

[Report 1972] / Medical Officer of Health, Nottinghamshire County Council.

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Nottinghamshire (England). County Council.

Publication/Creation

1972

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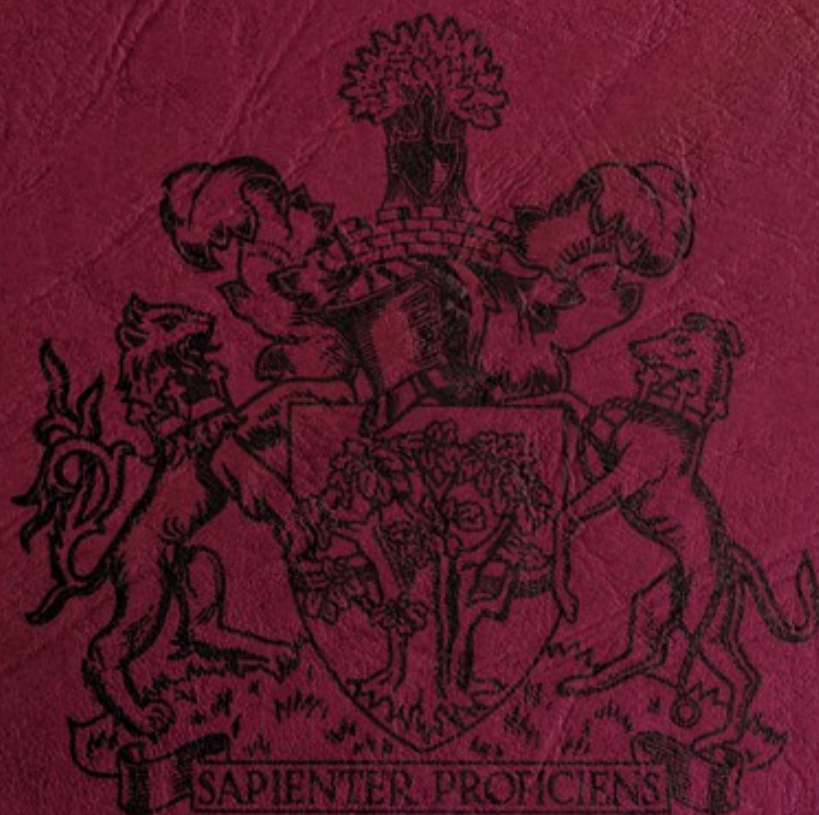
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ANNUAL REPORTS

of the
COUNTY MEDICAL OFFICER
and PRINCIPAL
SCHOOL MEDICAL OFFICER

1972

Dr. H. I. Lockett,

MB, BS(Lond), FFCM, DObst RCOG, DPH, FRSH.

County Medical Officer.





NOTTINGHAMSHIRE COUNTY COUNCIL

1972

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 863366

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City of New York
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Annual Report

of the

County Medical Officer

1972

HEALTH COMMITTEE

Constitution

Members of County Council	...	...	...	...	...	...	40
Municipal Borough Councils (1 for each)	...	...	...	...	...	...	4
Urban District Councils (1 for each)	...	...	...	...	...	...	10
Rural District Councils (1 for each)	...	...	...	...	...	...	6

Sub-Committees

Ambulance

Finance and Development

General Services

Members of the Committee

Chairman:

ALDERMAN MRS. B. SHARRARD

Vice-Chairman:

ALDERMAN R.A. BARTLAM

Ex-officio:

ALDERMAN MRS. E. A. YATES, C.B.E., J.P.

ALDERMAN SIR FRANK SMALL, C.B.E., D.L., J.P. (Deceased 18.4.73.)

Aldermen:

BARTLAM, R. A.

BROOKS, D. A.

ELEY, J. W. (Deceased 23.3.73)

FOSTER, W. H., D.L.

GASH, W. W.

GREEN, A.

HARRISON, C.

HILL, MRS. L.

SHARRARD, MRS. B.

7 December, 1972

Councillors:

ARMSTRONG, H. J. B.
 BEARDSLEY, MRS. M.
 BENNETT, A.
 BICKERSTAFFE, W. K.
 BROWN, S.
 BROWN, W. H.
 BURTON, A. J.
 COOPER, C. J.
 DICKSON, R. C. M.
 EDWARDS, W. F.
 FLYNN, MRS. A. A.
 GASCOYNE, W.
 HALFNIGHT, N. W.
 HAYNES, D. F.
 LINCOLN, E. E.
 MINKLEY, MRS. C.

MORRIS, W. J.
 MUMBY, A. G.
 NAIRN, MISS N. J.
 PICKETT, T. H.
 STANLEY, H. R.
 TURNER, J.
 WADE, MRS. G. M.
 WADSWORTH, S.
 WALKER, G. R.
 WARSOP, F.
 WATSON, MRS. P. R.
 WIDDOWSON, J. H.
 WOODWARD, F. J. E.
 WRIGHT, M. G.
 WRIGHT, W. E.

Representative Members:

MUNICIPAL BOROUGH COUNCILS -

East Retford	WILSON, E. D.
Mansfield	TOWNROE, MRS. W. M.
Newark	WHOMSLEY, A. E., B.E.M.
Worksop	WELLS, D. G.

URBAN DISTRICT COUNCILS -

Arnold	RIELEY, MRS. E. S. C.
Beeston and Stapleford	STREETER, J. B.
Carlton	PALMER, A.
Eastwood	BRAITHWAITE, MRS. H.
Hucknall	WHITEHOUSE, W. E.
Kirkby-in-Ashfield	BRIGGS, A. H.
Mansfield Woodhouse	WHITING, F. G.
Sutton-in-Ashfield	HOLLAND, C. E.
Warsop	DESFORGES, A.
West Bridgford	WOODWARD, W. C.

RURAL DISTRICT COUNCILS -

Basford	STONE, A. R.
Bingham	GREGORY, MRS. E. M.
East Retford	HORTON, H. E.
Newark	FILLINGHAM, G. A. R.
Southwell	NEWBERY, MRS. A. J.
Worksop	SLACK, S.

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

5th October, 1973.

TO THE CHAIRMAN AND MEMBERS OF THE NOTTINGHAMSHIRE COUNTY COUNCIL

It seems likely that this will be my last Report as County Medical Officer/ Principal School Medical Officer. These Annual Reports have generally been written to describe the health of the County and developments in the County Health Services up to 31st December of the year in question, rather than at the time of writing which may be well into the following year. On this occasion it seems desirable, therefore, to include reference to events which have taken place since 31st December, 1972, as these may be quite significant to a proper understanding of the Service to be 'handed over' to the new Area Health Authority on 1st April next.

For example, in the body of the Report it is mentioned only that thought had been given during the year to the provision of a comprehensive direct County Family Planning Service in place of the agency schemes, whereas this was in fact brought about early in 1973.

To make the Report more 'up-to-date' in this way I have included immediately after this introduction a preface which takes the form of some comments on the existing services made in a Report to Working Group 9 of the Nottinghamshire Joint Liaison Committee which may be helpful to Members.

As in previous years, I would like to put on record my thanks to the Members and Officers of the Authority for their encouragement and help at all times, and to the Staff of the Health Department for their loyal support, and particularly to Mr. Gillott and his team of Administrative Officers who have willingly borne so great an additional burden throughout this preparatory period leading up to the radical changes to take place next April, and I am sure that the Council will be pleased to acknowledge that the enthusiasm and thoroughness with which they have tackled their task will be a vitally important factor in the success of the new 'unified' National Health Service.

H. I. LOCKETT,

County Medical Officer

NOTTINGHAMSHIRE COUNTY HEALTH SERVICES

Comments and Recommendations for the Area Health Authority

1. Epidemiology

(a) Communicable Diseases

The control and investigation of outbreaks of communicable disease is primarily the responsibility of District Medical Officers of Health (who are also Departmental Medical Officers on the staff of the County Medical Officer). Where necessary they act with County Health Department staff as, for example, in the investigation of an outbreak of infectious disease involving school children.

At present the County Health Department has a specific responsibility which it shares with the Chest Physicians for the control of tuberculosis. The Department's tuberculosis health visitors work in close co-operation with staff of Chest Clinics. A particular problem arises whenever there is a possibility of children being exposed to infection, for example, when a school teacher is found to have pulmonary tuberculosis and is infectious. In such cases the usual arrangement is for the District Medical Officer to carry out any preventive health measures in consultation with the County Medical Officer and the appropriate Chest Physician.

(b) Non-communicable Diseases

The Health Department maintains vital statistics and other health records for the population of Nottinghamshire. In practice this means that there is a continuous survey of non-communicable diseases. From time to time such records have shown the need for specific investigation; examples of this have been the investigation of possible clustering in leukaemia and spina bifida. There is a notification scheme for congenital abnormalities and these are continuously monitored for possible epidemics.

Quite clearly this is a field which warrants further attention and would have received it had it not been for the need to allocate resources to preparing for Re-organisation of the Health Services.

From time to time this Health Department has co-operated with University Departments in research projects involving non-communicable diseases. An example of this at present is the coronary care study being undertaken with the University Department of Medicine and based on the Arnold (County) and Hyson Green (City) Health Centres.

2. Health Centres

There are 15 Health Centres in operation in the administrative County of Nottinghamshire. These provide accommodation for 80 general practitioners. Four more Health Centres will be opened before the end of the present financial year which will provide accommodation for 17 more doctors. All these Health Centres enhance the community health services apart from general medical services and provide a framework within which these two services can work together and co-operate one with the other.

As is known the DHSS has stopped further Health Centre provision for this year by withholding loan sanction. This has prevented further progress with four more Health Centres, three of which are at the detailed design stage. These will have to be submitted again for next year and there is no guarantee that the necessary finance will be forthcoming even then. There is a substantial capital building programme of Health Centres which has been scheduled to take place during

the next four years at the rate of at least three Health Centres per year. The public now expect to receive primary medical care in modern up-to-date buildings and the professional staff and a great proportion of general practitioners will wish to work in such surroundings.

3. Occupational Health Services

The present County Health Department has a function in providing certain occupational health services for a number of County Council Departments. In essence these can be grouped into three.

- (a) Firemen, ambulance men and road crossing patrols: in this group there is a hazard to either the staff or the public and to meet this the County has instituted regular but flexible medical supervision of these personnel. This is possibly a growth point.
- (b) Teachers and other staff in contact with children: apart from the DES requirements for a medical examination of all entrants to the teaching profession there are specific problems of health that may arise with teachers and other staff who are in contact with children. The problem of possible infection of young children with tuberculosis is an important one which occurs from time to time.
- (c) For the vast majority of County Council employees whether they are in manual, clerical, administrative or other grades, the need for pre-employment and subsequent regular medical examinations cannot be justified and in this Authority it has been replaced by a simple declaration of health. Occasionally specific problems regarding the health of employees arise and the County Medical Officer is asked to advise the appropriate Departmental head.

4. Child Health Services

Within the County Council the child health service is fully integrated and services for pre-school children and the school health service are administered and staffed as one. The child health record starts with the notification of birth. It is maintained as a health visitor record, as a record of attendances at child health clinics and is added to from time to time by letters from Consultant Paediatricians and special reports from County Health Department staff if the child is handicapped in any way. At school entry this record is amalgamated with the school health record which is maintained in this form until the child leaves school. An important aspect at this time is the advice which is given to the Careers Officer and, in the near future, to the General Practitioner and Employment Medical Advisory Service also, regarding handicapped children.

Quite clearly this as a system is a large and complex one and there seems to be a clear need to have the assistance of a computer in order to facilitate the keeping of this record and to make it possible to extract information under specific headings.

5. Obstetric Care

Medical staff of the County Council still undertake a certain amount of ante-natal care though this is quite clearly a diminishing service.

The proportion of confinements which take place at home has fallen steadily in recent years and is now 20 per cent. However this has in part been replaced by the care of women discharged early from hospital after the birth of a child. This has meant that the Department has had to maintain midwives working in the domiciliary field. There are many unsatisfactory features about this situation and the matter will need to be resolved during the next few years.

6. Family Planning

The County Council provide a comprehensive direct service for family planning in clinics and in the home in special cases. There are also arrangements to pay family doctors fees where there is a specific social need which cannot be met by our clinic or domiciliary service. The County Council has accepted the need for providing a vasectomy service and there is a pilot project in the north of the County.

This has been a direct service for less than a year, during which time facilities have been extended and it appears that there will be an increasing demand for this provision. The present allocation of staff is the equivalent of five full-time medical officers. This does seem to be a service which is going to expand greatly in the next few years.

7. Nursing Services

The Department employs some 200 nurses and midwives and approximately 100 health visitors.

Features of the service at present are the "attachment" of nurses and health visitors to groups of general medical practitioners, liaison with hospitals either by using nursing administrators or nurses and health visitors charged with the particular duty of liaising and working with hospital departments, e.g. geriatric. Another growth point in this service is an enlarged training programme; apart from general refresher courses this now includes training courses for health visitors in methods of health education and training for screening for impaired hearing in infants.

8. Prevention of Illness, Care and After-care

(a) Vaccination and Immunisation

This is organised on a district basis. It is delegated to District Medical Officers of Health who are responsible for keeping records and reviewing immunisation and vaccination states in their districts. Most of the routine immunisation procedures are carried out either by a County departmental medical officer or by the family doctor. However, there are two specific procedures which are performed in the school solely by medical officers, namely, BCG vaccination and rubella immunisation.

For the future it is possible that record keeping will be entirely centralised and carried out using a computer as part of the child health record system.

(b) Cervical Cytology

The County Health Department, in addition to providing regular sessions in their own premises throughout the County, from time to time arranges for a medical officer to visit factories and other establishments where there is a substantial female work force to take cervical smear specimens. Although hospitals and family doctors also take smears it could be argued that attention should now be paid to providing a domiciliary service also as there is a marked social class gradient for cervical cancer and, allied with an apparent gradient arising from parity, it is likely that present arrangements are not reaching women who have the maximum risk of developing this disease.

(c) Chiropody

The County Council Health Department has a chiropody service serving the following groups:

- (i) The elderly
- (ii) The physically handicapped
- (iii) Expectant and nursing mothers
- (iv) School children.

While the service to the latter three groups is provided directly by full-time chiropodists on the staff of the Department, the service for the elderly is a combination of direct and indirect provision; in parts of the County the Health Department employs chiropodists on a sessional or item of service basis, in other parts chiropodists are employed by the local Old People's Welfare Committees whose costs are reimbursed by the County Council. Additionally, in the south of the County a service is provided by the Nottingham General Dispensary on an agency basis from their clinic in Broad Street or from a mobile van in a number of villages in the south of the County.

This service is still expanding; apart from the needs of the elderly there is also a need to increase the service for school children.

(d) Fluoridation

The County Council has a scheme for fluoridating the water supply. This is implemented in association with the District Councils and the Statutory Water Undertakings. At present only a small proportion of the public water supply is so treated. It is anticipated that by the end of 1974 North and Mid-Nottinghamshire and a few villages in the south of the County will receive a water supply in which the fluoride content has been adjusted to 1 p.p.m.

(e) Nursing Loans

This Department has an extensive loan scheme for nursing equipment varying from commodes to items such as walking aids and wheelchairs, etc. It is proposed to set up a store of such items for the whole County at Mansfield Woodhouse where premises will be available in the near future. This is a service much in demand and the staff on both the administrative and maintenance/delivery side will need to be increased in the near future.

(f) Renal Dialysis

The Department carries out adaptations of homes for domiciliary renal dialysis. A substantial number of these have been completed either by alteration to the house or by installing a cabin unit.

Initial delays, encountered when this service was first undertaken, have now been overcome and adaptations are carried out reasonably promptly. This has been effected by streamlining the administrative procedure and advance ordering of cabin units.

(g) Venereal Diseases

The Health Department provides a staff for contact tracing at clinics operated in the County.

9. Advice to Social Services

The County Medical Officer is the general adviser to the Social Services Department of the County Council and he or a member of his staff provides this service on a number of fronts.

10. Advice Regarding Driving Licences

The Licence Duties Officer at present seeks advice from the County Medical Officer regarding medical aspects of applications for driving licences by applicants with possible handicaps such as epilepsy. This function is soon to be transferred to the National Driver and Vehicle Licensing Centre, Swansea.

11. Health Education

This is a developed service in this County; there are three Health Education Officers and a substantial number of field staff participate either by giving lectures or on a more informal basis. In recent years the technical back-up of staff undertaking Health Education has been strengthened by providing a full range of equipment in a number of centres throughout the County. Twice yearly courses in the methods of Health Education have been given for the past three years to Health Visitors and other field staff.

12. Ambulance Service

This is a subject of a report of a special Working Group. Apart from a managerial function medical staff in the Health Department are involved in advice over specific medical problems. With the growth of hospital accident services and appointment of consultants specifically for this role the need for specialists in community medicine to provide this advice may lessen.

13. Cremations

The Medical Referee work for the Mansfield Crematorium is at present undertaken by County District Medical Officers of Health.

14. Environmental Health

Basically this is the responsibility of District Medical Officers of Health referred to in paragraph 1(a). However there are a number of occasions when the County Council Health Department is involved on an advisory basis. The County Health Inspector and his staff are also involved with a number of statutory functions in this field (it appears that some of these may be transferable to the new Authority).

15. School Health

This was the subject of a report to Joint Working Group 6.

16. Dental Services

Comment was made on this in the report on the above. Apart from children being a priority group for this service it is also available to expectant and nursing mothers. The difficulties of this service lie with the national shortage of dentists. At present an orthodontic service is provided by the County Dental Officer. The County has a dental laboratory in premises in Clarendon Street which are transferable. The clinics in the County are all in modern or modernised premises which have been fully equipped in recent years.

Additional Activities of the County Medical Officer/Principal School Medical Officer

In addition to his work as an Officer of the County Council, the County Medical Officer has been extensively involved in activities related to the Local Health and Education Authority Services and to the National Health Service generally.

LOCAL

Member of Nottingham County and City Executive Council
Member of Local Medical Committee
Member of Trent Vale H.M.C.
Member of Sheffield R.H.B. Chest Diseases and Paediatric Advisory Committees
Member of Medical Division of Nottingham University H.M.C.
Member of Nottingham and District H.M.C. Group Medical Committee
Member of Nottinghamshire Joint Liaison Committee
Member of Mental Health Review Tribunal

Member of the Board of Faculty of Medicine, Nottingham University
Honorary Special Lecturer in Medical Administration and Community Medicine,
Nottingham University
Lecturer and Internal Examiner, Health Visitor Training Course, Trent
Polytechnic

Chairman of the Nottingham and Notts. Association for Mental Health
Chairman of Nottingham Drugs Dependency Liaison Committee
Member of Executive Committee and President Elect of Nottingham Division of
the British Medical Association
Member of Council and Past President of East Midlands Branch of Society of
Community Medicine

NATIONAL

Medical Adviser to the County Councils Association Education Committee
Member of the Government Working Party on Collaboration between the N.H.S. and
Local Government (School Health Service Sub-Committee)
Member of Council and Executive Committee of the National Association for
Maternal and Child Health
Member of Council and Executive Committee of the National Children's Bureau
Member of the Council for the Education and Training of Health Visitors
Member of Council (Hon. Assistant Secretary) of School Health Service Group
of Society of Community Medicine

HEALTH CENTRES

(Section 21)

Two further Health Centres were brought into operation during 1972 - at Ravenshead, near Mansfield, in January, and at Radcliffe-on-Trent in September.

Both Centres have their points of interest, in that Ravenshead is a fully integrated Health Centre and Library. This Authority has developed over the years a number of joint Health Centre and Library schemes and they have taken on a focal role in the community, particularly as they have been associated with shopping developments. The schemes at East Leake, Cotgrave, Bingham and Edwinstowe are all in this category but all these are recognisably separate buildings, joined in all cases over heating provision and in some by play group provision.

Ravenshead is to all intents and purposes one building with a considerable amount of shared use areas. Such an integration arose from a number of circum-

stances - the evolving joint use principle, a very restricted site, and, of paramount importance, the willingness of the medical practice to have their accommodation planned to gain, on the one hand, from association with the library and clinic accommodation, and equally to give the other participants shared use of their patients' waiting area, particularly during their off-peak periods.

Thus the waiting area can overflow into the main clinic room when necessary, and this in turn is the exhibition and reading area for the library.

The Radcliffe-on-Trent Centre typifies the liaison established with District Councils in the siting of Health Centres, for it is one of a number which have been set alongside a public car park and in or near to a shopping development.

In common with Ravenshead, it was built by the Authority's own team - Research into Site Management - in which an architect deals with the project from initial planning right through day-to-day supervision of work on site, thus bringing a very personal touch to bear on detailed design, in the process of sorting out the many problems which arise on any building site in all aspects of materials, labour, and timing.

The Centre has accommodation not only for a practice of three doctors and a range of local health authority services but also for a dentist and a pharmacist providing services under Part IV of the National Health Service Act, 1946.

