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NOTTINGHAMSHIRE COUNTY COUNCIL



# **1969 annual reports**

OF THE  
COUNTY MEDICAL OFFICER  
AND  
PRINCIPAL SCHOOL MEDICAL OFFICER

DR. H. I. LOCKETT

HEALTH DEPARTMENT, COUNTY HALL,  
WEST BRIDGFORD, NOTTINGHAM  
TELEPHONE: NOTTINGHAM 83166







NOTTINGHAMSHIRE COUNTY COUNCIL

**1969**

**annual reports**


OF THE  
COUNTY MEDICAL OFFICER  
AND  
PRINCIPAL SCHOOL MEDICAL OFFICER

DR. H. I. LOCKETT

HEALTH DEPARTMENT, COUNTY HALL,  
WEST BRIDGFORD, NOTTINGHAM

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# Annual Report

## of the County Medical Officer 1969



## HEALTH COMMITTEE

### Constitution

Members of County Council ... ..	40
Municipal Borough Councils (1 for each) ... ..	4
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### Sub-Committees

Ambulance

Finance and General Purposes

Maternity and Child Welfare

Mental Health

Preventive Health Service

Sherwood Village Settlement Management

### Members of the Committee

Chairman:

ALDERMAN MRS. B. SHARRARD

Vice-Chairman:

ALDERMAN R.A. BARTLAM

Ex-officio:

ALDERMAN MRS. E. A. YATES, J.P., L.M.R.S.H.

ALDERMAN SIR FRANK SMALL, C.B.E., D.L., J.P.

### Aldermen:

BARTLAM, R. A.  
BLANCHARD, E. E.  
BROOKS, D. A.  
ELEY, J. W.  
FOSTER, W. H.

GASH, W. W.  
HARRISON, C.  
HILL, MRS. L.  
SHARRARD, MRS. B.

4 December, 1969.

### Councillors:

BEARDSLEY, MRS. M.  
BICKERSTAFFE, W. K.  
BIGNALL, S. F.  
BROOKS, F. A.  
BROWN, S.  
BROWN, W. H.  
BROWNE, M. E.  
BUXTON, J.  
DICKSON, R. C. M.  
EDWARDS, W. F.  
FREEMAN, E. D.  
GASCOYNE, W.  
GREEN, A.  
HALFNIGHT, N. W.  
HAYNES, D. F.  
HEMPSALL, C. L.

HOLE, MRS. M. I. L.  
HUDSON, E. R.  
LINCOLN, E. E.  
MCNEILL, G. A.  
MEAD, A.  
MORRIS, W. J.  
NAIRN, MISS N. J.  
QUIRK, MRS. G.  
SKILLEN, S. J.  
THRIVES, MRS. E.  
WALKER, G. R.  
WATSON, MRS. P. R.  
WIDDOWSON, J. H.  
WOODWARD, F. J. E.  
WRIGHT, M. G.

### Representative Members:

#### MUNICIPAL BOROUGH COUNCILS -

East Retford ... ..  
Mansfield ... ..  
Newark ... ..  
Worksop ... ..

WILSON, E. D.  
CALEY, MRS. P. A.  
WHOMSLEY, A. E., B.E.M.  
SMY, J. H.

#### URBAN DISTRICT COUNCILS -

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

HILL, MRS. A. I.  
BRADLEY, MRS. F. E.  
HOLLOWAY, A. R.  
LIMB, C.  
WHITEHOUSE, W. E.  
ASHLEY, E. W.  
STIRLAND, MRS. A. H.  
HOLLAND, C. E.  
DESFORGES, A.  
WOODWARD, W. C.

#### RURAL DISTRICT COUNCILS -

Basford ... ..  
Bingham ... ..  
East Retford ... ..  
Newark ... ..  
Southwell ... ..  
Worksop ... ..

HILL, MRS. J., M.B.E.  
GREGORY, MRS. E. M.  
HORTON, H. E.  
MILLS, D. F. A.  
NEWBERY, MRS. A. J.  
CAWTHORNE, G.



Health Department,  
County Hall,  
West Bridgford,  
Nottingham,  
NG2 7QP.

TO THE CHAIRMAN AND MEMBERS OF THE NOTTINGHAMSHIRE COUNTY COUNCIL

I have pleasure in presenting the Annual Report of the County Medical Officer of Health for the year 1969.

The mid-year population of the administrative County increased by 7,240 to 666,640.

With 11,476 live births, 296 fewer than in 1968, the birth rate fell from 17.9 to 17.2 per thousand population. There were 137 stillbirths giving a rate of 11.8 per thousand total births, compared with 15.6 in the previous year.

The number of children dying in the first year of life in 1969 was 188, quite close to the figure of 192 for 1968. The infant mortality rate of 16.4 compared favourably with that of 18.0 for England and Wales.

There were again 3 maternal deaths, none potentially preventable in the present state of medical knowledge, giving a maternal mortality rate of 0.26.

Deaths from all causes totalled 6,916 - 14 fewer than in 1968 - giving a crude death rate of 10.4, which shows little change from the rate of 10.5 for 1968. The number of deaths attributed to cancer was 1,363 giving a specific cancer death rate of 2.0, as in the previous year.

Steady progress has been made throughout the year in all the varied aspects of the work of the Department with increased emphasis on liaison with those parts of the Health Service administered outside Local Government.

Recruitment has continued to cause anxiety and while the uncertainty regarding the future organisational pattern of the Health Service which I mentioned in last year's Report remains, I foresee little hope of the difficulty in recruiting essential field staff diminishing.

I am very grateful to the Members and Officers of the Authority for their encouragement and advice and particularly to the Staff of the Health Department for their loyal support.

H. I. LOCKETT

County Medical Officer of Health

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M.O.H. Nottinghamshire C.C. 1969 annual report.

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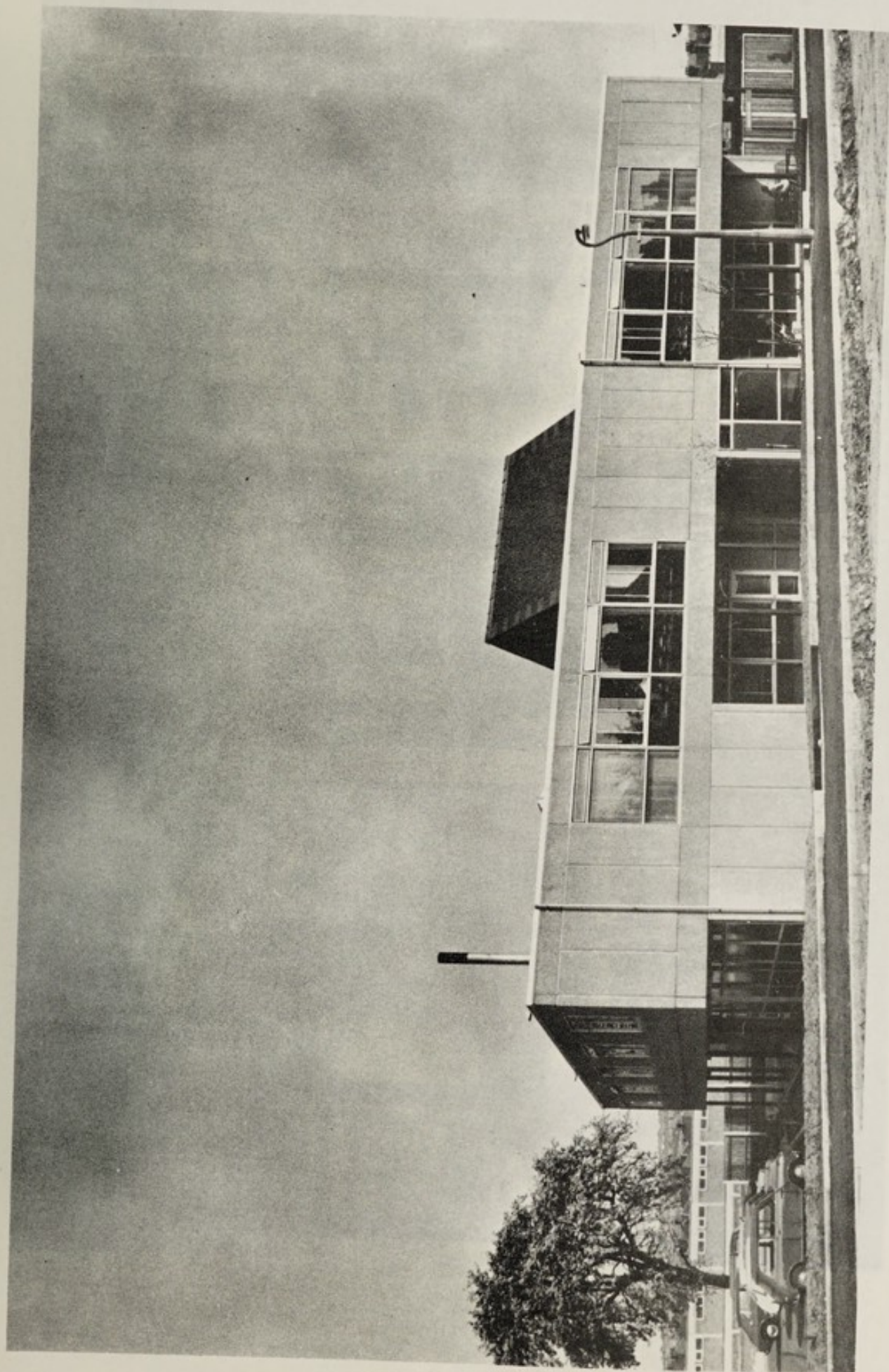
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ARNOLD HEALTH CENTRE

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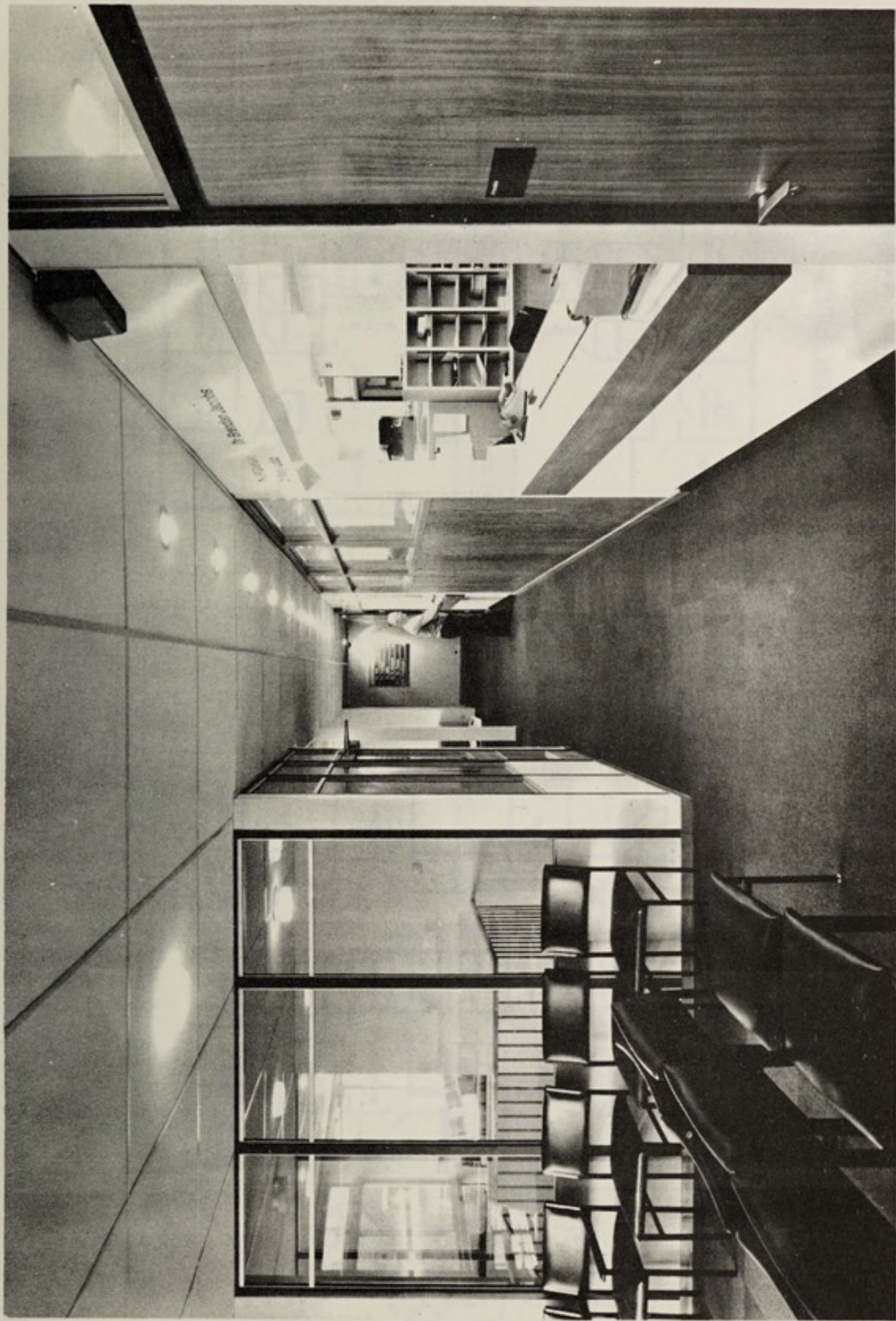
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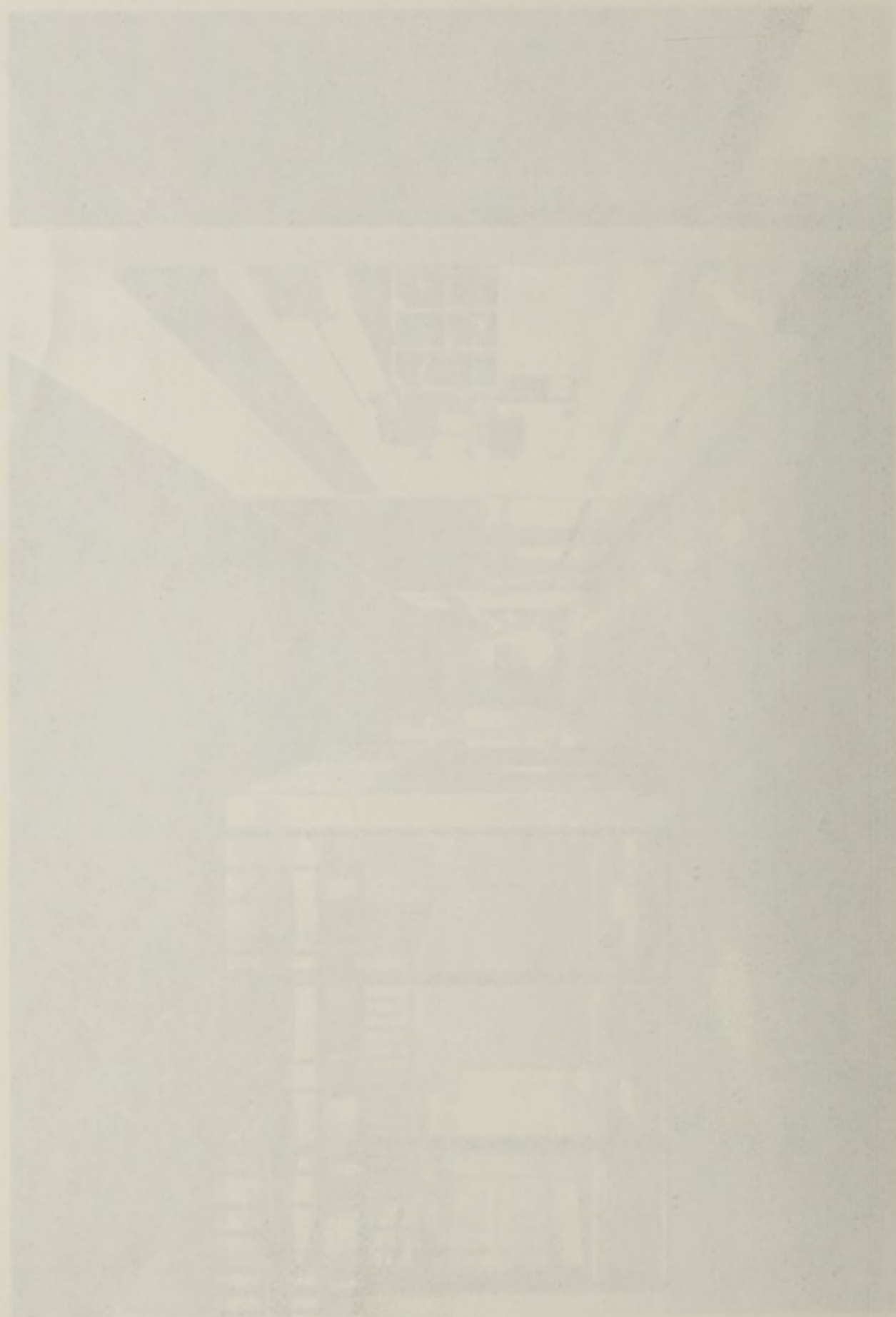
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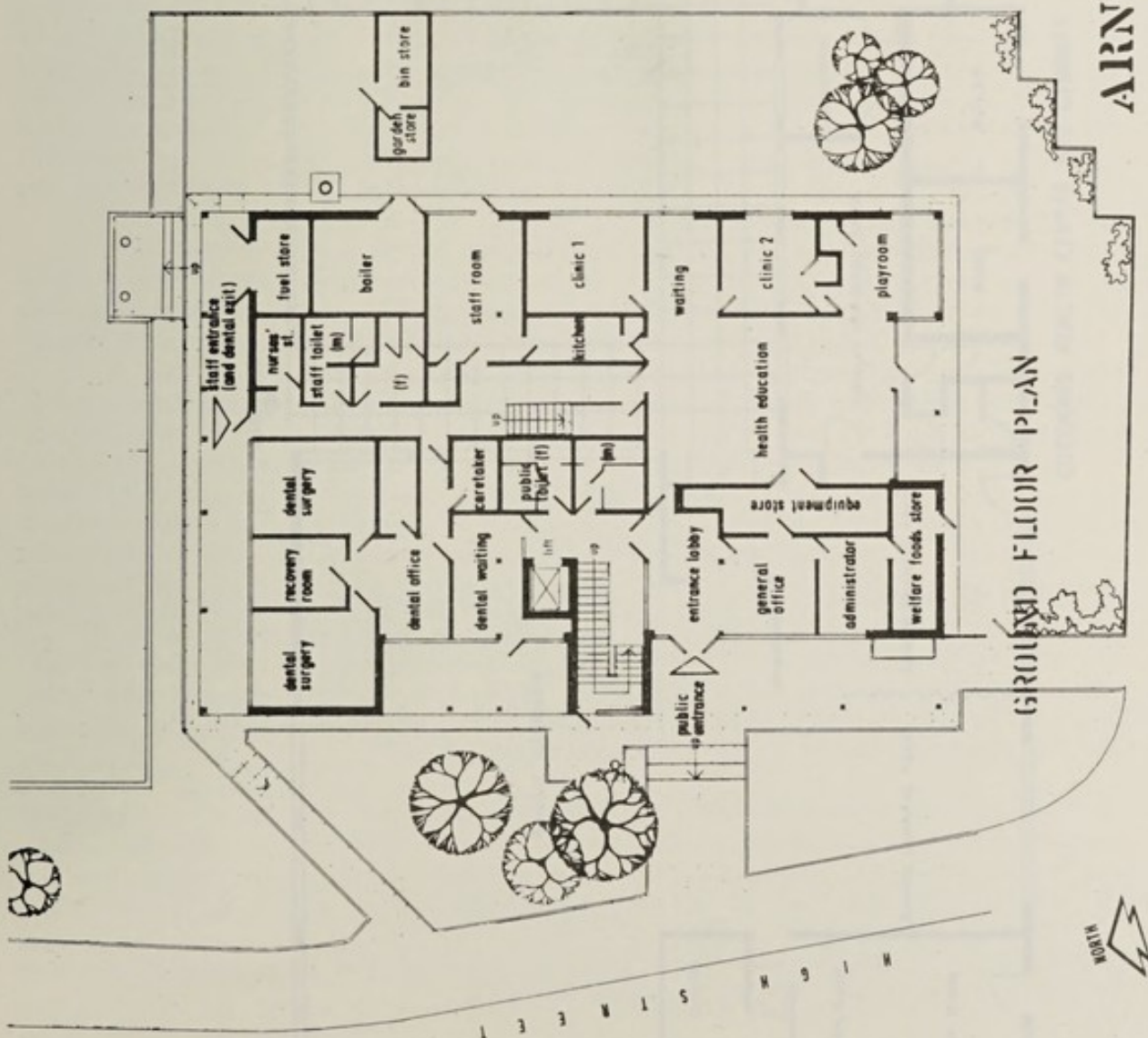


RECEPTION AREA, ARNOLD HEALTH CENTRE

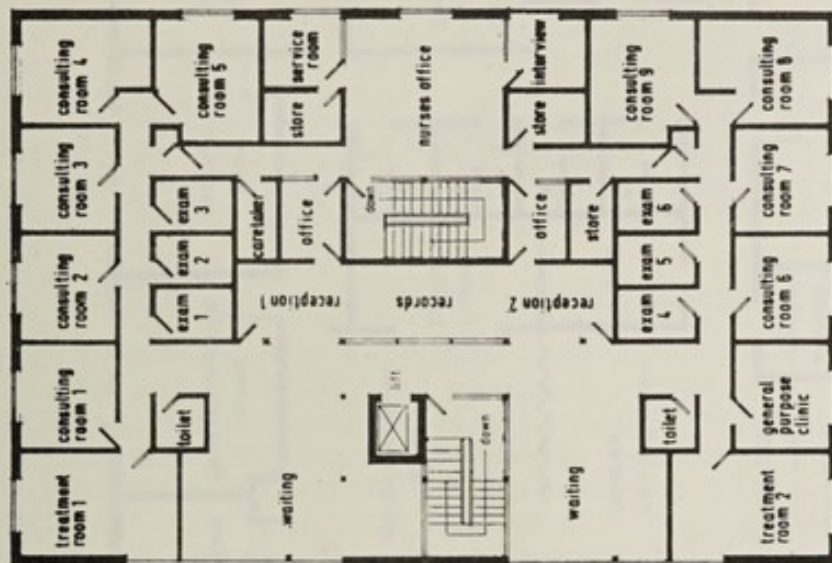
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FIRST FLOOR PLAN



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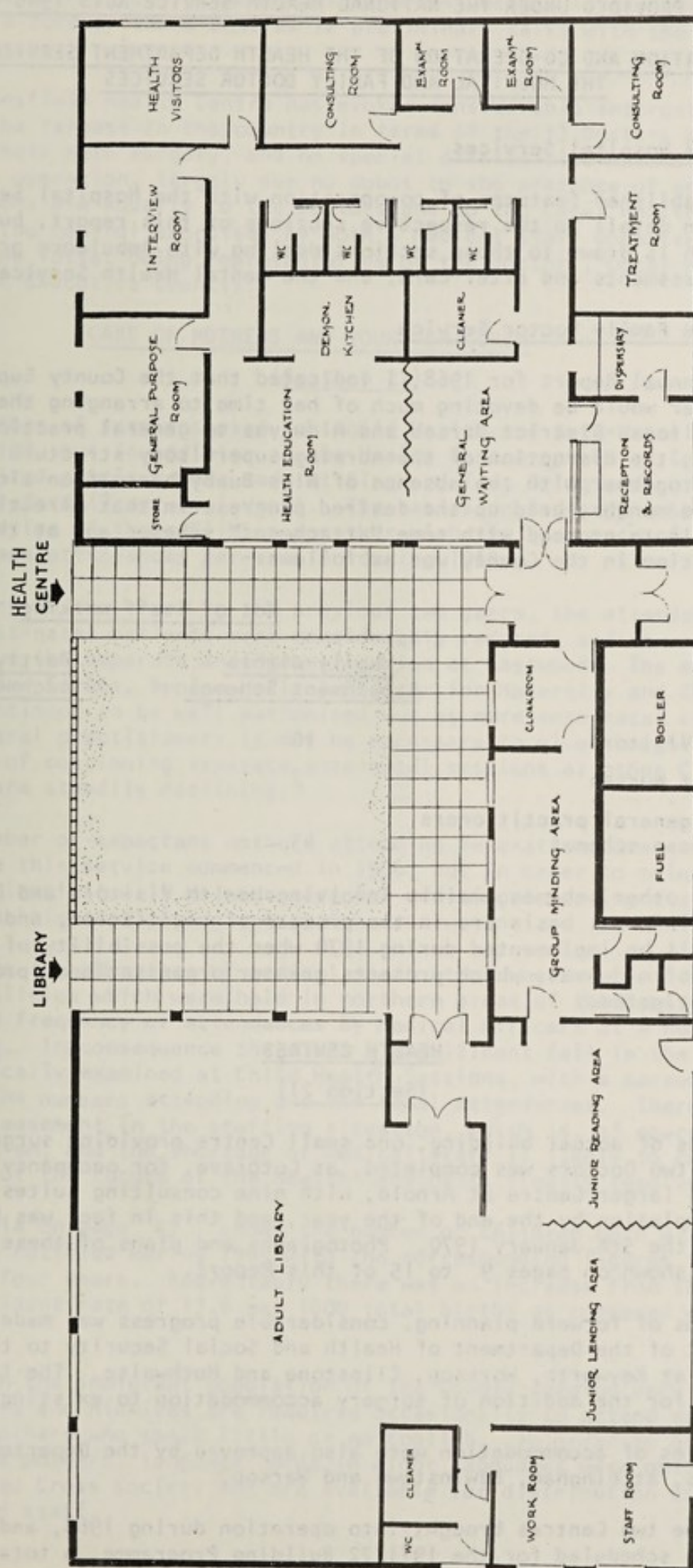
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WINDMILL CEMETERY

WINDMILL CEMETERY





COTGRAVE HEALTH CENTRE AND LIBRARY - PLANS



## SERVICES PROVIDED UNDER THE NATIONAL HEALTH SERVICE ACTS 1946 - 1968

### CO-ORDINATION AND CO-OPERATION OF THE HEALTH DEPARTMENT SERVICES WITH THE HOSPITAL AND FAMILY DOCTOR SERVICES

#### (a) With the Hospital Services

The established features of co-operation with the Hospital Services are referred to in detail in the respective sections of this report, but particular attention is drawn to those sections dealing with Ambulance provision, Geriatric assessments and after-care, and the Mental Health Service.

#### (b) With the Family Doctor Service

In my Annual Report for 1968, I indicated that the County Superintendent Nursing Officer would be devoting much of her time to arranging the attachment of Health Visitors, District Nurses and Midwives to general practices. Unfortunately, the disruption of the nursing supervisory structure (later referred to) together with the absence of Miss Busby herself on sickness leave for over three months, held up the desired progress in that direction. However, it was possible to proceed with some "attachment" schemes and at the end of the year the position in the County was as follows:-

	<u>No. of Staff working</u>	
	<u>Wholly within Attachment Schemes</u>	<u>Partly within Attachment Schemes</u>
Health Visitors	10	4
District Nurses	7	10
No. of general practitioners in these schemes	43	10

Several other schemes, mainly involving Health Visitors and District Nurses on an informal basis are in the process of negotiation, and it is hoped that these will be implemented during 1970 when the possibility of the "attachment" of midwives, which presents greater organisational problems, will also be investigated.

### HEALTH CENTRES

#### (Section 21)

In terms of actual building, one small Centre providing surgery accommodation for two Doctors was completed, at Cotgrave, for occupancy in April 1969, while a larger Centre at Arnold, with nine consulting suites, was brought almost to completion by the end of the year, and this in fact was brought into operation on the 5th January 1970. Photographs and plans of these new premises are shown on pages 9 to 15 of this Report.

In terms of forward planning, considerable progress was made in securing the agreement of the Department of Health and Social Security to the plans for four Centres at Keyworth, Worksop, Clipstone and Huthwaite. The latter two projects are for the addition of surgery accommodation to existing Clinics.

Schedules of accommodation were also approved by the Department for three other schemes, at Bingham, Edwinstowe and Warsop.

