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URBAN DISTRICT
OF BOLSOVER
DERBYSHIRE



ANNUAL REPORT

OF THE

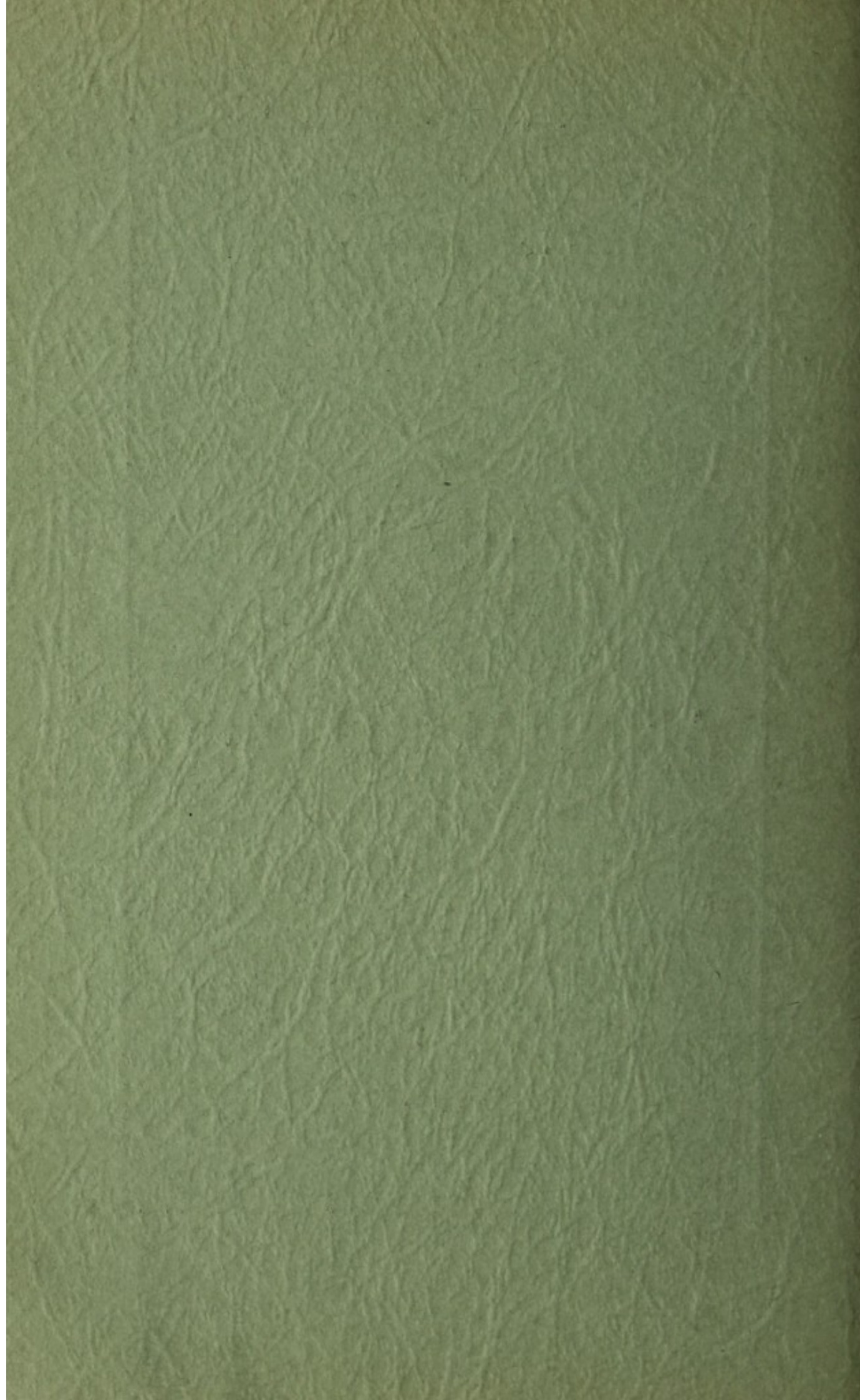
Medical Officer of Health

and the

Public Health Inspector

FOR THE YEAR

1958



URBAN DISTRICT
OF BOLSOVER
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ANNUAL REPORT

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BOLSOVER URBAN DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE

(As at 31st December, 1958)

Councillor S. T. Fisher (Chairman)

Councillor J. W. Bluff	Councillor S. Jennings
Councillor Mrs J. Colledge,	Councillor W. B. Revill
Councillor T. Colledge, J.P., C.A.,	
Councillor D. A. Coupe	Councillor J. W. Savage
Councillor F. Cross,	Councillor M. W. Simpson,
Councillor G. Fisher	B.E.M.
	Councillor J. Spray

PUBLIC HEALTH STAFF :

Medical Officer of Health :

Dr. A. R. ROBERTSON, M.B., Ch.B., D.P.H.
"Dale Close," 100, Chesterfield Road South, Mansfield,
(Tel. : Mansfield 811)

Clerk: Miss P. M. WILSON.

