :—

Cases attending as at 1.1.59	.....	.....	9
New cases referred during 1959	.....	.....	60
Cases discharged during the year as not requiring further assessment or training	.....	.....	32
Cases attending as at 31.12.59	.....	.....	37
Total attendances during the year	.....	.....	624

Miss Cooper's comments on this Service are as follows :—

“ This comparatively new service has continued to expand and cases are being referred at an earlier age.

The Therapeutic aspect of the work in the Hearing Clinic has naturally increased as more cases are diagnosed.

More partially deaf cases are being seen and are likely to be placed in normal County schools instead of in Special schools for the partially deaf, as a result of this early detection and Auditory training.

I have continued to maintain a close liaison with the E.N.T. Clinics for assessment purposes and case discussion with the Otologists concerned. This co-operation and team work has also been maintained with the Paediatricians, Educational Psychologists, Speech Therapists, Health Visitors and Audiometricians.

Arrangements were made this year for City Pre-school children to be seen at the Hearing Clinic for assessment when referred by the Otologist concerned.”

Defective Vision and Squint

The fourteen Ophthalmic Clinics operating in the County are attended by Ophthalmic Consultants under arrangements made with the Regional Hospital Board. Children found at the Child Welfare Centres to have visual defects are referred by the Medical Officers to these Clinics and during the year 893 pre-school children were examined by the Consultants. Spectacles were prescribed in 143 cases and were obtained through the normal channels of the National Health Service.

Boarded-Out Children and Children placed for Adoption

At the request of the Children's Officers, City and County, the Health Visitors submitted special reports in respect of ninety-four proposed adoptors and fifty-nine foster-parents.

Day Nurseries

The attendances at the six Day Nurseries, whilst slightly higher than the previous year, were still below the accommodation available. The employment of staff is, however, based on the average attendance and not on the number of places.

With effect from the 5th October, 1959, the standard charge was increased from 6/6d. to 8/- per day, and the charge for a half-day was increased from 4/6d. to 5/6d. No reduction in attendances was observed following the introduction of the increased charges.

<i>Nursery</i>	<i>Average Daily Attendance</i>			<i>Number of Places</i>
	<i>Under 2 years</i>	<i>2-5 years</i>	<i>Total</i>	
Beeston	10	24	34	50
Bull Farm	9	22	31	40
Carlton	5	16	21	26
Newark	6	19	25	40
Stapleford	9	20	29	50
West Bridgford	5	13	18	25

Scheme for Registered Daily Guardians

Women registered as Daily Guardians receive into their own homes not more than two children during the day whilst the mother is at work. In addition to the payment made by the mother, a Daily Guardian receives an allowance of 4s. per week from the County Council. The Health Visitors inspect the homes prior to registration and also undertake subsequent supervision. The cases dealt with during 1959 are shown in the following Table :—

Cases on Register at 1st January, 1959	12
New cases approved	13
Cases discontinued	15
Cases on Register at 31st December, 1959	10

Nurseries and Child Minders Regulation Act, 1948

The Daily Guardian scheme referred to above only applies in cases where the number of children cared for does not exceed two. Cases where there are three or more children, not related to the person undertaking the care of the children, are dealt with under this Act.

One application for registration as a Child Minder under this Act was approved during the year but the applicant subsequently found it necessary to relinquish her registration. On the 31st December, 1959, there were eight registered Child Minders and these were approved for the reception of sixty-five children.

Health of Children

Break-up of Families.

The Children's Officer is the appointed co-ordinating officer for the purpose of arranging case conferences on difficult families. At her request the County Health Department was represented at these conferences by the appropriate officer concerned, e.g. Medical Officer, Health Visitor, Almoner, District Home Help Organiser, etc.

The Health Visitors also assisted in the rehabilitation of families afforded temporary accommodation in the Welfare Committee's Residential Establishments.

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND OF CHILDREN UNDER SCHOOL AGE

During 1959, as in former years, the dental service provided under Section 22 had to be restricted because of the continued shortage of Dental Officers.

The year commenced with a carry-over from 1958 of forty-one mothers still awaiting their initial dental inspection and during the year, 1,277 expectant or nursing mothers were referred by the medical staff or made application for inclusion within the scheme. This gives a total of 1,318 women, accounted for as follows :—

Number inspected in 1959	1,166
Number awaiting inspection on 31.12.59	15
Number who dropped out of the scheme for various reasons before they could be inspected	137
Total	1,318

Of the 1,166 women who were inspected by the Dental Officers, 1,117 were referred for dental treatment and 1,031 received treatment (but not necessarily complete treatment) during the year. Of the 1,031 women who received treatment, 728 were made dentally sound and this can be considered a satisfactory result in view of the serious shortage of staff already referred to.

In regard to the provision of dental inspection and treatment for children under school age, it proved once again impossible to meet more than a small proportion of the need.

The following table gives the statistical details of the dental work carried out during 1959, the corresponding figures for 1958 being shown in brackets for comparison.

	<i>Expectant and Nursing mothers</i>		<i>Children under five</i>	
<i>(a) Numbers provided with dental care</i>				
Number examined	1,166	(1,017)	861	(935)
Needing treatment	1,117	(985)	700	(811)
Treated	1,031	(888)	690	(770)
Made dentally fit	728	(650)	337	(499)
<i>(b) Forms of dental treatment provided</i>				
Extractions	4,569	(3,370)	1,103	(1,523)
General anaesthetics	299	(275)	344	(458)
Fillings	861	(916)	175	(175)
Scaling and gum treatment	276	(301)	3	(34)
Silver nitrate treatment	12	(15)	545	(543)
Radiographs	79	(98)	—	(2)
Full upper or lower dentures	412	(247)	—	(—)
Partial upper or lower dentures	205	(204)	—	(—)
Crowns or inlays	1	(—)	—	(—)

An outstanding feature of the year's experience was a further decline in the general condition of the teeth of children under school age. This decline, however, is by no means limited to Nottinghamshire children because comments in respect of it have appeared during the last few years within the Annual Reports from many different Local Authorities in Great Britain.

This noticeable increase in the amount of dental decay amongst young children has arisen since the rationing of sugar was discontinued. The post-war removal of the restrictions on the use of sugar has resulted in a marked increase in the availability of very attractive sweetmeats of all kinds. Reference to the dental ill-effects of the excessive consumption of these products (particularly between meals and at bedtime) has already been made in this report in previous years and no more modern knowledge has come to hand to modify our previously expressed and generally agreed criticisms.

MIDWIFERY (Section 23)

The County Council's midwifery service is provided by the direct employment of whole-time County Midwives and by District Nurse-Midwives employed by District Nursing Associations affiliated to the Nottinghamshire Nursing Federation who act as agents of the County Council. The County is divided into areas of three 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.

At the end of the year the number of midwives employed in this work was as follows :—

County Midwives	.....	.....	.....	.....	64
District Nurse-Midwives	.....	.....	.....	.....	62

All the midwives employed by District Nursing Associations also undertake Home Nursing and the equivalent of whole-time midwifery service undertaken by these nurses was 20.8.

In addition to the above there were at the end of the year seven midwives engaged in private practice. Thirty-three midwives were employed in hospitals.

The usual difficulties were experienced in recruiting midwives to fill vacancies caused by retirement or resignation, but notwithstanding the problems encountered in providing reliefs for midwives during periods of leave or illness, the service was fully maintained.

The Part II Midwifery Training School which was established in 1958 at King's Mill Hospital and in which the County Council are participating by providing district training, was fully operative during 1959 and eleven pupils successfully completed their training.

Relief Arrangements

The Minister of Health has requested that reference should be made in this Report to the arrangements for relief duty, especially with regard to night rota systems.

The Midwives employed by this Authority are allowed 168 hours off-duty time each four weeks, in accordance with the recommendations of the Nurses' Whitley Council.

Detailed consideration has been given to the possibility of introducing a night rota system and the matter has been the subject of discussion with the Midwives at group meetings; some of the Midwives had had experience of night rota systems in other areas.

The consensus of opinion was that a night rota system would not be welcomed for the following reasons :—

- (a) Holidays or sickness make the smooth working of such a system difficult.
- (b) If a Midwife receives a call when she is not on night rota duty she is disturbed in any event. The only areas where this could be avoided are those, such as County Boroughs, where all calls could be made to a central point, such as an Ambulance Control, and passed on to the Midwives on duty. Such an arrangement would not, of course, be practicable generally in a County area.
- (c) If a Midwife receives a call from one of her own patients she prefers to attend rather than pass the case to another Midwife.
- (d) Midwives on night rota duty have frequently answered a call to another Midwife's patient and found on their return that one of their own cases had had to be passed to the Midwife she had relieved, who had to be called out in the end.
- (e) A Midwife normally prefers not to deliver a patient to whom she has given no ante-natal care.

The patient has more confidence if she is delivered by a Midwife who has visited her during the pregnancy as this establishes the personal relationship between mother and Midwife, which is so vital a factor at confinement.

Whilst I appreciate that a rota system has advantages, I am of the opinion that, in existing circumstances, such a system would not be of general advantage.

The Midwives work in groups; are "paired" within the group and relief arrangements work smoothly.

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The County Council are the Local Supervising Authority for the whole of the administrative County.

One hundred and ninety-nine Midwives notified their intention to practise during 1959 ; five of these Midwives undertook maternity nursing only.

Supervision was carried out by Miss M. K. Collins, the whole-time Senior Non-Medical Supervisor of Midwives, and by the Assistant Supervisor. The latter post was increased to full-time from 14th April, 1959, with the appointment of Miss M. Allcock. Prior to that date, only part-time was devoted to the midwifery service, the remainder of the time being allocated to health visiting duties. Special cases are investigated by the Senior Medical Officer for Maternity and Child Welfare.

Routine visits of inspection amounted to 484 and there were 1,686 investigations made into abnormal cases.

Four County Midwives and four District Nurse-Midwives were suspended from practice for varying periods in order to prevent the spread of infection.

Medical aid was sent for on 1,158 occasions by Domiciliary Midwives. In 842 instances, the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service.

The number of claim forms submitted by medical practitioners was 177 ; fees amounted to £496 3s. 6d.

Other statutory notices received from midwives were as follows :—

Notification of Stillbirth	.....	.....	.....	51
do.	Death of Child	.....	.....	22
do.	Death of Mother	.....	.....	2
do.	Laying out the Dead	.....	.....	6
do.	Liability to be a Source of Infection	.....	.....	188
do.	Artificial Feeding	.....	.....	2,202
				<hr/>
				2,471
				<hr/>

Eye Discharge in the Newborn

One hundred and sixteen cases of inflammation of, or discharge from, the eyes of new-born infants were reported, three being 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. No case of resultant impaired vision was noted.

Puerperal Pyrexia

Seventeen cases of Puerperal Pyrexia were notified during the year, ten being concerned with domiciliary confinements and seven with deliveries in institutions. All made good recoveries.

Deliveries attended by Midwives

Domiciliary Cases

	Doctor not booked		Doctor booked	
	<i>Doctor present at delivery</i>	<i>Doctor not present at delivery</i>	<i>Doctor present at delivery</i>	<i>Doctor not present at delivery</i>
County Midwives	35	761	835	2,283
District Nurse-Midwives	5	195	281	893
Privately Practising Midwives	—	1	5	2
	<hr/> 40	<hr/> 957	<hr/> 1,121	<hr/> 3,178

Cases in Institutions

Hospitals	2,294
Private Nursing Homes	—
	<hr/> 2,294

Administration of Analgesics

Gas and Air Analgesia

This is available in any part of the County, 129 of the 133 domiciliary Midwives practising in the area being qualified to administer this form of obstetric analgesia. Sixty-three County Midwives and fifty-five District Nurse-Midwives are each equipped with a Minnitt Gas-Air Apparatus. The gas and air sets are regularly inspected and serviced by skilled engineers under a special arrangement with the manufacturers.

Pethidine

Those Midwives who had received the requisite training were permitted to administer this drug.

The work carried out under this heading is shown in the following table :—

	Gas and Air		Pethidine	
	<i>Doctor present at delivery</i>	<i>Doctor not present at delivery</i>	<i>Doctor present at delivery</i>	<i>Doctor not present at delivery</i>
Administered by				
County Midwives	631	2,191	436	1,118
District Nurse-Midwives	237	821	129	405
Privately Practising Midwives	1	1	3	1
	<hr/> 869	<hr/> 3,013	<hr/> 568	<hr/> 1,524

Infant Oxygen Resuscitators

In the light of experience gained by the use of a specimen outfit, the County Council agreed in April, 1959, to provide each County Midwife and District Nurse-Midwife with an Infant Resuscitator. The apparatus is compact, light and readily portable for use in domiciliary practice and is intended primarily for the establishment of respiration in asphyxiated newborn infants. Although the need for such an apparatus is, fortunately, not frequent, when it does arise it is vital that it should be immediately available. It was for this reason that each Midwife was provided with a Resuscitator. The outfits were supplied in July and although by the end of the year they had only been required for thirty-six cases, these were sufficient to prove the value of their availability not only as regards the infant but as a source of comfort and reassurance to the mother and to the Midwife.

Visits by County Midwives and District Nurse-Midwives

	<i>County Midwives</i>	<i>District Nurse-Midwives</i>
Ante-Natal		
Home	39,207	10,301
Clinic	5,143	848
Delivery	3,914	1,374
Lying-in	77,075	33,857
	<hr/> 125,339	<hr/> 46,380

Refresher Courses for Midwives

During the year, arrangements were made for twelve County Midwives and fourteen District Nurse-Midwives to attend Refresher Courses organised by the Royal College of Midwives.

HEALTH VISITING (Section 24)

With a few exceptions, the Health Visitors undertake combined work which, in addition to Maternity and Child Welfare, covers School Health, Vaccination and Immunisation duties and, in some instances, tuberculosis visiting. A considerable proportion of their time is necessarily taken up by fixed appointments at Child Welfare Centres, School Clinics and School Medical Inspections. It is, therefore, pleasing to report that the figures relating to the important work of Home Visiting show an increase of 7,462 visits over the previous year. This increase is shown not only in the visits to infants and children but to each of the categories set out in the following Table. In addition to the actual visits included in the Table, 21,521 fruitless home visits were paid. Also, the figures do not include visits to tuberculosis cases which are referred to later in this report.

Home Visits

First visits to Infants	10,077
Re-visits to Infants	45,817
Visits to Children aged 1 and under 2 years	29,675
Visits to Children aged 2 but under 5 years	70,548
Visits to Expectant Mothers	8,434
Visits to Post-natal Mothers	8,336
General Health Visiting	5,775
	<hr/> 178,662 <hr/>

The figure of 5,775 visits paid under the Heading of General Health Visiting cannot be regarded as satisfactory. It includes visits to old people and in fact to all categories, excluding expectant and nursing mothers and children under five years of age. It indicates, of course, that the Health Visiting Service is not yet fully performing the extended functions referred to in the National Health Service Act, 1946 when Health Visitors' activities ceased to be limited to the care of mothers and young children. This unsatisfactory aspect of the work of the Health Visitor is entirely due to inadequacy of staff. Despite the fact that the County Council maintain an excellent training scheme for pupil Health Visitors and, in this connection, award liberal bursaries, it has been impossible to recruit staff up to the full establishment. Some relief has, however, been afforded by the appointment of Clinic Nurses, i.e. State Registered Nurses who do not possess the Health Visitor's Certificate but are, nevertheless, fully capable of undertaking work in Clinics and at Immunisation Sessions etc. At the time of writing, this experiment is being considerably extended in the hope that it will relieve the Health Visitors of duties for which their special qualifications are not essential and so enable them to carry out to a greater extent the additional functions which were envisaged for them under the National Health Service Act, 1946.

Training of Staff

Training Scheme for Pupil Health Visitors

From the 1st April, 1959, the establishment of Health Visitors was increased by four, i.e. from seventy-eight to eighty-two, together with three Superintendent Health Visitors.

Once again the joint arrangements with the Nottingham City Authority for the training of Health Visitors proved their value as the Course which terminated in August resulted in the services of six Health Visitors becoming available for work in the County. These, and other appointments made through normal recruitment, filled the vacancies caused during the year by retirement or resignation and enabled three appointments to be made towards the increased establishment. At the end of the year, in addition to the three Superintendent Health Visitors, there were seventy-six nurses engaged on health visiting duties, the proportion of time allocated to such work being equivalent to 46.9 whole time Health Visitors.

Refresher Courses

In accordance with the policy recommended by the Nurses' Committee of the Whitley Council, the County Council arranged for four Health Visitors to attend Refresher Courses organised by the Women Public Health Officers' Association or the Royal College of Nursing.

Training in Mental Health

The arrangements introduced during 1958 for Dr. T. A. Ratcliffe, the Child Psychiatrist, to "tutor" Health Visitors in preventive mental health work were continued. Three Seminar Courses, each consisting of six meetings at weekly intervals, were held at the County Clinic, Clarendon Street, Nottingham, and the thirty-two Health Visitors who attended found them most helpful.