With the two Centres brought into operation during 1968, and a further three Centres scheduled for the 1971/72 Building Programme, a total provision



of 14 Centres with surgery accommodation for 64 Doctors is certain, with the prospect of a further three Centres if preliminary talks with the Doctors concerned mature.

The Mansfield Health Centre has evoked considerable interest from many sources as the largest in the country in terms of the 13 Doctors practising from it as their main surgery, and no special difficulties have been experienced in its operation, largely due no doubt to the presence of an Administrative Officer responsible equally to the Doctors and to the Local Health Authority, and also to the control exercised by both a Medical Staff Committee and a House Committee, the latter being representative of the Doctors, Local Health Authority and Executive Council.

#### CARE OF MOTHERS AND YOUNG CHILDREN

##### (Section 22)

The number of premises used for Child Health and Ante-Natal Clinics remained at 108, but in addition to the Health Centre opened at Cotgrave changes of hired premises were made at Bingham, East Bridgford, Misterton and West Bridgford (Trent Boulevard). The tables on pages 59 - 62 show the location of these Clinics together with the frequency of sessions and the average attendances per session during 1969.

Contrary to the trend in the previous two years, the attendances of ante-natal and post-natal patients were considerably reduced, and it was necessary to discontinue the separate ante-natal session at Eastwood. The main Clinics, attended by Dr. Forbes, Senior Medical Officer for Maternity and Child Welfare Services, continued to be well patronised but as more ante-natal care is provided by general practitioners it may be necessary to give thought to the desirability of continuing separate ante-natal sessions at other Clinics where the numbers are steadily declining.

The number of expectant mothers attending relaxation classes was the highest since this service commenced in 1956, but in order to maintain and improve this level it will be necessary for additional nursing staff to be taught the technique of giving relaxation instruction.

Owing to the shortages of medical staff it was necessary to discontinue the Toddler Clinics which were held in northern areas of the County, and also to reduce the frequency of attendances by Medical Officers at a number of other Clinics. In consequence there was a significant fall in the number of children medically examined at Child Health Sessions, with a corresponding decrease in the numbers attending and the total attendances. There are no signs of any easement in the staffing situation, which is, of course, a national problem, and the shortage of medical staff is likely to continue until the question of the future of the Health Service is finally resolved.

The table on page 67 shows the number of children born with congenital malformations notified during 1969 with the corresponding figures for each of the previous four years. Regrettably there was an increase from 185 to 207, giving an incident rate of 17.8 per 1000 total births as compared with 15.5 in 1968.

Although the immigrant population of the County remains very limited, Health Visitors and Midwives are required occasionally to attend expectant and nursing mothers who speak little or no English. In order to assist in advising these mothers, language cards in eight languages were obtained from the British Red Cross Society and are available for distribution as required to the nursing staff.



A revised version of the memorandum issued by the Standing Medical Advisory Committee regarding the systematic screening of the newborn for the detection of congenital dislocation of the hip was distributed to all Health Visitors and Midwives.

As suggested by the Chief Medical Officer of the Department of Health and Social Security, all nursing staff were reminded of the dangers of hypothermia in the very young and the elderly.

During the year the Department co-operated in two research projects undertaken by outside agencies - one by the Social Science Department of the University of Nottingham on motherless families, and the other by Mr. Alan Cohen, a former social worker in the Department, regarding the child-rearing practices of mentally subnormal mothers.

#### Day Nurseries

At three of the four Day Nurseries the average daily attendances throughout the year were increased and at the Carlton Day Nursery the level of 22 was maintained (see table on page 70 ). It will be noted that at the Beeston Nursery the average attendances were almost up to the maximum number of places, which is based on the approved staffing establishment, but in view of the fact that there is a waiting list for vacancies at this Nursery, as indeed there is at each of the Nurseries, it is proposed to employ an additional Nursery Nurse in order to permit more children to be accommodated. The increased attendances at the West Bridgford Day Nursery were particularly welcome bearing in mind the disruption caused whilst structural improvements were being carried out, but very little inroad was made into the waiting list, which is constantly around 100, including cases with social priorities. In view of the fact that the premises are leased and are by no means ideal for the purpose, a survey is to be undertaken to ascertain the needs of the pre-school children in the area with a view to replacing the Nursery in due course, possibly in conjunction with the Education Department as it is thought desirable that any new project should be in the nature of a combined Day Nursery/Nursery School. The proposed survey will doubtless show a big demand for day-care facilities in the West Bridgford area, a position which is apparent throughout the County as revealed in the statistics relating to the Nurseries and Child Minders Regulation Act, 1948 (page 96 ) comments on which are made later in this report.

#### Welfare Foods Service

The number of Distribution Centres at the end of the year was 126, of which 110 were County Council Centres and 16 Voluntary Centres. Distribution arrangements continued upon the same lines as previously and no additional Centres were opened during the year.

A table showing the trend of issues is given on page 63.

#### DENTAL CARE OF EXPECTANT AND NURSING MOTHERS

##### AND CHILDREN UNDER SCHOOL AGE

#### REPORT OF THE COUNTY DENTAL OFFICER

MR. K.H. DAVIS, L.D.S.

The service has continued to operate on a demand basis. It is a matter of regret that this service has been restricted by the staffing changes which resulted in a loss of the whole-time equivalent of 1.8 Dental Officers. It must also be recorded that from a one-time complete establishment of 4 dental auxiliaries, at the close of the year there existed 4 vacancies. The loss of the auxiliaries was most unfortunate for it is in the field of treatment for



the younger child that they do their most valuable work. The details of treatment given are given as an appendix to this report.

During the year a new dental suite at Carlton was completed as were the alterations to Beeston Clinic. It is anticipated that a dental suite will be completed in the Health Centre at Arnold and later in the year at Keyworth. The present programme includes financial provision for alterations at West Bridgford, Ollerton and Hucknall which should complete the schedule for the older clinics.

My thanks are due to the County Medical Officer and his staff for their continued co-operation and support.

### NURSING ADMINISTRATION

From the inception of the National Health Service in 1948, the three nursing services (Midwifery, Home Nursing and Health Visiting) continued to function under respective Supervisors, but in the knowledge that four of the six supervisory officers would be retiring in 1969 Miss M.B. Busby was appointed as County Superintendent Nursing Officer in July, 1968, with the primary object of co-ordinating the three Services. Her appointment was also the first step in the re-organisation of the supervisory structure which began following the retirement of Miss A. Collishaw on the 31st December, 1968, after 18½ years in the post of Superintendent Health Visitor. Miss Collishaw's retirement was in turn followed by that of Miss M.M. Cottam, Assistant County Superintendent of District Nursing, on the 10th March, 1969, after almost eight years in that post; Miss E.E. Jamieson, County Superintendent of District Nursing, on the 19th April, 1969, after 18 years' service (including the position of Superintendent of the Nottinghamshire Nursing Federation); and then Mrs. C.J. McHenry, Superintendent Health Visitor, in September, 1969, after almost 19 years' service in that capacity. The retirement of these long-serving experienced officers within the space of nine months was probably the biggest staffing disruption the Department has experienced, but in view of the changing nature of the nursing services it was decided that the time was opportune to vary the pattern of the nursing administration and it was originally proposed to appoint three Deputy Area Nursing Officers to undertake combined supervisory duties for the Health Visiting and Home Nursing Services, leaving the Midwifery Service under the supervision of Miss M. Allcock and Mrs. M. Benson, Non-medical Supervisor and Assistant Non-medical Supervisor, respectively. Mrs. M.J. Davies and Miss W. Shelton were appointed as Deputy Area Nursing Officers for two of the three designated areas but a third appointment had to be deferred on account of illness and then the matter was further complicated when Mrs. Benson tendered her resignation on leaving the district. As a result of the unexpected resignation it was obvious that further adjustments within the nursing supervisory structure would have to be made and at the end of the year this matter was still under consideration.

### MIDWIFERY

#### (Section 23)

Earlier in this report I have made reference to the uncertainty which medical staff are feeling regarding the future. Domiciliary midwives are similarly apprehensive about their future role, especially in view of the continuing trend for more deliveries to be undertaken in Hospitals. Their work during 1969 is depicted in the tables on pages 75 - 76 showing a further fall in the number of women confined at home and an increase in the number of early discharges, although this increase was considerably lower than that of previous years. The ratio of domiciliary to hospital confinements in 1969 was 31 to 69. The time is rapidly approaching when the possibility of the integration of the hospital and domiciliary midwifery service will need to be carefully considered, at the same time having due



regard to the wishes of individual midwives and taking into account the minimum number of deliveries which a domiciliary midwife should undertake each year in order to maintain all her professional skills.

In the early part of the year meetings of domiciliary midwives were arranged throughout the County in order to discuss new techniques and matters of policy, including rota systems which are now operating in most areas of the County.

The purchase of additional radio equipment was deferred pending experiments with a new type of portable set which was brought out by the G.E.C. Company. These tests were most successful and it is proposed to purchase five of these sets, two of which will replace "Bantam" sets required for the Ambulance Service, during the 1970/71 financial year.

As from the 1st September midwives undertook the investigation of the home circumstances of expectant mothers recommended for admission to hospital on sociological grounds. This duty was previously carried out by the Health Visitors but it was thought to be more appropriate for the midwives who would become better acquainted with the patient before the confinement and would be able to assess the suitability of the home where in many cases she would be working after the mother's early discharge from hospital.

For the third successive year the Royal College of Midwives arranged a refresher course at the Nottingham University. Parties of midwives were allocated to this Authority on two days of the course and were taken on visits to the Psychiatric Day Centre, Sutton-in-Ashfield, and the Rainworth Adult Training Centre, followed by talks by several specialist officers at County Hall.

#### HEALTH VISITING

##### (Section 24)

In the staffing details given at the end of this report it will be seen that at the end of 1969 there were 90 Health Visitors in post, including 28 working on a part-time basis. Three of the Health Visitors were appointed following the successful completion of their training course under the Joint Training Scheme with the Nottingham Corporation. Eighty-seven officers undertook combined duties, i.e. work in the School Health Service in addition to Maternity and Child Health and General Health Visiting, and the equivalent of whole-time officers undertaking Section 24 duties was 52.8 as compared with 54.8 in 1968 and 58.0 in 1967. This decline in the number of Health Visitors available for domiciliary visiting, together with the fixed sessions at Clinics, School Medical Inspections, etc., which necessarily involve a substantial proportion of Health Visitors' time (16607 sessions in 1969), and the effect of an increased number of "attachments" to general practices, accounted for the fall in the total number of home visits undertaken by Health Visitors shown in the statistics on page 77. Despite the overall decrease it is pleasing to record that the number of visits under "General Health Visiting", i.e. mainly the more time-consuming visits to the elderly increased by 1738, indicating the changing pattern in a Health Visitor's duties, her services now being increasingly available, if required, to all members of the public.

In accordance with the policy recommended by the Nurses' Committee of the Whitley Council, three Health Visitors attended refresher courses during the year, and one of the four Field Work Instructors undertook follow-up training.



## HOME NURSING

### (Section 25)

Statistics relating to the Home Nursing Service are given on page 78 and these show that for the third successive year there was an increase in the number of cases attended and in the number of visits. No doubt these figures will be further improved as more "attachments" to general practices are arranged, bringing closer liaison between the District Nurse and the Health Visitor.

A total of 14 patients with carcinoma were assisted during the year under the Day and Night Nursing Service which is financed by the Marie Curie Memorial Foundation and administered through my Department.

## VACCINATION AND IMMUNISATION

### (Section 26)

Vaccination against smallpox and poliomyelitis, and immunisation against diphtheria, whooping cough, tetanus and measles continued to be offered routinely in infancy and to unprotected children moving into the County from other areas. Booster doses and re-vaccination against smallpox for those previously immunised or vaccinated were also routinely offered at school entry, and parents of children leaving school were advised to consult their family doctors as to the further booster doses recommended at 15 to 19 years of age.

Under the County Council's approved arrangements vaccine is also made available as necessary to family or factory doctors for the vaccination against anthrax of employees in factories where they are exposed to special risks of contracting this disease.

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, including the issue of vaccines within their districts, and the County Council's Health Visitors and School Nurses worked in close collaboration with them. Where necessary, clinical assistance was also given by the County Council's own medical staff.

General medical practitioners also participated in these arrangements being paid for their services by the Executive Council who passed records of vaccinations and immunisations performed by general practitioners to the Local Health Authority. Conversely, copies of records of vaccination and immunisations performed at the County Council's Clinics and Centres were passed to the family doctors concerned.

Inoculations against measles had to be restricted from June until the end of the year to the groups of children to whom priority was given at the outset of the Scheme in 1968, i.e. to susceptible children between their fourth and seventh birthdays, and susceptible children attending day nurseries or nursery schools, or living in residential establishments who were between their first and seventh birthdays. This action was taken at the request of the Department of Health and in accordance with recommendations by the Joint Committee on Vaccination and Immunisation following reports on adverse reactions to the two vaccines in use under the Scheme and the decision to discontinue one whilst seeking to supplement supplies of the other from alternative sources. In this period the Department continued their control of available supplies of vaccine and distributed them free of charge to local health authorities, contrary to earlier advice that these authorities would have to purchase supplies directly from manufacturers after 31st March, 1969.

Early in December, however, the Department advised the prospect of an early improvement in the supply of measles vaccine and expressed the hope that



by the Spring of 1970 quantities might be sufficient to allow local health authorities to purchase vaccine at 10/6d. per dose and resume a vigorous campaign for the protection of all susceptible children up to age of 15 years, and thereafter to maintain the campaign to achieve a high acceptance rate in all age groups by the Autumn of 1970. District Medical Officers were advised accordingly and urged to make local plans to this end.

The table on page 79 indicates the work completed in the year and, for the purposes of comparison, in the four previous years. Due, however, to the introduction as from 1st January 1969 of a revised schedule of immunisation procedures which extended the interval by two weeks between first and second doses, and by twenty to twenty-two weeks between second and third doses, it was not possible in the County Council's Clinics and Centres to complete primary courses before 31st December for some children born in 1968 or for those born in 1969. This is reflected in the statistics in the appendix and to some extent in the following percentages of those protected by immunisation against the diseases and in the age groups indicated at 31st December 1969:-

			<u>Percentage Immunised</u>
(1)	Smallpox (children under 2 years) ...	...	.. 46.5%
(2)	Poliomyelitis (children born in 1968) .	...	.. 74%
(3)	Whooping Cough (children born in 1968)	...	.. 76.5%
(4)	Diphtheria (children born in 1968) ...	...	.. 77%

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

#### AMBULANCE SERVICE

##### (Section 27)

The number of patients carried by Ambulance Service vehicles as shown on page 80 continues to increase but the total number of patients conveyed during 1969 is only 1,695 in excess of the total for 1968. The comparative figure for 1968 showed an increase of 14,957 over that for 1967 of which 9,683 was attributable to "treatment" cases which category has dropped to 999 in the comparison of the figures for 1968 and 1969.

The total mileage also increased by 12,445 to 1,506,971. Compared with 1968 there was in fact an increase of 24,919 miles travelled by ambulances and this was offset by a reduction in the mileage travelled by dual purpose ambulances of 12,474. The average number of miles travelled by each patient in Ambulance Service vehicles during the year has remained steady at 5.70 when compared with last year's figure of 5.69 and the 1967 figure of 5.7 miles per patient.

The number of patients for whom arrangements were made for their conveyance by train to out-county destinations rose by 41 to 85 involving 8,713 miles i.e. an average of 103 train miles per patient.

On the 9th December, 1969, a collision occurred on the M.1 Motorway in which over seventy vehicles were involved. The incident was attended by several ambulance authorities through the mutual assistance arrangements which are activated in such circumstances. An additional hazard which gave cause for concern was that there was spillage of sulphuric acid on to the roadway. This incident, though minor, highlighted the two sets of problems likely to arise if such incidents were to involve greater quantities or more toxic substances. The first includes questions of first aid, injury to casualties and ambulance personnel from substances of this nature and any protective clothing or other precautions that need to be taken. The other includes public health hazards



in general, either danger to people in the vicinity or possible damage and pollution which could result from the discharge of substances into an open drainage ditch or a local authority drainage system, whether the substance is diluted by large quantities of water or not. Subsequent enquiries revealed that problems of this nature are very much in the minds of the ministerial bodies and commercial interests concerned. It is understood that this is a subject in which the Department of Health and Social Security is very interested and which from an Ambulance Service standpoint is being considered by the Organisation and Operations Sub-Committee of the Ambulance Service Advisory Committee. Pending the receipt of further information about this problem, steps have been taken to acquaint ambulance personnel with the hazards likely to be encountered and the Training Instructor has in the meantime prepared an instructional note for the guidance of all personnel.

### Vehicles

The establishment of the main fleet of vehicles at the end of 1969, when the average age of the ambulances was three years and the dual purpose ambulances (large and small) three years ten months, is shown on page 81. In addition to the main fleet there are eleven reserve ambulances allocated one to each Ambulance Station which are used to replace main fleet vehicles under repair or maintenance or to supplement the main fleet at times of extreme pressure, one ambulance control vehicle (with radio) and two equipment vehicles for use in attending major incidents.

In the past, owing to the restriction on van sizes dual-purpose ambulances have been specially built on a manufacturer's chassis and the cost of the special coachwork has thereby been excessive. Manufacturers are now producing standard vans of a capacity and height suitable for conversion into ambulances without in any way detracting from the efficiency or capability of these new vehicles and a new specification based on the Bedford CF van has been drawn up to take account of this. As a result, there will be a considerable saving on the bodywork price of the seven dual-purpose ambulances being replaced this year. In addition the new vehicles will carry ten patients against a carrying capacity of seven patients on the specially built body hitherto purchased which had a 17 cwt. loading capacity against the 25 cwt. loading of the Bedford CF van.

### Uniform

Following the recommendation in Part 2 of the Report of the Working Party on Ambulance Training and Equipment that consideration be given to the adoption of a combat jacket style of tunic because of its functional advantages compared with the existing double-breasted style of jacket, the opportunity was taken to specify the new style of tunic when consideration was given to the replacement issue of uniform and it was determined that supplies of this jacket be obtained in both cloth and "Gannex" type material so that the advantages and disadvantage of each style of jacket and type of cloth can be assessed in the light of experience. The suitability of each can then be evaluated before the next replacement issue.

It was also determined that consideration be given to the purchase of a new style of cap in "Gannex" material in the next financial year and that, at the same time, a new style of cap badge be introduced with a distinctive blue centrepiece.

At present four white coats are issued to each ambulance-man and following a request for consideration to be given to the issue of a summer jacket it was determined that this could best be met by varying the scale of issue so that two white drill jackets are issued for summer wear.



## Equipment

In keeping with the decision to phase the purchase of items of equipment required to meet the standard recommended in Part 2 of the Working Party Report on Ambulance Training and Equipment, approval was given for the acquisition of the further items of equipment listed below to equip the operational and reserve ambulances:-

- Stretcher poles
- Stretcher sheets
- Stretcher spreaders
- Guedel type airways
- Foot operated suction pumps
- Oxygen regulators (to provide oxygen on each operational and reserve ambulance in addition to the Stephenson Minuteman apparatus held at all Stations)
- Stainless steel paper cup dispensers

Having regard to the need to standardise equipment for exchange purposes between Hospitals and the Ambulance Services in the Nottingham area, the opportunity was taken to sound out the possibility of stretcher sheet requirements being manufactured by the Mapperley Hospital Industrial Therapy Unit and it is worthy of note that these were met through the co-operation of the appropriate Hospital Management Committee.

In addition, approval was given for the purchase of a portable incubator and a Stephenson Minuteman Resuscitator for training and operational use together with certain other training aids.

Certain items of first aid and rescue equipment were obtained to equip the major disaster equipment vehicles to operational standard.

## Staff

Because of the need to maintain a balance between increasing demand and available ambulance resources action was taken to appoint five additional driver attendants to the establishment as from the 1st April, 1969, one post each being at the Carlton, Hucknall and West Bridgford Stations, and two posts at the Sutton-in-Ashfield Station.

During the year twenty three men left the Service and twenty seven men appointed. Of the twenty three men who left the Service, two died and three retired on superannuation.

The establishment and the staff in post at 31st December 1969, is set out on page 82.

In view of the need to proceed with local training on the basis of the approved scheme which had been deferred on financial grounds, action was taken to appoint from within the Service an Instructor with the rank of Acting Station Officer supernumerary to the Officer establishment. Implementation of the local training scheme was however overtaken by the training requirements of Part 1 of National Joint Council for Local Authorities Services (Manual Workers) Circular N.M.192A which became operative from the 30th June, 1969. With the approval of the Local Government Training Board a series of two weeks' courses for personnel with between two and five years' service, based on the syllabus approved by the Ambulance Service Advisory Committee, started on Monday, 24th November, 1969.



The Courses, with six personnel in attendance, were arranged at convenient Ambulance Station locations in the County with lecture-room facilities. Personnel with over five years' service at the 30th June, 1969, were assessed to be competent in accordance with Circular N.M.192A and an application was made to the Ambulance Service Advisory Committee for the issue of appropriate proficiency certificates. An approach has also been made to the Local Government Training Board for approval to be given for the Authority to arrange its own six-weeks Courses for personnel with under two years' service.

Although the Regional Hospital Board has been made aware of this Authority's desire to participate in Hospital Training Schemes for Ambulance Personnel, action has been deferred, apart from visits and lectures arranged as part of the two-weeks' Training Course introduced by Circular N.M.192A, on the recommendation in Part I of the Report on Ambulance Training and Equipment that a trainee should spend at least one week in the Accident and Emergency Department of a Hospital and possibly in other Departments or other types of hospitals. Priority is in fact being given to the basic training requirements of National Joint Council Circular N.M.192A.

At the request of the Department of Health and Social Security, the Ambulance Instructor was seconded to give instruction to an Ambulance Instructors' Course held at the Cheshire County Council Ambulance Training School in December.

Advantage was also taken of the opportunity to nominate an Officer to attend an Ambulance Instructors' Course at the Cheshire County Council Ambulance Training School at Wrenbury Hall.

Ways and means of implementing a productivity agreement in accordance with the recommendation contained in Part II of National Joint Council Circular N.M.192A are under consideration.

The County Final of the National Ambulance Competition was held on the 10th May; the team representing the Retford Station were successful with the Arnold Station team being runners-up.

The Retford Station team went on to represent the Service in the Regional Final held in the Sun Pavilion at Harrogate on the 1st June, 1969, and were placed third out of thirteen competing teams. The Attendant in the Retford Station team shared first place in the Attendants' test of the Team Competition.

191 members of the Service were entered in the National Safe Driving Competition for 1968 and the following awards were made:-

20-years	Brooch	-	4
Special bar to			
15-years	Brooch	-	11
15-years	Brooch	-	1
11-14 years	Oak Leaf bar	-	22
10 years	Medal	-	4
6-9 years	Bar	-	37
5-years	Medal	-	7
Diploma		-	66
Exemption Certificate		-	1

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## Communications

Experience of a recent minor rail accident highlighted the need for radio-communication between the scene of an accident and an Ambulance Control vehicle which may not be able to get to the scene of an accident because of inaccessibility and as a consequence it was approved that two Pye "Bantam" portable radios, at present in use by the Midwifery Service, but which, because of the short-range of this type of equipment, has limitations in this field, be transferred to this Service for use with the Major Disaster vehicles.

## Hospital Car Service

Statistics relating to the Hospital Car Service for the year are given on page 82.

The number of patients conveyed and mileage travelled continues to increase but the increase in the number of patients carried is slight compared with the increase in the mileage travelled. This accounts for the increase in the average number of miles per patient carried of from 25.48 to 27.3.

The Hospital Car Service continues to perform a most useful service by providing volunteer drivers in conveniently located districts who can be called upon to convey patients from the peripheral areas of the County to appropriate hospitals which journey, if undertaken by the Ambulance Service, would place a considerable burden on these resources. While the trend in the use of the Hospital Car Service is towards the longer distance journey, it can be used to great effect in conveying mentally-subnormal children and adults for Day Care to hospitals which, owing to geographical location, would make it difficult for the Ambulance Service to meet such commitments. The fact that the mileage per patient conveyed by Ambulance vehicles has remained steady at 5.70 over the last three years is evidence of the usefulness of the Hospital Car Service in undertaking the longer journeys. Within the last two or three years there has been a marked increase in the number of patients who need to be conveyed unavoidably to hospitals outside the County area, in particular, to Sheffield hospitals and it is only due to the availability of the Hospital Car Service that the Ambulance Service has been able to contain this increase. One interesting feature of this trend has been the number of patients who need to be conveyed to and from hospital twice a week for renal dialysis. In these instances, volunteer drivers and patients have, over the months, become "old friends" and a personal interest is taken by the volunteer drivers concerned in the progress of a patient, particularly, when, as in recent experience, a patient undergoes a kidney transplant. The number of patients attending hospital for renal dialysis is almost certain to increase and the volunteer drivers will find this aspect of their work very rewarding.

I cannot emphasize enough the value of the work which is being performed by the Hospital Car Service Organiser, her assistants and volunteer drivers, and I can only appeal to anyone who reads this report and who is able to help in volunteering to do this work, to do so by contacting the Hospital Car Service Organiser at the County Office of the W.R.V.S., 624A Mansfield Road, Sherwood, Nottingham (Tel. Nottingham 69810) who will be able to give further information about the Service. Volunteer drivers are required in all parts of the County but more particularly so in the Mansfield, Sutton-in-Ashfield, Kirkby-in-Ashfield, Eastwood and Hucknall areas.

A mileage allowance of 8½d. or 9d. per mile is in fact paid to the volunteer car-driver according to the cubic capacity of his or her vehicle and subsistence allowances are paid in certain circumstances.



Tuberculosis

The services provided for the tuberculous and in the prevention of tuberculosis continued as before and details are given in the appended statistical tables.

Sherwood Village Settlement

Arising from the changes in policy referred to the 1968 report, i.e. to exclude infectious cases of tuberculosis and admit all categories of registered disabled persons subject only to the training and employment facilities available at Sherwood Industries being suited to the individual disablement, it was decided in March that a Departmental Medical Officer should take over the responsibilities of Superintendent of the Village Settlement from Dr. D. Davies, the Consultant Chest Physician and Physician Superintendent of the adjoining Ransom Hospital. Dr. Davies agreed, however, to continue his association with the Village Settlement in relation to the tuberculous, i.e. to advise on medical suitability and the working capacity of candidates, to undertake periodical medical examination of staff and tuberculous trainees and settlers, and to allow his Registrar to continue acting as medical practitioner to residents for so long as the majority are tuberculous cases. He also undertook to continue advising on specialist medical problems as may be necessary and to provide hospital care for any resident trainee or settler (excluding only the mentally ill) who may be sick and in need of removal from the Village Settlement.

Dr. S.M. Young who was about to take up an appointment as Joint Medical Officer of Health of the Borough of Mansfield and the Urban District of Mansfield Woodhouse and Departmental Medical Officer, Nottinghamshire County Council, accepted the transferred responsibilities undertaken in the time allocated to his Departmental duties, and thereafter visited the Village Settlement on a regular programme and additionally made himself available as necessary between routine visits to advise the General Manager on medical aspects of individual training and employment. He also assumed responsibility of Hostel management and took over from Dr. D. Davies the Chairmanship of the Settlers' Social Club.

Because of the differing medical categories coming into the workshops plans were also made in the year for a rest and first aid room to be erected in 1970 - 71 on a site adjacent to the main workshop and an approach was made to the Department of Employment and Productivity for their approval of this as an item of expenditure to rank for a capital grant.

With the continuing decline in the number of cases of tuberculosis at the Village Settlement, and their replacement by Nottinghamshire residents suffering from other disabilities most of whom were able to travel daily from their homes to the workshops, it was recommended towards the end of the year when there were five vacant hostel bedrooms and eight houses temporarily occupied by Council employees from outside the Village Settlement, that places be offered on agreed terms to cases other than the mentally ill from other authorities in the area covered by the Midlands Region of the Department of Employment and Productivity. At the time this was recommended 21 out of a total of 41 trainees and settlers were non-residents but there was capacity within the extended workshops for additional labour and a full order book to justify this.