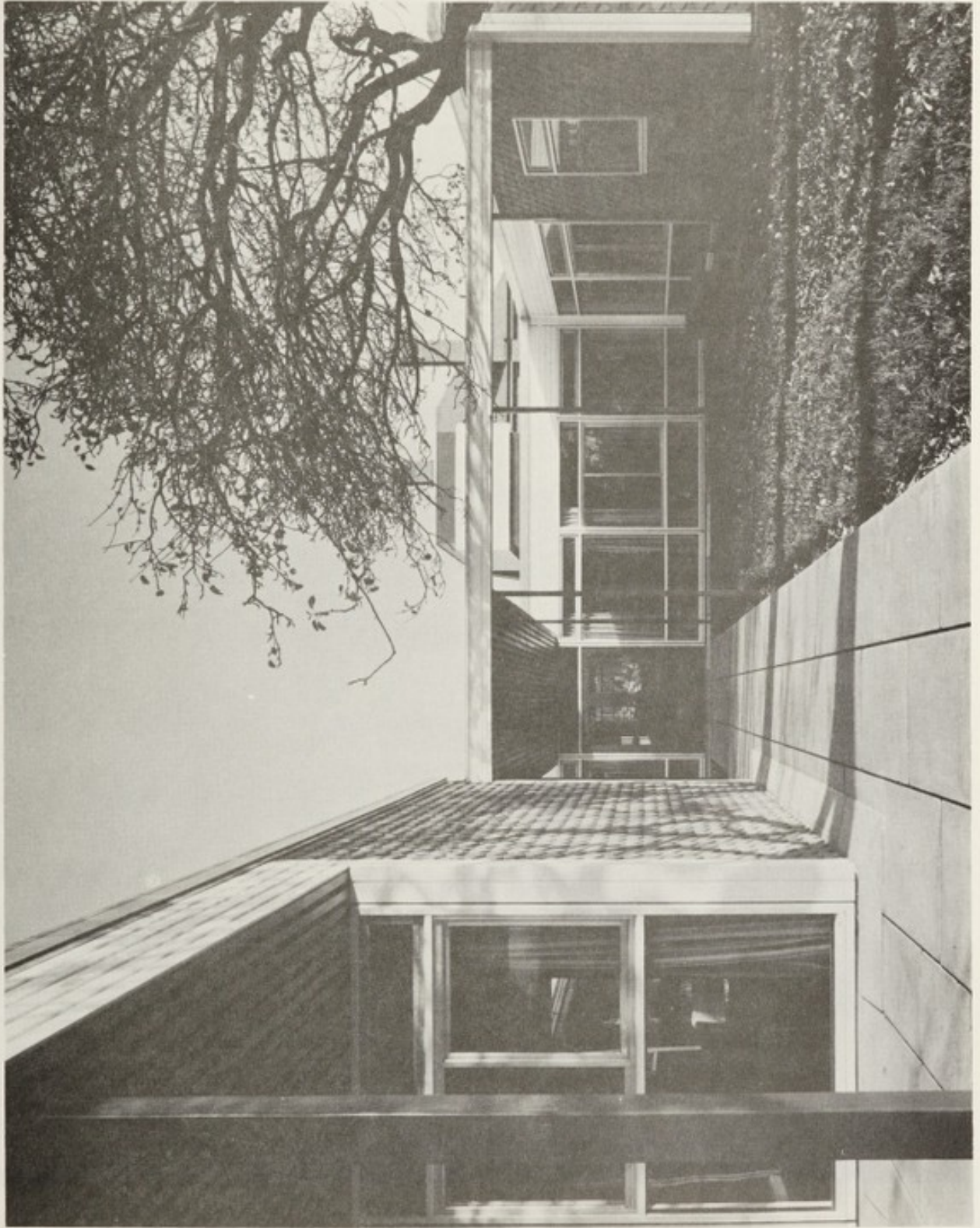
By the end of the year a total of 65 doctors were practising from the 12 Health Centres established in the County since 1968, and this represents 27.08% of the total of doctors in the County.

Construction was started on three further large Centres during the year, with accommodation for a total of nineteen doctors, whilst the preliminary stages of a further seven schemes were dealt with, together with the prospect of an extension to the County's largest Centre at Mansfield. These involve a further twenty-five doctors and by 31st March, 1974, a possible total of 109 doctors will be accommodated in Health Centres bringing the County proportion to 43.75%.

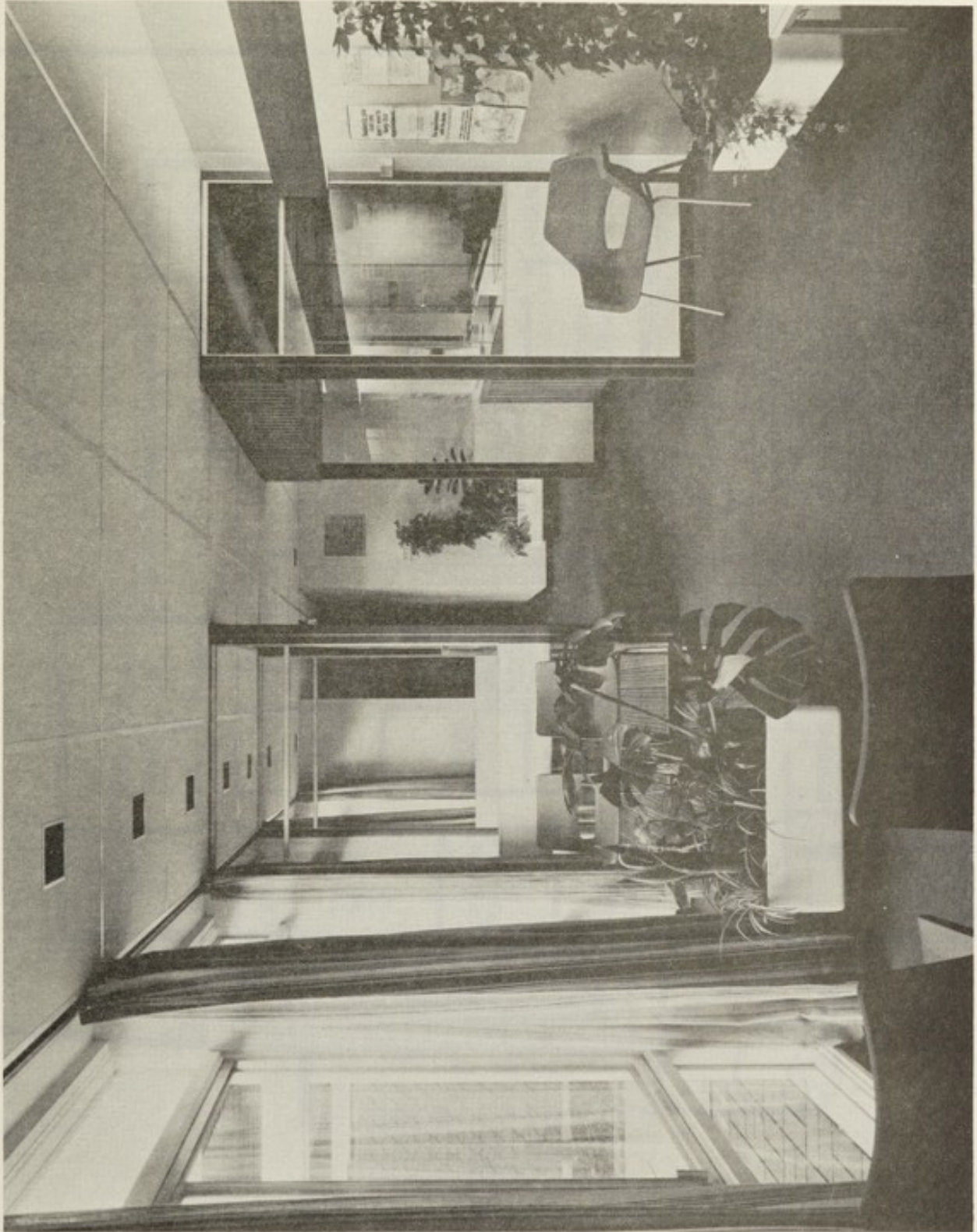
CORRIGENDUM

HEALTH CENTRES (Section 21) -
pages 14 and 15

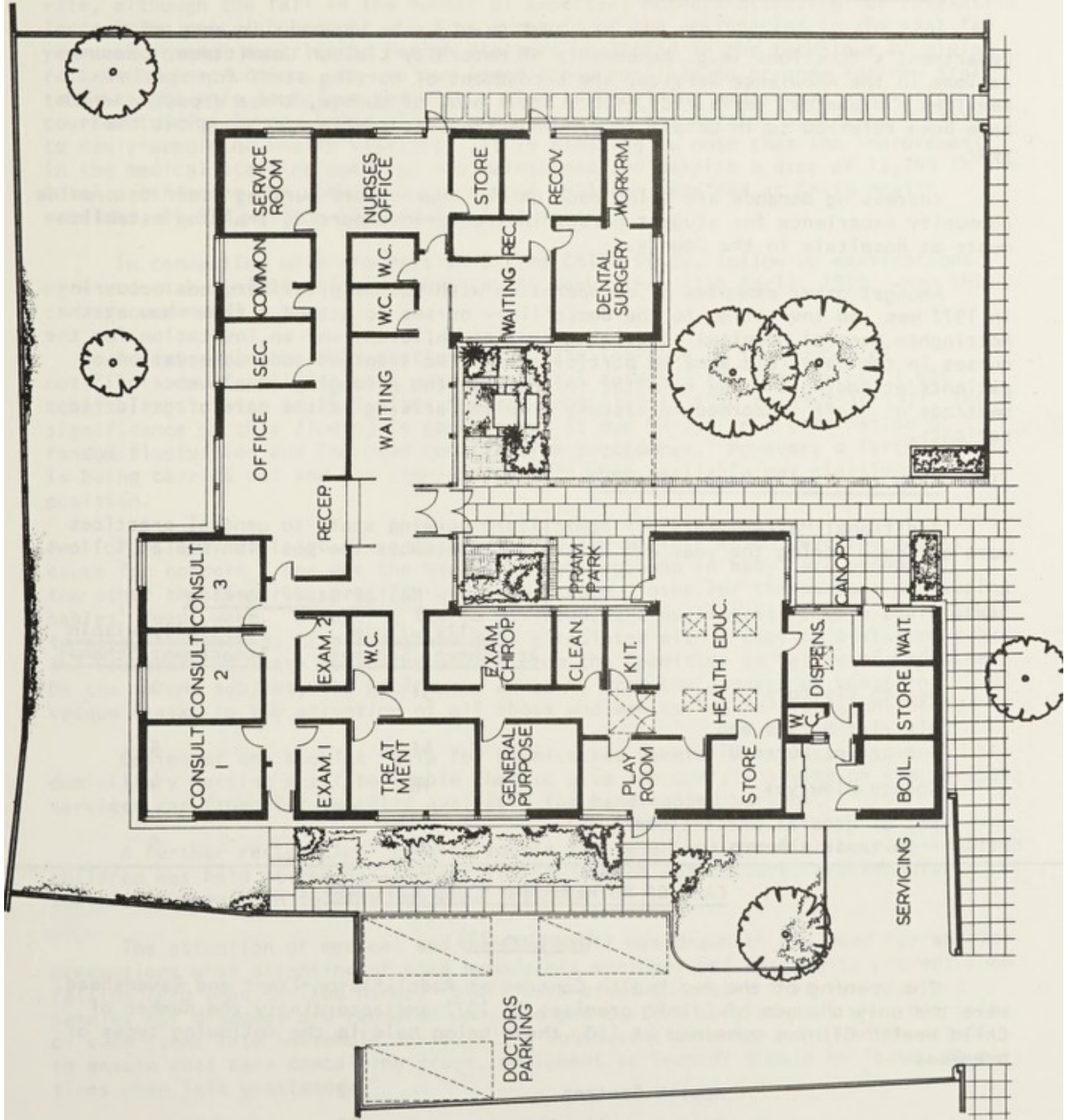
This Section should immediately precede
CARE OF MOTHERS AND YOUNG CHILDREN
(Section 22)
on page 22



Radcliffe-on-Trent Health Centre



Radcliffe-on-Trent Health Centre - Reception Area



Plan of Radcliffe-on-Trent Health Centre

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

(i) With the Hospital Services

Close co-operation with the Hospital Services is apparent in many of the Department's functions (e.g. membership of Maternity Liaison Committees, communications in the Ambulance Service, the secondment of nursing staff for special services - diabetes, geriatrics, V.D., etc.) and, of course, these aspects, which have been referred to in detail in previous reports, continued throughout the year.

Increasing demands are being made on the supervisory nursing staff to provide community experience for student nurses in the various nursing training establishments at Hospitals in the County.

Amongst other examples of co-operation with the Hospital Services occurring in 1972 was an invitation to the domiciliary nurses to attend a film show at the Nottingham General Hospital concerning coeliac children, and an invitation for the nurses in the Mansfield area to participate in the treatment and observation of patients attending the Day Hospital followed by the arranging of a number of meetings of staff concerned to discuss problems arising in the care of geriatric patients.

(ii) With the Family Doctor Service

Additional "attachments" of domiciliary nursing staff to general practices were arranged during the year and at the 31st December the position was as follows:-

	<u>No. of Staff Working</u>	
	<u>Wholly within Attachment Schemes</u>	<u>Partially within Attachment Schemes</u>
Health Visitors	31	4
District Nurses and District Nurse/Midwives	41	5
County Midwives	16	4
No. of general practitioners in these schemes	135	5

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

The opening of the two Health Centres at Radcliffe-on-Trent and Ravenshead were the only changes of Clinic premises in 1972 and accordingly the number of Child Health Clinics remained at 110, these being held in the following types of premises:-

Health Centres	12
Purpose-built Clinics	20
Adapted premises	10
General practitioners' surgeries	4
Other premises (occupied on a sessional basis)	<u>64</u>
	<u>110</u>

The tables on pages 53 to 56 show the location of these Clinics, the frequency of sessions and the average attendances throughout the year.

Statistics relating to total attendances at Ante-Natal, Relaxation and Child Health Clinics are given on pages 58,59,61 of the statistical Appendix. In each category the slight decrease in numbers would appear to depict the declining birth-rate, although the fall in the number of expectant mothers attending for relaxation instruction was also brought about as a result of the resignation in the past few years of several experienced Health Visitors qualified in the technique of giving relaxation instruction. It was not immediately possible to arrange for new staff to be taught this technique but with a view to providing additional relaxation courses tuition is now being given as necessary by the nursing supervisory staff to newly-appointed Health Visitors. It is pleasing to note that the improvement in the medical staffing position was maintained and despite a drop of 12,748 in the total attendances the number of pre-school children examined at Child Health sessions, 24,532, was the highest for four years.

In connection with the British Births Child Study, follow-up examinations were undertaken of 29 children born in the week 5th - 11th April, 1970, when this survey commenced.

A feature in the 1972 statistics was the increase in the number of notifications of children born with congenital defects, the rate of per 1,000 total births rising to 26.7 after falling from 21.9 in 1970 to 19.2 in 1971. The significance of this finding is obscure and it may be due to a combination of random fluctuation and improved notification procedures. However, a further study is being carried out and the figures for 1973 when available may clarify the position.

Publicity was also given nationally to two matters which gave the public cause for concern - one was the use of hexochlorophane in baby care products; the other the dangerous practice of using vacuum flasks for the purpose of keeping babies' feeds warm. Regarding the former item, the nursing staff were again asked to allay the worries of parents and were circulated with a copy of a statement by the Secretary of State following advice from the Committee on Safety of Medicines. On the second subject, the staff were asked to draw the dangers of misuse of vacuum flasks to the attention of all those who are caring for young children.

Copies of the booklet "Help for Handicapped People" were issued to the domiciliary nursing staff to enable them to give appropriate advice on the various services and financial benefits available for handicapped persons.

A further residential training course for seven mothers with hearing-impaired children was held at the Nottinghamshire College of Agriculture, Brackenhurst, Southwell, from 18th to 22nd September, 1972.

The attention of medical and nursing staff was drawn to the need for special precautions when disposing of used hypodermic syringes and needles to prevent them falling into unauthorised hands. Staff were asked to ensure that syringes and needles for disposal are rendered unusable and to take special care when disposing of such items into household dustbins. A subsequent circular reminded the staff to ensure that cars containing drugs, equipment or records should be locked at all times when left unattended.

Early in the year the fuel crisis, caused by a strike in the mining industry, presented problems as regards the heating of some Clinics and more particularly in households which included elderly persons, bedfast or handicapped people, maternity cases due for domiciliary delivery or early discharge from hospital and children below school age, where no alternative to solid fuel was available for

space and for water heating. The domiciliary nursing staff were asked to liaise with the Social Services Department and to visit and assess the needs of these households in order to advise and support priority claims for solid fuel supplies.

Welfare Foods Service

The children's Vitamin A, D. & C. drops, introduced during the year in replacement for the concentrated Orange Juice, have been well received as the table on page 57, showing the trend of issues, indicates. National Dried Milk at 20p per 20oz packet provides excellent value compared with the 16oz packs of more expensive proprietary milk foods, and issues continue to show an upward trend.

The extension of free entitlement to National Dried Milk and the vitamin products has continued to be publicised through the domiciliary Nursing Staffs who are able to help, if necessary, in making application for benefits.

MIDWIFERY

(Section 23)

In line with the country generally, the birth-rate in Nottinghamshire fell sharply in 1972 as will be seen in the vital statistics later in this report. This trend is reflected in the tables on pages 65 & 66 which relate to the work of the County Midwives and District Nurse/Midwives. The number of domiciliary confinements fell by 604; the percentage of confinements taking place at home being 20.5% for the year compared with 24.5% for 1971.

With the increasing number of early discharges during the past few years - 7,218 in 1972 - the position generally regarding maternity hospital accommodation has improved and in consequence it has been possible to relax considerably the standards applied in determining the need for admission to hospital on sociological grounds. The need for expectant mothers to complete a form giving full details of their home circumstances was therefore discontinued as from 1st August, 1972. On receipt of a doctor's recommendation midwives are, of course, still required to visit a patient's home to assess the need for a hospital bed and the suitability for early discharge. Midwives were reminded that it is still essential to judge each case on merit and that expectant mothers cannot be granted hospital accommodation without justifiable reason. At the same time, they were supplied with a list of medical factors which are regarded as contra-indications to a domiciliary booking, and it was stressed that if there are any medical contra-indications to booking a patient for a home confinement, she should be referred for consultant advice.

From the same date the laundry allowance paid to the domiciliary midwives was increased from £26 to £35 per annum. Arrangements were also made for an issue of disposable aprons with a view to reducing the frequency of laundering.

Due to illness and difficulties in securing vacancies on approved refresher courses, only five of the Authority's practising midwives were able to undertake the statutory refresher training as required by the Central Midwives Board.

For the sixth successive year, the Royal College of Midwives arranged a refresher course at the Nottingham University and on the two days when small parties of midwives were allocated to this Authority visits were arranged to the Portland Training College for the Disabled, Mapperley Hospital, a Girls' Remand Home, and the Adult Training Centre and the Health Centre, Arnold.

HEALTH VISITING

(Section 24)

In the Health Visiting service an excessive number of retirements and resignations (19), plus the promotion of four Health Visitors to supervisory nursing posts, was only partly offset by 14 new appointments, including eight who qualified after the completion of training courses. Accordingly by the end of the year the staff position, which had improved during the previous two years, had deteriorated considerably. There were 95 Health Visitors in post, including 26 working on a part-time basis, all of whom undertook combined duties, i.e. School Health Service work in addition to Section 24 duties, the equivalent number of whole-time officers in the latter respect being 58.

Despite this net loss of staff and having regard also to the fact that the availability of Health Visitors for domiciliary visiting is further reduced by their requirement to undertake regular fixed commitments, e.g. Health Education, sessions at Clinics and general practitioners' surgeries, School Medical Inspections, etc. it is pleasing to note a slight increase in the total number of home visits (see page 67) and particularly an increase of over 11,000 in the "General Health Visiting" category which included 18,492 visits to persons over 65 years of age.

Ten Health Visitors attended refresher courses during the year in accordance with the policy recommended by the Nurses' Committee of the Whitley Council.

In order to assist Health Visitors in their work in relation to the visiting and supervision of problem families a new report/request form was brought into use.

A memorandum from the Department of Health and Social Security stressed the importance of maintaining close links between children in hospital and their families, and Health Visitors were asked to liaise with Social Workers to encourage and assist parents with children in hospital to undertake regular visiting in order to avoid emotional problems to which long absence of contact may give rise and prevent the child from being totally abandoned.

HOME NURSING

(Section 25)

Once again there was a further substantial increase in the number of patients attended and the number of visits by District Nurses, clearly depicting the trend for patients to be discharged from hospital to community nursing care at the earliest opportunity commensurate with their medical condition. The average number of visits per case remained at 23.

Four nurses attended a District Nurse training course organised by the City of Nottingham Authority and six undertook similar training provided by the Derbyshire County Council. In addition, nine nurses attended the latter Authority's Training School at Darley Dale for training as Field Work Instructors in order that they in turn could accept student nurses requiring community nursing experience.

Towards the end of the year two surveys were commenced -

(i) to determine the need for a Night Nursing Service for patients at home who are seriously ill from any cause and (ii) to ascertain the need for special accommodation in the area for patients suffering from cancer.

Assistance under the Day and Night Nursing Service, administered through my Department on behalf of the Marie Curie Memorial Foundation was afforded to 33 patients with carcinoma. 13 nurses were employed on a case basis for this scheme.

VACCINATION AND IMMUNISATION

(Section 26)

On previously agreed terms, District Medical Officers of Health continued to be responsible within their districts for the organisation and conduct of this work, assisted, where necessary, by the County Council's own medical staff. Health Visitors and School Nurses worked in close collaboration with the medical staff.

General medical practitioners also participated in the arrangements. Details of the primary courses completed and of booster doses given during the year are set out on page 69.

At the 31st December, 1972, the percentages protected against the under-mentioned diseases and in the age group indicated, with the comparative figures for England shown in brackets, were as follows:-

	<u>Percentage immunised</u>	
Whooping Cough (children born in 1970)	87%	(81%)
Diphtheria (" " " ")	88%	(80%)
Poliomyelitis (" " " ")	87%	(79%)

At all Clinics where vaccination and immunisation sessions are held, arrangements were made for a supply of adrenaline to be available for emergency administration in the event of untoward reactions.

After reviewing the question of vaccinating women of child-bearing age, the Joint Committee on Vaccination and Immunisation advised the Secretary of State that routine vaccination was not recommended but suggested that rubella vaccination be given to (a) women of child-bearing age who request it and are found to be sero-negative, (b) women in the post-partum period found during their pregnancy to have been sero-negative and (c) sero-negative women at special risk either of acquiring rubella or of transmitting it to others. The staff of ante-natal clinics were included in the latter category, and accordingly all Health Visitors and midwives were offered a blood test and vaccination was arranged where this was indicated.

AMBULANCE SERVICE

(Section 27)

An accurate comparison with 1971 of the total patients carried and mileage travelled as shown on page 70 cannot be made because the relevant figures for 1972 had, on account of industrial action by the staff, to be estimated for a period of the year. A normal year would, however, have confirmed a continuing upward trend in the total number of patients carried and a higher increase in the mileage travelled.

The average number of miles travelled by each patient in Ambulance Service vehicles during the year was 5.64 compared with 5.59 for the previous year and 5.63 for 1970.

The number of patients for whom arrangements were made for their conveyance by train to out-county destinations was 74 involving 11,322 miles, i.e. an average of 153 miles per patient.