I am indebted to Dr. Ratcliffe for the following comments on the training of Health Visitors. It will be noted that he refers to the Service which commenced in 1959 for the provision of a Pre-school Guidance and a Psychiatric Service to Mothers at Clinics.

"These sessions have continued, as planned, regularly during 1959. It will be remembered that each group of twelve to fourteen Health Visitors were to have a series of six sessions with me at three-weekly intervals. During 1959, two such complete courses of six sessions have been held; in addition one course begun in 1958 was completed, and five sessions of a further series were held. This means that most of the County Health Visitors have now attended such a course. It is now possible, therefore, to assess more fully the impact, and value, of these sessions.

There is no doubt that the great majority of the Health Visitors have been appreciative of the opportunity to have this type of help; we have had many comments of this type from them. It has been both fascinating and stimulating to observe the gradual, but steady, development in every group of Health Visitors of a greater understanding of three things: the wide range of normality in the pre-school child's behaviour and reactions; the ways in which the Health Visitor can help the anxious, unsure or puzzled parent and the value to the community, and to the Health Visitor herself, of working as a member of the whole team of those concerned with the health of the child.

There is another important, if indirect, contribution which these sessions have made to the Health Visitor. Even when the Health Visitor Service is carefully integrated, and fully organised, as it is with the Nottinghamshire Authority, much of the Health Visitor's work is of necessity done in relative professional isolation; an isolation for which her basic training in Hospital Nursing has not usually prepared her. The benefit to her morale, and professional confidence, of meeting with her colleagues regularly and of discussing mutual problems with them, and with the specialist in these problems, is very real.

A logical development from this work with Health Visitors, and one which we have been anxious to bring into operation for a very long time, was the provision of a psychiatric parent-guidance service for the pre-school child in the County's Child Welfare Clinics. Although our very grave shortage of staff at the County Child Guidance Clinic still prevents us from introducing this pre-school guidance service widely throughout the County area, it became possible for me to introduce (in late August 1959) such a service at the Authority's Child Welfare Clinics at Beeston and Carlton, on a basis of one morning session at each Clinic every four weeks.

This service has a two-fold function. It provides advisory help to the parents who have become anxious or puzzled over handling problems, or over the essentially normal, but often anxiety-provoking, behaviour of their pre-school children. As such, it has a valuable preventive function against later serious problems for, and with, the child. It provides also similar advisory help for the Medical and Health Visitor Staffs of the Child Welfare Clinics; for its ultimate aim is to enable these Child Welfare Clinic professional workers to give this necessary supportive help themselves to the parents.

It must be emphasised that this service, as at present provided, touches only the fringe of a very much larger requirement. We are anxious to enlarge the pre-school guidance service to cover the whole County area, when our own staffing situation permits. But meanwhile we have made an important beginning; and we can use this preliminary service to refine our techniques, and to study the most fruitful way in which the service can be extended later.

With so short a period of operation, it would be valueless to produce detailed figures; but the following brief table will give some account of the work done for the period 31st August to 31st December, 1959.

	<i>Beeston</i>	<i>Carlton</i>
No. of sessions	5	6
Parents seen individually	10	3
Children seen	11	1
Parents in discussion groups	15	30
Interviews with Doctors, Health Visitors, etc.	12	10

The results of this initial service have already been most encouraging (although we have had our inevitable preliminary problems to solve). I am most grateful to the Committee, and all concerned, not only for this opportunity to begin this work, but also for the interest and enthusiasm which they have always shown towards the project. This work is yet another example (of which the Nottinghamshire area can show many) of the value of good team work between the Local Authority Health Service and the Specialist services provided by the Regional Hospital Board."

Case Demonstration—Hearing Testing

Small groups of Health Visitors also attended the Auditory Therapy Centre at Clarendon Street Clinic for case demonstration and to observe the technique of hearing testing. The opportunity thus afforded for the Health Visitors to discuss with the Auditory Therapist the work in connection with the hearing testing of pre-school children proved most beneficial.

HOME NURSING (Section 25)

At their meeting in December, 1959, the Maternity and Child Welfare Sub-Committee agreed that the Home Nursing Service provided through the agency of the Nottinghamshire Nursing Federation and the District Nursing Associations should continue for a further period of three years expiring on the 4th July, 1963.

These arrangements had at the time the report was presented been in operation for a period of eleven and a half years. During that time a number of local Associations found themselves unable to appoint executive Committees and honorary officers, with the result that the services which they provided had to be administered by the Nottinghamshire Nursing Federation from their headquarters in Nottingham. This arrangement applied to fifteen out of the total of sixty-eight Associations affiliated to or associated with the Federation. The Sub-Committee recognised that, while this state of affairs was not altogether satisfactory, there was, on the other hand, no reason whatever to doubt the efficiency of the services given by the staffs of the voluntary bodies who were concerned in the agency arrangements.

On the occasion of the last triennial review of the Home Nursing Service it was reported that the number of Home Nursing visits paid by the District Nurses during 1955 had reached the impressive total of 276,879. This figure, after increasing to 290,228 in 1957, dropped to 278,595 in 1958, and amounted to 266,742 for the year under review.

The ratio of staff to population, which was one per 5,150 in 1955, had varied very little, the figure for 1958 being one per 5,180, while the figure for the year under review is one per 5,532.

During 1959, the County Council not only sent six fully-trained Nurses to a post-graduate course of instruction, but also provided similar facilities for four State Enrolled Assistant Nurses.

The repair, redecoration or improvement of houses occupied by District Nurses was authorised in five cases. Equipment was provided in three cases.

Two new cars were provided for the use of District Nurses, and a garage was provided for the District Nurse serving the Wollaton Association. One garage was repaired. In eleven cases cars were repaired or reconditioned. Six cars were sold during the year as no longer capable of economic repair. At the time of writing all the cars in use by District Nurses, other than those provided by the District Nurses themselves, have been provided by the County Council.

Of the 8,262 cases attended by the District Nurses during the year, 5,275 were sixty-five or over at the time of the Nurses' first visit—a proportion very slightly greater than that recorded for 1958. These elderly patients received 166,107 visits out of a total of 266,742. Children under five comprised 304 of the 8,262 cases attended by the District Nurses, and these children received 2,231 visits from the Nurses.

The table of statistics appended indicates the staffing position and the work done during each of the five years 1955 to 1959 inclusive.

General Statistics (Whole County)

	1955	1956	1957	1958	1959
Total No. of Cases attended	10,595	9,967	9,562	8,747	8,262
*Average No. of Cases attended per equivalent of Whole-time Nurse	99	96	97	79	79
Total No. of Visits paid	276,879	277,545	290,228	278,595	266,742
*Average No. of Visits paid per equivalent of Whole-time Nurse	2,612	2,690	2,932	2,528	2,565
Average No. of Visits paid per Case	26	28	30	32	32
*Equivalent of Whole-time Staff employed at 31st December	106	103	99	110	104
**Equivalent of Whole-time Staff required at 31st December	136	137	139	142	143
‡Extent to which Staff falls short of requirements at 31st December	30	34	40	32	39
‡Ratio of Staff to Population at 31st December	1 per 5,150	1 per 5,345	1 per 5,604	1 per 5,180	1 per 5,532

*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.

VACCINATION AND IMMUNISATION (Section 26)

District Medical Officers of Health, acting on agreed terms as the County Council's agents for the organisation and conduct of this work within their Districts, continued throughout the year to offer vaccination against smallpox and immunisation against diphtheria and whooping cough, as well as vaccination against Poliomyelitis, to the parents of all newly-born infants and to the parents of unprotected children moving into the County from other areas. The County Council's Health Visitors and School Nurses worked in close collaboration with the District Medical Officers of Health in this work and, where necessary, clinical assistance was given by the County Council's own medical staff.

Medical practitioners taking up general medical practice in the Council's area were also invited to take part in these arrangements by submitting completed standard record cards of the vaccination or immunisation by them of persons on their medical lists and by 31st December, 1959 a total of 388 general practitioners had enrolled for this purpose.

The Tables on pages 58 to 60 show the work completed in the several County Districts, and in the County as a whole, during the year and according to these figures the percentages protected against the following diseases by vaccination or immunisation before their first birthday were as follows :

<i>Disease</i>	<i>Protected before first birthday</i>
Smallpox	46.4%
Diphtheria	69.1%
Whooping Cough	68.3%

In connection with the immunisation campaign it is pleasing to record that for the third successive year no case was notified and no death occurred from diphtheria in the County Council's area.

Poliomyelitis Vaccination

In addition to offering vaccination against poliomyelitis in infancy as referred to above, the campaign described in my previous Report was continued throughout the year and, in particular, every effort was made to achieve the vaccination with two injections of as many persons born since 1st January, 1933 as possible before the Summer months. During the first three months of the year the response to the offer of vaccination to young persons born in the years 1933-1942 was extremely disappointing, but following the unfortunate death from this disease of an international footballer in this age group in April 1959 there was an immediate and heavy response from these youngsters which continued for some months.

To cope with the demand, sessions were organised at Collieries and at other large centres of employment in the Council's area in addition to evening sessions at certain convenient Clinics and Centres, and by these measures, and the continuing co-operation of general medical practitioners—a total of 340 had agreed to take part in this Scheme by the end of the year—almost 40,000 persons completed vaccination with two injections in the period 1st January to 30th June, 1959.

At the same time, those who had previously been vaccinated with two injections were given a third injection not less than seven months after the second injection, and in this connection the assistance of Head Teachers in the organisation and conduct of sessions at Schools throughout the area was of considerable help.

Over 250,000 doses of poliomyelitis vaccine (57% of British manufacture) were received and distributed for use under the County Council's arrangements during the year, and the Table on page 57 (compiled from information provided by the District Medical Officers of Health) summarises the work undertaken and to be undertaken in each County District, and in the County as a whole, at the end of the year.

These figures represent acceptance rates of 78.9% for children and 42.6% for young persons in the County at 31st December, 1959, compared with the national rates of 75.4% and 46% respectively.

POLIOMYELITIS VACCINATION, 1959.

District	Position at 1st January, 1959			Completed during the year						Position at 31st December, 1959								
	Awaiting vaccination with two injections	Given one injection only	Vaccinated since 1956 with two injections	Given a third injection	Vaccination with two injections				Third injections (all groups)	Awaiting vaccination with two injections				Given one injection only	Vaccinated since 1956 with two injections	Given a third injection		
					Children (born since 1943)	Young Persons (born in years 1933-1942)	Expectant Mothers	Other priority Groups		TOTAL	Children (born since 1943)	Young Persons (born in years 1933-1942)	Expectant Mothers				Other priority groups	TOTAL
URBAN DISTRICTS :—																		
Mansfield (Borough) ...	555	347	9,011	548	2,356	2,746	302	60	5,464	8,034	154	51	22	—	227	280	14,475	8,582
Workshop (Borough) ...	130	349	4,972	1,098	2,514	2,189	218	111	5,032	5,918	152	18	9	—	179	61	10,004	7,016
Newark (Borough) ...	188	128	5,283	6	897	1,787	133	97	2,914	5,748	140	6	13	—	159	27	8,197	5,754
East Retford (Borough) ...	135	108	2,555	693	904	883	81	2	1,870	2,159	88	40	12	—	140	199	4,425	2,852
Arnold ...	79	52	4,505	746	1,069	1,243	319	14	2,645	4,610	76	5	4	—	85	44	7,150	5,356
Beeston and Stapleford ...	398	265	8,644	1,081	2,627	3,545	570	6	6,748	9,221	364	10	24	—	398	98	15,392	10,302
Carlton ...	393	283	6,050	2,030	1,933	1,536	410	41	3,920	4,452	77	80	50	—	207	130	9,970	6,484
Eastwood ...	71	45	1,723	—	666	1,057	53	—	1,776	2,585	88	3	—	—	91	28	3,499	2,585
Hucknall ...	84	72	3,943	—	830	1,533	179	4	2,546	4,472	153	—	—	2	155	24	6,489	4,472
Kirkby-in-Ashfield ...	11	31	4,519	1,380	591	1,471	76	—	2,078	3,401	10	—	—	—	10	20	6,597	4,781
Mansfield Woodhouse ...	51	106	2,507	283	787	1,152	92	2	2,033	2,331	49	38	3	—	90	127	4,540	2,614
Sutton-in-Ashfield ...	130	228	5,014	442	2,159	2,481	179	289	5,108	6,174	92	217	6	—	315	74	10,122	6,616
Warsop ...	75	118	2,029	38	424	715	51	—	1,190	1,944	113	45	11	—	169	151	3,219	1,982
West Bridgford ...	274	255	4,396	1,337	1,058	1,213	300	6	2,577	3,536	205	15	8	—	228	57	6,973	4,873
TOTAL ...	2,574	2,387	65,151	9,684	18,755	23,551	2,963	632	45,901	64,585	1,761	528	162	2	2,453	1,320	111,052	74,269
RURAL DISTRICTS :—																		
Basford ...	266	359	9,613	—	2,511	1,231	389	147	4,278	8,097	102	16	23	—	141	95	13,891	8,097
Bingham ...	116	127	3,416	653	1,262	558	138	180	2,138	2,539	129	38	13	3	183	105	5,554	3,192
East Retford ...	185	72	2,522	667	763	804	108	2	1,677	2,104	79	40	5	1	125	153	4,199	2,771
Newark ...	268	71	2,287	2	494	540	73	3	1,110	2,665	126	7	7	—	140	54	3,397	2,667
Southwell ...	340	283	6,996	—	1,905	2,569	325	6	4,805	7,171	340	93	16	—	449	158	11,801	7,171
Workshop ...	172	144	2,537	468	1,401	1,293	121	—	2,815	2,991	144	37	5	—	186	96	5,352	3,459
TOTAL ...	1,347	1,056	27,371	1,790	8,336	6,995	1,154	338	16,823	25,567	920	231	69	4	1,224	661	44,194	27,357
Whole County, GRAND TOTAL ...	3,921	3,443	92,522	11,474	27,091	30,546	4,117	970	62,724	90,152	2,681	759	231	6	3,677	1,981	155,246	101,626

VACCINATION AGAINST SMALLPOX, 1959

DISTRICT	NUMBER VACCINATED*					TOTAL	NUMBER RE-VACCINATED*					TOTAL
	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	
Urban Districts—												
Mansfield (Borough)	351	23	14	9	16	413	—	—	—	2	30	32
Worksop (Borough)	253	16	4	9	9	291	—	—	—	1	28	29
Newark (Borough)	193	7	3	8	8	219	—	—	—	—	11	11
East Retford												
(Borough)	110	6	—	3	3	122	—	—	—	—	15	15
Arnold	368	22	17	11	11	429	—	—	—	1	16	17
Beeston & Stapleford	510	81	20	20	35	666	—	—	1	5	67	73
Carlton	365	9	11	10	16	411	—	—	3	4	10	17
Eastwood	68	16	5	—	7	96	—	—	—	—	2	2
Hucknall	165	15	8	4	12	204	—	—	—	—	37	37
Kirkby-in-Ashfield	121	7	5	4	6	143	—	—	—	—	—	—
Mansfield Woodhouse	172	10	6	8	8	204	—	—	—	4	8	12
Sutton-in-Ashfield	280	7	7	5	6	305	—	—	—	1	4	5
Warsop	114	8	2	7	11	142	—	—	—	—	69	72
West Bridgford	236	29	7	7	25	304	—	—	1	2	—	—
TOTAL	3,306	256	109	105	173	3,949	—	—	5	20	301	326
Rural Districts—												
Basford	250	181	65	26	9	531	—	—	—	3	12	15
Bingham	180	51	16	8	13	268	—	4	5	8	24	41
East Retford	118	22	3	4	6	153	—	—	1	4	12	17
Newark	118	13	7	4	4	146	—	—	—	—	—	—
Southwell	407	16	11	12	8	454	—	—	—	—	4	4
Worksop	183	7	18	39	7	254	—	—	—	—	10	10
TOTAL	1,256	290	120	93	47	1,806	—	4	6	15	62	87
Whole County GRAND TOTAL	4,562	546	229	198	220	5,755	—	4	11	35	363	413

*Classified according to age at date of vaccination.