Particulars of admissions and discharges in the year, and for the purpose of comparison in the four previous years, are set out in the table on page 84.



and it is worthy of note that the number of admissions in 1969 was the highest in any year since 1943.

School furniture continued as the prime product in the Village Settlement workshops and the prices of all products were increased by 5% as from 6th January due to rising manufacturing costs. With the full support of the staff and the more experienced settlers output was maintained at a high level despite the demands upon them in relation to training new entrants and the Chairman of the National Advisory Council for the Employment of the Disabled stated how impressed he was with all he saw when he visited the Industries on 11th November accompanied by the Assistant Regional Controller of the Department of Employment and Productivity.

At the request of the Chief Fire Officer and the Factory Inspector following an inspection of the recent workshop extensions arrangements were made to provide an electrical fire alarm system throughout the premises with sounders and break glass release button type operating points in strategic positions. Some further improvement was also effected in the heating of the machine shop.

Nine trainees were accepted as settlers, i.e. as wage earners, in the year and at 31st December eight disabled persons remained as trainees (six mentally ill and two non-tuberculous other disabilities) and 33 as settlers (seven mentally ill, 17 tuberculous and nine non-tuberculous other disabilities). Of these 13 were awarded pay increases in the year for improved efficiency and all settlers and wage earning workshops staff had increases in their hourly rates of pay as from 3rd November 1969 based on an agreement with the Local Authorities' Conditions of Service Advisory Board with the National Union of Furniture Trades Operatives.

An area of land (some 440 sq. yards) behind some new bungalows which had been erected alongside the Village Settlement was sold in the year for the extension of a tenant's garden, and in addition some scrub land not required for immediate development and lying to the West of the Hostel and the houses on Ransom Road was incorporated in a tenant farmer's lease of adjacent land at no extra rental conditional upon his clearing and bringing this area into agricultural use at no expense to the County Council.

Two extra garage bases were laid in the year alongside two previously provided and let to residents upon which to erect their own portable garages and at the same time authority was given for the provision of two more such bases if this should become necessary.

#### Other Illnesses

Particulars of work undertaken in the year additional to that done by the Nottinghamshire Care Association for Tuberculosis and Chest Diseases and at the Sherwood Village Settlement for persons other than those suffering from tuberculosis are given in the statistical tables on pages 85 to 86.

In the year the County Council also authorised the adaptation of four homes for the installation of artificial kidney machines but unfortunately in one instance the patient died before the work could be completed.

Chiropody services for the elderly continued to expand. New clinics were established at Arnold, Cotgrave and East Leake; authority was given for additional sessions to be undertaken in the clinics already established at Hucknall, Kirkby-in-Ashfield, Mansfield, Mansfield Woodhouse and Sutton-in-Ashfield; and two additional chiropodists were employed by the Voluntary Old People's Welfare Committees providing "agency" chiropody services at Mansfield and at Worksop. Early in 1969 the West Bridgford Old People's Welfare Committee notified their intention to discontinue their "agency"



chiropractic service owing to the resignation through ill health of their Voluntary Chiropractic Organiser and their inability to recruit a successor. With effect, therefore, from 3rd February 1969 this service was continued under direct administration arrangements by utilizing clerical services already provided for other County Council duties in the area.

Cervical cytology screening tests were started in the year at one additional clinic, i.e. at Harworth, but owing to the retirement of Dr. Crawford at the end of October it was necessary to suspend these sessions, and also the cytology clinics at Retford and Worksop, from that time until the end of the year when negotiations were in hand for general practitioners to undertake the screening tests at these Clinics. The temporary cancellation of the cytology sessions in the northern part of the County brought representations from the local District Councils and women's organisations, but unfortunately, due to the staffing situation, no other action could be taken, and this clearly illustrated the general shortage of medical staff in the Local Authority Services which I specifically mentioned in my Annual Report for 1968. In addition to the figures set out in the appendix, sessions were also held by arrangement with the management at three factories and at two other establishments in the County where female labour predominates and at which a total of 791 women had screening tests.

Following discussions with the Consultant Physician for the Nottingham Venereal Diseases Clinics on the National Health Service (Venereal Diseases) Regulations 1968 and the Memorandum issued by the Department of Health on "Contact Tracing in the Control of Venereal Disease" arrangements were made in February for a Health Visitor to attend initially at clinic sessions to see patients with the Consultant Physician and to become thoroughly familiar with his initial follow-up routine. Thereafter this Health Visitor was available to advise difficult cases in the Clinic and to undertake any necessary follow-up visits to County patients. In the remaining ten months of the year, however, only one female defaulter was referred involving one home visit.

### Health Education

A Health Education Officer and two assistants continued to be fully employed on this work throughout the year and the County Council made a grant to the new Health Education Council on a formula recommended by the Local Authority Associations and designed to produce approximately £75,000 annual income for the new Council from local authorities as a whole.

The County Council also agreed to a proposal from the Sheffield Regional Hospital Board to set up a Regional Cancer Education Committee and nominated two representatives to attend the first meeting in June 1970.

As will be seen from the statistical table in the appendix, the Council's Health Education Service has been developed over the past five years, particularly by the way of talks at schools, in conformity with the recommendations of the Central and Scottish Health Services Councils on Health Education in 1964. By the end of 1969 it was apparent that further development was impossible without either some decentralization of effort or the employment of more specialist health education staff, and the Health Committee, therefore, agreed the principle of decentralization and called for detailed proposals on this basis to be laid before them in 1970.

### DOMESTIC HELP SERVICE

#### (Section 29)

After 22 years as County Home Help Organiser, Miss M.W. Cottey retired in June. She was appointed to develop the Service throughout the County and there is no doubt that due to her vision and "pioneering" spirit the service



earned its recognition as a vital part of the Authority's Health Services. She was succeeded in October by Miss M. Palmer who has had experience in the Home Help Service of the City of Nottingham, Devon County Council and Torbay County Borough.

Following the resignation of Mrs. M. Hesketh, the area organiser of the Mansfield District, Mrs. L. Ratcliffe was transferred from her post as organiser at Hucknall thus leaving a vacancy there at the year end.

During the year, separate accommodation has been provided for the County Organiser and the West Bridgford District office in County Hall, and the accommodation in the Carlton District office has been enlarged and improved.

Although 261 more cases were served than in the previous year, it will be noted that the total of 6,669 cases were helped with less hours and by less Home Helps. This puts a greater strain on the organising staff and the Home Helps and indicates that although the standard of the service has been maintained, it would be even more effective in many cases if it were possible to give help more generously.

Added to this, the increase of 318 patients over 65 shows a greater demand by long term cases. The service must accept the responsibility of an inevitably greater demand on its resources by this category of patient. With this in mind, the longstanding problem of the recruitment and retention of Home Helps must be tackled. As an attempt to do this, the in-service Training Scheme mentioned in last year's report, took place in the spring of this year. It was held in each district separately in courses of three mornings and was mainly for new Home Helps. The syllabus included talks by the Deputy County Medical Officer, members of the Health Visiting, District Nursing and Health Education staffs, and the County and Area Home Help Organisers. The 126 Home Helps who took part in the course derived great benefit from it and although it is difficult to measure the success of this type of training it can only have been of value to the service generally. Further training, if possible to a larger number, should be given in the future.

In order to administer the service economically and to allocate the help realistically, it is essential that the organising staff visit in their districts as much as possible. This is also vital in order that the Home Helps, who invariably work in isolation from each other, should be given the support and interest which is essential to their efficiency. It is, therefore, hoped that the proposed use of the computer in certain aspects of the work will reduce the administrative work in the district offices and thereby release the staff to spend adequate time in the field.

The Home Helps received a pay award in September bringing their hourly rate to 5/5<sup>3</sup>/<sub>4</sub>d. In common with many authorities, the Committee has accepted a formula by which there is an automatic provision for an increase in the standard charge to patients when the Home Helps receive a wage increase. This charge was, therefore, raised to 6/- in November and applies to about 12½% of the users of this service. The gross cost of the service in April of this year was 7/9<sup>1</sup>/<sub>4</sub>d. per hour. The following table shows this cost analysed between the cost of employing the Home Helps and other costs.



	<u>Cost per hour of service given</u>	
	s.	d.
Home Help Workers		
Wages	5	9.20
Employer's Insurance and Superannuation		7.45
Travelling expenses		1.85
	6	6.50
Organising staff - Salaries, etc.		8.40
Other expenses		6.25
	7	9.15

Mention must be made of the excellent exhibition staged by the Nottinghamshire Old People's Welfare Committee of the facilities available to the elderly. This is "on tour" throughout the County and incorporates a section on the Home Help Service.

#### MENTAL HEALTH SERVICE (Sections 28 and 51)

The Local Health Authority's Mental Health functions continued to be undertaken 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.

Unusually, no new establishments were included in the year's building programme, but work commenced on the conversion of the Digby Avenue Training Centre at Mapperley from a Mixed to a Junior Training Centre which includes the provision of two extra classrooms and a special care unit. The 200-place Adult Training Centre at Arnold was completed by the end of the year and might have been occupied in 1969 had it not been for difficulties in staff recruitment. Sites were also earmarked for three further projects included in the 1970-71 programme, namely a 75-place Psychiatric Day Centre at Beeston, a 25-place hostel for the adult mentally subnormal at Arnold (to be operated in association with the new Adult Training Centre), and a 70-place Junior Training Centre at Cotgrave which will include a Special Care Unit and serve the South-County area to the relief of existing Centres at Newark and Mapperley. Authority was also obtained for the acquisition of a site at Worksop to house another Psychiatric Day Centre serving the northern part of the County.

Objections were received to both the Beeston and Arnold proposals and meetings were held with objectors in an effort to explain and reassure. Nevertheless, a good deal of residual opposition remains and may only be partially overcome by practical demonstration that the behaviour of those for whom these facilities are intended is not such as to justify the many fears expressed. Inevitably, however, this places a particular responsibility on the Authority's officers in their selection procedures, particularly bearing in mind the pressures which are sometimes exerted by others when places are demanded.

As regards future development in the Mental Health field, the Authority are very conscious of the need for additional provision of all types if the anticipated demand is to be met and it is to be hoped that forthcoming administrative changes will not lead to any deceleration of the rate of progress achieved in the years since the implementation of the Mental Health Act.



## Staff

The six joint posts with Hospital Management Committees were filled during the year by the promotion of five of the Authority's existing Mental Welfare Officers and the recruitment of one other holding a Certificate in Social Work, it having proved impracticable to recruit Psychiatric Social Workers as had been the original intention. At the same time, the one Psychiatric Social Worker in post was promoted to Assistant Senior Mental Welfare Officer with special responsibility for casework supervision and training. These changes left the way clear for additional appointments and some progress was made towards a much needed strengthening of the establishment of social workers. Nevertheless, further recruitment will clearly be necessary if the staff are to be able to cope satisfactorily with the ever increasing demands which are made on the Service and to demonstrate to the Psychiatrists with whom they work so closely that an integrated service of this kind is the best way of meeting the need.

One officer commenced his training for the Certificate in Social Work in September and two others entered the second year of the two-year Course. A female Assistant at a Training Centre completed the Diploma Course for teachers of the mentally handicapped and two others commenced training during the year.

Supervision in practical work placements of nine students undertaking training for the Certificate in Social Work at the Nottingham Regional College of Technology was undertaken during the year by trained members of the social work staff. Each placement is of some months' duration and, of course, makes additional claims upon the time of the more senior and experienced officers, each of whom is already hard-pressed by the day-to-day demands of the Service.

In-service training of social work staff in post began during the year under the supervision of the Assistant Senior Mental Welfare Officer and met with a good response. It serves a two-fold purpose by offering casework supervision and a counselling service as well as by bringing together members of the staff who work in different areas of the County and can feel a sense of isolation in their rather demanding work. The staff who expect to be seconded for formal training are benefiting from the opportunity to orientate their thinking towards professional standards and the qualified staff are able to discuss and evaluate casework needs.

## Co-ordination with Regional Hospital Boards and Hospital Management Committees

The personal relationships which have been built up over the years, both at fieldwork and administrative level, provide the soundest base from which to deploy the resources of the Hospitals and the Local Authority in the best interests of the clients whom we both seek to serve. Even though there cannot be an ideal solution to every problem which arises, mutual trust and goodwill can go much of the way towards making the most efficient use of the facilities which we both have to offer. In this area we are perhaps particularly fortunate in this respect and thanks are due both to the medical and other staff of the hospitals for their understanding and co-operation. These links are further strengthened by my appointment to the Committees responsible for the psychiatric and subnormality hospitals which serve the County area and by the joint appointment of social workers to which reference has already been made.

During the year discussions took place with the Medical Superintendent of the Balderton Hospital on the possible extension of day care facilities for County patients who are not suitable for admission to or retention in Training



Centres and whose full-time care at home places an unduly heavy burden on their relatives. There was also discussion on the possible joint use of facilities provided by the National Spastics Society at their Family Help Unit in Nottingham and both matters now await the decision of the Regional Hospital Board, the County Council having given their approval in principle to any necessary expenditure which may fall to be met by them in connection with these schemes.

As part of the preliminary planning of the proposed Psychiatric Day Centre at Beeston, the Regional Hospital Board have kindly agreed that the three Consultant Psychiatrists concerned with this particular area of the County may act as Advisers to the Authority in the same way as do their colleagues at Sutton-in-Ashfield who have been very closely involved with the Day Centre there since its inception. Although comparatively few such Centres have been built by Local Authorities to date, our experience at Sutton-in-Ashfield has been more than sufficient to convince us that they not only provide an essential link in the rehabilitation process but they also offer greater flexibility in the use of services and relieve pressure on hospital beds by giving timely support to long-term patients who would otherwise deteriorate. In fact, they make sense, both therapeutically and economically.

### Voluntary Associations

I wish to place on record my, and the County Council's, sincere appreciation of the generosity displayed by the Retford Round Table in presenting to the Retford Training Centre, at a cost of some £6,000, a covered and heated "learner" swimming pool. This is a facility which is much enjoyed by the children concerned and which, one might hope, may lead to similar provision at other Centres in due course. I should also like to record my appreciation of the generosity of the many people throughout the County who, either individually or collectively, have made gifts to the various Training Centres and Hostels throughout the County during the year and previously.

In view of the success of Mental Health Weeks in previous years, the local Societies of the National Society for Mentally Handicapped Children decided to sponsor another such Week in June, with emphasis being placed on the needs of the mentally subnormal. The County Council agreed to co-operate by arranging Open Days at their Training Centres and Hostels.

The Nottingham Association for Mental Health existed for many years for voluntary work in the Mental Health field but confined its activities to the City of Nottingham. In 1969, however, the Association was re-formed as the Mental Health Association for Nottingham and Notts. with the object of promoting mental health in every way in both the City and the County. Membership of this Association includes many of those who are professionally concerned locally with the medical, educational, and social work aspects of mental health, as well as elected members of the two Authorities.

### Work Undertaken in the Community

#### Prevention of Illness, Care and After-care

The tables on pages 90 and 91 show the number of patients referred during the year and the number under care at 31st December, 1969, together with comparable figures for the four preceding years.

#### Psychiatric Day Centres

The number of patients admitted during the year to the Psychiatric Day Centre at Sutton-in-Ashfield totalled 97, of whom 28 were re-admissions. There were 89 discharges and at the end of the year there were 112 names on



the register. The table on page 89 gives a summary by diagnostic category of the numbers in attendance at 31st December, 1969.

Experience since this Centre opened in 1966 has pointed to a need for certain extensions and modifications if it is to function most effectively and, in consequence, provision has been made in the capital building programme for the following work to be undertaken as soon as finances will allow:-

Extension to woodwork department, children's accommodation and rehabilitation kitchen;

Provision of additional storage and covered area;

Improvement of facilities for special group activities.

The "Wednesday Social Club", which meets at the Centre, continued successfully during the year and was enthusiastically supported by patients, relatives and friends.

As mentioned earlier, a second Day Centre is to be built at Beeston in 1970-71 and will follow as far as possible the pattern now successfully established. Unlike the Sutton-in-Ashfield Centre, however, it will not be sited in such close proximity to a hospital psychiatric unit and it is to be hoped that this will not affect the ease of integration with the hospital services which has been such an effective feature of our first venture in this field.

#### Training Centres for the Subnormal

The table on page 93 shows the numbers in attendance at Training Centres on 31st December, 1969, with comparable figures for the previous four years.

The numbers awaiting admission to Centres at the end of the year again showed some increase over the previous year and underlined the urgent necessity to commission the new Adult Training Centre at Arnold and the extensions at the Junior Centre at Mapperley. Nevertheless, it was apparent that the total need could not be met even with these additional facilities expected to be available early in 1970, and that at least three more Centres (one Junior and two Adult) are urgently required.

The development of this Service has now reached the stage when the appointment of a Centre Organiser is essential and authority was obtained during the year for such an appointment to be made in accordance with the recommendations of the Department of Health and Social Security. In view of the forthcoming transfer of responsibility for Junior Training Centres to Local Education Authorities, however, it was decided that, though initially having some supervisory duties in relation to Junior Centres, the person appointed would ultimately revert to whole-time interest in the organisation and development of Adult Training Centres and would also have some responsibility in finding industrial outwork for Psychiatric Day Centres. An appointment was pending at the end of the year.

#### Home and Group Teaching

There was no change in these arrangements during the year and the one Home Teacher continued to pay regular visits to selected mentally handicapped patients in their own homes as well as to run a weekly group at Worksop for the mentally ill and fortnightly classes at Warsop and Sutton-in-Ashfield for the mentally handicapped. This service will be discontinued as additional accommodation becomes available in purpose-built Centres.



## Hostels

The table on page 94 gives details of the places provided and occupancy of the Authority's three Hostels which cater respectively for mentally subnormal children, mentally subnormal adults, and the mentally ill.

The Rainworth Hostel for the adult mentally subnormal was fully occupied throughout the year, all the residents, with the exception of two men in employment, being in attendance at the Adult Training Centre a short distance away. As was anticipated, the population of this Hostel is almost static and few of the residents may be expected to return to ordinary life in the community. In consequence, the number on the waiting list for hostel places shows a steady increase and is already in excess of the additional places which will become available when the next Hostel, at Arnold, is built in 1970/71.

The Junior Hostel at Newark was (temporarily) under-occupied at the end of the year. This was because vacancies occurring were left unfilled pending discussions on the future role of the Hostel and a possible change of user in view of the limited demand for the five-day week care which it provides. In the event, however, it was decided that the Hostel should continue in its present form.

The Psychiatric Hostel at Mansfield, to which the first resident was admitted in October, 1968, had admitted 26 by the 31st December 1969, at which time 19 remained in residence. Of those discharged, three had gone to hospitals and four had returned to their own homes. Of the 19 remaining in residence, five were in open employment, four in sheltered employment and the remainder were attending Day Centres. The two Consultant Psychiatrists at the King's Mill Hospital, Sutton-in-Ashfield continued to exercise psychiatric oversight during the year and a visiting medical practitioner was appointed to provide general medical services. There is a wide range of social activities at the Hostel, enthusiastically supported by a "Friends" organisation which aims to provide extra comforts and amenities for the hostel residents.

## Hospital Care

The table on page 92 gives particulars of the work undertaken during the year by the Authority's Officers in securing treatment for persons suffering from mental disorder. These figures do not include short-term care provision for the mentally subnormal which is shown separately on page 95.

### NURSING HOMES

No new Nursing Homes were registered during the year and there were no closures. The approved accommodation at the Windrush Nursing Home, West Bridgford, was increased from 14 to 16 beds, and that at the Woodthorpe Nursing Home from 20 to 25. At the end of the year the eight registered Nursing Homes provided a total of 156 beds (43 surgical or medical, and 113 medical or chronic).

None of the Nursing Homes is registered to provide treatment under the Abortion Act 1967.

### NURSING AGENCIES

The Newark and District Private Nursing Agency was the only Nursing Agency operating in the County in 1969, but this licence expired at the end of the year.



HEALTH SERVICES AND PUBLIC HEALTH ACT 1968

From 1st February 1969, it became an offence for unregistered premises, other than premises wholly or mainly used as private dwellings, to be used for the reception of children to be looked after for the day or for an aggregate duration of two hours or longer in a day, and it also became an offence for unregistered persons to receive children under the age of five years into their homes for reward, as aforesaid, unless they were related.

A series of meetings was arranged prior to the effective date of this new legislation so that Health Visitors could be fully briefed regarding the terms and implications of the amending regulations.

New Child Minder registrations are effected after an inspection by the Health Visitor, and each individual is required to complete a form of Declaration of Health. An X-ray examination of the chest is requested if the applicant has not had a satisfactory examination within the preceding three years. The inspecting officer is guided by the standards issued by the Department of Health and Social Security and a version of these is sent to each applicant. The Health Visitor has a note of Fire Preventive arrangements required by the Fire Officer, and if the children are to be accommodated on any floor other than the ground or if the Health Visitor requests, the Fire Officer is asked to visit. During 1969 it was thought necessary to require each individual receiving more than one child to apply for planning consent. This requirement continued throughout the year but the assistance needed proved to be such an additional burden upon Health Visitors' time that it was necessary to make an approach to the County Director of Planning for the practice to be reviewed.

The effect of the amending Section of the Health Services and Public Health Act, 1968, is shown by the fourfold increase in the number of persons on the register of child minders. Most of the new registrations are in respect of persons caring for one or two children. Registrations are reviewed quarterly or as necessary by the Health Visitors and the maintenance of an effective register is proving to be of great help for persons requiring assistance with day care. In two cases it was necessary to inform the applicants that their application for registration could not be supported and in each case the recommendation was accepted without appeal.

New registrations of premises (44) were almost double those of the preceding year and at the end of the year there were 121 premises registered at which a maximum number of 3156 children were to be received. This increase is not due to the effect of the new legislation but is almost entirely accounted for by the continuing expansion of the playgroup movement. When one considers that children attending playgroups rarely attend every session and most only attend one or two sessions out of a possible five or more per week then it is appreciated that the number of children in attendance in a weekly period must be approaching ten thousand.

The initial inspection of playgroups and Nursery premises is shared by the Senior Medical Officer for Maternity and Child Welfare, the Chief Nursing Officer and the Area Nursing Officers, assisted when necessary by the County Health Inspector whose advice is of great benefit where preparation of food is concerned, and is also valued when extensions or adaptations to premises are undertaken. Periodic reviews are subsequently carried out by the local Health Visitor. It is rare that one has to criticise the non-profit making groups for exceeding the maximum number of children permitted, or for having insufficient staff; in many cases the staff ratio is higher than the standard required. In a few of the private nursery establishments, however, constant vigilance was necessary to ensure that the required standards were maintained.



Organisers of prospective playgroups are advised to approach the local branch of the pre-school playgroup association, who, in addition to making arrangements for courses and conferences, also provide a wealth of useful information and advice. With the growth of playgroups, the demand for courses throughout the County has increased and the development of these in the local Colleges of Further Education is expanding. I am encouraging supervisory staff, not only of playgroups but also private nursery establishments, to be represented at at least one course in each year.

The new legislation and the continued expansion of playgroups has meant a good deal of extra work, both field and administrative, and it is expected that this will continue throughout the succeeding year.

#### FAMILY PLANNING SERVICE

The services are utilised, on an agency basis, of the Family Planning Association and the Midlands (Family Planning) Advice Association Ltd., and a total of 16 Family Planning Clinics have been established by these organisations in County Health Clinic accommodation, while domiciliary services are available in the Mansfield and Worksop areas and in the county districts around Nottingham. A domiciliary service will also be established in the Newark area early in 1970.

The Health Committee have reviewed the development of the service since the National Health Service (Family Planning) Act 1967, and have agreed that all possible facilities are available for persons in social and medical need. They have in particular approved an arrangement whereby, in appropriate cases of social need, the service can be provided by the family doctor and reimbursement made by the Authority. Payment in appropriate cases for persons attending marital-sexual problem Clinics organised by the Family Planning Association has also been approved.

It is considered that any further extension of the service at the present time would probably not result in any greater availability to the general public, but the position will be kept generally under review.

#### ENVIRONMENTAL HEALTH

##### Water Supply

Sampling throughout the year showed that all supplies by public mains were bacteriologically satisfactory.

Mains were extended as required to serve Council and private development.

A trunk main scheme completed during the year by the Central Nottinghamshire Water Board greatly improved the supply in the northern area of the Southwell Rural District Council and part of the area of the Newark Rural District Council to the east of the River Trent.

Two remote cottages served by an unsatisfactory shallow well were the subject of a mains extension scheme at the end of the year.

##### Fluoridation of Water Supplies

The County Council, in conjunction with Lindsey and Kesteven County Councils and Lincoln County Borough Council, have entered into an agreement with the Lincoln and District Water Board for the fluoridation of their water supplies serving a total population of approximately 216,000 of which approximately 44,000 are Nottinghamshire residents. The date from which the Board is to raise the fluoride content of its supplies has yet to be agreed



but will not be later than the 1st April, 1972.

The Central Nottinghamshire Water Board have also agreed to implement fluoridation, and it is hoped that details can be evolved during 1970.

### Milk Sampling

Following the practice of recent years, the sampling of milk for biological examination was confined to raw milk from the herds of twenty-three producer-retailers of "Untreated" milk.

Sampling for the detection of Brucellosis took place at monthly intervals in accordance with Ministry of Health Circular 17/66.

Of the 316 samples taken during the year, seven samples gave a positive reaction under the Milk Ring Screening test and of these two were confirmed which in each case led to appropriate protective measures being imposed by the District Medical Officer of Health.

The herds supplying "Untreated" milk were also sampled at six-monthly intervals for the presence of tuberculosis but with negative results.

The results of all milk sampling carried out during the year are set out in the appropriate table.

I am grateful to Mr. W.J. McIlroy, Divisional Veterinary Officer, for his comment on the Brucellosis (Accredited Herds) Scheme:-

"The Scheme does not at this stage make any attempt to eradicate the disease from herds which are currently infected but is merely an exercise to identify clean herds and having satisfied ourselves that these are free from disease, to place them on a register.

This is an essential preliminary to the next step which will be to commence a limited eradication scheme and the Minister has indicated that his intention is that such a scheme should be launched in 1971. This compulsory eradication will proceed according to a timetable and will inevitably be spread over some considerable period of time.

So far as the County of Nottingham is concerned the position at the 31st December, 1969, was that we had 64 herds taking part in the voluntary Scheme of which 44 had reached the stage of full accreditation and been placed on the register. This represents a total of 2796 cattle in the county registered and known to be free from *Brucella Abortus* infection. This we believe to be quite reasonable and in keeping with the National average".

All concerned with the public health will wish success to the Scheme and a result as satisfactory as that of the Scheme for the eradication of tuberculosis not so many years ago.

It is a satisfactory comment on the high standard of hygiene in milk production at the present time that a Nottinghamshire Milk Sub-Committee on which the Department was represented for many years and which served a valuable function in production control ceased during the year as a separate one-purpose Committee.

This satisfactory state of affairs is undoubtedly coupled with the decline in the number of producers in the county which stood at 734 at the end of the year against a figure of approximately 2000 when its work began. In collaboration with the Director of Public Health Laboratory, Exeter, and at his request the Milk Samplers took their annual quota of soil samples from



farm land in the county to assist a National Survey into the incidence of specific organisms occurring in soil.

### Food

There were forty-one registered or licenced slaughterhouses in use during the year.

The total weight of food condemned as unfit for human consumption, including meat and food other than meat, was approximately 180 tons.

### Food Hygiene

Reports of Medical Officers of Health indicate that control of food handling in all its aspects was maintained by frequent visits to all food premises in their areas, whether shops, mobile shops or delivery vehicles, and every opportunity taken to discuss the purpose of food hygiene with those engaged.

In some areas lectures were provided for new entrants to local food firms and multiple stores, and posters and literature freely given to management and staff. Although emphasis on training and advice has been apparent in all districts there were a number of occasions when it was necessary to institute legal proceedings under Food Hygiene Regulations.

In six instances proceedings resulted in fines totalling £255.

As a means of attracting attention to food hygiene, not only in the shop but also in the home, talks were provided on a fairly wide scale to Women's Organisations and to the upper forms of Secondary and Grammar Schools.

