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NOTTINGHAMSHIRE COUNTY COUNCIL

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## 1962 annual report

OF THE COUNTY MEDICAL OFFICER

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

HEALTH DEPARTMENT, SHIRE HALL, NOTTINGHAM. TELEPHONE 55024





NOTTINGHAMSHIRE COUNTY COUNCIL

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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. B. SHARRARD

Vice-Chairman:

COUNCILLOR R. A. BARTLAM

Ex-officio:

ALDERMAN S. FARR

ALDERMAN W. BAYLISS, C.B.E., D.L.

Aldermen:

AINLEY, J. QUIBELL, MRS. K. A. ELEY, J. W. SHARRARD, MRS. B. HILL, MRS. L. TAYLOR, MRS. C. A.

† December, 1962

### Councillors:

BARTLAM, R. A. MEAD, A. BLANCHARD, E. E. MORRIS, W. J. BRADLEY, MRS. F. E. O'HARA, H. F. PEEL, G. H. BROOKS, D. A. POUNDER, A. J. BROWN, S. QUIRK, MRS. G. BUXTON, J. CLARKE, C. E. ROBERTS, J. SKILLEN, S. J. COLMAN, A. SUTTON, G. H. CUTTS, D. FOSTER, W. H. THOMAS, MRS. S. D. GALE, F. J. W. WALKER, G. R. GASH, W. W. WATSON, MRS. P. R. WHELDON, F. E. GREEN, A. HARRISON, C. WHITE, F. W. LAYCOCK, LADY C. A. L. WOOLLEY, H. M. YATES, MRS. E. A. LINCOLN, E. E.

### Representative Members:

### Municipal Borough Councils

East Retford ... ... PEATFIELD, J. W.

Mansfield ... ... MILFORD, MRS. A.

Newark ... ... WHOMSLEY, A. E., B.E.M.

Worksop ... TAYLOR, H. B.

### Urban District Councils

Arnold HALL, M. S. ... ... Beeston & Stapleford OLDHAM, A. Carlton GRIFFIN, P. ... Eastwood LIMB, C. ... Hucknall RADFORD, D. ... Kirkby-in-Ashfield ... ARNOLD, W. Mansfield Woodhouse STIRLAND, MRS. A. H. Sutton-in-Ashfield BONSER, J. D. ... Warsop NICKLESS, MRS. G. West Bridgford RODGERS, G. E. C. ...

### Rural District Councils

Basford ... ... HILL, MRS. J.
Bingham ... ... MOORE, W. A.
East Retford ... ... HORTON, H. E.
Newark ... BROWN, DR. R. W. W.
Southwell ... ... BROCKLEHURST, T.
Worksop ... DADLEY, R. S.

### NOTTINGHAMSHIRE COUNTY COUNCIL

HEALTH DEPARTMENT, SHIRE HALL,

NOTTINGHAM.

October, 1963.

TO THE CHAIRMAN AND MEMBERS OF THE NOTTINGHAMSHIRE COUNTY COUNCIL.

LADIES AND GENTLEMEN,

I have the honour to present my Annual Report for the year 1962.

The general health of the population of Nottinghamshire was well maintained during the year. The birth rate in 1962 was the highest since 1948, being 18.57 per 1,000 population.

The infant mortality rate was 21.96 per 1,000 live births. This was an increase over 1961 when it was 17.7. The rate for 1961 showed a substantial drop, and the 1962 rate follows more closely the general trenp of fall over the last five years. Nevertheless, it will remain necessary carefully to watch the position in the coming years.

In Nottinghamshire, out of 11,296 births only 5,625 were in hospital. This is only 49.8%, which is very low compared with the Cranbrook Committee's recommendation of 70%. Furthermore, the very considerable pressure upon hospitals for accommodation has led to an increasing rate of discharge of cases before the tenth day. One effect of this has been to place additional work upon the County Midwives, when they are already fully occupied on their district duties.

In the Report there is an article written by Mr. W. L. Richardson on the agency arrangements for District Nursing with the Nottinghamshire Nursing Federation. For many years Mr. Richardson has given this service his particular and thoughtful attention, and he has been a tower of strength to the Department in their co-operation with the Federation. As the Lay Administrative Assistant and Chief Clerk he has been one of the most important members of the Department, and it is with great regret that we are losing him on his retirement as from the 27th March, 1963. With my colleagues I wish him a happy and useful retirement.

Towards the end of the year Mr. W. A. Marrow, the Health Education Officer, resigned. Mr. Marrow had been with the County since March, 1945, and was one of the very first Health Education Officers to be appointed in the country. He is now generally accepted as one of the

leading figures in this field. His work has been of the highest order and it is a very great loss to us all that he has felt it necessary to seek his future in wider fields of Health Education.

The County Services suffered a severe blow in 1962 by the death of Dr. E. L. R. Galloway, Deputy Medical Superintendent of Ransom Hospital after almost twenty-five years in continuous service with the County Council at the Village Settlement, and almost thirty-four years' service at the Hospital. Her personality and services will be sadly missed.

During the year the County Council initiated arrangements to improve their liaison with the general medical services. One step was the appointment by the Local Medical Committee of Dr. G. M. T. Tate as an observer at County Council meetings. At the same time steps have been taken in a number of ways to develop the Local Health Authority's association with general practice. Since March, 1960, a Health Visitor in an urban area has attended at a weekly well-baby clinic held at a general practitioner's surgery, and in December, 1961, a similar arrangement was made in a rural district, and in this instance the Health Visitor also attends the doctor's ante-natal clinic. The latter arrangement has proved very useful and has been facilitated by the fact that the practice is the only one in the rural area which the Health Visitor covers.

There are also informal arrangements between medical practitioners and Health Visitors being carried out in many areas throughout the County by which there is close contact maintained between them, and the problems arising in the practice are discussed and dealt with to the advantage of all concerned.

Regarding the future—it is hoped very shortly to formally attach one Health Visitor full-time to a large practitioner partnership in an urban area for an experimental period of one year. At the end of this time, one will be in a better position to assess the advantages and disadvantages of the arrangement. It is felt that the mixed nature of the Notting-hamshire geography and population distribution makes any immediate comprehensive scheme difficult to achieve, but it is hoped in the next few years that each practice will have a Health Visitor available if required for direct and regular association with it. A difficulty is the shortage of Health Visitors, but the Council have attempted to ameliorate the position by appointing ancillary staff to take over services which are not those requiring Health Visiting training.

During the course of the year there has been a welcome increase in the number of requests received from Hospital Almoners for Health Visitors to follow up patients discharged from hospital. The majority of these were elderly people living alone who needed help to continue to manage on their own. In most cases it was possible for the Health Visitor to mobilise the statutory and voluntary services so that the old person was able to maintain his independence.

Concurrent with this development of Health Visitors' duties, the Council have included in their 10-year Plan proposals to build purpose-built clinics in the main areas at which all the auxiliary services, particularly Health Education, can be provided, to the advantage of the public and in close co-operation with the family doctor.

In the field of Mental Health, as will be seen from the report, the service is developing as rapidly as staffing recruitment and training permit. A very welcome event during the year was the completion of a new Training Centre which was formally opened in August, 1963, by Major-General Sir Robert Laycock, K.C.M.G., C.B., D.S.O. This is the first Centre at which the Health Authority have included a Special Care Unit for children who have not reached a stage of development suitable for training activities. It is hoped that in a short time these facilities will also become available in the Nottingham and Mansfield areas.

During the year it has been possible to develop increasing opportunities for close collaboration between the Department's services and the Hospital services, and it is hoped that before too long these will be fully associated.

In the preparation of this report and the conduct of the services during 1962 there have been many hands involved, and I should like to express my appreciation of the willing assistance I have received from all members of the staff. I am grateful to my Deputy, Dr. R. S. Male, for the wise and constant assistance he has given to me. I should like to thank the District Medical Officers of Health who have always offered me the greatest consideration and help.

I am grateful to you, the members of the Council, and particularly the Chairman and Members of the Health Committee, for your encouragement and understanding help over the year.

I am,

Ladies and Gentlemen,

Your obedient Servant,

A. R. MARGETTS.

### Alderman William Bayliss, C.B.E., D.L., J.P.

On the 12th February, 1963, the County suffered a severe loss by the death of Alderman William Bayliss, C.B.E., D.L., J.P.

The County Council at their meeting on the 26th February, 1963, passed the following Resolution :—

Resolved—
That the Council record their profound grief at the irreparable loss which they and the County have suffered by the death of Alderman William Bayliss, C.B.E., D.L., J.P., whose long and conspicuous service to this County Council and to local government in this County has been of inestimable value and benefit to the inhabitants and will ever be a proud cause of our grateful remembrance. We offer our heartfelt condolences to his widow and family in their bereavement."

In moving this Resolution, Alderman S. Farr, M.C., D.L., Chairman of the Council, referred to

"the deep sense of loss which all members of the Council must feel at the death of Alderman William Bayliss, C.B.E., D.L., J.P., Vice-Chairman of the Council, who had been a member of the Council for almost forty-one years and for sixteen years from 1946 to 1962 had been Chairman of the Council; also he had been Chairman of the Standing Joint Committee for the past fifteen years. Alderman Bayliss was a man of extensive interests who served his fellowmen in the widest range of duties with great distinction and worked untiringly for the welfare of the inhabitants of this County. His period as Chairman of this County Council was noteworthy for the fairness, gentleness and kindly good humour with which he presided at meetings of the Council and his outstanding ability, broadness of vision and sympathetic understanding inspired great confidence and trust. He would be greatly missed from the local government scene in this County and his passing would be mourned by his very great number of friends."

Alderman F. A. Small, C.B.E., D.L., also paid tribute

"to Alderman Bayliss's great qualities, particularly his wisdom and enthusiasm and his willingness at all times to help others, not least with wise counsel. It was not possible for a man who had so well served the Council and the people ever to have adequate testimony of his worth."

Although his interests and work covered the whole of the County Services, we in the Health Department regarded Mr. Bayliss with proprietorial affection. Mr. Bayliss was a member of the Public Health and Housing Committee (later renamed Health Committee) from 1919, and was Chairman from 1931 to 1952. This covered the period of very extensive development of the Health Services in all of which Mr. Bayliss took an active part.

Mr. Bayliss was also a member of the Maternity and Child Welfare Committee from 1919, being Chairman from 1931 to 1946.

The inception of the Sherwood Village Settlement in 1934 was a project which Mr. Bayliss had very much at heart and the success of the scheme was in no small measure due to his indefatigable efforts; he was Chairman of the Management Committee from the time of its formation until his death.

Those of us who were privileged to meet Mr. Bayliss in the course of official duties feel that we have lost a personal friend—his cheery greeting and kindly enquiry as to our well-being will be sorely missed.

### SECTION II

### SUMMARY OF STATISTICS, 1962

Area in acres (land and inland water, Census 1951) (a	ctual	
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 1962		602,160
Rateable Value		£7,455,468
Estimated product of a penny rate		

<sup>\*</sup> 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, 1962

	County	England & Wales
Mothers and Infants	,	
Live Births	11,296	840,600
Live Births per 1,000 population : Crude Corrected	18.76	18.0
Illegitimate live births per cent of total live births	4.32	6.6
Still Births	213	15,500
Still Births rate per 1,000 live and still births	18.51	18.1
Total Live and Still Births	11,509	856,100
Infant Deaths	248	18,187
Infant mortality rate per 1,000 live births	21.96	21.6
Infant mortality rate per 1,000 live births— legitimate	21.65	Not available
Infant mortality rate per 1,000 live births-		Not
illegitimate	28.69	available
Neo-Natal Mortality rate per 1,000 live births	15.49	15.1
Early Neo-Natal Mortality rate per 1,000 live births	12.66	12.95
Perinatal Mortality rate (still births and deaths under I week combined per 1,000 total	30.93	30.8
live and still births)		
Maternal Deaths—including abortion	4	300
Maternal mortality rate per 1,000 live and still births	0.35	0.35

				County	England and Wales
Deaths (All ages)					
Number-all causes		 		6,526	557,629
Death Rate : Crude		 		10.84	
Correc	ted	 		12.90 }	11.9
Tuberculosis					
Number of Deaths-					
All Forms		 		23	3,089
Pulmonary		 		17	2,776
Non-Pulmonary		 		6	313
Death Rate—				0.04	0.07
All Forms		 		0.04	0.07
Pulmonary		 	***	0.03	0.08
Non-Pulmonary		 		0.01	0.01
Cancer					
Number of Deaths		 		1,149	101,599
Death Rate		 		1.91	2.18

### Population

The estimated population of 602,160 shows an increase of 8,890 on the previous year. The biggest increase was in Basford R.D.—1,280.

The natural increase (excess of births over deaths) was 4,770.

### 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 Regis	stered Live Births	
	Legitimate	Illegitimate	Total
Male	 5,540	230	5,770
Female	 5,268	258	5,526
Total	 10,808	488	11,296

### Illegitimate Births

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 Live Births
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
1960	373	0.64	36.2
1961	469	0.79	44.2
1962	488	0.81	43.2

### Principal Causes of Death

Heart Disease					 2,145
Cancer, Malignant Disease					 1,149
Vascular Lesions of Nervous	System				 961
Diseases of Respiratory Syste	m (ex	cluding	Tube	rculosis)	 884
Accidents					 192

### Infant Deaths

	Legitimate	Illegitimate	Total
Male	 132	7	139
Female	 102	7	109
Total	 234	14	248

### Distribution of Still Births and of Infant Deaths

	Still Births	Under One Month	Between I-12 Months	Total
URBAN DISTRICTS				
Mansfield (Borough) Worksop (Borough) Newark (Borough) East Retford (Borough) Arnold Beeston & Stapleford Carlton Eastwood Hucknall Kirkby-in-Ashfield Mansfield Woodhouse Sutton-in-Ashfield Warsop West Bridgford	10	11 9 6 6 6 13 16 4 7 11 5 10 5 8	13 8 3 1 3 6 - 3 1 7 7	43 30 15 17 11 25 36 7 19 22 27 35 8 16
Totals for Urban Districts	141	117	53	311
RURAL DISTRICTS				
Basford Bingham Worksop East Retford Newark Southwell	30 5 8 3 3 23	11 9 7 7 6 18	8 1 5 2 1 3	49 15 20 12 10 44
Totals for Rural Districts	72	58	20	150
Whole County	213	175	73	461

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

Cause of Death	Nur	mber of Dea	D	
Cause of Death	Urban Districts		Whole County	Rate per 1,000 Live Births
Infective and				32.000
Parasitic Diseases		_		0.09
	36	13	49	4.34
Bronchitis	. 1	3	4	0.35
and Diarrhoea	2	-	2	0.18
Congenital Malformations Other Defined and	41	14	55	4.87
III-Defined Diseases	84	44	128	11.33
Accidents	4	4	8	0.71
11 1	. 1	_	- 1	0.09
Totals	170	78	248	21.96

### 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.

		BIRTHS		DEATHS			
DISTRICT	Crude Rate per 1,000 of the Population		Corrected Rate per 1,000 of the Population		Area Compara- bility Factor	Corrected Rate per 1,000 of th Populatio	
Worksop (Borough) Newark (Borough) East Retford (Borough) Arnold Beeston & Stapleford Carlton Eastwood Hucknall Kirkby-in-Ashfield Mansfield Woodhouse Sutton-in-Ashfield Warsop	17.2 19.2 19.5 15.9 20.4 19.4 17.8 21.4 18.8 19.8 23.5 17.2 17.1	0.97 0.96 1.00 0.99 0.94 0.97 1.00 1.00 0.98 0.97 1.00 0.97 1.00	16.7 18.4 19.5 15.7 19.2 18.8 17.3 21.4 18.8 19.4 22.8 17.2 16.6 17.0	12.4 10.1 12.6 12.2 9.8 10.2 11.3 10.5 9.7 10.8 9.9 10.6 11.7 13.5	1.07 1.26 1.02 0.94 1.34 1.37 1.18 1.34 1.36 1.27 1.44 1.29 1.36 0.85	13.3 12.7 12.9 11.4 13.2 13.9 13.4 14.1 13.3 13.7 14.3 13.7 15.9 11.4	
Aggregate of Urban Districts	18.6	0.98	18.3	11.1	1.20	13.3	
Bingham Worksop East Retford Newark	18.4 19.0 20.5 15.8 22.1 19.8	0.96 1.05 1.04 1.10 0.99 1.00	17.7 19.9 21.3 17.4 21.9 19.8	9.8 12.8 10.8 10.1 9.1 9.8	1.25 0.87 1.49 0.98 1.08 1.26	12.2 11.1 16.1 9.9 9.8 12.4	
Aggregate of Rural Districts	19.0	1.00	19.0	10.3	1.17	12.0	
Whole County	18.8	0.99	18.6	10.8	1.19	12.9	
England and Wales	18.0	-	_	11.9	_	-	

### STAFF EXAMINATIONS

During the course of the year, 1,871 individual cases were dealt with. Of this number, 81 withdrew their applications and 53 were in respect of requests from other Authorities.

A summary of the remaining 1,737 cases is as follows:-

A summary of the remaining 1,737 cases is as follo	W 5	The same of	
Dealt with by submission of a Statement of Med	cal	History	1
Requiring Medical Examination only Requiring Medical and Chest X-ray examination Requiring Chest X-ray Examination only No Medical or Chest X-ray Examination required	•••	270 163 162 391	004
Entrants to the Teaching Profession and Training		The same of	986
Entrants to the Teaching Profession and Training Teachers	01		
Entrants to Teaching Profession		60	
Entrants to Training Colleges		351	
			411
Re-examination of Existing Staff			
Fire Service		16	
Ambulance Service		48	
School Crossing Patrols		129	
Requests from Employing Departments		38	221
Evancinations souried out by Consuel Brestition			231
Examinations carried out by General Practition			63
in respect of Retained Firemen			
Medical Examination of Printing Trade Apprenti	ces		46
			1,737

Of the 986 Statements of Medical History submitted, from the information given it was decided that a medical examination was unnecessary in respect of 553 candidates (391—no examination, 162—Chest X-ray examination only).

To dispense with the possibility of having to undergo a physical medical examination, candidates for employment in the County Council's Service are required to complete a comprehensive medical history form. However, in view of the nature of the employment it is necessary, in some cases, for a medical examination to be a part of the Conditions of Service (e.g. firemen, ambulance personnel, school crossing patrols, etc.). During the course of the year, 255 medical examinations of this type were carried out.

Of the 731 remaining medical history forms received it was possible to dispense with the medical examination for 553 candidates (approximately three-quarters) and only in 178 instances were medical examinations considered to be necessary.

Dispensing with medical examinations in respect of 553 candidates meant a considerable saving of Medical Officer time.

### SECTION III

### INFECTIOUS DISEASES

The total numbers of cases of infectious diseases, other than tuberculosis, notified amongst County residents during 1962, were as follows:—

Disease								
Scarlet Fever							173	
Whooping Cough							22	
Measles							1,956	
Acute Poliomyelitis	-para	lytic					1	
Acute Encephalitis-	-infect	tive-	4 ; pos	t-infec	tious-	2	6	
Meningococcal infe							7	
Dysentery							406	
Puerperal Pyrexia							12	
Ophthalmia Neona							3	
Acute Pneumonia							126	
ood Poisoning							49	
rysipelas							15	
Typhoid Fever							2	
_eptospirosis							ī	

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

Considerable activity is taking place in the rural areas to provide modern drainage and sewage disposal facilities.

The urban areas, too, are constantly aware of the need to enlarge and extend their existing facilities but a special mention of the country districts seems justified, particularly as the schemes being put forward by them are in almost every case to provide modern sewerage and sewage disposal to villages for the first time.

During the last five years, eighteen schemes have been put forward for the benefit of thirty-seven parishes and the majority of these are now either in operation or in course of construction.

During the present year five such schemes were promoted by which eleven parishes will benefit in due course.

When one considers these schemes as the means of eliminating cesspools and other insanitary forms of drainage their contribution as a public health measure is a very real one.

### New Works and Improvements

MANSFIELD M.B.

The construction of heated and cold digestors together with improvements to the sedimentation tanks at the sewage works was commenced and will be completed during 1963.

WORKSOP M.B.

Extensions of sewers :-

 Surface Water
 ...
 ...
 624 yards

 Foul Water
 ...
 ...
 316 yards

NEWARK M.B.

Considerable progress on reconstruction of Borough Sewage Works.

New sewers laid ... ... ... 1,423 yards

EAST RETFORD M.B.

Extension of foul and surface water sewers for housing development.

BEESTON & STAPLEFORD U.D.

Sewers extended to newly developed sites.

Work is still proceeding on the schemes for the reconstruction of both the Beeston and Stapleford Sewage Works.

CARLTON U.D.

Extensions of sewers :-

Surface Water ... ... ... 722 yards Foul Water ... ... 671 yards

EASTWOOD U.D.

Sewers extended to newly developed site.

HUCKNALL U.D.

Sewers extended to newly developed site.

KIRKBY-IN-ASHFIELD U.D.

The reconstruction of the Sewage Disposal Works now largely completed.

MANSFIELD WOODHOUSE U.D.

Extensions of sewers :-

 Surface Water
 ...
 ...
 108 yards

 Foul Water
 ...
 ...
 1,789 yards

A contract for extensions to the existing sewage works has been let, but had not been commenced by the end of 1962.

SUTTON-IN-ASHFIELD U.D.

Extensions of sewers :-

 Surface Water
 ...
 ...
 403 yards

 Foul Water
 ...
 ...
 238 yards

 Combined
 ...
 ...
 950 yards

A scheme for the extension of the sewage works is in course of preparation.

WEST BRIDGFORD U.D.

The existing sewage works are being maintained pending the completion of the main drainage scheme which provides for the pumping of the whole of the district sewage across the River Trent to connect with the Nottingham City outfall sewers.

BINGHAM R.D.

The village of Cotgrave sewerage scheme and sewage works is now in progress.

The enlarging and installation of a new pumping station and sewage works to cope with increased population in Radcliffe-on-Trent is still progressing.

WORKSOP R.D.

Extensions of sewers :-

 Surface Water
 ...
 ...
 260 yards

 Foul Water
 ...
 ...
 858 yards

Harworth Sewage Works.—The scheme for enlarging and improving this works was nearing completion at the end of 1962.