Deputy Medical Officer (Part time)

Dr. R. R. LANE.

Public Health Inspector and Cleansing Superintendent :

JOHN F. H. WALTON, M.R.S.H., M.A.P.H.I.
(Tel. : Bolsover 3255/6)
Council Offices.

Clerk : C. F. THOMSON.

PREFACE

To the Chairman and Members of the
Bolsover Urban District Council.

Mr. Chairman, Madam and Gentlemen,

I have the privilege of submitting to you my Annual Report for 1958. I hope that you will find it to be of interest and value.

During the year, I, like everyone else in Bolsover, was greatly saddened by the death of Dr. J. B. McKay, who had been Deputy Medical Officer of Health for Bolsover for some time. I had only had the privilege of knowing him for some three years, even so, his death gave me a great sense of loss. In every way he was a gentleman who had the interest and health of Bolsover people as his first object in life. His memory will always be respected.

I wish to thank all of you for the help and encouragement which you have given to me throughout the year and also for the interest which you have invariably shown in my work. And of course I must also thank all the staff of the Council for their unfailing help and courtesy. For all these I am very grateful.

I am,

Your obedient Servant,

A. R. ROBERTSON,

'Dale Close',
100, Chesterfield Road South,
Mansfield.

HOUSE ALTERATIONS FOR A PHYSICALLY HANDICAPPED PERSON

During the year one of my Councils received a letter from a hospital for nervous injuries and illnesses. Unfortunately, a lady in her thirties had suffered an injury to her back. The result was that she had become a paraplegic. We were asked in the letter if we could re-house her.

Now, we provide special bungalows for paraplegics but this would not have been satisfactory in this case. The lady was single but she lived with her mother and siblings and a bungalow would not have been large enough. Accordingly it was decided that an ordinary house should be altered to suit the disability as much as possible.

The following alterations were made. The entrance gate was widened and a good tarmac path was laid down. Room was provided so that a garage could be erected for the lady's invalid tricycle. A bar was placed above the toilet and the bath. The door to the bathroom was widened to allow passage of a wheel chair and some extra doors were provided to allow easy progress from one room to another on the ground floor. In effect the ground floor is a bungalow for the lady while the rest of the family have an ordinary house upstairs.

Before moving into this new home, the family were living in an ordinary house in the older part of the town where they were one of a long row. There was no bath and no inside W.C. There was no garden and very little privacy. Now, has the move made any difference? The lady herself is delighted. Even to be able to get out to the back of the house, with ease, means a lot. Then, if she wishes to go further, her tricycle and garage are only a few feet away. As for the lady's mother, she says that the difference between the new home and the old one is comparable to the difference between heaven and hell.

So, without superhuman skill or effort we have given great help to a physically handicapped person. However, while I am proud, I am not satisfied. Too often, too little is done for people with handicaps. I well remember one of my teachers at Glasgow University telling us that you had to treat symptoms as well as the disease!

For example, if a man has headache due to high blood pressure, he will not thank you if you lower his pressure but leave him with headache. The same applies to disabilities. If we can't cure them then we must try to alleviate them. And we must remember that not all disabilities are so sudden or so dramatic as spinal injuries leading to paralysis. For instance, shortness of height can be a disability even though the person may be in perfect health. Even being left-handed can be a bit of a handicap when everything is made for the right handed.

Can we do anything to help? Well, I have given one example which has helped a great deal. In addition we can help with gadgets and appliances. One of the London hospitals has a department where such things are designed and tried out. They are kept as simple and as inexpensive as possible. And you would be surprised at how much difference a simple thing can make. For instance, a long handled comb is a boon to a woman who cannot raise her arms. Surely every hospital management committee should try to provide such a department. And, wouldn't it be a good idea if all housing authorities visited such a department.

The Lancet has published a book called 'Disabilities and how to live with them'. Read this and you will be humble before the spirit shown by some of our fellows in their adversity, often without help. Let us resolve to offer help in every way that we can. In place of sympathy and pity, let us offer practical help and encouragement.

INVALID TRICYCLES and CARRIAGES

Whenever I think of these I think of Ibrox Stadium the home of Glasgow Rangers Football Club. There is a running track around the pitch and the tricycles park on this and allow their occupants to have a first-class view of the game. I can remember when there were no tricycles but only chairs with wheels. These were propelled by 1 H.P., not horse power but human power, and there was no lack of voluntary human power when it came to attending a football match. The next step was the chair propelled by a chain, like a bicycle. A step forward, but the propellant power was still human and quite a lot of human power was needed for an incline. Then we had the introduction of small motors and that

was a blessing indeed. (Again, let me refer to Ibrox Stadium. We now had one or two races when two carriages would decide that they each wanted the same parking spot. This afforded much good humour to the spectators and the drivers alike. And jolly good luck to them both say I). Since then many of the carriages have become bigger and better and the introduction of head cover has brought a lot more comfort.