The impact of the television and cinema screen is such that it has become almost essential for a talk to be illustrated either by films or film strips and all, including our own Health Education Staff, are well aware of this. It should be mentioned here that a number of film strips on the subject and most films relating to food hygiene can be made available on request.

### Food Poisoning

There were 21 investigations into suspected or confirmed food poisoning but no extensive outbreak occurred.

### Sewerage and Sewage Disposal

The following schemes were submitted to the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944/51.

<u>Authority</u>	<u>Scheme</u>	<u>Estimated Cost</u>
Southwell R.D.C.	Sewerage Scheme, Parish of Wellow	£50,000
Southwell R.D.C.	Sewerage Scheme, Parish of Walesby	£80,000
Southwell R.D.C.	Sewerage Scheme, Parish of Sutton-on-Trent	£950,000



## Ministry of Housing and Local Government Investigations

One Scheme was the subject of an investigation at which the Department was represented, namely:-

Retford Rural District Council  
Sewerage and Sewage Disposal  
Parishes of Gringley-on-the-Hill and Clayworth.

Engineering Inspector: Mr. J.K. Jackson.

Two major joint Schemes became operational during the year:-

1. Mansfield Borough Council  
Southwell Rural District Council  
Basford Rural District Council

Parishes of Rainworth, Blidworth and Newstead.

2. Eastwood Urban District Council  
Basford Rural District Council

Newthorpe, Eastwood and District.

A summary of the reports from County District Councils shows that 8 schemes were completed during the year, a further 7 were in progress and 1 scheme was in preparation at the end of the year.

### Refuse Collection and Disposal

Reports from many Authorities confirm the general trend towards large capacity compression-type collection vehicles. As suggested in the report last year, this may be due in part to developments in domestic heating with the loss of the open fireplace.

Two Authorities extended their use of paper or plastic sacks in place of the standard metal bin, in one case by 800 units providing a weekly collection service in four rural parishes.

The use of industrial-type bins of large capacity, where numerous standard bins were formerly used, gave a substantial saving in labour in handling and an all-round improvement in amenity.

Shortage of tipping space has been a matter of concern in some areas for a number of years and, judging by recent reports, the problem remains.

One Authority requires an alternative site within 18 months when the area in use will be exhausted and several others in similar difficulty are in negotiation with adjacent Authorities for the use of land.

The Borough of Mansfield report that they are proceeding with the provision of a municipal incinerator in collaboration with the Mansfield Woodhouse Urban District Council and hope that it will be operational within two years.

### Clean Air

At the beginning of the year, there were 28 smoke control areas in operation in the county and a further 8 became operative during the year.



In addition, 4 further areas received confirmation by the Minister during the year and 3 had been submitted and were awaiting confirmation.

Surveys of 3 proposed smoke control areas were either completed or in preparation at the year end.

In view of this considerable activity, it is regrettable that due to an expected shortage of solid smokeless fuel during the coming winter some District Councils have felt obliged to defer the operation of some schemes which were already approved.

#### National Survey of Air Pollution

The County Council's contribution to the National Survey continued.

The instrument installed at the request of the Ministry of Technology in 1963 to monitor an area of open country at Grove continued to operate there.

The other instrument during the same period has surveyed several areas including Southwell and Farnsfield. The Farnsfield Survey, recommended by the Ministry, began in May, 1966, and was concluded at the end of March this year.

An entirely new area came under examination when the instrument was installed at Ransom Hospital and this Survey has continued since April.

#### Other Work of the County Health Inspector

The following refer to inspections and investigations carried out by the County Health Inspector not included in other sections of the Report:-

Housing Circumstances	4
Public Water Supplies	14
Drainage	4
Sewerage and Sewage Disposal	7
Refuse Collection and Disposal	5
Water courses	2
Nursing Homes	8
Day Nurseries	64
Welfare Homes	17
County Health Clinics	2
National Survey of Air Pollution	84



Ministry of Housing and Local Government  
Local Housing Statistics

The following table is an extract from the Ministry's report on Housing Progress and unfit houses for 1969 relating to County District Councils in Nottinghamshire.

	Dwellings Completed				Houses demolished in clearance areas and unfit houses demolished or closed elsewhere	
	Local Authorities	Other Public Sector	Private Sector	Public and Private Sector	In Clearance Areas	Elsewhere
Boroughs	303	1	511	815	116	64
Urban Districts	246	1	1444	1691	155	118
Rural Districts	397	151	1329	1877	67	78

# Summary of Statistics 1969

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ADMINISTRATIVE COUNTY OF NOTTINGHAM

HEALTH SERVICES

SUMMARY OF STATISTICS, 1969

Area in acres (land and inland water, Census 1961)	521,646
Population Census, 1961	591,089
Number of Households, Census 1961	189,679
Average number of persons per household, Census 1961	3.1
Population estimated, June 1969	666,640
Rateable Value	£25,643,820
Estimated product of a penny rate	£103,507

	<u>County</u>	<u>England &amp; Wales</u>
<u>Mothers and Infants</u>		
Live Births	11,476	797,542
Live Births per 1,000 population : Crude	17.22 )	16.3
Corrected	16.70 )	
Illegitimate Live Births per cent of total Live Births	6.84	8.41
Still Births	137	10,662
Still births rate per 1,000 Live and Still Births	11.80	13.0
Total Live and Still Births	11,613	808,204
Infant Deaths	188	14,397
Infant Mortality Rate per 1,000 Live Births	16.38	18.0
Infant Mortality Rate per 1,000 Live Births - Legitimate	16.37	17.0
Infant Mortality Rate per 1,000 Live Births - Illegitimate	16.56	25.0
Neo-Natal Mortality Rate per 1,000 Live Births	11.07	12.0
Early Neo-Natal Mortality Rate per 1,000 Live Births	10.02	10.0
Peri-Natal Mortality Rate (Still Births and Deaths under one week combined per 1,000 total Live and Still Births)	21.70	23.0
Maternal Deaths - including abortion	3	154
Maternal Mortality Rate per 1,000 Live and Still Births	0.26	0.19

CountyEngland  
& WalesDeaths (all ages)

Number - all causes ...	...	...	6,916	579,463
Death Rate : Crude ...	...	...	10.37 )	
Corrected ...	...	...	12.03 )	11.9

Tuberculosis

## Number of Deaths -

All Forms ...	...	...	19	1,840
Pulmonary ...	...	...	10	1,092
Non-Pulmonary ...	...	...	9	748

## Death Rate -

All Forms ...	...	...	0.03	0.04
Pulmonary ...	...	...	0.02	0.02
Non-Pulmonary ...	...	...	0.01	0.02

Cancer

Number of Deaths ...	...	...	1,363	114,727
Death Rate ...	...	...	2.05	2.3

Live Births

Number of Registered Live Births			
	Legitimate	Illegitimate	Total
Male ...	5,541	421	5,962
Female ...	5,150	364	5,514
Total ...	10,691	785	11,476



## Illegitimate Births

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 Live Births
1959	421	0.73	42.3
1960	373	0.64	36.2
1961	469	0.79	44.2
1962	488	0.81	43.2
1963	549	0.90	47.7
1964	603	0.97	50.8
1965	658	1.04	56.1
1966	702	1.09	60.7
1967	743	1.14	63.2
1968	773	1.17	65.7
1969	785	1.18	68.4

## Principal Causes of Death

Heart Disease	...	...	...	...	2,135
Cancer, Malignant Disease	...	...	...	...	1,363
Cerebrovascular Disease	...	...	...	...	982
Diseases of Respiratory System (excluding Tuberculosis)	...	...	...	...	1,029
Accidents	...	...	...	...	235

## Infant Deaths

Deaths of Infants under one year of age			
	Legitimate	Illegitimate	Total
Male	104	6	110
Female	71	7	78
Total	175	13	188

Distribution of Still Births and of Infant Deaths

	Still Births	Under One Month	Between 1-12 Months	Total
<b>URBAN DISTRICTS</b>				
Mansfield (Borough)...	15	10	4	29
Worksop (Borough) ...	13	5	3	21
Newark (Borough) ...	5	7	3	15
East Retford (Borough) ...	4	2	3	9
Arnold ...	4	8	3	15
Beeston & Stapleford ...	14	14	4	32
Carlton ...	9	9	2	20
Eastwood ...	1	1	2	4
Hucknall ...	9	7	1	17
Kirkby-in-Ashfield ...	5	2	2	9
Mansfield Woodhouse ...	7	7	3	17
Sutton-in-Ashfield ...	10	7	7	24
Warsop ...	2	2	3	7
West Bridgford ...	2	3	1	6
Totals for Urban Districts ...	100	84	41	225
<b>RURAL DISTRICTS</b>				
Basford ...	9	22	3	34
Bingham ...	8	4	3	15
Worksop ...	6	3	3	12
East Retford ...	-	6	3	9
Newark ...	6	2	1	9
Southwell ...	8	6	7	21
Totals for Rural Districts ...	37	43	20	100
<b>WHOLE COUNTY</b> ...	137	127	61	325



Table of Causes of Death of Children

Under One Year of Age

Cause of Death	Number of Deaths			Rate per 1,000 Live Births
	Urban Districts	Rural Districts	Whole County	
Enteritis and other diarrhoeal diseases	4	-	4	0.35
Benign and unspecified neoplasm	-	1	1	0.09
Endocrine, etc., diseases	-	2	2	0.17
Diseases of nervous system	-	1	1	0.09
Meningitis	4	-	4	0.35
Other diseases of nervous system	2	-	2	0.17
Cerebrovascular disease	-	1	1	0.09
Influenza	2	-	2	0.17
Pneumonia	15	4	19	1.66
Bronchitis and emphysema	1	3	4	0.35
Other diseases of respiratory system	1	1	2	0.17
Appendicitis	-	1	1	0.09
Intestinal obstruction & hernia	2	-	2	0.17
Diseases, genito-urinary system	1	-	1	0.09
Congenital anomalies	25	17	42	3.66
Birth injury, difficult labour, etc.	41	10	51	4.44
Other causes of perinatal mortality	25	19	44	3.83
Accidents	2	3	5	0.44
	125	63	188	16.38

# Birth and Death Rates (Corrected)

DISTRICT	BIRTHS			DEATHS		
	Crude Rate per 1,000 of the Population	Area Comparability Factor	Corrected Rate per 1,000 of the Population	Crude Rate per 1,000 of the Population	Area Comparability Factor	Corrected Rate per 1,000 of the Population
URBAN DISTRICTS -						
Mansfield (Borough) ...	15.9	1.02	16.2	12.3	1.02	12.5
Worksop (Borough) ...	16.8	0.98	16.5	11.0	1.21	13.3
Newark (Borough) ...	18.0	1.01	18.2	12.3	1.02	12.5
East Retford (Borough) ...	14.2	0.99	14.1	14.5	0.89	12.9
Arnold ...	16.6	0.94	15.6	8.8	1.21	10.6
Beeston & Stapleford	17.8	0.94	16.7	9.6	1.26	12.1
Carlton ...	18.7	1.00	18.7	9.8	1.17	11.5
Eastwood ...	19.1	0.97	18.5	9.2	1.29	11.9
Hucknall ...	18.5	1.01	18.7	9.8	1.21	11.9
Kirkby-in-Ashfield ...	17.8	0.96	17.1	9.9	1.21	12.0
Mansfield Woodhouse ...	18.8	0.91	17.1	9.6	1.42	13.6
Sutton-in-Ashfield ...	15.6	1.02	15.9	11.8	1.20	14.2
Warsop ...	17.4	1.00	17.4	10.6	1.36	14.4
West Bridgford ...	14.1	0.97	13.7	12.1	0.85	10.3
Aggregate of Urban Districts	17.0	0.98	16.7	10.8	1.14	12.3
RURAL DISTRICTS -						
Basford ...	17.3	0.97	16.8	9.8	1.24	12.2
Bingham ...	17.2	0.86	14.8	9.0	1.12	10.1
Worksop ...	20.6	0.95	19.6	8.6	1.26	10.8
East Retford ...	15.9	1.02	16.2	10.3	1.06	10.9
Newark ...	18.6	0.96	17.9	8.9	1.15	10.2
Southwell ...	17.7	0.94	16.6	9.9	1.23	12.2
Aggregate of Rural Districts	17.6	0.94	16.6	9.6	1.19	11.4
Whole County ...	17.2	0.97	16.7	10.4	1.16	12.1
England and Wales ...	16.3	-	-	11.9	-	-



# Vital Statistics for the Year 1969.

## BOROUGHES AND URBAN DISTRICTS

BOROUGHES AND URBAN DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Separate Households at Census 1961	Persons per Household at Census 1961	Population Census 1961	Population estimated to the middle of 1969	Live Births			Stillbirths			Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from ALL Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Deaths	Rate per 1,000 Live and Stillbirths	Rate per 1,000 Live Births	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)	
MANSFIELD (Borough)	7,009	8.0	17,402	3.06	53,218	56,210	892	15.9	16.2	15	16.5	-	-	-	14	15.7	691	12.3	12.5	0.07
WORKSOP (Borough)	17,936	2.0	10,771	3.19	34,311	35,660	598	16.8	16.5	13	21.3	-	-	-	8	13.4	394	11.0	13.3	0.06
NEWARK (Borough)	3,364	7.3	7,932	3.11	24,651	24,580	442	18.0	18.2	5	11.2	1	2.2	10	22.6	303	12.3	12.5	-	0.04
EAST RETFORD (Borough)	4,657	4.1	5,809	3.06	17,792	18,860	268	14.2	14.1	4	14.7	-	-	5	18.7	274	14.5	12.9	0.05	0.05
ARNOLD	4,506	7.0	8,912	3.01	26,829	31,780	527	16.6	15.6	4	7.5	-	-	11	20.9	279	8.8	10.6	0.03	0.03
BEESTON & STAPLEFORD	6,468	9.8	18,543	3.02	55,995	63,600	1,129	17.8	16.7	14	12.2	-	-	18	15.9	608	9.6	12.1	-	-
CARLTON	4,017	10.6	12,862	3.09	38,815	42,640	796	18.7	18.7	9	11.2	1	1.2	11	13.8	419	9.8	11.5	-	0.05
EASTWOOD	1,178	9.7	3,324	3.19	10,607	11,400	218	19.1	18.5	1	4.6	-	-	3	13.8	105	9.2	11.9	-	0.09
HUCKNALL	4,032	6.5	7,541	3.09	23,269	26,440	490	18.5	18.7	9	18.0	-	-	8	16.3	260	9.8	11.9	-	-
KIRKBY-IN-ASHFIELD	5,830	3.9	6,928	3.13	21,686	22,610	403	17.8	17.1	5	12.3	-	-	4	9.9	224	9.9	12.0	-	-
MANSFIELD WOODHOUSE	4,831	4.9	6,216	3.25	20,197	23,960	451	18.8	17.1	7	15.3	-	-	10	22.2	229	9.6	13.6	-	-
SUTTON-IN-ASHFIELD	10,507	3.9	13,079	3.09	40,441	40,570	634	15.6	15.9	10	15.5	1	1.6	14	22.1	478	11.8	14.2	-	0.02
WARSOP	7,171	1.8	3,531	3.29	11,606	13,260	231	17.4	17.4	2	8.6	-	-	5	21.6	140	10.6	14.4	-	-
WEST BRIDGFORD	3,046	9.4	9,507	2.84	26,973	28,580	404	14.1	13.7	2	4.9	-	-	4	9.9	345	12.1	10.3	-	0.03
TOTALS	84,552	5.2	132,357	3.07	406,390	440,150	7,483	17.0	16.7	100	13.2	3	0.4	125	16.7	4,749	10.8	12.3	0.02	0.03

# Vital Statistics for the Year 1969.

## RURAL DISTRICTS

RURAL DISTRICTS	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1961	Persons per household at Census 1961	Population Census 1961	Population estimated to the middle of 1969	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from All Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Deaths and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
BASFORD	69,825	1.00	19,278	3.12	60,225	70,070	1,212	17.3	16.8	9	7.4	-	-	25	20.6	690	9.8	12.2	-	0.01
BINGHAM	67,583	0.58	7,636	3.29	25,170	39,550	682	17.2	14.8	8	11.6	-	-	7	10.3	354	8.9	10.1	0.03	0.05
WORKSOP	28,515	0.73	5,270	3.39	17,861	20,830	429	20.6	19.6	6	13.8	-	-	6	14.0	180	8.6	10.8	-	-
EAST RETFORD	111,034	0.21	6,536	3.37	22,013	23,780	377	15.9	16.2	-	-	-	-	9	23.9	245	10.3	10.9	-	-
NEWARK	41,550	0.39	4,286	3.17	13,580	16,390	305	18.6	17.9	6	19.3	-	-	3	9.8	146	8.9	10.2	0.06	0.06
SOUTHWELL	118,587	0.47	14,316	3.20	45,850	55,870	988	17.7	16.6	8	8.0	-	-	13	13.2	552	9.9	12.2	0.02	0.02
TOTALS	437,094	0.52	57,322	3.22	184,699	226,490	3,993	17.6	16.5	37	9.2	-	-	63	15.8	2,167	9.6	11.4	0.01	0.02



# Vital Statistics for the Year 1969.

## WHOLE ADMINISTRATIVE COUNTY

	Area in Acres (Land and Inland Water)	Persons per Acre	Separate households at Census 1961	Persons per household at Census 1961	Population Census 1961	Population estimated to the middle of 1969	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from Pulmonary Tuberculosis per 1,000 of population	Death Rate from All Tuberculous Diseases per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
URBAN DISTRICTS	84,552	5.20	132,357	3.07	406,390	440,150	7,483	17.0	16.7	100	13.2	3	0.4	125	16.7	4,749	10.8	12.3	0.02	0.03
RURAL DISTRICTS	437,094	0.52	57,322	3.22	184,699	226,490	3,993	17.6	16.5	37	9.2	-	-	63	15.8	2,167	9.6	11.4	0.01	0.02
WHOLE ADMINISTRATIVE COUNTY	521,646	1.28	189,679	3.12	591,089	666,640	11,476	17.2	16.7	137	11.8	3	0.3	188	16.4	6,916	10.4	12.1	0.02	0.03

# INFANT MORTALITY AND STILL-BIRTH RATES, 1965-1969

	Infantile Mortality (All Infants Under One Year)					Neo-Natal Mortality (Infants Under One Month Only)					Early Neo-Natal Mortality (Infants Under One Week Only)					Perinatal Mortality (Stillbirths & Deaths Under One Week)					Stillbirth Rate Per 1,000 Live and Stillbirths				
	1965	1966	1967	1968	1969	1965	1966	1967	1968	1969	1965	1966	1967	1968	1969	1965	1966	1967	1968	1969	1965	1966	1967	1968	1969
England and Wales ...	19.0	18.9	18.3	18.3	18.0	13.0	12.9	12.5	12.4	12.0	11.4	11.1	10.8	10.5	10.0	26.9	26.3	25.4	24.7	23.0	15.8	15.3	14.8	14.3	13.0
Whole County ...	18.2	18.2	15.7	16.3	16.4	13.1	11.7	11.3	10.2	11.1	11.0	10.2	9.9	8.8	10.0	26.8	25.7	25.5	24.2	21.7	16.0	15.7	15.8	15.6	11.8
Aggregate of Urban Districts	16.9	18.8	14.3	16.4	16.7	11.8	12.0	10.4	9.6	11.2	10.0	10.6	8.7	8.0	10.4	26.1	27.1	25.1	23.5	23.5	16.3	16.7	16.6	15.7	13.2
Aggregate of Rural Districts	20.6	16.9	18.6	16.1	15.8	15.8	11.0	13.1	11.4	10.8	13.0	9.5	12.1	10.2	9.3	28.3	23.0	26.4	25.4	18.4	15.6	13.7	14.4	15.4	9.2
Mansfield M.B. ...	11.4	20.6	14.1	21.7	15.7	7.6	11.9	9.1	13.5	11.2	4.7	9.7	7.1	9.3	10.1	18.7	33.8	28.7	21.5	26.5	14.0	24.3	21.8	12.3	16.5
Worksop M.B. ...	13.1	29.0	11.1	19.8	13.4	9.9	18.3	6.4	6.1	8.4	9.9	16.8	4.8	1.5	8.4	27.4	38.7	7.9	19.5	29.5	17.7	22.4	3.2	18.0	21.3
Newark M.B. ...	22.8	22.2	12.9	31.7	22.6	12.7	14.8	6.4	18.0	15.8	5.1	12.3	6.4	15.8	15.8	12.6	26.7	29.3	29.0	26.8	7.6	14.6	23.1	13.4	11.2
East Retford M.B. ...	11.8	6.7	20.1	3.4	18.7	8.9	3.3	13.4	3.4	7.5	5.9	3.3	13.4	3.4	7.5	8.8	19.7	23.3	26.2	22.1	3.0	16.4	10.0	23.0	14.7
Arnold U.D. ...	17.2	11.2	14.4	8.3	20.9	13.4	9.3	12.4	8.3	15.2	13.4	9.3	8.2	8.3	13.3	33.8	22.1	36.1	24.4	20.7	20.6	12.9	28.0	16.3	7.5
Beeston & Stapleford U.D.	13.5	19.9	12.7	12.8	15.9	9.0	11.7	7.3	5.5	12.4	6.3	11.7	6.4	4.6	11.5	20.3	27.6	23.2	25.0	23.6	14.1	16.0	17.0	20.5	12.2
Carlton U.D. ...	19.9	17.9	11.3	9.5	13.8	14.6	11.5	10.0	4.8	11.3	11.3	10.2	7.5	4.8	10.1	22.4	20.3	25.8	21.1	21.1	9.2	10.1	18.4	16.4	11.2
Eastwood U.D. ...	12.6	-	9.2	19.7	13.8	12.6	-	9.2	9.9	4.6	12.6	-	4.6	9.9	4.6	28.8	20.6	22.6	24.3	9.1	16.5	20.6	18.1	14.6	4.6
Hucknall U.D. ...	27.7	19.8	9.3	25.5	16.3	17.8	11.0	7.5	19.1	14.3	13.9	11.0	7.5	17.0	12.2	27.4	28.1	14.8	27.3	30.1	13.7	17.3	7.4	10.5	18.0
Kirkby-in-Ashfield U.D.	19.6	16.9	13.3	17.9	9.9	9.8	12.0	10.7	15.7	5.0	9.8	12.0	8.0	13.5	2.5	31.1	30.7	23.6	24.4	14.7	21.5	18.9	15.7	11.1	12.3
Mansfield Woodhouse U.D.	16.9	23.1	25.9	14.7	22.2	12.7	14.7	19.4	6.3	15.5	10.6	10.5	19.4	6.3	15.5	35.1	26.8	25.7	24.7	30.6	24.8	16.5	6.4	18.5	15.3
Sutton-in-Ashfield U.D.	20.2	22.1	13.0	16.7	22.1	13.0	17.6	10.1	10.6	11.0	13.0	13.2	8.7	10.6	11.0	39.3	33.1	28.3	28.3	26.4	26.6	20.2	19.8	17.9	15.5
Warsop U.D. ...	11.9	25.5	36.6	22.6	21.6	11.9	10.9	33.0	15.1	8.7	11.9	7.3	25.6	11.3	8.7	34.7	10.9	39.7	22.4	17.2	23.2	3.6	14.4	11.2	8.6
West Bridgford U.D.	22.3	9.6	10.2	9.3	9.9	17.9	7.2	7.7	4.7	7.4	17.9	7.2	7.7	4.7	7.4	35.1	16.7	30.0	13.9	12.3	17.5	9.5	22.5	9.2	4.9
Basford R.D. ...	25.8	11.5	22.5	15.7	20.6	16.4	7.9	15.0	10.5	18.2	13.8	6.2	15.0	7.8	17.3	28.8	18.3	28.0	29.0	24.6	15.3	12.2	13.1	21.3	7.4
Bingham R.D. ...	12.5	17.1	17.0	17.7	10.3	11.1	11.8	13.1	10.9	5.9	9.7	11.9	13.1	10.9	4.4	20.6	29.7	19.5	22.8	15.9	11.0	18.1	6.5	12.1	11.6
Worksop R.D. ...	34.3	19.4	9.7	16.2	14.0	31.7	8.3	7.3	11.5	7.0	29.0	8.3	7.3	11.5	4.6	54.0	24.6	33.0	25.1	18.4	25.7	16.4	25.9	13.7	13.8
East Retford R.D. ...	14.9	7.5	20.5	7.2	23.9	12.4	7.5	12.8	4.8	15.9	9.9	2.5	7.7	4.8	13.3	24.5	10.0	20.2	19.0	13.3	14.7	7.5	12.6	14.2	-
Newark R.D. ...	25.2	20.1	15.9	6.5	9.8	22.1	13.4	15.9	6.5	6.6	18.9	13.4	12.7	6.5	3.3	31.2	29.7	31.2	22.3	22.5	12.5	16.5	18.7	15.9	19.3
Southwell R.D. ...	15.9	25.2	18.8	22.0	13.2	11.7	15.8	12.6	17.0	6.1	7.4	13.7	11.5	15.0	5.1	24.0	25.1	27.8	26.7	13.1	16.7	12.4	16.5	11.9	8.0



# Abstract of Vital Statistics

Year	Estimated Population at the middle of the year	Excess of Births over Deaths	Persons per Acre	Separate Families	Persons per Household	Registered Births	Births per 1,000 of the population	Deaths under 1 year per 1,000 Births	Net Deaths	Net Death Rate per 1,000 of the population
1920	380,928	5,667	.73	...	...	9,836	25.8	85	4,169	10.9
1921	381,969	4,774	.73	85,646	4.4	9,187	24.1	86	4,413	11.5
1922	386,130	4,177	.74	...	...	8,316	21.5	69	4,139	10.7
1923	388,019	3,763	.74	...	...	8,023	20.6	77	4,260	11.0
1924	391,700	3,715	.75	...	...	8,085	20.6	79	4,370	11.2
1925	393,400	3,373	.75	...	...	7,921	20.1	77	4,548	11.6
1926	398,900	3,310	.75	...	...	7,739	19.4	73	4,429	11.1
1927	408,100	2,984	.78	...	...	7,613	18.6	69	4,629	11.3
1928	422,700	3,549	.81	...	...	7,941	18.8	64	4,392	10.4
1929	429,300	2,242	.82	...	...	7,517	17.5	76	5,095	11.8
1930	439,400	3,261	.84	...	...	7,746	17.6	62	4,485	10.2
1931	447,900	2,617	.86	*109,674	3.9	7,695	17.2	72	5,078	11.3
1932	451,600	2,821	.86	...	...	7,534	16.7	66	4,713	10.4
1933	444,970	2,036	.86	...	...	6,945	15.5	68	4,909	10.9
1934	448,500	2,395	.87	...	...	7,042	15.7	54	4,647	10.4
1935	453,500	2,382	.86	...	...	7,083	15.6	56	4,701	10.4
1936	459,000	2,005	.88	...	...	7,033	15.3	58	5,028	10.9
1937	465,800	2,218	.89	...	...	7,318	15.7	59	5,100	10.9
1938	470,900	2,796	.90	...	...	7,549	16.0	46	4,753	10.1
1939	{ 478,200a 479,900b	2,511	.91	...	...	7,847	16.4	51	5,336	11.1
1940	483,240	1,735	.92	...	...	7,610	15.7	58	5,875	12.2
1941	492,750	2,501	.94	...	...	7,954	16.1	62	5,453	11.1
1942	481,200	3,755	.92	...	...	8,659	18.0	48	4,904	10.2
1943	472,300	3,946	.90	...	...	9,255	20.2	47	5,309	11.2
1944	474,960	5,125	.91	...	...	10,343	21.8	47	5,218	11.0
1945	475,910	4,068	.91	...	...	9,096	19.1	44	5,028	10.5
1946	495,620	4,693	.95	...	...	10,001	20.2	41	5,308	10.7
1947	505,690	5,114	.97	...	...	10,673	21.2	41	5,559	11.0
1948	518,300	4,483	.99	...	...	9,486	18.3	42	5,003	9.6
1949	523,160	3,562	.99	...	...	9,098	17.4	32	5,536	10.6
1950	533,870	3,114	1.01	...	...	8,683	16.3	34	5,571	10.4
1951	535,800	2,547	1.02	156,581	3.4	8,551	15.9	29.4	6,004	11.2
1952	{ 535,410f 534,400d	3,244	1.02	...	...	8,515	15.9	29.3	5,271	9.8
1953	541,400	3,168	1.04	...	...	8,625	15.9	29.3	5,457	10.1
1954	545,900	3,115	1.05	...	...	8,601	15.7	28.1	5,486	10.0
1955	550,600	3,140	1.05	...	...	8,718	15.8	27.2	5,578	10.1
1956	554,800	3,171	1.06	...	...	8,906	16.0	24.6	5,735	10.3
1957	563,300	3,878	1.08	...	...	9,372	16.6	23.8	5,494	9.8
1958	569,800	3,703	1.09	...	...	9,685	17.0	20.8	5,982	10.5
1959	575,400	4,082	1.10	...	...	9,964	17.3	21.0	5,882	10.2
1960	583,730	4,362	1.12	...	...	10,295	17.6	23.0	5,933	10.2
1961	593,270	4,328	1.14	189,679	3.1	10,600	17.9	17.7	6,272	10.6
1962	602,160	4,770	1.15	...	...	11,296	18.8	22.0	6,526	10.8
1963	610,970	5,116	1.17	...	...	11,515	18.8	20.1	6,399	10.5
1964	623,190	5,532	1.19	...	...	11,866	19.0	19.8	6,334	10.2
1965	634,320	5,419	1.22	...	...	11,732	18.5	18.2	6,313	10.0
1966	644,000	5,052	1.23	...	...	11,565	18.0	18.2	6,513	10.1
1967	652,710	5,525	1.25	...	...	11,750	18.0	15.7	6,225	9.5
1968	659,400	4,842	1.26	...	...	11,772	17.9	16.3	6,930	10.5
1969	666,640	4,560	1.28	...	...	11,476	17.2	16.4	6,916	10.4

\* 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.