Stations

Approval was given under the Minor Works Allocation for a sluice room to be provided at the West Bridgford Station and for covered vehicle washes to be provided at the Eastwood and Beeston Stations.

Vehicles

The establishment of the main fleet of vehicles at the end of 1972 is shown on page 71 the average age of the ambulances and dual-purpose ambulances being two years one month and two years two months, respectively.

Approval was given for the replacement of five Bedford J.1 ambulances, one large Bedford J.1 dual-purpose ambulance and one Bedford CA dual-purpose ambulance during the year. The large dual-purpose ambulance was replaced by a 20-seater sitting-case ambulance, five ambulances were replaced by Bedford C.F. Vans converted for full ambulance use and the small dual-purpose ambulance was replaced by a Bedford CF van appropriately converted.

Staff

The establishment of the staff in post at 31st December, 1972, is set out on page 72.

During the year, eleven men left the Service and fourteen were appointed. Of the eleven men who left the Service, two retired.

In an effort to assist in overcoming problems of traffic congestion at the Nottingham General Hospital and to deploy vehicle and personnel resources as efficiently as possible, agreement was reached with the Medical Officer of Health, Nottingham, for the joint appointment of a full-time Ambulance Liaison Officer with effect from 1st April, 1972. The presence of this Officer at the Hospital has benefited both Services operationally and, from the favourable comments which have been received from Hospital Officers and the Officers of neighbouring Ambulance Authorities, the appointment has been an unqualified success. Looking to the future one can see the increasing importance of the Ambulance Liaison Officer's role and the need for this post to become an integral part of Hospital organisation qualifying for the allocation of adequate accommodation, communications systems and clerical assistance.

The County Final of the National Ambulance Competition was held on the 27th May, 1972; the team representing the Beeston Station was successful, the Retford team being runners-up. The Beeston team represented the Service in the Regional Final held at Harrogate on the 25th June, 1972, and the Authority was placed second in both the team test and individual attendant test.

It had been hoped to introduce a productivity scheme during the year, but after discussions extending over many months the staff finally withdrew from negotiations. As an alternative, a claim for unconditional recognition of efficiency was submitted, which could not be accepted. This led to a "work to rule" by the staff which eventually ended without any financial benefit to them.

Training

The training programme, following the pattern established by the recommendations of the Ambulance Service Advisory Committee, was extended to provide for the attendance at the Regional School of personnel with five or more years' service who were awarded the Ambulance Service Proficiency Certificate on the basis of experience and competency.

The number of personnel for whom training was provided at the Regional Training School was as follows:-

Six weeks' Basic Training Course	-	23
Two weeks' Ambulance Aid Training Course	-	30
Two weeks' Potential Instructors' Course	-	2
One week's Potential Officers' Course	-	2

A further example of joint co-operation between the County and the Nottingham City Ambulance Services was evidenced by the joint use of training facilities for local training purposes and the secondment of appropriate County and City Ambulance Instructors for this purpose.

The opportunity was also taken to arrange for the attendance of six Officers at an Ambulance Service Supervisors' Course at a local College of Further Education with which the County Council has established a general staff training relationship.

It has become apparent that the intensification and implementation of recommendations for all aspects of Ambulance Service training, however necessary and desirable, has had a considerable impact on the relationship between the demands being made upon the Ambulance Service and available personnel resources, not taking account of the incidence of sickness and increased annual leave entitlement. Even though effort has been made to recruit additional staff to close this gap, the competing demand for labour is such that it is not always possible to attract men of the calibre and ability necessary to assimilate the high standard of training required. Apart from a pilot Course which was arranged, it has not as yet been possible, for the reasons given, for the very necessary Hospital training recommendations to be implemented.

Equipment

As a preliminary step to the full implementation of the recommendations contained in Department of Health and Social Security Circular LHAL 50/71 arrangements were made for a number of entonox units which had become surplus to Midwifery Service requirements to be transferred to the Ambulance Service. Ambulance personnel were instructed in the use of this equipment and its operational effectiveness was quickly established.

Communications

Approval was given for a number of A.M. pocketphone radio sets to be purchased but in view of the new regulations for ambulance radio equipment operative from 1.1.73. it was decided to purchase two FM High Band Base Stations and 5 FM pocket-phone sets in advance of the general replacement of equipment to meet these regulations.

Hospital Car Service

Statistics relating to the Hospital Car Service for the year are given on page 72.

There has been a slight decrease in the number of patients carried and mileage travelled compared with 1971 and the average number of miles per patient conveyed increased slightly from 28.5 to 28.9. The number of enrolled volunteer drivers also dropped from 94 to 91.

The Hospital Car Service Organiser and her assistants were accommodated at the County Office of the Women's Royal Voluntary Service at 624a, Mansfield Road,

Nottingham, linked with Ambulance Control by private telephone wire but on the 4th October, in an effort to achieve closer liaison, arrangements were made for the Hospital Car Service Organiser to be accommodated in the Ambulance Section of the Department with access to Ambulance Control.

The advantage in having the assistance and co-operation of volunteer Hospital Car Service drivers lies in their availability to undertake those journeys which the Ambulance Service would find operationally wasteful of personnel and vehicles.

The allocation of virtually permanent patient bookings to voluntary drivers enables them to take a personal interest in patients and their progress and this is particularly so where the Hospital Car Service has been given the responsibility of conveying renal dialysis patients whose admission and discharge times are invariably "inconvenient" for volunteer drivers but who, nevertheless, provide this necessary service because of their personal interest.

Thanks are due to all volunteer drivers for their ready co-operation often at very short notice and to the Hospital Car Service Organiser and her assistants for their efforts in building up and maintaining the obvious goodwill which exists between themselves, the volunteer drivers and the Ambulance Service.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(Section 28)

Tuberculosis

The services provided for the tuberculous, and in the prevention of tuberculosis, continued as before; the statistical details are given in the tables on page 73.

Other Illnesses

Earlier in this Report comment is made on the increase in the number of patients attended by District Nurses, and complementary to this increase the table on page 75 shows the significant rise in the number of all types of the larger items of nursing equipment loaned to patients nursed at home.

The demand for chiropody for elderly persons and the physically handicapped continued to increase during 1972. The increase in the number of registered patients in the year is mainly attributable to the additional treatment facilities provided at the purpose-built Health Centres and Clinics including the provision of a second surgery at both the Mansfield Health Centre and the Sutton-in-Ashfield Clinic. Chiropody sessions were also established at the West Bridgford Centre for the Physically Handicapped, the Psychiatric Day Centre and the Greenhills Residential Home, Sutton-in-Ashfield, and in the newly-opened Health Centres at Radcliffe-on-Trent and Ravenshead. Due to the resignation of the Senior Chiropodist in September a number of physically handicapped patients had to be re-allocated to part-time chiropodists in the Retford and Newark districts. Two chiropodists who were providing treatment for the elderly at their private surgeries died during the year and to cover this loss of staff and treatment facilities sessions were established at the Beeston and Eastwood Clinics to which patients affected by the emergency situation were referred thus providing a continuation of service in these areas.

At the end of the year, chiropody treatment facilities were provided, either directly administered or by agency arrangements in 137 establishments, as follows:-

Health Centres	9
County Health Clinics	11
Centres for the Physically Handicapped	4
Private surgeries	16
Old People's Welfare Centres	5
County Council Residential Homes	26
Old Persons' Homes	11
Village Halls, etc.	53
Co-operative Society Stores, Nottingham	1
General Dispensary, Broad Street, Nottingham.	1
	<hr/>
	137

In addition, the mobile unit visited 38 sites in rural areas.

In September, the Mansfield Old People's Welfare Committee notified their intention to discontinue their "agency" service and it was accordingly necessary to make arrangements for the chiropody service in Mansfield to be directly administered using clerical facilities available at the Health Centre.

Despite an acute shortage of qualified chiropodists, six part-time chiropodists entered the service and the number of whole-time equivalent chiropodists employed in the Council's direct and agency services totalled twenty-eight. From a previous assessment by the Authority a further five full-time chiropodists would be required to provide a fully comprehensive service. During the year, approval was given to the appointment of an additional Senior Chiropodist but after repeated advertisements in the local press and an appropriate professional journal, the senior posts remained vacant.

After further deliberations regarding the use of the national request/report/recall form for cervical cytology, it was decided that this system should be introduced in the areas of the County served by the Pathological Laboratories at the King's Mill and Worksop Hospitals. In the Nottingham area, opposition towards the national scheme remained, and at the end of the year consideration was being given to amendments to the local arrangements with a view to bringing these more into line with the national system and particularly the introduction of routine recalls.

Medical Officers undertaking cervical cytology sessions were asked to ensure that a full pelvic examination was carried out routinely on all patients in order that easily detectable abnormalities such as uterine fibroids and ovarian cysts may be reported to the patient's general practitioner. The number of women attending Clinics for the cervical smear test again fell slightly, but, of course, many others preferred the examination to be undertaken at hospitals, Family Planning Clinics, or by their own general practitioner, and statistics relating to these are not available.

Since 1969, a designated Health Visitor has been "attached" to the Consultant Venereologist at the Nottingham Venereal Diseases Centre to afford assistance in tracing contacts and defaulters. In 1972, another Health Visitor was similarly "attached" for this purpose to the Mansfield Treatment Centre. At the Nottingham Clinic, the problem mainly relates to City cases, but the extension of the scheme to the Mansfield area resulted in a dramatic increase in the number of cases referred to the Health Visitors (263) and the number of home visits undertaken (291).

Health Education

During the period under review, the Health Education team has been fully occupied carrying out the work in the usual diverse fields of Health Education, and much assistance was given by other members of the staff, particularly as regards the work in schools. This assistance was made easier as a result of two in-service training courses for Health Visitors arranged during the year, one at the Ollerton Residential Training Centre and the other at the Nottinghamshire College of Agriculture, Brackenhurst, Southwell.

With reference to the Health Education development scheme launched in 1971, two more centres were equipped with technical material, and personnel in the areas concerned, having been trained in the use of this equipment, were able to help with an appreciable part of the work load of the Health Education staff.

The "Schools Syllabus" compiled some time ago has proved of inestimable value throughout the County especially with such subjects as "Smoking", "V.D.", and "Drug Misuse", as these subjects, along with those of a more general nature, can be presented regularly with the opportunity for follow-up discussion at subsequent sessions. A display on "Smoking and Health" was arranged at the Redhill County Secondary School on an occasion when it was possible for parents to be included.

Two health education officers attended short training courses during the year - one at Loughborough College on the subject of "Public Speaking and Communication" and the other at Bristol University on the subject of "Modern Display and Exhibition Techniques".

As recommended by the County Councils Association, the Authority's grant to the Health Education Council was increased from the basis of £1.75 to £1.95 per 1,000 population, and when the estimates for 1973/74 were presented approval was given to a further increase, i.e. £2.05 per 1,000 population, raising the contribution to this body from £1,317 to £1,385.

NURSING HOMES

One new Nursing Home, at West Bridgford, was opened during 1972, and thus at the end of the year eight registered Nursing Homes were in operation providing accommodation for 12 maternity and 156 other cases.

The Secretary of State approved the Woodthorpe Nursing Home as a place for the treatment for the termination of pregnancy under the Abortion Act, 1967. This approval related to eight of the beds at this Home (registered for twenty-five patients) and was renewed in October until June, 1973.

NURSING AGENCIES

There were no Nursing Agencies operating in the County in 1972.

FAMILY PLANNING SERVICE

During the first quarter of the year the Authority's Family Planning Service continued to be provided at fixed clinic sessions held at 16 main County Health Clinics on an agency basis by the Family Planning Association and the Midlands (Family Planning) Advice Association Ltd. These fixed sessions were augmented by a domiciliary service in the Mansfield, Newark and Worksop areas and in the districts adjacent to Nottingham using the services of part-time Medical Officers, and also in approved necessitous cases of social need where the woman is unable to attend a Clinic the Authority accepted financial responsibility for treatment

provided by the general practitioner. In each of the agency schemes, examination, advice and supplies were made available free of charge in approved medical and social cases.

From the 1st April, 1972, the provisions of the National Health Service (Family Planning) Act, 1967, were implemented more fully, the service being extended to provide advice and examination free of charge in all cases. The per capita charges paid to both agency organisations were as follows:-

Medical Cases	- £5.00 per annum (including supplies)
Non-medical Cases	- £2.75 per annum (patient paying for supplies)

Supplies continued to be provided free of cost to medical and social cases; in all other instances the patients paid for their own supplies which were made available at reasonable charges.

When the estimates for 1973/74 were being considered, thought was given to the possibility of the employment of medical, nursing and clerical staff to provide a direct Family Planning Service, instead of continuing the agency schemes. Preliminary discussions were held with representatives of the two associations with this in view.

With the kind co-operation of the Mansfield Hospital Management Committee, arrangements were made with the Family Planning Association for a two-day appreciation course on Family Planning to be held at the Maltby Hall, Victoria Hospital, Mansfield, during June. This course was attended by 40 Health Visitors and domiciliary midwives, and 9 nursing employees from the Mansfield Hospitals.

ENVIRONMENTAL HEALTH

Water Supply

All supplies by mains were regularly sampled and shown to be bacteriologically satisfactory.

Two areas experienced some low pressure though not such as to cause concern.

Reports of discolouration were received from three widely separated areas, all appearing to be due to the same cause, namely, the dislodgement of iron oxide from the inner surface of uncoated iron pipes. Bacteriological examination of samples taken at the time showed that the discolouration had no effect on the suitability of the water as a public water supply. Systematic flushing of the distribution mains was eventually successful in all cases.

In view of the concern being shown into all forms of lead contamination at the present time, it is satisfying to report that the water supplies of the County are free from plumbo solvent action.

FLUORIDATION OF WATER SUPPLIES

A further phase of the fluoridation scheme by the Lincoln and District Water Board advanced during the year, and this covers the north-eastern side of the County with a total population of approximately 43,660.

Negotiations with the Central Nottingham Water Board, which had been initiated shortly after the Authority's decision to implement this measure in 1963, were re-commenced with the prospect of introduction on a three-year phased basis, 1973-75 inclusive. The Board's area covers the central and north-western parts of the County serving a population of approximately 306,000, and the Derby-

shire County Council are also involved in the arrangements as a small area to the west of Mansfield is also served by the Board.

Milk

The sampling of milk at farms for biological examination followed the practice of recent years in being confined to the herds of producer-retailers of "Untreated" milk.

At the end of the year, there were thirteen producer-retailers holding licences to sell milk of this designation which is not subjected to heat treatment. The number is a reduction of two on the corresponding figure for last year.

The programme of sampling continued generally to follow the recommendations of Ministry of Health Circular 17/66 and in this connection it was found possible to maintain a monthly sampling rate throughout the year.

As the principal objective of the work is the detection of Brucellosis, the year's results were significant in that of 161 herd samples collected and submitted for examination at the Public Health Laboratory, Nottingham, only one gave rise to suspicion under the screening test and the presence of *Brucella abortus* was not subsequently confirmed.

These milking herds were sampled also for the presence of tuberculosis, but all of the fourteen samples taken for the purpose were reported negative.

Any reported failures of raw milk samples under the Methylene Blue (keeping quality) test were referred to the Ministry of Agriculture, Fisheries and Food as the registration and licensing authority for producer-retailers.

Brucellosis Eradication Scheme

I am grateful to the Divisional Veterinary Officer, Mr. W.J. McIlroy, for his information on the progress of the Scheme in Nottinghamshire up to the end of the year:-

Total number of applications received	-	417
Number rejected or withdrawn	-	133
Number not yet accredited	-	75
Total number of accredited herds	-	209
Total number of accredited animals	-	20798

The Milk Samplers once again undertook the collection of soil samples from twelve different areas of the County at the request of the Public Health Laboratory Service to assist their investigation into organisms which occur in soil.

Diseases of Animals (Waste Foods) Order, 1957

The Order requires a person who wishes to feed to pigs waste foods containing meat or having been in contact with meat, to boil it for at least one hour before use.

He is required to be licensed by the Authority. At the end of the year, there were fifty-nine pig-keepers in the County holding licences under the Order.

Following the report of an outbreak of swine vesicular disease in another part of the country, towards the end of the year, an unusual amount of time was required to be given to this work in the form of additional supervision in an effort to prevent the introduction of the disease to the County, over one hundred and fifty visits being recorded.

Food

There were forty-seven slaughterhouses in use throughout the County.

As to location, the four Boroughs have seven slaughterhouses, nineteen are in Urban Districts and twenty-one in three Rural Districts. Three Rural Districts and one Urban District have no slaughterhouse in their areas.

The total weight of all foods condemned as unfit for human consumption, from slaughterhouses and all other sources, was over one hundred and ninety tons.

Food Hygiene

The Food Hygiene (General) Regulations, 1970, remain the basis as to the suitability of premises and equipment and standard of food handling.

In the advisory field, as distinct from direct enforcement, the methods by which they are put over to those engaged on the work, seem to be the only variations of approach between one local authority and another.

Some authorities, recognising the difficulty resulting from frequent staff changes among the larger multiple stores, continued to conduct Courses on food hygiene for new entrants. Similar Courses were given as part of the training of student nurses of local hospitals.

Public Health Inspectors in several areas conducted Courses in food hygiene at local technical colleges and made themselves available on request for talks and demonstrations to local groups and to the more senior classes of schools.

Concerning those actually engaged in food handling, discussions between the visiting Public Health Inspector and themselves at their place of work provided possibly the best form of education.

From the reports received, most of the infringements noted on inspection were quickly put right by informal action.

A useful stock of exhibition material available for loan to District Councils and most films on food hygiene and allied subjects are obtainable on request.

Food Poisoning

Throughout the year, there were eighteen incidents reported of illness attributed to food and involving eighty persons.

Drainage and Sewerage

Schemes carried out during the year included the provision of new sewers necessitated by subsidence and major schemes to provide increased capacity of the sewerage system for flood prevention, in addition to extensions to existing sewers to serve new areas of development.

In the rural areas, six schemes were completed during the year to provide modern drainage to eleven villages and three further schemes were in progress which, in due course, will bring similar benefit to a further nine villages. Three disposal works were extended during the year to enable them to deal with the increase in flow.

The following schemes were submitted to the County Council for consideration during the year in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944/65:-

<u>Scheme</u>	<u>Estimated Cost</u>
1. East Retford Rural District: Bothamsall Sewerage Scheme	£52,762
2. Bingham Rural District: East Bridgford and Shelford Sewerage and Sewage Disposal Scheme	£293,582
3. Newark Rural District: Thorney and Wigsley Sewerage Scheme	£43,370
4. Bingham Rural District: Joint Sewerage and Sewage disposal scheme for Kinoulton, Hickling, Upper Broughton and Colston Bassett	£525,634
5. East Retford Rural District: West Stockwith Sewerage Scheme, also serving Misterton, Beckingham, Walkeringham and part of Saundby	£246,650

Public Cleansing

The pulverisation plant for the joint use of the Borough and the Rural District of Newark was in partial use at the end of the year.

Those authorities who are to have joint use of the incinerators referred to last year have anticipated the need for bulk collection vehicles of the largest capacity in keeping with the longer hauls involved.

Some shortly to go into service will accommodate a full day's collection in one load.

On the collection side, the advantages of paper or plastic sacks seem to be so well accepted that one can only foresee their extension and further development.

Air Pollution

District Councils have concerned themselves with the control of air pollution from industrial plants in their areas. Routine measures included regular observations of chimneys of all such plants.

Some success was reported in the control of two difficult local problems, in the one case the arrestation of fine dust from a plaster works and the other the treatment of fumes and vapour from the processing of chicken manure.

In the wider sphere, the main cause of air pollution at this stage remains the domestic fire. As its reduction is so closely related to the progress being made in the establishment of smoke control areas by individual local authorities, a review of the year's activity is of particular interest.

Nine additional smoke control areas came into operation during the year and eight further areas received approval by the Ministry. Two more areas had been submitted for Ministerial approval which was still awaited at the end of the year and four areas were in course of being surveyed prior to their being submitted for approval. There were eleven local authorities engaged on smoke control programmes.

It is a matter for satisfaction that for some local authorities the end is in sight and reference should be made to the progress made by the Beeston and

Stapleford Urban District Council whose final area is in preparation for submission in 1973. Confirmation will mean that in 1974 their entire area will be smoke-controlled by the declared completion date.

Local day-to-day monitoring surveys continued to be conducted by County District Councils and where smoke control has advanced the results give adequate proof, if proof were needed, of the value of smoke control.

The County Council continued to support the National Society for Clean Air and maintained their collaboration with the Department of the Environment in the National Survey of Air Pollution. The two instruments installed at selected sites at the request of the Department of the Environment to provide information on the level of pollution in rural or semi-rural areas of the County have continued to provide daily readings for the Warren Spring Laboratory, Stevenage, for well over ten years.

It was necessary to make eighty-two visits to these instruments during the year for recording the results and the preparation of reports.

The results shown by these two stations during the period December, 1969, and December, 1972, appear in the form of a graph in the statistical section of the report (page 82).