Oldcotes Sewerage Scheme.—This scheme for the laying of sewers throughout the village of Oldcotes is nearing completion, together with the erection of a pumping station and ancillary works, and the construction of one additional filter bed at the Hodsock Sewage Works.

### EAST RETFORD R.D.

Work continued during the year on the Sewerage Scheme for Misterton, Walkeringham and Beckingham.

The Ranskill and Torworth Sewerage and Sewage disposal Scheme progressed well during the year, as also has the Scheme for the extension of the Elkesley Sewage Disposal Works and the provision of main sewers in Elkesley.

NEWARK R.D.

A new sewerage pumping system station was constructed at Coddington.

A new sewerage system and Sewage Disposal Plant were commenced in Barnby.

SOUTHWELL R.D.

Sewers extended to newly developed site at Rainworth.

### Ministry of Housing and Local Government Enquiries at which the Department was represented

Southwell Rural District Council—1st March, 1962.

Parishes of Ollerton, Boughton and Kirton.

Proposed scheme of sewerage and sewage disposal.

Engineering Inspector: Mr. W. F. George.

East Retford Rural District Council—27th March, 1962.
Parishes of Hayton and Clarborough.
Proposed scheme of sewerage and sewage disposal.

Engineering Inspector: Mr. S. G. Cotton.

Borough of Worksop-29th May, 1962.

Proposed extension of land for sewage irrigation.

Engineering Inspector: Mr. G. G. Trimmer.

Borough of Mansfield-26th July, 1962.

Parishes of Rainworth (Mansfield).

Newstead (Basford R.D.C.) and Fishpool (Southwell R.D.C.).

Proposed scheme of sewerage and sewage disposal.

Engineering Inspector: Mr. M. W. Summers.

Newark Rural District Council-19th September, 1962.

Parishes of East Stoke and Elston.

Proposed scheme of sewerage and sewage disposal.

Engineering Inspector: Mr. E. Hockley.

### 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	15
Investigation of complaints concerning housing circumstance and other matters received from Health Visitors, Count residents, etc.	
Investigations into environmental circumstances generally including interviews with Officers of County District Council	

### Water Supply

Although the whole county area may be regarded as having an adequate piped supply of water, the demand for increased supplies and wider distribution is a constant preoccupation of both urban and rural areas, as is shown by the reports on the year's activities under this heading.

In the near future the functions of District Councils as Water Authorities are expected to pass to Water Boards.

The Lincoln and District Water Board, which so far as the County is concerned, includes the areas of the Retford Borough and the Retford Rural District Council, is already in being.

Seven hundred and fifty-seven samples were taken during the year by officers of District Councils.

Extensions of water mains were carried out in Mansfield M.B. (3,655 yards); Worksop M.B. (2,520 yards); Newark M.B. (4,406 yards); East Retford M.B. (802 yards); Carlton U.D. (1,065 yards); Eastwood U.D. (90 yards); Kirkby-in-Ashfield U.D. (1,404 yards); Mansfield Woodhouse U.D. (1,353 yards); Sutton-in-Ashfield U.D. (1,040 yards); Warsop U.D. (134 yards); Worksop R.D. (1,960 yards); East Retford R.D. (3,965 yards) and Southwell R.D. (4,400 yards).

### Food Hygiene

Seven years have elapsed since the Food Hygiene Regulations made their welcome appearance and the initial drive to ensure that catering establishments conformed to the new requirements is long past. That the subject continues to stand high in importance with Public Health Departments is shown by the reports received from County District Councils.

This is not really surprising in view of the importance of the individual in food hygiene. Indeed, the food handler will always remain the vital factor, however high the standard of the premises and equipment may be. The growing practice of giving instruction in food hygiene to catering staffs, and particularly to new entrants is commendable. Our own school meals service has long recognised the value of such training, and both training courses and refresher courses are frequently held.

### Milk in Schools Scheme

No problem of any consequence occurred during the year in connection with the scheme.

Routine sampling continued and every supply was kept under supervision. In all, 110 samples were taken from schools soon after delivery and tested by the Public Health Laboratory.

Of this number, all were shown to have been properly pasteurised and three required further enquiry as to their keeping quality, but all subsequent samples were satisfactory.

### Clean Air Act, 1956

The comments made last year concerning the activities of County District Councils in implementing the Clean Air Act could be repeated this year with the addition of other authorities who have since engaged on a long term plan for the establishment of smoke control areas.

It may be of interest to trace the progress made in establishing smoke control areas since the power to do so became available to Local Authorities in December, 1956.

In 1959 the Minister asked Local Authorities whether faster progress could be made particularly in black areas where pollution is worst.

Whilst there is no precise definition of a black area, the term was chosen to indicate an area where urban and industrial density produced heavy air pollution and a high frequency of fog.

The provisional list prepared by the Minister suggested 324 local authority areas in England and Wales as black areas in whole or in part. While these included industrial areas in the Midlands and North, also included were the City of London, 28 Metropolitan Boroughs and 53 authorities in the Outer London area.

So far as Nottinghamshire is concerned, the following are included as black areas:—

Carlton Urban District
Sutton-in-Ashfield Urban District
Beeston & Stapleford Urban District
Eastwood Urban District
Mansfield Woodhouse Urban District
Arnold Urban District
Hucknall Urban District
West Bridgford Urban District
Mansfield Borough
Kirkby-in-Ashfield Urban District
Basford Rural District

At the close of the year the following County District Councils had submitted long term programmes:—

	Initial Programme	Final Objective
Mansfield Borough Council	1959—63	1980
Beeston & Stapleford U.D.C.	1959—63	1973
Sutton-in-Ashfield U.D.C	1962—66	1982
Carlton U.D.C	1962—66	1970
West Bridgford U.D.C	1962—66	1968

Towards the end of 1962, the County Council decided to collaborate with the Department of Scientific and Industrial Research by taking a practical part in the National Survey of Air Pollution and to monitor two specified areas during the next three years.

### Housing-Improvements by aid of Grant

The number of houses improved with the aid of Grants by the District Councils during 1962 were as follows:—

	3	By Standard Grants	By Discretionary Grants	Total Number Improved
Mansfield M.B		85	22	107
Worksop M.B		40	16	56
Newark M.B		29	8	37
East Retford M.B		36	4	40
Beeston and Stapleford U.D.		34	8	42
Carlton U.D			46	46
Eastwood U.D		12	_	12
Hucknall U.D		28	_	28
Kirkby-in-Ashfield U.D.		19	2	21
Mansfield Woodhouse U.D.		27	4	31
Sutton-in-Ashfield U.D.		36	65	101
Warsop U.D		8	66	74
West Bridgford U.D		13	_	13
Bingham R.D		21	39	60
Worksop R.D		8	5	13
East Retford R.D		64	34	98
Newark R.D		16	16	32
Southwell R.D		3:	35	335
			Total	1,146

Arnold U.D. Basford R.D. Information not available.

# 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 Phosphatase test, and Methylene Blue Test.

Result of Biological Examination	Positive	1	est	*Not Tested	5
Result of Exami	Negative	739	Methylene Blue Test	**Not conforming to standard	m
†Samples not Tested	†Samples not Tested		Μe	Con- forming to standard	102
No. of Cows		30,630	ase Test	**Not conforming to standard	
No. of Farms Involved		2,037	Phosphatase Test	Con- forming to standard	011
Samples		768		18-0	011
Collected		Milk Samplers			County Health Inspector
Type of Sample	-	Mixed Herds			School Milks

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.

\*\*A sample which does not conform to the required standard is subjected to investigation.

† 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.

### (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 CENT	RE	Maternity and Child Welfare	Ante- Natal	Post- Natal	School Clinic	Dental
Arnold-Arnot Hill Par	k	8	_	_	8	16
Arnold-Cavendish Stre			_	_	_	_
Awsworth		2	2	_	_	_
Balderton		0	2 2	_	_	_
Beauvale		4	_			_
Beeston—Dovecote Lan	- 4	0	4		8	42
		2	7		0	-
		4	2		4	
Bilsthorpe		1	2		7	
Bingham			2			
Blidworth	***		2	_	_	_
Blyth	***		1	_	_	_
Brinsley			2	_	_	_
Bunny			-	-	-	-
Burton Joyce		2	-	-	-	-
Calverton			2	-	-	-
Carlton-Parkdale			-	-	_	-
Carlton-Park House		12	4	_	8	26
Carlton-in-Lindrick			_	_	_	_
Chilwell-Ordnance De	pot	2	2	_	_	_
Chilwell-Inham Nook		10	2		_	_
Clipstone		4	_	_	_	_
Coddington		2		_		_
0 111 1		2	1			
	***	2				
Cotgrave		2	;			
Cropwell Bishop	***	2		_		_
Cuckney	***	2	!	_		
Dunham-on-Trent		2	!	_	_	-
East Bridgford	***	2	1	-		-
East Leake	***	2	2	_	_	-
East Retford			2	_	8	18†
Eastwood		4	4	_	8	16
Edwinstowe			2	_	-	-
Farndon		2	1	_	-	-
Forest Town		4	_	_	_	_
Gotham			1	_		_
Gringley-on-the-Hill		2	1	_	_	
Harworth		0	4	_	8	8
Histolian		2	i	_	_	_
Hucknall		12	4		8	34
Hucknall—Ruffs Estate	***	4	_		_	-
Huthwaite (Sutton-in-A	chfield)			1 3 1	8	1/8
		2			0	
Jacksdale		2	2	_		1
Keyworth		2 2 2	2			
Kilvington	***	2		_		
Kimberley		4	4		4	_
Kirkby-in-Ashfield	***	8	2	-	4	8
Lambley		2		-	-	-
Langar	***	8 2 2 4 2	2	-	-	-
Langold		4	2	-	4	-
Larch Farm	***	2	-	-	_	_
Lowdham		4		22 35 1		

<sup>(\*)</sup> Ultra-Violet Light Treatment—8 sessions per month. (†) Includes Evening Sessions.

### CLINICS AND TREATMENT CENTRES—continued

CENTICS AND	INL	ATTICINT.	CLIN	IKLS	continue	0
CITILATION		м				
SITUATION		Maternity	A	D	Caland	D
OF COLUMN		and Child	Ante-	Post-	School	Dental
CLINIC OR CENTRE		Welfare	Natal	Natal	Clinic	
Mansfield—St. John Street		8				
Mansfield—		0	- 1			
St. Lawrence Church Ha	all	8		-		
Mansfield—Abbott Road		8		-	4	
Mansfield—Brownlow Roa	4	4	_	_	7	
				_		
Mansfield—Hermitage Ave		12		1000	4	
Mansfield—Pleasley Hill Mansfield—Redcliffe House		4	_	_	_	
		_			4	19
Mansfield—Pleasley		_	-	_	4	_
Mansfield Woodhouse		8	_		4	-
Manton (Worksop)		6	-	_	_	_
Mapperley (Plains Road, A	rnold)	4		_	_	_
Mattersey		2	1	_	_	_
Misterton		4	2	-	_	_
Newark		8	4	_	4	28
Newark (Hawtonville)		8	-	_	4	-
Newstead		4	2	_	-	
North Muskham		2	1	_	-	_
Nottingham (Clarendon St	reet)	_	_	-	_	46†
Nuthall		2	2 2	_	_	_
Ollerton (Methodist Chape	el)	6	2	_	4	_
Ollerton (Briar Road)			-	-	_	16
Ordsall (Retford)		4	-	_	_	_
Papplewick		2	1	_	-	_
Plumtree		2	2	_	_	_
Porchester (Carlton)		8	2	_		_
Radcliffe		4	2	_	_	_
Rainworth		4	2	4		_
Danal III		2	ī	1		
D 111		2	2			
		2	2	1	4	
C 1 C1'C		2	1		7	
0 11		2				-
0 1 11	- 100	4	2	_	_	_
		7	2	_	-	_
Standhill Road (Carlton)	-6-14)	4	-	-		-
Stanton Hill (Sutton-in-Asi	nfield)	4	_		_	
Stapleford*		8	2	_	8	16
Sutton Bonington		2	2		-	-
Sutton-in-Ashfield—Forest	St	8	6		-	_
Sutton-in-Ashfield—Lawn	House	_		_	8	8
Sutton-on-Trent		2 2		_	-	-
Syerston			1	-	-	-
Toton		4	-	-	-	_
Trowell		4	1	****	-	-
Tuxford		4	2	_	-	_
Warsop	T 7007	8	_	-	4	_
Warsop Vale		2	_	-	_	_
Welbeck Colliery Village		2	_	_	_	_
West Bridgford—						
Boundary Road		4	_		_	_
West Bridgford-Melton F		12	4	1	_	_
West Bridgford—Alford R		4	2		_	_
West Bridgford—Parochia					4	
West Bridgford—Parocilla	111011				7	
Loughborough Road		-				20
		2	1			20
Willoughby-on-the-Wolds	***	2 2				-
Woodborough			1		=	_
Worksop—Carlton Road Worksop—Watson Road	***	8	-	-	8	10
			1 december 1	-	36	111

<sup>(\*)</sup> 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 Nursing Homes were registered during the year but applications from the Keepers of two Nursing Homes who wished to increase their approved accommodation—i.e. the Southbank Rest Home from ten to eleven chronic cases and the Nottingham and Notts. Cheshire Homes from nine to eleven chronic cases, were granted.

At the end of the year there were seven registered Nursing Homes providing a total of one hundred and fourteen beds, i.e., 43 Surgical or Medical and 71 Medical or Chronic.

### 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 comprehensive Health Centre do not apply anywhere in Nottinghamshire at present.

### 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 available at sixty-five Centres throughout the County. Where the attendances are sufficiently large, separate sessions are held but 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:—

<ul><li>(a) Combined sessions for</li><li>(b) Combined ante-natal,</li></ul>					26 ions 39
					65
Number of sessions held p	er mo	onth—I	25.		
Percentage of cases attending compared with the to				Ante-natal	Post-natal
blocks to sky some				22.11	3.71
Attendances— Primary attendances				1,913	389
Individual mothers atten	-			2,536 11,473	425 587
Medical Consultations				10,746	567
		2222		10.770.07	

The increasing tendency of expectant mothers to seek ante-natal care from their general medical practitioners continued and at the following Clinics the attendances fell to an extent as to render the continuance of separate ante-natal sessions unnecessary:—

Clinic			Date Sessions discontinued
Arnold	 	 	27th February
Beauvale	 	 	20th February
Clipstone	 	 ***	10th May
Huthwaite	 	 	25th May
Jacksdale	 	 	8th August
Mansfield	 	 	28th February
Stanton Hill	 	 	30th March
Warsop	 	 	5th July
Worksop	 	 	5th April

In addition, the separate sessions held at the undermentioned Clinics for post-natal cases were discontinued :--

Stanton Hill	 	 30th March
Sutton-in-Ashfield	 	 21st February
West Bridgford	 	 20th October

### Consultant Services

Number of expectant mothers referred by Medical Officers to Consultant Obstetricians at Hospital Out-Patient	
Departments	145
Number of cases referred for X-ray examination for the diagnosis of abnormalities of pregnancy	17

### Routine Chest X-ray Examinations of Expectant Mothers

Formal arrangements are in operation for expectant mothers to be referred as a routine practice for chest X-ray examination to Nottingham No. I Mass Radiography Unit, and the X-ray Departments of the King's Mill and Newark Hospitals, and every mother attending the Council's Ante-Natal Clinics is given an opportunity to attend.

The number of expectant mothers who availed themselves of these facilities during the year was 452; of these, 412 attended the Nottingham Unit and I am indebted to Dr. A. E. Beynon, the Medical Director, for the following report:—

"A total of 412 ante-natal cases were X-rayed during the year, from which three cases of active pulmonary tuberculosis were discovered, as against two cases in the previous two years. In addition, a further ten cases were referred for observation, and were finally discharged with healed or quiescent lesions. Three cases with cardiac abnormalities were revealed and a further thirty cases showed abnormalities of minor importance."

These arrangements are, at present, limited to mothers resident in the southern and central parts of the County. Efforts to extend the facility to the northern area have so far proved unsuccessful owing to difficulties connected with accommodation and staffing at the Retford and Worksop Hospitals which at the moment only permit cases in which there is a clinical reason for a chest X-ray to be dealt with. It is, however, understood that the necessary facilities for routine examinations will be made available when the proposed development of Kilton Hospital materialises.

### Relaxation Instruction for Expectant Mothers

Number of	Centres	at	which	Courses	are	
provided						28
Number of	expectant	me	others v	vho atter	ded	2,396
Total attend	ances ma	de				13,800

This instruction is available to all expectant mothers irrespective of whether or not they are in attendance at a County Ante-Natal Clinic, provided that in the latter case they are referred by their own doctor.

### Provision of Sterilised Maternity Outfits and Pads

6,511	Number of outfits issued on certificate of health visitor or midwife						
	***		nidwife	itor or	health visi		
					Number of		
	after	shortly	hospita	d from	discharged		
51					delivery		

### Local Maternity Liaison Committees

The Local Maternity Liaison Committees established in 1960 on the recommendation of the Cranbrook Committee in conjunction with the Nottingham No. 2 and the Worksop and Retford Hospital Management Committees continued their activities during the year with good results. The purpose of these Liaison Committees, which have a professional membership, is to ensure that local provisions for maternity care are utilised to the best advantage.

### Maternity Hospital Accommodation

Applications received for admission on grounds—	soci	ological	
From general medical practitioners		1,229	
From ante-natal clinics		278	1 507
Cases referred to hospital		1,239	1,507
Applications withdrawn		193	
Applications which could not be support	ted	75	
Cases referred to hospitals on account abnormalities ascertained at ante-n			1,507
clinics			193

### Maternal Deaths

Number of maternal deaths which occurred during the year	4
Location—Beeston and Stapleford Urban District I	
Sutton-in-Ashfield Urban District	
Warsop Urban District I	
Retford Rural District I	

### Premature Births

The Table on page 33 gives details of the premature births which occurred during the year, classified under birthweights in accordance with the international standard used by the World Health Organisation.

The services of a paediatrician are available if required for babies born at home, as is also any additional nursing attention which may be necessary, together with the loan of equipment, including special cots.

### Stillbirths and Infant Deaths

During the year 1962, there were 175 deaths during the first twenty-eight days of life and 213 stillbirths. There were 143 deaths within seven days of birth and the perinatal death rate for the administrative County was 30.93.

						PR	EMATI	PREMATURE LIVE BIRTHS	VE BIRT	THS						STIL	PREMATURE STILL-BIRTHS	HS
Weight at birth		Born in Hospital†	- +	Born	Born at home and nursed entirely at home	e and	Born tran tran	Born at home and transferred to hospital on or before 28th	s and to 28th	Born	Born in nursing home and nursed entirely there	sing rsed ere	Borr hom ferre	Born in nursing home and trans- ferred to hospital on or before 28th	sing ans- apital 28th			
								day						day		0	0	0
	Total	Died within	Sur- vived	Total	Died within 24	Sur- vived	Total	Died within	Sur- vived	Total	Died within	Sur- vived	Total	Died within	Sur- vived	in hos-	at home	in in
		hrs. of	days		hrs. of	0		hrs. of	days	0.00	hrs. of	days	Oca	hrs. of	days	pical		home
(1)	(2)	(3)	(4)	(2)	(9)	6	(8)	(6)	(01)	Ξ	(12)	(13)	(14)	(15)	(91)	(17)	(18)	(61)
(a) 3-lb. 4-oz. or less (1,500 gms. or less)	87	3	28	2	-	-	8	2	-	1	1	- 1			1	52	01	-1
(b) Over 3-lb. 4-oz. up to and including 4-lb. 6-oz. (1,500-2,000 gms.)	117	8	66	6	-	σ.	29	_	26	1	1	1	1	1	1	28	6	1
(c) Over 4-lb. 6-oz. up to and including 4-lb. 15-oz. (2,000-2,250 gms.)	115	9	104	23	-	22	4	-	12	1	1	1	1	1	1	2	-	1
(d)																		
to and including 5-lb. 8-oz. (2,250-2,500 gms.)	258	4	249	130	-	129	01	1	00	-	1	-	1	1	ı	15	4	1
TOTALS	577	49	480	164	4	160	56	4	47	-		-			1	108	24	

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

CAUSES OF NEO-NATAL DEATHS

th.	7-28 days	17	3	-	1	3	-	7	32
Age at Death	l-7 days	10	23	15	2	7	1	=	89
Age	Under 24 hours	6	28	91	9	-	1	15	75
	Premature	2	54	22	1	3	-	80	92
×	Female	21	21	4	4	4	-	4	79
Sex	Male	15	33	8	4	7	1	61	96
Born in	Died in Hospital	26	46	26	2	2	-	23	132
Born at	Died in Hospital	01	7	-	1	2	1	7	30
Born at	Died at Home	1	-	5	8	-	1	3	13
	Total	36	54	32	00	=	-	33	175
	İ	:	:	:	1	:	:	:	:
		:	:	:	:	:	:	:	-
200	t	ations	:	oxia	:	ku	:	:	TOTAL
i.	of Death	alform	:	d And	:	spirate	Other	:	
Σ	0	ital M	ırity	isis an	azards	n-Res	Ö	Causes	
		Congenital Malformations	Prematurity	Atelectasis and Anoxia	Birth Hazards	Infection—Respiratory	:	Other Causes	

Eleven deaths accompanied twin deliveries.

Five deaths accompanied triplet deliveries.

### Family Planning

With the assistance of the County Council, the Family Planning Association opened a further Clinic in Newark on the 13th June, 1962. This Clinic, with the two Clinics opened in Worksop and Mansfield, in 1961, and the existing Clinic in Nottingham, now brings this service within reasonable reach of all parts of the County.

### Child Welfare Centres

The building programme for the year included the erection of three further Clinics of the County Council's Standard Type at Carlton-in-Lindrick, Inham Nook (Chilwell) and Calverton. The first two were opened towards the end of the year (Inham Nook on the 28th November, and Carlton-in-Lindrick on the 6th December); the Calverton building which was nearing completion was opened on the 25th March, 1963. In addition, preliminary steps were taken in connection with the erection of similar Clinics at Forest Town and Ollerton.