Thus, quite a lot of progress has been made in my life time. Have we reached the millenium, then? I fear not. There is one way in which we have made no progress. These carriages are and always have been single. Husband and wife cannot go out together in them. Surely we should be ashamed of this. And it is important. Whenever I ask a disabled person what he thinks of his carriage, he replies, "It is really wonderful, I am terribly grateful and I do not know what I would do without it, EUT.....then comes the heartfelt wish, "if only I could take my wife, or husband, or friend with me". How much pleasanter it would be if they could. Companionship is essential to you and me. How much more is it needed where a normal married life cannot be led (to use a well-worn euphemism) and this is often the case. Think of all the extra work that falls upon the wife of a disabled man. If she were working in industry she would be given a bonus for this. Let us give her a bonus by allowing her to travel with her husband.

The North Notts Group of the Invalid Tricycle Association has 23 members. And there are others who are not members of the Association. So even locally there are a lot of people who use these carriages. One of the members has told me that there are some 15,000 invalid carriages in use in the whole country.

I do not know why we have only single carriages and I do not care. Whether the drawback is in the increased purchase price of a larger vehicle or in more expensive insurance costs, I do not care. I can think of no difficulty in this case which cannot be easily overcome. If it means more money being spent, who cares? Is there a more worthwhile way in which money could be spent ?

In a physiology text book I remember reading that "Oxygen is the golden key which unlocks the store of energy in the body". Well, surely an invalid carriage is

the golden key which unlocks the cell door for the severely disabled. But, I feel that the door is only partly unlocked. I believe that a double carriage would complete the job, and I hope they will be provided in future.

Notes.

From the 'Magic Carpet'—which is the quarterly magazine of the Invalid Tricycle Association, I have obtained the following information:—

Capital Cost of a Two-Seater Vehicle

In 1955 it was stated in Parliament that the estimated additional capital cost was £75 per machine. A further Parliamentary statement in 1956 put the additional cost at £40-£50. By 1957 this figure had come down to £25 according to a third statement in Parliament.

Insurance for a Two-Seater Vehicle.

The Ministry of Health insure for third party risks the invalid carriages they issue. In 1953 a Ministry spokesman stated that their insurance policy covers the carrying of a passenger.

BLACK DIAMONDS

I live and work in mining districts. In last year's reports I paid tribute to the way in which our local miners managed to top the league in coal output. It is my considered opinion that they are doing an essential job and that they are doing it well. I have no quibble with what happens in the getting of coal to the surface, but I am very much concerned by what happens after it gets there. I believe we use our coal in a criminal and sinful way.

The criminal part is the amount of atmospheric pollution we produce by the burning of raw coal. There is no doubt pollution causes ill health and shortening of life. There is no need to go into this too much but it is always worthwhile to reiterate some of the important examples:—

1. In 1952, 4,000 people were killed in a London smog which lasted for five days.
2. Every year some 25,000 people die because of chronic bronchitis. Atmospheric pollution causes a good deal of this.

3. Lung cancer causes about 20,000 deaths per year in the United Kingdom. I think it would be fair to say that it is generally accepted that atmospheric pollution plays a hand in this. I think few would disagree with that statement but there are many opinions as to the degree to which pollution is involved.

Surely it is criminal to carry on affecting our health in this way.

But, atmospheric pollution does not only affect our health, it also affects our pockets (and as a true Scot, I can't help feeling this to be a tragedy). It has been estimated that atmospheric pollution costs us £80,000,000 per year. Also 3,000,000 tons of coal go uselessly up the chimneys as smoke each year. On a more personal scale, Dr. Graham (M.O.H., Chesterfield R.D.C.) has shown that pollution causes a housewife to spend more money and time on household washing. A fact which my wife has known for some time. When the coal fires are roaring it is as well to stay out of the way when the washing is being done. Only too often she puts out a white sheet which inside a few minutes becomes a white sheet with black spots, due to soot from household chimneys. Even opening windows causes work. If you open your windows you invite soot to come in and land on the sills and furniture. An invitation which is nearly always accepted. Could it honestly be said that I exaggerate by referring to the above as criminal? I think not.

Now, where does the sin come in? Well, I think of the Parable of the Talents. Here, it was shown to be sinful not to make the best use of Talents. The one who simply buried his Talents and then dug them up again was treated as an object of scorn. Do we do any better with our coal? The title of this little piece is 'Black Diamonds' which I consider to be a synonym for Coal. Coal can make anything is a statement which is not very far from truth. From Coal you can get gas or electricity or even petrol (and I can aver that a private car can run quite satisfactorily on petrol made from coal). From coal you can get countless chemicals. And, even after you have obtained these valuables, you are often left with a residue which can then be burned as a satisfactory fuel and

as a fuel which will not cause atmospheric pollution with all the resultant evils it brings in its wake. Is not our misuse of coal sinful? If I were to split every pound note into two ten shilling notes, spend one and burn the other, I would treat Money the way we treat Coal. Could anything be sillier?