HEALTH SERVICES

SUMMARY OF STATISTICS, 1972

Health Services

Summary
of
Statistics
1972

Deaths under one week combined per 1,000	
Total Live and Still Births	Maternal Deaths - including abortion
22.02	2
Maternal Mortality Rate per 1,000 Live and Still Births	
0.12	2
Peri-Natal Mortality Rate (Still Births and Neonatal Deaths)	
10.0	8.96
Early Neo-Natal Mortality Rate per 1,000 Live Births	
17.0	16.94
Neo-Natal Mortality Rate per 1,000 Live Births	
17.0	16.94
Infant Mortality Rate per 1,000 Live Births	
17.0	16.94
Total Live and Still Births	
12,494	10,400
Still Births	
12.0	13.17
Live Births	
10,294	10,283

ADMINISTRATIVE COUNTY OF NOTTINGHAM

HEALTH SERVICES

SUMMARY OF STATISTICS, 1972

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 1971	682,570
Rateable Value	£26,385,217
Estimated product of a new penny rate	£256,111

	<u>County</u>	<u>England & Wales</u>
<u>Mothers and Infants</u>		
Live Births	10,263	725,405
Live Births per 1,000 population : Crude	15.03)	14.8
Corrected	14.73)	
Illegitimate Live Births per cent of total Live Births	7.47	8.61
Still Births	137	8,794
Still Births rate per 1,000 Live and Still Births	13.17	12.0
Total Live and Still Births	10,400	734,199
Infant Deaths	174	12,494
Infant Mortality Rate per 1,000 Live Births	16.95	17.0
Infant Mortality Rate per 1,000 Live Births - Legitimate	16.94	17.0
Infant Mortality Rate per 1,000 Live Births - Illegitimate	16.94	21.0
Neo-Natal Mortality Rate per 1,000 Live Births	10.81	12.0
Early Neo-Natal Mortality Rate per 1,000 Live Births	8.96	10.0
Peri-Natal Mortality Rate (Still Births and Deaths under one week combined per 1,000 total Live and Still Births)	22.02	22.0
Maternal Deaths - including abortion	2	111
Maternal Mortality Rate per 1,000 Live and Still Births	0.19	0.15

County

England
& Wales

Deaths (all ages)

Number - all causes	...	...	...	...	...	...	7,189	591,907
Death Rate : Crude	...	...	...	...	...	...	10.53)	
Corrected	...	...	...	...	...	...	11.90)	12.1

Tuberculosis Deaths

Number -								
All Forms	...	...	...	...	...	...	16	1,470
Pulmonary	...	...	...	...	...	...	14	1,293
Non-Pulmonary	...	...	...	...	...	...	2	177
Death Rate -								
All Forms	...	...	...	...	...	...	0.02	0.03
Pulmonary	...	...	...	...	...	...	0.02	0.02
Non-Pulmonary	...	...	...	...	...	...	0.003	0.004

Cancer Deaths

Number	...	...	...	...	...	...	1,447	118,950
Death Rate	...	...	...	...	...	...	2.1	2.4

Principal Causes of Death

County

Heart Disease	...	...	...	...	...	...	2,381
Cancer, Malignant Disease	...	...	...	...	...	...	1,447
Cerebrovascular Disease	...	...	...	...	...	...	963
Diseases of Respiratory System (excluding Tuberculosis)	...	...	...	...	...	...	931
Accidents	...	...	...	...	...	...	200

Infant Deaths (County)

Deaths of Infants under one year of age			
	Legitimate	Illegitimate	Total
Male	88	7	95
Female	73	6	79
Total	161	13	174

Live Births

Number of Registered Live Births			
	Legitimate	Illegitimate	Total
Male	4,887	409	5,296
Female	4,609	358	4,967
Total	9,496	767	10,263

Illegitimate Births

Year	No. of Illegitimate Births registered	Rate per 1,000 of the population	Rate per 1,000 Live Births
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
1970	752	1.12	67.9
1971	786	1.16	70.37
1972	767	1.12	74.73

Distribution of Still Births and of Infant Deaths

	Still Births	Under One Month	Between 1-12 Months	Total
URBAN DISTRICTS				
Mansfield (Borough) ...	10	14	7	31
Worksop (Borough) ...	7	4	3	14
Newark (Borough)... ..	6	3	3	12
East Retford (Borough)...	1	2	3	6
Arnold	12	3	2	17
Beeston & Stapleford ...	5	11	4	20
Carlton	9	7	2	18
Eastwood	2	1	1	4
Hucknall	3	9	2	14
Kirkby-in-Ashfield ...	7	6	4	17
Mansfield Woodhouse ...	6	2	1	9
Sutton-in-Ashfield ...	10	4	4	18
Warsop	3	1	-	4
West Bridgford	7	1	4	12
Totals for Urban Districts ...	88	68	40	196
RURAL DISTRICTS				
Basford	15	9	5	29
Bingham	5	7	4	16
Worksop	4	11	3	18
East Retford	6	3	1	10
Newark	4	-	4	8
Southwell	15	13	6	34
Totals for Rural Districts	49	43	23	115
WHOLE COUNTY	137	111	63	311

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	3	7	0.68
Meningococcal infection	1	-	1	0.09
Other infective and parasitic diseases	1	1	2	0.19
Leukaemia	-	1	1	0.09
Benign and unspecified neoplasms	-	1	1	0.09
Other endocrine, etc. diseases	-	1	1	0.09
Meningitis	3	2	5	0.48
Other diseases of nervous system	1	1	2	0.19
Other forms of heart disease	-	1	1	0.09
Cerebrovascular Disease	-	1	1	0.09
Other diseases of the circulatory system	-	1	1	0.09
Influenza	-	1	1	0.09
Pneumonia	12	5	17	1.65
Other diseases of the respiratory system	3	4	7	0.68
Intestinal obstruction and hernia	2	3	5	0.48
Other diseases of digestive system	-	1	1	0.09
Congenital anomalies	38	10	48	4.67
Birth injury, difficult labour, etc.	25	19	44	4.28
Other causes of perinatal mortality	15	9	24	2.33
Symptoms and ill-defined conditions	1	-	1	0.09
All other accidents	2	1	3	0.29
Totals	108	66	174	16.95

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)	13.5	1.03	13.9	11.1	1.02	11.3
Worksop (Borough)	15.9	1.02	16.2	11.3	1.17	13.2
Newark (Borough)	15.1	1.06	16.0	13.7	0.90	12.3
East Retford (Borough)	14.6	1.06	15.5	15.0	0.92	13.8
Arnold	16.2	0.93	15.1	9.9	1.19	11.8
Beeston & Stapleford	14.2	0.96	13.6	9.9	1.17	11.6
Carlton	13.9	0.96	13.3	8.7	1.25	10.9
Eastwood	16.9	1.01	17.1	10.2	1.20	12.2
Hucknall	15.4	0.94	14.5	10.2	1.18	12.0
Kirkby-in-Ashfield	17.2	0.96	16.5	11.5	1.19	13.7
Mansfield Woodhouse	17.1	0.93	15.9	9.1	1.33	12.1
Sutton-in-Ashfield	14.5	1.01	14.6	12.2	1.08	13.2
Warsop	15.9	1.11	17.6	8.2	1.31	10.7
West Bridgford	10.7	0.97	10.4	13.7	0.84	11.5
Aggregate of Urban Districts	14.7	0.99	14.6	10.9	1.11	12.1
RURAL DISTRICTS -						
Basford	14.3	0.97	13.9	10.2	1.16	11.8
Bingham	15.9	0.95	15.1	8.6	1.14	9.8
Worksop	16.6	0.96	15.9	11.2	1.25	14.0
East Retford	15.7	1.00	15.7	9.3	1.07	10.0
Newark	16.6	0.97	16.1	10.4	1.15	12.0
Southwell	16.4	1.02	16.7	9.5	1.17	11.1
Aggregate of Rural Districts	15.6	0.98	15.3	9.8	1.17	11.5
Whole County	15.0	0.98	14.7	10.5	1.13	11.9
England and Wales	14.8	-	-	12.1	-	-

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 1972	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from ALL Tuberculous Diseases per 1,000 of population	Death Rate from Pulmonary Tuberculosis per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
HANSFIELD (Borough)	7,009	8.0	17,402	3.06	53,218	58,300	789	13.5	13.9	10	12.5	-	-	12	26.6	649	11.1	11.3	0.06	0.06
WORKSOP (Borough)	17,936	2.0	10,771	3.19	34,311	36,320	578	15.9	16.2	7	11.9	-	-	7	11.9	412	11.3	13.2	-	-
NEWMARK (Borough)	3,364	7.3	7,932	3.11	24,651	24,580	370	15.1	16.0	6	15.9	1	2.6	6	16.2	336	13.7	12.3	0.08	0.08
EAST RETFORD (Borough)	4,657	4.0	5,809	3.06	17,792	18,290	267	14.6	15.5	1	3.7	-	-	5	18.7	275	15.0	13.8	-	-
ARNOLD	4,506	7.2	8,912	3.01	26,829	34,280	554	16.2	15.1	12	21.3	-	-	5	9.0	338	9.9	11.8	-	-
BEESTON & STAPLEFORD	6,468	9.9	18,543	3.02	55,995	64,200	909	14.2	13.6	5	5.4	-	-	15	16.5	635	9.9	11.6	-	-
CARLTON	4,017	10.7	12,867	3.09	38,815	46,110	643	13.9	13.3	9	13.8	-	-	9	13.9	399	8.7	10.9	0.02	0.02
EASTWOOD	1,178	9.7	3,324	3.19	10,607	10,840	183	16.9	17.1	2	10.8	-	-	2	10.9	111	10.2	12.2	-	-
HUCKNALL	4,032	6.6	7,541	3.09	23,269	26,440	406	15.4	14.5	3	7.3	-	-	11	27.0	271	10.2	12.0	-	-
KIRKBY-IN-ASHFIELD	5,830	3.9	6,928	3.13	21,686	23,790	408	17.2	16.5	7	16.8	1	2.4	10	24.5	274	11.5	13.7	0.12	0.16
HANSFIELD WOODHOUSE	4,831	4.9	6,216	3.25	20,197	24,980	426	17.1	15.9	6	13.8	-	-	3	7.0	227	9.1	12.1	-	-
SUTTON-IN-ASHFIELD	10,507	3.9	13,079	3.09	40,441	40,240	582	14.5	14.6	10	16.8	-	-	8	13.7	490	12.2	13.2	0.02	0.02
WARSOP	7,171	1.8	3,531	3.29	11,606	12,820	204	15.9	17.6	3	14.4	-	-	1	4.9	105	8.2	10.7	-	-
WEST BRIDGFORD	3,046	9.3	9,507	2.84	26,973	28,450	303	10.7	10.4	7	22.5	-	-	5	16.5	391	13.7	11.5	-	-
TOTALS	84,552	5.2	132,357	3.07	406,390	449,640	6,622	14.7	14.6	88	13.1	2	0.27	108	16.3	4,913	10.9	12.1	0.02	0.02

Vital Statistics for the Year 1972

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 at Census 1961	Population estimated to the middle of 1972	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from ALL Tuberculous Diseases per 1,000 of population	Death Rate from Pulmonary Tuberculosis per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
BASFORD	69,825	1.01	19,278	3.12	60,225	71,790	1,025	14.3	13.9	15	14.4	-	-	14	13.6	734	10.2	11.8	0.01	0.01
BINGHAM	67,583	0.59	7,636	3.29	25,170	40,190	641	15.9	15.1	5	7.7	-	-	11	17.1	345	8.6	9.8	-	-
WORKSOP	28,515	0.73	5,270	3.39	17,861	21,420	355	16.6	15.9	4	11.1	-	-	14	39.4	239	11.2	14.0	0.04	0.04
EAST RETFORD	111,034	0.21	6,536	3.37	22,013	24,160	380	15.7	15.7	6	15.5	-	-	4	10.5	224	9.3	10.0	-	-
NEWARK	41,550	0.40	4,286	3.17	13,580	16,900	281	16.6	16.1	4	14.0	-	-	4	14.2	176	10.4	12.0	-	-
SOUTHWELL	118,587	0.48	14,316	3.20	45,850	58,470	959	16.4	16.7	15	15.4	-	-	19	19.8	558	9.5	11.1	0.01	0.03
TOTALS	437,094	0.53	57,322	3.22	184,699	232,930	3,641	15.6	15.3	49	13.2	-	-	66	18.1	2,276	9.8	11.5	0.01	0.01

Vital Statistics for the Year 1972

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 1972	Live Births			Stillbirths		Maternal Mortality		Deaths under 1 year of age		Deaths			Death Rate from ALL Tuberculous Diseases per 1,000 of population	Death Rate from Pulmonary Tuberculosis per 1,000 of population
							Number	Rate (Crude)	Rate (Corrected)	Number	Rate per 1,000 Live and Stillbirths	No. of Maternal Deaths	Rate per 1,000 Live and Stillbirths	Number	Rate per 1,000 Live Births	Number	Rate (Crude)	Rate (Corrected)		
URBAN DISTRICTS	84,552	5.22	132,357	3.07	406,390	449,640	6,622	14.7	14.5	88	13.1	2	0.2	108	16.3	4,913	10.9	12.1	0.02	0.02
RURAL DISTRICTS	437,094	0.53	57,322	3.22	184,699	232,930	3,641	15.6	15.3	49	13.2	-	-	66	18.1	2,276	9.7	11.4	0.01	0.01
WHOLE ADMINISTRATIVE COUNTY	521,646	1.28	189,679	3.12	591,089	682,570	10,263	15.0	14.7	137	13.1	2	0.2	174	16.9	7,189	10.5	11.9	0.02	0.02

INFANT MORTALITY AND STILL-BIRTH RATES, 1968 - 1972

	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												
	1968	1970	1971	1972	1968	1970	1971	1972	1968	1970	1971	1972	1968	1970	1971	1972									
Year	1968	1970	1971	1972	1968	1970	1971	1972	1968	1970	1971	1972	1968	1970	1971	1972									
England and Wales ...	18.3	18.0	18.0	17.0	12.4	12.0	12.0	12.0	10.5	10.0	11.0	10.0	10.0	24.7	23.0	23.0	22.0	22.0	14.3	13.0	13.0	12.0	12.0		
Whole County ...	16.3	16.4	16.8	17.4	16.9	10.2	11.1	10.0	12.3	10.8	8.7	10.7	8.9	24.2	21.7	21.8	22.4	22.0	15.6	11.8	13.3	11.9	13.1		
Aggregate of Urban Districts	16.4	16.7	15.9	17.5	16.3	9.6	11.2	9.6	12.3	10.2	8.0	10.4	8.4	23.5	23.5	21.2	23.5	21.4	15.7	13.2	13.0	12.5	13.1		
Aggregate of Rural Districts	16.1	15.8	18.6	17.1	18.1	11.4	10.8	10.9	12.3	11.8	10.2	9.3	9.7	9.8	25.4	18.4	23.0	20.2	15.4	9.2	13.9	10.6	13.2		
Mansfield M.B. ...	21.7	15.7	22.2	23.1	26.6	13.5	11.2	14.4	14.3	17.7	9.3	10.1	10.0	12.1	12.6	21.5	26.5	18.7	19.6	25.0	12.3	16.5	8.8	7.6	12.5
Worksop M.B. ...	19.8	13.4	17.0	28.1	11.9	6.1	8.4	11.9	14.9	6.9	1.5	8.4	10.2	11.6	5.1	19.5	29.5	25.1	30.8	17.0	18.0	21.3	15.0	19.5	11.9
Newark M.B. ...	31.7	22.6	11.4	27.1	16.2	18.0	15.8	9.1	19.7	8.1	15.8	15.8	6.9	19.7	5.4	29.0	26.8	18.1	22.1	21.2	13.4	11.2	11.3	2.5	15.9
East Retford M.B. ...	3.4	18.7	18.4	14.9	18.7	3.4	7.5	7.4	7.4	7.4	3.4	7.5	7.4	7.4	3.7	26.2	22.1	21.8	14.8	7.4	23.0	14.7	14.5	7.4	3.7
Arnold U.D. ...	8.3	20.9	10.1	13.9	9.0	8.3	15.2	4.0	10.4	5.4	8.3	13.3	4.0	8.7	5.4	24.4	20.7	10.1	22.2	26.5	16.3	7.5	6.0	13.7	21.3
Beeston & Stapleford U.D.	12.8	15.9	13.7	13.8	16.5	5.5	12.4	9.8	11.8	12.1	4.6	11.5	9.8	10.8	9.9	25.0	23.6	24.2	18.5	15.3	20.5	12.2	14.5	7.8	5.4
Carlton U.D. ...	9.5	13.8	10.4	5.5	13.9	4.8	11.3	6.5	4.1	10.8	4.8	10.1	3.9	4.1	10.8	21.1	21.1	14.2	16.2	24.5	16.4	11.2	10.3	12.2	13.8
Eastwood U.D. ...	19.7	13.8	29.9	15.4	10.9	9.9	4.6	19.9	10.3	5.4	9.9	4.6	19.9	5.1	5.4	24.3	9.1	48.3	25.1	16.2	14.6	4.6	29.0	20.1	10.8
Hucknall U.D. ...	25.5	16.3	8.0	16.7	27.0	19.1	14.3	8.0	12.5	22.1	17.0	12.2	8.0	12.5	22.1	27.3	30.1	23.6	28.7	29.3	10.5	18.0	15.7	16.4	7.3
Kirkby-in-Ashfield U.D.	17.9	9.9	26.3	16.5	24.5	15.7	5.0	16.7	11.8	14.7	13.5	2.5	16.7	11.8	12.2	24.4	14.7	39.7	21.0	28.9	11.1	12.3	23.4	9.3	16.8
Mansfield Woodhouse U.D.	14.7	22.2	21.1	28.5	7.0	6.3	15.5	4.2	15.4	4.6	6.3	15.5	4.2	13.2	4.6	24.7	30.6	10.5	44.6	18.5	18.5	15.3	6.3	31.8	13.8
Sutton-in-Ashfield U.D.	16.7	22.1	11.2	13.7	10.6	11.0	4.8	11.3	6.8	10.6	11.0	4.8	11.2	3.4	28.3	26.4	19.0	23.8	20.2	17.9	15.5	14.2	12.7	16.8	
Warsop U.D. ...	22.6	21.6	18.2	29.6	4.9	15.1	8.7	13.6	24.6	4.9	11.3	8.7	13.6	24.6	4.9	22.4	17.2	39.8	38.8	19.2	11.2	8.6	27.3	14.6	14.4
West Bridgford U.D. ...	9.3	9.9	18.4	11.0	16.5	4.7	7.4	10.5	11.0	3.2	4.7	7.4	7.9	11.0	3.2	13.9	12.3	13.1	19.0	25.8	9.2	4.9	5.2	8.2	22.5
Basford R.D. ...	15.7	20.6	15.9	18.6	13.6	10.5	18.2	9.3	11.0	8.7	7.8	17.3	7.5	7.6	6.8	29.0	24.6	17.6	14.2	21.1	21.3	7.4	10.2	6.7	14.4
Bingham R.D. ...	17.7	10.3	12.7	16.6	17.1	10.9	5.9	4.8	12.0	10.9	10.9	4.4	3.2	9.0	9.3	22.8	15.9	24.8	20.8	17.0	12.1	11.6	21.7	11.9	7.7
Worksop R.D. ...	16.2	14.0	31.0	26.8	39.4	11.5	7.0	20.0	21.9	30.9	11.5	4.6	20.0	14.6	25.3	25.1	18.4	30.7	28.8	36.2	13.7	13.8	11.0	14.4	11.1
East Retford R.D. ...	7.2	23.9	29.3	10.6	10.5	4.8	15.9	17.6	5.3	7.8	4.8	13.3	14.7	2.7	7.8	19.0	13.3	31.7	13.1	23.3	14.2	-	17.3	10.5	15.5
Newark R.D. ...	6.5	9.8	16.4	7.6	14.2	6.5	6.6	6.6	7.6	-	6.5	3.3	-	7.6	-	22.3	22.5	16.1	18.9	14.0	15.9	19.3	16.1	11.3	14.0
Southwell R.D. ...	22.0	13.2	16.4	16.8	19.8	17.0	6.1	11.3	13.9	13.5	15.0	5.1	11.3	13.9	11.4	26.7	13.1	23.3	26.4	26.6	11.9	8.0	12.2	12.7	15.4

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
1923	388,019	3,763	.74	...	...	8,023	20.6	77	4,260	11.0
1924	391,700	3,715	.75	...	...	8,085	20.6	79	4,370	11.2
1925	393,400	3,373	.75	...	...	7,921	20.1	77	4,548	11.6
1926	398,900	3,310	.75	...	...	7,739	19.4	73	4,429	11.1
1927	408,100	2,984	.78	...	...	7,613	18.6	69	4,629	11.3
1928	422,700	3,549	.81	...	...	7,941	18.8	64	4,392	10.4
1929	429,300	2,242	.82	...	...	7,517	17.5	76	5,095	11.8
1930	439,400	3,261	.84	...	...	7,746	17.6	62	4,485	10.2
1931	447,900	2,617	.86	*109,674	3.9	7,695	17.2	72	5,078	11.3
1932	451,600	2,821	.86	...	...	7,534	16.7	66	4,713	10.4
1933	444,970	2,036	.86	...	...	6,945	15.5	68	4,909	10.9
1934	448,500	2,395	.87	...	...	7,042	15.7	54	4,647	10.4
1935	453,500	2,382	.86	...	...	7,083	15.6	56	4,701	10.4
1936	459,000	2,005	.88	...	...	7,033	15.3	58	5,028	10.9
1937	465,800	2,218	.89	...	...	7,318	15.7	59	5,100	10.9
1938	470,900	2,796	.90	...	...	7,549	16.0	46	4,753	10.1
1939	478,200 ^a (479,900 ^b)	2,511	.91	...	...	7,847	16.4	51	5,336	11.1
1940	483,240	1,735	.92	...	...	7,610	15.7	58	5,875	12.2
1941	492,750	2,501	.94	...	...	7,954	16.1	62	5,453	11.1
1942	481,200	3,755	.92	...	...	8,659	18.0	48	4,904	10.2
1943	472,300	3,946	.90	...	...	9,255	20.2	47	5,309	11.2
1944	474,960	5,125	.91	...	...	10,343	21.8	47	5,218	11.0
1945	475,910	4,068	.91	...	...	9,096	19.1	44	5,028	10.5
1946	495,620	4,693	.95	...	...	10,001	20.2	41	5,308	10.7
1947	505,690	5,114	.97	...	...	10,673	21.2	41	5,559	11.0
1948	518,300	4,483	.99	...	...	9,486	18.3	42	5,003	9.6
1949	523,160	3,562	.99	...	...	9,098	17.4	32	5,536	10.6
1950	533,870	3,114	1.01	...	...	8,683	16.3	34	5,571	10.4
1951	535,800	2,547	1.02	156,581	3.4	8,551	15.9	29.4	6,004	11.2
1952	535,410 ^f (534,400 ^g)	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
1970	669,730	4,973	1.28	...	...	11,064	16.5	16.8	7,091	10.6
1971	675,380	4,193	1.29	...	...	11,169	16.5	17.4	6,976	10.3
1972	682,570	3,074	1.29	...	...	10,263	15.0	16.9	7,189	10.5

* 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.

g Actual mid-year population.



CAUSES OF DEATH AT
DIFFERENT PERIODS
OF LIFE in 1972.