Two subsidiary Child Welfare Centres were established in hired premises at Toton (11th January) and Coddington (18th January). The subsidiary Centre at Shireoaks (Worksop) had to be discontinued on the 14th December as the premises were no longer available and for the same reason the Centre at Stanton Hill was transferred to alternative premises in Skegby on the 9th April.

Details of the work undertaken at the Child Welfare Centres is as follows:—

Number of Centres	operating at the end	of the year	99
Number of sessions	held per month		424

Attendances and Medical Consultations Attendances Medical Individual Total Consultations Primary 14,499 111,905 Infants 9.095 27,854 1.116 9,908 52,897 12,750 Children 10.211 24,407 164.802 40.604

### Supply of Dried Milk and other Nutrients

A wide 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 distribution of Welfare Foods (National Dried Milk, Cod Liver Oil, Vitamin tablets and Orange Juice) has continued throughout the year under review upon the same lines as previously. The following table gives the extent of issues of all products during the twelve months ended 31st December, 1962, and for the three previous years.

Year	National Dried Milk Tins	Cod Liver Oil Bottles	A. & D. Tablets Packets	Orange Juice Bottles
1962	68,854	12,273	16,755	108,658
1961	72,203	22,777	24,922	159,927
1960	93,590	32,465	31,362	248,473
1959	106,283	32,442	30,017	256,554

The marked reduction in the demand for Cod Liver Oil, Vitamin tablets and Orange Juice can be attributed largely to the Government decision, which came into operation on the 1st June, 1961, to make an economic charge for these products.

The current trend of consumption can be seen more clearly when the figures for 1962 are divided into Quarterly issues:—

Quarter Ended	National Dried Milk Tins	Cod Liver Oil Bottles	A. & D. Tablets Packets	Orange Juice Bottles
29th December, 1962	16,481	3,454	3,983	26,721
29th September, 1962	17,398	2,650	4,090	29,342
30th June, 1962	17,414	2,702	4,183	28,673
31st March, 1962	17,561	3,467	4,499	23,922
	68,854	12,273	16,755	108,658

The number of Distribution Centres in operation at the end of the year was 131, of which 99 were County Council Centres and 32 voluntary centres. The situation of the Centres as between Urban and Rural Districts was as follows:—

	In Urban Districts	In Rural Districts	Total
County Council Centres	 41	58	99
Voluntary Centres	 4	28	32

Two additional County Council Centres were opened during the year at Coddington and Toton, whilst the voluntary (W.V.S.) Centre at Carlton, and the County Council Centre at Shireoaks (Worksop) 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 valuable service 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 Services in those cases where the arrangements could not be made directly by this Department under the Authority's established Schemes. Included in the latter category were the following:—

Enlarged Tonsils and/or Adenoid Operations performed	s			78
Orthopaedic Conditions Pre-school children referred	to (	Orthopa	nedic	
Clinics				27

### 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 1962 were as follows:—

	Mansfield	Nottingham	Worksop	Total
New Cases	 13	25	- 1	39
Total Attendances	 38	89	9	136

### 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 946 pre-school children were examined by the Consultants. Spectacles were prescribed in 172 cases and were obtained through the normal channels of the National Health Service.

### Routine Hearing Testing of Pre-School Children

This Scheme made considerable progress during the year following the appointment of Mr. D. H. Grossman, Teacher of the Deaf, by the Education Committee on their staff, in November, 1961, and of Mrs. R. Park, Auditory Therapist, appointed by the Health Committee, in October, 1961.

The following report kindly prepared by Mr. Grossman sets out in detail the work covered under the Scheme :—

"The success of any scheme of work for children who have defective hearing depends on very early detection and diagnosis.

A register is now maintained into which go the names of all children born at a greater risk than normal of being deaf and those who contract illness known to cause hearing loss sometimes. These children's hearing is tested as early in life or as soon after the illness, as possible, at the Hearing Clinic and at frequent intervals until it is possible to determine deafness or confirm normal hearing.

During the year, all Health Visitors attended lecture demonstrations on the use of screening tests of hearing of all infants at six months and at intervals thereafter. The Health Visitors have been given simple testing equipment with which to administer these tests. Parents themselves are often the first to suspect deafness. They are able to bring this to the notice of their Health Visitor or Welfare Clinic Medical Officer or they can consult their family doctor. Suspected cases found in any of these ways were referred to the Hearing Clinic for more comprehensive testing. During the year, 83 pre-school suspected cases were investigated. Thirty-four were considered to have hearing losses. All were referred to Consultant Otologists for examination and, where appropriate, treatment and/or the issue of National Health Medresco Hearing aids.

In cases of very severe deafness where more amplification than that available from the Medresco hearing aid is vital, commercially produced hearing aids have been bought on the recommendation of Consultant Otologists and provided on loan.

When a pre-school child is found to be deaf, even if he is only six months or younger, his training is begun by the staff of the Hearing Clinic. At first it is really only the parents who receive the training, the child when necessary being used as a means of showing them what to do and how to do it. It is essential that parents know how to help their children, for a deaf child, like his hearing brothers and sisters does not begin to learn to talk only by a series of lessons, but through a way of life. This guidance and training is usually provided in the children's homes. In this way, they can be more closely

associated with the conditions and routine. A visit to each home is made at least once a week. Pamphlets on some of the basic information on deafness and its problems have been produced for parents. It has been possible to lend auditory training units to parents in suitable cases, for their use with their children. Of the three available for this purpose, two were presented to the Health Department by the Nottingham and Lincoln Branch of the National Deaf Children's Society.

To provide a foundation of basic information on deafness and its associated problems on which work done on home visits can be based, and to afford opportunities for further investigation of the children's handicap, it is hoped to start week long residential courses from next year for mothers and their newly diagnosed infants. These will be held at Eaton Hall Teachers' Training College, Retford, during the Easter and Summer vacations. The course will enable mothers to learn and understand while relieved of most of their routine duties."

This scheme could not be the success it is without the cooperation of the General Practitioners and Consultant Otologists.

### 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 170 proposed adoptors and sixty-seven foster-parents.

### Day Nurseries

The average daily attendances during the year at the six Day Nurseries are set out in the following Table :—

		 Number	Averag	e Daily Atte	ndance
Nurs	ery	of	Under	2-5	
The second second		Places	2 years	years	Total
Beeston		 50	9	19	28
Bull Farm		 40	7	14	21
Carlton		 26	5	12	17
Newark		 40	3	8	11
Stapleford		 50	5	12	17
West Brid	gford	 25	5	13	18

### Nursery Nurses' Training

The arrangements with the Nottingham Education Committee for the training of Nursery Nurses continued. Under these arrangements the girls receive their theoretical instruction at the Nottingham Nursery Nurse Training Centre, Forest Road, and their practical training at the Day Nurseries.

Practical training is also afforded at the Bull Farm Day Nursery, Mansfield, for students attending the Nursery Nurse Training Courses provided at the Violet Markham School, Chesterfield.

### 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 the year are shown in the following Table:—

Cases on Register at Is	t January,	1962		 7
New cases approved				 4
Cases discontinued				 6
Cases on Register at 31	st Decem	ber, I	962	 5

### Nurseries and Child Minders Regulation Act, 1948

The Daily Guardian scheme referred to above only applies in cases where the numbers 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.

	Child Minders	Nurseries
Number of Registrations at 1st January, 1962	10	1
Registrations approved during the year	6	1
Registrations relinquished	3	_
Number of Registrations at 31st December, 1962	13	2
	By Child Minders in their own homes	In Registered Nursery Premises
Maximum number of children to be cared for	118	50

### 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

by MR. D. E. MASON, O.B.E., County Dental Officer

"The established custom by virtue of which all the School Dental Officers, with the exception of the Orthodontist, participate in the scheme for the provision of dental care of Expectant and Nursing Mothers and children under school-age was continued during 1962.

The following table gives statistical details of the dental work carried out under this heading, the corresponding figures for 1961 being shown in brackets for comparison:—

MANUAL MA	Expectant and Nursing Mothers	Childr under f	
(a) NUMBERS PROVIDED	WITH DENTAL CARE		
Number examined	958 ( 946)	1,090 (	1,062)
Needing treatment	925 ( 914)	838 (	846)
Treated	832 ( 843)	798 (	823)
Made dentally fit	521 ( 566)	496 (	620)
(b) FORMS OF DENTAL T	REATMENT PROVIDED		
Extractions	3,241 (3,366)	1,436 (	1,387)
General anaesthetics	253 ( 280)	468 (	413)
Fillings	761 ( 751)	157 (	161)
Scaling and gum treatment	230 ( 240)	5 (	13)
Silver nitrate treatment	50 ( 11)	563 (	467)
Radiographs	44 ( 50)	- (	1)
Full upper or lower dentures	290 ( 308)	- (	)
Partial upper or lower dentures	172 ( 190)	- (	)
Crown or inlays	1 ( —)	- (	<u></u> -)

As in former years the numbers of women and children treated and also the scope of the treatment undertaken in many instances had to be severely restricted because of the continued shortage of Dental Officers.

In spite of the fact that under a recent variation of the National Health Service Act, Expectant and Nursing Mothers can now obtain artificial dentures without payment from private Dental Practitioners carrying out treatment under that Act, there was no noticeable diminution in the applications for the provision of treatment through the County Service.

In regard to the dental treatment of children under school age, it is unfortunate that the existing staffing conditions continue to make it impossible to provide for these young children regular courses of complete dental treatment at intervals of six months. A desirable procedure of this sort would result in dental decay being tackled and treated in the earlier stages of its onset thereby making treatment conditions more pleasant for both patient and operator. In addition, it would mean that children would enter school at five years of age with dentition in a reasonably healthy state and without the need, which exists in many cases at present, of having to undergo during their first year of school life the unpleasant experience of the extraction of teeth so extensively decayed that they cannot be saved by the insertion of suitable fillings."

### 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.—

- (I) 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.

Number of midwives practising at the end of the year-

County Midwives	 	74	
District Nurse-Midwives*	 	59	
Hospital Midwives	 	49	
Midwives in Private Practice	 	1	
			18

\*The amount of midwifery services afforded by the District Nurse-Midwives was equivalent to 21.53 whole-time midwives.

Reference is made in the section of the Report dealing with Home Nursing (page 46) to the Domiciliary Midwifery Service as it is affected by the agency arrangements for Midwifery and Home Nursing operated by the Nottinghamshire Nursing Federation and their affiliated and associated District Nursing Associations.

### Supervision of Midwives

Number of midwives who notified their intention to practise—200. Visits by Supervisors of Midwives—

Routine inspection	ons			 475	
Investigations int	o abnorr	nal case	es	 1,333	
Other visits				 399	
					2,207

Number of cases in which medical aid was summoned by a midwife—

where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service

Service	 	 	 770	
Other cases	 	 	 162	
				932

Number of claims received from medical practitioners—84.

Total amount of claims received-£253 9s. 0d.

Other statutory notices recei	ved from	midwives	were as	follows :-
Notification of Liability to	o be a So	urce of Infe	ction	128
do. Death				11
do. Stillbirth				40
				179
Eye Discharge in the Newbor				
Number of cases reported discharge from, the				63
Number of these cases Neonatorum	notified 	as Ophth	almia 	3
Every case was immediately in and subsequently followed-up impaired vision was noted.				
Puerperal Pyrexia				
Number of cases notified	during t	he year—		
Domiciliary				9
Hospital				12
Deliveries attended by Midwi Domiciliary Cases	ves			
		ot booked		booked
	Doctor	Doctor not present	Doctor	Doctor not present
	at	at	at	at
	delivery	delivery	delivery	delivery
County Midwives	12	282	991	2,959
District Nurse-Midwives	3	127	341	950
Privately Practising Midwives	_	_	3	1
			1 225	2010
	15 —	409	1,335	3,910
Cases in Institutions				
Hospital			2,839	
Private Nursing Hon	nes		_	
			2,839	
Number of cases delivered in domiciliary midwives of before the end of the lyin	n discha	rge from h		1,653

### Administration of Analgesics

Number of midwives practising at the end of the year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board—

Domiciliary Midwives			72	
County Midwives			73	
District Nurse-Midwives			59	
Privately Practising Midwives	s	***	1	
				133
Hospital Midwives				47
				180
				100

Number of sets of Gas-Air apparatus in use on the district at the end of the year ... 127

Number of cases in which analgesia was administered on the district during the year—

	Gas a	and Air	Petl	nidine
	Doctor present at delivery	Doctor not present at delivery	Doctor present at delivery	Doctor not present at delivery
Administered by :			/	,
County Midwives	792	2,290	671	1,508
District Nurse-Midwives	286	911	171	442
Privately Practising Midwives	1	_	1	_
	-			
	1,079	3,201	843	1,950

### Infant Oxygen Resuscitators

Each County Midwife and District Nurse-Midwife is equipped with this apparatus.

The number of occasions it was used during the year was-98.

### Visits by County Midwives and District Nurse-Midwives

Ante-Natal		County Midwives	District Nurse- Midwives
Home	 	48,167	11,157
Clinic	 	1,095	782
Delivery	 	4,244	1,421
Lying-in	 	73,603	24,783
		127,109	38,143

### Refresher Courses for Midwives

Number of midwives who attended a course of instruction during the year in accordance with Section G. of the Rules of the Central Midwives Board—

County Midwives ... 12
District Nurse-Midwives ... 9 = 21

### **HEALTH VISITING (Section 24)**

The majority of the Health Visitors undertake combined duties which, in addition to general health visiting, includes work in the School Health Services. A considerable proportion of their time is necessarily taken up by fixed appointments at Child Welfare Centres, Relaxation Classes, School Clinics, and School Medical Inspections, but the employment of Clinic Nurses, i.e. State Registered Nurses who do not possess the Health Visitor's certificate, has assisted the Health Visitors in maintaining the important work of Home Visiting, notwithstanding a reduction in the number of Health Visitors through retirement or resignation. The following figures show a decrease of 10,141 compared to the previous year:—

### Home Visits

First visits to Infants					 11,796
Re-visits to Infants					 50,883
Visits to Children aged I a				***	 30,831
Visits to Children aged 2 b	out und	er 5 ye	ears		 73,010
Visits to Expectant Mother	rs				 7,933
Visits to Post-Natal Mothe					 9,765
General Health Visiting					 8,293
					192,511

In addition to the actual visits included above, a total of 25,109 fruitless visits were made to cases where the mother or a responsible representative was not at home. Also, the Table does not include visits by Health Visitors to tuberculous cases which are referred to later in this report.

### Training of Staff

### Training Scheme for Pupil Health Visitors

The joint arrangements with the Nottingham City Authority for the training of Health Visitors continued and the Course which terminated in August resulted in the services of two Health Visitors becoming available for work in the County. These, and other appointments made through normal recruitment, were not, however, sufficient to fill the vacancies

which arose during the year and at the end of the year, in addition to the three Superintendent Health Visitors, there were sixty-eight nurses engaged on Health Visiting duties, (the proportion of time allocated to such work being equivalent to 48.5 whole-time officers), compared to eighty (equivalent whole-time 57.5), at the end of 1961.

### Refresher Courses

The policy recommended by the Nurses' Committee of the Whitley Council of sending Health Visitors to Refresher Courses organised by the Women Public Health Officers' Association or the Royal College of Nursing was continued, and fourteen Health Visitors attended during 1962.

### Appointment to Panel of Examiners

During the year, Miss E. Bowler, Superintendent Health Visitor, was appointed to the panel of external examiners of the Royal Society of Health, and first served in October of that year.

Miss Bowler also serves on the Health Visitors Training Course Committee.

### **HOME NURSING** (Section 25)

# Agency Arrangements with the Nottinghamshire Nursing Federation and District Nursing Associations

by MR. W. L. RICHARDSON, Lay Administrative Assistant and Chief Clerk.

"The agency arrangements with the Nottinghamshire Nursing Federation and District Nursing Associations which came into operation on the 5th July, 1948, will reach the end of their fifth triennium on the 4th July, 1963.

Towards the end of the first triennium, in January, 1951, a very detailed and comprehensive report was presented to the Maternity and Child Welfare Sub-Committee with statistical information relating to the first full year (1949) during which the arrangements were in operation. A report on similar lines was prepared for the Sub-Committee towards the end of 1962, containing statistical information relating to the year 1961 (the last full year for which figures were available) compared with the corresponding information relating to the year 1949. The information which follows (page 50) brings this report up-to-date by the inclusion of statistics relating to the year 1962. It will be observed that some reference is made to midwifery. The main contribution on the subject of the Domiciliary Midwifery Service will be found in pages 42 to 45. The references made in this section of the Report relate to the Midwifery Service only

as it is affected by the agency arrangements for Midwifery and Home Nursing operated by the Nottinghamshire Nursing Federation and the District Nursing Associations.

It should be remembered that the use by Local Health Authorities of the services of voluntary organisations for Midwifery and Home Nursing was suggested by the Minister of Health. The Ministry's Circular 118/47, dated 10th July, 1947, had this to say—"In view especially of the need to have reasonably adequate services operating from the Appointed Day; of the prevailing shortage of qualified women; and of the other difficulties of building-up their own organisations; Local Health Authorities would be well advised to make full use of these powers (i.e., the powers contained in the National Health Service Act, 1946, enabling them to utilise the services of voluntary organisations) wherever existing organisations are providing a satisfactory service."

It would seem that the present Minister of Health is no less desirous than his predecessor of 1947 to secure co-operation with voluntary organisations, and has in fact suggested consultations with such organisations in regard to the operation of the Local Health Authorities' Ten-Year Plans for the Development of the Health Services.

There is no doubt at all that over the years this Authority has derived considerable benefit from these agency arrangements. They took over in 1948 a service which was really a "going concern," with its own staff and equipment, including a number of motor cars and in some cases housing accommodation. Now, more than fourteen years later, the cars owned by the District Nursing Associations have all been disposed of as no longer serviceable, and the housing accommodation which they provided for their Nurses has passed to the Local Health Authority.

The Associations are no longer under any necessity to collect "benefit" subscriptions, because the Midwifery and Home Nursing Services must, by law, be provided free of cost. The Associations can, however, still assist in the local administration of these Services—they can deal with day-to-day problems on the spot as they occur. The Notting-hamshire Nursing Federation are, of course, responsible for the general co-ordination and oversight of the services provided by the District Nursing Associations, including inspection of their Home Nurses, arrangements for staff training, and ensuring that vacancies which occur in the Districts are filled by the appointment of suitable staff.

In 1949, the number of Associations who were participating in the arrangements was seventy-one. At that time the affairs of two of these Associations were conducted by the Federation. To-day the number of Associations is sixty-eight, but eighteen of these Associations are operated from the Federation's Headquarters. This, of course, is not what was intended, and there has obviously been a regrettable loss of local interest which must be arrested if the present arrangements are to continue. Without local Committees and Officers the agency arrangements are meaningless.

Examination of the statistical information appended to this report reveals that over the years the staffing position as regards home nursing has improved, both relatively and actually. This improvement, coupled with a decreased demand for the Nurses' services, has resulted in smaller case loads. The decreased demand, which results from a decrease in the number of cases requiring the Nurses' services, is undoubtedly due to modern methods of treatment and in particular the use of antibiotics.

Despite the smaller case loads, the decrease in total visits paid is slight, and in fact the average number of visits per case has increased from twenty-five in 1949 to thirty-five in 1962. This is due in part to the earlier discharge of patients from hospital, and more particularly to the preponderance of elderly patients who require frequent visits over long periods. In 1962, seventy-two per cent of the cases attended were persons aged sixty-five and over, and their nursing care involved sixty-six per cent of the visits paid by the Nurses.

The average, maximum, and minimum figures still indicate disparity in case loads and in visits undertaken. This may be due to a variety of causes: e.g., a Nurse working in a congested urban area can cope with a bigger case load than a Nurse serving a scattered rural district with long distances to travel; an area with a preponderance of elderly people produces more work for the District Nurse as such than (say) a new housing estate peopled largely by young couples newly-married.

There is, however, still a serious shortage of Nurses, and it behoves all concerned to see that those we have are employed to the best possible advantage. The Federation and the District Nursing Associations have been asked to look into the question of disparity with a view to making adjustments where these are indicated as necessary to ensure more effective use of the Nurses' services. It is particularly desirable that more time should be available for midwifery. It will be observed that the midwifery work undertaken under the agency arrangements has not shown the same improvement as home nursing so far as staffing is concerned. Indeed, of late years the staffing position has declined. This decline is part of a serious national problem affecting the hospital and domiciliary services alike; and the intractable nature of this problem continues to create very worrying situations so far as the Domiciliary Midwifery Service in Nottinghamshire is concerned. While, as already indicated, it is imperative that everything possible should be done to ensure that staff are used to full advantage, there can be no completely effective solution to the problem until more women are available to practise midwifery. At present the situation that confronts us is that even Nurses trained as midwives are declining to practise midwifery. Married women in particular—and many more of these are employed than used to be the case—are especially averse to undertaking duties which require them to be on call day and night.

The Agreements in operation between the County Council and the Associations concerned do provide for adjustment of Associations' areas where the exigencies of the Service so require. It is appreciated that the operation of this part of the Agreement may cause some heartburning in a District where it is no longer possible to employ a District Nurse Midwife to serve only the comparatively small compact area covered by the District Nursing Association; but there is no doubt that such a situation will from time to time become inevitable and will persist until there is an improvement in the staffing position.

In order to preserve continuity the customary five-year statistical table has been included on page 51, although much of the information relating to the year under review is also included in the table on page 50."