The above is sufficient to satisfy me that my hypothesis is correct. I am firmly convinced that we use coal in a criminal and sinful way. What should we do to rectify this? I would humbly suggest that we never burn a piece of raw coal again. Thus, we would greatly reduce atmospheric pollution. Also, I would suggest that we increase the production of the coal as much as possible. This coal I would use for the production of the things I have already mentioned. Would not this give us the best of both possible worlds? By this we would increase the health and wealth of the country simultaneously. Could anyone ask for more? Many of my Public Health colleagues feel that reduction in atmospheric pollution will only be achieved if it goes along with a National Fuel Policy. I agree and I feel such a policy is long overdue. Further I feel that my two suggestions could form a reasonable keystone for the erection of such a policy.

Hospitals and the aged, sick and infirm.

The word hospital is derived from the Latin word *hospitium*—a place where guests are received. The modern usage of the word is a place in which the sick are received and treated. In England the word hospital was used both in the sense of a permanent retreat for the poor infirm or for the insane and also for a regular institution for the temporary reception of sick cases. Nowadays, of course, we also accept the modern usage.

Now a bit about the history of hospitals.

In the Third Century B.C. there were hospitals in India.

Constantine the Great was the first Christian Emperor of Rome. In A.D. 335 he closed all the pagan hospitals in Europe. From then on monasteries undertook the work of these hospitals as a christian duty.

In 529 A.D. St. Benedict built a monastery at Monte Cassino in Italy for the care of the sick. St. Benedict

formulated the rule that care of the sick should be placed above and before every other christian duty.

In Britain there were no hospitals until the Eleventh Century then the following were built :—

1078 St. Bartholomews, Rochester, for lepers.

1118 Leper Hospital, St. Giles, Holborn.

1123 St. Bartholomews Hospital, London.

At the beginning of the Thirteenth Century, St. Thomas' Hospital, London.

From 1536 to 1540 the monasteries of England were suppressed. This was a grievous blow to hospitals in England. From now on the responsibility was secular and very little was done. No hospital was built in England for 200 years.

In the first half of the Eighteenth Century 10 hospitals were built. In the whole of the Eighteenth Century 11 hospitals were built in London, 37 in the Provinces and 9 in Scotland. By 1925 there were 909 voluntary hospitals in the United Kingdom and they provided 60,000 beds.

Along with these voluntary hospitals went the Poor Law Institutions. The Elizabethan Poor Law was passed in 1601 and this made each parish responsible for the sick poor. Generally speaking the Infirmary wards were poor.

In 1834 there was an Act passed reforming the Poor Law and by this Act, local Boards of Guardians were formed.

From now on there was a gradual improvement and by 1870 the Boards of Guardians had developed hospital branches which worked side by side with voluntary hospitals. By 1897 only trained nurses were allowed and pauper nurses were forbidden.

These Institutions continued until 1929 when the Local Government Act enabled County and County Borough Councils to take them over. Some Local Authorities did well and some did not. Some of them even built new hospitals where the need arose.

Thus by 1930 we had voluntary and Local Authority hospitals working alongside each other. While most people would award the palm for efficiency to the vol-

untary hospital there is to my mind one way in which the others were far superior. The Poor Law Institutions could never refuse to admit any patient. As late as 1952 in Glasgow I can confirm that this tradition still existed in the general hospitals which had been Local Authority hospitals prior to the passing of the National Health Service Act.

The National Health Service Act which I have just mentioned was passed on 5th July, 1948. Under this Act voluntary and Local Authority hospitals are joined together in the one Hospital Service and they are administered by Regional Hospital Boards.

What then is the position as regards the aged and hospitals since the passing of the National Health Service Act? It seems to me to be pretty bad. At times it would seem to be easier for a camel to pass through the eye of a needle than for an old person to get into hospital when they are suffering from chronic sickness rather than an acute illness. Even when compulsory admission is sought under the National Assistance Act (and this is only used as a last resort in desperate and tragic cases) it is still very difficult to find a place for an old person. This year I had to take action under the emergency procedure of the Assistance Act in order to secure the admission of an old lady to hospital. This necessitates the recommendation of two doctors and the approval of a Justice of the Peace. In other words it is not undertaken lightly. Yet even after this, I had a job to find a place for the old lady.

Why is there this difficulty? The inescapable fact is that there are not enough beds. There has not been any new hospital built since the passing of the National Health Service Act. Yet between 1929 and 1939 (the same period of time) some Local Authorities built new hospitals; surely this is a tribute to the oft maligned Local Authorities. Whose fault is this? It is easy to blame the Governments which have been in power and it is even easier to blame the Regional Hospital Boards. But we live in a democracy and, therefore, I feel the blame rests fairly and squarely upon your shoulders and mine and those of every elector.