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	35		
/Ordsall	4	27		
Mansfield M.B.				
/St. John Street	4	23	4	8 M
/Abbott Road	8	13		
/Hermitage Avenue	4	21		
Pleasley	4	11		
St. Lawrence	4	19		
Newark M.B.				
The Friary	8	40	4	11 M
/Hawtonville	8	35		
Worksop M.B.				
/Newgate Street	8	30		
Kilton	2	6		
/Manton	4	17		
Shireoaks	2	23		
Arnold U.D.				
/High Street	12	42		
Killisick	4	22		
Plains Road	4	20		
Woodthorpe	4	29		
Beeston & Stapleford U.D.				
Attenborough	4	49		
/Dovecote Lane	8	28	2	9
- do -	-	-	4	5 M
Bramcote	2	15		
/Inham Nook	8	33		
/Stapleford	8	52	2	6
- do -	-	-	4	7
Toton	4	50		

/ purpose-built Clinics

M Midwives' Clinics

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	28	4	5
- do -	-	-	4	18 M
Colwick	2	33		
Oakdale Road	4	18		
Phoenix Farm Estate ...	4	31		
Porchester	8	24		
Standhill Road	4	34		
Valley Road	2	35		
Eastwood U.D.				
/Nottingham Road	8	36		
Hucknall U.D.				
/Watnall Road	8	32	4	29
Fire Station	4	45		
Kirkby-in-Ashfield U.D.				
/Urban Road	8	37		
Mansfield Woodhouse U.D.				
Park Road	8	37		
/Forest Town	8	24		
Sutton-in-Ashfield U.D.				
/New Street	8	39		
/Huthwaite	4	52		
Skegby	2	36		
Stanton Hill	4	15		
Warsop U.D.				
Town Hall	8	27	4	17 M
Warsop Vale	2	16		
Welbeck C.V.	2	28		
West Bridgford U.D.				
Millicent Road	4	38		
Alford Road	4	11		
Pierrepont Road	4	27		
Boundary Road	4	24		
Melton Road	4	29	4	18

/ purpose-built Clinics

M Midwives' Clinics

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
Basford R.D.				
Awsorth	4	29		
Bestwood	2	19		
Brinsley	4	28		
Burton Joyce	4	42		
Calverton	8	36		
East Leake	4	20	2	4
Gotham	2	21		
Jacksdale	4	15		
Kimberley	4	35	4	16
Lambley	2	19		
Newstead	4	20		
Nuthall	4	26		
Papplewick	2	11		
Ruddington	4	51		
Selston	4	30		
Sutton Bonington	2	18		
Trowell	4	16		
Willoughby	2	8		
Woodborough	2	24		
Bingham R.D.				
Bingham	4	44		
Cotgrave	4	43		
Cropwell Bishop	2	18		
East Bridgford	2	24		
Hickling	1	9		
Keyworth	8	34		
Kinoulton	1	12		
Langar	2	7		
Newton	2	25		
Orston	1	14		
Radcliffe-on-Trent	4	37		
Tollerton	2	25		

‡ Purpose-build Clinics

* General Practitioner's 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
East Retford R.D.				
Dunham-on-Trent	2	10		
Elkesley	2	17		
Gringley-on-the-Hill	2	19		
Mattersey	2	22		
Misterton	4	31		
Ranskill	2	19		
South Leverton	2	36		
Tuxford	4	25		
Woodbeck	2	23		
Newark R.D.				
†Balderton	8	36		
Coddington	2	39		
Collingham	2	37		
Farndon	2	32		
Syerston	2	23		
Southwell R.D.				
Bilsthorpe	4	42		
†Blidworth	4	38		
†Clipstone	4	18		
†Edwinstowe	4	33		
*Farnsfield	2	32		
Lowdham	4	24		
North Muskham	2	14		
†Ollerton	8	41		
Rainworth	8	22		
†Ravenshead	4	69		
*Southwell	4	40		
Sutton-on-Trent	2	26		
Worksop R.D.				
Blyth	2	14		
†Carlton-in-Lindrick	4	28		
Harworth	8	31	4	12
†Langold	2	23		
Welbeck	2	18		

† Purpose-built Clinics

* General Practitioners' Clinic

SUMMARY OF STATISTICS

Welfare Foods Service - Issues

Quarter ended	National Dried Milk packets	Vitamin A D & C Tablets containers	Children's Vitamin Drops bottles	Orange Juice bottles
25th March	4,970	2,008	6,974	40,939
24th June	5,529	1,782	5,668	28,620
30th September	6,725	1,958	6,662	1,909
30th December	6,226	2,385	8,023	stocks exhausted
Totals for 1972	23,450	8,133	27,327	71,468

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		
1968	3,002	10,662	6,866	380	564	512	71	2
1969	2,170	8,834	6,370	237	398	345	40	1
1970	2,769	9,993	5,602	173	393	382	18	3
1971	2,460	8,715	4,584	235	403	383	19	1
1972	2,484	7,492	3,559	195	379	358	19	-

RELAXATION INSTRUCTION FOR EXPECTANT MOTHERS

Year	No. of Clinics at which Courses provided	No. of expectant mothers attended	Total Attendances
1968	37	2,797	15,557
1969	37	2,814	15,755
1970	37	2,699	15,225
1971	37	2,969	16,579
1972	36	2,660	14,863

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
1968	1,551	122	1,673	1,474	134	65	73
1969	1,365	104	1,469	1,299	122	48	41
1970	1,468	85	1,553	1,417	93	43	19
1971	1,264	53	1,317	1,164	105	48	14
1972	1,111	84	1,195	1,090	71	34	19

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		
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
1970	109	455	8,793	7,706	8,249	179,190	22,596
1971	110	461	9,144	7,897	7,203	186,376	23,479
1972	110	463	8,832	8,362	9,178	173,628	24,532

CHILDREN WITH CONGENITAL MALFORMATIONS NOTIFIED AT BIRTH

	1966	1967	1968	1969	1970	1971	1972
	Monthly Total	Monthly Total	Monthly Total	Monthly Total	Monthly Total	Monthly Total	Monthly Total
January	13	13	12	14	21	27	22
February	27	21	19	22	21	24	27
March	16	10	19	13	31	25	34
April	21	13	10	19	27	25	26
May	12	20	19	12	21	19	26
June	28	18	20	24	18	12	17
July	12	14	14	17	12	18	21
August	14	16	21	12	16	13	27
September	8	11	14	24	20	11	23
October	19	18	19	15	23	12	16
November	12	19	10	20	26	13	17
December	17	14	8	15	10	18	22
TOTAL	199	187	185	207	246	217	278
Total live and still-births	11,749	11,939	11,958	11,613	11,213	11,303	10,400
Incidence per 1,000 Total Births	16.9	15.7	15.5	17.8	21.9	19.2	26.7
National Incidence	19.0	20.0	20.0	17.3	17.6	Not available.	Not available.

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
1968	13	1,211	144
1969	13	1,009	103
1970	13	791	75
1971	13	754	88
1972	13	691	63

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	90	299	NIL	3	153	6		16		17
2. Children aged under 5 years and not eligible for school dental service	68	1,341	65	NIL	794	210	NIL	NIL		8

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	County Midwives	District Nurses Midwives	Total
		F/T	P/T						
1968	215	65	14	59	51	2	18	9	27
1969	219	61	13	59	64	1	18	13	31
1970	221	60	11	59	66	1	14	12	26
1971	230	59	13	58	68	-	10	9	19
1972	215	54	6	59	72	-	2	3	5

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.	C.M.	D.N.M.								
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		
1970	29,647	9,935	2,843	1,440	2,352	870	66,745	23,921	101,587	36,166		
1971	27,189	8,911	3,022	1,688	1,991	748	66,555	26,008	98,757	37,355		
1972	25,779	7,109	3,299	1,437	1,580	555	61,948	21,136	92,606	30,237		

CM - County Midwives

DNM - District Nurses/Midwives

DELIVERIES ATTENDED BY MIDWIVES

Year	Domiciliary Cases											Cases in Nottinghamshire Institutions		Cases delivered in hospital in care of Midwives before 10th day	
	Doctor not booked				Doctor present				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.			
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
1970	2	1	-	25	15	-	293	142	-	2,032	712	-	3,655	-	6,106
1971	1	2	-	11	9	-	266	93	-	1,713	644	-	3,935	-	6,927
1972	-	1	-	14	11	-	219	57	-	1,347	486	-	3,839	-	7,218

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
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
1970	11,335	21,434	32,282	59,601	3,995	9,820	20,039	23,338	181,844
1971	11,556	18,771	30,664	56,015	3,932	9,964	24,056	22,814	177,772
1972	11,187	17,934		76,067	4,080	10,973	35,454	22,848	178,543

This table does not include visits by Health Visitors to Tuberculous cases, nor visits by the Geriatric and Diabetic Nurses which are shown separately.

HOME NURSING

Year	CASES ATTENDED			No. of Visits	Average No. of Visits per case
	Under 5	Over 65	Total		
1968	251	5,602	9,277	261,186	28
1969	245	6,892	9,712	262,091	27
1970	253	8,028	10,286	278,064	27
1971	271	8,740	13,047	295,510	23
1972	308	8,918	13,560	309,053	23

VACCINATION AND IMMUNISATION

Type of Prophylaxis	Year	No. who completed a Primary Course				Total under 16 years	No. (all Groups) given a Reinforcement Dose
		Age Under 1 year	Age 1 year	Aged 2-15 years			
Diphtheria	1968	3,966	6,039	1,263	11,268	16,406	
	1969#	992	5,071	948	7,011	13,014	
	1970#	755	6,941	1,877	9,573	11,576	
	1971#	712	7,169	2,428	10,309	11,986	
	1972#	437	7,048	2,477	9,962	10,651	
Whooping Cough	1968	3,952	6,007	805	10,764	9,025	
	1969#	989	5,051	690	6,730	6,086	
	1970#	754	6,918	1,598	9,270	4,073	
	1971#	712	7,138	2,180	10,030	2,729	
	1972#	433	6,997	2,144	9,574	1,487	
Tetanus	1968	3,960	6,044	1,794	11,798	16,890	
	1969#	992	5,077	1,364	7,433	13,553	
	1970#	758	6,945	2,364	10,067	12,315	
	1971#	717	7,175	2,831	10,723	12,671	
	1972#	438	7,051	2,809	10,298	11,078	
Poliomyelitis	1968	3,145	6,592	1,565	11,302	10,989	
	1969#	949	5,556	1,171	7,676	10,862	
	1970#	707	7,043	2,047	9,797	10,488	
	1971#	730	7,342	2,544	10,616	11,691	
	1972#	476	7,097	2,427	10,000	10,343	
Measles	1968	114	1,634	9,423	11,171	-	
	1969	5	1,225	4,968	6,198	-	
	1970	13	3,582	7,971	11,566	-	
	1971	24	4,692	5,760	10,476	-	
	1972	9	4,794	4,606	9,409	-	
Rubella	1970	-	-	3,505	3,505	-	
	1971	-	-	7,593	7,593	-	
	1972	-	-	6,329	6,329	-	

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*	14,527	63,989
Beeston	28,776	143,849
Carlton	27,789	124,402
Eastwood*	14,090	92,501
Hucknall	20,378	115,284
West Bridgford	29,537	197,664
Mansfield	57,681	318,419
Sutton-in-Ashfield*	24,099	91,479
Newark	24,900	171,749
Retford	19,244	148,758
Worksop	24,692	143,993
Totals 1972	285,713	1,612,087
The figures for 1971 for comparison are as follows	287,762	1,610,020

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
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
1970	7,832	11,795	233,978	10,745	264,350
1971	7,988	11,919	251,582	16,273	287,762
1972	8,125	12,985	249,711	14,892	285,713

Vehicles (by categories) and mileage

Year	AMBULANCES		DUAL-PURPOSE VEHICLES		TOTAL MILEAGE
	No.	Mileage	No.	Mileage	
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
1970	38	752,831	34	737,512	1,490,343
1971	38	808,137	36	801,883	1,610,020
1972	40	756,768	39	855,319	1,612,087

Allocation of Patients to Vehicles

Year	Stretcher		Assisted		Walking		Totals	
	Ambulances	Dual-purpose vehicles	Ambulances	Dual-purpose vehicles	Ambulances	Dual-purpose vehicles	Ambulances	Dual-purpose vehicles
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
1970	25,359	2,195	28,574	11,987	77,420	118,815	131,353	132,997
1971	24,783	3,126	35,233	14,629	81,406	128,585	141,422	146,340
1972	24,634	4,366	35,184	19,187	70,847	131,495	130,665	154,680

Vehicle Establishment at year end

Year of first registration	AMBULANCES	DUAL-PURPOSE VEHICLES	
	Bedford 28 h.p.	Bedford 16 & 20 h.p.	Bedford 28 h.p.
1964	-	-	1
1965	-	1	-
1966	-	-	-
1967	-	5	-
1968	3	-	1
1969	7	4	3
1970	4	7	2
1971	-	6	-
1972	13	9	-
	27	32	7

Staff

Designation	Establishment	Number Employed at 31.12.72
County Ambulance Officer	1	1
Deputy County Ambulance/Training Officer	1	1
Station Superintendents	4	4
Station Officers	7	7
Ambulance Liaison Officer*	1	1
Shift Leaders	45	38
Deputy Shift Leaders	16	NIL
Driver/Attendants	176	173
Clerical	4	4
Control Officer	1	1
Control Assistants	14	14
	270	244

* Joint appointment with Nottingham County Borough

Hospital Car Service

(The figures in brackets are in respect of 1971)

Number of Drivers enrolled	91	(94)
Number of Patients carried	9,608	(9,906)
Number of miles	278,374	(282,103)
Average number of miles per patient	28.9	(28.5)
Cost of mileage	£11,966.01	(£11,654.18)
Cost per patient	£1.25	(£1.18)

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
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
1970	70 (5)	22 (1)	92 (6)	0.10	1,530	139	1,669
1971	93 (4)	25 (1)	118 (5)	0.14	1,368	118	1,486
1972	66 (6)	24 (-)	90 (6)	0.10	1,134	118	1,252

* 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.
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
1970	1,107	16	568	8,306	852	7,087	7,049
1971	1,229	21	528	10,848	935	9,343	9,064
1972	1,116	12	610	9,395	1,060	7,813	7,669

Other Preventive, Care and After-Care Work

Year	Protection of Children against Tuberculosis		Follow-up of long-stay Immigrants	
	Staff candidates X-rayed	Staff X-rayed	Arrivals advised	Successfully visited
1968	1,017	14	96	66
1969	1,182	-	60	45
1970	1,086	24	74	66
1971	877	-	49	32
1972	324	-	131	53

OTHER ILLNESSES

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

Year	No. of cases assisted in the year	Articles loaned							Articles on charge at 31st December
		Beds and Cots	Mat-tresses	Com-modes	Walk-ing Aids	Wheel Chairs	Others	Total	
1968	1,476	102	125	527	363	520	834	2,471	3,856
1969	1,716	121	139	485	549	510	1,057	2,861	4,092
1970	1,729	144	157	526	590	540	859	2,816	4,396
1971	1,889	157	159	613	652	661	1,195	3,437	4,981
1972	2,507	170	193	834	913	758	1,418	4,286	6,128

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			
1968	52,583	260	16,933	363	70,139	12,933	244
1969	54,572	264	17,110	317	72,263	13,546	139
1970	56,116	190	18,004	357	74,667	14,553	176
1971	60,686*	216	19,970	458	81,330*	16,201*	198
1972	66,581	235	22,524	541	89,881*	17,469*	183

* Including residents in Old People's Homes.

Co-operation with Hospital Services

Year	Cases specially followed-up at request of Hospital Social Workers	Work of Geriatric Nurses* (attached to Consultant Geriatricians)		Work of Nurses employed (f) and attached to Hospital Diabetic Clinics	
		New Cases referred	Home visits undertaken	New Cases referred	Home visits undertaken
1968	89	1,064	2,146	259	805
1969	80	1,113	2,324	298	1,102
1970	102	1,209	2,317	289	1,064
1971	73	1,091	2,358	241	1,110
1972	79	1,129	2,109	244	1,164

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

f 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
1968	14	197	934	1,145
1969	20	303	1,146	1,469
1970	15	292	1,198	1,505
1971	10	317	1,498	1,825
1972	10	306	1,680	1,996

Cervical Cytology

Year	No. of Clinics		Sessions held		Cases seen		Cases recalled for further examination	Cases referred for gynaecological opinion
	*L.A.	Factory	*L.A.	Factory	*L.A.	Factory		
1968	16	3	559	11	11,098	371	40	48
1969	17	5	484	19	9,382	791	36	53
1970	18	3	431	7	10,609	233	41	47
1971	16	7	445	33	9,114	1,210	54	39
1972	16	8	439	15	9,049	458	48	37

* L.A. ... Local Authority

HEALTH EDUCATION

Meetings

Year	Addressed by			Audiences addressed				
	Health Education Officers	Others	Total	Men	Women	Boys	Girls	Total
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
1970	713 (356)	102 (17)	815 (373)	1,061	6,352	5,548	8,240	21,201
1971	557 (313)	83 (4)	640 (317)	854	5,054	5,078	6,678	17,664
1972	526 (262)	248 (46)	774 (308)	1,084	5,708	4,949	7,254	18,995

() Relaxation Classes included in totals.

Material used

Year	Films		Leaflets issued	Posters issued	Exhibitions & Displays	
	No. used	Times shewn			No. staged	Subjects covered
1968	58	701	111,076	156	35	12
1969	38	701	39,862	306	17	9
1970	37	778	27,155	430	3	2
1971	31	548	24,085	344	4	1
1972	35	705	30,679	305	1	1

NATIONAL ASSISTANCE ACTS, 1948 and 1951

(1) Incidence of Blindness

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	2	2	-	39
(b) Treatment (medical, surgical or optical)	22	2	-	48
(c) Treatment (Hospital supervision)	19	21	-	71
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	5	1	-	37

(2) Epileptics and Spastics

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

	1952	1953	1954	1955	1956	Disease
	218	218	218	218	218	Scarlet Fever
	2	7	101	80		Whooping Cough
	133	149	180	103		Measles
	-	-	-	-		Acute Poliomyelitis (paralytic)
	1	-	-	-		" (non-paralytic)
-	Epileptics				127	"
-	Cerebral Palsy				135	"
3	Epilepsy and Cerebral Palsy				6	"
43	100	129	181	101		Dysentery
	-	-	-	-		Pharyngeal Pyrexia
	-	-	-	-		Cholera's Syndrome
	-	-	-	-		Acute Typhoid
23	81	59	58	42		Tooth Throwing
	-	-	-	12		Cholerae
	-	-	-	-		Typhoid Fever
	-	-	-	-		Paratyphoid Fever
1	1	1	1	1		Reflex (Bellied contracted pharynx)
103	208	267	223	133		Relaxive Abandon

INFECTIOUS DISEASES NOTIFIED (excluding Tuberculosis)

Disease	Number of Cases Notified				
	1968	1969	1970	1971	1972
Scarlet Fever	222	229	250	220	216
Whooping Cough	80	37	181	61	9
Measles	4,192	823	5,987	469	1,753
Acute Poliomyelitis (paralytic)	-	-	-	-	-
" " (non-paralytic)	-	-	-	-	1
" Encephalitis (infective)	1	-	1	-	-
" " (post-infectious)	-	2	2	1	-
Meningococcal infection	8	6	8	7	9
Dysentery	111	281	128	100	45
∕Puerperal Pyrexia	5	-	-	-	-
Ophthalmia Neonatorum	-	1	2	-	1
∕Acute Pneumonia	57	-	-	-	-
Food Poisoning	45	68	67	41	53
∕Erysipelas	12	-	-	-	-
Typhoid Fever	-	1	-	-	-
Paratyphoid Fever	-	2	-	1	-
Malaria (believed contracted abroad)	-	1	-	1	1
*Infective Jaundice	73	107	361	508	163

* 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
1968	299	8,092	37	1	-	231	5	1	64	-	-	
1969	344	8,752	31	-	-	285	1	2	48	-	6	
1970	294	7,428	22	-	-	253	-	1	43	-	3	
1971	231	5,602	28	3	-	193	2	6	48	-	4	
1972	172	4,823	14	-	-	161	-	-	32	-	3	

* 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.

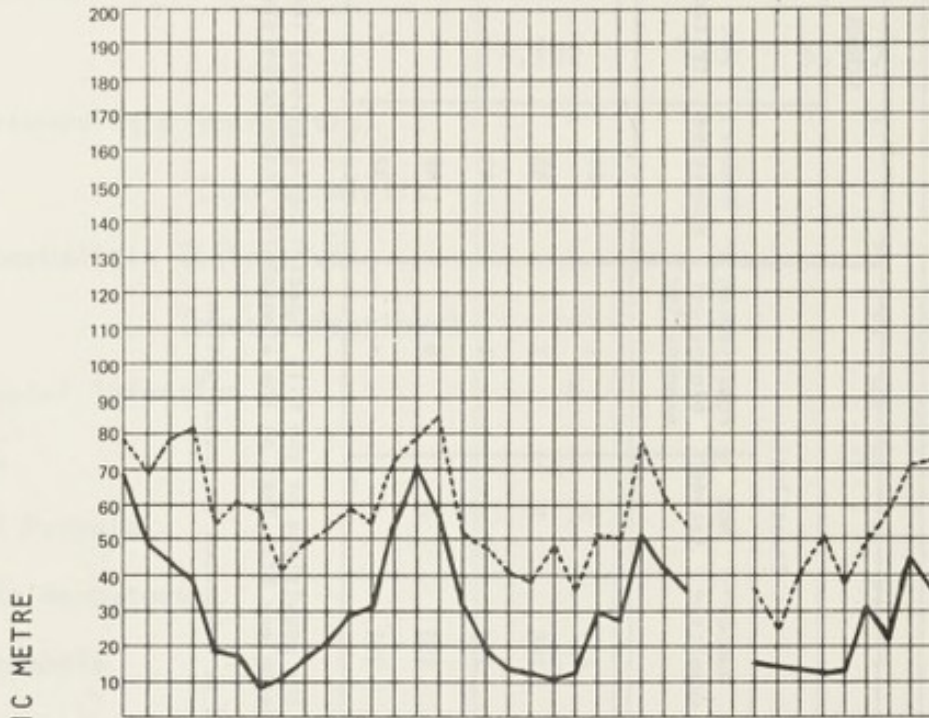
NATIONAL SURVEY OF AIR POLLUTION

Monthly averages of smoke and sulphur dioxide recorded at monitoring stations operated by the Department - December 1969 - December 1972.