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

d Actual mid-year population.





[illegible]

[illegible]





# CHILD HEALTH, ANTE AND POST NATAL CLINICS

Location	Child Health		Ante and Post Natal	
	Sessions per four weeks	Average attendance per session	Sessions per four weeks	Average attendance per session
East Retford M.B.				
/Chancery Lane ... ..	8	38		
/Ordsall ... ..	4	24		
Mansfield M.B.				
/St. John Street ... ..	8	24		
/Abbott Road ... ..	8	16		
/Hermitage Avenue ... ..	8	19		
Pleasley ... ..	4	20		
St. Lawrence ... ..	4	34		
Newark M.B.				
The Friary ... ..	8	29	4	M7
/Hawtonville ... ..	8	45	4	*5
Worksop M.B.				
Carlton Road... ..	8	21		
Kilton ... ..	2	11		
/Manton ... ..	4	23		
Shireoaks ... ..	2	16		
Arnold U.D.				
Arnot Hill ... ..	12	37		
Killisick ... ..	4	51		
Plains Road ... ..	8	35		
Beeston & Stapleford U.D.				
Attenborough... ..	4	57		
/Dovecote Lane ... ..	8	40	4	7
Bramcote ... ..	4	16		
/Inham Nook ... ..	8	35		
/Stapleford ... ..	8	40	2	8
Toton ... ..	4	50		

/ purpose-built Clinics

\* General practitioner's Clinic

M Midwives' Clinic



Child Health, Ante and Post Natal Clinics - continued

Location	Child Health		Ante and Post Natal	
	Sessions per four weeks	Average attendance per session	Sessions per four weeks	Average attendance per session
Carlton U.D.				
Park House ... ..	12	32	4	6
- do - ... ..	-	-	4	M 24
†Parkdale ... ..	4	25		
Porchester ... ..	8	35	2	7
Standhill Road ... ..	4	44		
Valley Road ... ..	2	40		
Eastwood U.D.				
†Nottingham Road ... ..	8	46	2	4
Hucknall U.D.				
†Watnall Road ... ..	8	35	4	36
Fire Station ... ..	4	27		
Kirkby-in-Ashfield U.D.				
†Urban Road ... ..	8	31		
Mansfield Woodhouse U.D.				
Park Road ... ..	8	39		
†Forest Town ... ..	4	33		
Sutton-in-Ashfield U.D.				
†New Street ... ..	8	43	4	3
†Huthwaite ... ..	4	45		
Skegby ... ..	2	40		
Stanton Hill ... ..	4	21		
Warsop U.D.				
Town Hall ... ..	8	32	4	M 17
Warsop Vale ... ..	2	13		
Welbeck C.V. ... ..	2	34		
West Bridgford U.D.				
Millicent Road ... ..	4	38		
Alford Road ... ..	4	24	2	7
Trent Boulevard ... ..	4	29		
Boundary Road ... ..	4	21		
Melton Road ... ..	4	28	4	25

† purpose-built Clinics

M Midwives' Clinics

Child Health, Ante and Post Natal Clinics - continued

				Child Health		Ante and Post Natal	
Location				Sessions per four weeks	Average attendance per session	Sessions per four weeks	Average attendance per session
Basford R.D.							
Awsorth	...	...	...	4	42		
Bestwood	...	...	...	2	25		
Brinsley	...	...	...	4	26		
Bunny	...	...	...	2	8		
Burton Joyce	...	...	...	4	31		
Calverton	...	...	...	8	41		
East Leake	...	...	...	4	30	2	5
Gotham	...	...	...	2	18		
Jacksdale	...	...	...	4	26		
Kimberley	...	...	...	4	44	4	20
Lambley	...	...	...	2	15		
Newstead	...	...	...	4	18		
Nuthall	...	...	...	4	28		
Papplewick	...	...	...	2	19		
Ruddington	...	...	...	4	45	4	* 20
Selston	...	...	...	4	35	2	7
Sutton Bonington	...	...	...	2	16		
Trowell	...	...	...	4	26		
Willoughby	...	...	...	2	6		
Woodborough	...	...	...	2	22		
Bingham R.D.							
Bingham	...	...	...	4	48		
Cotgrave	...	...	...	4	36		
Cropwell Bishop	...	...	...	2	15		
East Bridgford	...	...	...	2	31		
Hickling	...	...	...	1	7		
Keyworth	...	...	...	8	38		
Kinoulton	...	...	...	1	12		
Langar	...	...	...	2	8		
Newton	...	...	...	2	31		
Orston	...	...	...	1	19		
Radcliffe-on-Trent	...	...	...	4	42		
Tollerton	...	...	...	2	25		

† Purpose-built Clinics

\* General Practitioner's Clinic



Child Health, Ante and Post Natal Clinics - continued

				Child Health		Ante and Post Natal	
Location				Sessions per four weeks	Average Attendance per session	Sessions per four weeks	Average Attendance per session
East Retford R.D.							
Dunham-on-Trent	...	...	...	2	16		
Elkesley	...	...	...	2	12		
Gringley-on-the Hill	...	...	...	2	18		
Mattersey	...	...	...	2	17		
Misterton	...	...	...	4	32		
Ranskill	...	...	...	2	19		
South Leverton	...	...	...	2	33		
Tuxford	...	...	...	4	28		
Woodbeck	...	...	...	2	23		
Newark R.D.							
†Balderton	...	...	...	8	35		
Coddington	...	...	...	2	33		
Collingham	...	...	...	2	43		
Farndon	...	...	...	2	39		
Syerston	...	...	...	2	27		
Southwell R.D.							
Bilsthorpe	...	...	...	4	43		
Blidworth	...	...	...	4	33		
†Clipstone	...	...	...	4	21		
Edwinstowe	...	...	...	4	31		
Farnsfield	...	...	...	2	26		
Lowdham	...	...	...	4	22		
North Muskham	...	...	...	2	20		
†Ollerton	...	...	...	6	36		
Rainworth	...	...	...	8	24		
Ravenshead	...	...	...	2	47		
Southwell	...	...	...	4	48		
Sutton-on-Trent	...	...	...	2	25		
Worksop R.D.							
Blyth	...	...	...	2	15		
†Carlton-in-Lindrick	...	...	...	4	34		
Harworth	...	...	...	8	32	4	13
Langold	...	...	...	2	16		
Welbeck	...	...	...	2	15		

† Purpose-built Clinics

WELFARE FOODS SERVICE - ISSUES

Quarter ended	National Dried Milk packets	Cod Liver Oil bottles	A & D Tablets packets	Orange Juice bottles
29th March, 1969	7,132	3,095	3,395	42,947
28th June, 1969	6,552	2,180	2,822	46,216
27th September, 1969	6,032	1,795	2,922	50,073
27th December, 1969	4,995	2,896	3,059	43,656
Total for 1969	24,711	9,966	12,198	182,892
Comparisons -				
1968	33,427	10,216	11,716	165,833
1967	32,193	10,539	12,293	169,875
1966	39,498	11,227	13,367	162,123



ANTE-NATAL AND POST-NATAL CLINICS

Year	ANTE-NATAL			POST-NATAL			No. of cases referred to Consultants	No. of cases referred for X-ray examination
	First Attendances	Total Attendances	Medical Consultations	First Attendances	Total Attendances	Medical Consultations		
1965	2,525	9,806	8,083	391	457	455	123	8
1966	2,319	8,819	7,218	303	396	389	105	3
1967	2,610	9,812	7,455	379	480	485	98	2
1968	3,002	10,662	6,866	380	564	512	71	2
1969	2,170	8,834	6,370	237	398	345	40	1

# ROUTINE CHEST X-RAY EXAMINATIONS OF EXPECTANT MOTHERS

(Cases referred to Radiography Unit, Postern Street, Nottingham).

Year	No. of expectant mothers referred for chest X-ray examination
1965	398
1966	276
1967	175
1968	153
1969	124

## RELAXATION INSTRUCTION FOR EXPECTANT MOTHERS

Year	No. of Clinics at which Courses provided	No. of expectant mothers attended	Total Attendances
1965	34	2,573	14,817
1966	31	2,808	16,363
1967	34	2,658	15,080
1968	37	2,797	15,557
1969	37	2,814	15,755



MATERNITY HOSPITAL ACCOMMODATION

Year	SOCIOLOGICAL CASES						No. of cases referred to Hospitals on account of abnormalities ascertained at A.N.C.'s.
	APPLICATIONS RECEIVED			No. of Cases referred to Hospital	Applications withdrawn	Applications not supported	
	From G.P.'s	From A.N.C.'s	Total				
1965	1,431	175	1,606	1,410	157	99	125
1966	1,435	154	1,589	1,341	146	102	107
1967	1,460	134	1,594	1,360	141	93	100
1968	1,551	122	1,673	1,474	134	65	73
1969	1,365	104	1,469	1,299	122	48	41

# CHILD HEALTH CLINICS

Year	No. of Clinics in Operation	No. of Sessions per month	First attendances during year			Total Attendances	Medical Consultations
			Under 1 year	Aged 1-2	Aged 2-5		
1965	101	463	8,804	8,745	11,233	188,445	38,557
1966	101	455	8,874	8,605	11,444	177,799	31,871
1967	104	485	9,634	7,594	10,713	184,150	29,087
1968	108	485	9,511	7,737	10,978	183,882	33,691
1969	108	459	8,840	8,535	9,327	181,351	24,097

## CHILDREN WITH CONGENITAL ABNORMALITIES NOTIFIED AT BIRTH

	1965	1966	1967	1968	1969
	Monthly Total	Monthly Total	Monthly Total	Monthly Total	Monthly Total
January	19	13	13	12	14
February	24	27	21	19	22
March	19	16	10	19	13
April	18	21	13	10	19
May	16	12	20	19	12
June	14	28	18	20	24
July	22	12	14	14	17
August	16	14	16	21	12
September	18	8	11	14	24
October	20	19	18	19	15
November	12	12	19	10	20
December	16	17	14	8	15
TOTAL	214	199	187	185	207
Total live and stillbirths	11,923	11,749	11,939	11,958	11,613
Incidence per 1,000 Total Births	17.9	16.9	15.7	15.5	17.8
National Incidence	18.91	Not available	Not available	Not available	Not available



PAEDIATRIC SERVICE

Year	No. of Pre-school Children referred by M.O.'s in Dept. to Paediatric Clinics										TOTAL	
	MANSFIELD (Dr. J.S.Fitzsimmons)		NOTTINGHAM (Dr. A.C.Blandy)		WORKSOP (Dr. A.F.Conchie)							
	New Cases	Total Attendances	New Cases	Total Attendances	New Cases	Total Attendances	New Cases	Total Attendances	New Cases	Total Attendances		
1965	11	46	30	111	5	23	46	180				
1966	7	31	23	101	9	21	39	153				
1967	3	11	21	109	4	16	28	136				
1968	4	8	25	111	3	10	32	129				
1969	3	11	20	94	3	9	26	114				

The Consultant Paediatricians attend these Clinics by arrangement with the Sheffield Regional Hospital Board.

# OPHTHALMIC CLINICS

Year	No. of Ophthalmic Clinics	No. of pre-School Children referred by M.O.'s in Dept.	No. of cases in which spectacles prescribed
1965	15	1,076	192
1966	15	975	254
1967	15	1,141	124
1968	13	1,211	144
1969	13	1,009	103

## ROUTINE HEARING TESTING OF PRE-SCHOOL CHILDREN

Year	Old Cases retested	New Cases referred	Total number or pre-school children examined
1965	23	42	65
1966	35	94	129
1967	54	139	193
1968	69	82	151
1969	24	157	181



DAY NURSERIES

Year	BEESTON				CARLTON				BULL FARM				WEST BRIDGFORD			
	No. of places	Average daily attendance			No. of places	Average daily attendance			No. of places	Average daily attendance			No. of places	Average daily attendance		
		under 2 yrs	2-5 years	total		under 2 yrs	2-5 years	total		under 2 yrs	2-5 years	total		under 2 yrs	2-5 years	total
1965	35	10	21	31	25	7	17	24	30	6	14	20	25	6	12	18
1966	35	8	24	32	25	6	18	24	30	8	13	21	25	5	13	18
1967	35	9	22	31	25	5	17	22	30	10	14	24	25	5	14	19
1968	35	10	20	30	25	6	16	22	30	9	17	26	25	6	10	16
1969	35	10	24	34	26	8	14	22	30	8	19	27	25	5	14	19

The number of places at each Nursery is based on the approved staffing establishment.

SCHEME FOR REGISTERED DAILY GUARDIANS

Year	Guardians on register at beginning of year	New Guardians approved	Guardians discontinued	Guardians on register at end of year
1965	11	2	9	4
1966	4	3	4	3
1967	3	4	5	2
1968	2	1	2	1
1969	* 1	-	-	-

\* This scheme was discontinued as from 1st April 1969. The existing case was incorporated within the scheme for registered daily minders.



DAILY MINDER SERVICE

Year	On register at beginning of year			Approved in year			Discontinued in year			On register at end of year		
	Minders	Max. No. of children to be received	No. of children for whom financial assistance given	Minders	Max. No. of children to be received	No. of children for whom financial assistance given	Minders	Max. No. of children to be received	No. of children for whom financial assistance given	Minders	Max. No. of children to be received	No. of children for whom financial assistance given
1965	15	21	5	12	19	4	15	21	9	12	19	-
1966	12	19	-	4	5	3	-	-	-	16	24	3
1967	16	24	3	7	10	-	-	-	-	23	34	3
1968	23	34	3	7	10	4	-	-	3	30	44	4
1969	30	44	4	* 1	1	-	30	44	3	1	1	1

\* Case transferred from Scheme for Registered Daily Guardians which was discontinued 1st April, 1969.

# DENTAL TREATMENT

Treatment carried out on behalf of Expectant and Nursing Mothers and Children under school age

	Scaling and gum treatment (1)	Fillings (2)	Silver nitrate treatment (3)	Crowns and inlays (4)	Extractions (5)	General anaesthetics (6)	Dentures provided		Radio- graphs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
1. Expectant and nursing mothers ...	82	377	NIL	NIL	570	28	72		20
2. Children aged under 5 years and not eligible for school dental service ...	43	767	125	NIL	1,011	324	NIL	NIL	39



# MIDWIVES

Year	No. of Midwives who notified intention to practise	No. of midwives practising at end of year						No. of Midwives attending refresher courses		
		County Midwives		District Nurses Midwives	Hospital Midwives	Midwives in private practice	Total	County Midwives	District Nurses Midwives	Total
		F/T	P/T							
1965	217	68	16	61	52	2	199	9	13	22
1966	225	69	13	59	52	1	194	15	15	30
1967	220	69	13	62	54	1	199	12	10	22
1968	215	65	14	59	51	2	191	18	9	27
1969	219	61	13	59	64	1	198	18	13	31

F/T Full-time

P/T Part-time

VISITS BY COUNTY MIDWIVES AND DISTRICT NURSES/MIDWIVES

Year	Ante-Natal				Delivery		Lying-in		Total	
	Home		Clinic		C.M.	D.N.M.	C.M.	D.N.M.	C.M.	D.N.M.
	C.M.	D.N.M.	C.M.	D.N.M.						
1965	45,271	10,996	1,471	1,106	3,721	1,276	75,527	31,127	125,990	44,505
1966	43,263	10,320	1,995	1,093	3,479	1,177	72,944	29,200	121,681	41,790
1967	38,992	12,211	2,224	1,105	3,492	1,085	76,207	26,169	120,915	40,570
1968	33,344	12,190	2,547	1,165	3,040	1,035	74,707	25,632	113,638	40,022
1969	29,066	10,125	2,559	1,366	2,666	952	70,122	23,927	104,413	36,370

CM - County Midwives

DNM - District Nurses/Midwives



DELIVERIES ATTENDED BY MIDWIVES

Year	Domiciliary Cases												Cases in Nottinghamshire Institutions		Cases delivered in hospital discharged to care of Midwives before 10th day
	Doctor not booked						Doctor booked						Hospitals	Private Nursing Homes	
	Doctor present			Doctor not present			Doctor present			Doctor not present					
	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.			
	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.	C.M.	D.N.M.	P.P.M.			
1965	21	1	-	98	83	-	747	257	3	2,855	935	-	3,597	-	3,987
1966	3	4	-	87	64	-	606	221	-	2,783	888	1	3,784	-	4,103
1967	2	2	-	83	58	-	560	190	1	2,847	835	1	3,820	-	4,853
1968	1	4	-	43	71	-	538	207	-	2,458	753	2	3,542	-	5,504
1969	2	1	-	20	57	-	388	164	-	2,256	730	-	3,621	-	5,663

C.M. - County Midwives

D.N.M. - District Nurses/Midwives

P.P.M. - Privately Practising Midwives

# HEALTH VISITING

Year	First visits to children under 1 year	Revisits to children Under 1 year	Visits to children aged 1-2 years	Visits to children aged 2-5 years	Visits to Expectant Mothers	Visits to Post-Natal Mothers	General Health Visiting	Unsuccessful Visits	Total
1965	12,153	30,163	44,823	83,061	7,819	11,645	15,723	26,918	232,305
1966	11,909	27,542	38,447	71,228	6,939	10,608	17,196	25,112	208,981
1967	12,107	25,118	38,160	71,364	7,135	10,846	17,532	25,138	207,400
1968	12,423	26,135	39,973	73,230	6,862	11,400	16,288	26,288	212,599
1969	11,643	22,243	34,029	56,695	4,980	10,176	18,026	21,182	178,974

This table does not include visits by Health Visitors to Tuberculous cases.



# HOME NURSING

Year	No. of Cases attended	No. of Visits	Average No. of visits per case
1965	9,446	252,629	27
1966	9,195	245,036	27
1967	9,205	260,088	28
1968	9,277	261,186	28
1969	9,712	262,091	27

# VACCINATION AND IMMUNISATION

Type of Prophylaxis	Year	No. who completed a Primary Course				No. (all Groups) given a Reinforcement Dose
		Under 1 year	1 year	2-15 years	Total under 16 years	
/ Diphtheria ...	1965	3,299	5,782	1,872	10,953	14,131
	1966	3,067	5,587	1,724	10,378	14,875
	1967	4,107	5,825	2,558	12,490	17,437
	1968	3,966	6,039	1,263	11,268	16,406
	1969#	992	5,071	948	7,011	13,014
/ Whooping Cough	1965	3,295	5,766	1,630	10,691	8,560
	1966	3,061	5,566	1,391	10,018	8,924
	1967	4,088	5,790	1,904	11,782	9,238
	1968	3,952	6,007	805	10,764	9,025
	1969#	989	5,051	690	6,730	6,086
/ Tetanus ...	1965	3,296	5,776	2,101	11,173	10,143
	1966	3,063	5,577	1,867	10,507	12,172
	1967	4,103	5,813	2,768	12,684	16,762
	1968	3,960	6,044	1,794	11,798	16,890
	1969#	992	5,077	1,364	7,433	13,553
/ Poliomyelitis	1965	1,663	7,054	2,829	11,546	9,234
	1966	2,183	6,861	2,557	11,601	8,760
	1967	3,172	6,692	2,556	12,420	11,189
	1968	3,145	6,592	1,565	11,302	10,989
	1969#	949	5,556	1,171	7,676	10,862
* Smallpox ...	1965	1,177	4,549	899	6,625	149
	1966	1,022	5,037	1,733	7,772	2,777
	1967	942	5,289	1,247	7,478	3,338
	1968	429	5,617	1,529	7,575	2,386
	1969	207	5,269	1,447	6,923	1,638
/ Measles ...	1967	5	47	43	95	-
	1968	114	1,634	9,423	11,171	-
	1969	5	1,225	4,968	6,198	-

/ Classified according to year of birth

\* Classified according to age at date of vaccination

# Revised schedule of immunisation procedures adopted from 1st January, 1969 providing for completion of primary courses at 12-14 months instead of 6-11 months as before.



# AMBULANCE SERVICE

## Patients carried and Mileages in year

Station	Patients Carried	Total Mileage
Nottingham Group:		
Arnold*	14,014	65,897
Beeston	26,065	134,803
Carlton	25,481	115,964
Eastwood*	13,732	82,704
Hucknall	23,502	118,152
West Bridgford	24,908	169,792
Mansfield	52,990	285,210
Sutton-in-Ashfield*	24,112	94,030
Newark	16,686	140,490
Retford	17,406	150,701
Worksop	25,453	149,228
Totals	264,349	1,506,971
Totals for 1968	262,654	1,494,526

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	Other	Total
1964	6,501	8,952	195,044	1,851	212,348
1965	6,592	9,220	206,134	2,436	224,382
1966	6,660	9,381	212,774	2,175	230,990
1967	7,289	9,587	223,750	7,071	247,697
1968	6,986	10,546	233,433	11,689	262,654
1969	7,550	11,078	234,432	11,289	264,349

## Vehicles (by categories) and mileage

Year	AMBULANCES		DUAL-PURPOSE VEHICLES		TOTAL MILEAGE
	No.	Mileage	No.	Mileage	
1964	34	607,354	31	746,705	1,354,059
1965	34	627,935	32	733,642	1,361,577
1966	34	611,686	32	768,226	1,379,912
1967	35	662,163	32	756,300	1,418,463
1968	37	708,069	33	786,457	1,494,526
1969	38	732,988	33	773,983	1,506,971

### Allocation of Patients to Vehicles

Year	Stretcher		Sitting				Totals	
	Ambulances	Dual-purpose vehicles	Ambulances		Dual-purpose vehicles		Ambulances	Dual-purpose vehicles
1964	26,100	2,430	73,091		110,727		99,191	113,157
1965	25,899	2,603	78,719		117,161		104,618	119,764
			Assisted*		Walking*			
			Amb.	Dual-purpose vehicles	Amb.	Dual-purpose vehicles		
1966	25,102	2,437	17,223	9,725	61,109	115,394	103,434	127,556
1967	25,232	2,433	20,903	10,497	70,066	118,566	116,201	131,496
1968	24,866	2,048	23,448	10,884	77,878	123,530	126,192	136,462
1969	25,425	2,025	25,962	11,607	76,756	122,574	128,143	136,206

\* Previously referred to as Sitting cases.

### Vehicle Establishment at year end

Year of first registration	AMBULANCES	DUAL-PURPOSE VEHICLES	
	Bedford 28 h.p.	Bedford 16 h.p.	Bedford 28 h.p.
1960	-	-	-
1961	-	-	-
1962	3	-	1
1963	-	9	-
1964	5	1	1
1965	2	8	-
1966	-	-	-
1967	1	5	-
1968	9	-	1
1969	7	4	3
	27	27	6



### Staff

Designation	Establishment	Number Employed at 31/12/69
County Ambulance Officer	1	1
Station Superintendents	4	4
Station Officers	7	7
Shift Leaders	38	38 *
Driver/Attendants	165	161
Clerical	3	3
Control Assistants	14	14
	232	228

\* One Shift Leader appointed temporarily Acting Station Officer for training purposes.

### Hospital Car Service

(The figures in brackets are in respect of 1968).

Number of Drivers enrolled	117	(108)
Number of Patients carried	8,694	(8,618)
Number of miles	237,308	(219,653)
Average number of miles per patient	27.3	(25.48)
Cost of mileage	£8,523. 3s. 5d.	(£7,660.0s.3d.)
Cost per patient	19s. 7d.	(17s. 9d.)

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE

### Tuberculosis

#### Notifications and Clinic Registers

Year	New cases notified			Pulmonary incidence rate per 1,000 pop'n	Cases on Chest Clinic registers at 31st December*		
	Pul.	Non-pul.	Total		Pul.	Non-pul.	Total
1965	126 (4)	27 (2)	153 (6)	0.20	2,374	278	2,652
1966	90 (2)	24 (2)	114 (4)	0.14	2,003	170	2,173
1967	117 (5)	25	142 (5)	0.18	1,894	155	2,049
1968	117 (4)	37 (2)	154 (6)	0.18	1,759	145	1,904
1969	80 (9)	19 (2)	99 (11)	0.12	1,587	159	1,746

\* Not including County cases attending Out-County Chest Clinics.

() Cases not notified before death included in totals.

#### Contact Examinations and B.C.G. Vaccination

Year	Contacts seen at Chest Clinics			Protection of School children and Students			
	New contacts examined	No. found tuberculous	No. Vaccinated with B.C.G.	No. skin tested	No. found positive	No. found negative	No. Vaccinated with B.C.G.
1965	1,415	16	641	7,378	1,200	5,876	5,519
1966	1,266	9	649	6,634	875	5,350	5,347
1967	1,147	24	539	9,267	1,255	7,530	7,492
1968	1,325	22	607	6,769	625	5,876	5,858
1969	1,101	9	580	8,197	1,010	6,814	6,768



Other Preventive, Care and After-Care Work

Year	Work of the Notts. Care Association for Tuberculosis and Chest Diseases		Protection of Children against Tuberculosis		Follow-up of long-stay Immigrants	
	New cases referred	Cases considered for assistance	Staff candidates X-rayed	Staff X-rayed	Arrivals advised	Successfully visited
1965	38	295	1,155	124	74	65
1966	39	251	880	116	66	49
1967	26	213	936	161	103	77
1968	28 (3)	163 (3)	1,017	14	96	66
1969	29 (6)	148 (6)	1,182	-	60	45

( ) Non-tuberculous cases included in totals.