What should be done to ameliorate this position? I would like to make the following suggestions:—

1. Provision of more beds. This should be treated as a matter of great urgency. New hospitals are needed and should be built (I think our history in hospital building is by no means sparkling and I can only pray that our future conduct will be better). Also, more beds might be provided by altering the use of some existing beds (e.g. in Tuberculosis wards).

2. I would like to see us revert a bit to the old meaning of hospital, 'a permanent retreat for the poor infirm' (the word poor can usually be deleted nowadays). In other words, I would like to see hospitals become a bit more human and a bit less clinical and detached. I have never liked the use of 'an interesting case' to describe a patient, because it carries the implication that an uninteresting case is not so important nor so worthy of treatment.

3. At present Local Authorities provide care and attention for Part 3. patients and there are the hospitals for old people who are acutely ill. Facilities for these are inadequate in my opinion but I am even more concerned about the 'Part 2' people. They are the ones who have a foot in both camps, i.e. not well enough for 'Part 3' and not ill enough for hospital. I feel that special attention should be paid to these people. They are increasing in number and they will continue to increase as the age structure of the population alters.

4. There is the anomaly of no 'right of admission' which I feel should be attacked. Under the Poor Law (instituted as far back as 1601) we had legal right of admission to a Poor Law Institution. As far as I am aware no-one has a legal right of admission to hospital under the National Health Service Act. Have we not taken two smart steps backwards instead of forwards?

Finally, I must repeat St. Benedict's rule, the care of the sick should be placed above and before every other christian duty.

STATISTICS OF THE AREA

Area (acres)	...	...	...	...	...	4,526
Population (census), 1951	...	...	...	...	...	10,817
Population mid-year (Registrar General) 1958	...	...	...	...	...	11,640
Number of inhabited houses (end of 1958)	...	...	...	...	...	3,629
Rateable Value (as at 31.3.58)	...	...	...	...	...	£95,623
Sum represented by a Penny Rate 1958	...	...	...	...	...	£361 9 2

SOCIAL CONDITIONS

The chief occupations of the inhabitants are coal mining and agriculture. Fruit is grown in the district in large quantities. The general standard of social condition shows little change from previous years.

VITAL STATISTICS

BIRTHS.

	Total	Male	Female
Live Births	205	104	101
Live Birth Rate per 1,000 population	17.6	(corrected).	
Still-births	3	2	1
Still-births Rate per 1,000 live and still births			14.4
Total Live and Still-births	208	106	102
Infant Deaths	8	5	3
Infant Mortality Rate per 1,000 live births			38.8
Legitimate Infantile Mortality Rate			39.3
Illegitimate Infantile Mortality Rate			Nil
Neo-Natal Mortality Rate per 1,000 Live Births			29.3
Illegitimate Live births per cent of total Live births			1.9
Maternal deaths (including abortion)			nil
Maternal Mortality Rate per 1,000 Live and Still Births			nil

Comments.

The number of Live births is less than last year and so is the corrected Birth Rate.

The number of Still-births and the Still-birth Rate are halved.

The Infantile Mortality Rate is lower but I am sorry to report that the Neo-Natal Mortality Rate is very slightly higher. For the second year, there were no deaths in illegitimate infants. As last year these rates are much higher than the national ones, viz :—

	Bolsover	Eng. & Wales
Infantile Mortality Rate	38.3	22.5 (provisional)
Neo-Natal Mortality Rate	29.3	*16.1

* Provisional average for first three quarters of 1958

Six infants died under the age of 4 weeks. The causes of death were :—

Broncho pneumonia and prematurity	2
Prematurity	1
Atelectasis and prematurity	1
Congenital heart disease	1
Bronchopneumonia	1

Two infants died between the ages of 4 weeks and 1 year. The causes of death were, bronch pneumonia and acute tracheo bronchitis.

From the above it is noticeable that prematurity played a part in 50%, bronchopneumonia in 50%. Again, the only recommendation I can make concerning these infant deaths is the acceptance of ante-natal care. Every pregnant woman should attend for ante-natal care. It may be difficult to find the time, but for her sake and for the baby's, it is well worth while.

DEATHS.

Total	Male	Female
135	75	60

Death Rate per 1,000 of the estimated resident population was 15.5 (corrected) while the national Death Rate was 11.7.

The total number of deaths and the corrected death rate are both appreciably higher than last year.

Causes of Death	Male	Female
Cancer (stomach)	3	-
Cancer (Lung)	2	-
Cancer (Breast)	-	5
Cancer (Uterus)	-	2
Cancer (Other sites)	7	10
Leukaemia	-	1
Diabetes	-	1
Vascular lesions of Nervous System	6	8
Coronary Disease	19	6
Hypertension with heart disease	-	1
Other Heart Disease	6	8
Other circulatory disease	6	1
Influenza	-	1
Pneumonia	3	4
Bronchitis	8	1
Other respiratory diseases	2	-
Peptic Ulcer	1	-
Nephritis	-	2
Hyperplasia of prostate	2	-
Congenital malformations	1	1
Other defined and ill defined diseases	4	5
Motor Vehicle accidents	2	-
All other accidents	3	3

Comments.