### MIDWIFERY AND HOME NURSING

Agency Arrangements with the Nottinghamshire Nursing Federation and District Nursing Associations Summary Statistics for the Years 1949 and 1962

Janna. /								
Staff employed at 3	31st De						1949	1962
Total							106	129
Full-time Home Nur	rsing						43	70
Full-time Midwifery							_	1
Part-time Home Nu							63	58
*Equivalent of Whole						***	79	105
							27	22
*Equivalent of Whole	s-time i	IIGWIV	62		***	***	21	22
Staff required at 3	1st De	cemb	er to	Standa	ard air	med		
at in County Cou								
Total establishment	(Home	Nurse	es) at 1	per 4.	000 por	pula-		
							130	150
tion Equivalent of whol	e-time	staff (	Home	Nursi	ng) act	ually		
employed	c cime	seam (	Tome	1101311	(P)	danij	79	105
employed Extent to which Ho	me Nur	cina S	raff falls	chart	of stan	dard	51	45
							31	73
Number of existing								
tion at 31st Dece	mber	***	***	***	***	1	per 6,651	I per 5,735
Home	Nursi	ng	Analy	SIS O	f Wo	rk P	erformed	i
Cases Attended								
Total							8,387	7,261
Per equivalent of w			se				106	69
Per Nurse actually 6			7.7				10.7	
Whole-time-		-						
A							89	68
Maximum				***		****	173	153
Minimum				***	***	***	21	8
		and D			***	***	21	0
Part-time Home N	Aursing	and F	art-time	е				
Midwifery—							72	- 11
Average	***		***		***	***	72	44
Maximum	***		111	***	***	***	314	291
Minimum			***	***	***	***	26	
Visits Paid								
Total		2220		***	***	***	208,000	252,766
Per Case—Average	***		***	***	***		25	35
Per equivalent of wi	hole-tim	e Nur	se				2,633	2,407
Per Nurse actually of	employe	d						
Whole-time-								
Average							2,591	2,506
Maximum				***			4,787	5,207
Minimum	***	***			***	***	1,181	75
Part-time Home N							.,	, ,
Average			are emin		3.0		1,533	1,392
Maximum	***						2,985	3,568
Minimum	***	***	***	***		***	655	3,300
Fillingin	***	***	***	***	***	***	033	44
Midv	vifery-	-An	alysis	of V	Vork	Perf	formed	
Confinements atter	ded by	Dist	trict N	durse	Midw	ives		
Total					1		1,760	1,433
Average per individ	ual Nur	se Mid	wife				28	25
Maximum per indivi							64	63
Minimum per indivi					***		. 04	4
+ TI	dual Ivu	136 111	dwile					
T I be tidilke verkeren	and the same of the same		NAME OF STREET	and seeing	the street of	Della adda a	CITY OF THE PARTY OF	read bear bearing

<sup>\*</sup> The figure representing the equivalent of whole-time Midwives employed has been calculated on the basis that a full-time Midwife can be expected to attend about 66 confinements a year. The difference between this figure and the total staff employed represents the equivalent of whole-time staff available for home nursing.

### General Statistics (Whole County)

	1958	1959	1960	1961	1962
Total No. of Cases attended	8,747	8,262	7,513	7,410	7,261
*Average No. of Cases attended per equivalent of Whole-time Nurse	79	79	70	74	69
Total No. of Visits paid	278,595	266,742	252,883	251,594	252,766
*Average No. of Visits paid per equivalent of Whole-time Nurse	2,528	2,565	2,363	2,516	2,407
Average No. of Visits paid per Case	32	32	34	34	35
*Equivalent of Whole-time Staff employed at 31st December	110	104	107	100	105
**Equivalent of Whole-time Staff required at 31st December	142	143	146	148	150
†Extent to which Staff falls short of requirements at 31st December	32	39	39	48	45
†Ratio of Staff to Population at 31st December	1 per 5,180	1 per 5,532	1 per 5,455	1 per 5,933	I per 5,735

<sup>\*</sup>Some Nurses devote part of their time to Domiciliary Midwifery.

<sup>\*\*</sup>On basis of I per 4,000 of population.

<sup>†</sup>Expressed as equivalent of Whole-time Nurses.

### VACCINATION AND IMMUNISATION (Section 26)

Vaccination against Smallpox and Poliomyelitis, and immunisation against Diphtheria and Whooping Cough, continued to be offered throughout the year to all newly-born infants and to unprotected children moving into the County from other areas and, in addition, immunisation against Tetanus was offered to children under the County Council's Scheme as from the beginning of 1962.

District Medical Officers of Health, acting on agreed terms as the County Council's Agents, continued to be responsible for the organisation and conduct of this work within their Districts and the County Council's Health Visitors and School and Clinic Nurses worked in close collaboration with them in this work. Where requested, Clinical assistance was also 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 standard records of the vaccination or immunisation by them of eligible persons on their medical lists, and at 31st December, 1962, a total of 421 General Practitioners were enrolled for this purpose.

After the Authority became involved in the first quarter of the year, following an outbreak of Smallpox in the Bradford area, in paying fees to General Practitioners for over 20,000 vaccination records, almost sixty per cent of which related to persons over 15 years of age and even though mass vaccination had not been advocated, further consideration was given to a decision taken in 1955 to accept and pay fees for records of the vaccination or re-vaccination of adults. Following consultation with District Medical Officers of Health and with the local Medical Committee it was decided, and all concerned were duly notified, that as from 1st October, 1962, records of Smallpox vaccination would only normally be required under the County Council's Scheme for children up to and including 16 years of age.

Towards the end of the year, the Authority also noted and advised all concerned in accordance with Ministry of Health Circular 27/62 that whilst routine vaccination against Smallpox in the first two years of life should be continued, it should preferably be offered during the second year of life instead of at four to five months of age as previously recommended.

In addition to the offer of vaccination against Poliomyelitis in infancy referred to above, the offer of vaccination against this disease was also continued in 1962 to all persons under forty years of age, particularly including expectant mothers and others at special risk as prescribed by the Ministry of Health.

Sabin oral vaccine was made available under the Council's Scheme as from 20th February in accordance with Ministry of Health Circular 3/62 and was generally used in the Authority's Clinics and Centres from that date, sixty-four per cent of the primary vaccinations completed and seventy-five per cent of reinforcing injections given in the year being undertaken with oral vaccine. Limited supplies of Salk vaccine continued, however, to be provided to those who desired it.

The tables on pages 54 to 58 show the work completed in the several County Districts, and in the County as a whole, during the year and these figures represent protection rates as follows:—

		Percentage vaccinated
(1)	Smallpox (children under 2 years)	61%
(2)	Poliomyelitis (persons under 20 years)	85%
(3)	Whooping Cough (children born in 1961)	71%
(4)	Diphtheria (children born in 1961)	71%
	ditto (children under 15 years)	48%

For the sixth successive year no case was notified and no child died from Diphtheria in the County Council's area.

One child, aged seven months, developed a typical primary vaccinia following vaccination against Smallpox but happily made a satisfactory recovery on domiciliary treatment.

VACCINATION AGAINST SMALLPOX, 1962

			MON		BER VACCINATED*	ED*			NUMBER	BER RE-V	RE-VACCINATED	ATED*	
DISTRICT		Under I year	l year	2—4 years	5—14 years	15 years and over	TOTAL	Under I year	l year	2—4 years	5—14 years	15 years and over	TOTAL
Urban Districts—		436	70	671	744	1 241	2 540		-	30	207	1 160	1 398
Worksop (Borough)	: :	319	77	117	496	682	1,691	2	2	22	206	729	196
Newark (Borough)	:	283	47	70	143	216	759	1	ı	-3	88	274	375
East Retford (Borough)	:	1117	43	4	212	406	618	1	I	S	140	444	589
Arnold	:	360	57	94	420	779	1,710	18	1	4.7	258	834	1,106
Beeston & Stapleford	:	373	749	777	141	9445	3,104	30	-	300	378	1,702	1,100
7	:	136	45	446	233	747	669		-	2	45	149	197
:	:	239	46	2 -	283	440	1.079	1	-	9	84	429	520
Kirkby-in-Ashfield	: :	106	20	20	195	384	755	1	-	7	7	257	272
7		172	57	00	331	348	1,008	1	I	12	96	315	423
Sutton-in-Ashfield	:	234	38	117	164	825	1,705	1	1	=	011	724	845
Warsop	:	94	=	21	65	140	331	1	1	80	22	89	611
idgford	:	258	09	93	318	969	1,425	1	3	47	401	1,530	1,981
TOTAL		3,409	188	1,353	5,195	8,786	19,624	32	10	253	2,365	9,823	12,483
Rural Districts-		000	00.		****		2020			00	250	1 174	1 554
Bastord	:	338	9,00	547	4114	1,812	2,703	1 -		77	233	147	395
	:	145	49	23	201	449	897	-	-	2	135	400	538
:	:	174	25	57	104	113	473	1	1	- 1	159	691	339
: =	:	256	64	142	596	742	2.100	1	1	34	306	832	1.172
Worksop		183	38	48	574	451	1,294	1	3	9	54	246	309
TOTAL	1	1,633	472	199	3,022	4,201	686'6	-	4	68	1,245	3,968	5,307
Whole County—		E 0.47	1 353	2014	7108	13 997	20 413	33	14	340	3,610	13 791	17 790
GRAIND LOLAL		2,000	1,333	410,4	117'0	16,701	610,72	22	1	710	2,0,0	1211	2000

\*Classified according to age at date of vaccination.

# DIPHTHERIA IMMUNISATION, 1962

	NUMBER		of children primarily immunised against diphtheria	SED AGAINST DIE	PHTHERIA	NUMBER GIVEN A REINFORCING INJECTION
DISTRICT	Born in 1962	Born in years 1958-1961	Born in years 1953-1957	Born in years 1948-1952	TOTAL (under 15 years)	TOTAL (under 15 years)
Urban Districts— Mansfield (Borough)	210	362	73	т,	648	483
Worksop (Borough)	194	234	28	4 —	369	276
East Retford (Borough)	74	194	7	1	275	961
Arnold Beeston and Stanleford	218	306	1	-	810	254
Carlton	86	182	72	1	340	264
Eastwood	0/0	2112	0 1	1 1	308	279
Kirkby-in-Ashfield	48	95	'n	-	149	061
onse .	= 1	212	39	1	362	285
Sutton-in-Ashfield	255	323	71	0	221	173
West Bridgford	80	212	. 00	2	302	210
TOTAL	1,704	3,499	300	18	5,521	4,108
Rural Districts—						
Basford	223	481	45	01	759	675
Bingham	88	272	∞ =	_ u	369	207
	71	2 4	- 00	5 2	222	148
Southwell	142	521	49	1	712	518
:	901	156	=		273	205
TOTAL	989	1,746	132	18	2,582	616,1
Whole County—	2 390	5 245	437	36	8.103	6.027

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	NUMBER OF	NUMBER OF CHILDREN PRIMARILY IMMUNISED AGAINST WHOOPING COUGH	ILY IMMUNISED A	GAINST WHOOF	ING COUGH	A REINFORCING INJECTION
DISTRICT	Born in 1962	Born in years 1958-1961	Born in years 1953-1957	Born in years 1948-1952	TOTAL (under 15 years)	TOTAL (under 15 years)
Urban Districts—	202	352	00	3	564	17
Worksop (Borough)	194	342	12	4	552	208
Newark (Borough)	120	234	ı,	1	359	
East Retford (Borough)	4/	303	0 4	1	7/7	711
Beeston and Stapleford	217	569	4	-	801	420
Carlton	98	179	4	1	269	51
Eastwood	70	112	2	ı	187	132
Hucknall	88	212		-	308	26
Kirkby-in-Ashtield	48	44	- !		44	061
Mansfield Woodhouse	110	211	12	1	334	v v
Wasses	83	125			200	,
West Bridgford	80	212	00	2	302	200
TOTAL	1,693	3,454	85	01	5,242	1,460
Rural Districts—	223	479	36	01	748	586
Bingham	88	271	9	:-	366	151
ord	56	175	13	1	244	131
	71	140	3	2	216	= ;
Southwell	142	519	12	1	673	34
Worksop	901	156	9	1	268	28
TOTAL	989	1,740	76	13	2,515	941
Whole County	2 379	5.194	191	23	7.757	2.401
GRAND TOTAL	2,379	5,194	191	23	7,757	7,40

# TETANUS IMMUNISATION, 1962

Urban Districts— Warsely (Borough)         Born in years         Born in years         Born in years         FOTAL           Urban Districts— Mansfield (Borough)         1952         167         6         1         369         38           Moveksop (Borough)         193         167         6         1         4         4 480         259           Amsfield (Borough)         193         167         169         2         4         4         4 400         259           Amsfield (Borough)         170         183         2.6         2.6         2.6         3.5         1.6         4         4         4.6         4.6         4.7		NUMBER		OF CHILDREN PRIMARILY IMMUNISED AGAINST TETANUS	NISED AGAINST 1	ETANUS	NUMBER GIVEN A REINFORCING INJECTION
gh) 195 167 6 1 1 369  gh) 193 269 164 4 4 480  100 183 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	DISTRICT	Born in 1962	Born in years 1958-1961	Born in years 1953-1957	Born in years 1948-1952	TOTAL (under 15 years)	TOTAL (under 15 years)
gh) 195 267 16 1 4 4 369 gh) 193 269 167 16 1 4 4 3869 cough) 220 183 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Urban Districts-						
193   1269   14		195	167	9	_ ,	369	200
1,00   1,00		193	269	4	4	305	427
leford 215 262 2 2 2 329 leford 215 352 199	:	071	183	7	ı	185	- 1
leford 215 352 15 586 17 140 287 189	East Retford (Borough)	/3	601	200	1	300	2008
1,678   2,178   1,16   1,087   1,10	Arnold	200	797	7 01		586	290
1,678	and stapleford	617	332	4.4		287	176
1,678   1,98   6		130	757	+-		140	
1,678	::	5/3	900	- \	1	800	33
1,678		68	4-	0.	1-	507	77
couse     107     68     5     4     470       d     254     202     10     4     470       82     202     13     3.982       1,678     2,178     116     10     3,982       220     241     20     3     484       84     216     8     2     310       55     134     17     10     216       71     322     6     2     169       142     322     6     1     190       103     80     6     1     190       103     3,265     175     28     5,821		48	70		-	120	1
d         254         202         10         4         470           82         26         3          108         108           1,678         2,178         116         10         3,982           220         241         20         3         484           84         216         8         2         310           84         216         8         2         310           71         94         2         2         169           71         94         2         2         169           103         80         6          1           675         1,087         59         18         1,839           2,353         3,265         175         28         5,821		107	89	2	1	180	'
82         26         3         -         108           1,678         2,178         116         10         3,982           220         241         20         3         484           84         216         8         2         310           84         134         17         10         216           71         94         2         2         169           71         322         6         1         190           103         80         6         1         190           675         1,087         59         18         1,839           2353         3,265         175         28         5,821		254	202	01	4	470	1
78         133         3         —         214           1,678         2,178         116         10         3,982           220         241         20         3         484           84         216         8         2         310           55         134         17         10         216           71         94         2         2         169           71         94         2         2         470           142         80         6         —         470           103         80         6         —         190           103         3,265         175         28         5,821	***	82	26	1.	1	108	13
1,678         2,178         116         10         3,982           220         241         20         3         484           84         216         8         2         310           55         134         17         10         216           71         94         2         2         169           71         94         2         2         169           71         94         2         470         169           80         6         1         190         190           80         6         1         190         190           80         1,087         59         18         1,839           80         2,353         3,265         175         28         5,821	:	78	133	3	1	214	44
220         241         20         3         484           84         216         8         310         216         310         216         22         216         22         22         470         22         470         190         23		1 678	2.178	116	10	3,982	1,053
220     241     20     3     484       84     216     8     2     310       84     216     8     2     310       55     134     17     10     216       71     94     2     2     169       142     322     6     1     470       103     80     6     1     190       103     1,087     59     18     1,839       103     3,265     175     28     5,821							
220         241         20         3         484           84         216         8         310         310           55         134         17         10         216           71         94         2         2         169           142         322         6         1         190           103         80         6         1         190           675         1,087         59         18         1,839           2,353         3,265         175         28         5,821							
84         216         8         2         310           55         134         17         10         216           71         94         2         2         169           142         322         6         1         169           103         80         6         1         190           675         1,087         59         18         1,839           2,353         3,265         175         28         5,821	Barford	220	241	20	3	484	92
55         134         17         10         216           71         94         2         2         169           142         322         6         1         169           103         80         6         1         190           675         1,087         59         18         1,839           2,353         3,265         175         28         5,821		84	216	000	2	310	85
71         94         2         2         169           142         322         6         -         470           103         80         6         1         190           675         1,087         59         18         1,839           2,353         3,265         175         28         5,821	ord	25.	134	17	10	216	31
142         322         6         -         470           103         80         6         1         190            675         1,087         59         18         1,839            2,353         3,265         175         28         5,821		71	94	2	2	691	91
675         1,087         6         1         190           1,087         59         18         1,839           2,353         3,265         175         28         5,821		142	322	9	1	470	47
675 1,087 59 18 1,839 2,353 3,265 175 28 5,821	:	103	80	9	-	190	140
675 1,087 59 18 1,839 2,353 3,265 175 28 5,821							
2,353 3,265 175 28 5,821	:	675	1,087	59	18	1,839	114
2,353 3,265 175 28 5,821	Whole County—				1	-	
	GRAND TOTAL	2,353	3,265	175	28	5,821	1,464

POLIOMYELITIS VACCINATION, 1962

TOIRE	NO.	NO. WHO CO	COMPLETED PRIMARY VACCINATION	RIMARY V.	ACCINATIO	NO	No. (all gps.) awaiting doses	No. (all gps.) given
	Born in 1962	Born in 1961	Born in 1943-60	Born in 1933-42	Other priority groups	TOTAL	primary vaccination at 31st December	doses
Urban Districts-		-		!			4	
Mansfield (Borough)		430	276	147	263	1,178	901	2,878
Worksop (Borough)		354	185	760	218	410,1	4 =	2,41/
(dollar	52	128	152	53	137	80.0	3	1,578
Arnold		311	94	62	149	688	148	2.016
and Stapleford	_	638	234	260	402	1.648	167	3,326
		406	274	135	155	1,066	67	2,290
		155	62	25	49	3=	38	865
		211	137	51	132	543	79	1.495
-Ashfield		133	89	27	4	322	-80	509
use		204	254	86	135	969	66	1.113
		369	134	107	188	698	=	2,756
:	9	113	190	57	127	493	175	591
idgford	36	233	98	54	164	573	20	1,218
TOTAL	269	3,904	2,286	1,365	2,275	10,527	1,305	24,134
Rural Districts-								
Basford	304	989	368	314	337	2,009	06	3,048
Bingham	20	229	164	73	173	689	87	1,413
East Retford		135	691	011	29	733	49	1,148
Newark		148	06	25	49	333	40	847
Southwell		504	353	129	285	318	145	2,713
Worksop	47	170	132	57	173	579	64	1,332
TOTAL	497	1,872	1,276	708	1,308	5,661	475	10,501
Whole County	1 194	5 776	3 563	2 073	2 593	16 199	1 780	34 435
		2,1,0	2,00,0	2,0,2	000,0	10,100	00/1	5,055
							-	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

### AMBULANCE SERVICE (Section 27)

### Statistics

Station			Journeys undertaken	Patients carried	Total mileage
Nottingham Group :					
Arnold*			2,345	9,426	53,811
Beeston			4,319	17,026	98,173
Carlton			4,548	19,816	97,373
Eastwood*			2,165	9,103	67,623
Hucknall			3,458	13,732	93,766
West Bridgford	***	***	4,147	16,837	123,423
Mansfield			7,858	34,215	212,246
Sutton-in-Ashfield*			2,207	12,073	61,585
Newark	***		4,532	12,631	129,095
Retford			4,349	13,051	133,695
Worksop			5,300	17,950	126,203
Totals			45,228	175,860	1,196,993
Totals for 196	51		43,503	164,659	1,119,790

The three Stations indicated by an asterisk operate on a 16-hour basis, and all other Stations on a 24-hour basis.

### Categories of Patients Carried

Year	Accident	Emergency	Treatment	Infectious	Maternity	Other	Total
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
1960	3,901	7,105	142,889	541	822	775	156,033
1961	4,793	7,491	150,196	495	608	1,076	164,659
1962	5,021	7,691	160,709	431	509	1,499	175,860

### Mileage

	AME	BULANCES		L-PURPOSE EHICLES	TOTAL
rear	No.	Mileage	No.	Mileage	MILEAGE
1957	34	510,464	21	455,526	965,990
1958	26	534,751	29	459,384	994,135
1959	26	442,365	29	587,306	1,029,671
1960	30	446,436	31	636,959	1,083,395
1961	30	447,834	31	671,956	1,119,790
1962	34	502,494	30	694,499	1,196,993

### Allocation of Patients to Vehicles

Category	Ambulances	Dual-Purpose Vehicles	Totals
Stretcher cases	22,961	3,163	26,124
Sitting cases	53,910	95,826	149,736
Totals	76,871	98,989	175,860

The salient points emerging from the above tables are that, despite an increase of 11,201 patients, mileage increased by only 77,203 and the figure of average miles travelled by each patient was maintained at 6.8. Although the number of vehicles increased by three during the year, these were additions to the reserve fleet, in use principally when main fleet vehicles were off the road for maintenance and repair. Overall, both in mileage and patients carried, the increases have been borne principally by ambulances rather than dual-purpose vehicles, and it would appear that a satisfactory ratio of vehicles within the fleet has been achieved and all are used to their best advantage.

The number of patients for whom arrangements were made for their conveyance by train to out-County destinations was 118 with approximately 11,000 miles involved.

### General Administration

To improve radio communications in the North of the County, fixed radio stations have been established at both Retford and Worksop Ambulance Stations to replace the remotely controlled equipment at one point in the area. This has been made possible by the positioning of the new Stations, Retford being opened in 1961 and Worksop early in 1963. Equipment to conform to the new 25 kcs. channelling specification has been provided in anticipation of the impending change, in which connection the Council have approved the employment of a Consultant Radio Engineer to advise upon the technical considerations involved. An interesting development in the sphere of radio control has been the association with neighbouring County Authorities in a scheme operated by the Derbyshire Royal Infirmary whereby multi-channel radio equipment is situated in the Casualty Department of the Infirmary and, on request from a vehicle to the Ambulance Service Control and in turn to the Infirmary, the Casualty Officer can tune in to the appropriate frequency and be informed of the nature of injuries of casualties being taken there and can also advise the vehicle crew on any action which might be taken whilst in transit. It is understood that there have been a number of occasions on which this system has been used to good effect, although not involving any vehicles from this Authority.