DIPHTHERIA IMMUNISATION, 1959

DISTRICT	NUMBER OF CHILDREN PRIMARILY IMMUNISED AGAINST DIPHTHERIA (ACCORDING TO AGE AT DATE OF FINAL INJECTION)				NUMBER GIVEN A REINFORCING INJECTION
	Under 1 year	1—4 years	5—14 years	TOTAL (Under 15 years)	TOTAL (Under 15 years)
Urban Districts—					
Mansfield (Borough)	571	127	79	777	446
Worksop (Borough)	352	141	56	549	304
Newark (Borough)	293	51	25	369	290
East Retford (Borough)	183	34	22	239	151
Arnold	466	44	3	513	237
Beeston and Stapleford	737	143	45	925	540
Carlton	520	39	14	573	360
Eastwood	174	16	24	214	111
Hucknall	213	57	29	299	34
Kirkby-in-Ashfield	274	72	12	358	260
Mansfield Woodhouse	227	66	7	300	172
Sutton-in-Ashfield	512	41	53	606	538
Warsop	186	21	6	213	163
West Bridgford	350	35	4	389	261
TOTAL	5,058	887	379	6,324	3,867
Rural Districts—					
Basford	459	331	64	854	519
Bingham	293	61	7	361	158
East Retford	173	42	15	230	154
Newark	130	72	5	207	106
Southwell	463	249	36	748	501
Worksop	213	88	23	324	233
TOTAL	1,731	843	150	2,724	1,671
Whole County. GRAND TOTAL	6,789	1,730	529	9,048	5,538

WHOOPING COUGH IMMUNISATION, 1959

DISTRICT	NUMBER OF CHILDREN PRIMARILY IMMUNISED AGAINST WHOOPING COUGH (ACCORDING TO AGE AT DATE OF FINAL INJECTION)				NUMBER GIVEN A REINFORCING INJECTION
	Under 1 year	1—4 years	5—14 years	TOTAL (Under 15 years)	TOTAL (Under 15 years)
Urban Districts—					
Mansfield (Borough)	561	111	10	682	20
Worksop (Borough)	352	140	46	538	159
Newark (Borough)	294	47	4	345	26
East Retford (Borough)	182	34	4	220	7
Arnold	459	42	—	501	66
Beeston & Stapleford	734	122	31	887	388
Carlton	507	37	10	554	129
Eastwood	174	16	24	214	12
Hucknall	213	57	30	300	27
Kirkby-in-Ashfield	274	72	12	358	260
Mansfield Woodhouse	227	63	5	295	3
Sutton-in-Ashfield	507	28	—	535	4
Warsop	185	20	3	208	2
West Bridgford	337	32	4	373	180
TOTAL	5,006	821	183	6,010	1,283
Rural Districts—					
Basford	435	297	28	760	77
Bingham	289	57	8	354	110
East Retford	173	40	2	215	26
Newark	130	70	1	201	46
Southwell	463	247	8	718	35
Worksop	211	86	15	312	41
TOTAL	1,701	797	62	2,560	335
Whole County. GRAND TOTAL	6,707	1,618	245	8,570	1,618

AMBULANCE SECTION (Section 27)

Statistics

During 1959, 42,194 journeys were made involving the conveyance of 141,069 patients and the travelling of 1,029,671 miles. The apportionment of this work to individual Stations is set out in the following table.

Station	Journeys under-taken	Patients carried	Total mileage
Nottingham Group :			
Arnold	2,144	7,736	43,569
Beeston	4,123	14,021	87,258
Carlton	3,671	13,016	79,467
Eastwood	1,918	8,056	59,463
Hucknall	3,142	12,095	86,508
Kirkby	828	3,069	16,459
West Bridgford	3,864	13,202	107,380
Mansfield	9,150	32,468	209,585
Newark	4,384	10,492	108,135
Retford	3,935	11,666	119,616
Worksop	5,035	15,248	112,228
Totals	42,194	141,069	1,029,671
Totals for 1958	40,769	135,645	994,135

This is the first occasion on which over one million miles have been travelled operationally, and the number of patients carried is also the highest since the inception of the Service, following a trend which has only been interrupted on one occasion since 1952.

The categories of the patients carried in 1959 and, for comparison purposes, those in each of the previous five years, were as follows :—

Year	Acci- dent	Emer- gency	Treat- ment	Infect- ious	Matern- ity	Other	Total
1954	2,248	4,151	112,489	629	2,211	178	121,906
1955	2,464	4,308	118,841	1,323	2,037	216	129,189
1956	2,551	4,210	115,857	1,303	2,203	345	126,469
1957	2,940	4,847	118,989	1,093	1,428	753	130,050
1958	3,282	5,037	124,142	1,059	1,301	824	135,645
1959	3,571	5,229	129,391	619	1,314	945	141,069

The division of mileage between ambulances and dual-purpose vehicles has shown a notable change following a revision of the vehicle establishment, as indicated in the table below :—

Year	AMBULANCES			DUAL-PURPOSE VEHICLES					
				LARGE			SMALL		
	No.	Total miles	Average miles per vehicle	No.	Total miles	Average miles per vehicle	No.	Total miles	Average miles per vehicle
1957	34	510,464	15,013	2	26,965	13,483	19	428,451	22,556
1958	*	534,751			20,264			439,120	
1959	26	442,365	17,014	3	23,271	7,757	26	564,035	21,693

* As the number of vehicles in each group varied during the year only the total mileage run by each group has been given to indicate trends.

This change is also reflected in the allocation of patients between the two types of vehicles, as follows :—

Year	AMBULANCES		DUAL-PURPOSE VEHICLES		Total
	Stretcher cases	Sitting cases	Stretcher cases	Sitting cases	
1957	19,343	55,348	2,044	53,315	130,050
	74,691		55,359		
1959	20,165	44,103	2,680	74,121	141,069
	64,268		76,801		

During the year arrangements were made for 111 patients to be conveyed to out-county destinations by train for the major part of their journeys which totalled approximately 12,000 miles. This was a slight increase over 1958.

General Administration

Experience of the revised operational structure of the Service which came into effect on the 1st October 1958 has shown that there has been no loss of efficiency by virtue of the closing of four Sub-Stations or the cessation of night standby duty at three other Stations and, in fact, the concentration of resources of men and vehicles at the 24-hour Stations has made it possible for the Service to cope with the constantly increasing numbers of patients carried with only a slight increase in staff employed and no variation in the total number of vehicles.

Constant scrutiny of bookings and liaison with the principal hospitals, whilst ensuring that very little abuse of the intent and purpose of an Ambulance Service takes place, cannot materially alter the volume of work, and the ever-increasing proportion of the older age-groups in the population combines with the improved out-patient facilities at Hospitals to provide greater numbers of patients requiring treatment with the allied need for ambulance transport.

Premises

Good progress was made during the year in the provision of new Stations to replace existing premises, and those at Newark and West Bridgford were brought into operational use early in 1960, whilst the extensions to the Mansfield Station were also completed.

With the Sutton-in-Ashfield Station due for completion in June 1960, and building of a new Station at Retford to be started during the year, only two further building schemes remain to complete the replacement programme and it is hoped that this position will be achieved within the next few years.

A feature of recent building schemes has been the exclusion of vehicle inspection pits and other maintenance facilities having regard to the forthcoming establishment of a County Workshops scheme with area servicing depots.

Only in the case of the Sutton-in-Ashfield Station has it been possible to implement the principle approved by the County Council that the Ambulance and Fire Services should make joint use of sites, and it may be possible to do this in only one of the remaining schemes owing to the non-availability of suitable sites in the particular area required or some incompatibility in the basic requirements for each Service, particularly with regard to staff housing.

Vehicles

The replacement programme for the year comprised four ambulances, two large and one small dual-purpose vehicle. Six of the vehicles replaced were disposed of by public auction whilst one ambulance was allocated for Civil Defence training purposes.

At the end of the year, the average age of the ambulances was four years six months and of the dual-purpose vehicles three years four months.

Details of the operational vehicles are as follows :—

Make and Horse Power					Year	Number
(a) Ambulances						
Daimler	.....	.....	.....	27	1956	2
Bedford	.....	.....	.....	28	1949	1
Bedford	.....	.....	.....	28	1951	3
Bedford	.....	.....	.....	28	1952	6
Bedford	.....	.....	.....	28	1953	1
Bedford	.....	.....	.....	28	1957	9
Bedford	.....	.....	.....	28	1959	4—26
(b) Sitting-case vehicles						
Bedford Transit Ambulances	.....	.....	.....	28	1958	1
Bedford Transit Ambulances	.....	.....	.....	28	1959	2
Bedford Dual-purpose Ambulances	.....	.....	.....	16	1954	8
Bedford Dual-purpose Ambulances	.....	.....	.....	16	1955	5
Bedford Dual-purpose Ambulances	.....	.....	.....	16	1956	5
Bedford Dual-purpose Ambulances	.....	.....	.....	16	1958	7
Bedford Dual-purpose Ambulances	.....	.....	.....	16	1959	1—29

In addition to the above, six ambulances (average age 10 years) and three Austin cars (average age eleven years one month) were retained for Civil Defence training purposes.

Consideration was given to a suggestion, made by a local District Council and concurred with in principle by the County Road Safety Committee, that, as a matter of road safety, ambulances operated by both local authorities and industrial undertakings should be of uniform colour, preferably white or cream, to provide easy identification in all conditions. In fact Nottinghamshire ambulance vehicles were originally cream in colour but, by the gradual process of replacement, and re-cellulosing in some cases, all are now blue and grey. These colours were approved in 1950 on the grounds that they would be more serviceable than cream or ivory, as vehicles painted in the latter colours had been found soon to lose their pristine appearance and become pitted with dirt which could not easily be removed by ordinary cleaning methods. It was decided that no action should be taken to change the colour, particularly as all County ambulance vehicles are easily distinguishable as such ; are equipped with bells and have an illuminated sign 'Ambulance' above the windscreen and 'Ambulance' embossed in red in the glass panels of the rear doors.

Staff

Designation	Establishment	Number employed at 31.12.59
County Ambulance Officer	1	1
Deputy County Ambulance Officer	1	1
Superintendents	4	4
Station Officers	7	6
Shift Leaders	38	37
Driver-Attendants	128	123
Driver-Mechanics	3	3
Clerical Staff	4	4
Control Assistants	13	13
	199	192

In the National Safe Driving Competition for 1958 the following awards were gained by personnel :—

10-year Medals	9
6-9 year Bars	30
5-year Medals	10
Diplomas	81

For the second time in the three years of entry to the National Ambulance Competition organised by the National Association of Ambulance Officers a Nottinghamshire team was successful in the Regional Final, and achieved fifth place in the National Final.

With the completion of training courses during the 1959/60 winter session, virtually all personnel who have been employed for some time are fully trained in the basic Civil Defence organisation and duties, and the work of the Ambulance and Casualty Collecting Section in particular.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

Tuberculosis

Deaths

During 1959, the number of deaths attributable to tuberculosis was thirty; twenty-four from pulmonary tuberculosis and six from other forms of the disease. The pulmonary death rate per thousand of the population was 0.04 for the County compared with 0.08 for England and Wales, whilst the rate for all forms of the disease was 0.05 for the County compared with 0.085 for England and Wales.

Clinic Registers

According to information provided by the several Chest Clinics in the Council's area, the numbers of County cases on their Registers at 31st December, 1959, were as follows :—

<i>Chest Clinic</i>	<i>No. of cases on Register</i>		
	<i>Pulmonary</i>	<i>Non-pulmonary</i>	<i>Total</i>
East Retford	137	44	181
Worksop	222	32	254
Mansfield	769	54	823
Newark	264	32	296
Nottingham	1,431	173	1,604
Totals	2,823	335	3,158

These figures represent an increase of 3% in the total numbers of County cases on these Registers in the year.

They do not, of course, include County cases attending Out-County Chest Clinics.

New Cases and Mortality

The number of new cases notified during 1959, according to returns submitted by the Medical Officers of Health of the County Districts, and the number of deaths attributable to tuberculosis during the year, according to the Registrar-General's statistics, were as set out in the following table :—

AGE PERIODS	NEW CASES*				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 yr.	—	—	1	—	—	—	—	—
1—4 yrs.	3	1	1	—	—	—	—	—
5—14 yrs.	5	5	2	4	—	—	—	1
15—44 yrs.	68	75	3	11	1	1	1	—
45—64 yrs.	70	18	1	4	12	3	2	1
65 yrs. & over	19	6	1	3	6	1	—	1
Totals	165	105	9	22	19	5	3	3

* Excluding Inward Transfers.

Incidence—Pulmonary Tuberculosis

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

YEAR	NO. OF NEW CASES INCLUDED IN THE ANNUAL RETURN TO THE MINISTRY OF HEALTH			Rate per 1,000 of population
	Formally notified	Not notified before death	Total	
1955	323	16	339	0.61
1956	344	13	357	0.64
1957	367	5	372	0.66
1958	296	9	305	0.53
1959	264	6	270	0.47

Cases not notified before Death

The numbers of cases not notified before death in each of the past five years, and the sources from which the information was obtained, were as follows :—

YEAR	SOURCE OF INFORMATION						Totals	
	Death Returns from Local Registrars		Death Returns from Registrar-General		Posthumous notifications			
	Pul.	Other	Pul.	Other	Pul.	Other	Pul.	Other
1955	7	1	5	5	4	3	16	9
1956	8	2	4	2	1	—	13	4
1957	2	2	2	—	1	—	5	2
1958	2	—	2	—	5	—	9	—
1959	3	1	3	—	—	1	6	2

In each case the facts were at once communicated to the District Medical Officer of Health who was asked to confirm that the case had not been notified to him during life as suffering from tuberculosis. The County Council's Tuberculosis/Health Visitors were also notified and visited the homes for the purpose of taking environmental reports and urging contacts to attend for examination at the nearest Chest Clinic.

Details of each case, with a copy of the environmental report, were also forwarded to the appropriate Chest Physician.

Examination and B.C.G. Vaccination of Contacts

According to information provided from the Nottingham, Mansfield, Newark, Worksop and Retford Chest Clinics, the numbers of family contacts of new County cases examined and given B.C.G. vaccination by the Chest Physicians during 1959 were as follows :—

1959	Men	Women	Children	Total
No. of new cases notified	162	117	22	301
No. of new contacts examined (including those examined by X-ray only)	330	523	1,021	1,874
No. found tuberculous	8	15	3	26
No. tuberculin tested	115	273	1,434	1,822
No. found negative	23	77	802	902
No. vaccinated with B.C.G.	25	67	1,059	1,151
Total attendances by contacts at Chest Clinics during the year	779	1,378	4,322	6,479

Work of the Tuberculosis/Health Visitors

The number of domiciliary visits by the Council's Tuberculosis/Health Visitors during 1959 was 11,362 compared with 8,162 during 1958, and their attendances at Chest Clinic sessions totalled 1,082 in 1959 compared with 1,002 in the previous year.

The increase in this work was primarily due to the maintenance of a full establishment of whole-time Tuberculosis Visitors throughout the year.

Shelters

The disposal at the end of the year of five portable wooden shelters maintained by the County Council for loan, free of charge, to persons suffering from tuberculosis was as follows :—

No. on loan to patients	1	
No. in use at Sherwood Village Settlement	1	
No. in store at Sherwood Village Settlement	3	
	—	5

Protection of Children against Tuberculosis

Under the arrangements for the annual X-ray examination of the staff of County Council establishments who are working in close contact with groups of children, one hundred and forty-eight persons in employment at Day Nurseries or at Children's Homes were examined by mass radiography during 1959.

In addition, four hundred and twenty-four persons taking up employment of this nature with the County Council had a chest X-ray examination during the year; two hundred and fifty-nine by miniature radiography, and one hundred and sixty-five by large films for which the County Council paid the agreed fee to hospitals and Chest Physicians.

B.C.G. Vaccination of School Children and Students

The organisation and conduct of this work is undertaken locally by District Medical Officers of Health, acting on agreed terms as agents for the County Council, and where necessary assistance is given by the County Council's medical and nursing staffs with experience in this work.

In accordance with Ministry of Health Circular 7/59 dated 30th April, 1959, the County Council agreed to extend their arrangements for offering B.C.G. vaccination to thirteen year old school children by the inclusion of children of fourteen years of age and upwards still at school and students attending Universities, Teacher Training Colleges, or other similar establishments of further education. Due, however, to their pre-occupation with the poliomyelitis vaccination programme, the medical staff concerned were generally unable to undertake this work during the major portion of the year. In consequence, the following summary of their returns for 1959 shews a decline in the total numbers dealt with as compared with the previous year :—

	<i>Under 14 yrs.</i>	<i>Over 14 yrs.</i>	<i>Total</i>
No. of children skin tested	2,188	1,689	3,877
No. found to be Mantoux positive	280	392	672
No. found to be Mantoux negative	1,875	1,247	3,122
No. who were vaccinated	1,861	1,226	3,087

With the reduction of the waiting lists for poliomyelitis vaccination towards the end of 1959, however, District Medical Officers of Health were again turning their attention to the resumption of this work and a start with the work was made in the only two County Districts where it had not previously been undertaken.

The advice on the avoidance of radiological hazards contained in an Interim Report of the Committee set up by the Ministry of Health in 1956 to review the practice in diagnostic radiology and the use of radiotherapy in non-malignant conditions was closely studied and, in consultation with the Chest Physicians in the area, it was arranged that children found to be Mantoux positive under this scheme should all have a large-film chest X-ray examination instead of being examined by mass miniature radiography as had previously been the practice in some areas.