There were 135 deaths this year against 95 in 1957. This increase is virtually accounted for by the increase in deaths from cancer (29 against 13) and from coronary thrombosis (25 against 7).

Last year there were 6 accidental deaths and this year there were 8.

There are two pleasing features this year, namely, no deaths from tuberculosis and no maternal deaths. Long may this continue.

Causes of Death 1954—1958

	1958	1957	1956	1955	1954
Tuberculosis, respiratory	0 -	2 -	0 -	0 -	2
Tuberculosis, other	0 -	0 -	0 -	0 -	0
Syphilitic disease	0 -	1 -	0 -	0 -	0
Diphtheria	0 -	0 -	0 -	0 -	0
Whooping Cough	0 -	0 -	1 -	0 -	0
Meningococcal infections	0 -	0 -	0 -	0 -	0
Acute Poliomyelitis	0 -	0 -	0 -	0 -	0
Measles	0 -	0 -	0 -	0 -	0
Other infective and parasitic diseases	0 -	0 -	0 -	0 -	0
Cancer, stomach	3 -	4 -	2 -	4 -	3
Cancer, lung	2 -	1 -	1 -	1 -	5
Cancer, breast	5 -	0 -	2 -	3 -	0
Cancer, uterus	2 -	2 -	1 -	3 -	1
Cancer, other sites	17 -	6 -	7 -	5 -	14
Leukaemia, aleukaemia	1 -	1 -	2 -	0 -	0
Diabetes	1 -	1 -	1 -	2 -	1
Vascular Lesions of Nervous System	14 -	12 -	15 -	15 -	8
Coronary disease, angina	25 -	7 -	15 -	8 -	10
Hypertension with heart disease	1 -	2 -	7 -	3 -	3
Other heart disease	14 -	10 -	30 -	23 -	22
Other circulatory disease	7 -	11 -	8 -	5 -	5
Influenza	1 -	1 -	0 -	0 -	1
Pneumonia	7 -	5 -	3 -	2 -	4
Bronchitis	9 -	8 -	6 -	9 -	7
Other respiratory diseases	2 -	0 -	0 -	1 -	0
Ulcer of stomach and duodenum	1 -	0 -	3 -	0 -	1
Gastritis, enteritis and diarrhoea	0 -	0 -	0 -	0 -	1
Nephritis and Nephrosis	2 -	0 -	1 -	2 -	1
Hyperplasia of Prostate	2 -	0 -	0 -	3 -	0
Pregnancy, childbirth, abortion	0 -	1 -	1 -	0 -	1
Congenital Malformations	2 -	2 -	0 -	2 -	2
Other defined and ill defined diseases	9 -	12 -	9 -	12 -	3
Motor Vehicle Accidents	2 -	4 -	2 -	3 -	0
All other accidents	6 -	2 -	5 -	4 -	4
Suicide	0 -	1 -	1 -	1 -	0
Homicide and operations of war	0 -	0 -	0 -	0 -	0

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

Maternity and Child Welfare and School Clinics.

These are provided by the Derbyshire County Council

Ambulance.

This service is provided by the County Council.

Laboratory Facilities.

1. **Analytical**—provided by the County Council.

2. **Bacteriological**—provided by the Public Health Laboratory Service.

I thank both for their courtesy and efficiency.

Chest Clinic.

The nearest Clinic is in Chesterfield, under the auspices of the Sheffield Regional Hospital Board.

Venereal Disease.

Treatment and advice can be obtained at Derby Royal Infirmary and at Chesterfield Royal Hospital.

SANITARY CIRCUMSTANCES OF THE AREA

Water.

This is supplied by the Chesterfield, Bolsover and Clowne Water Board and is satisfactory in quality. All the houses in the district are supplied direct from the town's mains.

Report from Chemist for Year 1958

Monthly samples for Chemical and Bacteriological analysis were collected from the treatment plants at Hillstown and Bolsover Moor where the various raw hard waters are softened and chlorinated before distribution; copies of the analyses of the two supplies have been forwarded to the M.O.H. throughout the year.

Chemical analysis has shown the water supplying the Bolsover area to have an average hardness of 150 ppm CaCO_3 .

Regular samples for bacteriological and physical analysis were also examined from the following distribution points:—

HILLSTOWN TOWER.

HILLSTOWN STORAGE TANKS.

TAP, GAS WORKS, BOLSOVER.

TAP, STRATTON ROAD, BOLSOVER.