Methods of providing artificial respiration have been very much to the fore during the year and all staff have been instructed in mouth to mouth resuscitation with the aid of a training manikin. To supplement existing provision of oxygen equipment which is available at each Station approval has been given to the purchase of simple air-lung equipment to be carried on each ambulance at all times.

Safety jerkins edged with reflecting tape and with a large patch of similar material on the back have been provided as part of the equipment of each ambulance to be worn by the crew at the scene of road accidents during the hours of darkness.

### Premises

Although good progress was made with the building of a new Station at Worksop, completion was delayed by the severe weather and removal from the old premises—a Dickensian-type Poor Law Institution—was effected in the early part of 1963.

Building is expected to commence on the new Station at Eastwood towards the middle of 1963 and this will complete the Ambulance Service programme of replacement of Stations.

Additional accommodation is being provided at Mansfield and Hucknall Stations to conform to standards introduced in the five Stations built during the past three years.

### Vehicles

	AMBUI	LANCES	DUAL-PURPOS	E VEHICLES
Year	Bedford 28 h.p.	Daimler 27 h.p.	Bedford 16 h.p.	Bedford 28 h.p.
1952	4		O SOUTH AND ALL	_
1953		_	_	_
1954	_	_	1	-
1955	-	_	4	_
1956	_	2	5	_
1957	9	-	_	_
1958	_	-	7	
1959	4	-		2
1960	4	-	4	-
1961		_	_	-
1962	10	_	4	1
	32	2	26	4

The average age of the ambulances at the end of the year was four years one month, and of the dual-purpose vehicles, four years three months. The reserve fleet, which is used to replace main fleet vehicles when off the road for maintenance and repair or to supplement resources when necessary, consists of the five ambulances purchased in 1952 and 1953, together with three of the 1957 ambulances. These vehicles are fully equipped for immediate use.

An average life of nine years for 28 h.p. vehicles and seven years for the 16 h.p. vehicles is used for calculation of the replacement programme, the latter figure having recently been varied from six years after experience of the maintenance systems in operation in Central Workshops. Replacement is subject to individual inspection to determine whether a vehicle can usefully be retained if the major overhaul which becomes due at the end of the periods stated were undertaken.

Following the allocation by the Ministry of Health of an adequate number of purpose-built Civil Defence training ambulances it is no longer necessary for any Section 27 vehicles to be retained for training purposes.

Action was taken to incorporate in six ambulances delivered during the year as many as possible of the safety precautions recommended in Ministry of Health Circular 16/62, and also in the specification of future vehicles.

### Staff

At the 31st December, 1962, the Service was fully staffed, and the figures given below are therefore both the approved establishment and the actual strength:—

Designation	Number employed
County Ambulance Officer Station Superintendents	 1 4
Station Officers Shift Leaders	 7 38
Driver-Attendants	 140
Clerical Staff Control Assistants	 14
201	207

In the National Safe Driving Competition for 1961 the following 139 awards were gained by personnel:—

15-year Brooch			 	1
11-14 year Oak	Leaf B	ars	 	17
10 year Medals		***	 ***	4
6-9 year Bars			 	33
5-year Medals			 	11
Diplomas			 	73

In keeping with the Council's general policy of providing in-service training, proposals have been formulated for a training course of approximately one week's duration to be provided for new recruits to the Service, to be arranged probably once or twice a year according to numbers available and their location at Stations throughout the County. Arrangements are also to be made for the refresher training of longer service personnel.

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

### Tuberculosis

### Deaths

During 1962, the number of deaths attributable to tuberculosis was twenty-three; seventeen from pulmonary tuberculosis and six from other forms of the disease. The pulmonary death rate per thousand of the population was 0.028 for the County compared with 0.059 for England and Wales, whilst the rate for all forms of the disease was 0.038 for the County compared with 0.066 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, 1962, were as follows:—

Chest Cli	nic	NO.	OF CASES ON Non-	REGISTER
		Pulmonary	pulmonary	Total
East Retford		 97	31	128
Worksop		 141	28	169
Mansfield		 672	73	745
Newark		 289	29	318
Nottingham		 1,120	169	1,289
Tota	ls	 2,319	330	2,649

These figures represent a reduction of approximately 8% 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 1962 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:—

		NEW	CASES		DEATHS			
ACE	Pulmo	onary	Non-Pul	monary	Pulm	onary	Non-Pu	ılmonary
AGE PERIODS	M.	F.	M.	F.	M.	F.	M.	F.
1—4 yrs. 5—14 yrs. 15—44 yrs. 45—64 yrs.	5 2 50 41 25	3 4 53 11 2	_ 2 11 5 —	- 2 - 16 6 3	_ _ 2 4 4	_ _ _ _ 4 3	- 2 1 -	- - - 1 - 2
Totals .	 123	73	18	27	10	7	3	3

### Incidence-Pulmonary Tuberculosis

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

VEAR		NO. OF NEW CASES INCLUDED IN THE ANNUAL RETURN TO THE MINISTRY OF HEALTH					
YEAR	Formally notified	Not notified before death	Total	1,000 of population			
1958	296	9	305	0.53			
1959	264	6	270	0.47			
1960	224	12	236	0.40			
1961	175	10	185	0.31			
1962	193	3	196	0.32			

### 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	from	Death Returns from Local Registrars		Death Returns from Registrar- General		Posthumous notifications		otals
	Pul.	Other	Pul.	Other	Pul.	Other	Pul.	Other
1958	2	-	2	_	5	-	9	-
1959	3	1	3	-	-	1	6	2
1960	10	2	1	1	1	-	12	3
1961	3	1	4	1	3	1	10	3
1962	2	1	1	_	_	1	3	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 1962 were as follows:—

1962	Men	Women	Children	Total
No. of new cases notified	132	91	18	241
No. of new contacts examined (including those examined by X-ray only)	341	393	1,093	1,827
No. found tuberculous	2	7	6	15
No. tuberculin tested	276	237	997	1,510
No. found negative	96	56	695	847
No. vaccinated with B.C.G	73	33	780	886
Total attendances by contacts at Chest Clinics during the year	808	919	3,484	5,211

### Work of the Tuberculosis Health Visitors

The number of domiciliary visits by the Council's Tuberculosis/ Health Visitors during 1962 was 11,543, compared with 11,640 during 1961, and their attendances at Chest Clinic sessions totalled 1,004 in 1962 compared with 955 in the previous year.

### Protection of Children against Tuberculosis

Under the arrangements for the X-ray examination of the staff of County Council establishments who are working in close contact with groups of children, twenty-four persons in employment at Day Nurseries or at Children's Homes were examined by mass radiography during 1962, and arrangements were made for other appropriate staff to be examined in January 1963.

In addition, three hundred and ninety persons taking up employment of this nature with the County Council had a chest X-ray examination during the year; one hundred and thirty-six by miniature radiography and two hundred and fifty-four 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 the County Council's arrangements for the vaccination against tuberculosis of school children and of students attending establishments of Further Education continued in 1962 to be undertaken by District Medical Officers of Health acting, on agreed terms, as agents for the County Council in the same way as for other forms of vaccination and immunisation.

Where necessary, assistance was given by the County Council's own medical and nursing staff, and much work was involved in 1962 in implementing the decision taken towards the end of the previous year to extend the offer of vaccination, previously restricted to school children of 13 years of age and upwards, to all children in Secondary Schools.

The following figures indicate the work undertaken in the year, and represent an increase of approximately 60% over the numbers skin tested and vaccinated in 1961:—

	School Children	Students	Total
Number skin tested	 14,315	5	14,320
Number found positive .	 2,448	_	2,448
Number found negative .	 11,268	5	11,273
Number vaccinated	 11,204	5	11,209

### 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 forty centres in the County Council's area in 1962 at which 48,859 persons were examined by mass radiography.

Altogether, 216 persons were referred to Chest Physicians for further investigation and twenty-two cases of pulmonary tuberculosis were discovered.

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

# Nottingham and Notts. Association for the Prevention of Tuberculosis

The following figures indicate the work undertaken by this Association during 1962 under agency arrangements with the County Council:-No. of new cases referred ... ... 96 No. of cases considered for assistance ... NOTTINGHAM AREA 58 No. of new cases No. of cases considered for assistance ... ... 206 Analysis of Assistance Referred to National Assistance Board for monetary grants ... ... ... ... ... ... ... Beds or Bedding loaned ... ... ... ... 26 2 Occupational therapy materials issued ... Clothing provided ... ... ... ... ... ... ... ... 5 2 Nursing requisites loaned ... ... ... ... ... ... ... ... ... 6 167 Applications for work and training for work ... 18 15 Applications for assistance re housing ... Applications for assistance re Home Help ... Applications for assistance re Care of Children 1 31 Assistance from Voluntary Funds ... ... 185 Investigated but no help necessary 17 ... No. of visits paid to homes ... ... 67 No. of interviews ... ... MANSFIELD AREA No. of new cases ... ... ... No. of cases considered for assistance 101 Analysis of Assistance Nursing requisites loaned ... ... 2 Milk permits issued ... 87 \*\*\* Convalescence ... ... -... 2 Investigated but no help necessary NEWARK AND SOUTHWELL AREA No. of new cases ... ... 9 No. of cases considered for assistance Analysis of Assistance Bedding loaned ... ... Milk permits issued ... 58 Assistance from Voluntary Funds -Nursing requisites loaned ... ...

# WORKSOP AND RETFORD AREA

No.	of new cases			 	 20
No.	of cases considered for	assista	nce	 	 119
	Analysis of Assistance				
	Beds or Bedding loaned			 	 4
	Milk permits issued			 	 91
	Clothing provided			 	 - 1
	Convalescence			 	 3
	Investigated but no help	nece:	ssary	 	 2

The Council's Almoners act for the Association at the Worksop, Retford, Mansfield and Newark Chest Clinics and the following figures give some indication of the work undertaken by them for tuberculous persons during the year:—

Chest or so				No. of sessions attended	No. of new cases referred	No. of case interviews
Mansfield				81	59	137
Newark				43	36	82
Worksop				71	36	200
Retford				23	21	50
Hospitals				42	65	345
Other sources				_	2	_
				260	219	814
No. of home v	isits					215
No. of attenda	nces a	t Care	Com	mittee meeti	ngs	14

# Sherwood Village Settlement

The County Council continued to maintain the Sherwood Village Settlement and the associated Sherwood Industries at Rainworth, near Mansfield, for the benefit of tuberculous persons in need of sheltered employment, training and living conditions and to admit cases on agreed terms from the areas of other Local Health Authorities throughout the country.

The first (non-resident) Settlers commenced duty in the Settlement workshop in December, 1937, so that in December, 1962, the County Council were pleased to record the establishment's Silver Jubilee. The Settlement was visited by the Lord Lieutenant of the County during the year and the Scheme was featured in a special article in a local newspaper on 27th August. This was followed by a visit from a BBC scriptwriter in connection with a projected sound broadcast on "Tuberculosis" and towards the end of the year the County Council's Village Settlement Scheme was accepted as a Branch entry for the NALGO Accolade for Enterprise.

Admissions in 1962 (15) were the highest in any year except 1943, when the Men's Hostel was first occupied, but with the unfortunate death of three Settlers early in the year (the first to have occurred at the Settlement since 1955), the number "discharged" in 1962 (14) was the highest ever recorded.

Particulars of admissions to and discharges from the Sherwood Village Settlement during 1962 are set out in the following table:—

1962	Т	RAINE	ES	S	ETTLER	RS		TOTAL	-
1762	N.	OA.	Total	N.	OA.	Total	N.	OA.	Tota
Strength 1.1.62	2	7	9	18	18	36	20	25	45
Admissions during the year	4	11	15	_	_	_	4	11	15
Trainees accepted	6	18	24	18	18	36	24	36	60
as settlers during the year	2	2	4	2	2	4	_	-	-
	4	16	20	20	20	40	24	36	60
Discharges during the year—									
(a) on recovery	_	-	-	1	3	4	1	3	4
(b) unsuitable for training	_	3	3	_	_	_		3	3
(c) for domestic reasons	_	3	3	_	1	1	_	4	4
(d) Died	-	-	_	- 1	2	3	1	2	3
	_	6	6	2	6	8	2	12	14
Strength 31.12.62	4	10	14	18	14	32	22	24	46

N-Nottinghamshire cases.

OA-Other Authorities' cases.

With the exception of four Nottinghamshire cases, those admitted during the year came from the Coventry and Grimsby County Boroughs and from the Herefordshire, Lancashire, Leicestershire, Lincoln (Kesteven), London, Norfolk and the West Riding of Yorkshire County Councils, and the following statement shows the number of trainees and settlers from outside Authorities remaining in the Village Settlement at the end of the year:—

Local Health Authority		Ministry of Labour Trainees	Settlers	Total
Bath County Borough Council .		1	_	- 1
Coventry County Borough Counc	il		_	- 1
Doncaster County Borough Coun	cil	_	3	3
Derbyshire County Council		_	1	1
Grimsby County Borough Counci	l	_	1	- 1
Herefordshire County Council		2	_	2
Lancashire County Council		1	_	- 1
Leicestershire County Council		2	1	3
Lincolnshire (Kesteven) County C	ouncil	_	1	1
Lincolnshire (Holland) County Co	uncil	_	-1	1
London County Council		- 1	_	1
Nottingham County Borough Cou	ıncil	_	1	1
West Riding of Yorkshire County	Council	2	5	7
		_	-	_
Totals		10	14	24

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:—

"Fifteen trainees were admitted during the year. Four came from Nottinghamshire and the remainder from scattered areas throughout the country. Most applications now seem to come from outside the Sheffield Regional Hospital Board area. Their age varied from 27 to 61 years, with an average of 48. Seven were over the age of 50.

In 10 of the new admissions, tubercle bacilli had been present in their sputum during 1962. In 8 of these, the bacillus was known to be resistant to at least two of the antituberculosis drugs. Two others had had one lung removed. These patients form, by and large, a group of treatment failures with serious disability. The alternative to life in a Village Settlement is protracted unemployment or hospitalisation. Not everyone from such a group is expected to be suitable for continued training or employment, and three of the new admissions left during the year.

Taking the settlement as a whole, five returned to open industry in 1962 after an average stay of between 5 and 6 years. This satisfactory trend is being maintained. Of the 42 discharges from 1958, 18 (43%) have been to open industry.

Three trainees left for personal or domestic reasons. Three were discharged because of deteriorating health and admitted to hospital in their home area. Three died during the year, all because of the effects or after-effects of tuberculosis. These happen to have been the first deaths since 1955.

Three children were born in the Settlement during the year and all are doing well."

The Ministry of Labour continued to give financial and technical help under the provisions of the Disabled Persons (Employment) Acts, notably by increasing their weekly Hostel Allowance for Trainees as from 1st January, 1962, and by making a grant towards the capital cost of the purchase of an electric truck (complete with battery and charger) and a suitable trailer for use at the Industries. The timber drying kiln referred to in my previous Report and approved by the Ministry in 1961 was also completed and brought into use in 1962.

Sherwood Industries continued to manufacture school furniture under contract for the Nottinghamshire Education Committee and to undertake some quantity whitewood production for the Ministry of Works. Prices had, however, to be increased on two occasions during the year in consequence of wages awards by the National Joint Council for the Furniture Manufacturing Trade affecting the wages of both the Settlers and the fit staff. In addition, the wages of eight Settlers were increased during the year on individual reports as to progress and efficiency, and the establishment of fit Staff was increased by one—a Stoker-Handyman—when these duties were considered no longer suitable for a Settler.

Towards the end of 1962, the County Council gave their approval in principle to the transfer of approximately 3 acres of land at the Village Settlement for the development by the Health Committee of an Adult Mental Health Training Centre and Hostel.

#### 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 on certification of need in each case by a medical or nursing attendant.

Under these arrangements, nine hundred and forty cases were assisted in 1962 (874 cases in 1961) of whom four hundred and ninety-three were referred by general practitioners, three hundred and eleven by District Nurses, ninety-three by Hospital Officers, and forty-three from other sources.

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

Anciele	1.1	.62	Pur-	Written		D	31.1	2.62
Article	On Ioan	In store	chases during year	off during year	Loans during year	Returns during year	On loan	In
A la								
Alternating Pressure	3	-			3	2	3	
Point Pads Back Rests	74	24	20	5	159	128	105	8
0 101 1 / 1	13	16	20	2	7	6	14	15
0 10 11	56	10	19		102	84	74	13
Bed Cradles Bedpans	30	_	17		102	04	/7	
Rubber	17	7	6	7	26	23	20	3
Bedsteads—	17	1		1	20	23	20	-
Single	84	2	6		65	63	86	6
Postural drainage	_	î	_	_	_	_	_	1
Bed Tables—								
Adjustable	- 1	_	_	_	_		- 1	
Folding	5	55	_	_	15	12	8	52
Overbed	_	1	_	_	-	_	-	1
Chair, Relaxation	1	_		_	1	2	_	- 1
Commodes—								1000
Chair type	224	1	78	-	292	214	302	-
Stool type	48	-	3	1	40	39	49	- 1
Cots, adult	5	1	1	-	8	6	7	-
Cots, children's	_	-	1	_	1	_	1	-
Cot side pads	2	_		-	_	-	2	_
Cot side rails	2		_	_	-	-	2	-
Crutches (prs.)	10	31	2	-	10	5	15	28
Cushion, inflatable	200					1000	-	
toilet	2	2		_			2	2
Latex foam cushions	47	16	16	2	70	52	65	12
do. mattresses	145	4	4	-	131	125	151	2
do. pads	1	_	-	-	-	-	1	-
do. pillows	12	4	31	-	60	30	42	5
Fracture boards	101	59	_	-	140	124	117	43
Mattresses—								
Cot, child's	-		1	_	1	_		-
Sectional	1			_	-	-	- 1	
Playpen	_	_	'	-	1	-	,	-
Self-lifting poles—	52	12	2		35	27	60	6
Bed fitting type Portable	6	12	8		7	3	10	4
Spinal Carriages—	0	_	0		'	3	10	7
Adult models	2	5			1		3	4
Juvenile models	1	5 2	_		2	3	_	3
Walking aids	62	9	42		76	37	101	12
Walking Sticks	13		1	1	2	4	11	2
Wheel Chairs—								~
Stairway	13	5	_	_	23	26	10	8
Merlin	10	10	-	17	8	16	2	1
Folding-adults	130	26	21	5	157	162	125	47
do. juveniles	12	9	-	1	26	23	15	5
Transit	7	2	32	_	46	22	31	10
Duplex	-	-	9	-	10	1	9	-
Totals	1,162	304	304	39	1,525	1,240	1,447	284

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 provision made under these arrangements during 1962:—

		Scale	1.1.62	Pur- chases	Written	Issues	Returns	31.12.62
Article		per Nurse	In store	during	during year	during year		In store
Air rings		4	13	72	-	75	4	14
Bedpans		3	18	25	-	43	_	_
Douche outfits		-	7	-	_	_	_	7
Feeding cups		2	7	24	_	26	_	5
Sputum mugs		†	7	_	1	6	_	-
Steam kettles		*	8	_	-	_	_	8
Waterproof sheets— 6-ft. x 3-ft.	-	†	1	3	3	6	8	3
4-ft. × 3-ft.		4	33	48	10	68	14	17
Urinals		3	25	30	-	41	3	17
Totals		16	119	202	14	265	29	71

<sup>†</sup> Available on special request.

<sup>\*</sup> 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, forty-eight cases were assisted in 1962 compared with fifty-nine cases in 1961.

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

All cases were accommodated at seaside Convalescent Homes, forty-five at a Home on the Lincolnshire coast and three at Homes on the South Coast. The following Table summarises the cases dealt with under these arrangements during the year, classified according to medical need, age, sex, and duration of the convalescence authorised:—

CERTIFIED						A	GE A	ND	AGE AND SEX DISTRIBUTION	DIST	RIBU	TION							AL	AUTHORISED STAY	RISE	0
MEDICAL NEED		15—24 yrs.	yrs.		34	25—34 yrs.	35-	44	44 yrs.	45	45—64 yrs.	yrs.	.65	65 yrs. and over	Pu	-	Total					
	Σ	ш.	+	Σ	ıı.	F.	Σ	u.	<u>⊢</u>	Σ	п.	⊢:	Σ	ıı.	F.	Σ̈́	т.	-	wks.v	wks. wks.	-	lotal
Arthritis and Fibrositis		-	1	-	-	- 1		- 1	-	-	-	-	1	-	-	-	-	2	2		1	2
Bronchitis, Pneumonia and other respiratory conditions	- :	1	1	1	1	1	1	2	2	4	2	9	-	4	4	4	00	12	0	1	2	12
Circulatory conditions	1	1	-	1	1	1	1	-	1	-	m	4	2	52	7	т	00	=	9	2	3	=
General debility and anaemia	-	-	-	1	1	1	1	2	2	1	١	1	1	m	m	1	S	15	2	-	2	S
Nervous disorders	+	1	1	1	_	_	1	1	1	-	m	4	-	-	7	2	2	7	9	1	-	7
Post-operative conditions	-	-	1	1	1	1	1	1	1	1	*	-	-	-	2	-	7	23	2	-	1	3
Other conditions	-	1	1	-	1	1	1	2	2	-	-	2	1	4	4	-	7	00	00	1	-	00
TOTALS	1				_	-		9	9	00	0	8	4	6	23	12	36	84	36	4	00	48

T—Total. F—Females. M-Males.

\*Accompanied by 4-month old baby.

# Training and Recuperative Centres for Neglectful Mothers

Under the arrangements approved in 1957 enabling the County Council to take such steps as they consider necessary to prevent the break-up of problem families, a 20-year-old mother and her two children (ages 2 and 3 years) were admitted for three months to the Crowley House Middlemore Homes at Selly Oak, Birmingham, in April, 1962.

In this particular case the Probation Committee met the cost of the rehabilitation of the mother, and the Health Committee paid the charges for the two children, the husband not being required to make any contribution due to his financial circumstances.

The family were reported to have benefitted by their stay at Crowley House and it was hoped that the eventual allocation to them of a Council house by the local housing authority, and continuing supervision by the Probation Officer and the Health Visitor, would serve to resolve their special problems.