Sherwood Village Settlement

Year	Trainees & Settlers at 1st January			Admitted in Year	Left in year				Trainees & Settlers at 31st December		
	Notts.	Other Areas	Total		Recovered	Died	For other reasons	Total	Notts.	Other Areas	Total
1965	19	18	37	10 (6)	1	2	7	10	22	15	37 (6)
1966	22	15	37(6)	4 (1)	2	1	5	8(4)	18	15	33 (3)
1967	18	15	33(3)	8 (6)	1	2	3	6(2)	20	15	35 (7)
1968	20	15	35(7)	5 (4)	-	2	6	8(2)	20	12*	32 (9)
1969	20	12	32(9)	16 (7)	-	1	6	7(3)	30	11	41(13)

( ) Mentally ill cases included in total

\* One case married and moved to Nottinghamshire in the year

### OTHER ILLNESSES

Loan of larger items of home nursing equipment (i.e. excluding smaller articles issued from District Nurses' "loan cupboards")

Year	Cases assisted and referred				Articles loaned							Articles on charge at 31st December
	by G.P.'s	by Hosps.	by D.N.'s and others	Total	Beds and Cots	Mat-tresses	Com-modes	Walk-ing Aids	Wheel Chairs	Others	Total	
1965	692	137	542	1,371	114	153	504	229	429	792	2,221	3,027
1966	851	135	571	1,557	106	142	500	276	473	845	2,342	3,304
1967	946	144	511	1,601	128	160	523	316	477	871	2,475	3,639
1968	878	121	477	1,476	102	125	527	363	520	834	2,471	3,856
1969	935	148	633	1,716	121	139	485	549	510	1,057	2,861	4,092

### Convalescence

Year	Patients admitted to Convalescent Homes in the year					
	Men		Women		Children under 5 years	Total
	Under 65 years	65 years and over	Under 65 years	65 years and over		
1965	8	12	23	24	1	68
1966	7	8	18	28	2	63
1967	15	11	34	21	-	81
1968	12	16	27	27	-	82
1969	11	14	27	22	-	74

### Chiropody Services

Year	Treatments given in the year					Patients registered for treatment at 31st December	
	at Sessions or Surgeries		by home visits		Total	The Elderly	Physically Handicapped
	The Elderly	Physically Handicapped	The Elderly	Physically Handicapped			
1965	51,035	209	16,954	175	68,373	11,891	50
1966	50,556	183	18,497	237	69,473	12,081	109
1967	53,182	183	19,442	295	73,102	12,334	132
1968	52,583	260	16,933	363	70,139	12,933	244
1969	54,572	264	17,110	317	72,263	13,546	139



### Co-operation with Hospital Services

Year	Cases specially followed-up at request of Hospitals Social Workers	Work of Geriatric Nurses* (attached to Consultant Geriatricians)		Work of Nurses employed(†) and attached to Hospital Diabetic Clinics	
		New Cases referred	Home visits undertaken	New Cases referred	Home visits undertaken
1965	44	941	2,249	198	313
1966	39	1,162	2,494	319	691
1967	70	998	2,361	326	825
1968	89	1,064	2,146	259	805
1969	80	1,113	2,324	298	1,102

\* First whole-time Nurse employed in 1961; second September 1963; third (part-time) June 1965.

† Two whole-time Nurses employed since 1965.

### Venereal Diseases

#### Treatment of County Cases at all Centres

Year	No. of cases dealt with for the first time at Treatment Centres			
	Syphilis	Gonorrhoea	Other Conditions	Total
1965	12	169	799	980
1966	26	160	747	933
1967	27	207	851	1,085
1968	14	197	934	1,145
1969	20	303	1,146	1,469

### Cervical Cytology

Year	No. of Clinics	Sessions held	Cases seen	Re-attendances	Referred for gynaecological opinion
1965	9	307	5,941	14	26
1966	12	534	15,974	69	127
1967	13	588	9,413	42	69
1968	16	559	11,098	40	48
1969	17	484	9,382	36	53

# HEALTH EDUCATION

## Meetings

Year	Addressed by				Audiences addressed				
	Health Education Officers	Others	Films only	Total	Men	Women	Boys	Girls	Total
1965	267 (162)	95 (2)	25 (13)	387 (177)	785	5,727	629	1,170	8,311
1966	493 (350)	69 (1)	-	562 (351)	1,039	5,810	700	1,619	9,168
1967	681 (389)	123 (6)	-	804 (395)	1,183	8,463	4,310	5,769	19,725
1968	700 (370)	130 (19)	-	830 (389)	1,107	8,691	3,865	6,617	20,280
1969	637 (308)	96 (1)	-	733 (309)	994	7,537	6,748	8,478	23,757

( ) Relaxation Classes included in totals.

## Material used

Year	Films		Leaflets issued	Posters issued	Exhibitions & Displays	
	No. used	Times shewn			No. staged	Subjects covered
1965	37	238	40,898	1,273	33	9
1966	44	424	59,408	476	16	9
1967	72	667	88,216	707	68	14
1968	58	701	111,076	156	35	12
1969	38	701	39,862	306	17	9



# DOMESTIC HELP SERVICE

Year	Number of cases served						Total hours of service afforded	Home Helps employed at 31st December	
	Under 65 years				Over 65 years	Total		Actual	Whole-time equivalent
	Maternity	Ch. Sick and Tb.	Mentally ill	* Others					
1965	571	353	33	326	4,715	5,998	833,452	748	462
1966	461	380	31	377	4,903	6,152	831,045	766	480
1967	446	385	37	376	4,940	6,184	877,218	799	500
1968	321	385	37	341	5,324	6,408	870,011	793	493
1969	299	352	32	344	5,642	6,669	840,302	781	491

\* Including family help type cases

## NIGHT ATTENDANT AND "GOOD NEIGHBOUR" SERVICES

Year	Night Attendant Service				Cases assisted by "Good Neighbours" in the year
	No. of cases served	Total hours of service afforded	Number enrolled at 31st December		
			Home Helps	Others	
1965	4	219	1	4	1
1966	5	238	1	3	3
1967	3	406	1	4	5
1968	5	155	-	3	7
1969	2	47	-	3	11

MENTAL HEALTH SERVICE

Psychiatric Day Centre, Sutton-in-Ashfield

(Opened June, 1966)

Diagnostic Category	Age Groups								Total		No. on Registers at 31st December			
	15-24		25-44		45-64		65 & over							
	M	F	M	F	M	F	M	F	M	F	1969	1968	1967	1966
Schizophrenia	5	-	19	8	5	5	-	-	29	13	42	35	26	19
Affective Disorders	1	1	1	5	4	4	-	-	6	12	18	19	8	8
Personality Disorders	1	1	-	1	1	1	-	-	2	3	5	9	12	4
Organic Psychoses	-	-	1	2	-	-	4	-	1	6	7	6	7	3
Disorders of the Aged	-	-	-	-	-	-	4	17	4	17	21	16	14	8
Neurotic Reactions	1	-	4	3	2	2	4	-	7	7	14	11	7	5
All Others	-	-	-	1	3	1	1	-	3	2	5	8	9	4
TOTALS	8	2	25	20	15	21	4	17	52	60	112	104	83	51



MENTAL HEALTH SERVICE

Referrals

Referred by	Mentally ill					Subnormal and Severely Subnormal					Totals				
	Under 16		16 and over		Total	Under 16		16 and over		Total	1969	1968	1967	1966	1965
	M	F	M	F		M	F	M	F						
General Practitioners	-	2	102	164	268	2	1	1	-	4	272	137	305	475	518
Hospitals - on discharge from in-patient treatment	-	-	134	154	288	-	-	3	1	4	292	340	162	198	135
Hospitals - after or during out-patient or day treatment	1	-	126	151	278	1	1	1	3	6	284	394	263	212	82
Local Education Authorities	6	-	1	-	7	35	21	10	9	75	82	73	71	63	82
Police and Courts	-	-	19	17	36	-	-	-	-	-	36	30	44	58	61
Other Sources	1	2	129	175	307	2	3	11	8	24	331	217	257	291	403
TOTALS	8	4	511	661	1,184	40	26	26	21	113	1,297	1,191	1,102	1,297	1,281

MENTAL HEALTH SERVICE

Persons under Local Health Authority Care

Category	Under 16		16 and over		Totals at				
	Males	Females	Males	Females	31.12.69.	31.12.68.	31.12.67.	31.12.66.	31.12.65.
Mentally ill	-	-	236	298	534	456	395	529	363
Psychopaths	-	-	2	-	2	2	1	4	6
Subnormal	4	2	265	172	443	472	541	575	635
Severely Subnormal	220	156	400	363	1,139	1,114	1,073	1,046	1,002
TOTALS	224	158	903	833	2,118	2,044	2,010	2,154	2,006



MENTAL HEALTH SERVICE

Hospital Referrals and Admissions

Action Taken	Mental illness			Mental Subnormality			Totals				
	Males	Females	Total	Males	Females	Total	1969	1968	1967	1966	1965
Referred to Psychiatric Out-patient Clinics	131	220	351	83	56	139	490	602	565	478	362
Informal admissions	82	103	185	-	-	-	185	228	205	216	292
Admissions under Mental Health Act, 1959:-											
Section 26	8	15	23	1	1	2	25	17	27	26	15
Section 25	53	114	167	-	1	1	168	138	163	152	112
Section 29	45	78	123	1	-	1	124	104	84	152	207
Sections 60/72	-	-	-	1	1	2	2	2	4	1	7
TOTALS	319	530	849	86	59	145	994	1,091	1,048	1,025	995

# MENTAL HEALTH SERVICE

## Training Centres for the Subnormal

Centre	Places	Persons on Registers				No. on Registers at 31st December				
		Males		Females		1969	1968	1967	1966	1965
		Under 16	16 and over	Under 16	16 and over					
Mansfield	100	49	1	46	2	98	99	88	55	60
Mapperley	150	44	30	31	34	139	147	145	127	148
Newark	70	31	-	30	-	61	62	60	57	56
†Rainworth	150	-	88	-	49	137	131	127	116	62
Retford	120	39	24	21	25	109	106	93	88	89
*Out-County Centres	-	1	1	2	1	5	4	3	3	2
TOTALS	590	164	144	130	111	549	549	516	446	417

\* By arrangement with the responsible Local Health Authorities.

† Opened June, 1965.



MENTAL HEALTH SERVICE

Hostels

Hostel	Places Provided	In residence at 31.12.69.						In residence at 31st December			
		Under 16		Over 16		Total	1968	1967	1966	1965	
		M	F	M	F						
Newark (Subnormal children)	12	4	4	-	-	8	12	12	11	10	
Rainworth (Subnormal adults)	30	-	-	20	10	30	30	18	12	-	
Bancroft House, Psychiatric Hostel, Mansfield.	25	-	-	13	6	19	6	-	-	-	
TOTALS	67	4	4	33	16	57	48	40	23	10	

Rainworth Hostel - First resident admitted 30.11.65.

Bancroft House - First resident admitted 28.10.68.

MENTAL HEALTH SERVICE

Short-term Care - Admissions in Year

Category	Males		Females		Totals				
	Under 16	16 and over	Under 16	16 and over	1969	1968	1967	1966	1965
Subnormal	5	-	7	8	20	33	26	35	28
Severely subnormal	86	36	78	53	253	283	236	248	320
TOTALS	91	36	85	61	273	316	262	283	348



NURSERIES AND CHILD MINDERS REGULATION

ACT, 1948

CHILD MINDERS

Year	New Registrations	Registrations Relinquished	No. of Persons on Register at end of year	Maximum No. of children to be received
1965	16	7	43	406
1966	11	9	45	468
1967	19	17	47	475
1968	10	13	44	447
1969	143	8	179	609

PREMISES

Year	New Registrations	Registrations Relinquished	No. of Premises on Register at end of year	Maximum No. of children to be received
1965	13	2	22	620
1966	18	4	36	963
1967	33	8	61	1,652
1968	24	1	84	2,289
1969	44	7	121	3,156

NATIONAL ASSISTANCE ACTS, 1948 and 1951

(1) Incidence of Blindness

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

(i) Number of cases registered during the year in respect of which para. 7 (c) of forms B.D.8 recommends:-	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	13	4	-	36
(b) Treatment (medical, surgical or optical)	42	6	-	35
(c) Treatment (Hospital supervision)	26	21	-	26
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	15	2	-	21

(b) Ophthalmia Neonatorum

(i) Total number of cases notified during the year	1
(ii) Number of cases in which:-	
(a) Vision Lost	Nil
(b) Vision Impaired	Nil
(c) Treatment continuing at end of year	Nil



## (2) Epileptics and Spastics

Cases registered with the County Council for Welfare Services under the National Assistance Act, 1948:-

Year		Number of cases registered during the year		Number of cases who have received treatment	
		(i) Total number of cases registered during the year	(ii) Number of cases who have received treatment		
1952	Epileptics	102	102		
1951	Cerebral Palsy	97	97		
1950	Epilepsy and Cerebral Palsy	3	3		
1949					
1948					
1947					
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1900					

# INFECTIOUS DISEASES NOTIFIED (excluding Tuberculosis)

Disease	Number of Cases Notified				
	1965	1966	1967	1968	1969
Scarlet Fever	505	342	303	222	229
Whooping Cough	145	220	193	80	37
Measles	7,600	5,451	6,080	4,192	823
Acute Poliomyelitis (paralytic)	-	-	-	-	-
" " (non-paralytic)	-	1	-	-	-
" Encephalitis (infective)	-	-	-	1	-
" " (post-infectious)	-	5	1	-	2
Meningococcal Infection	3	6	3	8	6
Dysentery	390	540	342	111	281
†Puerperal Pyrexia	3	2	1	5	-
Ophthalmia Neonatorum	1	4	-	-	1
†Acute Pneumonia	82	94	52	57	-
Food Poisoning	66	78	21	45	68
†Erysipelas	27	13	12	12	-
Typhoid Fever	-	-	-	-	1
Paratyphoid Fever	8	1	-	-	2
Malaria (believed contracted abroad)	1	1	-	-	1
Salmonella Infection	-	1	-	-	-
Gastro-enteritis	-	1	-	-	-
*Infective Jaundice	-	-	-	73	107

\* Notifiable as from 15th June, 1968.

† Not notifiable after 1st October, 1968.



# FOOD AND DRUGS ACT

## Milk Sampling by County Officers

Year	MIXED HERD SAMPLES							SCHOOL MILK SAMPLES				
	Farms involved	Cows involved	Tuberculosis			Brucellosis			Number Submitted	Not tested *	Not conforming to standard†	
			Number submitted	Not tested	Positive on biological examination	Number submitted	Not tested	Positive on biological Examination			Phospho-tase test	Methylene Blue test
1965	2,018	38,306	915	20	2	-	-	-	103	5	-	6
1966	727	15,173	267	7	-	181	1	8	154	-	-	4
1967	529	12,276	38	2	-	436	3	4	196	9	-	2
1968	299	8,092	37	1	-	231	5	1	64	-	-	-
1969	344	8,752	31	-	-	285	1	2	48	-	-	6

\* 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.

NOTTINGHAMSHIRE COUNTY COUNCIL

Annual Report

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

1969



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Vice-Chairman

ALDERMAN A. THOMPSON

Ex-Officio

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ALDERMAN SIR FRANK SMALL

COUNCILLOR F. E. WHELDON

Aldermen

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BROOKS, D. A.

CROCKER, H. J.

IRELAND, W.

JONES, J. B.

POLLARD, B.

PUGH, MRS. A.

RUDDER, F. N.

SHARRARD, MRS. B.

THOMPSON, A.

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BICKERSTAFFE, W. K.

BONSER, J. D.

BOSWORTH, A. H.

BROWN, S.

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DAYBELL, E. C. P.

DE LACY, M. H.

DODD, C. H.

FARR, E. S.

FREEMAN, E. D.

GREEN, A.

HALFNIGHT, N. W.

HOLE, MRS. M. I. L.

HUDSON, E. R.

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McNEILL, G. A.

MEAD, A.

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STRINGER, C. E.

THRAVES, MRS. E.

WHITELAW, B. W.

WHITSON, F. H.

WIDDOWSON, J. H.

WORWOOD, THE REV. F. E.

WRIGHT, P. F.

Added Members

MR. C. B. BREWINGTON

MR. A. H. DOWSE

MR. J. R. FISHER

MR. H. W. FORDHAM

DR. R. FORSYTH

DR. A. R. GRIFFIN

PROFESSOR N. HAYCOCKS

CAPT. A. D. H. JAY

MISS F. M. MILFORD

MR. D. D. MORGAN

REV. CANON E. E. ROBERTS

MR. E. T. SERMON

\*31st December, 1969

SPECIAL SERVICES SUB-COMMITTEE\*

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COUNCILLOR S. BROWN

Vice-Chairman

COUNCILLOR MRS. M. BEARDSLEY

Ex-Officio

ALDERMAN MRS. E. A. YATES

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DR. R. FORSYTH

REV. CANON E.E. ROBERTS

\*31st December, 1969



Health Department,  
County Hall,  
West Bridgford,  
Nottingham,  
NG2 7QP.

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE OF THE NOTTINGHAMSHIRE COUNTY COUNCIL.

I have pleasure in presenting the Annual Report of the Principal School Medical Officer for the year 1969.

A major concern during the year has been the difficulty in obtaining the services of full or part-time Medical Officers. The position has been especially difficult in the northern part of the County and it has been necessary to consider carefully the various provisions made and to make changes, often in long standing arrangements, to ensure that Medical Officers are most effectively employed. This has affected particularly school clinic sessions which, now that every child has a general practitioner under the National Health Service, are not required to provide a source of treatment as was the case when many were originally established. It is realised that parents appreciate having a School Medical Officer available at regular frequent clinics close at hand so that they may call without appointment to discuss a child's problem. This does lead, however, to an inefficient use of the doctors' time unless there is a constant heavy demand and has led to the replacement of regular clinics with specially arranged sessions where appointments are sent to the parents in advance. Any parent can gain access to such clinics by a request made to the Head Teacher, School Nurse or Health Visitor. If the shortage of School Medical Officers continues it will be necessary to consider concentrating their time even more on the most vulnerable portion of the child population, that is, the handicapped and those in infant and junior schools.

In recent years it has become evident that the increasing tendency for both parents to go out to work, though it may not have an ill-effect on normal children, is becoming a major factor in preventing some children with a defect receiving adequate treatment. Such a child attends a medical examination or school clinic session unaccompanied and a School Nurse visiting the home often finds great difficulty in contacting the parents. This is a problem, of course, well known to Head Teachers as a result of a child being taken ill during the school day. The parents are unable to keep appointments to see the School Medical Officer or spare time to take the child to hospital for further advice, though quite willing for a nurse to do this for them. It should be stressed that the School Health Service's duty is to identify children needing medical help and to inform the parents how best to obtain it.

The service for partially-hearing children attending ordinary schools, headed by Mr. Attewell, Senior Peripatetic Teacher of the Deaf, continues to be restricted due to the shortage of trained Teachers of the Deaf, but thanks to the efforts of the available staff and the co-operation of the other teachers, these handicapped pupils are usually able to remain amongst their contemporaries with few difficulties.

The Assessment Unit at Park Hall Day School for Physically Handicapped Pupils opened during the year. It is intended to provide a place where children suffering from physical handicaps may be introduced to the atmosphere of school life and their reactions studied so that after a period in such surroundings it is possible to give a well-considered recommendation of the



most appropriate type of provision that they would need for their future education. It should be stressed that it is not the intention that this unit should provide nursery schooling for all physically handicapped children in the surrounding area but only for those where it is felt that some special problem needs investigation. The unit is in its early days and will be developed in the direction that seems to be indicated as further experience is gathered in its operation.

An outbreak of infectious hepatitis occurred at Hopwell Hall Residential School at the end of the year. Although the illness was relatively mild the continued succession of cases justified the application of special measures to terminate the outbreak. Dr. Mitchell of the Public Health Laboratory, Nottingham, made available supplies of gamma globulin which gives short-term protection against this disease. With the parents' consent this was given to almost all the unaffected pupils and was followed by an abrupt end to the epidemic. The services of Dr. Woolgrove, District Medical Officer of Health, and of the visiting School Medical Officer, Dr. Johnson, were much appreciated.

An important group, numerically the largest, of handicapped pupils is that known as the Educationally Subnormal. This title is used in the Handicapped Pupils Regulations to cover those children who may need special help with their education because of limited ability or for some other reason. The wide definition makes it possible to provide additional help for children who are retarded by adverse social factors, long absences at school or other causes, though less than average mental ability in coping with scholastic work is the major factor in the majority of these pupils.

Except in the severe cases, the need for help becomes apparent only after the child has entered school and been found to lag further and further behind his contemporaries. Thus the Head Teacher is primarily responsible for initiating the process of ascertainment though cases may be brought to light by parents approaching School Medical Officers or their family doctors, or by the School Doctor at routine school medical examinations. Each child is seen by one of the School Medical Officers who has had special training and experience in such work, but a full report is obtained from the Head Teacher beforehand. The medical examination is directed to detecting any physical defect which might contribute to the educational difficulties. Emotional factors are considered, and intelligence testing is carried out as this allows the Medical Officer to study the way in which a child attempts certain standard tasks and often reveals the nature of the difficulty. Parents are, of course, invited to be present to discuss their child with the Medical Officer, though it is usual for the Medical Officer to be alone with the child when carrying out the specialised testing as distraction can easily arise when other persons are present.

Most of the children are found to be slow learners whose conditions are not complicated by additional medical factors. Those who have the most marked degree of handicap aggravated by adverse social conditions can be helped by transfer to a residential school which is staffed and equipped to deal especially with their particular problems. Hopwell Hall and Sutton Fields Schools provide such accommodation for senior pupils and Ramsdale Park School for junior age girls. A Day School for slow learners also exists at Mansfield for senior pupils; another is at present under construction at Arnold which will take children of all ages; and more are proposed for other parts of the County.

In the majority of cases where the difficulty is less pronounced, special classes are provided within ordinary schools. Here the size of the special class is considerably restricted so that teachers can devote more time to each pupil. Comprehensive Schools, of course, have their Departments of Remedial Education. The effectiveness of such classes in ordinary schools depends very much on the availability of suitable teachers and staff shortages may well restrict the work.



A few children are found who are not thought to be able to benefit from any form of education provided in the present schools and would be more appropriately placed in a Junior Training Centre provided by the Health Committee; where the parents agree such placement is made with the minimum of formality.

One cause for concern is the large number of children who are found to be of average or near average intelligence but who are not approaching the level of attainment expected of their age group, due often to adverse social factors. Whilst needing urgent help in the form of remedial teaching, they do not warrant being formally classified as handicapped pupils, nor would it be right to treat them as children of limited intelligence. Their referral by Head Teachers is placing a great load on School Medical Officers at a time when their services are greatly needed in other work of the School Health Service. It is, of course, the Head Teacher's duty to seek help for any child where he can best find it, and the setting-up of a School Psychological Service within the Education Department would very much relieve this burden on Medical Officers' time.

My sincere thanks are due to the Committee and Officers for their help and support and particularly to the Director of Education, Mr. W. G. Lawson, and his staff. In my own Department I would like to convey special thanks to Dr. M. Gibbs and Mr. E. Lewis for their great assistance in the efficient day-to-day management of the School Health Service in this County.

H. I. LOCKETT,

Principal School Medical Officer.



## SCHOOL HEALTH SERVICE

The school population continues to grow and there were 114,366 pupils on the School Registers at the end of the year, an increase of 3,404 (3%) over the previous year. There was a decrease in Medical Officers' time employed in the School Health Service and it was necessary to make some adjustments in the service with a view to utilising the available time to the best advantage. The regular weekly or fortnightly sessions at several of the School Clinics were of necessity cancelled but "occasional" sessions are being held at these Clinics whenever possible.

### Medical Inspections and Treatment

As the selective intermediate examination which was introduced in this County in 1963 has given satisfactory results it was decided that the Final Routine Medical Examination should also be made selective. As school leaving time approaches the parents of each pupil due for examination are advised to complete a questionnaire and in the light of the previous medical history, together with relevant information from the Head Teacher, parent or other source, Medical Officers decide the extent of the physical examination, if any, to be carried out. The vision of all pupils approaching school leaving age is tested. This revised scheme means that less Medical Officers' time is devoted to routine medical examinations.

So that full advantage can be taken of the opportunity to bring the teachers, parents, children and doctor together to investigate the problems in which all may be involved, the routine work of medical inspection takes place wherever possible in the child's own school.

The table on page 115 gives the numbers and classification of children inspected.

Defects found at school medical inspections are shown in the tables on pages 139, 140 and 141.

### Handicapped Pupils

In the Handicapped Pupils and Special Schools Regulations, 1959, ten categories of handicapped pupils are defined. These are pupils who are either blind, partially-sighted, deaf, partially-hearing, educationally subnormal, epileptic, maladjusted, physically handicapped, delicate or with severe speech defects.

During the year 833 pupils were classified as handicapped, compared with 779 in 1968. The table on page 125 shows the number examined in each category.

### Deaf and Partially Hearing Children

The Unit at Mapperley Plains Primary School continued throughout 1969 and at the end of the year seven partially-hearing children (four boys and three girls) were in attendance there.

### Hearing Impaired Children in Ordinary Schools

There were 167 children with hearing aids in ordinary schools at the close of the year, compared with 144 at the end of 1968. The Peripatetic Teachers of the Deaf visit these children in school and keep them under observation.

### Home Tuition

Tuition is provided at home only when other methods of education are



impracticable and then, whenever possible, as a temporary measure. Where the need is a continuous one, the medical conditions and other circumstances are carefully reviewed from time to time.

There were eleven children being provided with Home Tuition at the end of the year.

### Special Transport

During the year special transport to and from school was recommended on medical grounds for children who were considered unfit to attend school by other means. At the end of the year 51 children were being provided with special transport to and from school.

### Consultant Eye Service for School Children at County Clinics

The arrangements with the Sheffield Regional Hospital Board for the attendance of Consultants at the School Ophthalmic Clinics continued. Dr. H. Goldsmith, who has attended the Newark Clinic for many years, retired in September 1969 and was succeeded by Mr. D. Knight-Jones.

Prescriptions issued by Consultants are dispensed by local Opticians of the parents' choice or, as an alternative in the case of the Nottingham University Hospital Management Committee, at the Hospital Dispensary.

Apart from the waiting time at one or two Clinics, no difficulties were experienced during the year and I very much appreciate the help we have received from the Regional Hospital Board and the Consultant Ophthalmologists in this work.

566 sessions were held at the various Clinics throughout the County at which 7,900 examinations were carried out. In addition, Dr. Regan undertook 566 retinoscopy examinations under the general supervision of the Consultant Ophthalmologists.

Details of the Clinics at which these sessions are held are given on page 120.

### Consultant Paediatric Clinic

There was a slight decrease in the number of attendances at each of three Consultant Paediatric Clinics. The Consultant staff for these Clinics attend by kind arrangement of the Sheffield Regional Hospital Board. Dr. Blandy continued to attend the weekly sessions at Nottingham (Clarendon Street) and Dr. Fitzsimmons and Dr. Conchie also conducted their sessions as necessary at Mansfield and Worksop respectively.

### Speech Therapy

Difficulty is still experienced in recruiting and retaining the services of Speech Therapists. The Senior Speech Therapist, together with one other full-time and one part-time therapist resigned during the year and two full-time therapists were appointed. At the end of the year two full-time and two part-time therapists, working the equivalent of 3.2 staff, were in post. Throughout the County 1,132 children received treatment in 1969 compared with 889 in the previous year, an increase of 243.

Although very little opportunity occurred for visits to ordinary schools, regular Speech Therapy sessions were held at the Special Schools and the main Clinics throughout the County, thus maintaining as comprehensive a service as possible with the staff available. Statistics relating to the service are given on page 123.



## Audiometry

The three Audiometricians continued to combine their hearing screening tests of six-year old children with vision screening and colour vision testing.

Children failing the hearing test are referred to School Medical Officers for medical assessment in order to decide whether further investigations by the Ear, Nose and Throat Consultants at the various hospitals throughout the County are required.

Statistics relating to this service are given on page 128.

## Physiotherapy

Miss Crisp, who had worked for the Authority since 1959 and devoted part of her time to pupils in attendance at the Park Hall Day Special School for Physically Handicapped and Delicate Children, terminated her services in November 1969 and at the time of writing a successor has not been appointed. As a result it was necessary to suspend sessions at some of the Clinics.

## Chiropody

Mr. Marchant and Mrs. Stemberg devoted a proportion of their time to the chiropodial treatment of school children. During the year these two members of the staff carried out 1,415 foot examinations and afforded 1,271 treatments to 445 pupils with foot conditions.

## Health Education

Interest in Health Education continues to grow and the Health Education team had another active year visiting schools, covering a wide variety of subjects including sex education, drug addiction, smoking and health, venereal diseases, parentcraft, nutrition and personal hygiene.

This Section of my Department is always very willing to provide appropriate talks and film services on request from Head Teachers.

Details of the work undertaken by the Health Education Section amongst school children during the year are given on page 126.