Results proved satisfactory throughout the year at all points with the exception of No. 2 Hillstown Storage

Tank. In early September coliform organisms were identified in this tank and in consequence it was immediately removed from service for cleaning and sterilisation. No. 1 Tank gave satisfactory results at this time as did the supply to the tanks, thus indicating the pollution to be localised. The pollution proved to be due to birds having gained access to the tank via air vents, and several bird carcasses were removed during the cleaning operations. The air vents were then modified and the tank returned to service in mid September, and following the action, satisfactory results were obtained throughout the remainder of the year.

Results of Examination of Sample of Water.

Taken from Tap, Gas Works, Bolsover on 21st July, 1958

Bacteriological Examination.

Agar plate counts per 1 ml.				
2 days at 37° C	...	...	...	0
3 days at 20° C	...	...	...	0
Coliform counts per 100 ml.				
2 days at 37° C	...	...	...	0
Bact. Coli type 1 (44° C)	...	...	...	0

Physical and Physico-Chemical Examination.

Appearance—Clear.

Taste—Normal.

Electrical Conductivity—880 units.

Odour—Nil.

pH—7.5.

Chemical Analysis (Expressed in Parts per million).

Carbonate Hardness (CaCO_3)	...	...	130
Non-Carbonate Hardness (CaCO_3)	...	...	0
Total Hardness (CaCO_3)	...	...	130
Total Alkalinity (CaCO_3)	...	...	256
Excess Alkalinity (Na_2CO_3)	...	...	134
Chlorides (Cl)	...	...	47
Monochloramine	...	...	0.02
Dichloramine	...	...	nil

Remarks.

As supplied to Bolsover U.D.C.

Residual Chlorine.

Free, 0.04. Combined, 0.02.

Closet Conversions.

Conversions continued to be made in 1958. A total of 3 pail closets were converted this year.

Sewerage and Sewage Disposal.

The drainage areas of Bolsover are divided approximately as follows :—

Bolsover Town including Castle Estate and Moor Lane Estate drains to the main Bolsover Sewage Works near the Model Village. At this main plant minor improvements have been and are being carried out.

Stanfree has its own small sewage disposal plant.

For the major portion of Shuttlewood there is a sewage disposal plant at Shuttlewood and in this area two very small groups of properties are at the present time, the subject of schemes to allow a water carriage system. The sewage from one group will be pumped into existing gravity sewers and a small two stage sewage disposal system is to be provided for the other.

The main Bolsover area contains in its sewerage system three sewage pumping stations, one for the Carr Vale area, one for the Moor Lane area and a very small one for a part of Welbeck Road.

Housing.

In 1958, 17 new houses were built in Bolsover. 7 were built by private individuals and 10 by the Council. This is much less than in previous years and I am sure that we look forward to an increase in building.

Factories Acts, 1937 and 1948.

Visits are paid regularly to the factories in the district, and conditions generally were found to be satisfactory.

1. Inspections for the purpose of provisions as to health.

Premises.	Number on Register.	Inspections	Number of Written Notices
(i) Factories in which Sections 1, 2, 3, 4, and 6, are to be enforced by Local Authorities	7	27	2
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	20	47	-
(iii) Other Premises in which Section 7 is enforced by the Local Authority. (excluding outworkers' Premises.)	3	12	1
Total	30	86	3

2. Cases in which Defects were found.

Particulars.	Number of Cases in which defects were found.			
	Found	Remedied	Referred.	
			To H.M. Inspector	By H.M. Inspector
Want of Cleanliness	1	1	—	—
Overcrowding	—	—	—	—
Unreasonable temperature	—	—	—	—
Inadequate ventilation	1	1	—	—
Ineffective Drainage of Floors	—	—	—	—
Sanitary Conveniences.				
(a) insufficient	—	—	—	—
(b) unsuitable or defective	1	1	—	—
(c) not separate for sexes	—	—	—	—
Other offences against the Act (not including offences relating to Outwork.)	—	—	—	—
Total	3	3	nil	nil

3. Outwork.

Nature of Work	No. of Outworkers	No. of cases of default in sending lists to the Council
Lace, lace curtains and net	5	nil.

INSPECTION AND SUPERVISION OF FOOD.

Milk, Meat and Other Foods.

An account of the supervision of milk, meat and other foods will be found in the Public Health Inspector's report.

NATIONAL ASSISTANCE ACT, SECTION 47.

The emergency procedure, as laid down in this Act, had to be used in the case of one old lady. She had lived alone for many years and she was suddenly found to be extremely ill. She was admitted to hospital but, unfortunately, she died soon after admission.

PREVALENCE AND CONTROL OVER INFECTIOUS DISEASES

Measles.

There were 117 cases this year. This is much less than in 1957 (329). However, the fall was not as great as I had expected. Fortunately, the illness continued to be mild.

Whooping Cough.

There were 25 cases this year (1957—37). I continue to advise immunisation against this illness. The best time is when baby is about four months old.

Poliomyelitis.