# Chiropody Services

Chiropody services for the elderly continued to be provided in the urban areas throughout 1962 by voluntary Old People's Welfare Committees with financial assistance from the County Council as indicated in my previous Report. In addition, however, it was accepted, following a further Conference with representatives of these Voluntary Bodies in February, 1962, that some assistance should also be offered with administration expenses and that this should be either at a flat rate per 100 treatments or 75% of approved administration expenses, whichever is the less.

In October, 1962, the County Council also arranged at short notice for the Sutton-in-Ashfield Voluntary Welfare Association to organise regular chiropody sessions in the Council's clinic premises in the Urban District following the death of the Chiropodist formerly employed by the Association who had given the majority of treatments in his own surgery.

The County Council also made a grant to the Nottinghamshire Old People's Welfare Committee in support of their continuation and development of a similar service in the rural areas, primarily through the operation of a mobile unit, and to the Nottingham General Dispensary in respect of the treatment of old age pensioners from County Districts at their clinic in the City of Nottingham.

Fees for individual treatments in a Chiropodist's surgery or by way of a domiciliary visit were increased as from 1st April, 1962, from 6/and 8/6d. to 7/6d. and 12/6d. respectively for Chiropodists qualified under the National Health Service (Medical Auxiliaries) Regulations, 1954. This created some difficulties with Chiropodists not qualified under these

Regulations but it is hoped that these will be resolved with the Registration of Chiropodists under the Professions Supplementary to Medicine Act, 1960, as announced by the Ministry of Health in November, 1962, and to be completed by the end of June, 1963.

In the rural districts the Nottinghamshire Old People's Welfare Committee expanded their service during the year by arranging chiropody sessions for Old Age Pensioners at six extra centres, namely Carlton-in-Lindrick, Lound, Jacksdale, North Wheatley, Scrooby and Ranskill, and by arrangement with the County Council also commenced regular chiropody sessions for the elderly in the Council's Clinic premises at Langold.

Chiropody treatment for handicapped persons and expectant mothers continued to be provided through the Health Department on referral by a family doctor or other suitably qualified person and on payment of a standard charge of 2s. 6d. (which could be waived in necessitous cases). By arrangement with the County Welfare Officer, regular chiropody sessions for handicapped persons were commenced at the Manfield Centre for the Physically Handicapped in February, 1962.

The following figures indicate the general development of the chiropody services in 1962, the total number of treatments provided in the year having increased by 31% over the corresponding figure for 1961:—

		- 1	NOWBER	OF IR	EAIME	NIS PR	OVIDED		
Quarter ended	At So Chiropo	essions dists' Su		By h	ome vis	sits		Total	
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)
31.3.62	8,495	15	-	2,087	17	-	10,582	32	_
30.6.62	8,983	20	-	2,108	19	-	11,091	39	_
30.9.62	8,965	15	-	2,423	-11	_	11,388	26	_
31.12.62	9,742	22	-	2,690	22	-	12,432	44	-
Totals	36,185	72	_	9,308	69	_	45,493	141	_

<sup>(</sup>a) The Elderly.

At the end of the year a total of 7,767 Old Age Pensioners and thirtyone handicapped persons were being assisted under this scheme, compared with 5,957 Old Age Pensioners and ten handicapped persons at the end of 1961.

<sup>(</sup>b) Handicapped Persons.

<sup>(</sup>c) Expectant Mothers.

# Hospital After-Care

In addition to visits made arising through the loan of nursing equipment and appliances, prevention of the spread of infection, or by the County Almoners or the Geriatric Nurse as recorded elsewhere in this Report, Health Visitors followed-up sixty cases discharged from Hospitals in 1962 by special request of Almoners or Social Workers at the Highbury, Sherwood and City Hospitals in Nottingham, Kilton Hospital in Worksop, King's Mill Hospital in Mansfield, and the Sheffield National Centre for Radiotherapy.

# Geriatric Visiting

The whole-time Geriatric Nurse appointed in October, 1961, as referred to in my previous Report to work with the Geriatrician in the Mansfield area in the development of care and after-care services for the aged either referred for admission to, or due to be discharged from, the Mansfield Victoria Hospital resigned her appointment in October, 1962, but was fortunately replaced within a month.

The following figures indicate the work undertaken through this appointment in 1962:—

No. of new cases referred	 	 480
No. of home visits undertaken	 	 909

## Almoner Service

There continued to be two vacancies on the County Council's approved establishment of four whole-time Almoners until the end of October, 1962, when a third Almoner was appointed. The service had, however, to be restricted for seven months of the year due to the absence through illness of one Almoner, and was again reduced to two whole-time Almoners when Miss P. K. Emy, A.M.I.A., resigned her appointment at the end of the year to take up a similar appointment in Surrey.

The County Almoners made ten sessional attendances and conducted seventy-six case interviews at hospitals in the County, 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 new cases referred	No. of home visits undertaken
Hospital after-care	78	302
General care and after-care	276	341
Social investigation of Geriatric cases	8	3
Convalescence cases	97	205
Totals	459	851

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	N	lo. of cases dealt wit	n for the first time	
rear	Syphilis	Gonorrhoea	Other conditions	Total
1958	30	124	401	555
1959	18	177	429	624
1960	27	131	504	662
1961	20	104	560	684
1962	15	75	485	575

No defaulters were referred to the County Almoners during the year.

# Health Education

The main event of 1962 in the field of Health Education was the publication by the Royal College of Physicians of their Report on Smoking.

It has been, of course, the practice of the Health Education Section over a number of years now to discourage smoking, and in particular to try to prevent children beginning the smoking habit. However, the Royal College of Physicians' Report added extra authority to the already considerable weight of evidence against smoking.

The Health Education Section consists of the Health Education Officer and his two Assistants. Inevitably, with such a small staff in so large a County, an important aim must be to help the Health Visitors in carrying out the actual day-to-day field work of Health Education, rather than hope to deal with the very large numbers involved in a County of this size. In addition, of course, as can be seen from the statistics, a very great deal of routine work in the form of addressing meetings and arranging exhibitions has been done during the year.

The following tables show details of the work carried out during 1962:—

# Meetings

Type of Audience	No. of Meetings	Attendances
Women's organisations	. 55	2,052
Other adult organisations	. 20	623
Schools and youth organisations	. 42	2,274
Special audiences	. 20	562
Expectant mothers—ante-natal relaxation class talks	. 439	3,419
Meetings using films	. 28	_
Film shows only	. 5	91

# Clinic Displays

Ту	No. Arranged			
Accident Prevention			 	3
Milk and Nutrition			 	- 4
Dental Health			 	8
Rules of Health			 	2
Care of Eyes			 	2
Care of Feet			 	10
Food Infections			 	8
Poisonous Fungi and B	erries		 	1
Outdoor Hazards			 	2
Home Safety			 	6
Road Safety			 	3
Immunisation			 	8
Tuberculosis			 	4
Smoking and Lung Car	ncer		 	20
Care of Teeth			 	15
Nutrition			 	8
Coughs and Colds			 	3
General Health			 	5
Accident Prevention a	nd First	Aid	 	5

# Summary of Lecturers

LECTURER	No. of Meetings	Persons Addressed	Attend- ances
COUNTY HEALTH DEPARTMENT—			
Mr. W. A. Marrow, Health Education Officer	47	2,045	2,547
Mr. N. S. Wass, Assistant Health Education Officer	32	1,109	1,142
Miss M. McKay, Assistant Health Education Officer	15	341	362
Dr. R. S. Male, Deputy County Medical Officer	2	52	52
Dr. P. C. Moore, Senior Administrative Medical Officer	1	42	42
Dr. K. Haigh, Senior Clinical Medical Officer	1	28	28
Dr. D. R. Brook, Assistant County Medical Officer	3	55	55
Miss M. W. Cottee, Home Help Service Organiser	2	48	48
Mrs. B. Kinson, Health Visitor	3	242	362
Miss E. M. Adamson, Health Visitor	- 1	70	70
Miss D. S. Collins, Health Visitor	- 1	40	40
Mrs. P. D. Farrands, Health Visitor	1	40	40
Mrs. M. Hanes, School Nurse	2	100	100
Miss P. K. Emy, County Almoner	2	19	19
Mrs. A. Hardman-Lawson, Physiotherapist	3	112	112
OTHER SPEAKERS—			
Mr. D. Grossman, Teacher of the Deaf	8	71	71
Dr. I. Powell-Heath, Medical Lecturer	12	281	405
Miss W. R. Riley, Notts. Old People's Welfare Committee	1	16	16
ANTE-NATAL RELAXATION CLASS TALKS			
Mr. W. A. Marrow	256	-	1,987
Mr. N. S. Wass	82	-	654
Miss M. McKay	101	_	778

# DOMESTIC HELP SERVICE (Section 29)

This Service is still growing, despite the difficulties experienced in recruiting suitable Home Helps.

## Administration

There were no major changes in administration and the Service continues to operate with the County Organiser, ten District Organisers for the ten teams of Home Helps, thirteen Assistant Organisers and clerical assistance. There were a few inevitable staff changes during the year, a new Assistant having been appointed at Newark to replace one who left in 1961, and a new Assistant and Clerk at Sutton-in-Ashfield, both of whom were replacements.

# Establishment of Home Helps and Recruitment

Although the demand for the service showed no signs of abating, recruitment of the right type proved difficult and the approved figure of 510 whole-time Home Helps (or the equivalent in part-time workers related to a 42-hour week) which it was anticipated would be reached by March, 1962, when the planning was done in 1960, proved to be high. The number of Home Helps employed at March, 1962, was 713 (or 466 whole-time equivalent). Later in the year, this figure rose to 720 (whole-time equivalent 480). Referring to my last annual report, it will be seen that this was the figure reached in April, 1961.

Although no waiting list of cases has ever been allowed to build up, the remedy being the operation of the priority scheme based on the need for help and not the ability to pay for the help provided, some of the less needy cases have inevitably been without help for short periods when recruitment was at its most difficult.

At the end of the year there seemed to be more response to advertisements for Home Helps, and this might be an indication that the tide had turned.

#### Cases Served

Despite the difficulty in recruiting, the total number of cases served during the year was more than 100 in excess of those assisted in 1961. Details are given in the following table:—

					1962	1961
Mataunit					609	569
Maternit				 		46
Tubercul				 	43	
Chronic	sick, ag	ged and	intirm	 	4,315	4,185
Others				 	381	442
					5,348	5,242

Looking at the categories separately, the increase of 40 in the number of maternity cases may be accounted for by the rise in the birth-rate.

Of the 43 cases of tuberculosis receiving help (three less than last year), most were long-term cases brought forward from 1961.

As in previous years, the most noticeable increase is in the category of the aged and chronic sick, where I30 more cases were served than in 1961. With a population in the County of over half a million and the increasing expectation of life brought about by the progress of science, this figure will, no doubt, continue to soar.

The intense cold which heralded the New Year 1962 caused havoc in the homes of many old people who had spent the Christmas Holidays with their relatives. Some returned to find burst pipes and the next few days tested the resourcefulness of our Home Helps.

The need for help in homes which are very neglected still keeps coming to light, despite the background of fourteen years of the Home Help Service.

In some families where there are young children it may be that the prolonged illness of the mother has caused the deterioration. Close liaison is maintained with the Children's Department over these cases and in many instances it has been possible through the provision of Home Help, to avoid the break-up of the family. In some "problem families," the task faced by the Home Help is indeed an arduous one and it is a tribute to some of our workers that some of these homes have been vastly improved through their untiring efforts. Unfortunately, in some cases where one or both parents has proved inadequate to cope with the problems of rearing a family, the home conditions again deteriorate if the support of the Home Help is removed.

In an effort to sweep away the excuse that Home Help cannot be accepted because of the cost, the Committee approved that no charge should be made in problem family cases, where help had at first been refused for this reason or where undue difficulty had been experienced in collecting the assessed charge and a large debt had accrued.

We can, therefore, expect an increase in the need for help in such cases and plans will shortly be made to give a basic training to a few selected Home Helps who will work in problem families. In order to facilitate the basic cleaning in neglected homes, a vacuum cleaner was purchased as an experiment.

Re-housing from old property into Local Authority bungalows, houses or flats has greatly improved the domestic background of many. The new houses, etc., are much easier to keep clean, with their improved planning, modern grates and tiled floors and there is a consequent saving of Home Help time. Though it was at first thought that old people would be lonelier in a new district, the neighbourly spirit in most districts has been established, though there are still many infirm and housebound old people whose sole contact with the outside world is the Home Help.

# The Rate of Pay to Home Helps

On the recommendation of the National Joint Council for Local Authority Services (Manual Workers), the rate of pay to Home Helps was increased from  $3/6\frac{3}{8}$ d. to  $3/7\frac{7}{6}$ d. on the 2nd April, 1962. There is an additional payment of 2d. per hour for those serving in tuberculous homes and cases of certain other specified infectious diseases. Provision is made for overtime rates to be paid for Saturday afternoon and Sunday duty. Most Home Helps work a five-day week, but are willing to extend their hours where required.

# Charge for the Service

In view of the increasing cost of the Service, partly due to the increased wage rate to Home Helps, it was decided to increase the hourly charge for the Service from 3/9d. to 4/0d. per hour on the 6th August, 1962. At this time the case load was 3,539, of which 524 (or 14.83%) were paying at the standard rate. Of the remainder, 2,638 cases were served without charge to the recipient and 377 cases paid an assessed weekly charge and therefore were not affected by the increase in the hourly rate.

The total number of cases served without charge during the year was 3,477.

# The Ancillary Services The Family Help Service

This Service is used where the mother of a family is in hospital, or has died or has deserted her children. It is afforded on recommendation of the Children's Officer where appropriate, as an alternative to admitting the children to the care of the Local Authority. It is not intended as a permanent solution to the problem of a motherless family but to tide the father over until a more permanent arrangement can be made.

Family Helps are seconded from the Home Help Service, and whilst undertaking these duties are paid on the same basis as House-Mothers :—

£9 2s. 8d. per week of  $5\frac{1}{2}$  days if resident (or a daily rate of £1 13s. 2d.),

but, if non-resident-£8 2s. 8d. per week (daily rate £1 9s. 7d.).

This was increased on the 1st May, 1962, as follows :-

Resident Family Help—£9 8s. 6d. per week of  $5\frac{1}{2}$  days. Daily rate £1 14s. 3d.

Non-resident Family Help—£8 8s. 6d. per week of  $5\frac{1}{2}$  days. Daily rate £1 10s. 8d.

The length of a "Family Help day" varies and a Family Help must be prepared to be on duty whilst the father is at work.

During 1962, four cases were served, one of which was resident for a period of  $29\frac{1}{2}$  days. The remainder were served for a total period of  $2,055\frac{3}{4}$  hours.

# The Night Attendant Service

This is an emergency Service to cover the needs of those who are too ill to be left at night and is mostly supplied to those living alone though there are a few exceptions where relief is given to those who are unable to get sufficient rest because they are nursing chronic invalids.

Twenty-four cases were served during the year (the same number as in 1961) and the total hours were 1,361.

Night Attendants are paid £I a night irrespective of hours worked (which usually vary between 8 and 10 hours) and the charge for the Service is at the rate of £I 2s. 6d. per night. Where a patient is unable to afford this charge the Scale of Assistance is applied.

# The Evening Service

Home Helps who volunteer to call in the evening to give attention to elderly people who are no longer capable of entirely looking after themselves are paid at the same rate as for daily service. Usually, not more than one hour at bed-time is necessary and often less time will suffice.

It is well-known that many Home Helps will not accept payment for the help given in the evenings.

This help adds considerably to the comfort and sense of security of the old people who refuse to give up their own homes.

# MENTAL HEALTH SERVICE (Sections 28 and 51)

# Administration

The Local Health Authority's Mental Health functions continued to be carried out during the year through the Mental Health Sub-Committee of the Health Committee to whom I am responsible for the organisation, control and medical direction of the Service.

Developments during the year under review included the completion and opening of the Retford Training Centre, which provides 120 places for juniors and adults and, for the first time in this County, includes a special care unit for children who have not reached the stage of development necessary before they can be admitted to the "training" side of the Centre's activities.

A start was also made on the building of the new Junior Training Centre and Hostel at Appleton Gate, Newark, and this project is likely to be completed by the end of 1963. With the addition of special care units at the Mansfield and Mapperley Centres—included in the Authority's programme for 1964/65—training facilities for juniors should be capable of meeting foreseeable need. This work cannot be undertaken, however, until alternative accommodation is made available for the adults attending these two Centres and the Authority has therefore made provision for the erection of a new 150-place Adult Training Centre with associated hostel accommodation for thirty patients. Sites for these two buildings have now been found on land adjoining the County Council's Sherwood Village Settlement at Rainworth, near Mansfield, and it is hoped that building work will shortly be started.

A site has also been found at Sutton-in-Ashfield for a sixty-place Day Centre for the mentally ill which is another project included in the capital building programme for 1963/64.

As regards the staffing of the Service, it is still proving difficult to recruit trained staff, although it was possible in June 1962 to appoint a qualified male Psychiatric Social Worker who subsequently acted as Tutor on the Authority's first Induction Course for Welfare Assistants, five of whom were appointed jointly with the County Welfare Department in August. This course is referred to in more detail later in the report but it is perhaps appropriate to mention here that, of the five Welfare Assistants appointed initially, the four who subsequently wished to take full-time training were offered places on Younghusband courses. It would, therefore, seem that the Authority were on the right lines in laying down the minimum academic standards which they felt would be acceptable to the various Technical Colleges organising full-time courses even though at the recruitment stage guidance on this point was not available.

Relationships with the local Hospitals have remained most cordial and my thanks are due to the staff of the Saxondale and Balderton Hospitals who kindly provided training facilities for the Welfare Assistants during the Induction Course.

The hope was expressed last year that the additional accommodation to be provided at the Balderton Hospital would largely resolve the difficulty of finding beds for low-grade children. In the event, some beds were allocated to Nottinghamshire children but a number remained on the urgent waiting list whose prospects of permanent admission were still remote, although it was possible in most instances to provide temporary periods of care at fairly frequent intervals.

# Voluntary Associations

The Authority continued during the year to provide practical work placements at their Mansfield and Mapperley Training Centres for students taking Diploma Courses for Teachers of the Mentally Handicapped. These arrangements do, of course, place additional responsibilities upon the Centre Supervisors but this is a minor consideration compared with the urgent and widespread need for trained staff.

The twice-weekly Newark Group Teaching Class for the subnormal was transferred in January to premises owned by the Newark Society for Mentally Handicapped Children and continued to be held there until the patients concerned were transferred to the new Retford Training Centre in September. During this period the Society arranged transport to and from the Class as well as the provision of mid-day meals and the cost involved was defrayed by the County Council who also paid a sessional rent for the use of the premises. These arrangemets worked very smoothly and did much to strengthen relationships with the Society.

As previously, articles made at the Mapperley Training Centre were made available to the Nottingham Society for exhibition in connection with their Annual Open Day and members of the staff of this Centre also took part in the Society's Youth Club activities.

# Training of Staff

In September, a female member of the staff of the Mansfield Training Centre returned after successfully completing the Diploma Course for Teachers of the Mentally Handicapped, and two other members of the staff, one male and one female, commenced similar courses of training on secondment by the Authority.

The appointment by the Health and Welfare Committees of the first five Welfare Assistants to be employed jointly in the Mental Health and Welfare Services led to the arrangement by the two Departments concerned of an initial eight-week in-service training programme for them on the lines recommended in the Younghusband Report.

Two men and three women were appointed, their ages ranging from 18 to 45 years. None had any previous experience of social work or of

employment in a Local Authority setting and it was, therefore, necessary for the training programme to cover a good deal of ground. At the same time, there was little guidance to be had on the design of induction courses for Welfare Assistants, and the form eventually decided upon was somewhat experimental in nature.

The chief aims of this period of training were as follows :-

- (1) to acquaint the Welfare Assistants with the main outline of Local Government organisation generally and, in particular with the functions and administrative procedures of the two Departments in which they would be working;
- (2) to give them some knowledge of the wider network of social services and to illustrate how these services may be called in to the client's assistance by the Local Authority Social Worker;
- (3) to acquaint the Welfare Assistants with the elementary principles of casework or, put more simply, to assist them in developing a helpful, courteous approach to people in difficulty whilst retaining respect for them as individuals.

The course comprised a series of lectures, discussion groups, visits of observation, and visual aids such as films and film strips. Each Welfare Assistant spent one day each week at the particular District Office at which he or she was to work on conclusion of the Course and at first accompanied the District Officer on home visits, later undertaking selected home visits unaccompanied. One period each week was set aside to enable them to discuss the practical work and visits of observation with the two Caseworkers (one from each Department) who acted as Tutors.

These group discussions, combined with a series of lecture/seminars by Dr. Ratcliffe, were designed to help the Assistants acquire some understanding of normal human development and to discuss the various reactions of clients to their problems as well as the reactions of the Assistants to their clients. It was recognised that the Assistants, particularly the younger ones, might experience some anxiety created by the first impact of the kind of problems with which they would be confronted at first hand, often for the first time in their lives, and these discussions afforded an opportunity for them to express any anxiety and to deal with it in the group. In order that they might be well acquainted with the kind of problem they would meet in the Mental Health field, arrangements were also made for them to spend one week of the course at the Saxondale Hospital and a second week at the Balderton Hospital, whilst they also spent some time at the Training Centres.

It was considered most important that, after the induction course had ended and the Welfare Assistants had started working full-time in their allotted Districts, they should continue to have opportunity for group discussion and fortnightly meetings were held with the two Caseworkers.

The experience gained in organising this first course should be valuable in arranging future similar courses. In particular, it was quickly realised that the Assistants were being expected to acquire a good deal of knowledge on a variety of subjects in a very short time. This has obvious disadvantages and it might be found advantageous to limit the scope of the course, to include more practical work, and to extend it over a slightly longer period. Another problem which emerged was that, because few human situations are static, the Welfare Assistants found that many so-called routine visits turned out to be anything but routine, and they were confronted with quite complex problems for which they were not prepared. The ability to recognise problems which are not always obvious at first sight needs also to be encouraged in order that these may be referred for the more skilled help of their senior colleagues.