Case Finding Surveys

According to information kindly provided by the Nottingham No. 2, Lincolnshire and South Yorkshire Mass Radiography Units, surveys were carried out at twenty-six centres in the County Council's area at which 24,125 persons were examined by mass radiography during 1959.

Altogether one hundred and twelve persons were referred to the Chest Physicians for further investigation. Twelve cases of active pulmonary tuberculosis and forty cases of inactive pulmonary tuberculosis were discovered.

In addition, a large number of County residents attended the Nottingham No. 1 Mass Radiography Unit in the City of Nottingham but precise figures are not available as no separate records of County and City residents are kept at this Centre.

Nottingham and Notts. Association for the Prevention of Tuberculosis

During the year the Minister of Health approved an amendment of the County Council's Proposals under Section 28 of the National Health Service Act and accordingly with effect from 1st September, 1959, the agency work undertaken by this Association on behalf of the County Council in relation to the care and after-care of the tuberculous was undertaken through one Committee only, based on Nottingham, instead of through four After-Care Committees as before. Area representatives were authorised to act in collaboration with the County Almoners in cases requiring urgent assistance between meetings in the Mansfield, Newark and Southwell, and Worksop and Retford areas.

After consultation with the Chest Physicians in the area it was also agreed that the organised scheme of domiciliary occupational therapy for the tuberculous be discontinued following the resignation of the single-handed Occupational Therapist on 27th September, 1959 who had been employed on this work, and to assist the few cases still arising where this service might be helpful through a voluntary agency and by the provision of materials, if necessary, from the Nottingham office of the Association.

The following Report has been submitted by the Association on their activities under these arrangements during the year :—

“ During the year 1959, the care and after-care work of the Association, on behalf of the Nottinghamshire County Council, proceeded on similar lines to those outlined in previous Reports. The grant was paid to the Association at the rate of £1,280 per annum.

In the period under review 128 new cases were referred, or made application for assistance, but altogether 578 cases received individual consideration and help was given where necessary, details of which are given as follows :—

NOTTINGHAM AREA

No. of new cases	81 (102)
No. of cases considered for assistance	289 (282)

Analysis of Assistance.

Referred to National Assistance Board for monetary grants	37
Bed and bedding loaned	9
Clothing provided	4
Clothing provided by National Assistance Board and W.V.S.	4
Nursing requisites loaned	6
Milk Permits issued	224
Assistance from National Assistance Board re : removal expenses	1
*Financial assistance (from voluntary funds) :—	106
Travel vouchers issued to visit Sanatoria and B.C.G. Clinics, Payment of Home Help, Initial Outlay for Occupational Therapy, and payment of debts.	
Assistance re : Home Help	4
Applications for assistance re : housing	8
Applications for work and training for work	42
Payment of Spero Holidays	4
Other forms of help	21
Investigated but no help necessary at the moment (cases kept under review)	12
*Christmas parcels distributed to all areas	77
Grants received from Benevolent Funds	2
Occupational Therapy materials issued after 27.9.59	11

MANSFIELD AREA

No. of new cases	17	(14)
No. of cases considered for assistance	126	(100)

Analysis of Assistance

Bed and bedding loaned	4
Milk Permits issued	114
Other forms of help	1
Investigated but no help necessary at the moment (cases kept under review)	2
*Financial assistance from voluntary funds	2

NEWARK AND SOUTHWELL AREA

No. of new cases	10	(15)
No. of cases considered for assistance	65	(71)

Analysis of Assistance

Milk Permits issued	71
Nursing requisites loaned	1
*Financial assistance from voluntary funds	1

WORKSOP AND RETFORD AREA

No. of new cases	20	(18)
No. of cases considered for assistance	98	(44)

Analysis of Assistance

Bed and bedding loaned	4
Clothing provided	1
Milk Permits issued	77
Nursing requisites loaned	1
*Financial assistance from voluntary funds	3

*Denotes help from voluntary funds.

Figures in parenthesis indicate the number of cases in the preceding year.

Domiciliary Occupational Therapy.

No. of cases on Register, 1st January, 1959	.....	68
No. of new cases referred during the year	.....	22

 90

Removals from Register :—

Returned to work	.....	21
Admitted to Hospital	.....	8
Not now needed	.....	8
Died	3
Moved from County	1

 41

No. of cases on Register, 27th September, 1959	49
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No. of visits paid to homes to 27th September, 1959	621
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No. of sessions at Workroom	34
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Attendance at Workroom	191
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(Since the resignation of Miss Fowler, the Occupational Therapist, on the 27th September, 1959, the Association has continued to issue materials to patients as and when required)."

The Council's Almoners act for the appropriate After-Care Committee at the Worksop, Retford, Mansfield and Newark Chest Clinics and make regular visits to patients at the Ransom Hospital. During the year, the County Council decided to increase their establishment of whole-time Almoners from three to four and the Consultant Chest Physicians stated that on the appointment of the additional Almoner they would welcome arrangements for her to make regular sessional attendances at Newstead Hospital and at the Nottingham Chest Clinic to complete the care and after-care service for County cases. Unfortunately, this additional post had not been filled by the end of the year and, in fact, a second vacancy had by then arisen due to the resignation of one of the other three Almoners at the end of September, 1959.

The following figures give some indication of the work undertaken by these Officers for tuberculous persons during the year :—

<i>Chest Clinic or source</i>	<i>No. of sessions attended</i>	<i>No. of new cases referred</i>	<i>No. of case interviews</i>
Mansfield	150	416	133
Newark	53	110	73
Worksop	98	261	70
Retford	44	96	34
Hospitals	82	526	122
Other sources	—	—	7
	<hr/> 427	<hr/> 1,409	<hr/> 439
No. of home visits	.....	.....	263
No. of attendances at Care Committee meetings	.....	.....	11

Sherwood Village Settlement

Particulars of admissions to and discharges from the Sherwood Village Settlement during 1959 are set out in the following Table :—

1959	TRAINEES			SETTLERS			TOTAL		
	N.	OA.	Total	N.	OA.	Total	N.	OA.	Total
Strength 1.1.59	1	7	8	18	20	38	19	27	46
Admissions during the year	1	4	5	—	—	—	1	4	5
Trainees accepted as settlers during the year	2	11	13	18	20	38	20	31	51
	—	3	3	—	3	3	—	—	—
	2	8	10	18	23	41	20	31	51
Discharges during the year—									
(a) on recovery	—	—	—	—	1	1	—	1	1
(b) on medical breakdown	—	—	—	—	2	2	—	2	2
(c) for domestic reasons	—	2	2	—	—	—	—	2	2
	—	2	2	—	3	3	—	5	5
Strength 31.12.59	2	6	8	18	20	38	20	26	46

N—Nottinghamshire cases

OA—Other Authorities' cases

With the exception of one Nottinghamshire case those admitted during the year came, on agreed terms, from the Grimsby, Nottingham and Sheffield County Boroughs and from the Lincolnshire (Kesteven) County Council, and the following statement shows the numbers of Settlers and Trainees from Outside Authorities remaining in the Village Settlement at the end of the year :—

<i>Local Health Authority</i>	<i>Ministry of Labour Trainees</i>	<i>Settlers</i>	<i>Total</i>
Doncaster C.B.C.	1	3	4
Grimsby C.B.C.	—	2	2
Nottingham C.B.C.	—	3	3
Sheffield C.B.C.	1	—	1
Derbyshire C.C.	—	2	2
Leicestershire C.C.	—	4	4
Lincs. (Kesteven) C.C.	2	—	2
W.R. Yorks. C.C.	2	6	8
Totals	6	20	26

Dr. D. Davies, Consultant Chest Physician, who, by arrangement with the Sheffield Regional Hospital Board, also acts as Medical Superintendent of the Sherwood Village Settlement, has provided the following report and comment upon the medical aspects of the year's work :—

“ Five new Trainees were admitted during the year. In contrast to the admissions in recent years the average age was fairly low, 33 years. Two of these had undergone extensive surgical treatment and another two had advanced disease. Two were also excreting tubercle bacilli which were resistant to the standard anti-tuberculous drugs. Patients who are unfortunate enough to have such resistant organisms do not benefit so much from treatment and, if they infect other people, those in turn may well fail to respond. The great importance of this group has been recognised for many years and it seems probable that the Village Settlement will contain an increasing proportion of such patients as time goes on. At present 15% of the men are infected by drug resistant bacilli.

If this problem of drug resistance is not tackled energetically there could well be a spread of these organisms throughout the population with unfortunate results. Some people would advocate that all such patients should be segregated from the community. Isolation may again prove to be an important function of Village Settlements.

There were five discharges during the year. One was a new Trainee who proved medically unfit for the training and two were Settlers discharged to hospitals in their home area in failing health. One Settler returned to open industry and one Trainee left at his own request. Three Trainees were accepted as Settlers. At the end of the year there were thirty-eight Settlers and eight Trainees.

One child was born in the Settlement during the year and the mother, who had previously had tuberculosis, suffered a relapse.

A married couple were appointed as Gardener-Handyman and Domestic Assistant during the year. They now live in one of the Settlement houses. No demand had come for this house from a tuberculous family.

In the Autumn, extension of the Hostel building was commenced. This will provide a very good Sitting Room and Reading Room."

At the request of The Chest and Heart Association photographs of the Sherwood Village Settlement were forwarded to them for inclusion in material which they provided for an Exhibition at the Autumn Conference of the International Union Against Tuberculosis in Istanbul.

Visitors to the Settlement during the year included an ad hoc Committee on Rehabilitation set up by the Sheffield Regional Hospital Board.

In consequence of the provisions of the Disabled Persons (Employment) Act, 1958 and the Local Government Act, 1958, changes were made in the charges to other Local Health Authorities for the maintenance of their cases at the Sherwood Village Settlement as from 1st January and 1st April, 1959 respectively.

An important development commenced during the year was the permanent extension of the Men's Hostel to provide separate Dining, Recreation and Quiet Rooms due to be completed and occupied early in 1960. Other works undertaken at the Hostel during the year included the replacement of two old porcelain kitchen sinks with wooden draining boards by a double stainless steel sink unit and a galvanised wash-up sink; the installation of four fire alarm bells and the provision of a new motor lawn mower. As it was shewn that poultry-keeping produced more problems than nourishment, this was discontinued.

Steps were also taken to relieve domestic staffing problems at the Men's Hostel by the addition of a plus rate of 2d. per hour to the Domestic Assistants rate of pay as from the beginning of July, 1959, and by the appointment in October of a married couple as resident Gardener-Handyman and Domestic Assistant and the allocation to them of a vacant Settlement house.

The activities of Sherwood Industries were again primarily concentrated upon the manufacture of school furniture for the Nottinghamshire Education Committee, whilst efforts to assist sales of their softwood products continued and displays were arranged at the Newark and Notts. Agricultural Show; at the Bakewell Show; at a Domestic Food Producers Rally at the Nottinghamshire Farm Institute and on a site adjacent to the County Hall, Nottingham. Through the activities of the newly constituted Priority Suppliers Committee set up by the Government, Sherwood Industries were also included during the year on the lists of approved contractors to the Ministry of Works and the Ministry of Supply.

Much attention was given during 1959 to improving the economic efficiency of Sherwood Industries and in this connection it was decided to concentrate as much as possible on furniture production, retaining only a few softwood lines to occupy the less-skilled workmen. The stand occupied by the Sectional Building Department for many years at the Mansfield Cattle Market was accordingly discontinued. Other steps taken to improve efficiency included the elimination of all but a few "special" lines, the provision and installation of a time clock, and a modification of the Settlers' wages structure to be given effect as from 1st April, 1960, to provide a wider differential between the lowest and the highest rates of pay and thus afford greater scope to reward the better workmen.

A scheme was also submitted for the approval of the Ministry of Labour for the building of a separate Assembly Shop and the subsequent conversion of the existing main workshop into a Machine Shop, and it is pleasing to report that the Ministry gave their full support to this project towards the end of the year and that steps were then taken to ensure that the work should be commenced early in 1960. A part of the second stage of this project, namely the renewal of the old incinerator, had however to be undertaken as a matter of urgency due to the fire risk developing in the old incinerator which had become badly worn and was no longer able to cope with the increased volume of waste.

It is pleasing to acknowledge the help given by the Ministry's officers in the promotion of such schemes and their guidance on the procedure to be adopted to obtain their acceptance of Settlers as "approved workers" enabling the County Council to claim grant in accordance with the changes introduced by the provisions of the Disabled Persons (Employment) Act, 1958 as from 1st January, 1959.

During the year, the wages of all Settlers, and of the appropriate staff, were adjusted on three occasions in accordance with pay awards by the National Joint Council for the Furniture Manufacturing Trade. Two Settlers were also awarded increases in their rates of pay following satisfactory reports to the Management Sub-Committee on their progress and efficiency.

There were three vacancies in the Settlement Hostel and annexe at the end of the year.

Other Forms of Illness

Loan of Nursing Equipment and Appliances

The County Council continued during the year to lend the larger items of home nursing equipment, free of charge, direct from the Health Department subject to medical certification of need in each case.

Under these arrangements six hundred and thirty-eight cases were assisted in 1959 (five hundred and forty-nine in 1958) of whom five hundred and seventy-three patients were referred by general medical practitioners, sixty by Hospital Officers, and five from other sources.

The following Table indicates the work undertaken under this Scheme during the year :—

Article	1.1.59		Purchases during year	Written off during year	Loans during year	Returns during year	31.12.59	
	On loan	In store					On loan	In store
Alternating Pressure Point Pad	1	—	—	—	—	—	1	—
Back Rests	33	21	21	1	66	59	40	34
Bed Blocks (prs.)	5	25	—	3	4	5	4	23
Bed Cradles	34	8	6	—	33	31	36	12
Bedpans—								
Rubber	8	2	3	—	10	9	9	4
Bedsteads—								
Single	46	2	13	—	48	34	60	1
Postural drainage	1	—	—	—	—	—	1	—
Tilting	—	1	—	1	—	—	—	—
Bed Tables—								
Adjustable	1	—	—	—	—	—	1	—
Folding	6	54	—	—	9	10	5	55
Overbed	—	1	—	—	2	1	1	—
Chair, Relaxation	—	—	1	—	1	—	1	—
Commodes—								
Chair type	87	—	48	—	177	129	135	—
Stool type	48	—	—	—	37	39	46	2
Cot, adult	2	—	3	—	9	7	4	1
Crutches (prs.)	10	29	1	—	7	8	9	31
Latex foam cushions	8	8	7	—	16	5	19	4
do. mattresses	95	6	34	—	143	120	118	17
do. pad	—	—	1	—	1	—	1	—
do. pillows	3	3	1	—	2	1	4	3
Fracture boards	82	17	20	—	100	71	111	8
Cushion, inflatable, toilet	1	—	1	—	—	—	1	1
Sectional Mattresses	—	1	—	—	1	—	1	—
Self-lifting poles	37	4	8	—	21	9	49	—
Spinal Carriages—								
Adult models	2	5	—	—	—	1	1	6
Juvenile models	2	—	—	—	—	—	2	—
Walking aids	24	7	9	—	16	12	28	12
Walking Sticks	3	—	7	—	6	1	8	2
Wheel Chairs—								
Stairway	9	5	—	—	16	14	11	3
Merlin	18	4	—	1	25	34	9	12
Folding—adults	73	35	33	5	121	86	108	28
do. juveniles	12	5	2	3	20	18	14	2
Totals	651	243	219	14	891	704	838	261

The Council's Health Visitors were notified and provided reports at quarterly intervals on each case assisted under this scheme.

In addition, by arrangement with the Nottinghamshire Nursing Federation, the smaller and more frequently needed items of home nursing equipment continued to be lent direct to patients, free of charge, by District Nurses and District Nurse/Midwives from stocks held by them to an approved standard scale.

Stocks of these articles are also maintained in the Health Department for the purpose of replacing broken or worn-out equipment, or for issue direct to patients having a long-term need.

The following Table indicates the action taken under these arrangements during 1959 :—

Article	Scale per Nurse	1.1.59	Purchases during year	Written off during year	Issues during year	Returns during year	31.12.59
		In store					In store
Air rings	4	—	60	1	42	2	19
Bedpans	3	—	30	—	15	—	15
Douche outfits	—	7	—	—	—	—	7
Feeding cups	2	9	21	—	13	—	17
Sputum mugs	†	8	—	—	—	—	8
Steam kettles	*	9	—	—	1	—	8
Waterproof sheets— 6-ft. x 3-ft.	†	—	1	—	1	—	—
4-ft. x 3-ft.	4	3	48	—	44	1	8
Urinals	3	24	12	—	20	2	18
Totals	16	60	172	1	136	5	100

† Available on special request.

* One per District.

Convalescence

Under the County Council's arrangements for providing convalescence of the " holiday home " type for suitable cases referred by general medical practitioners, ninety-one cases were assisted in 1959 compared with forty-nine cases in 1958.