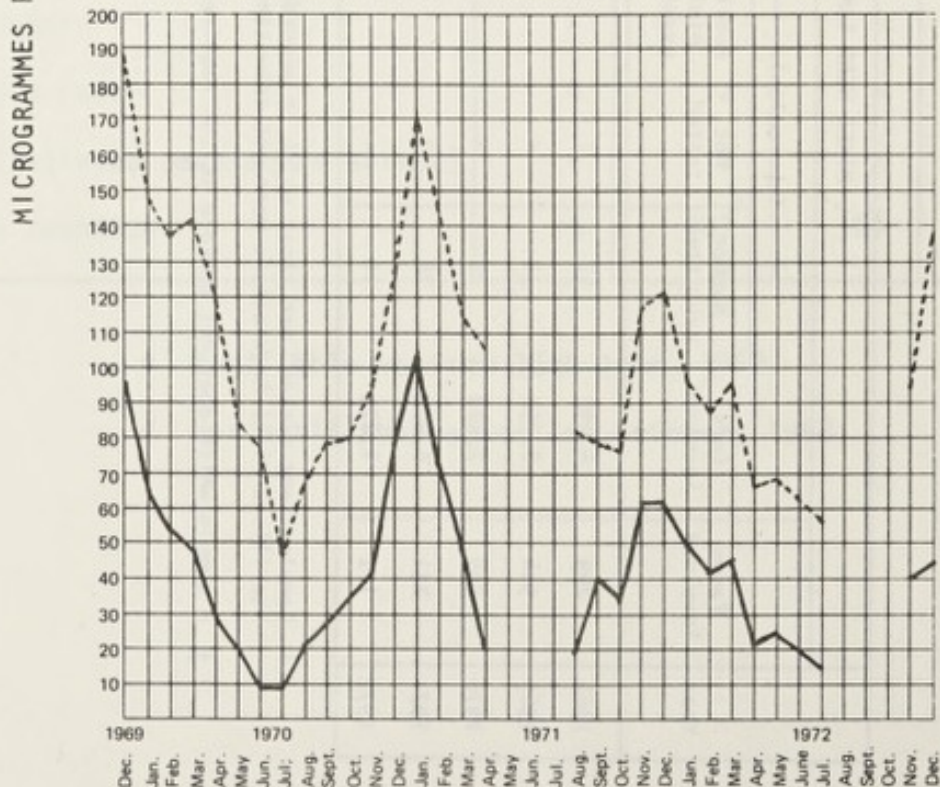
Smoke —————
Sulphur Dioxide - - - - -

Unrecorded periods are due to temporary fault of equipment when results were considered unreliable.

GROVE PUMPING STATION



RANSOM HOSPITAL



NOTTINGHAMSHIRE COUNTY COUNCIL

Annual Report

of the

PRINCIPAL SCHOOL MEDICAL OFFICER

1972

NOTTINGHAMSHIRE COUNTY COUNCIL

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PRINCIPAL SCHOOL MEDICAL OFFICER

1972

MISS F. K. MILFORD
MR. J. MOORE
MRS. J. P. RUSSELL-GERBETT
MR. H. SANDERSON

MR. C. B. BREWINGTON
MR. N. L. BOGSWORTH
DR. A. FORSYTH
CAPT. A. D. H. JAY

ONE VACANCY

31st December, 1972

EDUCATION COMMITTEE*

Chairman

ALDERMAN F. N. RUDDER

Vice-Chairman

COUNCILLOR W. Y. E. CAIRNS

Ex-Officio

ALDERMAN MRS. E. A. YATES, C.B.E., J.P.
ALDERMAN SIR FRANK SMALL, C.B.E., D.L., J.P. (Deceased 18.4.73.)
COUNCILLOR J. T. LESTER

Aldermen

BARTLAM, R. A.
BROOKS, D. A.
CROCKER, H. J.
POLLARD, B.

PUGH, MRS. A.
RUDDER, F. N.
SHARRARD, MRS. B.

Councillors

ALEXANDER, R. T.
BEARDSLEY, MRS. M.
BICKERSTAFFE, W. K.
BOSWORTH, A. H.
BROWN, S.
CAIRNS, W. Y. E.
DE LACY, M. H.
DODD, C. H.
EDWARDS, W. F.
FARR, E. S.
FOSTER, G. G.
GREEN, A.
HOLE, MRS. M. I. L.
HUDSON, E. R.
JENKINS, R. D.
McNEILL, G. A.

MINCKLEY, MRS. C.
MORRIS, W. J.
MUMBY, A. G.
NAIRN, MISS N. J.
RABBITT, R.
SIMMS, B.
STRINGER, C. E.
TUCK, H. E. C.
WADSWORTH, S.
WHITELAW, B. W.
WHITSON, F. H.
WIDDOWSON, J. H.
WORWOOD, THE REV. F. E.
WRIGHT, P. F.
WRIGHT, W. E.

Added Members

MR. C. B. BREWINGTON
MR. N. L. DODSWORTH
DR. R. FORSYTH
CAPT. A. D. H. JAY

MISS F. M. MILFORD
MR. J. MOORE
MRS. J. P. RUSSELL-GEBBETT
MR. H. SANDERSON

ONE VACANCY

*31st December, 1972

SPECIAL SERVICES SUB-COMMITTEE*

Chairman

COUNCILLOR S. BROWN

Vice-Chairman

COUNCILLOR W. E. WRIGHT

Ex-Officio

ALDERMAN MRS. E. A. YATES, C.B.E., J.P.

ALDERMAN F. N. RUDDER

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Councillors

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WIDDOWSON, J. H.

WORWOOD, THE REV. F. E.

WRIGHT, W. E.

Added Members

DR. R. FORSYTH

MR. H. SANDERSON

*31st December, 1972.

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

5th October, 1973.

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

It seems probable that this will be my last Report as Principal School Medical Officer. These Annual Reports have generally been written to describe the situation up to 31st December of the year in question, rather than at the time of writing which may be well into the following year. On this occasion, therefore, and in order to include reference to developments which have taken place since 31st December, 1972, I am including immediately after this introduction a preface which has been prepared by Dr. Michael Gibbs and which takes the form of a commentary on the existing School Health Service in Nottinghamshire, indicating some of the current trends and points of development which may be helpful to Members. Also of particular interest is the Survey of Mentally Handicapped School children made by Dr. Eva Roith which appears as an appendix on page 137 of this Report.

Once again I would like to offer my sincere thanks to the Committee and Officers for their help and support at all times, especially to the Director of Education, Mr. J. A. Stone, and his staff. Finally I would like to express my belief and hope that the excellent spirit of co-operation which has always existed between the Education and Health Departments of this Authority will pave the way to a similar working relationship in the new arrangements which will come about next April when the future value of the new Health Services to our school children will depend upon the trust between the new Local Authority and the new Health Authority and their confidence and optimism which are essential if the mechanisms suggested by the Collaboration Working Party are to prove successful.

H. I. LOCKETT

Principal School Medical Officer.

NOTTINGHAMSHIRE SCHOOL HEALTH SERVICE

COMMENTS ON THE EXISTING SERVICE BY DR. M. GIBBS, 5.10.73.

Routine Medical Examination

In the past emphasis was placed on the routine medical examination of all school children at regular intervals but, due to changing medical and social influences, a more efficient service can now be given by applying selective procedures. Currently all children are examined soon after their first admission to school but at later dates are subjected to full examination only if there is reason to suppose that this might be advisable.

The entrants medical examination is carried out between the fifth and sixth birthday but Headteachers are now making it clear that they would benefit considerably if advice on individual children with difficulties could be given before the child enters school. Small trials have been carried out to investigate the practical problems which this demand raises. Nursery education is likely to expand rapidly in the near future and close medical supervision will have to be given to these children who will be still in a stage of rapid developmental progress. The satisfactory examination of young children inevitably takes more time than that of older pupils.

The recently established Employment Medical Advisory Service requires that reports on all handicapped school leavers should be passed routinely to it, as well as to other interested persons and as that service develops it will make increasing demands on the School Health Service for further information.

A recent development is the involvement of the School Health Service in the field of Further Education as a result of being asked to give advice on students admitted to a course for the handicapped at the North Nottinghamshire College. This is likely to require an increasing amount of medical officer and nursing time and it may well be that similar courses will be started elsewhere. Many of the students attending ordinary courses could no doubt benefit from readily available medical advice and one can foresee a steadily increasing demand from this quarter.

A really efficient School Health Service can only exist where there is the closest co-operation between medical officers and nurses on the one hand and teaching staff on the other. Arrangements for routine medical examinations whereby the medical officer visits the school for a brief period each year are unsatisfactory in this respect and progress has been made by attaching medical officers to the larger comprehensive schools which they visit at regular intervals. The results have been encouraging and the scheme should be extended to as many schools as possible as the necessary personnel become available.

Handicapped Pupils

The increased survival of severely handicapped children, many of whom have multiple handicaps, allied to the recent transfer to the Education Authority of responsibility for providing education and training to children with severe mental handicap has greatly increased demands on the School Health Service. The recent increase in the County of special schools for particular handicaps and ever increasing demands by parents highlight the need for advice and further changes, either already under way or seeming imminent, such as the increasing trend for parents to wish more severely physically handicapped children to be educated in ordinary schools and the establishment of units at day schools to take pupils who would have otherwise to go to boarding schools, will require much more attention from experienced school medical officers.

Comprehensive Assessment Units such as the one about to open at the City Hospital, Nottingham, will require the special attention of the School Health Service if they are to prove fully successful and recommendations effectively implemented in the educational setting.

Teachers are becoming more aware of the potentially adverse effects of medical and social handicaps which may not be apparent at first sight and are requesting advice in cases where this might not previously have been done. The recent appointment of teachers to combined teaching and home visiting posts in some schools indicate that a steady increase in involvement is likely in this field.

School Nurses

School nurses play an important part in supervising the personal cleanliness and hygiene of pupils. In addition to assisting at medical examinations they carry out periodic tests of pupils' visual ability. Recently they have used the Keystone Vision Screener apparatus for this purpose on a trial basis. As this proved successful its use is now being extended throughout the County for all except the youngest pupils.

School Clinics

School clinics were originally established primarily to provide a source of free treatment for school children. Since this is now available elsewhere these sessions can be better utilised by providing an opportunity for a more detailed investigation of a child's problem than is available in school, especially valuable for the child with marked handicaps or where parents wish to discuss a problem uninhibited by the school atmosphere. Such a change in character is now being encouraged as it leads to a better use of the service.

Hearing Clinic

This unit, established jointly by the Education and Health Departments, is staffed by Teachers of the Deaf and has undertaken the early ascertainment of deafness in children. However, due to their increasing commitments to the teaching of school children the Teachers of the Deaf cannot continue indefinitely to undertake this work and it is felt that the diagnosis of deafness in infants should in future be undertaken by medical officers with special training.

Child Guidance Clinic

This valuable service has in the past been restricted by the shortage of specialist staff and has had to limit the help offered particularly in the northern part of the County. Increase in Consultant Psychiatrists' time offered by the Regional Hospital Board recently will, when put into effect, be very welcome and ease a long felt need.

Physiotherapists

The physiotherapists employed in the School Health Service carry out treatments in clinics on school children and also visit the homes of handicapped children of pre-school age where the mother would have difficulty in visiting a hospital department or clinic. Visits are also made to special schools for the severely educationally subnormal pupils to advise staff of ways to help the children.

Physiotherapists are also employed by the Education Department in special schools for the physically handicapped and the future deployment of all these therapists will be a matter for consideration as the Health Services re-organisation takes place.

Speech Therapy

Considerable changes have taken place in this service since the appointment of the present Senior Speech Therapist and the attainment of an increase in staff. In the past it proved impossible to fill the establishment which was consequently reduced to what was felt to be a practicable, rather than a desirable, figure. In view of the changed circumstances, it is necessary to endeavour to increase the establishment as soon as possible so that a more comprehensive service can be given.

A central clinic has been established at Clarendon Street where complex speech problems can be more adequately investigated and treated. Intensive courses of treatment for stammerers have also been held here with encouraging results and this technique will be applied to sufferers with other speech disorders in future. Speech therapy now extends to cover serious disorders of language development as well as the better known and more easily recognised defects. There is considerable need for additional emphasis to be given to the diagnosis of such handicaps but at the present time we lack a hospital department locally with a special interest in this work.

Audiometry

Four full-time audiometricians are employed to carry out screening procedures to detect hearing defects in all pupils admitted to infants schools. In addition they apply tests for the detection of visual defects, including colour blindness. Their duties are at present complementary to those of the Teachers of the Deaf and school nurses in this field and they may need in future to accept an increasing field of responsibility.

SCHOOL HEALTH SERVICE

The number of pupils on the school registers at the end of the year was 125,073 compared with 120,558 in the previous year, an increase of 4,515 (3.7%).

Medical Inspection and Treatment

There was no change in the arrangements for medical examinations or treatment of pupils during 1972 except that arrangements were made on a trial basis in part of the County involving three schools for children to be examined at school in the term before they were due to enter the infants school. This provided an opportunity to bring the child, mother, Medical Officer and Health Visitor/School Nurse into the school to discuss with the Head Teacher any potential difficulties. The results of this trial were appreciated by the Head Teachers concerned but further experience is necessary before reaching a conclusion as to whether such a system could be adopted throughout the County.

The numbers and classification of children inspected are shown in the table on page 101.

The tables on pages 125 to 126 show the defects found at routine medical inspections.

Attachment of Medical Officers to Comprehensive Schools

Several Comprehensive Schools were brought into use in 1971 and more were established in 1972. Arrangements were made in 1972 for individual Medical Officers to be attached to Comprehensive Schools and to visit at regular intervals. These visits provide an opportunity for the Medical Officer to come into much closer association with both pupils and staff and be able to give useful advice on a much wider range of problems than are usually raised in the limited time available at routine medical inspections.

Handicapped Pupils

During 1972, Medical Officers examined 752 pupils who were classified as handicapped, compared with 862 in 1971. Details of the number examined in each category are shown in the table on page 111.

Deaf and Partially Hearing Children

Following a review of the facilities available for Deaf and Partially-hearing children it was decided in consultation with the Nottingham City Authority to re-designate the Nottingham Ewing School for the Deaf where 50% of the children are from the County, as a primary day school. From September children of secondary school age who were in attendance at the Ewing School were transferred to a Unit for Deaf and Partially-hearing children which was established at the William Sharp Bilateral School, Nottingham.

Hearing Impaired Children in Ordinary Schools

There were 286 children with hearing aids being educated in ordinary schools at the close of the year, compared with 297 at the end of 1971. 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 26 children being provided with Home Tuition at the end of the year.

Special Transport

As in previous years special transport to and from school was recommended on medical grounds for children who were considered unfit to attend school by other means.

Consultant Eye Sessions for School Children at County Clinics

The arrangements with the Sheffield Regional Hospital Board for the attendance of Consultants at school ophthalmic clinics continued.

473 sessions were held at the various Clinics throughout the County at which 6,644 examinations were carried out. In addition, Dr. Regan undertook 164 retinoscopy examinations under the general supervision of the Consultant Ophthalmologists.

Details of the Clinics at which these Sessions are held are given on page 106.

Consultant Paediatric Clinic

Sessions at the Consultant Paediatric Clinic at Worksop continued throughout the year and were attended by Dr. A. F. Conchie.

Speech Therapy

I am indebted to Mrs. R. F. Kirk, for the following report on the work of the Speech Therapy Service during the year:-

The past year has been one of great interest to Speech Therapists. It has seen the publication of the report at the Committee of Enquiry into the Speech Therapy services, commonly known as the Quirk Report. The report has been accepted by the profession as a whole, and we look forward hopefully to its implementation. One of the report's most important recommendations has already been accepted by the Government, that the speech therapy services shall be united under the re-organised health service to provide a "cradle to the grave service". Speech Therapists in Nottinghamshire already working in close contact with other Health Service practitioners in Health Centres, now look forward to the time when Doctors can refer adults with speech and language problems to their local speech therapist in the Centre, rather than having to send all adult patients to the hospital.

Many of the Quirk Report recommendations regarding treatment of patients have already been accepted in Nottinghamshire. We have long recognised the importance of pre-school referral of all speech and language problems and also recognised the importance of new methods of treatment.

Since our new Clinic opened at Clarendon Street, we have held two intensive speech therapy courses for stammerers and will hold a third at Christmas 1973. At the first course, 28 children were assessed and treated and then assessed for progress. After this course 5 patients were discharged, one of whom went on to become a salesman at the Co-operative Society. All except one of the remaining patients showed a considerable improvement both in reduction in stammer and in confidence in dealing with speech situations. After our second course a further nine patients were put on observation pre-discharge. The best prognosis for this type of treatment we find is in the 10 - 13 year old range, especially where the children have not had previous direct therapy, although all the adolescents show an overall reduction of stammer.

We also run twice weekly pre-school speech therapy language play groups. We should like to have the children more often but staffing problems preclude this at the moment. Alongside the treatment of the children, a general counselling and guidance service is given to the parents. Through this, higher therapist-patient ratio and through the use of our full speech therapeutic facilities at the new clinic we find that the pre-school child has a shorter treatment span than with previous methods.

Other new treatments we are able to carry out at our clinic are intensive courses for older children with articulation problems, and group therapy for minimal articulation errors.

Perhaps the most important use that the new clinic can be put to, will be the full assessment of a child's speech and language problems. As a profession, Speech Therapists now have more accurate tests to assess a child's language and phonology. By placing more emphasis on this aspect of our work, we can make more sensible use of our skills. We can assess far more accurately which children need treatment and which children will improve by themselves.

Over the past year, our staffing position has improved and at times we have been up to our full establishment. It should be noted that even at full establishment, speech therapists are still at half staffing on Ministry recommendation, so every speech therapist is still pressed with a vast number of cases. I have asked for an increase of establishment.

With the re-organisation of the Health Services, it is obvious that more speech therapists will be needed in the community to deal with the relatively untapped problem of the stroke patients with dysphasia or dysarthria.

In March of this year 1973, we undertook a case load analysis. I state the figures below:-

1)	Deviant or Abnormal phonology (i.e. no consonants used in speech, or consonants not present in the language used etc.)		286
2)	In mature Phonology (e.g. lisp, t said for k, etc.)		249
3)	Cleft Palate		39
4)	Clutter		1
5)	Voice Disorders		2
6)	Resonance Disorder		12
7)	Stammer		82
8)	Retarded Language Development	(17)	79)
9)	Dysphasia	(6)	21)
10)	Dyspraxia	(1)	7)
11)	Dysarthria	(1))

It was the bracketed disorders at the end we were mainly concerned with. Speech therapists are content that their treatment is reasonably effective with types of cases 1) to 7) on this list. However, we are deeply concerned about the types of cases 8) - 11). It should be remembered also that some of the cases in 1) diagnosed as deviant phonology could end up with a diagnosis of dyspraxia eventually. We are most concerned about this group because their education can be so badly affected by their speech or language problem. The majority of these are children of normal intelligence, (figures in brackets denote numbers of children in special schools) whose whole educational achievement can be affected by their speech and language problem. In the retarded language group, probably only one third need special educational help, two thirds can be treated quite well in normal speech clinic situations. If we therefore combine these numbers, then children needing special education due to speech handicap currently known in this County total:-

Dyspraxia	7
Dysarthria	6
Dysphasia	21
Retarded Language	25
	<hr/>
	59
	<hr/>

This is probably a conservative estimate. For example, I was referred only recently, a 9 year old boy diagnosed as a stammerer, who had a nominal aphasia.

Many other authorities have recognised the needs of the language handicapped and have set up educational units to deal with these children. I hope that this report will stimulate the Educational Authority to consider the provision of such a unit for Nottinghamshire's language handicapped children.

CHILD GUIDANCE SERVICE

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

"As this is virtually the last County Child Guidance Service Annual Report which I will be writing before the new Local Authority takes over, and before the re-organisation of the Health Services, it would seem to be a good opportunity to discuss the impact of these two major changes on the service which we have been, and will be, giving. Inevitably this must be a difficult and limited exercise since, to date, the Department of Health and Social Services has made no final decision on the future of the Child Guidance Services. However, certain information is available, including the fact that Child Psychiatric Services, like the School Health Services, will become an integral part of the re-organised National Health Service.

In itself, the joining up of County and City to form one new Authority would have involved little real change for us. After all the two present Authorities' Child Guidance Services have always worked in very close concert; and for many years we have co-operatively and successfully shared Hostel and Consultant facilities between City and County.

Since the full psychiatric facilities of our Clinics have been provided by the Regional Hospital Board, it equally might be thought that the re-organisation of the Health Service should make little difference to our task. The important point, of course, is that our future contact with those many Departments of the Local Authority with whom we need to liaise will no longer be direct and will become much more difficult to create or maintain.

With certain agencies of the County Authority, most notably the Education Department and quite a number of its Schools, we have built up and enjoyed over the years a very good working relationship. For example, our liaison and co-operation with the Education Department in our work with the Grove Hostel is of a very high standard indeed. Where such good foundations now exist, and where we have built up adequate direct channels of communication, I have no doubt that we can continue to work as closely and satisfactorily under the re-organised Service as we have done heretofore; but where such satisfactory foundations do not exist at this present stage, then future contacts will be even more difficult to achieve after the "Appointed Day".

In addition to these important "outside" relationships, there is also the problem of the future internal structure of the Clinic. More than most other agencies, Child Guidance Clinics have built up close and mutually trusting multi-disciplinary relationships within the Clinic team. It would be a tragedy if a re-organisation, which is intended to improve good inter-disciplinary working, did anything to damage an existing and very stable team-technique.

We must await therefore with some concern the final and detailed decisions of the Department of Health and Social Services.

During 1972 we have coped with our usual professional staff shortages. Mrs. Caudell gave up her two Psychiatric Social Worker sessions with us; but fortunately Mrs. Cowell was able to increase her Psychiatric Social Worker sessions to almost full-time. As our part-time Educational Psychologist, Mrs. Fry continues

to give us most valuable service. On the psychiatric side Dr. Arkle and I were without a Senior Registrar for an appreciable part of the year.