## Employment of Children

With a view to reducing the number of casual attendances at School Clinic sessions, the previous arrangements whereby children requesting permission to work under the provisions of the Children and Young Persons Act, 1933, attended the nearest School Clinic for medical examination was discontinued. Area Education Officers now inform me of the children seeking permission to work and their School Medical Records are examined to determine whether a medical examination is necessary. In those cases where it appears that a medical examination should be undertaken the necessary arrangements are made for the pupils concerned to be seen by a School Medical Officer. On the basis of his report an appropriate certificate is issued from Central Office but in most cases I am able to give an assurance that their employment will not interfere with their education without a specific medical examination being carried out.



## THE COUNTY SCHOOL DENTAL SERVICE

### Report of the Principal School Dental Officer Mr. K.H. Davis, L.D.S.

#### Staff

After a period of relative stability in the staffing of the dental service, this year has reflected the now familiar pattern of change. Several Dental Officers left the service to enter the more lucrative field of general practice and some of our young married ladies temporarily abandoned dentistry in favour of motherhood. Although some recruitment did occur, the overall loss for the year has been 1.8 whole time equivalent Dental Officers. In assessing the future potential recruitment to the service, it must also be recorded that despite consistent advertising of area Dental Officers posts on the maximum agreed scale, no appointments have been made. Should the present trends continue the prospects for the service are not encouraging. The case is similar with auxiliaries. From a full establishment of 4 in 1968, by the close of 1969 there were no auxiliaries remaining on the staff. The full details of staff are given as an appendix to this report.

#### Clinics

The replacement of obsolete equipment and refurbishing of older clinics was continued. Beeston Clinic was completed during the year and the scheme for West Bridgford was prepared. The situation of the dental suite in Carlton Clinic made successful modernisation impracticable and, therefore, the new dental suite was built in the grounds of the existing clinic. New premises in the Health Centre at Arnold (opened in January 1970) were scheduled to become operative later in the year. The present financial arrangements will permit schemes for the dental suites in Ollerton and Hucknall clinics to be prepared and this will complete the schedule of older clinics.

#### Orthodontic Service

The orthodontic service has undergone change since my last report. With the co-operation of the Regional Hospital Board, the Chief Dental Officer attends the orthodontic department of the Nottingham General Hospital as clinical assistant. This additional experience has made possible a diversification of the orthodontic service so that now clinics are held in Nottingham, Mansfield, Worksop and Retford. Apart from reducing the waiting list, the service is now more readily available to children in the North of the County. My thanks are due to Mr. D.G. Gould, the Consultant Orthodontist, for his valued co-operation in this project. The Dental Laboratory, under the guidance of Mr. N. Hawkins, continues to function well despite the handicap of being two technicians below establishment.

#### Statistics

The staff changes resulted in a loss over the year of 68 inspection sessions and 704 treatment sessions. The loss of the inspection sessions has aggravated an already unsatisfactory situation; nevertheless it is gratifying to report that the amount of treatment undertaken has increased despite the loss of sessions. This would appear to justify the County Council's policy of improvement to the clinics and equipment.

My thanks are due to the County Medical Officer and the Director of Education and their staffs for their continued support and co-operation. Also to the staff of the Dental Department for their loyal support and co-operation, particularly in the transition stages of alteration and change of equipment.



## CHILD GUIDANCE SERVICE

I am indebted to Dr. T.A. Ratcliffe for the following comments:-

"As always on these occasions, our first comments must be on the Clinic's staffing situation. In company with most Local Authorities' agencies and departments, our establishment was cut as part of the "squeeze". This "cut" was achieved essentially by the elimination of some appointments which were then unfilled, rather than on a consideration of the Clinic's particular needs. Consequently, although this year the gap between our actual number of staff and our establishment numbers is smaller than usual, we are still as short as ever of essential Clinic staff.

On the psychiatric side (which, of course, is provided by the Regional Hospital Board), we are reasonably well off with the same amount of sessional times from Dr. Arkle, Dr. Pillai, our Senior Registrar Dr. Strelau, and myself as at the end of 1968. Nevertheless it is worth remembering that I, myself, still provide an average of rather more than one extra "unofficial" session per week of my own personal time to maintain the service adequately.

Our only full-time Educational Psychologist, Mrs. Vincent (who came to us from the U.S.A.) left us for personal reasons in the autumn. Fortunately our very experienced part-time Educational Psychologist, Mrs. Fry, generously agreed to increase her number of sessions with us. Finally, at the end of the year, we had the interesting and valuable experience of having Mr. Edwards working for us at the Clinic for a period. Mr. Edwards was on a visit to this country from New Zealand; and he was keen to learn how an Educational Psychologist works in a good Child Guidance Clinic setting in this country.

Our one and only, and part-time, Psychiatric Social Worker, Mrs. Cowell, still gives us most valuable and essential service; but, of course, this is very far below our urgent Psychiatric Social Worker requirements.

The "cut" in our office staff establishment has put a very heavy burden on these essential members of the Clinic team. We are very grateful to them also for their continuing help and support.

Obviously we still need to give very careful thought to our policy on "priorities" in allocating our limited professional resources at the Child Guidance Clinic. Since all the children who are under our care at the Child Guidance Clinic and at our associated Hostels are our patients - an important point, the full implications of which are sometimes forgotten by Local Authorities, and even by their Health Departments - this decision on "priorities" can, and must, be solely a clinical and professional decision by us. There are, however, some administrative aspects which also have to be borne in mind.

Perhaps the most important of these administrative aspects, and one which certainly justifies mention here, is the delay which can occur in the referral of urgent cases to us. Although our considerable "educational" efforts of the past 15 years towards a greater understanding of the role and limitations of a Child Guidance Clinic have borne fruit, there is still a tendency, if a much less frequent one, for some Departments of the Local Authority to delay referral to us whilst some other administrative



action is being tried. It would be an interesting research project to discover whether these same agencies seek professional guidance earlier when there are bodily symptoms than when the problem has an "administrative" colouring - such as non-school attendance for example. Yet the clinical urgency can be as great in each case.

One other administrative source of delay, however, is much more easily remedied. If (say) a school refer a child to us through all the "usual channels" of Area Education Officer/Director of Education/Principal School Medical Officer, the request will often take up to two weeks (and on occasions, as long as a month) to reach the Child Guidance Clinic. Obviously until we receive the referral ourselves we cannot know of the problem, let alone initiate any action about it. We would stress, therefore, that the policy agreed between the Regional Hospital Board and the Local Authority more than 20 years ago, and still in operation, is that referrals can (and in urgent cases should) be made direct to the Consultant Child Psychiatrist at the Child Guidance Clinic. In fact a very appreciable proportion of our referrals already reach us in this way; but it would help us considerably both in planning and providing an adequate service for our children and their families if even more use was made of this sort of direct personal liaison, both at the time of referral and during the subsequent treatment period also.

Even at this stage, however, we are proud of our continuing ability to see the really urgent case within a day or two of our receipt of the referral at the Child Guidance Clinic. Even our average "waiting list" delay of a few weeks compares favourably with Hospital Out-patient Services in most of the specialties; and it compares very favourably indeed with the waiting time of many other Child Guidance Clinics. As the Tables will show, our total case-load continues to mount; but our staffing not only does not increase but (in establishment terms) has been cut.

One major factor which helps us to achieve these results is the thought and care which we have given to the very close integration of all the Child Psychiatric/Child Guidance Services in the area. For example, Dr. Arkle and I between us have Consultant responsibility for St. Ann's Children's Unit, the Gables Adolescent Unit, the Children's Hospital Psychiatric Out-patient Clinic, the Hostels and Child Guidance Clinics of the two Local Authorities, a Boys' and Girls' Remand Home, a Girls' Probation Hospital and a Children's Department Reception Centre in this general area. This means that we can bring into operation a very wide range of diagnostic and treatment facilities as each is appropriate; and we can avoid unnecessary duplication of facilities.

Quite apart from the obvious clinical consequences, our shortage of Psychiatric Social Workers, and of Educational Psychologists, makes considerable inroads into our preventive and educational work with the schools and with the other social work agencies. To some degree at least this unfortunate gap can be narrowed by talks given at Parent/Teacher Associations, and for various organisations whose audiences will include parents, teachers, social-workers, and the like. During the past year I have given, by invitation, rather more than 30 such talks. Such commitments, of course, are in addition to our considerable involvement in the basic training programmes for Health Visitors,



Teachers, Nurses, Occupational Therapists, Residential Child Care Students, and others. We regard this as an important part of our work, despite the heavy demand that it makes on one's own "private" time.

At a time when new legislation, and even more so the suggestion of further legislation for the medical and social services, threatens the longstanding team concept of the Child Guidance and Child Psychiatric Services, it is justified to end this report by stressing that none of our work which has been described in this report would have been possible had there not been a high degree of mutual loyalty, respect, understanding and trust between all the members of the Clinic team. As the Clinical Director of this Child Guidance Clinic I am deeply grateful to the whole team."

## SCHOOL HYGIENE

Medical Officers continued to carry out inspections of the general hygiene of school premises on the occasion of their visits to schools to perform routine medical inspections, and unsatisfactory conditions were reported to the Director of Education.

Mr. G.H. Earnshaw, the County Health Inspector, also makes regular visits to schools and School Kitchens throughout the County to advise on the hygiene arrangements and has submitted the following comments:-

### "Milk in Schools Scheme

The supply of school milk continued as an all-pasteurised supply as it has been for the past twenty years.

No significant change took place in the arrangements for distribution except that milk supplied to Secondary Schools ceased on the 1st September 1968 so that during the whole of the year under review, sampling was confined to Primary and Junior Schools.

All the samples examined by the Public Health Laboratory were shown to have been properly pasteurised and the small number requiring further enquiry as to their keeping quality were found to be satisfactory when sampling was repeated.

I would like to express thanks to Dr. E.R. Mitchell, Director of the Public Health Laboratory, Nottingham, for his valuable assistance and advice during the year.

### Sewage Disposal Works

A number of schools too remote to be served by public services have their own disposal plant and these were inspected periodically during the year and samples of effluent taken for examination.

One of these plants situated near a source of public water supply provides an additional safeguard by chlorinating the effluent before discharge.

Altogether 21 samples of treated effluent were taken for observation and testing during the year, in addition to four samples taken quarterly for chlorine estimation by the Public Analyst.

The following is a summary of the visits made to schools concerning environmental hygiene:-



Washing and Sanitary accommodation	32
Water supply	6
Water samples	3
Drainage	5
Sewage disposal plants	31
Swimming Pools	8
Kitchens	20
Air Pollution Survey	9
Refuse collection	6
Disinfection of Plimsolls	15
Vermin	4

# School Health Service

## Summary of Statistics 1969



# MEDICAL AND NURSING STAFF

<u>Medical Officers</u>	<u>No. of Medical Officers</u>	<u>Equivalent Whole-time Officers</u>
Position at 31st December, 1968	34	11.40
Position at 31st December, 1969	30	10.00

## Nursing Staff

County Superintendent Nursing Officer	1	)	
		)	
Deputy Area Nursing Officers		)	
engaged part-time in School		)	
Health duties	3	)	
		)	
Full-time School Nurses	13	)	together give an equivalent of 37.7 whole-time School Nurses.
Part-time School Nurses	-	)	
Full-time Health Visitors in combined duties	60	)	
Part-time Health Visitors engaged in		)	
combined duties	28	)	
		)	
Assistant Clinic Nurses engaged in		)	
combined duties -		)	
Whole-time	3	)	
Part-time	13	)	

## SCHOOL POPULATION

Registration details on the 31st December, 1969 were as follows:-

Number of School Departments:-

Primary	334
Secondary Modern	60
Selective	22
Special	9
Nursery	2
Comprehensive	7
	<hr/>
Total	434
	<hr/>

# Number of Pupils on School Books:-

Primary	71,235
Secondary Modern	22,313
Selective	12,003
Special	566
Nursery	72
Comprehensive	8,177
Total	<u>114,366</u>

## MEDICAL INSPECTION

Number of Pupils Inspected at Schools during the year 1969, together with the Comparable Figures for 1968

	<u>1969</u>	<u>1968</u>
Entrants	13,139	11,795
Intermediates	3,155	3,534
Leavers	7,381	7,137
Other Periodic Inspections	337	426
Total	<u>24,012</u>	<u>22,892</u>
Specials	<u>2,583</u>	<u>2,323</u>
Grand Total	<u>26,595</u>	<u>25,215</u>
Percentage of school population examined in periodic age groups	23.25	22.72

## EMPLOYMENT OF CHILDREN

No. of children issued with medical certificates in connection with part-time employment in accordance with the Children and Young Persons Act, 1933 and the Committee's Bye-Laws 1,205



### COMPARATIVE STATISTICS

Year	No. of Pupils Inspected			School Population	Percentage Inspected
	At Periodic Inspections	At Special Inspections	Total		
1954	22,588	6,111	28,699	85,145	33.7
1955	24,075	9,389	33,464	86,829	38.5
1956	25,157	8,098	33,255	89,219	37.3
1957	27,540	10,473	38,013	90,990	41.8
1958	34,367	8,263	42,630	91,962	46.4
1959	34,258	8,388	42,646	91,848	46.4
1960	25,573	7,679	33,252	91,861	36.2
1961	27,031	7,996	35,027	93,170	37.6
1962	29,603	7,630	37,233	92,970	40.0
1963	24,320	5,901	30,221	96,199	31.4
1964	23,104	4,344	27,448	98,423	27.8
1965	24,347	5,358	29,705	100,626	29.5
1966	21,819	1,831	23,650	103,108	22.9
1967	24,737	2,888	27,625	107,393	25.7
1968	22,892	2,323	25,215	110,962	22.7
1969	24,012	2,583	26,595	114,366	23.2

### SELECTIVE INTERMEDIATE EXAMINATION SCHEME

(The corresponding figures for 1968 are given for comparison.)

	<u>1969</u>	<u>1968</u>
Number of questionnaires issued to Parents	8,665	9,008
Percentage of questionnaires returned	95.00	95.4
Percentage of pupils selected for examination	33.61	41.2
Percentage of pupils not selected for examination	66.39	58.8
Number of questionnaires not returned	343	416

# GENERAL CONDITION OF PUPILS INSPECTED

Table showing the General Condition of Pupils inspected during  
the years 1962 to 1969 inclusive

Year	No. of Children Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1962	29,603	29,532	99.76	71	0.24
1963	24,320	24,253	99.72	67	0.28
1964	23,104	23,030	99.68	74	0.32
1965	24,347	24,325	99.91	22	0.09
1966	21,819	21,759	99.73	60	0.27
1967	24,737	24,664	99.70	73	0.30
1968	22,892	22,834	99.75	58	0.25
1969	24,012	23,973	99.84	39	0.16



PERSONAL HYGIENE

Number of Pupils Inspected During the Year Ended

31st December 1969

	<u>Girls</u>	<u>Boys</u>	<u>Total</u>
Routine Inspections	119,232	122,305	241,537
Follow-up Inspections	3,463	2,735	6,198
	<u>122,695</u>	<u>125,040</u>	<u>247,735</u>

Percentage of Pupils Found to Have Nits at Routine Hair Inspections

During Years 1960 to 1969 Inclusive

	<u>Percentage Boys</u>	<u>Percentage Girls</u>	<u>Percentage All Children</u>
1960	0.87	3.45	2.11
1961	0.82	3.12	1.95
1962	0.80	2.81	1.79
1963	0.83	3.11	1.95
1964	0.74	2.74	1.72
1965	0.79	2.39	1.57
1966	0.74	2.07	1.39
1967	0.70	1.76	1.22
1968	0.60	1.40	1.0
1969	0.60	1.43	1.01

# SCHOOL HEALTH SERVICE

## CLINICS AND SESSIONS

### Sessions Per Four-week Cycle and Average Attendance

Situation of Clinic	MINOR AILMENTS		DENTAL		SPEECH THERAPY		OPHTHALMIC		PAEDIATRIC		CHILD GUIDANCE		PHYSIOTHERAPY	
	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session	No. of Sessions per 4 Weeks	Average Attendance per Session
*Arnold-Arnot Hill Park	8	10	48	5	8	7	3	14	-	-	-	-	4	4
*Beeston-Dovecot Lane	8	22	40	4	8	6	4	16	-	-	-	-	4	5
*Bilthorpe	2	3	-	-	-	-	-	-	-	-	-	-	-	-
*Bingham	2	4	-	-	8	5	-	-	-	-	-	-	-	-
*Carlton-Park House	4	14	+52	5	4	7	6	20	-	-	-	-	-	-
*Calverton-New Town Centre	4	9	-	-	-	-	1	15	-	-	-	-	5	6
*East Leake	-	-	8	5	8	10	-	-	-	-	-	-	-	-
*East Retford	8	6	16	7	8	6	4	15	-	-	-	-	2	2
*Eastwood	4	14	40	5	8	5	4	15	-	-	-	-	2	1
*Forest Town	4	2	-	-	-	-	-	-	-	-	-	-	-	-
*Harworth	8	4	8	7	-	-	-	-	-	-	-	-	-	-
*Hucknall	8	12	40	7	4	7	2	17	-	-	-	-	4	5
*Kimberley	4	6	-	-	-	8	-	-	-	-	-	-	-	-
*Kirkby-in-Ashfield	4	7	-	-	4	8	-	-	-	-	-	-	NIL	4
*Langold	4	3	-	-	-	-	-	-	-	-	-	-	-	-
*Mansfield-Health Centre	4	9	24	5	16	10	8	16	1	5	19	4	NIL	6
*Mansfield-Pleasley Hill	4	14	-	-	-	-	-	-	-	-	-	-	-	-
*Mansfield-Hermitage Ave	4	8	-	-	-	-	-	-	-	-	-	-	-	-
*Mansfield-Abbott Road	4	13	-	-	-	-	-	-	-	-	-	-	-	-
*Mansfield Woodhouse	4	7	-	-	NIL	-	-	-	-	-	-	-	NIL	3
*Mansfield-The Friary	4	5	28	5	-	6	8	12	-	-	-	-	4	2
*Newark-Hawtonville	4	8	-	-	4	9	-	-	-	-	-	++15	-	-
Newark-Old Magnus Bldgs.	-	-	-	-	8	9	-	-	-	-	4	5	-	-
*Nottingham-Clarendon St.	-	-	40	3	-	-	4	10	4	7	40	-	-	-
*Ollerton-Church Circle	2	3	20	5	-	-	-	-	-	-	-	-	-	-
*Southwell	1	3	-	-	4	3	-	-	-	-	-	-	-	-
*Stapleford	8	7	+44	4	8	9	2	18	-	-	-	-	4	3
*Sutton-in-Ashfield-New Street	8	10	16	5	8	9	6	14	-	-	-	-	4	4
*Sutton-in-Ashfield-Huthwaite	8	9	-	-	-	-	-	-	-	-	-	-	-	-
*Walsop	4	3	-	-	-	-	-	-	-	-	-	-	-	-
*West Bridgford-Millicent Road	4	8	32	5	8	8	-	-	-	-	-	-	4	2
*Workop-Watson Road	8	8	24	5	8	9	4	16	1	5	-	-	2	4
*Workop-Carlton Road	-	-	-	-	-	-	-	-	-	-	6	5	-	-

\* Denotes that premises are used for Maternity and Child Welfare Services.

+ Evening sessions included

++ Includes children seen at Grove Hostel



CONSULTANT EYE SERVICE FOR SCHOOL CHILDREN AT

COUNTY CLINICS

This Consultant Service is provided under arrangements kindly made by the Sheffield Regional Hospital Board.

Clinic	Hospital Management Committee	Ophthalmologist	Day of Session
Arnold	Nottingham No.1	Mr.D.Knight-Jones	Tuesday afternoons (4th Tuesday a.m. at Calverton)
Beeston	Nottingham No.1	Mr.G.E.Robinson	Tuesday mornings
Carlton	Nottingham No.1	Mr.G.E.Robinson	Friday mornings & alternate Thursday afternoons.
Eastwood	Nottingham No.1	Dr. H. Fraser	Friday afternoons
Hucknall	Nottingham No.1	Mr.S.N.M.Rizk	Alternate Thursday afternoons
Mansfield	Mansfield	Mr.S.M.M.Sheriff	Tuesday afternoons Alternate Friday afternoons
Newark	Nottingham No.1	Mr.D.Knight-Jones	Wednesday after- noons
Nottingham Clarendon St.	Nottingham No.1	Mr.S.N.M.Rizk	Alternate Thursday afternoons
Retford	Worksop and Retford	Dr.N.M.Watters	Monday mornings
Stapleford	Nottingham No.1	Mr.G.E.Robinson	Alternate Thursday afternoons
Sutton-in- Ashfield	Mansfield	Mr.S.M.M.Sheriff	Wednesday mornings
Worksop	Worksop and Retford	Dr.N.M.Watters	Monday afternoons

# CONSULTANT PAEDIATRIC CLINICS

These Clinics, which are provided with Consultant staff by the Sheffield Regional Hospital Board, have been conducted during the year by Dr. Blandy at Nottingham, Dr. Fitzsimmons at Mansfield and Dr. Conchie at Worksop.

	<u>Mansfield</u>	<u>Nottingham</u>	<u>Worksop</u>	<u>Total</u>
Sessions held during year	17	42	14	73
New Cases:-				
(a) Pre-school	3	20	2	25
(b) School	24	28	22	74
Attendances:-				
(a) Pre-school	6	74	3	83
(b) School	58	196	23	277
Total	<u>64</u>	<u>270</u>	<u>26</u>	<u>360</u>

The total attendances since 1963 have been as follows:-

<u>1963</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>	<u>1968</u>	<u>1969</u>
577	599	656	527	503	427	360



SPEECH THERAPY SESSIONS AT CLINICS, ETC.

	<u>Number on Register</u>	<u>Number on Waiting List</u>
Arnold	48	8
Beeston	49	1
Bingham	20	3
Ley Lane School	15	-
Carlton	18	14
Cotgrave	12	3
East Leake	23	3
Eastwood	34	7
Hawtonville	23	1
Hopwell Hall Special School	15	-
Hucknall	22	4
Kirkby-in-Ashfield	17	3
Mansfield	91	27
Newark - Old Magnus Buildings	44	19
Ollerton	28	4
Ramsdale Park Special School	7	-
Retford	41	5
Southwell	12	5
Stapleford	33	18
Sutton Fields House Special School	14	-
Sutton-in-Ashfield	42	6
Thieves Wood Special School	6	-
West Bridgford	55	6
Worksop	50	6
	<u>719</u>	<u>143</u>

### SPEECH THERAPY

The equivalent of 3.20 whole-time Speech Therapists were employed at the end of the year compared with 3.60 in 1968.

Cases receiving treatment on 1.1.69.	660
Cases temporarily suspended on 1.1.69.	380
Cases on waiting list 1.1.69.	174
Cases admitted during 1969	472
Cases discharged during 1969	408
Cases receiving treatment 31.12.69.	278
Cases temporarily suspended 31.12.69.	441
Cases on waiting list 31.12.69.	147

#### Summary of Cases Discharged

Requiring no further treatment	327
Left School	10
Left the District	12
Discharged under observation on account of persistent non-attendance and lack of parental co-operation	48
Pending transfer to other clinics	NIL
At parents request	11
	<hr/> 408 <hr/>

#### Result of Treatment of the Cases Discharged

	<u>Stammer</u>	<u>Other Speech Defects</u>	<u>Total</u>
Achieved normal speech	41	134	175
Greatly improved	19	93	112
Showed some improvement	21	29	50
Showed little or no improvement	9	62	71
Total	<hr/> 90 <hr/>	<hr/> 318 <hr/>	<hr/> 408 <hr/>



# ATTENDANCES AT MINOR AILMENT CLINICS

1962 - 1969 INCLUSIVE

<u>Year</u>	<u>Total School Population</u>	<u>Total Attendances</u>	<u>Individual Attendances</u>
1962	92,970	21,367	7,350
1963	96,199	18,474	6,882
1964	98,423	18,205	6,212
1965	100,626	19,695	6,948
1966	103,108	17,935	6,644
1967	107,393	20,621	7,053
1968	110,962	20,421	6,096
1969	114,366	16,592	5,860

## COMPARATIVE STATISTICS

	<u>1968</u>	<u>1969</u>
Injuries	89	91
Skin Conditions		
(a) Impetigo	53	49
(b) Eczema	85	62
(c) Warts	1,174	750
(d) Other	820	565
Minor Infections of Eye and Eyelids	107	99
Nasopharyngeal Infections	290	169
Bronchitis	53	24
Otitis Media	81	45
Removal of Wax	181	117

## TREATMENT OF ENURESIS (ALARM APPARATUS)

No. of children treated during 1969	235	
No. of successful cases	140	(59.6%)

## CONVALESCENCE

No. of children provided with Convalescence during year	5
---	---

# HANDICAPPED PUPILS

The following table shows the recommendations made following the examination of pupils known or thought to have some physical or mental disability.

Category	Special Day School	Residential School	Home Tuition	Unsuitable for Education at School	Special Educational Treatment in Ordinary School	Final Decision Concerning Classification Deferred	Special Educational Treatment not required	TOTAL
Blind	-	2	-	-	-	-	-	2
Partially Sighted	-	3	-	-	-	-	-	3
Deaf	5	4	-	-	-	-	-	9
Partially Hearing	4	-	-	-	3	-	-	7
Epileptic	-	2	-	-	-	-	-	2
Educationally Subnormal	86	74	-	53	279	50	222	764
Physically Handicapped	20	6	-	-	1	-	-	27
Delicate	11	8	-	-	-	-	-	19
TOTALS	126	99	-	53	283	50	222	833

Maladjusted Pupils - Data concerning these is incorporated in the tables dealing with the Child Guidance Service.