Of these, six undertook to pay the full cost involved. After an assessment of their financial circumstances twenty-eight others were required to make varying contributions, and the remaining fifty-seven cases were granted free convalescence in accordance with the County Council's approved scale.

Seventy-seven cases were accommodated at seaside Convalescent Homes, and fourteen were admitted to Convalescent Homes in Derbyshire. The following Table summarises the cases dealt with under these arrangements during the year, classified according to medical need, age, sex, and duration of convalescence authorised :—

CERTIFIED MEDICAL NEED	AGE AND SEX DISTRIBUTION															AUTHORISED STAY								
	15—24 yrs.			25—34 yrs.			35—44 yrs.			45—64 yrs.			65 yrs. and over			Total		1 wk.	2 wks.	3 wks.	4 wks.	Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.						T.	
Arthritis and Fibrositis	—	—	—	—	—	—	—	—	—	1	1	—	3	3	4	—	—	—	3	1	—	4		
Bronchitis, Pneumonia and other respiratory conditions	—	1	1	—	2	1	3	—	1	1	7	1	8	2	8	10	11	12	23	—	19	1	3	23
General debility and anaemia	1	1	2	—	—	4	4	—	2	2	—	4	4	2	7	9	3	18	21	1	17	1	2	21
Nervous disorders	—	—	—	—	—	1	1	1	3	4	2	7	9	—	1	1	3	12	15	—	12	2	1	15
Post-operative conditions	—	—	—	1	—	—	1	—	—	—	1	2	3	—	3	3	2	5	7	—	4	1	2	7
Other conditions	—	1	1	1	—	—	1	—	2	2	3	6	9	2	6	8	6	15	21	1	15	3	2	21
TOTALS	1	3	4	4	4	6	10	1	8	9	13	21	34	6	28	34	25	66	91	2	70	9	10	91

M—Males. F—Females. T—Total.

M—Males.

F—Females.

T—Total.

Chiropody Services

Arising from Circular 11/59 from the Ministry of Health dated 21st April, 1959 the County Council submitted for the Minister's approval a modification of their Proposals under Section 28 of the National Health Service Act by the addition of the following :—

“ Arrangements will be made throughout the Authority's area for affording a Chiropody Service, either directly at Chiropodists' own premises or other suitable premises or, where medically necessary, at the patient's home, or through Voluntary Organisations, for the Elderly, the Physically Handicapped, Expectant Mothers and such other categories as may from time to time be approved.”

In respect of the physically handicapped and expectant mothers the County Council proposed to arrange the necessary treatment directly with qualified Chiropodists on referral by a general medical practitioner or other suitably qualified person.

As regards chiropody for the elderly (women over 60 and men over 65 years of age), the Council proposed to subsidise the work of the Nottinghamshire Old People's Welfare Committee, District Old People's Welfare Committees and the Nottingham General Dispensary in this field and discussions on appropriate financial aid and other arrangements with these organisations were in progress at the end of the year.

Almoner Service

This service was below strength for most of the year due to the absence through illness of one of the three County Almoners for a period of five months culminating in her resignation at the end of September, 1959, and this post was not filled at the end of the year. This, unfortunately, occurred at a time when the Authority were also seeking to appoint a fourth whole-time County Almoner to meet the increasing demands upon this service and there were accordingly two vacancies on the approved establishment at 31st December, 1959.

As from the end of April it was necessary to discontinue routine visits by the two remaining County Almoners to three hospitals in the County where no almoners are employed, but urgent problems affecting cases in these hospitals continued to be dealt with by the County Almoners on referral to them on their routine attendances at the neighbouring Chest Clinics. At the same time arrangements were also made until such time as the normal Almoner service could be resumed for Health Visitors instead of the County Almoners to undertake the social investigation of geriatric cases either awaiting admission to or discharge from hospital at the request of the Hospital Authorities.

Full co-operation was, however, maintained throughout the year with the Almoners employed by the several Hospital Management Committees in the area.

The County Almoners made forty-one sessional attendances at hospitals in the County at which they conducted one hundred and seventy-two case interviews, and the following figures give some indication of the extent of their work for cases other than those suffering from tuberculosis and venereal diseases which are dealt with separately in this Report :—

Category	No. of cases referred	No. of home visits undertaken
Hospital after-care	245	684
General care and after-care	349	336
Social investigation of Geriatric cases	406	220
Convalescence cases	142	249
Totals	1,142	1,489

In all cases, advice or assistance was given by the County Almoners on the usual variety of medico-social problems, particularly with reference to financial or domestic aid and rehabilitation.

Venereal Diseases

Treatment of County Cases at All Centres

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

Year	No. of cases dealt with for the first time			
	Syphilis	Gonorrhoea	Other conditions	Total
1955	45	64	482	591
1956	35	45	442	522
1957	20	109	428	557
1958	30	124	401	555
1959	18	177	429	624

Source and Contact Tracing

In connection with the increase in the incidence of gonorrhoea, to which attention was drawn by the Minister of Health in April 1959, the Venereologist in the area was consulted on the question of tracing female contacts of known cases of infection in men but it is pleasing to report that this specialist medical officer acknowledged he had always had all the help he had needed in contact tracing in the County Council's area and did not consider that any further action was necessary on our part.

Only one contact was referred to the County Almoners for a follow-up visit during the year and altogether four home visits were undertaken in the follow-up of this case and of other contacts or defaulters referred to the Almoners in previous years.

Health Education

The check in progress brought about by the resignation of the Second Assistant, Mrs. McDougall, in June 1958, was disappointing, especially since no suitable candidate could be found to fill the vacancy until the beginning of 1959. Of the very few applicants available then, it was decided to appoint Miss Sheila Mingay whose training had been at first in Art and later in Occupational Therapy. Unfortunately, Miss Mingay felt that, whilst liking the work of Health Education, she would prefer to return to Occupational Therapy, and therefore resigned in April 1959. Thus, the section had to continue throughout the remaining months of the year with two officers instead of three.

This situation has caused not only a reduction in the volume of work carried out, but has produced a sense of frustration in that new developments cannot be attempted. The few applicants who have appeared, after repeated advertising, have not been found suitable. It would seem that there are very few individuals available for an appointment which requires perhaps an unusual background of experience; the right personality and a 'flair' for communicating ideas, stimulating thought and encouraging action in the wide field of human health. It is most urgently hoped that some such potential health educator will soon appear.

Work has continued along the main lines laid down in previous years, though disappointment has been experienced because the voluntary classes for Health Visitors in the "Design and Preparation of Visual Aids," had temporarily to be suspended. Nevertheless, it was decided to take more specific action in this matter. Three Health Visitors, who were later to take charge of new centres, were given a specially designed, short but intensive course in Visual Aids Preparation. They attended, one morning each week, for seven weeks, a course of in-training, by Mr. Marrow and Mr. Wass, in Lettering, Drawing and simple Exhibition Design. Such a course can achieve only limited success, for, to design and execute display work which really teaches and can compare, in its appeal, with professional and commercial exhibition material requires a high degree of competence in many skills; much originality and ingenuity; a wide knowledge and considerable time.

It is hoped, however, that more of this training will be possible. In the meantime, near the end of the year, the voluntary classes in this specialised work were again started, despite staffing difficulties.

In the more general practice of health education, such as the talks, discussions and film shows provided for various organised adult and youth groups, it is felt that there may be some reduction of interest. This is perhaps more easily sensed than shown statistically. Organising secretaries tend to suggest that membership of some groups is falling and interest flagging. They attribute this, rightly or wrongly, to the fact that more people now stay at home to watch television. One may argue that since there would appear to be so much adoration of the little screen by so many devotees and quite a large amount of programme material is frankly and intentionally didactic, the watchers are being educated as well, if not much better, by television than by older and more formal methods of teaching. With this conclusion one must disagree most emphatically. It is true that, with the technical resources of television, educative material can be made so much more attractive, dramatic and palatable. This fact, together with its mass appeal, could make visual broadcasting a most potent force for good, but for one factor, and this is probably the most important element in the whole of education. It is especially important in health education, where attitudes are involved so much more than mere factual information. This element is the personal contact of teacher and taught. The inspiration to learn and the clarification of ideas expressed can come only from the immediate two-way communication between mentor and pupil, as Socrates well recognised two thousand and four hundred years ago.

Not all health educators have the ideal qualities to succeed absolutely even in the personal contact with those they teach, but in this situation there is, at least, the opportunity to resolve the doubts and misunderstandings that are bound to occur within the mind of the receptor before an idea misinterpreted can become ingrained and compounded with a host of mental associations and thereby fixed. One encounters, surprisingly frequently, in clinics and audiences, individuals, who, having seen precisely the same television programme as oneself, yet patently have not gained the (presumably) correct impressions. Had they been able to ask at the time good education could have been achieved, but such was not the case.

With this in mind, let us re-affirm, most emphatically, our faith in the personal teaching and approach of health visitor and health educator.

A much brighter and more hopeful picture is to be seen in the Ante-Natal Relaxation Classes in the County Clinics. The teaching by Health Education Staff and Health Visitors at the Relaxation Sessions is received with keen enthusiasm. Moreover, it is probably true to say that the work of teaching the expectant mother is the most valuable contribution the Local Authority can make to the health and well-being of the nation. The work in this year has been hampered by shortage of staff; lack of time due to the necessary travelling in a County area and sometimes even by uncongenial surroundings in hired premises. Nevertheless, a good deal is achieved in spite of the difficulties.

In this County the technique adopted is that of fluidity and informality of teaching. Classes vary from three or four to fourteen or fifteen expectant mothers. They meet once a week for eight weeks. On each occasion they are trained by the Health Visitor in the technique of relaxation for child-birth. Afterwards, there is a gathering round for light refreshment with conversation and discussion on some aspect of pregnancy or the health and management of baby and child. If a particular problem seems to be common to several a talk and discussion is promoted. The Health Education Officers cannot visit every class throughout the County yet, but it is hoped that if and when a new Assistant is eventually secured, and even additional staff in the future, the work can be considerably extended. There is a strong sense of team-work in this co-operation of Health Visitor and Health Education Officer which is of material benefit to those classes it is possible for the Health Education Staff to attend.

In the general field of Health Education, the many and varied subjects of talks and discussions fall into three main classes, though it is not, of course, possible to make absolute divisions. Examination of the subject groupings below will show that, excluding technical talks to professionally trained audiences, 82.5% of the talks to the general public have been mainly concerned with "Positive Aspects of Health and its Maintenance and Improvement"; 15.4% with "Prevention of Disease and Accidents", and just over 2% with "Publicity about the Health Services".

Approximately, subject groupings percentages are as follows :—

	%
Health Education (Aims and Methods)	1.9
Maternity and Child Welfare	13.7
Health of the Child and Adolescent	17.3
Sex Education	16.5
Mental Health	15.2
General Health Topics	11.8
Prevention of Disease	8.4
Accident Prevention	7.8
Health Services Publicity	2.1
Technical Talks to Lay Audiences	5.3

The following tables show some analysis of the work carried out during 1959 :—

TABLE I.
Meetings

Total No. of all meetings	501
Total No. of ordinary meetings	193
Total No. of talks at ordinary meetings	192
Total No. of Relaxation Class meetings	308
Total No. of Brains Trusts	1
Total No. of Film Shows	4
Total No. of Talks illustrated by film	4
<hr/>	
Total No. of Exhibitions	2
Total No. of Clinic Displays	10

TABLE 2.

Distribution of Meetings

AREA	NO. OF MEETINGS	PERSONS ADDRESSED	ATTENDANCES
URBAN DISTRICTS—			
Mansfield (Borough)	5	323	323
Newark (Borough)	4	86	86
East Retford (Borough)	4	218	218
Worksop (Borough)	3	162	162
Arnold	7	58	71
Beeston and Stapleford	15	192	374
Carlton	7	186	210
Eastwood	3	51	51
Hucknall	14	238	438
Kirkby-in-Ashfield	2	58	58
Mansfield Woodhouse	1	24	24
Sutton-in-Ashfield	2	66	66
Warsop	2	44	44
West Bridgford	14	265	364
RURAL DISTRICTS—			
Basford	11	367	445
Bingham	9	211	211
Newark	7	155	239
East Retford	1	35	35
Southwell	8	115	143
Worksop	4	105	105
WHOLE COUNTY ORGANISATIONS	42	193	825
COUNTY HEALTH DEPARTMENT STAFF	18	59	98
OTHER SPECIAL AUDIENCES	10	198	269
ANTE-NATAL RELAXATION SESSIONS	308	682	2,281

TABLE 3

Audiences at Meetings

AUDIENCES	PERSONS ADDRESSED	ATTENDANCES
Women	3,282	5,368
Men	477	590
Total	<u>3,759</u>	<u>5,958</u>
Girls	228	661
Boys	104	521
Total	<u>332</u>	<u>1,182</u>
Females	3,510	6,029
Males	581	1,111
Total	<u>4,091</u>	<u>7,140</u>

In the above table, attendances at exhibitions are not included, since it is not possible to assess these in most instances.

TABLE 4

Talks

Talks to audiences of women	88
Talks to audiences of men	8
Talks to audiences of mixed adults	38
Talks to audiences of girls	37
Talks to audiences of boys	10
Talks to audiences of mixed youth	4
Talks to audiences of mixed adults and youth	7
Talks to groups of expectant mothers	308
	<u>500</u>

TABLE 5
Summary of Lecturers

LECTURER	No. of Meetings	Persons Addressed	Attendances
COUNTY HEALTH DEPARTMENT—			
Mr. A. H. Marrow, Health Education Officer	263	2,067	3,674
Mr. N. S. Wass, Assistant Health Education Officer	143	738	1,371
Miss S. Mingay, Assistant Health Education Officer	18	112	178
Dr. A. R. C. Margetts, Deputy County Medical Officer	1	12	12
Dr. R. S. Male, Senior Administrative Medical Officer	4	184	184
Mr. D. E. Mason, County Dental Officer	1	30	30
Dr. R. C. Barker, Assistant County Medical Officer	1	35	35
Dr. P. Brodwin, Assistant County Medical Officer	1	25	25
Dr. H. D. H. Robinson, Assistant County Medical Officer	3	11	16
Mrs. E. Andrews, Superintendent Mental Health Worker	2	55	55
Mrs. C. McHenry, Superintendent Health Visitor	1	60	60
Miss A. Collishaw, Superintendent Health Visitor	1	57	57
Mrs. F. Andrews, Health Visitor	3	45	129
Mrs. W. Barker, Health Visitor	11	32	115
Mrs. M. Hames, School Nurse	1	20	20
Miss M. Pugh, Health Visitor	1	25	25
Miss M. Cottey, Home Help Service Organiser	8	292	292
Mrs. K. Keays, Assistant Home Help Service Organiser	1	28	28
Miss D. Kemp, District Home Help Service Organiser	1	25	25
Miss S. Cutts, County Almoner	3	98	98
Miss P. Emy, County Almoner	1	9	9
Miss M. Henshaw, Assistant Instructress, Mansfield Occupation Centre	1	12	12
Mr. F. Meador, First Aid Lecturer	11	63	170
HONORARY LECTURERS—			
Mrs. A. E. Marrow, Consultant Gynaecological Surgeon	2	211	211
Mr. A. Dale, Research Chemist	1	40	40
PART-TIME LECTURERS—			
Dr. I. Powell-Heath, Medical Lecturer	15	318	351
Mrs. A. Hardman-Lawson, Physiotherapist	3	53	53

TABLE 6.