Dr. T. A. Ratcliffe, Consultant Children's Psychiatrist, has kindly submitted the following report on the preventive and training aspects of his work:—

"All those aspects of my preventive and training work in the broad field of mental health which were described in my report to you for 1961 have continued during this year.

The Pre-School Guidance Service sessions have been held regularly at the Beeston and Arnold Child Welfare Clinics. The number of parents and young children seen, and the basic "normality" of their problems, have remained substantially unchanged in 1962; but one most valuable development has been the increasing use of this service by the family Doctors in the area. Whilst it would be impossible to "prove" the value of this Pre-School Guidance Service in statistical terms, I am satisfied that it does make a useful contribution in preventive mental health. My only regret is that staff shortages still make it impossible for us to provide this service in other areas of the County.

Closely allied to the task of these Pre-School Guidance Clinics have been the discussion sessions, at selected Child Welfare Clinics, with groups of mothers of young children. These have continued during the year, although, for a variety of reasons, their numbers have been somewhat restricted during 1962.

This year, my main training contact with Health Visitors has been in the 28 sessions which I provide at the joint County and City Pupil Health Visitors' training course; but a new "in-service" training opportunity arose with the contribution which I was able to give to the County's first course for newly appointed Welfare Assistants. The importance, in all such training courses, of providing an adequate introduction to normal (rather than abnormal) human behaviour and development and to the significance of good human relationship, cannot be overemphasised."

# Work Undertaken in the Community Prevention of Illness, Care and After-Care

The tables which follow show the number of patients referred during the year and the number under Local Health Authority care on the 31st December, 1962:—

# Referred during the year

		М	ental	ly III		Subnormal and Severely Subnormal					Totals
Referred by	Un	der 16	0.70	and er	Total	Une	der 16	16 : ov	and er	Total	Totals
*	М	F	М	F		М	F	М	F		
General Practitioners	1	1	243	409	654	_	_	1	_	1	655
Hospitals—on discharge from in-patient treatment	_	2	59	48	109	1	1	2	1	5	114
Hospitals—after or during out-patient or day treatment	1	_	54	41	96	1	3	_	_	4	100
Local Education Authorities	_	_	_	4	4	50	24	8	2	84	88
Police and Courts	_	_	27	35	62	_	_	_	_	_	62
Other Sources	1	-	120	185	306	6	4	8	15	33	339
Totals	3	3	503*	722†	1,231	58	32	19	18	127	1,358

<sup>\*</sup>Includes 11 patients classified as Psychopaths.

<sup>†</sup>Includes 3 patients classified as Psychopaths.

94 Under Care at 31.12.62

PER TITLE	Under	age 16	16 an	d over	
Category	Males	Females	Males	Females	Totals
Mentally III	_	-	113	68	181
Psychopaths	_	_	5	-	5
Subnormal	6	3	388	263	660
Severely Subnormal	157	102	274	315	848
Totals	163	105	780	646	1,694

The number of cases referred during the year showed an increase over the 1961 figure of 204, of which 169 were cases of mental illness, and visits paid by the Authority's social workers were again around the 10,000 mark.

# Hospital Care

The work undertaken during the year by the Authority's officers in securing treatment for persons suffering from mental disorder is shown in the following table:—

Assiss Takes	M	ental IIIn	ess	Ment			
Action Taken	Males	Females	Total	Males	Females	Total	Totals
Referred to Psychiatric Out-patient Clinics	43	79	122	58	13	71	193
Informal admissions  Admissions under  Mental Health Act,  1959:—	94	111	205	П	5	16	221
Section 26	5	7	12	1	-	-1	13
Section 25	6	20	26	-	-	-	26
Section 29	71	154	225	2	-	2	227
Totals	219	371	590	72	18	90	680

As regards mental illness, it is interesting to note that the Authority's officers were directly concerned during the year with only just over a half of all admissions to the Saxondale Hospital (which serves the whole of the County area with the exception of the Urban Districts of Hucknall, Arnold and Carlton) and with approximately one-third of all informal admissions. This method of admission is, of course, used more frequently than any other nowadays but it will be seen from the figures given above that extensive use is also being made of the emergency admission procedure provided by Section 29 of the Mental Health Act. Whether this is strictly in accord with the intention of the Act in all cases is questionable, but there is no doubt that where compulsory admission is necessary, it provides the most practicable and speedy way of arranging it. In this County the number of medical practitioners outside Hospitals who have applied for approval and are accepted under Section 28 of the Act as having special experience in the diagnosis or treatment of mental disorder is not large and there are areas where to call on the services of such a practitioner would undoubtedly entail difficulty and delay. Thus it is to the patient's advantage in obtaining treatment at the earliest possible moment that Section 29 procedure is used, involving as it does the giving of only one recommendation by a practitioner (usually the patient's own doctor) who, if practicable, has had previous experience of the patient but need not have been specially approved under the Act. Admission in this way need not, of course, exclude the possibility of an extension of the period of compulsory detention for observation beyond the three days laid down by Section 29, but any extension does necessitate the giving of a recommendation after admission by a doctor with special experience who is surely best placed to decide whether any extension is necessary or whether, as may be hoped, the patient may revert to "informal" status. From the Local Health Authority's point of view there may also be something to be said for the fact that the use of the Section 29 procedure in preference to Section 25 also results in a substantial saving in medical fees and expenses which would have been incurred had it been necessary to obtain two medical recommendations before admission rather than one.

The waiting list of all subnormal and severely subnormal patients requiring hospital care on a long-term basis at the end of the year, though showing a reduction from forty-six to forty-one as compared with 1961, nevertheless, included a larger number of cases regarded as being in urgent need of admission, there being thirty such cases on 31st December, 1962, of whom twenty-four were under the age of sixteen years. As these are, for the most part, the very patients whose presence in a home tends to produce almost intolerable strain on the rest of the family, the need for additional hospital beds tends to assume a significance quite out of proportion to the actual number of patients involved. For the most part, they are low-grade children and it is becoming clear that, with the addition of a comparatively few higher-grade social misfits, this grade of patient is likely in the future to represent the bulk of the demand for hospital beds bearing in mind the present-day accent on the desirability of community care and the intended developments of Local Authorities in regard to Training Centres and Hostels. For the most part, hostel schemes have

yet to come to fruition, and this "gap" in existing provision is tending to cause a good deal of difficulty. Hospital medical staff are increasingly taking the view that patients who do not need active medical treatment or nursing care should properly be cared for "in the community" and, whilst it may accord with official policy, it would be helpful if this dictum could be less rigidly applied until Local Authorities have themselves had a reasonable opportunity of providing suitable accommodation for this type of patient. In this way it would continue to be possible to alleviate the serious social problems which quite frequently arise out of the mere fact of a patient's presence in the home of a relative who has conflicting loyalties and responsibilities.

# Short-term Care

Short-term care was arranged during the year under the provisions of Ministry of Health Circular 5/52 in the following cases:—

	Ma	les	Fem		
Category	Under 16	16 and over	Under 16	16 and over	Totals
Subnormal	5	13	2	7	27
Severely Subnormal	72	29	42	47	190
Totals	77	42	44	54	217

With the exception of two severely subnormal patients under sixteen who were placed privately at the cost of the County Council, all the patients referred to were accommodated in hospital for periods of at least three weeks. As in every year since the inception of this scheme, there was an increase in the total number of cases assisted in this way, and in 1962 the figure was over 25% in excess of that for the previous year.

One aspect of the scheme which is worthy of mention is the way in which it has come to be used as a "stop-gap" in cases where permanent hospital care is desirable. It is a moot point whether it is better to use the comparatively few empty beds for a corresponding number of urgent permanent admissions or to make them available in order to give temporary relief to a much larger, though less urgent, number of cases. I can only record that the adoption of the second course does have the effect of increasing the frequency of requests for care in any particular case and leads to the impression that frequent or long periods of temporary care do tend to reduce a family's tolerance of the stress situation created by the patient's presence in the home.

# Training Centres

The following table shows the numbers receiving training or occupation in Training Centres on 31st December, 1962:—

	Ma	les	Fem	ales	
Centre	Under 16	16 and over	Under 16	16 and over	Total
Mansfield	31	19	23	14	87
Mapperley	39	32	21	30	122
Retford	29	3	16	14	62
*Out-County Centres	2	-	-	-	2
Totals	101	54	60	58	273

<sup>\*</sup>By arrangement with the responsible Local Health Authorities.

In spite of delay occasioned by the difficulty in recruiting trained instructional staff, the new Centre at Retford was opened in September, 1962, when patients living in the Retford and Newark areas were admitted. These were followed in November by those patients who had been attending the Doncaster and Gainsborough Centres as an interim measure and the number on the register has gradually increased since that time. As indicated in last year's Report, patients under sixteen living in the Newark area are to remain at Retford only until the completion of the new Junior Centre and Hostel at Newark which are now under construction and scheduled for completion in December, 1963.

The Mansfield and Mapperley Centres continued to run smoothly during the year and attendances at both remained at a very satisfactory level.

At Mapperley, unfortunately, the numbers on the register now exceed the number of places available and there is urgent need to make alternative provision for adults so as to free existing accommodation for junior use.

All three Centres were visited during the year by an Advisory Mental Welfare Officer of the Ministry of Health and the report subsequently received commended the Authority on the very satisfactory standard of training provided for juniors and the encouraging increase in recent years in the numbers, particularly the over-sixteens, who are receiving full-time training. It was pointed out, however, that the urgent need is for the development of suitable work activities for adults and this is, of course, a matter which has had a good deal of consideration. Some progress has

been made but it is thought that further real development in this direction will only be practicable when the Authority's first entirely Adult Centre at Rainworth is brought into use.

It was also stressed in the report that the training of staff is regarded as particularly important and favourable reference was made to the Authority's policy of recruiting trainees who will later, if suitable, be given an opportunity to take the appropriate full-time training course.

# Home and Group Teaching

The following is a summary of the work undertaken during the year:—
Group Classes:

Number of Classes at	31.12.	62	 		4
			Males	Females	Total
Number on Register	at 31.1	2.62	 2	13	15
Sessions held			 		163
Total Attendances			 		1,380

## Individual Home visits:

Number under instruction at 31.12.62-

Subnormal and Severely subnormal	Males 6	Females 24	Total 30
Mentally III	9	4	13
	15	28	43
Number of visits in 1962			654

The opening of the Retford Training Centre in September further curtailed the number of subnormal patients receiving home or group teaching, particularly because it was possible in September to admit those who had previously attended the Group Class at Newark which, from January, 1962, had been held twice weekly in premises belonging to the Newark and District Society for Mentally Handicapped Children.

As previously envisaged, the Authority was able during the year to appoint a qualified female Occupational Therapist with a view to extending their arrangements so as to provide domiciliary occupational therapy for selected patients as a means of assisting their recovery from mental illness or of preventing further deterioration.

# SECTION VII

# NATIONAL ASSISTANCE ACTS, 1948 and 1951

# (I) Incidence of Blindness

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

(i) Number of same positioned	Cause of Disability						
<ul><li>(i) Number of cases registered during the year in respect of which para. 7 (c) of forms B.D.8 recommends:—</li></ul>	Cataract	Glaucoma	Retrolental Fibroplasia	Others			
(a) No treatment	 24	4	-	76			
(b) Treatment (medical surgical or optical)	 44	4	_	43			
(c) Treatment (Hospital supervision)	 9	7	3-00	7			
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	19	3		26			

# (b) Ophthalmia Neonatorum

(i)	Total number of cases n	otified	during	the ye	ear	 	3
(ii)	Number of cases in whi						
	(a) Vision Lost					 	Nil
	(b) Vision Impaired					 	Nil
	(c) Treatment continui	ng at e	nd of y	ear		 	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			 	72
Cerebral Palsy			 	70
Epilepsy and Ce	rebral	Palsy	 	3

## SECTION VIII

## STAFF

The following is a list of personnel employed on the 31st December, 1962 :--

County Medical Officer and Principal School Medical Officer —

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

Deputy County Medical Officer-

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

Senior Administrative Medical Officer—

P. C. MOORE, B.Sc., M.B., B.Ch., D.Obst.R.C.O.G., D.P.H.

Senior Medical Officer for Maternity and Child Welfare—

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

Medical Officer for Mental Health-

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

# Clinical Medical Staff

Senior Clinical Medical Officers (for Maternity and Child Welfare and School Health Services)-

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

K. HAIGH, M.B., Ch.B., D.Obst.R.C.O.G., 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-

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

D. R. BROOK, M.B., Ch.B. J. GOLDSBROUGH, M.B., B.S.

M. M. REGAN, M.B., B.Ch., B.A.O.

#### Part-time—

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

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.

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

G. R. DAVIES, M.B., B.S., M.R.C.S., L.R.C.P.

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

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

M. J. GRICE, M.B., Ch.B. M. C. JEFFRIES, M.B., B.S. P. E. LINNELL, M.B., B.S. K. M. MORTON, M.B., Ch.B.

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

M. A. REFORD, M.B., Ch.B., D.Obst.R.C.O.G. M. C. WAY, B.M., B.Ch., D.C.H., D.T.M. & H.

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

- Assistant County Medical Officers and Medical Officers of Health of County Districts—
  - E. BEBBINGTON, M.B., Ch.B., D.P.H.

    Beeston and Stapleford 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 and Hucknall Urban Districts
  - 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
  - G. TATTERSALL, M.A., M.B., B.Ch., B.A.O., D.P.H.

    East Retford Borough and East Retford Rural District

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

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.

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-

M. ARMITAGE, L.D.S.

S. MELLOR, L.D.S.

C. STURE, L.D.S., B.Ch.D.

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

#### Part-time-

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

C. E. BRIDE, L.D.S.

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

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

M. J. McKENNY, B.D.S.

G. PEARSON, L.D.S.

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

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

Vacancies equal to the time of approximately eleven 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-

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

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

C. J. McHENRY, S.R.N., S.C.M., H.V.Cert.

Health Visitors ... ....65-with 17 Vacancies

Assistant Clinic Nurses ... 6 (Whole-time equivalent)—with 3 Vacancies

Dental Auxiliary ... ... I—with 3 Vacancies
Dental Surgery Assistants ... II—with 13 Vacancies

# Midwifery

Senior Non-Medical Supervisor of Midwives— M. K. COLLINS, S.R.N., S.C.M., H.V.Cert.

Assistant Non-Medical Supervisor of Midwives— M. ALLCOCK, S.R.N., S.C.M.

County Midwives ... 68—with 8 Vacancies

# Day Nurseries

# Matrons

 Beeston
 ...
 M. D. ASHER, S.R.N.

 Carlton
 ...
 A. BRAWN, N.N.E.B.

 Mansfield (Bull Farm)
 ...
 M. BREWSTER, S.R.C.N.

 Newark
 ...
 ...

 Stapleford
 ...
 S. FLETCHER, S.R.N.

 West Bridgford
 ...
 M. BECKETT, N.S.D.N.D.

# Home Help Service

# Organiser-

M. W. COTTEE

District Organisers ... ... 10

# Mental Health Staff

Senior Mental Health Officer-

W. A. FROST

\*Male Mental Health Officers ... 10

\*Welfare Assistants ... 8—with 3 Vacancies

\*Employed jointly as Mental Health Officers and District Welfare Officers, or as Welfare Assistants

Case Workers ... ... ... I—with I Vacancy
Female Supervisors, Training Centres ... 3

Female Home Teachers for Mentally

Defective Persons ... ... 2

# Staff for Other Special Services

County Ambulance Officer— F. E. JOLLEY

County Health Inspector— G. H. EARNSHAW

S. M. CUTTS
P. K. EMY
M. J. GARLAND
With I Vacancy

Health Education Officer—

Assistant Health Education Officers—
N. S. WASS
With I Vacancy

Sherwood Industries (Village Settlement) General Manager— W. H. TIPPING

> Auditory Therapist— R. PARK 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— E. LEWIS

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, 1962

	7.5 40 0.50		
District	Medical Officer of Health	Address	Telephone No.
	BOR	OUGHS	
EAST RETFORD	G. Tattersall	Municipal Offices, Chancery Lane, Retford.	Retford 2561
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 3255
WORKSOP	M. B. McCann	Health Department, Park House, Park Street, Worksop.	
	URBAN	DISTRICTS	
ARNOLD	H. D. H. Robinson		Massinahaa
		Health Department, Arnot Hill House, Arnold.	Nottingham 26-8584
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,	Nottingham
EASTWOOD	W. R. Perry	Carlton. Council Offices, Church Street, Eastwood.	24-8231 Langley Mill 3022
HUCKNALL KIRKBY-IN-	J. V. Loughlin J. V. Loughlin	Council Offices, Hucknall. Council Offices, Urban Road,	Hucknall 2242 Kirkby-in-
ASHFIELD MANSFIELD WOODHOUSE	J. D. Carroll	East Kirkby. Public Health Department, Manor House, Mansfield	Ashfield 2371
SUTTON-IN- ASHFIELD	T. S. McKean	Woodhouse. Public Health Department, Forest Street,	Mansfield 1891 Sutton-in-
WARSOP	J. D. Carroll	Sutton-in-Ashfield. Health Department,	Ashfield 600
WEST BRIDGFORD	C. Cross	Town Hall, Warsop. Health Department,	Warsop 2637
		70 Bridgford Road, West Bridgford	Nottingham 89651
	RURAL	DISTRICTS	
BASFORD	W. R. Perry	Health Department,	
	,	Rock House, Stockhill Lane, Basford, Nottingham.	Nottingham 76677
BINGHAM EAST RETFORD	C. Cross G. Tattersall	Council Offices, Bingham.	Bingham 391
		Municipal Offices, Chancery Lane, Retford.	Retford 2471
NEWARK	H. D. B. North	Public Health Department, The Friary, Appleton Gate,	
SOUTHWELL	H. D. B. North	Newark. Public Health Department, The Friary, Appleton Gate,	Newark 3255
WORKSOP	M. B. McCann	Newark. Council Offices, Highfield House,	Newark 3255
		Carlton Road, Worksop.	Worksop 2219

SECTION IX

# STATISTICAL TABLES

TABLE I

# NOTTINGHAMSHIRE

Vital Statistics for the Year 1962

# BOROUGHS AND URBAN DISTRICTS

eases	Death Rate from Tuberculous Dispured to 1,000 of population of populatio	60.0	0.03	0.08	90.0	0.07	0.07	1	1	1	1	1	0.05	60.0	1	0.04
sisolus	Death Rate from Pare from Tubers of popul Tubers per 1,000 of popul	0.08	1	0.04	1	0.07	0.07	1	1	1	1	1	0.05	60.0	1	0.03
	Rate (Corrected)	13.3	12.7	12.9	4.	13.2	13.9	13.4	4.	13.3	13.7	14.3	13.7	15.9	4.	13.3
Deaths	Rate (Orude)	12.4	10.1	12.6	12.2	8.6	10.2	=.3	10.5	6.7	10.8	6.6	9.01	11.7	13.5	Ξ
	Иитрег	299	351	310	219	275	584	144	13	232	236	211	430	137	363	4,569
under of age	Rate per 1,000 Live Births	26.0	25.4	18.8	24.5	15.8	11.7	31.7	17.3	22.4	27.7	24.0	24.4	25.0	20.3	22.1
Deaths I year	Иитрег	24	17	6	7	6	3	22	4	01	12	12	17	2	6	170
	Rate per 1,000 Live and Stillbirths	1	1	1	1	1	6.0	1	1	1	1	1	4.1	4.9	1	0.4
Maternal	Macernal Maternal Deaths	1	1	1	1	1	_	1	1	1	1	1	-	-	1	e .
rchs	Rate per 1,000 Live and Stillbirths	20.2	1.61	12.4	33.8	3.5	9.01	19.8	12.8	19.7	22.6	29.2	25.2	14.8	15.5	18.0
Stillbirths	Number	61	13	9	0	2	12	4	е	6	01	15	8	m	7	14
	(Corrected)	16.7	18.4	19.5	15.7	19.2	18.8	17.3	21.4	18.8	19.4	22.8	17.2	9.91	17.0	18.3
Live Births	Rate (Stude)	17.2	19.2	19.5	15.9	20.4	19.4	17.8	21.4	18.8	19.8	23.5	17.2	17.1	16.5	18.6
Live	Number	923	899	479	286	570	1,115	694	231	447	433	466	969	200	444	7,685
7	Population estimated to th	53,610	34,840	24,580	18,020	27,940	57,380	38,950	10,770	23,800	21,820	21,220	40,540	11,700	26,950	412,120
	Population Census 1951	51,352	31,034	22,917	16,316	21,473	49,846	34,235	9,894	23,210	20,133	17,821	40,518	10,892	23,372†	373,013†
plod	Persons per house	3.27	3.43	3.25	3.29	3.18	3.26	3.19	3.48	3.35	3.39	3.50	3.35	3.67	2.92	3.3
	Separate households at Census 1951	15,329	8,787	992'9	4,856	6,740	14,703	10,702	2,754	6,741	5,942	4,918	11,973	2,967	8,397	575,111
9.	Persons per Acr	7.7	6.1	7.3	3.8	6.2	8.9	7.6	1.6	5.9	3.7	4.4	3.9	9.1	8.8	4.9
Р	Area in Acres (Land and Inland (LaseW	7,009	17,936	3,364	4,657	4,506	6,468†	4,018	1,178	4,029	5,830	4,834	10,507	7,174	3,044‡	84,554
	BOROUGHS AND URBAN DISTRICTS	MANSFIELD (Borough)	WORKSOP (Borough)	NEWARK (Borough)	EAST RETFORD (Borough)	ARNOLD	00	CARLTON	EASTWOOD	HUCKNALL	KIRKBY-IN-ASHFIELD	MANSFIELD WOODHOUSE	SUTTON-IN-ASHFIELD	WARSOP	WEST BRIDGFORD	TOTALS