Despite this, and thanks to the hard work of all concerned, we have kept up our quality and quantity of work, as the statistical tables will show.

Finally we must express our thanks and appreciation to our office staff. Without their help the Clinic could not function."

Audiometry

The four Audiometricians continued to combine their hearing screening tests of six-year old children with vision screening and colour vision testing. Hearing tests are also carried out on other children, of all ages, where their hearing is suspect, at the request of parents, teachers, School Medical Officers, general practitioners, health visitors or school nurses.

Children failing the hearing test are referred to the general practitioners or 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 114.

Physiotherapy

One part-time Physiotherapist, Mrs. Phinn, commenced duties in October and at the end of the year the equivalent of one and seven-tenths full-time therapists were employed.

Due to the shortage of staff if was necessary to restrict the service to the main Clinics and Special Schools.

Chiropody

A chiropody service has continued to be provided for school children. Mr. Marchant and, until her resignation in September, Miss Manka, devoted a proportion of their time to the chiropodial treatment of school children. During the year 1,161 treatments were afforded to 311 pupils by these members of staff.

Health Education

As in previous years arrangements were made for members of the Health Education team to continue their work in County schools and they report a growing interest in the promotion of health by pupils over a wide area. A wide variety of subjects was covered including general health, personal hygiene, accident prevention, food and drink infection, sex education, parentcraft, smoking, alcohol and drug addiction.

Visual aids in the form of 16 mm sound films have been used to advantage at all schools visited and a comprehensive list of films held by the Health Department library is available on request by Head Teachers.

Members of the teaching staff are not always present during Health Education periods and it is interesting to note that occasionally a request is made by the pupils for teaching staff to be excluded as questions seem to come more easily when an outside officer is taking the session.

My Health Educational personnel are as usual extremely grateful for the help of Health Visitors and School Nurses in all areas involved. Also to those schools who prefer to supply and use their own projection equipment.

Information on the work undertaken by the Health Education Section amongst school children during 1972 is given on page 112.

Employment of Children

There was no change in the arrangements for employment certificates to be issued to children requesting permission to work under the provisions of the Children and Young Persons Act, 1933. Out of a total of 728 certificates issued during the year medical examinations were carried out in 121 cases.

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

All the supplies of school milk were sampled at intervals during the year. A total of thirty two samples were taken at schools and submitted to the statutory tests for pasteurised milk at the Public Health Laboratory, Nottingham. All were shown to have been adequately pasteurised and although tests on three indicated sub-standard keeping quality, repeat samples were satisfactory.

Water Samples

Four samples of water were taken at schools during the year.

Three were check samples from storage tanks which were shown to be satisfactory. One sample was the result of a complaint that the supply had become 'brownish' but the sample was reported as bacteriologically satisfactory and the discolouration was reduced and finally removed by flushing of the mains by the Water Board.

Sewage Disposal Works

A number of schools too remote to connect to public sewers have their own treatment plant. Routine visits are made by the County Health Inspector when check samples of effluent are taken for observation or more detailed examination. In one case, samples of effluent are examined by the Public Analyst at quarterly intervals as a check on the chlorinator treating the effluent before discharge underground.

Environmental Hygiene

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

Supervision of Sewage Disposal Plant	10	
Swimming Pools	11	
Water Supply	18	
Water Samples	4	
Washing facilities and sanitary accommodation	20	
School Meals	9	
Talks to Social Education groups	16	"

THE COUNTY SCHOOL DENTAL SERVICE

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

Staffing

Whilst the total numbers of staff employed show little or no variation, there have been individual variations which have proved disruptive to the service and more important, to the patients. Staff have perforce been redeployed to maintain the service whilst vacancies, however temporary, await the arrival of new members of staff. This lack of staffing stability constitutes a serious defect in the service. The work of the County continues to give concern. Despite regrading of these posts in Worksop and East Retford to Area and Senior status, it has not been possible to fill those vacancies. Similarly, the failure to recruit an orthodontist has resulted in delegation of local control to the Area Dental Officers, only matters relating to general policy and financial control being retained in County Hall.

The proposed changes in 1974 continue to cause concern, in both professional and clerical staff. The innovation of staff meetings at regular intervals has helped to disseminate information such as there is from both Departments and the Joint Liaison Committee.

Clinics

The possibility of a new Health Centre at Hucknall has again caused a revision of the plans at Hucknall. This project, scheduled to commence in 1975, precluded the large expenditure required to provide an additional surgery and better recovery room. Nevertheless on balance, the commitment to refurbish and re-equip the existing surgery was considered justifiable and the County Architect has been instructed accordingly. The project at Mansfield has not proceeded though the accommodation has been made available to the dental service. It was planned to make this additional accommodation a specialised unit for the dentally deprived, mentally and physically handicapped and eventually to cater for all age groups. There is no doubt that this provision is required in the Mansfield and other areas but in view of amalgamation whether this provision should be made within the framework of what is now the School Service or the Hospital Service can only be decided after an assessment of total resources available to the new service. The provision of resources in terms of accommodation and dental manpower are available but other resources, particularly anaesthetic services, must be found elsewhere.

Orthodontic Service and Dental Laboratory

Despite the failure to recruit an orthodontist, this service has continued to function. Again my thanks are due to Mr. D. G. Gould, the Consultant Orthodontist, for his encouragement and advice so readily given. I must also thank the Consultant Dental Surgeons, Mr. P. Selwyn and Mr. M. Branige at Nottingham and Mansfield General Hospitals for the assistance they have given the service in general and myself in particular.

In my last report reference was made to the apprentices success in the final City and Guilds examination and that both received more remunerative offers of employment elsewhere. Initially these offers were resisted but later in the year one resigned to accept an appointment with the Regional Hospital Board as a Medical Laboratory Technician. It would appear that the skills and manual dexterity acquired during his apprenticeship have more value outside dentistry than within. The salary scale he now enjoys will lead to a maximum salary greater

than that of the Chief Technician who holds both the Advanced and Orthodontic Certificates. The implications are sufficiently obvious to warrant no further comment.

The atmosphere of speculation and counter speculation, inevitable at a time of imminent total change, leads one to agree with Damon Runyan when he says "I only believe 50% of the gossip I hear and expect that to be disproved later". It is to be hoped that with reorganisation a salaried structure will appear capable of attracting dentists of sufficient calibre to take dentistry to those at the moment who are deprived, for here the need is greatest.

My thanks are due to the County Medical Officer of Health, Director of Education, County Architect, and the dental staff for their continuing support and encouragement.

School Health Service

Summary of Statistics 1972

MEDICAL AND NURSING STAFF

	<u>No. of Medical Officers</u>	<u>Equivalent Whole-time Officers</u>
<u>Medical Officers</u>		
Position at 31st December, 1971	37	12.8
Position at 31st December, 1972	35	11.0
 <u>Nursing Staff</u>		
Chief Nursing Officer	1)	
))	
Principal Nursing Officer	1)	
))	
Area Nursing Officers	2)	
engaged part-time in School))	
Health duties))	
))	
Nursing Officers engaged	5)	
part-time in School))	
Health duties))	
))	
Full-time School Nurses	8)	together give a 38.7
Full-time Health Visitors in combined duties	67)	
Part-time Health Visitors engaged in))	
combined duties	27)	equivalent of
	) )	whole-time School
	) )	Nurses.
Assistant Clinic Nurses engaged in))	
combined duties -))	
Whole-time	2)	
Part-time	17)	

SCHOOL POPULATION

Registration details on the 31st December, 1972 were as follows:-

Number of School Departments:-

Primary	340
Secondary Modern	45
Selective	19
Special	16
Nursery	2
Comprehensive	17
	<hr/>
Total	439
	<hr/>

Number of Pupils on School Books:-

Primary	76,154
Secondary Modern	19,068
Selective	10,306
Special	1,326
Nursery	104
Comprehensive	18,115
Total	125,073

MEDICAL INSPECTION

Number of Pupils Inspected at Schools during the year 1972, together with the Comparable Figures for 1971

	<u>1972</u>	<u>1971</u>
Entrants	10,415	12,009
Intermediates	2,573	3,164
Leavers	4,433	4,951
Other Periodic Inspections	10	377
Total	17,431	20,501
Specials	4,469	3,182
Grand Total	21,900	23,683

Percentage of school population examined in periodic age groups	17.50	19.64
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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	728
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COMPARATIVE STATISTICS

Year	No. of Pupils Inspected			School Population	Percentage Inspected
	At Periodic Inspections	At Special Inspections	Totals		
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
1970	17,119	2,186	19,305	117,052	14.6
1971	20,132	3,551	23,683	120,558	19.6
1972	17,431	4,469	21,900	125,073	17.5

SELECTIVE INTERMEDIATE EXAMINATION SCHEME

(The corresponding figures for 1971 are given for comparison)

	<u>1972</u>	<u>1971</u>
Number of questionnaires issued to Parents	9,976	10,970
Percentage of questionnaires returned	94.24	95.96
Percentage of pupils selected for examination	30.76	26.00
Percentage of pupils not selected for examination	69.24	74.00
Number of questionnaires not returned	574	453

GENERAL CONDITION OF PUPILS INSPECTED

Table showing the General Condition of Pupils inspected during
the years 1965 to 1972 inclusive

Year	No. of Children Inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
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
1970	17,119	17,078	99.76	41	0.24
1971	20,132	20,109	99.89	23	0.11
1972	17,431	17,421	99.94	10	0.06

PERSONAL HYGIENE

Number of Pupils Inspected During the Year Ended
31st December 1972

	<u>Girls</u>	<u>Boys</u>	<u>Total</u>
Routine Inspections	127,326	132,756	260,082
Follow-up Inspections	3,128	2,610	5,738
	<hr/>	<hr/>	<hr/>
	130,454	135,366	265,820
	<hr/>	<hr/>	<hr/>

Percentage of Pupils Found to Have Nits at Routine Hair Inspections
During Years 1963 to 1972 Inclusive

	<u>Percentage</u> <u>Boys</u>	<u>Percentage</u> <u>Girls</u>	<u>Percentage All</u> <u>Children</u>
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	1.00
1969	0.60	1.43	1.01
1970	0.68	1.63	1.15
1971	1.00	1.87	1.43
1972	0.88	1.65	1.26

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-Health Centre	8	22	68	5	8	7	3	12	-	-	-	-	4	6
*Beeston-Dovecote Lane	8	22	40	6	8	8	4	16	-	-	-	-	4	4
*Bilthorpe	2	4	-	-	-	-	-	-	-	-	-	-	-	-
*Bingham	2	11	40	5	-	-	-	-	-	-	-	-	-	-
*Carlton-Park House	4	30	+44	5	8	7	6	20	-	-	-	-	4	6
*Calverton-New Town Centre	4	16	-	-	-	-	1	12	-	-	-	-	-	-
*Cotgrave	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*East Leake	-	-	8	5	-	-	-	-	-	-	-	-	-	-
*East Retford	8	6	16	7	8	6	4	15	-	-	-	-	2	2
*Eastwood	4	14	24	5	8	7	4	15	-	-	-	-	2	3
*Harworth	4	10	8	7	-	-	-	-	-	-	-	-	-	-
*Hucknall	8	14	40	6	4	7	2	12	-	-	-	-	-	-
*Keyworth	-	-	16	7	4	7	-	-	-	-	-	-	-	-
*Kimberley	4	10	-	-	4	4	-	-	-	-	-	-	4	4
*Kirkby-in-Ashfield	2	5	-	-	4	8	-	-	-	-	-	-	4	-
*Langold	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*Mansfield	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*Health Centre	4	19	80	6	12	10	6	20	-	-	-	9	6	6
*Pleasley Hill	4	13	-	-	-	-	-	-	-	-	-	-	-	-
*Hermitage Ave	2	5	-	-	-	-	-	-	-	-	-	-	-	-
*Abbott Road	2	2	-	-	-	-	-	-	-	-	-	-	-	-
*Mansfield Woodhouse	4	8	-	-	-	-	-	-	-	-	-	-	4	4
Newark	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*The Friary	4	9	40	6	8	6	8	12	-	-	-	-	4	4
*Hawtonville	4	11	-	-	-	-	-	-	-	-	-	-	-	-
*Old Magnus Bldgs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*Nottigham-Clarendon St.	2	3	40	5	4	7	2	10	-	-	43	5	4	2
*Ollerton-Church Circle	1	2	-	4	-	-	-	-	-	-	-	-	-	-
*Southwell	4	15	+44	5	8	9	2	18	-	-	-	-	-	-
*Stapleford	4	12	82	5	8	9	4	16	-	-	-	-	4	4
*Sutton-in-Ashfield	4	4	40	5	8	8	-	-	-	-	-	-	4	4
*New Street	4	6	-	-	-	-	-	-	-	-	-	-	-	-
*Huthwaite	4	4	-	-	-	-	-	-	-	-	-	-	8	6
*West Bridgford-Millicent Road	4	6	-	-	-	-	-	-	-	-	-	-	-	-
*Worksop	-	-	-	-	-	-	-	-	-	-	-	-	-	-
*Health Centre	8	19	8	5	8	9	4	16	1	8	4	4	2	3

* 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 University	Mr. D.Knight-Jones	Tuesday afternoons (4th Tuesday a.m. at Calverton)
Beeston	Nottingham University	Mr.G.E.Robinson	Tuesday mornings
Carlton	Nottingham University	Mr.G.E.Robinson	Friday mornings & alternate Thursday afternoons
Eastwood	Nottingham University	Dr. H. Fraser	Friday afternoons
Hucknall	Nottingham University	Mr.S.M.Haworth	Alternate Thursday afternoons
Mansfield	Mansfield	Mr.S.M.M.Sheriff	Tuesday afternoons alternate Friday afternoons
Newark	Nottingham University	Mr.D.Knight-Jones	Wednesday after- noons
Nottingham Clarendon St.	Nottingham University	Mr.S.N.M.Rizk	Alternate Thursday afternoons
Retford	Worksop and Retford	Dr.N.M.Watters	Monday mornings
Stapleford	Nottingham University	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

The only Consultant Paediatric Sessions still in progress are those at Worksop, which are conducted by Dr. Conchie under arrangements with the Sheffield Regional Hospital Board.

Sessions held during year 5

New Cases:-

(a) Pre-school	6
(b) School	4

Attendances:-

(a) Pre-school	10
(b) School	21

Total	31
--------------	----

The total attendances at this Clinic since 1966 have been as follows:-

1966	1967	1968	1969	1970	1971	1972
53	44	42	54	65	34	31

SPEECH THERAPY SESSIONS AT CLINICS, ETC.

AS AT 31st DECEMBER, 1972

	<u>Number on Register</u>	<u>Number on Waiting List</u>
Arnold	50	7
Beeston	56	5
Carlton	57	3
Derrymount Day Special School	28	-
Eastwood	40	17
Hopwell Hall Special School	18	-
Hucknall	31	4
Keyworth	37	6
Mansfield	107	20
Newark	56	-
Ollerton	30	9
Park Hall Day Special School	13	-
Parkside Day Special School	15	-
Ramsdale Park Special School	16	-
Retford	38	6
Stapleford	57	21
Sutton-in-Ashfield	50	17
West Bridgford	60	11
Worksop	50	7
	—	—
	809	133
	—	—

SPEECH THERAPY

The equivalent of 5.80 whole-time Speech Therapists were employed at the end of the year compared with 2.60 in 1971.

Cases receiving treatment on 1.1.72.	221
Cases temporarily suspended on 1.1.72.	605
Cases on waiting list 1.1.72.	132
Cases admitted during 1972	479
Cases discharged during 1972	412
Cases receiving treatment 31.12.72.	251
Cases temporarily suspended 31.12.72.	558
Cases on waiting list 31.12.72.	133

Summary of Cases Discharged

Requiring no further treatment	292
Left School	28
Left the District	14
Discharged under observation on account of persistent non-attendance	52
Pending transfer to other clinics	20
At Parents Request	6
	<hr/> 412 <hr/>

Result of Treatment of the Cases Discharged

	<u>Stammer</u>	<u>Other Speech Defects</u>	<u>Total</u>
Achieved normal speech	6	185	191
Greatly improved	4	94	98
Showed some improvement	4	56	60
Showed little or no improvement	2	61	63
Total	<hr/> 16 <hr/>	<hr/> 396 <hr/>	<hr/> 412 <hr/>

ATTENDANCES AT MINOR AILMENT CLINICS

1965 - 1972 INCLUSIVE

<u>Year</u>	<u>Total School Population</u>	<u>Total Attendances</u>	<u>Individual Attendances</u>
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
1970	117,052	14,466	4,629
1971	120,558	16,709	5,168
1972	125,703	15,644	5,008

COMPARATIVE STATISTICS

	<u>1972</u>	<u>1971</u>
Injuries	80	54
Skin Conditions		
(a) Impetigo	37	29
(b) Eczema	48	39
(c) Warts	1422	1173
(d) Other	491	434
Minor Infections of Eye and Eyelids	59	40
Nasopharyngeal Infections	90	120
Bronchitis	8	10
Otitis Media	18	30
Removal of Wax	82	116

TREATMENT OF ENURESIS (ALARM APPARATUS)

No. of children treated during 1972	157	
No. of successful cases	95	(60%)

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	-	-	-	-	-	-	-	-
Partially Sighted	-	2	-	-	-	-	-	2
Deaf	7	2	-	-	-	-	-	9
Partially Hearing	4	1	-	-	-	-	-	5
Epileptic	-	-	-	-	-	-	-	-
Educationally Subnormal	146	19	-	45	253	19	207	689
Physically Handicapped	25	9	-	-	-	-	-	34
Delicate	7	5	-	-	-	-	-	12
Maladjusted	1	-	-	-	-	-	-	1
TOTALS	190	38	-	45	253	19	207	752

HEARING IMPAIRED CHILDREN IN ORDINARY SCHOOLS

No. of children with hearing aids in ordinary schools at the end of the year 286

(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 School visits		214
No. of films shown		323
No. of talks given		214
Pupils addressed -	Boys	4,949
	Girls	7,254
		<u>12,203</u>

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

<u>Men</u>	<u>Women</u>
119	196

In addition, Health Visitors, made 163 School Visits and talked to 1,067 Boys and 2,721 Girls.

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	31,877	
	(b) As Specials	<u>7,774</u>	
			39,651
(2)	Number found to require treatment		23,240
(3)	Number offered treatment		19,366
(4)	Number actually treated		12,332
(5)	Number of attendances made by pupils for treatment, excluding those recorded at 11 (g)		34,944
(6)	Half-days devoted to:-		
	(a) Periodic (School) Inspection	211	
	(b) Treatment	5,235	
	(c) Dental Health Education	<u>2</u>	
			5,448
(7)	Fillings:		
	(a) Permanent Teeth	28,618	
	(b) Temporary Teeth	<u>6,604</u>	
			35,222
(8)	Number of Teeth Filled:		
	(a) Permanent Teeth	22,884	
	(b) Temporary Teeth	<u>6,036</u>	
			28,920
(9)	Extractions:		
	(a) Permanent Teeth	3,265	
	(b) Temporary Teeth	<u>9,882</u>	
			13,147
(10)	Administration of general anaesthetics for extractions		1,791

(11) Orthodontics:

(a) Cases commenced during the year	123
(b) Cases carried forward from previous year	64
(c) Cases completed during the year	184
(d) Cases discontinued during the year	19
(e) Removable appliances fitted	303
(f) Fixed appliances fitted	93
(g) Total attendances	1,686

(12) Number of pupils supplied with artificial teeth 116

(13) Other operations:

(a) Crowns	49
(b) Other Treatment	<u>4,282</u>
	4,331

HEARING DEFECTS

Sweep Testing

Number of Schools visited by Audiometricians	226
Number of tests carried out	14,022
Number of pupils tested	11,069
Number of pupils with normal hearing	9,253
Number of pupils who failed the test	<u>1,816</u> 11,069
Number of pupils who failed repeat sweep test	1,314
Number of pupils referred to Medical Officers	1,010
Number of pupils referred to retest at at later date	<u>87</u> 1,097

CHILD GUIDANCE CLINIC

	<u>Total</u> <u>1972</u>	<u>Boys</u>	<u>Girls</u>	<u>Total</u> <u>1971</u>
New cases seen during 1972	...	248	115	360
Nottingham area	...	179	75	250
Mansfield & West Notts.	...	38	26	63
Newark area	...	10	9	25
Worksop/Retford area	...	21	5	22
New cases referred during 1972 but still awaiting investigation			-	63

	Nottingham (Boys) (Girls)	Mansfield & West Notts. (Boys) (Girls)	Newark (Boys) (Girls)	Worksop/Retford (Boys) (Girls)	Total	1971 Total
Pre-school	12	-	3	2	23	21
Infants	30	10	-	7	62	59
Junior	76	13	4	6	138	151
Secondary Modern	23	5	2	2	52	58
Comprehensive	22	4	1	3	48	38
Grammar Technical	2	2	-	-	8	9
Grammar	3	3	-	1	17	12
Private	6	-	-	-	7	7
Community school	-	-	-	-	-	-
Special school	1	1	-	-	4	3
Open-Air school	-	-	-	-	-	-
Home Tuition	-	-	-	-	-	-
Not attending	2	-	-	-	2	2
Left school	2	-	-	-	2	-
	179	38	10	21	363	360
PROBLEMS						
Behaviour	85	26	9	19	215	222
Delinquency	19	-	-	-	23	22
Nervous problems	12	4	-	1	25	25
Enuresis	2	5	-	1	13	8
Backwardness	18	-	-	-	28	26
Speech problems	4	-	-	-	4	5
Physical symptoms	4	2	1	1	13	8
Special advice	35	1	-	-	42	44
	179	38	10	21	363	360