Talks Subjects

<i>Health Education (Aims and Methods)</i>				<i>No. of Talks</i>
The Promotion of Personal Health	.....	.....	.....	1
Health Education in the Home	.....	.....	.....	2
Responsibility for Health	.....	.....	.....	2
Parents' Responsibility for the Child's Health	.....	.....	.....	4
				<hr/>
				9
				<hr/>
 <i>Maternity and Child Welfare</i>				
Education of the Expectant Mother	.....	.....	.....	1
Physical Health of the Expectant Mother	.....	.....	.....	30
Nutrition in Pregnancy	.....	.....	.....	12
Health of the New-born Child	.....	.....	.....	8
Care of the Infant	.....	.....	.....	7
Habit Training	.....	.....	.....	7
				<hr/>
				65
				<hr/>
 <i>Health of the Child and Adolescent</i>				
Care of Children's Feet	.....	.....	.....	22
Care of Teeth in the Young Child	.....	.....	.....	20
Problems of Children's Sleep	.....	.....	.....	16
Care of Children's Eyes	.....	.....	.....	8
Problems of Growth in the Child	.....	.....	.....	3
Growth and Posture	.....	.....	.....	3
Growth in Adolescence	.....	.....	.....	2
Dental Health in Adolescence	.....	.....	.....	6
Exercise and Rest in Adolescence	.....	.....	.....	2
				<hr/>
				82
				<hr/>

*Sex Education**No. of Talks*

Sex Education in the Family	6
Physiology of Sex and Reproduction	5
Physiology of Pregnancy and Birth	58
Hygiene of Menstruation	1
Health in the Menopause	7
Problems of Sex in Marriage	1
	<hr/>
	78

Mental Health

Mental Hygiene of Pregnancy	30
Mental Health of the Child	31
Mental Health of the Adolescent	2
Understanding Children's Difficulties	2
Mental Health of the Adult	6
Loneliness in the Elderly	1
	<hr/>
	72

General Health Topics

Care of Feet	12
Care of Hair and Skin	1
Sight and the Care of Eyes	6
Sleep and its Problems	8
Hearing and Deafness	1
The Bony Skeleton	2
The Blood System and its Functions	3
Muscles and Movement	4
The Brain and Nervous System	2
The Body's Defences	3
Digestion and Indigestion	2
Obesity and Slimming Diets	1
Stresses and Strains in Housework	2
Relaxation for the Housewife	4
Kitchen Hygiene	1
Back-ache	2
Unconsciousness and Resuscitation	1
Home Nursing	1
	<hr/>
	56

<i>Accident Prevention</i>				<i>No. of Talks</i>
Prevention of Home Accidents	.....	.....	.....	6
Prevention of Accidents in Infancy	.....	.....	.....	21
First Aid on the Farm	.....	.....	.....	8
Road Safety	.....	.....	.....	2
				<hr/> 37 <hr/>
<i>Prevention of Disease</i>				
Immunisation and Vaccination	.....	.....	.....	26
Infectious Diseases of the Child	.....	.....	.....	2
Prevention of Respiratory Diseases	.....	.....	.....	7
Poliomyelitis	.....	.....	.....	1
The Rheumatic Disorders	.....	.....	.....	4
				<hr/> 40 <hr/>
<i>Health Services Publicity</i>				
The School Health Service	.....	.....	.....	1
The Work of the Health Visitor	.....	.....	.....	1
The Work of the School Nurse	.....	.....	.....	1
The Home Help Service	.....	.....	.....	3
The Work of the Almoner	.....	.....	.....	3
The Work of an Occupation Centre	.....	.....	.....	1
				<hr/> 10 <hr/>
<i>Technical Talks to Health Department Staff</i>				
Modern Drugs and the Development of Cortisone	.....	.....	.....	1
Preparation of Visual Aids for Health Teaching	.....	.....	.....	18
				<hr/> 19 <hr/>
<i>Technical Talks to Other Special Audiences</i>				
The Local Authority Almoner and Rehabilitation	.....	.....	.....	1
Preparation of Visual Aids Material	.....	.....	.....	2
Visual Aids in Health Education	.....	.....	.....	1
Cinè Films in Health Teaching	.....	.....	.....	2
Projection Apparatus in Health Teaching	.....	.....	.....	1
Duties of the Home Help	.....	.....	.....	7
Catering Hygiene (Hospital Catering Staffs)	.....	.....	.....	8
Emergency Feeding Hygiene (Civil Defence)	.....	.....	.....	10
				<hr/> 32 <hr/>

TABLE 7
Films Used

<i>Title</i>	<i>Times Shown</i>
Breast Feeding	2
Your Children Walking	2
Your Children's Sleep	1
Your Children's Eyes	2
Care of the Teeth	2
Children Growing Up	1
Heredity	1
Growing Girls	4
Food and Nutrition	1
Digestion of Foods	2
Mechanism of Breathing	1
Muscles, Movement and Posture	1
The Body's Defences	4
Old Wives' Tales	1
Modern Guide to Health	3
Your Very Good Health	1
A Family Affair	1
Immunisation	3
Another Case of Food Poisoning	1
Windows to the Sky	1
Playing with Fire	1
Posture and Lifting in Hospital	1
Posture and Lifting in the Home	1
Early Diagnosis of Anterior Poliomyelitis	1

During the year, fifteen of these films were hired from the Central Film Library. The remaining films are the property of the County Health Department.

TABLE 8
Exhibitions and Clinic Displays

Place or Organisation	Subject	Duration
EXHIBITIONS—		
Carlton (St. John's)	County Health Services	1 day
School Meals Service Course } (Ruddington)	Food Infection and Personal Hygiene	2 days
CLINIC DISPLAYS—		
Carlton Child Welfare Centre	Home Safety	2 weeks
do.	Care of Teeth	1 month
do.	Growing Up	1 month
Clarendon Street County Clinic	Home Safety	2 weeks
do.	Coughs and Colds	1 month
do.	Growing Up	1 month
Clipstone Child Welfare Centre	Home Safety	2 weeks
Plains Road Child Welfare Centre	Clean Hands	1 month
Mansfield, Hermitage Avenue Child Welfare Centre	Burns and Scalds	1 month
Retford Child Welfare Centre	Growing Up	1 month

The table above does not include the small displays set up in clinics by Health Visitors, although assistance is given by the Health Education Officers in the design of some of these and materials are often supplied.

TABLE 9

Leaflets and Posters

From a carefully selected stock of eighty-five leaflets on a wide range of topics, the following have been distributed at meetings, clinics and exhibitions :—

Leaflets

Maternity and Child Welfare	.....	.....	.....	12,894
Sex Education	.....	.....	.....	2,143
General Health Topics	.....	.....	.....	2,135
Immunisation and Vaccination	.....	.....	.....	2,307
Disease and Disease Vectors	.....	.....	.....	4,114
Food Infection and Food Hygiene	.....	.....	.....	3,032
Accident Prevention	.....	.....	.....	5,508
				<hr/>
				32,133

Posters

The following were distributed from a stock of selected posters of fifty-two different types and topics. Some of these posters were designed by the Health Education Officers and printed in the County Supplies Department Printing Section :—

Maternity and Child Welfare	.....	.....	.....	34
Food	.....	.....	.....	61
Immunisation and Vaccination	.....	.....	.....	1,028
Poliomyelitis Vaccination	.....	.....	.....	108
Respiratory Infections	.....	.....	.....	105
Lung Cancer and Smoking	.....	.....	.....	43
Food Infection and Food Hygiene	.....	.....	.....	143
Accident Prevention	.....	.....	.....	308
				<hr/>
				1,830

Ministry of Health Posters

The various sets of posters prepared by the Ministry of Health on topics such as Food Infection, Dental Health, Eyes, Home Safety, Rules of Health and the Common Cold, have been used in clinics and exhibitions during the year. Some of these sets have been loaned for use in schools that have requested them.

DOMESTIC HELP SERVICE (Section 29)

Administration

The smooth running and efficiency of the Home Help Service with its army of over 700 Home Helps is dependent upon many factors, not the least important of which is a sound administrative background.

Round each of the ten offices throughout the County revolve the ten teams of Home Helps. The promptness with which new cases receive attention, the allocation and supervision of the Home Helps, the regular reviewing of the needs of the two thousand eight hundred cases receiving help each week, the assessing and re-assessing of the financial circumstances of those unable to pay the standard charge, the liaison with other Departments of the County Council and other Bodies, and the multitudinous clerical duties are all essential parts of the Service and are dependent upon the administrative structure. With the view to re-planning the work of the District Offices to permit more time to be spent in the "field" by the District Organisers and their Assistants, I arranged with the Clerk of the County Council for the Organisation and Methods team to survey the clerical procedure of the Service, and at the end of 1959 plans were afoot to introduce a new clerical system.

The progress of the Service during 1959 reflects a more settled period and as far as staffing of the District Offices was concerned it was a year of few changes.

At the end of the year, the establishment consisted of the County Home Help Organiser, ten District Organisers, thirteen Assistant Organisers, four full-time and four part-time clerks. The modification of the administrative set-up of the Service made the designated post of Deputy County Home Help Organiser no longer essential and when the Health Department moved to premises in the Shire Hall, in 1958, the District Organiser for West Bridgford (who had deputised for the County Organiser when the need arose) remained at the County Hall, in accommodation serving as the West Bridgford district office.

Cases Served

The expansion of the Service is shown in the following table of cases served during 1959, with comparable figures for 1958 :—

	1959	1958
Maternity cases	557	510
Tuberculosis cases	41	57
Chronic sick and aged and infirm	3,731	3,329
Others	455	445
	<hr/> 4,784	<hr/> 4,341

Whilst it is not possible to give the duration of cases, some conception of the volume of work undertaken can be gained when it is known that the total case-load over the county at the end of 1959 was approximately 3,000. Of these, 2,764 cases were receiving help, the difference being accounted for by unserved cases (i.e. patients temporarily in hospital or with relatives, or where the amount of available help was inadequate for the demand).

Of these cases, 2,173 were in the lower income groups (mainly pensioners) where no charge was made for the Service. Many of these cases have had regular service for years and will need it until they reach the end of their lives (or are admitted to hospital or residential accommodation).

Referring to the total cases served, it will be noted that there is a substantial rise in the number of maternity cases. The drop of sixteen tuberculous cases from the previous year may be a further indication of the improved position with regard to this disease. Whereas in the early years of the Home Help Service, help for tuberculous patients was frequently required because of the long waiting-list for hospital admission, the help is now almost always required on the patients' discharge after treatment for a period of convalescence in their own homes. Most of these patients are mothers of young families and any failure to serve would no doubt result in the patients' resuming home responsibilities too soon. All cases reported received adequate service. Appropriate arrangements are made to protect the Home Helps selected to serve in tuberculous households.

The facilities for the accommodation in hospital of the chronic sick remains inadequate especially where their admission is desirable primarily because the domiciliary conditions are no longer adequate for their needs. This throws great responsibility on the Home Help Service. Incontinent cases in this category present considerable difficulty, especially in winter months when the drying of laundry is very slow. The steady increase of 300 cases a year over the past few years in the category of chronic sick, aged and infirm continues and shows no sign of nearing its peak. Indeed, at a time when the proportion of aged persons to the total population is steadily increasing, it is difficult to see when this will be reached. Help for such cases varies between three and twenty-four hours a week according to need but in very exceptional cases, such as in households where there are two invalids, the amount of help may be higher.

The remaining category "Others" includes the acute or short-term illnesses and the cases served were mainly households where the mother of a family was ill. Most of these were reported in emergency by doctors, some where the break-up of the family was threatened if immediate service was not forthcoming.

The help provided for certain "problem families" is worthy of mention. Only the most experienced Home Helps were used in these cases. The accumulation of domestic work was not usually the biggest problem, though much of this had to be tackled with a minimum of equipment. It was often the ability to persuade, coerce and outwit,

by which the success was measured ; the ability to cope with untrained pets as well as untrained children ; the ability to prepare a satisfying meal with little in the larder. There was an instance where a Home Help had to exchange a beer bottle for an egg. The case histories show how much can be done by the Service to re-establish some degree of order in these less fortunate families, if only temporarily.

Recruitment of Home Helps.

At the end of 1959, there were 716 Home Helps, sixteen of whom were full-time workers and the remainder part-time. This total was the equivalent of 429 full-time workers.

Whilst the growth of the Service in its early years depended to some extent upon its reputation, this now seems established and future expansion may well depend upon the availability of suitable recruits to meet an ever-increasing demand for service.

Efforts to relate supply and demand have so far met with reasonable success with the exception of the districts on the perimeter of the City of Nottingham where considerable difficulty was experienced during the year in filling vacancies which arose through normal wastage.

Rate of Pay to Home Helps

This remained unchanged at 3/1½d. per hour with an additional 2d. per hour paid to those who volunteer to work in households where there is a case of pulmonary tuberculosis or certain other specified infectious diseases. There is provision in the Home Helps' Conditions of Service for double time to be paid for occasional Sunday duty and time and a half for regular Sunday work. The need for Sunday duty is comparatively small.

The Charge for the Service

The standard charge was unaltered at 3/3d. per hour. The personal allowances in the Scale of Assistance were increased on the 7th September, 1959, to fall into line with the increase in the National Assistance (Determination of Need) Amendment Regulations, with the effect that benefit was mainly felt in families with a number of children. This was much appreciated where the need for help continued over a long period.

The Ancillary Services

(a) The Evening Service

No separate statistics are kept of the cases served during the evening as it is regarded as part of the Home Help Service and the rate of pay, charges, etc. are the same.

(b) **The Night Attendant Service**

The rate of pay, 1/3d. per hour, and the charge, 1/5½d. per hour, remain unaltered. Sixty cases were served during the year, the number of hours being 8,350. Most of these were short-term cases, resulting in either admission to hospital or death of the patient.

(c) **The Family Help Service**

There were four cases served under the Family Help Scheme, two by resident Family Helps who remained at their cases for 14½ days and 10 days, respectively. The remaining two cases were adequately covered by daily help for 5½ days and 16 days, respectively. In each case, the Family Help was seconded from the Home Help Service. Other cases reported as in need of family help were adequately covered by the normal Home Help Service.

Rate of Pay to Family Helps

At the inception of this Service in 1956 the rates of pay to Family Helps, resident or non-resident, were based approximately on the minimum scale appropriate to housemothers and were as follows :—

Resident Family Help	—	£7 15s. 6d. per week of 5½ days or a daily rate of £1 8s. 3d.
Non-resident Family Help	—	£6 15s. 6d. per week of 5½ days or a daily rate of £1 4s. 8d.

An increase in the rate of pay to Family Helps dating from April 1st, 1959, was approved in order to bring the remuneration into line with the current rates for housemothers and to restore the differential between Family Helps and Home Helps, the Home Helps rate of pay having increased in July, 1958.

The current rates are now as follows :—

Resident Family Helps	—	£8 12s. 6d. per week of 5½ days or a daily rate of £1 11s. 4d.
Non-resident Family Helps	—	£7 12s. 6d. per week of 5½ days or a daily rate of £1 7s. 9d.

MENTAL HEALTH SERVICE (Sections 28 and 51)

Administration

The administration of the Mental Health Service continued on the lines described in earlier Reports, with the Authority's Mental Health functions being carried out through the Mental Health Sub-Committee of the Health Committee, the actual organisation and control of the Service being undertaken through the Mental Health Section of my Department. The general pattern of the Service has remained unchanged since 1948 although it has been necessary from time to time to appoint

additional staff as developments have taken place. Further increases in the staffing establishment are to be anticipated with the forthcoming implementation of the Mental Health Act and the additional commitments which the Authority will then be called upon to undertake, but there is such a serious shortage of trained and experienced officers in all branches of the work that it is difficult to envisage the availability of adequate staffing resources for some years to come. This, of course, is not merely a local problem and all Local Health Authorities must be eagerly awaiting the establishment of appropriate training courses which can produce officers in sufficient numbers and of sufficient calibre and qualification to enable full effect to be given to the intentions which motivated the framing of the new Act. In the meantime, there is already a tendency for certain Authorities to offer higher inducements than those operative in other areas and, although this may be perfectly justifiable there is the obvious possibility that Authorities who remain loyal to the intention of national scales may not only find it more difficult to recruit staff but may also lose their best officers to the highest bidders and thus be still further hampered in their efforts to provide an effective service. The whole question of appropriate salary scales, particularly for Mental Welfare Officers, must be the subject of urgent discussion at National level and an effort should now be made in this way to eradicate the possibility of the bargaining for staff to which I have referred.

In pinpointing the problem of manpower, I am not so complacent as to imagine that this is the only obstacle confronting Authorities, who must view with some misgiving the inevitable increase in rate-borne expenditure which accompanies any expansion of services and must, therefore, give very careful thought to the rate at which such expansion is practicable from the financial standpoint. In spite of statutory obligations common to all Authorities, it is inevitable that standards of service should show wide variations and it will obviously be many years before the new concept of a national Mental Health Service can truly be said to have been achieved. It remains to be seen, of course, whether the pressure of public opinion may not yet bring about modification in degree of the present-day emphasis on the national and social virtue of caring for the mentally disordered within the community rather than by hospitalisation.

Co-operation with Regional Hospital Boards and Hospital Management Committees

Arising out of informal discussions during the year between representatives of my Department and the staff of the Saxondale Hospital in connection with the future development of the Mental Health Service, it was decided to appoint a small Standing Committee, consisting of Officers (medical and lay) of the Hospital and Local Health Authority services, which could meet periodically in order to discuss mutual problems. The first meeting of the Committee was held in July and one of their first decisions led to arrangements whereby the senior District Mental Health Workers were able to attend the Hospital for a refresher course of lectures given by the Hospital staff. The Assistants were considered to be in need of a more intensive course of training and, in

addition to weekly attendance at a course of lectures on Psychiatry primarily intended for the nursing staff, each of them was seconded to the Hospital for a month in turn where they were able to see, and take part in, the work of the various Departments. All the officers have since expressed their appreciation and our best thanks are due to the Hospital Management Committee, the Medical Superintendent, Dr. J. S. McGregor, and his staff.

In view of the success of these arrangements, it has now been agreed that reciprocal arrangements be made for senior hospital nursing staff to gain first-hand experience in the community care of the mentally disordered by spending some weeks with the Local Health Authority's officers, and for a trainee Psychiatric Social Worker to spend a period of six weeks in selected County districts. In addition, regular joint monthly meetings are now being held at the Hospital which afford the opportunity for the friendly discussion of common problems in the medical and social aspects of the work.