† 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 1962

29265	Death Rate from Tuberculous Disc	0.05	1	-	0.04	-1	0.02	0.03
noisel	Death Rate fro Pulmonary Tubero per 1,000 of popu	0.05	1	1	1	1	1	0.02
	Rate (Corrected)	12.2	=	1.91	6.6	9.8	12.4	12.0
Deaths	Rate (ShunD)	8.6	12.8	10.8	1.01	-6	8.6	10.3
ă	Number	602	338	195	230	130	462	756'1
under of age	Race per 1,000 Live Birchs	16.7	20.0	32.4	25.1	22.1	22.6	21.6
Deaths under I year of age	Number	6	0	12	6	7	21	78
	Race per 1,000 Live and Scillbirchs	1	1	1	2.8	1	I	0.3
Maternal	No. of Maternal Deaths	1	1	1	-	1	1	-
2 000,1 ng sze R E Live and Stillbirchs		25.8	6.6	21.2	8.3	9.4	24.2	19.5
Stillbirths	Number	30	S	00	Э	ю	23	72
	(Corrected)	17.7	6.61	21.3	17.4	21.9	19.8	0.61
Live Births	Race (Crude)	18.4	0.61	20.5	15.8	177	19.8	19.0
Live	Number	1,135	105	370	359	317	929	3,611
94	noisslanded so to basemissa del to albbim	61,530	26,430	18,060	22,720	14,320	46,980	190,040
	Population Census 1951	49,995‡	20,568	17,235	21,561	272,11	39,717	160,3481 190
pjoyas	Persons per hour	3.31	3.14	3.73	3.23	3.31	3.40	3.5
15	Separate households at Census 195	14,872	5,370	4,347	5,788	3,331	11,298	45,006
Persons per Acre		0.88	0.39	0.63	0.21	0.34	0.39	0.43
put	Ares in Acre (Land and Inla (Nater)	69,825‡	67,583	28,515	11,032	41,550	118,586	437,091‡
_			:	:	-	:		
	RURAL DISTRICTS	BASFORD	BINGHAM	WORKSOP	EAST RETFORD	NEWARK	SOUTHWELL	TOTALS

† 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 1962 WHOLE ADMINISTRATIVE COUNTY NOTTINGHAMSHIRE

UOISEII	udod to 000,1 had			
sasva	Death Rate from Tuberculous Dis	0.04	0.03	0.04
sisoina	Death Rate for upon Transming and Transming upon to 000,1 and	0.03	0.02	0.03
	Rate (Corrected)	13.3	12.0	12.9
Deaths	Rate (Crude)	3	10.3	10.8
	Number	4,569	1,957	6,526
eaths under year of age	Rate per 1,000 Live Births	177	21.6	22.0
Deaths under I year of age	Number	170	78	248
Maternal	Rate per 1,000 Live and Stillbirths	0.4	0.3	0.3
Mate	No. of Maternal Deaths	м	-	4
Stillbirths	Race per 1,000 Live and Scillbirchs	18.0	19.5	18.5
Still	Number	4	77	213
s	Rate (Corrected)	18.3	0.61	18.6
Live Births	Rate (Crude)	18.6	0.61	8.8
Liv	Number	7,685	3,611	11,296
	noiseluqoq o os basemissa el lo albbim.	112,120	190,040	
	Population Census 1951	373,013‡ 412,120	160,348† 1	533,361‡ 602,160
	Persons per hous	3.3	3.5	3.3
15	Separate households at Census 19	575,111	45,006	186,581
cre	A 19q snos199	6.	0.43	-1.5
	Area in Acre flnl bne bne. (natew)	84,554	437,091‡	521,645‡
		1	1	
		URBAN DISTRICTS	RURAL DISTRICTS	WHOLE ADMINISTRATIVE COUNTY

† 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 STILL-BIRTH RATES, 1958-1962

Figure 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			Infant	Infantile Mortality	tality		-	Zeo-Na	Neo-Natal Mortality	tality		E	rly Ne	Natal		Peri	natal P	Perinatal Mortality			Stillb	Stillbirth Rate	te	
1.55   1.56			Ond Dnd	II Infan	Year)			(Infar	5-	er inly)		ž Š	der Onl	e Wee		Still	births a	Week Week	200		Per 1,0 Sti	00 Live	pue	
2.0.         2.1.0         2.1.6         2.1.6         1.5.		1958	1959	0961	1961	1962		6561		1961	1962	-	-	1961	1962				1962	m	-		1961	1962
310         310         311         311         312 <td></td> <td>22.6</td> <td>22.2</td> <td>21.9</td> <td>21.6</td> <td>21.6</td> <td>16.2</td> <td>15.8</td> <td>15.6</td> <td></td> <td>1.5.1</td> <td></td> <td>13.4</td> <td></td> <td>13.0</td> <td>34.2</td> <td>32.9</td> <td>32.2</td> <td>30.8</td> <td></td> <td>21.0</td> <td>19.7</td> <td>1.61</td> <td>1.8.1</td>		22.6	22.2	21.9	21.6	21.6	16.2	15.8	15.6		1.5.1		13.4		13.0	34.2	32.9	32.2	30.8		21.0	19.7	1.61	1.8.1
1.1.         1.1. <th< th=""><td></td><td>20.8</td><td>21.0</td><td>23.0</td><td>17.7</td><td>22.0</td><td>12.9</td><td>14.6</td><td>15.8</td><td>11.7</td><td></td><td>12.2</td><td>12.9</td><td>1.01</td><td>12.7</td><td>33.0</td><td>33.2</td><td>28.7</td><td>30.9</td><td>_</td><td>21.0</td><td>20.6</td><td></td><td>18.5</td></th<>		20.8	21.0	23.0	17.7	22.0	12.9	14.6	15.8	11.7		12.2	12.9	1.01	12.7	33.0	33.2	28.7	30.9	_	21.0	20.6		18.5
19         19<	Aggregate of Urban Districts	21.1	21.9	24.0	18.1	22.1	14.0	15.3	16.3	12.4	15.2	12.9	12.7	6.01	12.0	34.4	32.9	29.4	29.8	20.7	21.7	20.5		18.0
	Aggregate of Rural Districts	6.61	19.0	20.8	17.0	21.6	9.01	13.0	14.9	10.1	1.91	10.8	13.4	8.3	14.1	30.1	33.8	27.2	33.4	21.7	19.5	20.7	0.61	19.5
	-	16.8	23.9	32.5	15.2	26.0	0.9	18.2	24.7	6.01	6.11	15.9	18.0	6.01	8.01	32.4	9.11	27.7	30.8	17.7	16.8	24.1	17.1	20.2
	-	17.7	21.6	22.1	22.8	25.4	7.6	18.5	10.3	18.2	13.5		8.8	13.7	10.5	40.7	38.5	32.8	29.4	29.7	22.6	30.0	19.4	1.61
From From From From From From From From	-	28.7	23.4	27.2	19.0	18.8	1.61	21.0	18.1	14.3	12.5	18.7	1.6		10.4	43.3	28.9	30.3	22.7	7.1	25.1	20.0	21.0	12.4
appleford U.D. 55, 133 188 225 11, 14, 14, 14, 14, 14, 14, 14, 14, 14,	:	14.9	18.2	16.5	9.4	24.5	Ξ	3.6	6.6	6.3	21.0	3.6	9.9	6.3	14.0	21.5	35.3	27.7	47.3	25.4	6.71	28.8	21.5	33.8
appleford U.D. 52. 133 188 22. 11.7 14.3 5.5 13.6 13.7 11.7 44, 10.5 11.7 9, 0 20.1 12.7 9, 0 10.1 12.0 12.0 12.0 12.0 12.0 12.0 12	1	9.4	21.8	14.6	6.6	15.8	4.7	14.6	10.5	7.9	10.5	7.6	8.4	7.9	8.8	23.9	22.7	17.8	12.2	13.9	14.4	14.4	8.6	3.5
Held U.D	Beeston and Stapleford U.D.	25.2	13.3	18.8	22.5	11.7	14.3	5.5	13.6	13.7	11.7	4.4	10.5	11.7	0.6	28.1	21.7	24.1	19.5	19.4	23.8	4.	12.5	9.01
Field U.D 120 — 330 226 14.3 12.0 2.1 2.1 2.1 2.1 2.1 2.1 13.0 14.0 15.1 14.0 14.1 14.1 14.1 14.1 14.1 14.1 14	1	15.7	18.2	29.6	14.8	31.7	0.11	9.11	18.7	13.3	23.1		15.6	13.3	18.7	30.7	30.7	30.5	38.1	12.4	22.7	15.3	17.4	8.61
Held U.D	-	12.0	1	33.0	22.6	17.3	12.0	1	28.3	13.6	17.3	1	23.6	1.6	13.0	25.1	50.5	39.4	25.6	34.9	25.1	27.5	30.7	12.8
Field U.D 46.2 32.3 23.5 22.1 32.7 38.0 25.3 20.9 17.2 55.4 20.7 15.7 14.7 20.8 44.9 33.3 43.0 42.9 34.1 24.7 17.9 28.6 ddthouse U.D 27.4 22.8 22.4 15.7 24.0 8.0 12.4 7.5 11.2 10.0 9.9 5.0 11.2 10.0 35.9 31.6 26.5 38.9 18.4 24.2 22.7 15.5 11.2 10.0 18.4 14.1 15.4 11.1		33.7	28.2	14.7	21.3	22.4	28.1	22.6	12.3	10.7	15.7	6.91	12.3	10.7	6.8	38.7	29.0	36.4	28.5	24.7	22.1	6.91	26.0	16.7
oddouse U.D.         13.4         22.3         22.4         15.7         24.0         8.0         12.4         11.2         10.0         9.9         5.0         11.2         10.0         33.9         31.6         6.6.5         38.9         18.4         24.0         35.0         24.0         35.0         36.0         24.0         35.0         40.0         35.0         23.4         25.7         11.1         11.1         11.1         11.1         10.1         35.3         39.2         40.0         35.0         23.4         25.0         25.1         25.0         27.1         20.8         11.2         10.1         35.3         39.2         40.0         35.0         23.4         35.2         40.0         35.0         35.2         36.1         35.0         40.0         35.0         35.0         35.2         36.1         35.0         37.1         10.2         37.1         10.2         37.1         10.2         37.1         10.2         37.1         10.2         37.1         10.2         37.1         10.2         37.1         10.2         37.1         10.2         37.1         10.2         37.2         40.0         35.0         37.2         37.2         37.2         37.2         37.2		46.2	32.3	23.5	22.1	27.7	38.0	25.3	20.9	17.2	25.4	20.7	15.7	14.7	20.8	44.9	33.3	43.0	42.9	34.1	24.7	17.9	28.6	22.6
Location Loter Lote	Mansfield Woodhouse U.D.	13.4	22.3	22.4	15.7	24.0	8.0	12.4	7.5	11.2	10.0	6.6	5.0	11.2	0.01	33.9	31.6	26.5	38.9	4.8	24.2	26.7		29.2
HOLD.         1.23         36.2         36.5 <t< th=""><td></td><td>27.4</td><td>29.8</td><td>30.9</td><td>17.4</td><td>24.4</td><td>18.8</td><td>17.3</td><td>17.0</td><td>Ξ</td><td>4.4</td><td>1.4.1</td><td>15.4</td><td>1.1</td><td>10.1</td><td>35.3</td><td>39.2</td><td>40.0</td><td>35.0</td><td>23.4</td><td>21.5</td><td>24.1</td><td>29.2</td><td>25.2</td></t<>		27.4	29.8	30.9	17.4	24.4	18.8	17.3	17.0	Ξ	4.4	1.4.1	15.4	1.1	10.1	35.3	39.2	40.0	35.0	23.4	21.5	24.1	29.2	25.2
Holorolololololololololololololololololo	1	9.2	36.2	36.5	24.9	25.0	9.2	27.1	26.0	6.61	25.0	27.1	20.8	14.9	25.0	52.9	55.3	34.1	39.4	26.8	26.4	35.2		14.8
2.2.2         20.5         20.6         17.1         16.7         13.0         14.0         9.0         9.7         10.2         14.0         8.1         7.0         10.2         30.8         32.3         30.8         32.3         30.8         32.3         30.8         32.3         30.8         6.5         14.2         18.0         9.7         14.2         18.0         14.2         18.0         14.2         18.0         23.9         23.5         29.9         27.7         23.9         27.7         23.3         15.2         17.1         15.9           L         1.0.8         13.1         31.6         13.1         31.6         13.6         13.6         13.9         13.6         13.9         13.6         13.9         13.6         13.9         13.8         13.9         13.2         13.9         13.6         13.9         13.9         13.8         13.9         13.6         13.9         13.8         13.8         13.8         13.9         13.8         13.8         13.9         13.9         13.9         13.9         13.9         13.9         13.9         13.9         13.9         13.9         13.9         13.9         13.9         13.9         13.9         13.9 <td></td> <td>17.8</td> <td>6.91</td> <td>15.8</td> <td>18.2</td> <td>20.3</td> <td>15,3</td> <td>6.91</td> <td>15.8</td> <td>8.9</td> <td>18.0</td> <td>14.5</td> <td>13.6</td> <td></td> <td>E.3</td> <td>35.5</td> <td>24.6</td> <td>13.5</td> <td>26.6</td> <td>6.6</td> <td>21.3</td> <td>1.2</td> <td></td> <td>15.5</td>		17.8	6.91	15.8	18.2	20.3	15,3	6.91	15.8	8.9	18.0	14.5	13.6		E.3	35.5	24.6	13.5	26.6	6.6	21.3	1.2		15.5
LD.         1.0.8         13.1         31.6         26.3         26.3         14.2         18.0         6.5         14.2         18.0         6.5         14.2         18.0         18.0         23.3         15.2         14.2         18.0         23.9         23.5         14.2         18.0         18.0         23.3         18.0         1		22.2	20.5	20.0	17.1	16.7	13.0	13.0	14.0	0.6	7.6	10.2	14.0	8	7.0	30.0	32.3	30.8	32.6	20.0	20.1	18.6	22.9	25.8
	-	10.8	13.2	8.7	26.3	20.0	6.5	8.8	6.5	14.2	18.0			14.2	18.0	23.9	23.5	29.9	27.7	23.3		17.1		6.6
.D 22.7 16.4 27.6 14.5 25.1 9.7 9.9 16.6 11.6 19.5 9.9 13.8 5.8 19.5 16.3 25.6 27.6 28.4 6.5 19.0 19.9 19.8 15.9 19.8 24.4 14.4 22.6 5.3 14.5 19.5 19.5 10.8 19.4 13.2 18.3 8.4 16.1 32.3 37.0 25.9 39.9 22.0 19.4 19.1 17.6		31.6	13.1	31.8	9.4	32.4	0.61	9.8	22.3		18.9			3.1	16.2	38.0	49.2	9.81	37.0	18.6	31.6	33.8		21.2
20.8 30.3 11.5 19.6 22.1 15.6 22.7 7.7 7.8 18.9 15.1 18.3 8.4 16.1 32.3 37.0 25.9 39.9 22.0 19.4 14.4 22.6 5.3 14.5 19.5 19.5 19.8 19.4 13.2 18.3 8.4 16.1 32.3 37.0 25.9 39.9 22.0 19.4 19.1 17.6	:	22.7	16.4	27.6	14.5	25.1	7.6	6.6	9.91	9.11					19.5	16.3	32.5	25.6	27.6			0.61	6.61	8.3
15.9 19.8 24.4 14.4 22.6 5.3 14.5 19.5 10.8 19.4 13.2 18.3 8.4 16.1 32.3 37.0 25.9 39.9 22.0 19.4 19.1 17.6	:	20.8	30.3	11.5	9.61	22.1	15.6	22.7	7.7	7.8		1.5.1				40.6	30.0		28.1	4	25.8	26.2		4.6
	:	15.9	19.8	24.4	14.4	22.6	5.3	14.5	19.5	10.8	0	m			1.91	32.3	37.0	25.9	39.9		19.4	1.61	9.71	24.2

IADEL						7 10501		VICA		LI3CIC.
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 I year per 1,000 Births	Net Deaths	Net Death Rate per 1,000 of the population
1913 1914 1915 1916 1917 1918 1919 1920 1921 1922 1923 1924 1925 1926 1927 1928 1929 1930 1931 1932 1933 1934 1935 1936 1937 1938 1939	362,307 367,617 353,193 344,501 344,822 339,456 366,331 380,928 381,969 386,130 388,019 391,700 393,400 499,300 422,700 429,300 422,700 429,300 447,900 447,900 444,970 448,500 453,500 459,000 470,900 478,200 <i>a</i>	4,934 4,845 3,775 4,126 3,372 1,725 2,948 5,667 4,774 4,177 3,763 3,715 3,373 3,310 2,984 3,549 2,242 3,261 2,617 2,821 2,036 2,395 2,382 2,005 2,218 2,796 2,511	.69 .70 .67 .66 .65 .70 .73 .73 .74 .74 .75 .75 .75 .75 .78 .81 .82 .84 .86 .86 .86 .87 .88 .89 .90	* 109,674	4.4	9,369 9,541 8,843 8,567 7,589 7,742 7,507 9,836 9,187 8,316 8,023 8,085 7,921 7,739 7,613 7,941 7,517 7,746 7,695 7,534 6,945 7,042 7,083 7,033 7,318 7,549 7,847	25.8 25.9 25.0 22.8 19.7 20.3 19.6 25.8 24.1 21.5 20.6 20.1 19.4 18.6 17.5 17.6 17.2 16.7 15.5 15.7 15.6 15.3 15.7 16.0 16.4	101 107 112 95 95 100 95 85 86 69 77 79 77 73 69 64 76 62 72 66 68 54 56 58 59 51	4,435 4,696 5,068 4,441 4,217 6,017 4,559 4,169 4,413 4,139 4,260 4,370 4,548 4,429 4,629 4,629 4,629 4,629 4,485 5,078 4,713 4,909 4,647 4,701 5,028 5,100 4,753 5,336	12.2 12.7 14.3 12.8 12.2 17.7 12.4 10.9 11.5 10.7 11.0 11.2 11.6 11.1 11.3 10.4 11.8 10.2 11.3 10.4 10.9 10.4 10.9 10.4 10.9 10.9
1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951	479,900b 483,240 492,750 481,200 472,300 474,960 475,910 495,620 505,690 518,300 523,160 533,870 535,800 \$\interprecestrian{2}{5}\$	1,735 2,501 3,755 3,946 5,125 4,068 4,693 5,114 4,483 3,562 3,114 2,547 3,244	.92 .94 .92 .90 .91 .91 .95 .97 .99 .99 I.01 I.02 I.02	156,581	3.4	7,610 7,954 8,659 9,255 10,343 9,096 10,001 10,673 9,486 9,098 8,683 8,551 8,515	15.7 16.1 18.0 20.2 21.8 19.1 20.2 21.2 18.3 17.4 16.3 15.9 15.9	58 62 48 47 47 44 41 41 42 32 34 29.4 29.3	5,875 5,453 4,904 5,309 5,218 5,028 5,308 5,559 5,003 5,536 5,571 6,004 5,271	12.2 11.1 10.2 11.2 11.0 10.5 10.7 11.0 9.6 10.6 10.4 11.2 9.8
1953 1954 1955 1956 1957 1958 1959 1960 1961 1962	534,400 541,400 545,900 550,600 554,800 563,300 569,800 575,400 583,730 593,270 <b>602,160</b>	3,168 3,115 3,140 3,171 3,878 3,703 4,082 4,362 4,362 4,328 <b>4,770</b>	1.04 1.05 1.05 1.06 1.08 1.09 1.10 1.12 1.14			8,625 8,601 8,718 8,906 9,372 9,685 9,964 10,295 10,600 11,296	15.9 15.7 15.8 16.0 16.6 17.0 17.3 17.6 17.9 18.8	29.3 28.1 27.2 24.6 23.8 20.8 21.0 23.0 17.7 22.0	5,457 5,486 5,578 5,735 5,494 5,982 5,982 5,933 6,272 <b>6,526</b>	10.1 10.0 10.1 10.3 9.8 10.5 10.2 10.2 10.6 10.8

<sup>\*</sup> 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, 1962

_				
Total	for County	3447	6526	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	75-	380	835	
	65-	291	510	
trict	45-	266	420	-a
I Dis	25-	26	76	
Rural Districts	-2	= m	4-	-
e of	7	0 m	13	-
Aggregate of	Ī	50	=	
Agg	1	36 2	78	
	Ages	868	1957	-1 -27 -38 -58 -8 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1
	1	84210	193419	24-1-23 8 2523 8 2523 8 25 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
1	1 75	670 8	61 6911	1
icts	1 65	620 6	1026	wu   u   u
Aggregate of Urban Districts	45	-	The same of	01-111111111111111111111111111111111
rban	-25	27 112	46 188	4
of U	- 5	9 2	1001000	
gate	7.	1 9	3 23	
ggre	-		13	
4	9	73	170	-
	All	2388	4569	2000 2000 2000 2000 2000 2000 2000 200
	Sex	Σц		Σι
-		1	-	many i many in
ath				Cough
Cause of Death		AUSES	S	Tuberculosis Respiratory  Do. Other  Whooping Cough  Meningococcal Infections  Acute Poliomyelitis  Meningococcal Infective and Parasitic Diseases Malignant Nooplasm— Do. Lung, Bronchus  Do. Lung, Bronchus  Do. Breast  Do. Uterus  Do. Uterus  Vascular Lesions of  Vascular Lesions of  Warvous System  Diabetes  Coronary Disease, Angina  Hypertension with heart disease  Other Diseases of Respiratory System  And Dudenum  Bronchitis  Other Defined  And Dudenum  And Dudenum  And Dudenum and Ill-Defined and Diseases  Pregnancy, Childbirth, Aborti Congenical Malformations of Nephritis and Nephrosis  Hyperplasia of Prostate  Pregnancy, Childbirth, Aborti Congenical Malformations of the Accidents  All Other Accidents  Suicide
Ö		ALL CAUSES	TOTALS	Tuberculosis  Do.  Syphilltic Dis  Diphtheria  Whooping C  Menicococc  Acute Polion  Measles  Other Infecti Parasitic D  Malignant Na  Do.  Lu  Do.  Do.  Br  Do.  Br  Do.  Uppartension  Hypertension  Hypertension  Respirator  Other Define  Gastritis, Emand Duode  Gastritis and  Hyperplasia o  Pregnancy, C  Congenital M  Other Define  Disasses  Motor Vehicle  All Other Acc  Suicide  Homicide and  Operations
Š				- C - C - C - C - C - C - C - C - C - C