## HEARING IMPAIRED CHILDREN IN ORDINARY SCHOOLS

No. of children with hearing aids in ordinary schools at the end of the year 167

(These children are visited and kept under observation by the Peripatetic Teachers of the Deaf)

### HEALTH EDUCATION

The following is a summary of the work undertaken by the Health Education team amongst school children during the year:-

No. of Schools visited		141
No. of films shown		192
No. of talks given		133
Pupils addressed -	Boys	4,049
	Girls	4,152
		<u>8,201</u>

There were members of staff present at some of the school talks, as follows:-

<u>Men</u>	<u>Women</u>
189	177

# DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

(1)	<u>Number of pupils inspected by the Authority's Dental Officers:-</u>		
	(a) Periodic Inspections	29,041	
	(b) As Specials	<u>5,232</u>	
			34,273
(2)	Number found to require treatment		25,543
(3)	Number offered treatment		19,283
(4)	Number actually treated		13,538
(5)	Number of attendances made by pupils for treatment, excluding those recorded at 11 (g)		33,904
(6)	Half-days devoted to:		
	(a) Periodic (School) Inspection	249	
	(b) Treatment	5,344	
	(c) Dental Health Education	<u>37</u>	
			5,630
(7)	Fillings:		
	(a) Permanent Teeth	22,157	
	(b) Temporary Teeth	<u>5,289</u>	
			27,446
(8)	Number of Teeth Filled:		
	(a) Permanent Teeth	18,591	
	(b) Temporary Teeth	<u>4,697</u>	
			23,288
(9)	Extractions:		
	(a) Permanent Teeth	3,492	
	(b) Temporary Teeth	<u>9,779</u>	
			13,271
(10)	Administration of general anaesthetics for extractions		2,430



(11) Orthodontics:

(a)	Cases commenced during the year	217
(b)	Cases carried forward from previous year	584
(c)	Cases completed during the year	243
(d)	Cases discontinued during the year	50
(e)	Removable appliances fitted	404
(f)	Fixed appliances fitted	3
(g)	Total attendances	1,689

(12) Number of pupils supplied with artificial teeth 92

(13) Other operations:

(a)	Crowns	55
(b)	Other Treatment	3,750
		<hr/>
		3,805

HEARING DEFECTS

Sweep Testing

Number of Schools visited by Audiometricians	...	...	...	...	194
Number of tests carried out	...	...	...	...	9,792
Number of pupils tested	...	...	...	...	8,660
Number of pupils with normal hearing	...	...	7,528		
Number of pupils who failed the test	...	...	<u>1,132</u>		8,660
Number of pupils who failed repeat sweep test	...	...	<u>1,132</u>		1,132
Number of pupils referred to Medical Officers	...	254			
Number of pupils referred for retest at a later date	...	...	<u>878</u>		1,132

# CHILD GUIDANCE STATISTICS

	NEW CASES SEEN DURING 1969						<u>Boys</u>		<u>Girls</u>		<u>1968</u>	
							339	231	108	305		
	Nottingham Area						205	140	65	185		
	Mansfield & West Notts.						74	50	24	71		
	Newark Area						33	22	11	27		
	Workshop Area						27	18	9	22		
NEW CASES REFERRED DURING 1969 but still awaiting investigation - 37												
	Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		1969 Total		1968 Total	
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)				
Pre-School	6	4	2	2	1	-	-	-	-	15	20	
Infants	30	8	12	4	2	-	-	1	3	60	55	
Junior	55	21	22	7	12	6	10	4	4	137	97	
Secondary Modern	30	14	10	8	5	4	4	2	2	77	83	
Grammar Technical	9	3	2	2	-	-	1	-	-	17	14	
Grammar	3	4	-	1	-	-	2	-	-	10	15	
Private	5	2	-	-	-	1	-	-	-	8	11	
Approved School	-	-	-	-	-	-	-	-	-	-	-	
Special School	-	1	2	-	1	-	-	-	-	4	2	
Open-air School	-	-	-	-	-	-	-	-	-	-	-	
Home Tuition	-	-	-	-	-	-	-	-	-	-	-	
Not Attending	2	2	-	-	-	-	-	-	-	4	1	
Left School	-	6	-	-	1	-	-	-	-	7	7	
TOTALS	140	65	50	24	22	11	18	9	339	305		



Problems	Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		1969 Total	1968 Total
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)		
Behaviour	81	26	30	16	10	5	13	4	185	164
Delinquency	20	14	-	-	6	3	1	2	46	43
Nervous problems	10	9	3	1	1	2	2	1	29	19
Enuresis	1	2	1	2	-	-	-	-	6	13
Backwardness	10	4	8	1	1	-	-	1	25	30
Speech Problems	1	-	3	2	-	-	-	1	7	6
Physical symptoms	2	1	1	2	1	-	1	-	8	12
Special Advice	15	9	4	-	3	1	1	-	33	18
TOTALS	140	65	50	24	22	11	18	9	339	305
Sources from which referred	Nottingham		Mansfield and West Notts.		Newark		Workshop/Retford		1969 Total	1968 Total
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)		
School Medical Officers	30	12	20	9	7	-	3	1	82	68
Juvenile Courts and Probation Officers	21	17	-	2	6	3	1	2	52	45
Director of Education and Head Teachers	34	9	10	2	4	3	10	2	74	75
General Practitioners and Hospitals	33	18	15	7	3	3	4	4	87	81
Parents	13	4	2	2	-	1	-	-	22	28
Children's Officer	4	3	2	1	1	-	-	-	11	5
Speech Therapists	-	-	1	1	1	-	-	-	3	-
Other Sources	5	2	-	-	-	1	-	-	8	3
TOTALS	140	65	50	24	22	11	18	9	339	305

Disposal of Cases	Nottingham		Mansfield and West Notts.		Newark		Worksop/Retford		1969 Total	1968 Total
	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)	(Boys)	(Girls)		
Advice to parents, school, court, etc.	43	25	12	3	12	4	6	3	108	93
Intensive treatment recommended	35	22	11	5	1	2	-	1	77	63
Less intensive treatment of parent or child recommended	38	11	9	9	7	-	7	4	85	91
Recommended admission to:-										
Special school for E.S.N. pupils or special class	2	2	3	1	-	1	2	-	11	1
Open-air school	-	-	-	-	-	-	-	-	-	-
Approved school	-	-	-	-	-	-	-	-	-	-
Hostel for maladjusted children	2	-	1	1	-	-	-	-	4	3
School for maladjusted children	1	-	-	-	-	-	-	-	1	-
Special school for physically handicapped	-	-	-	-	-	-	-	-	-	-
Care of Local Authority	-	1	-	-	-	-	-	-	1	-
Referred elsewhere for treatment or advice	4	2	4	1	-	2	1	1	15	13
Still under investigation	11	1	9	2	1	1	2	-	27	32
Unco-operative	4	1	1	2	1	1	-	-	10	9
TOTALS	140	65	50	24	22	11	18	9	339	305



# CHILD GUIDANCE SERVICE

## Cases seen for Intensive Treatment

(including psycho-therapy, play therapy, remedial teaching and relationship therapy, in respect of parent or child)

	<u>Boys</u>	<u>Girls</u>	<u>1969 Total</u>	<u>1968 Total</u>
Under treatment at January 1969	49	31	80	63
Treatment commenced during 1969	35	33	68	83
Discharged from treatment during 1969	59	32	91	62
Analysis of results				
Satisfactory improvement	29	19	48	30
Partial improvement	22	10	32	20
No change	4	-	4	5
Unco-operative	4	3	7	7
Still under intensive treatment at 31.12.69.	25	32	57	80

## Cases seen for Superficial Treatment

(including surveys, supportive interviews, home visits, school visits, etc. in respect of parent or child)

Under treatment at January 1969	274	48	322	413
Treatment commenced during 1969	111	38	149	84
Discharged from treatment during 1969	92	50	142	175
Still under superficial treatment at 31.12.69.	293	36	329	322

## Cases closed during 1969

1. Closed for clinical reasons, treatment or survey terminated:-

(a) Satisfactory improvement	51	28	79	75
(b) Slight improvement	19	11	30	40
(c) No change	2	-	2	1

2. Closed for other reasons: parents unco-operative, admitted to Approved School, left district, etc:-

(a) Much improved	3	1	4	6
(b) Slight improvement	31	21	52	63
(c) No change	45	21	66	52

3. Closed as no further Child Guidance action necessary, diagnostic or advice only:-

(a) Diagnostic only	-	-	-	-
(b) Advice only	106	50	156	117

Total Number of cases seen during 1969	604	208	812	834
--	-----	-----	-----	-----

Note:-

Those children discharged from intensive treatment but transferred to superficial treatment during 1969 have been included under both categories.

Interviews during 1969

	Nottm.	Mansfield/ West Notts.	Newark	Worksop/ Retford	1969 Total	1968 Total
<b>Psychiatrists</b>						
Diagnostic	181	56	40	31	308	273
Treatment	743	219	218	48	1,228	1,167
Surveys	347	85	140	53	625	735
Parents	1,133	316	55	109	1,613	1,510
Others	278	55	205	51	589	567
Visits	35	5	122	2	164	160
<b>Psychiatric Social Workers and Social Worker</b>						
Diagnostic	116	42	13	19	190	165
Advisory interviews with parents	87	5	-	-	92	91
Advisory interviews with others	-	-	-	-	-	6
Visits to Homes, Schools, Children's Homes, Hostels	1	1	-	1	3	12
<b>Educational Psychologist</b>						
Testing	154	65	18	21	258	177
Remedial teaching	62	102	-	-	164	2
School Visits	27	29	7	7	70	13
Surveys	1	-	-	-	1	-
Interviews with parents	21	20	5	2	48	2
Visits to Children's Homes, Hostels, Remand Homes, etc.	-	1	-	-	1	-
<b>Total interviews with children</b>					<b>2,584</b>	<b>2,354</b>
<b>Total interviews with parents</b>					<b>1,943</b>	<b>1,768</b>
<b>Total interviews with others</b>					<b>589</b>	<b>573</b>
<b>Total visits to Homes, Hostels, Remand Homes, Children's Homes, Schools</b>					<b>238</b>	<b>185</b>



# DEATHS OF SCHOOL CHILDREN 1969

## Accidents

Cause	Number
Road Accidents	10
Drowning	4
Burns (Home Accident)	1
Other	1
	<hr/>
	16
	<hr/>
	12 Boys
	4 Girls

## Other

Brain Tumour	4
Bronchopneumonia	1
Cancer	3
Cardiovascular Disease	3
Congenital Heart Disease	1
Encephalitis	1
Fibrocystic Disease	1
Leukaemia	1
Meningitis	2
Muscular Dystrophy	1
Nephritis	1
	<hr/>
	19
	<hr/>
	8 Boys
	11 Girls

## INFECTIOUS DISEASES

### Work carried out by school nurses in connection with the control of infectious diseases during 1969

Visits to Schools	229
Visits to Pupils' Homes	130

### NUMBER OF CASES OF INFECTIOUS DISEASES REPORTED AS OCCURRING IN SCHOOLS DURING 1969, TOGETHER WITH COMPARABLE FIGURES FOR 1968.

	<u>1969</u>	<u>1968</u>
Food Poisoning	-	-
Scarlet Fever	79	83
Measles	121	965
German Measles	677	508
Whooping Cough	12	17
Mumps	1,025	185
Chicken-Pox	747	630
Jaundice	19	15
Dysentery	43	7
Meningitis	2	-
Pneumonia	-	-

### Tuberculosis

During the year six cases of pulmonary and three cases of non-pulmonary tuberculosis were notified amongst school children.

I am indebted to Dr. A.E. Beynon, Medical Director of Nottingham No. 1 Mass Radiography Unit, for the following information:-

### Pupils X-rayed

A total of 1,072 children (males 545 females 527) were x-rayed from the following groups:-

	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Mantoux Positive Re-actors	207	170	377
School Contacts	338	357	695
Total	<u>545</u>	<u>527</u>	<u>1,072</u>

### B.C.G. Vaccination of School Children

No. Skin tested	8,197
No. found to need vaccination	6,814
No. vaccinated	6,768



# SCHOOL MEALS SERVICE AND

## MILK-IN-SCHOOLS SCHEME

Average number of midday meals served and pupils having milk in school

Year	Number of Children on School Registers	MEALS		MILK	
		Average number served per day	Percentage of pupils in attend- ance taking meals	Average number taking milk per day	Percentage of pupils in attend- ance taking milk
1966	103,108	64,075	68	78,871	81
1967	107,393	67,492	70	80,174	80
1968	110,962	71,453	71	57,809	90
1969	114,366	74,025	72	59,313	90

(The following statistical tables are in the form submitted to the Department of Education and Science on Form 8.M)

MEDICAL INSPECTION OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

A. - Periodic Medical Inspections

Age Groups Inspected (By year of Birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected		No. of pupils found not to warrant a Medical Examination	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded in Table 11	Total individual pupils
1	2	3	4	5	6	7	8
1965 and later	43	43	-	-	2	9	9
1964	2,559	2,554	5	-	147	341	391
1963	7,769	7,754	15	-	433	1,097	1,237
1962	1,760	1,754	6	-	81	202	245
1961	592	592	-	-	30	84	86
1960	416	415	1	-	24	61	73
1959	1,777	1,772	5	5,752	146	474	476
1958	1,142	1,141	1	-	108	238	279
1957	236	236	-	-	22	27	41
1956	209	209	-	-	17	26	35
1955	512	511	1	-	70	97	134
1954 and earlier	6,997	6,992	5	-	624	557	997
TOTAL	24,012	23,973	39	5,752	1,704	3,213	4,003



B. - Other Inspections

Number of Special Inspections	7,287
Number of Re-inspections	2,154
Total	<u>9,441</u>

C. - Infestation with Vermin

(i) Total number of individual examinations of pupils in the schools by the school nurses or other authorised persons	247,735
(ii) Total number of individual pupils found to be infested	1,010
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	9
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	NIL

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

IN THE YEAR ENDED 31st DECEMBER, 1969

Symbol (T) denotes pupils found to require treatment and

Symbol (O) pupils found to require observation

A. - Periodic Inspections

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
4	Skin T	280	192	115	587
		71	25	19	115
5	Eyes: (a) Vision T	717	683	304	1,704
		887	61	102	1,050
	(b) Squint T	175	36	36	247
		74	1	7	82
	(c) Other T	46	14	8	68
		23	3	12	38
6	Ears: (a) Hearing T	197	38	91	326
		301	8	54	363
	(b) Otitis Media T	68	11	19	98
		120	6	18	144
	(c) Other T	14	5	11	30
		16	1	4	21
7	Nose and Throat T	239	61	101	401
		561	18	95	674
8	Speech T	107	4	17	128
		157	1	22	180
9	Lymphatic Glands T	11	1	4	16
		95	1	9	105
10	Heart T	48	26	11	85
		183	24	28	235
11	Lungs T	129	47	55	231
		197	19	47	263



- Periodic Inspections - continued

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
12	Developmental - (a) Hernia	T 53	2	6	61
		0 42	-	5	47
	(b) Other	T 105	28	81	214
		0 303	14	70	387
13	Orthopaedic - (a) Posture	T 17	5	16	38
		0 31	8	7	46
	(b) Feet	T 90	29	44	163
		0 90	11	22	123
	(c) Other	T 48	49	30	127
		0 71	16	22	109
14	Nervous System - (a) Epilepsy	T 14	5	1	20
		0 37	4	15	56
	(b) Other	T 73	22	78	173
		0 152	2	73	227
15	Psychological - (a) Development	T 17	5	13	35
		0 229	5	60	294
	(b) Stability	T 15	9	10	34
		0 156	10	74	240
16	Abdomen	T 26	13	14	53
		0 24	1	14	39
17	Other	T 22	29	20	71
		0 42	5	38	85

## B - Special Inspections

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	1,432	92
5	Eyes: (a) Vision	445	191
	(b) Squint	71	11
	(c) Other	100	12
6	Ears: (a) Hearing	529	249
	(b) Otitis Media	56	22
	(c) Other	135	8
7	Nose and Throat	223	131
8	Speech	133	48
9	Lymphatic Glands	1	10
10	Heart	34	79
11	Lungs	70	69
12	Developmental -		
	(a) Hernia	17	13
	(b) Other	69	105
13	Orthopaedic -		
	(a) Posture	26	23
	(b) Feet	71	38
	(c) Other	77	49
14	Nervous System -		
	(a) Epilepsy	11	17
	(b) Other	64	83
15	Psychological -		
	(a) Development	38	93
	(b) Stability	151	101
16	Abdomen	16	13
17	Other	331	71



TREATMENT OF PUPILS ATTENDING MAINTAINED AND  
ASSISTED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

Group 1 - Eye Diseases, Defective Vision and Squint

Number of cases known  
to have been dealt with

External and other, excluding errors of refraction and squint	117
Errors of refraction (including squint)	*7,454
	<hr/>
Total	7,571
	<hr/>
Number of pupils for whom spectacles were prescribed	3,243
	<hr/>

Group 2 - Diseases and Defects of Ear, Nose and Throat

Received operative treatment -	
(a) for disease of the ear	217
(b) for adenoids and chronic tonsillitis	1,238
(c) for other nose and throat conditions	78
Received other forms of treatment	2,414
	<hr/>
Total	3,947
	<hr/>

Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1969	27
(b) in previous years	213

Group 3 - Orthopaedic and Postural Defects (excluding fractures)

Number of cases known  
to have been treated

(a) Pupils treated at clinics or out-patients departments	729
(b) Pupils treated at school for postural defects	32
	<hr/>
	761
	<hr/>

\* This figure does not include children attending Orthoptic Departments at Hospitals.

Group 4 - Diseases of the Skin (excluding uncleanness, for which see Table 1.C)

Ringworm	(i) Scalp	2
	(ii) Body	22
Scabies		71
Impetigo		40
Other Skin diseases		1,357
Total		<u>1,492</u>

Group 5 - Child Guidance Treatment

Pupils treated at Child Guidance Clinics	812
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Group 6 - Speech Therapy

Pupils treated by Speech Therapists	1,512
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Group 7 - Other Treatment given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	180
(b) Pupils who received convalescent treatment under School Health Service arrangements	5
(c) Pupils who received B.C.G. vaccination	6,768
(d) Miscellaneous	2,745
Total	<u>9,698</u>



STAFF

The following is a list of personnel employed on the 31st December, 1969:-

County Medical Officer and Principal School Medical Officer -

H. I. LOCKETT, M.B., B.S., D.Obst. R.C.O.G., D.P.H.

Deputy County Medical Officer and Deputy Principal School Medical Officer -

M. W. BEAVER, M.B., B.S., D.P.H.

Principal Medical Officer -

M. GIBBS, M.R.C.S., L.R.C.P., 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) -

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

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

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

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

Whole-time -

K. M. MORTON, M.B., Ch.B.

Part-time -

S. E. ANNESLEY, M.B., B.Ch.

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

G. S. BUCHANAN, M.B., Ch.B.

J. D. CARROLL, M.B., B.Ch., B.A.O., L.M., D.C.H., D.P.H.

D. G. CLITHERO, M.B., Ch.B.

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

J. S. FRASER, M.B., Ch.B.

M. I. GIBSON, M.R.C.S., L.R.C.P.

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

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

E. J. HALL, M.B., Ch.B.

E. M. HARRISON, M.B., Ch.B.

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

P. A. HOGARTH, M.B., B.Ch.

P. J. E. HUBBARD, M.R.C.S., L.R.C.P., M.B., B.Ch., D.Obst. R.C.O.G.

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

F. H. W. JOHNSON, M.B., B.S., M.R.C.S., L.R.C.P.

S. A. LEWIS, M.B., Ch.B., D.P.H.

J. S. McCracken, M.B., Ch.B., D.Obst. R.C.O.G.  
I. S. McRobbie, M.B., Ch.B., D.Obst. R.C.O.G.  
B. Moodie, M.B., B.S.  
D. Nixon, M.B., B.S., M.R.C.S., L.R.C.P., D.Obst. R.C.O.G.  
H. Reeves, M.B., B.S.  
G. M. Wakley, M.B., Ch.B.  
S. M. Worrall, M.B., B.Ch., M.R.C.S., L.R.C.P., D.Obst. R.C.O.G.  
J. J. F. Wright, M.B., Ch.B.

Departmental Medical Officers and Medical Officers of Health of County Districts -

E. Bebbington, M.B., Ch.B., D.P.H.  
Beeston and Stapleford Urban District

T. F. Haynes, M.B., Ch.B., D.P.H., D.C.H.  
Hucknall, Kirkby-in-Ashfield and Sutton-in-Ashfield  
Urban Districts

W. R. Perry, M.B., B.S., D.P.H.  
Eastwood and West Bridgford Urban Districts and  
Basford and Bingham Rural Districts

H. D. H. Robinson, M.R.C.S., L.R.C.P., D.P.H.  
Arnold and Carlton Urban Districts

F. S. Rogers, M.B., Ch.B., D.P.H.  
Newark Borough, Newark Rural and Southwell Rural Districts

G. Tattersall, M.A., M.B., B.Ch., B.A.O., D.P.H.  
East Retford and Worksop Boroughs and East Retford and  
Worksop Rural Districts

S. M. Young, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.  
Mansfield Borough, Mansfield Woodhouse and  
Warsop Urban Districts

Departmental Medical Officers and Deputy Medical Officers of Health of  
County Districts -

H. M. Birks, M.R.C.S., L.R.C.P., D.P.H.  
East Retford and Worksop Boroughs and East Retford and  
Worksop Rural Districts

J. Goldsbrough, M.B., B.S., D.P.H.  
Arnold and Carlton Urban Districts

T. M. Phelps, M.R.C.S., L.R.C.P., M.B., B.S.  
Eastwood and West Bridgford Urban Districts and  
Basford and Bingham Rural Districts

VACANCY

Hucknall, Kirkby-in-Ashfield and Sutton-in-Ashfield  
Urban Districts

VACANCY

Mansfield Borough, Mansfield Woodhouse and Warsop  
Urban Districts



Medical Superintendent, Sherwood Village Settlement -

D. DAVIES, M.D., M.R.C.P., (to 31.3.69.)

Employed by the Regional Hospital Board as Physician  
Superintendent, Ransom Hospital.

S. M. YOUNG, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H., (from 1.4.69.)  
Departmental Medical Officer.

Children's Psychiatrists (part-time service provided by the Sheffield Regional  
Hospital Board) -

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.

V. PILLAI, M.B., D.P.M., D.C.H.

J. STRELAU, M.B., B.C.H., B.A.O., D.P.M. (Senior Registrar)

Paediatricians (part-time service provided by the Sheffield Regional Hospital  
Board) -

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

J. FITZSIMMONS, M.B., B.Ch., B.A.O., M.R.C.P., D.C.H.

A. F. CONCHIE, M.B., Ch.B., M.R.C.S., L.R.C.P., D.A., D.C.H.

Ophthalmologists (part-time service provided by the Sheffield Regional  
Hospital Board) -

H. FRASER, M.B., Ch.B., D.O.

S. N. M. RIZK, D.O., F.R.C.S.

G. E. ROBINSON, M.B., Ch.B., D.O.M.S.

N. M. WATTERS, M.B., Ch.B.

S. M. M. SHERIFF, D.O., F.R.C.S.

D. KNIGHT-JONES, F.R.C.S., M.R.C.P.

Visiting Orthopaedic Surgeon to the Thieves Wood Special School -

W. WAUGH, B.A., M.B., B.Ch., F.R.C.S., M.R.C.S., L.R.C.P.

Dental Staff

County Dental Officer and Principal School Dental Officer -

K. H. DAVIS, L.D.S.

Orthodontist -

J. I. McCRACKEN, L.D.S.

Area Dental Officers -

Two Vacancies

Senior Dental Officers -

M. ARMITAGE, L.D.S.

E. McLAREN-HOPE, L.D.S.

S. MAKIN, L.D.S.

## Dental Officers -

### Whole-time:

D. A. ALDERSON, B.D.S.  
J. R. GODDARD, L.D.S.

H. T. THOMAS, B.D.S.

### Part-time:

W. BIRKINSHAW, L.D.S.  
P. M. CADDICK, B.D.S.  
M. S. S. DAVIS, L.D.S.  
P. B. HOLDSWORTH, B.D.S.  
M. J. S. HUNTER, L.D.S.

M. J. McKENNY, B.D.S.  
S. MELLOR, L.D.S.  
J. M. SOMERVILLE, L.D.S.  
D. TINKLER, B.D.S.

(Vacancies equal to the time of approximately four Dental Officers).  
All Dental Officers are employed by the Education Committee but undertake Maternity and Child Welfare as well as School Health Service work.

## Dental Laboratory -

Chief Technician

N. HAWKINS

Technicians

1 (3 vacancies)

Apprentice Technicians

2

### Nursing and Allied Staff

County Superintendent Nursing Officer

M. B. BUSBY, S.R.N., S.C.M., H.V.Cert., Q.N.

County Superintendent Health Visitor/Deputy County Nursing Officer)

Vacancy

### Deputy Area Nursing Officers

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

W. V. SHELTON, S.R.N., S.C.M., H.V.Cert., Q.N.

One Vacancy

Health Visitors	90 - including 28 part-time (9 vacancies)
District Nurses/District Nurse Midwives	141 - including 8 part-time (10 vacancies)
Tuberculosis Visitors	5 - including 1 part-time
School Nurses	13
Geriatric Nurses	2
Assistant Clinic Nurses	16 - including 13 part-time (1 vacancy)
Dental Auxiliaries	5
Dental Surgery Assistants	15 - including 5 part-time (11 vacancies)
Audiometricians	3



## Midwifery

Senior Non-Medical Supervisor of Midwives -

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

Assistant Non-Medical Supervisor of Midwives -

M. H. BENSON, S.R.N., S.C.M., M.T.O.

County Midwives

74 - including 13 part-time (11 vacancies)

### Day Nurseries

Matrons -

Beeston

Carlton

Mansfield (Bull Farm)

West Bridgford

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

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

M. BREWSTER, S.R.C.N.

S. FLETCHER, S.R.N.

### Home Help Service

Organiser -

M. PALMER

District Organisers

9 (1 vacancy)

### Mental Health Staff

Senior Mental Welfare Officer -

W. A. FROST

Assistant Senior Mental Welfare Officer -

E. SLACK

Joint Area Mental Welfare Officers

5 (1 vacancy)

Mental Welfare Officers

6 (3 vacancies)

Welfare Assistants

6

Supervisors, Training Centres

5 (1 vacancy)

Wardens, Hostels

3

Warden, Day Centre

1

Female Home Teachers for Mentally

1

Subnormal Persons

1

### Staff for Other Special Services

County Ambulance Officer -

F. E. JOLLEY

County Health Inspector -

G. H. EARNSHAW

Medical Social Workers -

E. ARGUILE (Part-time)

Health Education Officer -

N. S. WASS

Assistant Health Education Officers - 2

Sherwood Industries (Village Settlement) General Manager -

W. H. TIPPING

Chiropody -

R. E. MARCHANT - Chief Chiropodist

Chiropodists - 1

Educational Psychologists (Child Guidance) -

J. FRY (Part-time)

M. EDWARDS (Part-time)

Senior Psychiatric Social Workers (Child Guidance) -

G. M. COWELL (Part-time)

1 Vacancy

Speech Therapy -

Vacancy - Senior Speech Therapist

Speech Therapists

4 - including 2 part-time (1 Vacancy)

Physiotherapists -

3 - including 2 part-time (1 Vacancy)

Milk Samplers - 2

Central Office Staff

Lay Administrative Assistant and Chief Clerk -

E. GILLOTT

Senior Administrative Assistant -

R. J. MARLOWE

Senior Clerks of Sections -

Accounts -

H. R. ADAMS

Staff -

J. M. ANSON

School Health Service -

E. LEWIS

Preventive Health Services -

R. GOSPEL

Maternity and Child Welfare Services -

A. LEIVERS

Ambulance Service -

G. C. SOUTHERN

Mental Health Service -

T. HOBBS



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

As at 31st December, 1969

<u>District</u>	<u>Medical Officer of Health</u>	<u>Address</u>	<u>Telephone No.</u>
<u>BOROUGHES</u>			
EAST RETFORD	G. Tattersall	Municipal Offices, Chancery Lane, Retford.	Retford 2561
MANSFIELD	S.M. Young	Public Health Department, Redcliffe House, Ratcliffe Gate, Mansfield.	Mansfield 24696
NEWARK	F.S. Rogers	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 3255
WORKSOP	G. Tattersall	Health Department, Park House, Park Street, Worksop.	Worksop 2405
<u>URBAN DISTRICTS</u>			
ARNOLD	H.D.H. Robinson	Health Department, Arnot Hill House, Arnold.	Nottingham 26-4114
BEESTON & STAPLEFORD	E. Bebbington	Public Health Department, The Willows, Dovecote Lane, Beeston.	Nottingham 25-4891
CARLTON	H.D.H. Robinson	Public Health Department, Council House, Carlton Square, Carlton.	Nottingham 24-8231
EASTWOOD	W.R. Perry	Council Offices, Church Street, Eastwood.	Langley Mill 3022
HUCKNALL	T.F. Haynes	Council Offices, Hucknall.	Hucknall 3341
KIRKBY-IN- ASHFIELD	T.F. Haynes	Council Offices, Urban Road, East Kirkby	Kirkby-in- Ashfield 2371
MANSFIELD WOODHOUSE	S.M. Young	Public Health Department, Manor House, Mansfield Woodhouse	Mansfield 27751
SUTTON-IN- ASHFIELD	T.F. Haynes	Public Health Department, Forest Street, Sutton-in-Ashfield.	Sutton-in- Ashfield 2181
WARSOP	S.M. Young	Health Department, Town Hall, Warsop.	Warsop 2637
WEST BRIDGFORD	W.R. Perry	Health Department, 70 Bridgford Road, West Bridgford	Nottingham 89651
<u>RURAL DISTRICTS</u>			
BASFORD	W.R. Perry	Health Department, Rock House, Stockhill Lane, Basford, Nottingham.	Nottingham 76677
BINGHAM	W.R. Perry	Council Offices, Bingham.	Bingham 3391
EAST RETFORD	G. Tattersall	Municipal Offices, Chancery Lane, Retford.	Retford 2561
NEWARK	F.S. Rogers	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 3255
SOUTHWELL	F.S. Rogers	Public Health Department, The Friary, Appleton Gate, Newark.	Newark 3255
WORKSOP	G. Tattersall	Health Department, Park House, Park Street, Worksop	Worksop 2405