In addition to the formal arrangements referred to, there has developed a very happy relationship with both the Saxondale and Mapperley Hospitals which is strengthened by the informal, day-to-day contacts between the officers on both sides and which must ultimately be of benefit to the patients whom we are all seeking to help.

Relationships with the various Hospitals for the mentally sub-normal continue, as always, on the most amicable lines and reference is made elsewhere to the invaluable assistance received in the accommodation of patients under the scheme for short-term care. As the Balderton Hospital now provides most of the accommodation for County patients, co-operation with the staff of that Hospital has naturally been closest and regular informal meetings take place for discussion of matters of mutual interest. The Medical Superintendent of the Hospital is approved by the Local Health Authority as a certifying Medical Officer under the Mental Deficiency Acts and this has proved to be of particular value in dealing with cases coming before the Courts. The Medical Superintendent has also established an out-patient clinic at the King's Mill Hospital, Sutton-in-Ashfield, to which are referred patients whose behaviour in the community presents difficulties which may be responsive to treatment. The Mental Health Worker responsible for supervision in each case attends with the patient in order to supply background information and to discuss an appropriate course of action.

Where requested to do so, the Authority's officers continued during the year to undertake the supervision of patients on licence in Nottinghamshire from Hospitals for the mentally sub-normal and to carry out such other enquiries in the community as might be asked of them, including the preparation of reports on home conditions for the information of the Visitors or to assist Hospital Management Committees in their decisions as to the granting of licence, discharge from Order, or holiday leave.

Voluntary Associations

It was decided in 1959, purely because of the shorter travelling distance involved, to reserve two beds for the summer months at Dr. Barnardo's Short-stay Home, Holbrook, Derbyshire, instead of, as hitherto, at the "Orchard Dene" Short-stay Home at Rainhill, near Liverpool, for use in connection with the scheme for short-term care, although "Orchard Dene" continued to be used on a reduced scale. The new arrangements worked quite smoothly and the availability of these beds made it possible to afford help in deserving cases at times when Hospitals were unable to meet all demands.

As previously reported, the Authority have not found it necessary to delegate any of their Mental Health responsibilities to Voluntary Associations, nor is it thought likely that this will come to pass. At the same time there is sure to be a pressing need for voluntary assistance, particularly in the running of Day Centres or Social Clubs where the mentally disordered can meet for social, occupational, and other activities. The future may also see the setting up of local Voluntary Committees which could give material help in the many facets of community care for which the statutory officers might not always be able to allocate the time.

Training of Staff

I have referred earlier in this Report to the pressing need for training courses for Mental Welfare Officers, and I have also been concerned for some time as to the ways in which more trained staff could be made available to cope with the anticipated expansion of work in Training Centres. It is therefore pleasing to learn that the Standing Mental Health Advisory Committee have appointed a Sub-Committee to advise on the training of such staff and that the County Councils' Association have been invited to give evidence. My view is that, firstly, more attractive salaries are essential for the trained worker and, secondly, that, for those who are unable to attend full-time Courses, local or area training courses should be established which could be undertaken in conjunction with day-to-day work at Centres without the need for students, many of whom have domestic commitments, to be away from their homes for lengthy periods. It is to be hoped that something on these lines may speedily be evolved if the increasing numbers of Centres throughout the country are to be staffed adequately in numbers and quality.

Work Undertaken in the Community

Prevention of Illness, Care and After-Care

At the end of the year, 109 patients suffering from mental illness were being visited regularly in their homes by the District Mental Health Workers, whilst there were 1,472 mentally sub-normal persons under either statutory or voluntary supervision. The total number of visits paid during the year was approximately 12,000 as compared with 9,500 in 1958.

Details of other work undertaken are given in the following pages but particular mention should be made of the opening in May of the workshop for adult male patients at the Digby Avenue Training Centre, Mapperley, and the commencement during the year of work on the extensions to the Mansfield Centre which have since been completed.

At the end of the year, the County Council, in common with all other Local Health Authorities, were required to formulate their Proposals for the provision of future Mental Health Services, including those detailed in the new Mental Health Act, and these now await the necessary approvals. It is clear, however, that considerable expansion, particularly in regard to the provision of residential accommodation and training facilities for the mentally disordered is to be envisaged for the future.

Lunacy and Mental Treatment Acts, 1890-1930

The work undertaken by the Authority's Duly Authorised Officers during the year in securing treatment for persons suffering from mental illness is shown in the following table, the comparative figures for 1958 being shown in brackets :—

	<i>Males</i>	<i>Females</i>	<i>Total</i>	
Admissions to Hospitals—				
As Voluntary Patients	34	76	110	(86)
Under Summary Reception Orders	5	10	15	(23)
Under Short Orders	132	245	377	(230)
Without legal formality	32	34	66	(8)
	203	365	568	(347)
Referred to Psychiatric Out-patient Clinics	43	28	71	(72)
	246	393	639	(419)

The number of persons over the age of sixty-five who were dealt with during the year totalled 209 as compared with 156 in 1958. This figure has gradually increased over the years since 1948 and, even though "certification"—previously deplored in such cases—is comparatively rare in these days, the fact remains that the mental hospitals are still called upon to bear a large share of the burden. One can only hope that they will continue to be as considerate until such time as Local Authorities are able to provide much-needed hostel accommodation for old persons suffering from mental infirmity arising from old age. Without their continued support, however, I can envisage a situation in the community as chaotic as that which was experienced in the hospitals after the inception of the National Health Service Act.

It is of interest to note that the total number of hospital admissions in which District Mental Health Workers were concerned increased from 325 in 1949 (first full year of the National Health Service) to 568 in 1959, and this gives some idea of the ever increasing volume of work which devolves upon them, though it does not tell the whole story by any means. It is not so easy to demonstrate in other ways, however, because much of the work undertaken has no tangible result. To give only one example, there can be little doubt that the greatly increased attendances at Out-patient Clinics must result in a corresponding increase in the amount of social work to be undertaken, even though some of this may be carried out by the Hospitals' own Social Workers. It can be stated, however, that the number of visits paid in cases of mental illness has risen from 1,260 in 1951 to 6,320 in 1959, and this with an increase of only one in the number of staff actually engaged in the work. Even had it been possible to fill all the vacancies on the approved establishment (which was increased in 1955 by the addition of five posts for Assistant District Mental Health Workers/Welfare Officers), the rate of increase in the number of visits undertaken by each officer would still have been greatly in excess of the increase in staffing strength.

Mental Deficiency Acts, 1913-1938

Ascertainment

The number of new cases reported in 1959 totalled 101 (as compared with 102 in the previous year).

On 31st December, 1959, the number of ascertained cases remaining on the Register was 2,468 whilst there were 1,981 ascertained or alleged educationally sub-normal children coming within the purview of the Local Education Authority.

A feature worthy of note is the increasing frequency with which children of pre-school age who prior to, or whilst in process of, being formally ascertained through School Health Service arrangements under the Education Act, 1944, are referred to the Mental Health Service solely in order that they may be provided with short-term care under Ministry of Health Circular 5/52 as a means of relieving temporary family difficulties, there being no other comparable service available to them.

Guardianship

Eighteen patients remained under statutory guardianship at the end of the year, medical and lay supervision being undertaken by the Medical Officer for Mental Health and the Superintendent Mental Health Worker respectively. Of recent years, the guardianship provisions in the Mental Deficiency Acts have tended to fall into disuse and this is due largely to the fact that the National Assistance Act, 1948, provided for mentally sub-normal persons the financial assistance which had previously been afforded under guardianship arrangements. Even under the guardianship provisions of the new Mental Health Act, it seems likely that Authorities will continue to look to the National Assistance Board for the actual maintenance of patients and, generally speaking, will confine their own interests to the medical and social aspects of patients' care, whether this is provided in Hostels or elsewhere.

Supervision

The number of patients under supervision in the community at 31st December, 1959, was 1,472 of whom 915 (542 males and 373 females) were under statutory supervision and 557 (263 males and 294 females) were under voluntary supervision provided by the District Mental Health Workers and their Assistants with help and advice in appropriate cases from the medical and lay staff at the Central Office. Visitation was discontinued during the year in twenty-six cases where it was no longer considered to be serving a useful purpose or where, in non-statutory cases, there had been objection by patients or relatives to continued visitation.

Training

(a) Training Centres

Work on the extensions to the Mansfield Centre in order to provide adult training facilities commenced in March, 1959, with surprisingly little disruption of the work in the existing junior Centre which continued to function throughout.

The Workshop for twenty-five adult males at the Digby Avenue Centre, Mapperley, was brought into use in May and, despite initial staffing problems, excellent results are now being obtained.

Attendances at both Centres continued at a high level throughout the year and reports submitted by the various members of the monthly Visiting Rotas appointed by the Mental Health Sub-Committee generally expressed every satisfaction with the work being done. With generous financial help from the County Council patients at both Centres were taken on outings during the Summer and the usual Christmas parties were held. As in previous years, several students were seconded by the National Association for Mental Health for practical work at the Centres as part of their Diploma Course. No charge is made for this service and, indeed, it is regarded as a distinction to be selected by the National Association in this way.

The Authority proceeded during the year with their plans for the erection of a Centre at Retford to provide 120 places (junior and adult) for patients living in the North of the County. A suitable site, adjoining a site earmarked by the Health Committee for a new Ambulance Station, became available and detailed plans and estimates of cost had been approved for submission to the Ministry of Health by the end of the year. It became apparent, however, that, although provision for the scheme had been made in the Estimates for the financial year 1959-60, building work could not be commenced in that period. As a temporary expedient, therefore, arrangements were made with the appropriate Local Health Authorities for Nottinghamshire patients living in the Worksop and Retford areas to attend the training Centres at Doncaster and Gainsborough respectively at the cost of the County Council and these arrangements are still in operation. Special transport, with escorts, is provided in the same way as for the Council's own Centres and, although the number of places which can be made available is limited to a total of

approximately twenty-five, much needed relief has thereby been afforded to relatives and the patients themselves are receiving training which, apart from its immediate benefits, will make it easier for them to be assimilated into the new Centre at Retford in due course.

As foreshadowed in my last Report, discussions with the Regional Hospital Board on the possible daily use of the training facilities at the Balderton Hospital for patients living in the Newark area proved abortive and the Council have now decided to proceed with plans for a purpose-built Centre in Newark. A suitable site has been earmarked and negotiations for its acquisition are in progress at the time of writing this Report. The present intention is to provide a mixed Centre of eighty places with adjoining hostel accommodation for children living in remote rural areas who would, because of the distance factor, be unable to attend a Centre on a daily basis. This scheme has been included in the Building Programme for 1961-62 and, with its completion, occupation and training facilities will be available throughout the County area. Nevertheless, the demands on this particular service are likely to continue to increase and the County Council are prepared to provide further Centres or extend existing Centres in order to meet future needs.

(b) Home and Group Teaching

The following is a summary of attendances at group teaching centres and individual home visits during the year :—

Group Centres :—

Number of Centres at 31.12.59	.....	.....	11
Number on Register at 31.12.59	.....	.....	50
Sessions held in 1959	.....	.....	279
Total Attendances	.....	.....	1,258

Individual home visits :—

Number under instruction at 31.12.59	.....	40
Number of visits in 1959	.....	918

With the gradual expansion of Training Centre facilities, the numbers receiving home or group teaching tend to decrease each year and it is apparent that it will be necessary, in the Authority's general plans for occupation and training, to extend the role of the two existing teachers in order that, where appropriate, their services may be made available in future to all categories of the mentally disordered and not merely to the sub-normal and severely sub-normal as hitherto. It may also be necessary to augment the existing staff in the light of future developments in the Service.

Hospital Care

On 31st December, 1959, the number of Nottinghamshire patients remaining on the books of hospitals for the mentally sub-normal was 578, as follows :—

	<i>Detained under Orders</i>		<i>Maintained Informally</i>		<i>Totals</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Hospitals in the Sheffield Region	46 (10)	76 (11)	138	190	450
Hospitals outside the Sheffield Region	58 (2)	27 (1)	18	9	112
Rampton and Moss Side Special Hospitals	10 (2)	6	—	—	16
	114 (14)	109 (12)	156	199	578

NOTE—Figures in brackets show numbers on licence.

Largely due to the additional accommodation provided at the Balderton Hospital and to the increased use of the short-term care scheme in making it possible to give relatives more frequent periods of relief, the number of cases urgently needing hospital care was reduced from fifty-two at the end of 1958 to twenty-one (of whom eleven were under sixteen) on 31st December, 1959, and the total waiting list from 130 to seventy-two. In 1953, which was the first year of the operation of the short-term care arrangements formulated under Ministry Circular 5/52, seventeen patients received periods of temporary care of three or four weeks' duration. The number assisted in this way during 1959 totalled 154 and there is every reason to suppose that the demand will continue to increase. We have been particularly fortunate in this respect because, in addition to the two beds reserved from April to October at Dr. Barnardo's Short-Stay Home at Holbrook, Derbyshire, and the use of other "private" facilities where appropriate, we have been able to rely upon the co-operation and support of the Regional Hospital Board and their staff, medical and lay, both at Headquarters and at the various Hospitals. In particular, I would mention the Medical Superintendent of the Balderton and Westdale Hospitals without whose help the scheme would surely have foundered for lack of beds.

SECTION VII.

NATIONAL ASSISTANCE ACTS, 1948 and 1951

(1) Incidence of Blindness

(a) Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which para 7 (c) of forms B.D.8 recommends :—	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	24	5	—	67
(b) Treatment (medical, surgical or optical)	41	19	—	40
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	23	15	—	29

(b) Ophthalmia Neonatorum

(i) Total number of cases notified during the year	3
(ii) Number of cases in which—	
(a) Vision Lost	Nil
(b) Vision Impaired	Nil
(c) Treatment continuing at end of year	Nil

(2) Epileptics and Spastics

The County Council have an approved scheme under the National Assistance Act, 1948, for promoting the welfare of general classes of handicapped persons including epileptics and spastics, which is administered by the County Welfare Committee and designed to ensure to persons who apply for assistance the benefit of all existing statutory and voluntary services and consideration of their needs in relation to the development of welfare services.

The service is administered by the County Welfare Officer who refers to me questions of medical eligibility for registration and any cases of persons suffering from tuberculosis or mental disability which come to his notice. The assistance of the Nottingham and Nottinghamshire Council for the Welfare of the Physically Handicapped, and other voluntary organisations is enlisted in appropriate cases.

The following cases are registered with the County Council for Welfare Services under the National Assistance Act, 1948 :—

Epileptics	.....	57
Cerebral Palsy	.....	45
Epilepsy and Cerebral Palsy	.....	1

SECTION VIII

**STATISTICAL
TABLES**

TABLE I.

NOTTINGHAMSHIRE.

Vital Statistics for the Year 1959

BOROUGH AND URBAN DISTRICTS.

BOROUGH AND URBAN DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1951	Persons per household at Census 1951	Population Census 1951	Population estimated to the middle of 1959	Live Births			Stillbirths		Maternal Mortality		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 and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
MANSFIELD (Borough)	7,009	7.5	15,329	3.27	51,352	52,640	879	16.7	16.2	15	16.8	—	—	21	23.9	618	11.7	13.0	—	—
WORKSOP (Borough)	17,936	1.9	8,787	3.43	31,034	34,220	649	19.0	18.2	15	22.6	—	—	14	21.6	336	9.8	12.4	0.15	0.20
NEWARK (Borough)	3,364	7.1	6,766	3.25	22,917	23,940	428	17.9	17.9	11	25.1	—	—	10	23.4	299	12.5	12.6	0.13	0.13
EAST RETFORD (Borough)	4,657	3.7	4,856	3.29	16,316	17,050	274	16.1	15.9	5	17.9	—	—	5	18.2	212	12.4	11.9	0.06	0.12
ARNOLD	4,506	5.5	6,740	3.18	21,473	24,810	412	16.6	16.3	6	14.4	—	—	9	21.8	236	9.5	11.9	—	0.04
BEESTON & STAPLEFORD	6,468†	8.6	14,703	3.26	49,846	55,320	902	16.3	15.8	22	23.8	—	—	12	13.3	489	8.8	12.1	0.02	0.04
CARLTON	4,018	9.3	10,702	3.19	34,235	37,400	604	16.1	15.8	14	22.7	—	—	11	18.2	391	10.5	11.9	0.05	0.05
EASTWOOD	1,178	9.3	2,754	3.48	9,894	10,940	194	17.7	17.7	5	25.1	—	—	—	—	85	7.8	10.4	0.09	0.09
HUCKNALL	4,029	5.8	6,741	3.35	23,210	23,340	354	15.2	15.2	8	22.1	—	—	10	28.2	233	10.0	13.6	0.04	0.04
KIRKBY-IN-ASHFIELD	5,830	3.7	5,942	3.39	20,133	21,320	434	20.4	19.9	11	24.7	1	2.2	14	32.3	224	10.5	13.3	0.05	0.05
MANSFIELD WOODHOUSE	4,834	3.9	4,918	3.50	17,821	18,710	403	21.5	21.1	10	24.2	—	—	9	22.3	170	9.1	12.9	0.05	0.05
SUTTON-IN-ASHFIELD	10,507	3.9	11,973	3.35	40,518	40,630	637	15.7	15.7	14	21.5	—	—	19	29.8	407	10.0	12.9	0.05	0.05
WARSOP	7,174	1.7	2,967	3.67	10,892	12,070	221	18.3	17.4	6	26.4	—	—	8	36.2	115	9.5	13.3	—	—
WEST BRIDGFORD	3,044†	8.4	8,397	2.92	23,372†	25,510	413	16.2	16.7	9	21.3	—	—	7	16.9	313	12.3	10.6	—	0.04
TOTALS	84,554†	4.7	111,575	3.3	373,013†	397,900	6,804	17.1	16.8	151	21.7	1	0.1	149	21.9	4,128	10.4	12.3	0.04	0.06

† 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.