CHILD GUIDANCE CLINIC

SOURCES FROM WHICH REFERRED	Nottingham (Boys)	Nottingham (Girls)	Mansfield & West Notts. (Boys)	Mansfield & West Notts. (Girls)	Newark (Boys)	Newark (Girls)	Workshop/Retford (Boys)	Workshop/Retford (Girls)	Total	1971 Total
School Medical Officers	56	20	11	6	3	1	4	1	102	84
Juvenile Courts and Probation Officers	19	4	-	-	-	-	-	-	23	23
Director of Education and Head Teachers	31	18	10	7	1	5	11	1	84	102
General Practitioners and Hospitals	45	23	16	12	5	2	5	3	111	106
Parents	18	6	1	1	-	-	1	-	27	26
Director of Social Services	7	3	-	-	1	-	-	-	11	10
Speech Therapists	2	1	-	-	-	-	-	-	3	4
Other sources	1	-	-	-	-	1	-	-	2	5
	179	75	38	26	10	9	21	5	363	360

CHILD GUIDANCE CLINIC

DISPOSAL OF CASES	Nottingham (Boys)	Nottingham (Girls)	Mansfield & West Notts. (Boys)	Mansfield & West Notts. (Girls)	Newark (Boys)	Newark (Girls)	Workshop/Retford (Boys)	Workshop/Retford (Girls)	Total	1971 Total
Advice to parents, schools, Court, etc	54	27	5	5	3	2	4	-	100	98
Intensive treatment recommended	39	18	3	6	1	2	2	-	71	66
Less intensive treatment of parent or child recommended	62	15	14	7	4	4	14	4	124	101
Recommended admission to:-										
Special school for E.S.N. pupils or special class	3	2	-	-	-	-	-	-	5	17
Open-Air school	-	-	-	-	-	-	-	-	-	-
Community school	-	-	-	-	-	-	-	-	-	-
Hostel for Maladjusted child- ren	1	1	1	-	-	-	-	-	3	2
School for Maladjusted child- ren	-	-	-	-	-	-	-	-	-	-
Care of Local Authority	-	-	-	1	-	-	-	-	1	2
Special school for physically handicapped	-	-	-	-	-	-	-	-	-	-
Referred elsewhere for treatment or advice	10	5	4	1	-	-	-	-	20	20
Still under investi- gation	8	6	8	5	1	-	-	1	29	42
Unco-operative	2	1	3	1	1	1	1	-	10	12
	179	75	38	26	10	9	21	5	363	360

CHILD GUIDANCE CLINIC

CASES SEEN FOR INTENSIVE TREATMENT

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

	<u>Boys</u>	<u>Girls</u>	<u>Total</u>	<u>1971</u>	<u>Total</u>
Under treatment at January, 1972 ...	42	24	66		63
Treatment commenced during 1972 ...	26	22	48		56
Discharged from treatment during 1972 ...	41	27	68		53
<u>Analysis of results:</u>					
Satisfactory improvement ...	20	14	34		29
Partial improvement ...	20	8	28		19
No change ...	-	1	1		3
Unco-operative ...	1	4	5		2
Still under intensive treatment at 31.12.72.	27	19	46		66

CASES SEEN FOR SUPERFICIAL TREATMENT

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

Under treatment at January, 1972 ...	214	40	254		255
Treatment commenced during 1972 ...	151	53	204		168
Discharged from treatment during 1972 ...	114	32	146		169
Still under superficial treatment at 31.12.72.	251	61	312		254

CLOSED CASES DURING 1972

1. Closed for clinical reasons; treatment or survey terminated					
a) Satisfactory improvement ...	63	26	89		70
b) Slight improvement ...	24	11	35		43
c) No change ...	6	-	6		3
2. Closed for other reasons: parents unco-operative, admitted to Community School, left district, etc.					
a) Much improved ...	4	3	7		7
b) Slight improvement ...	29	9	38		52
c) No change ...	29	10	39		47
3. Closed as no further Child Guidance action necessary, diagnostic or advice only					
a) Diagnostic only ...	-	-	-		-
b) Advice only ...	90	54	144		156

<u>TOTAL NUMBER OF CASES SEEN DURING 1972</u> ...	560	207	767		773
---	-----	-----	-----	--	-----

Note:- Those children discharged from intensive treatment but transferred to superficial treatment during 1972 have been included under both categories.

CHILD GUIDANCE CLINIC

INTERVIEWS DURING 1972	Nottm.	Mansfield & West Notts.	Newark	Worksop/ Retford	Total	1971 Total
<u>Psychiatrists</u>						
Diagnostic ...	210	34	20	26	290	297
Treatment ...	806	82	239	23	1,150	965
Surveys ...	240	88	153	52	533	401
Parents ...	1,099	201	137	119	1,556	1,271
Others ...	287	45	180	32	544	521
Visits ...	17	1	135	1	154	142
<u>Psychiatric Social Workers</u>						
Diagnostic ...	127	61	13	26	227	242
Advisory interviews with parents ...	102	35	-	-	137	81
Advisory interviews with others ...	1	1	-	-	2	1
Visits to homes, schools, Children's Homes, Hostels	7	3	3	2	15	9
<u>Educational Psychologist</u>						
Testing ...	218	-	-	-	218	218
Remedial teaching ...	208	-	-	-	208	164
School visits ...	-	-	-	-	-	-
Surveys ...	39	-	-	-	39	37
Interviews with parents	85	-	-	-	85	79
Visits to Children's Homes, Hostels, Remand Home, etc.	-	-	-	-	-	-
TOTAL interviews with children			...		2,438	2,082
" " " parents			...		2,005	1,673
" " " others			...		546	522
" visits to homes, Hostels, Remand Home, Children's Homes, Schools			...		169	151

DEATHS OF SCHOOL CHILDREN 1972

Accidents

<u>Cause</u>	<u>Number</u>
Road Accidents	13
Drowning (1 River, 1 Sea)	2
Burns (1 Nightdress caught fire) (1 Fire in outside shed)	2
Fall (from bedroom window at home)	1
Suicide (by hanging)	1
	<hr style="width: 100%; border: 0.5px solid black;"/>
	19

9 Boys

10 Girls

Other

Acute Appendicitis	1
Asthma	1
Cancer	2
Cerebral Tumour	2
Congenital heart disease	2
Hydrocephallus	3
Leukaemia	2
Spastic	1
Spina Bifida	1
T.B. Meningitis	1
	<hr style="width: 100%; border: 0.5px solid black;"/>
	16

8 Boys

8 Girls

INFECTIOUS DISEASES

Work carried out by school nurses in connection with the control of infectious diseases during 1972

Visits to Schools	60
Visits to Pupils' Homes	37

NUMBER OF CASES OF INFECTIOUS DISEASES REPORTED AS OCCURRING IN SCHOOLS DURING 1972. TOGETHER WITH COMPARABLE FIGURES FOR 1971.

	<u>1972</u>	<u>1971</u>
Scarlet Fever	84	89
Measles	539	116
German Measles	194	393
Whooping Cough	-	21
Mumps	631	190
Chicken-Pox	424	1,024
Jaundice	52	74
Dysentery	2	12
Meningitis	1	-

Tuberculosis

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

B.C.G. Vaccination of School Children

No. Skin tested	9,395
No. found to need vaccination	7,813
No. vaccinated	7,669

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 attendance taking meals	Average number taking milk per day	Percentage of pupils in attendance taking milk
1969	114,366	74,025	72	59,313	90
1970	117,052	72,940	69	60,172	90
1971	120,558	68,106	61	24,051	35
1972	125,073	75,106	66	26,684	38

(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 who have received a full medical examination	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 No.	Unsatisfactory No.		for defective vision (excluding squint)	for any other condition recorded at Part II	Total individual pupils		
								(3)	(4)	(6)	(7)	(8)
(1)	(2)			(5)					
1968 and later	65	65	-	-	1	20	15		
1967	1,464	1,464	-	-	44	147	151		
1966	6,946	6,941	5	-	217	646	742		
1965	1,657	1,656	1	-	58	147	168		
1964	186	186	-	-	9	17	23		
1963	97	97	-	-	7	12	15		
1962	2,009	2,005	4	6,907	103	347	384		
1961	537	537	-	-	31	42	55		
1960	27	27	-	-	1	1	2		
1959	7	7	-	-	1	-	1		
1958	132	132	-	42	14	34	36		
1957 and earlier	4,304	4,304	-	2,502	296	296	505		
TOTAL	17,431	17,421	10	9,451	782	1,709	2,097		

B. - Other Inspections

Number of Special Inspections	9,659
Number of Re-inspections	<u>1,873</u>
Total	<u>11,532</u>

C. - Infestation with Vermin

(i) Total number of individual examinations of pupils in the schools by the school nurses or other authorised persons	265,820
(ii) Total number of individual pupils found to be infested	1,609
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	-
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	-

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION

IN THE YEAR ENDED 31st DECEMBER, 1972

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				Special Inspection	
		Entrants	Leavers	Others	Total		
4	Skin	T	132	88	67	287	2,029
		O	131	32	27	190	108
5	Eyes: (a) Vision	T	336	310	136	782	461
		O	957	234	157	1,348	358
	(b) Squint	T	121	14	21	156	98
		O	85	7	24	116	53
	(c) Other	T	14	8	4	26	57
		O	21	8	7	36	22
6	Ears: (a) Hearing	T	88	14	24	126	229
		O	313	11	90	414	208
	(b) Otitis Media	T	52	9	12	73	33
		O	149	9	20	178	31
	(c) Other	T	13	4	4	21	88
		O	23	3	6	32	21
7	Nose and Throat	T	145	45	57	247	148
		O	506	39	109	654	158
8	Speech	T	94	2	5	101	175
		O	157	2	12	171	137
9	Lymphatic Glands	T	10	-	-	10	5
		O	117	8	14	139	26
10	Heart	T	19	8	6	33	21
		O	144	25	25	194	88

- Periodic Inspections - continued

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS				Special Inspection	
		Entrants	Leavers	Others	Total		
11	Lungs	T	60	19	14	93	45
		O	167	29	43	239	88
12	Development - (a) Hernia	T	44	4	4	52	13
		O	28	-	4	32	9
	(b) Other	T	44	25	42	111	129
		O	242	18	49	309	100
13	Orthopaedic - (a) Posture	T	6	3	4	13	8
		O	35	7	5	47	24
	(b) Feet	T	42	24	29	95	37
		O	110	24	28	162	41
	(c) Other	T	24	26	11	61	63
		O	64	36	19	119	46
14	Nervous System - (a) Epilepsy	T	8	5	7	20	69
		O	32	3	20	55	35
	(b) Other	T	10	6	18	34	38
		O	132	6	41	179	86
15	Psychological - (a) Development	T	13	2	14	29	126
		O	180	10	42	232	133
	(b) Stability	T	13	9	16	38	146
		O	141	16	54	211	129
16	Abdomen	T	22	4	12	38	21
		O	108	17	46	171	35
17	Other	T	15	11	19	45	178
		O	56	10	39	105	84

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	113
Errors of refraction (including squint)	* 6,162
Total	6,275
Number of pupils for whom spectacles were prescribed	2,642

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

Received operative treatment -	
(a) for disease of the ear	285
(b) for adenoids and chronic tonsillitis	925
(c) for other nose and throat conditions	240
Received other forms of treatment	1,738
Total	3,188
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1972	31
(b) in previous years	267

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	522
(b) Pupils treated at school for postural defects	13
Total	535

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

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

Ringworm	(i) Scalp	-
	(ii) Body	23
Scabies		55
Impetigo		26
Other Skin diseases		<u>2,179</u>
	Total	<u>2,283</u>

Group 5 - Child Guidance Treatment

Pupils treated at Child Guidance Clinics	767
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Group 6 - Speech Therapy

Pupils treated by Speech Therapists	1,305
-------------------------------------	-------

Group 7 - Other Treatment given

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	23
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	7,669
(d) Miscellaneous	<u>3,069</u>
Total	<u>10,751</u>

HEALTH SERVICES

STAFF

The following is a list of personnel employed on the 31st December, 1972:-

County Medical Officer and Principal School Medical Officer -

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

Senior Medical Officer for Maternal and Child Health -

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

Senior Medical Officer - (with special responsibilities for Mental Health)

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

Clinical Medical Staff

Senior Medical Officers (for Maternal and Child Health and School Health Services) -

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

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

G. M. WAKLEY, M.B., Ch.B.

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

Whole-time -

S. Y. FIELD, M.B., Ch.B.

A. GREEN, M.B., Ch.B., D.C.H.

Part-time -

K. M. BELK, M.B., Ch.B.

M. A. BEVERLEY, M.B., Ch.B.

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.

A. COLLINSON, M.B., Ch.B.

F. COUTTS, M.B., Ch.B., D.Obst. R.C.O.G.

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.

A. HARROW, M.B., Ch.B.

M. HAYDON-BAILLIE, M.R.C.S., L.R.C.P., M.B., B.S., F.R.C.S.
 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.
 J. KELLY, M.B., Ch.B.
 S. A. LEWIS, M.B., Ch.B., D.P.H.
 M. MAIN, M.B., Ch.B.
 J. S. McCracken, M.B., Ch.B., D.Obst. R.C.O.G.
 J. I. M. McLACHLAN, M.B., B.S., M.R.C.S., L.R.C.P., 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. M. REDFERN, M.R.C.S., L.R.C.P., D.P.H.
 T. H. ROFFE, M.B., B.S.
 J. G. SMITH, M.B., Ch.B., D.Obst. R.C.O.G., D.C.H.
 A. M. WALKER, M.B., Ch.B.
 L. A. WILSON, B.Sc., M.B., Ch.B., M.D., D.P.H., D.C.H.
 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

 J. GOLDSBROUGH, M.B., B.S., M.F.C.M., D.P.H.
 Arnold and Carlton Urban Districts

 T. F. HAYNES, M.B., Ch.B., M.F.C.M., 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., M.F.C.P.
 Eastwood and West Bridgford Urban Districts and Basford and
 Bingham Rural 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., M.F.C.M., 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 -

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

VACANCY

East Retford and Worksop Boroughs, and
 East Retford and Worksop Rural Districts

VACANCY

Arnold and Carlton Urban Districts

VACANCY

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

VACANCY

Mansfield Borough, Mansfield Woodhouse and Warsop
Urban Districts

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

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

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

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

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. M. HAWORTH, M.B., Ch.B., D.O., F.R.C.S.

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

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.

Consultant Orthopaedic Surgeon to the Thieves Wood Special School -

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

Dental Staff

County Dental Officer and Principal School Dental Officer -

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

Area Dental Officers -

P. G. DUDLEY, L.D.S.

H. T. THOMAS, B.D.S. (Two vacancies)

Senior Dental Officers -

D. ALDERSON, B.D.S.

M. ARMITAGE, L.D.S.

S. MAKIN, L.D.S. (Two vacancies)

Dental Officers -

Whole-time -

J. M. DAVIES, B.D.S.

P. A. FINLOW, L.D.S.

S. M. MITCHELL, B.D.S.

M. J. SAVIDGE, B.D.S.

Part-time -

J. R. BARKER, L.D.S.

P. M. CADDICK, B.D.S.

M. S. S. DAVIS, L.D.S.

H. GARSTANG, L.D.S.

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

S. MELLOR, L.D.S.

J. M. SMALL, L.D.S.

(Vacancies equal to the time of approximately one Dental Officer).

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

Dental Laboratory -

Chief Technician

N. HAWKINS

Technicians

2 (2 vacancies)

Apprentice Technician

1

Dental Auxiliaries

2

Dental Surgery Assistants

24 - including 7 part-time (8 vacancies)

Nursing and Allied Staff

Chief Nursing Officer

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

Principal Nursing Officer

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

Area Nursing Officers

C. M. PAXTON, S.R.N., S.C.M., H.V.Cert.

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

(Three vacancies)

Nursing Officers

D. CANDELAND, S.R.N., S.C.M., H.V.Cert.

S. STAPLETON, S.R.N., S.C.M., H.V.Cert.

E. J. MORTON, S.R.N., S.C.M., H.V.Cert.

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

R. PENISTONE, S.R.N., S.C.M., H.V.Cert.

Health Visitors

95 - including 26 part-time (22 vacancies)

County Midwives/District

Nurse Midwives/District

Nurses

221 - including 38 part-time (25 vacancies)

Tuberculosis Visitors

3 - including 1 part-time (2 vacancies)

School Nurses 9 - including 1 part-time
Geriatric Nurses 1 - (one vacancy)
Assistant Clinic Nurses 19 - including 17 part-time

Staff for Other Special Services

County Ambulance Officer -

F. E. JOLLEY

County Health Inspector -

G. H. EARNSHAW

Health Education Officer -

N. S. WASS

Assistant Health Education Officers - 2

Chiropody -

R. E. MARCHANT - Chief Chiropodist

Chiropodists - 2 vacancies

(plus 45 employed on case/sessional basis)

Educational Psychologists (Child Guidance) -

J. FRY (Part-time)

Senior Psychiatric Social Worker (Child Guidance) -

G. M. COWELL (Part-time)

Speech Therapy -

R. F. KIRK - Senior Speech Therapist

Speech Therapists

6 - including 2 part-time

Physiotherapists -

4 - including 3 part-time (1 Vacancy)

Audiometricians - 4

Central Office Staff

Principal Administrative Officer -

E. GILLOTT

Deputy Principal Administrative Officer -

R. J. MARLOWE

Senior Administrative Officer - Accounts and Supplies -

R. GOSPEL

Administrative Officers - School Health Service -

E. LEWIS

General Services -

A. LEIVERS

Ambulance Service -

G. C. SOUTHERN

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

As at 31st December, 1972

<u>District</u>	<u>Medical Officer of Health</u>	<u>Address</u>	<u>Telephone No.</u>
<u>BOROUGHS</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 22561
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	J. Goldsbrough	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	J. Goldsbrough	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, Kirkby-in-Ashfield.	Kirkby-in- Ashfield 3818
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 869651
<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

A SURVEY OF MENTALLY HANDICAPPED SCHOOL CHILDRENby Eva Roith, M.R.C.Psych, M.F.C.M.Introduction

Severely subnormal children of school age were recognised by the Education (Handicapped Children) Act, 1970, as a group of children who required and were entitled to special education. Prior to this Act such children were classified as unsuitable for school under Section 57 of the Education Act, 1944. They could then be admitted to training centres which were administered by the local health authorities. However, in many parts of the country the number of places was insufficient for those requiring them and often the most severely handicapped, especially if they had associated disabilities, remained at home or were admitted to hospitals for the subnormal.

Nevertheless the numbers admitted to training centres were gradually increasing over the past ten years and by 1970 most training centres had special provision for the more severely handicapped children, and also for those mentally handicapped children who suffered from associated physical handicaps. This situation was reflected by a change in the type of child admitted to hospitals for the mentally subnormal. It was becoming increasingly rare for children suffering from uncomplicated mental handicap to be admitted to hospital, unless there were compelling social reasons.

In April, 1971, the education of severely mentally handicapped children of school age became the responsibility of the local education authorities, and they are now educated in special schools as are other categories of handicapped children. For educational purposes children who are assessed as being severely mentally handicapped (severely subnormal) are E.S.N.(S), and those with less severe handicap (subnormal) are E.S.N.(M).

Survey

In the Administrative County of Nottinghamshire there were at the end of 1972 125,073 children attending Local Authority schools. Of these 365 attended day special schools for the mentally handicapped. This figure includes nine children who attended a day special school but were resident in an adjacent hospital for the mentally subnormal. A further 66 children who were resident in a hospital for mentally subnormal were attending the hospital school daily. There was thus a total of 431 severely mentally handicapped school children, between three and four per thousand of the total school population.

Associated Handicaps

Severely mentally handicapped children differ from other groups of handicapped children requiring special education in that a larger proportion suffer from dual and even multiple handicaps. Mentally handicapped children also suffer to a greater extent than normal children from minor defects of hearing and vision, are smaller in height, and due to the large numbers of mongol children, there is an increased incidence of congenital heart defects, and defective speech.

Only the severe associated disabilities are considered here. These are conditions such as epilepsy and the physical disabilities affecting posture and movement which follow brain damage. Such disorders are extremely rare in mongol children, who form one-third of the population of the day special schools for the severely mentally handicapped. In spite of the fact that these children were

included in the survey, the prevalence of severe associated disabilities was high.

Epilepsy

Of the 365 children attending school and living at home 61 (16.7%) were epileptics and were receiving anticonvulsant drugs. Of these children 26 (7.4%) were poorly controlled and had frequent fits at school. In contrast with this number, it has been estimated that between 6 and 8 per thousand school children in the United Kingdom suffer from epilepsy.¹ In some cases epilepsy was accompanied by other signs of brain damage as in children suffering from cerebral palsy. Severe mental retardation occurs in approximately 25% of those affected by cerebral palsy.²

Physical Handicap

Thirty-five (9.5%) were severely physically handicapped. This does not include children who suffered from mild forms of cerebral palsy, or haemiplegia which, whilst restricting fine movements and leading to clumsiness, did not seriously affect the activities of the child at school. The 35 children were all so severely handicapped that they could not walk, and required wheelchairs at school and at home. Many, however, could feed themselves and take part in school activities not involving mobility. The cause of this severe disability was usually cerebral palsy or hydrocephalus.

Other Handicapping Conditions

There were two children completely blind and 11 registered as partially sighted.

Three were profoundly deaf, and 3 partially hearing.

There were 5 children with severe heart defects.

Behaviour Problems

Along with children suffering from severe epilepsy this group posed the greatest educational problem. Such children were usually extremely difficult to manage in the home environment and, as with severe epileptics, their numbers were high among those in the hospital school. Among the children attending day schools for the mentally handicapped, there were 15 in this category. Of these, 2 children were frankly psychotic, 3 were autistic, and the remaining 10 were over-active and attention-seeking. They required constant and individual attention; they could not be left to do simple work or play in a group under general supervision; they could not concentrate. Many of them shouted and ran about constantly.

Comparison With Other Groups of Educationally Subnormal Children

A. There were 66 severely mentally handicapped children resident in a hospital for the severely subnormal and attending the hospital school. Sixteen (24.2%) were severely physically handicapped, 22 (33.3%) were epileptic, and 22 (33.3%) were disturbed.

B. In a group of 112 children who were assessed as E.S.N.(M) and attended a special day school there were 6 epileptic, only one pupil had a slight physical handicap, 4 were partially deaf. The prevalence of epilepsy is higher than one would expect in a normal school population, but none were severe, or required large amounts of drugs for control, so did not constitute an educational problem.

REFERENCES

1. H.M.S.O.1969 "People with Epilepsy". SNB.11. H.M.S.O.London.
2. DHSS, January 1970 "Cerebral Palsy".