TABLE II.

NOTTINGHAMSHIRE.
RURAL DISTRICTS.

Vital Statistics for the Year 1959

RURAL DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1951	Persons per household at Census 1951	Population Census 1951	Population estimated to the middle of 1959	Live Births			Stillbirths		Maternal Mortality		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 and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
BASFORD ...	69,825†	0.81	14,872	3.31	49,995†	56,480	1,075	19.0	18.7	22	20.1	—	—	22	20.5	558	9.9	12.0	0.05	0.05
BINGHAM ...	67,583	0.34	5,370	3.14	20,568	22,780	453	19.9	22.1	7	15.2	—	—	6	13.2	264	11.6	9.3	0.04	0.04
WORKSOP ...	28,515	0.62	4,347	3.73	17,235	17,620	306	17.4	18.1	10	31.6	—	—	4	13.1	161	9.1	12.4	0.06	0.06
EAST RETFORD ...	111,032	0.21	5,788	3.23	21,561	23,240	304	13.1	14.4	2	6.5	—	—	5	16.4	238	10.2	10.0	—	—
NEWARK ...	41,550	0.32	3,331	3.31	11,272	13,380	264	19.7	19.5	7	25.8	—	—	8	30.3	117	8.7	9.6	—	—
SOUTHWELL ...	118,586	0.38	11,298	3.40	39,717	44,000	758	17.2	17.2	15	19.4	2	2.6	15	19.8	416	9.5	11.7	0.02	0.02
TOTALS ...	437,091†	0.41	45,006	3.5	160,348†	177,500	3,160	17.8	18.3	63	19.5	2	0.6	60	19.0	1,754	9.9	11.2	0.03	0.03

† 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.

TABLE III. Vital Statistics for the Year 1959

NOTTINGHAMSHIRE.
WHOLE ADMINISTRATIVE COUNTY.

	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1951	Persons per household at Census 1951	Population Census 1951	Population estimated to the middle of 1959	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
URBAN DISTRICTS	84,554†	4.7	111,575	3.3	373,013†	397,900	6,804	17.1	16.8	151	21.7	1	0.1	149	21.9	4,128	10.4	12.3	0.04	0.06
RURAL DISTRICTS	437,091†	0.41	45,006	3.3	160,348†	177,500	3,160	17.8	18.3	63	19.5	2	0.6	60	19.0	1,754	9.9	11.2	0.03	0.03
WHOLE ADMINISTRATIVE COUNTY	521,645†	1.10	156,581	3.3	533,361†	575,400	9,964	17.3	17.1	214	21.0	3	0.3	209	21.0	5,882	10.2	12.0	0.04	0.05

† 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.

TABLE IV. INFANT MORTALITY AND STILLBIRTH RATES, 1955-1959.

	Infantile Mortality (All Infants Under One Year)					Neo-Natal Mortality (Infants Under One Month Only)					Early Neo-Natal Mortality (Infants Under One Week Only)		Perinatal Mortality (Stillbirths & Deaths Under One Week)	Stillbirth Rate Per 1,000 Live and Stillbirths				
	1955	1956	1957	1958	1959	1955	1956	1957	1958	1959	1959	1955		1956	1957	1958	1959	
England and Wales ...	24.9	23.8	23.0	22.6	22.2	17.3	16.9	16.5	16.2	15.8	13.6		34.2	23.1	23.0	22.4	21.6	21.0
Whole County ...	27.2	24.6	23.8	20.8	21.0	17.0	16.6	16.6	12.9	14.6	12.2		33.0	25.3	25.2	24.6	21.0	21.0
Aggregate of Urban Districts ...	26.1	26.8	23.6	21.1	21.9	16.7	18.3	15.9	14.0	15.3	12.9		34.4	24.9	25.8	24.8	20.7	21.7
Aggregate of Rural Districts ...	29.5	19.5	24.3	19.9	19.0	17.5	12.8	18.3	10.6	13.0	10.8		30.1	25.9	23.7	24.0	21.7	19.5
Mansfield M.B. ...	29.3	21.5	37.8	16.8	23.9	19.1	16.7	22.0	6.0	18.2	15.9		32.4	20.0	24.5	26.2	17.7	16.8
Worksop M.B. ...	26.5	30.2	16.2	17.7	21.6	15.9	16.0	11.4	9.7	18.5	18.5		40.7	34.2	23.3	25.3	29.7	22.6
Newark M.B. ...	43.3	22.1	21.8	28.7	23.4	16.8	12.2	14.6	19.1	21.0	18.7		43.3	25.8	35.5	40.9	7.1	25.1
East Retford M.B. ...	14.5	18.6	19.3	14.9	18.2	14.5	14.9	7.7	11.1	3.6	3.6		21.5	31.7	25.4	15.2	25.4	17.9
Arnold U.D. ...	23.0	13.9	15.3	9.4	21.8	17.2	8.3	12.8	4.7	14.6	9.7		23.9	25.2	21.7	17.6	13.9	14.4
Beeston and Stapleford U.D. ...	17.0	28.7	22.4	25.2	13.3	11.3	22.2	18.7	14.3	5.5	4.4		28.1	24.9	16.7	19.6	19.4	23.8
Carlton U.D. ...	22.0	25.5	14.5	15.7	18.2	17.0	12.8	11.3	11.0	11.6	8.3		30.7	10.1	19.7	20.5	12.4	22.7
Eastwood U.D. ...	26.1	12.3	51.1	12.0	—	13.1	—	39.8	12.0	—	—		25.1	49.7	30.0	22.2	34.9	25.1
Hucknall U.D. ...	33.7	18.2	26.2	33.7	28.2	16.9	15.6	18.4	28.1	22.6	16.9		38.7	24.6	37.5	30.5	24.7	22.1
Kirkby-in-Ashfield U.D. ...	24.0	24.4	35.3	46.2	32.3	20.5	12.2	20.6	38.0	25.3	20.7		44.9	29.9	29.6	31.3	34.1	24.7
Mansfield Woodhouse U.D. ...	28.1	39.2	21.3	13.4	22.3	19.7	28.0	13.3	8.0	12.4	9.9		33.9	13.9	13.8	18.3	18.4	24.2
Sutton-in-Ashfield U.D. ...	27.3	44.6	24.6	27.4	29.8	17.0	33.9	17.5	18.8	17.3	14.1		35.3	28.1	29.5	38.8	23.4	21.5
Warsop U.D. ...	49.8	43.1	9.0	9.2	36.2	34.8	28.7	4.5	9.2	27.1	27.1		52.9	19.5	41.3	26.4	26.8	26.4
West Bridgford U.D. ...	11.5	24.5	18.3	17.8	16.9	8.6	21.8	10.4	15.3	16.9	14.5		35.5	33.3	34.2	7.8	19.9	21.3
Basford R.D. ...	41.0	20.4	26.2	22.2	20.5	27.6	10.8	19.2	13.0	13.0	10.2		30.0	16.5	32.5	12.9	20.0	20.1
Bingham R.D. ...	25.7	13.7	38.0	10.8	13.2	17.0	13.7	28.5	6.5	8.8	8.8		23.9	27.6	13.5	23.2	23.3	15.2
Worksop R.D. ...	23.6	17.1	17.5	31.6	13.1	13.5	13.6	8.7	19.0	9.8	6.5		38.0	23.0	33.0	31.7	18.6	31.6
East Retford R.D. ...	26.2	15.7	23.1	22.7	16.4	6.6	12.5	16.5	9.7	9.9	9.9		16.3	22.4	21.4	19.4	28.4	6.5
Newark R.D. ...	41.9	27.2	14.5	20.8	30.3	20.9	16.3	14.5	15.6	22.7	15.1		40.6	35.4	16.0	23.6	20.4	25.8
Southwell R.D. ...	19.6	22.0	20.3	15.9	19.8	11.8	13.7	17.6	5.3	14.5	13.2		32.3	35.4	17.5	37.7	22.0	19.4

TABLE V. 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 Household	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
1910	338,937	5,223	.64	....	....	9,554	28.2	110	4,331	12.7
1911	345,930	4,903	.66	76,236	4.5	9,453	27.3	125	4,550	13.1
1912	355,046	5,007	.68	....	....	9,213	25.9	93	4,206	11.8
1913	362,307	4,934	.69	....	....	9,369	25.8	101	4,435	12.2
1914	367,617	4,845	.70	....	....	9,541	25.9	107	4,696	12.7
1915	353,193	3,775	.67	....	....	8,843	25.0	112	5,068	14.3
1916	344,501	4,126	.66	....	....	8,567	22.8	95	4,441	12.8
1917	344,822	3,372	.66	....	....	7,589	19.7	95	4,217	12.2
1918	339,456	1,725	.65	....	....	7,742	20.3	100	6,017	17.7
1919	366,331	2,948	.70	....	....	7,507	19.6	95	4,559	12.4
1920	380,928	5,667	.73	....	....	9,836	25.8	85	4,169	10.9
1921	381,969	4,774	.73	85,646	4.4	9,187	24.1	86	4,413	11.5
1922	386,130	4,177	.74	....	....	8,316	21.5	69	4,139	10.7
1923	388,019	3,763	.74	....	....	8,023	20.6	77	4,260	11.0
1924	391,700	3,715	.75	....	....	8,085	20.6	79	4,370	11.2
1925	393,400	3,373	.75	....	....	7,921	20.1	77	4,548	11.6
1926	398,900	3,310	.75	....	....	7,739	19.4	73	4,429	11.1
1927	408,100	2,984	.78	....	....	7,613	18.6	69	4,629	11.3
1928	422,700	3,549	.81	....	....	7,941	18.8	64	4,392	10.4
1929	429,300	2,242	.82	....	....	7,517	17.5	76	5,095	11.8
1930	439,400	3,261	.84	....	....	7,746	17.6	62	4,485	10.2
1931	447,900	2,617	.86	* 109,674	3.9	7,695	17.2	72	5,078	11.3
1932	451,600	2,821	.86	....	....	7,534	16.7	66	4,713	10.4
1933	444,970	2,036	.86	....	....	6,945	15.5	68	4,909	10.9
1934	448,500	2,395	.87	....	....	7,042	15.7	54	4,647	10.4
1935	453,500	2,382	.86	....	....	7,083	15.6	56	4,701	10.4
1936	459,000	2,005	.88	....	....	7,033	15.3	58	5,028	10.9
1937	465,800	2,218	.89	....	....	7,318	15.7	59	5,100	10.9
1938	470,900	2,796	.90	....	....	7,549	16.0	46	4,753	10.1
1939	478,200 ^a 479,900 ^b	2,511	.91	....	....	7,847	16.4	51	5,336	11.1
1940	483,240	1,735	.92	....	....	7,610	15.7	58	5,875	12.2
1941	492,750	2,501	.94	....	....	7,954	16.1	62	5,453	11.1
1942	481,200	3,755	.92	....	....	8,659	18.0	48	4,904	10.2
1943	472,300	3,946	.90	....	....	9,255	20.2	47	5,309	11.2
1944	474,960	5,125	.91	....	....	10,343	21.8	47	5,218	11.0
1945	475,910	4,068	.91	....	....	9,096	19.1	44	5,028	10.5
1946	495,620	4,693	.95	....	....	10,001	20.2	41	5,308	10.7
1947	505,690	5,114	.97	....	....	10,673	21.2	41	5,559	11.0
1948	518,300	4,483	.99	....	....	9,486	18.3	42	5,003	9.6
1949	523,160	3,562	.99	....	....	9,098	17.4	32	5,536	10.6
1950	533,870	3,114	1.01	....	....	8,683	16.3	34	5,571	10.4
1951	535,800	2,547	1.02	156,581	3.4	8,551	15.9	29.4	6,004	11.2
1952	535,410 [†] 534,400 [‡]	3,244	1.02	....	....	8,515	15.9	29.3	5,271	9.8
1953	541,400	3,168	1.04	....	....	8,625	15.9	29.3	5,457	10.1
1954	545,900	3,115	1.05	....	....	8,601	15.7	28.1	5,486	10.0
1955	550,600	3,140	1.05	....	....	8,718	15.8	27.2	5,578	10.1
1956	554,800	3,171	1.06	....	....	8,906	16.0	24.6	5,735	10.3
1957	563,300	3,878	1.08	....	....	9,372	16.6	23.8	5,494	9.8
1958	569,800	3,703	1.09	....	....	9,685	17.0	20.8	5,982	10.5
1959	575,400	4,082	1.10	....	....	9,964	17.3	21.0	5,882	10.2

* 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 VI. CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE

COUNTY OF NOTTINGHAM, 1959

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	0—	1—	5—	15—		25—	45—	65—	75—
	ALL CAUSES	M 2218 F 1910	80 69	15 12	11 4	22 69	105 357	615 450	633 938	730 938	969 785	33 27	7 6	15 3	30 143	258 187	280 383	332 2695	3187
	TOTALS	4128	149	27	29	26	174	972	1083	1668	1754	60	13	3	21	74	401	467	5882
1	Tuberculosis Respiratory	M 15 F 3	— —	— —	— —	— —	1 1	9 2	3 1	2 —	4 2	— —	— —	— —	— —	— —	3 1	— —	19
2	Do. Other	M 3 F 3	— —	— —	— —	— —	1 1	2 1	— —	— —	— —	— —	— —	— —	— —	— —	— —	5 3	
3	Syphilitic Disease	M 3 F 6	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 4	
4	Diphtheria	M 3 F 6	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	4 6	
5	Whooping Cough	M 3 F 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
6	Meningococcal Infections	M 3 F 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
7	Acute Poliomyelitis	M 3 F 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
8	Measles	M 3 F 3	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
9	Other Infective and Parasitic Diseases	M 2 F 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	
10	Malignant Neoplasm—Stomach	M 70 F 44	— —	— —	— —	— —	2 2	25 70	23 42	32 16	32 22	— —	— —	— —	— —	— —	— —	102 66	
11	Do. Lung, Bronchus	M 129 F 13	— —	— —	— —	— —	2 —	70 5	42 3	14 6	58 6	— —	— —	— —	— —	— —	— —	187 19	
12	Do. Breast	M 76 F 24	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	98 37	
13	Do. Uterus	M 202 F 174	— —	— —	— —	— —	2 —	69 55	58 52	96 73	96 73	— —	— —	— —	— —	— —	— —	298 247	
14	Other Malignant and Lymphatic Neoplasm	M 10 F 9	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	12 12	
15	Leukaemia, Aleukaemia	M 6 F 12	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	10 19	
16	Diabetes	M 272 F 378	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	381 528	
17	Vascular Lesions of Nervous System	M 367 F 217	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	521 287	
18	Coronary Disease, Angina	M 44 F 63	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	65 83	
19	Hypertension with heart disease	M 289 F 315	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	434 500	
20	Other Heart Disease	M 103 F 94	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	147 123	
21	Other Circulatory Disease	M 20 F 19	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	30 23	
22	Influenza	M 88 F 61	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	124 82	
23	Pneumonia	M 183 F 69	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	254 90	
24	Bronchitis	M 25 F 22	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	42 23	
25	Other Diseases of Respiratory System	M 7 F 8	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	32 32	
26	Ulcer of Stomach and Duodenum	M 11 F 19	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	8 10	
27	Gastritis, Enteritis and Diarrhoea	M 24 F 24	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 3	
28	Nephritis and Nephrosis	M 27 F 28	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	39 31	
29	Hyperplasia of Prostate	M 27 F 28	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	40 31	
30	Pregnancy, Childbirth, Abortion	M 161 F 181	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	232 255	
31	Congenital Malformations	M 44 F 13	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	69 56	
32	Other Defined and Ill-Defined Diseases	M 49 F 37	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	66 56	
33	Motor Vehicle Accidents	M 26 F 13	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	34 18	
34	All Other Accidents	M 3 F 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 3	
35	Suicide	M 3 F 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 3	
36	Homicide and Operations of War	M 3 F 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	3 3	