We had 2 cases of paralytic poliomyelitis. Both of these occurred in children between the age of 1 and 2 years. Vaccination against polio is available for all children and some young adults. I strongly advise anyone who is eligible to accept the offer.

Scarlet Fever.

There were only 5 cases. They were all mild in character.

Diphtheria.

Once again there was no case of diphtheria. The last case in Bolsover was in 1948. Let us hope we can go on like this. We can, if we continue to have our children immunised. Dr. Morgan (County M.O.H.) has given me the following figures regarding diphtheria immunisation in 1958.

	1958	1957
Under 1 year	83	81
1-4 years (incl.)	13	39
5-14 years (incl.)	55	11
	<hr/> 156	<hr/> 131

This is slightly better than last year but I still feel our numbers should be higher.

Tuberculosis.

The following table gives particulars of new cases of tuberculosis and of all deaths from the disease during the year :—

Age Periods in years	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 ...	...	...	...	...	...	...	...	...
1 ...	...	...	...	...	...	...	...	...
5 ...	...	...	...	...	...	...	...	...
10 ...	...	...	...	...	...	...	...	...
15 ...	1	...	...	...	...	...	...	...
25 ...	...	...	...	...	...	...	...	...
35 ...	1	...	...	...	...	...	...	...
45 ...	1	...	...	...	...	...	...	...
55 ...	1	...	...	...	...	...	...	...
65 and upwards	2	...	...	...	...	...	...	...
Totals	6	...	...	...	...	...	...	...

The phthisis death-rate is nil.

It is pleasing to see that there were no deaths this year. Last year, there were two. On the other side, it is distressing to see six new cases of pulmonary tuberculosis as against the four in 1957. All the cases in 1957 and 1958 have been in males. Also, the two deaths last year were in males.

ANNUAL REPORT

OF THE PUBLIC HEALTH INSPECTOR AND CLEANSING SUPERINTENDENT

Mr Chairman, Madam and Gentlemen,

I have the honour to submit my report for the year 1958.

There was a further decline in the number of houses erected in the district, this resulting from the sharp increase in interest rates which had been introduced in the previous year. The gradual relaxation which has occurred in recent months should allow a happier picture to be presented next year and the Council's new housing estate in the West Ward of the district is now in course of erection; there has been also a noticeable increase in the number of houses being erected by private individuals.

In recent years there has been a marked improvement in the housing conditions in this district and I have endeavoured in the report to outline the progress made in the post war period. There has been a very substantial increase in the number of houses available to the inhabitants, no longer is overcrowding and the involuntary sharing of accommodation the serious problem of 10 or twelve years ago. Some progress has been made in the modernisation of older houses and there has been a very great increase in the number of owner occupiers, but I should like to see even greater advance in these spheres. I am very concerned that so little headway is being made in the provision of modern amenities and conveniences in the rented houses: time will tell whether the new standard grants available under the House Purchase and Housing Act will prove attractive to landlords, but I must admit to not being particularly optimistic. The task of making the older houses better houses in which to live is a challenge to all, and one which must be achieved if we are to prevent many of them becoming unfit houses in the years not so far ahead. This Council has a fine record in assisting owners to improve their houses, I would appeal to the landlords of tenanted houses to take advantage of the grants which are available, the tenants would welcome modern amen-

ities and the landlords would have houses in which they could take greater pride.

I have again referred to the special needs of the elderly and it may well be that in the years ahead a greater proportion of houses or bungalows for this section of the community will have to be built. The erection of more bungalows could result in a number of larger houses becoming available for occupation by young couples who are commencing their families.

Only limited progress was made during the year on the removal of unfit houses. In this report I have purposely refrained from using the expression "slum clearance" about which we hear and read so much. The word is defined in the office dictionary as "a dirty back street or court or alley in city" and certainly the expression "slum clearance" has an undesirable connotation. The task in this area has been to remove houses which by reason of disrepair or other defects are no longer suitable for human habitation in this day and age; such houses are occupied by decent human beings and not by undesirable or problem families. As this report is being written further progress in this direction is being made and the end of the problem is wellnigh in sight.

I should like to make a further plea for the peaceful settlement of the miners coal problem so that the benefit of clean air may be brought to those living in colliery districts. I should like to see the National Coal Board undertaking the smokeless manufacture of free burning smokeless fuels so that miners could be granted this type of fuel in place of coal.

In conclusion, I should like, once again, to express my sincere appreciation to the Chairman and Members of the Public Health Committee for their unfailing encouragement and support.

I am, Mr Chairman, Madam and Gentlemen,

Your obedient servant,

JOHN F. H. WALTON,

Public Health Inspector & Cleansing Superintendent.

General Inspection of the Area.

Table showing inspections, etc. undertaken during the year 1958.

Inspection of houses for nuisances and defects	...	631
Revisits to houses	... ..	691
Visits in connection with improvement of houses...		201
Visits re water supply	... ..	14
Visits to infectious disease cases...	... ..	15
Milk Distributors and Dairies	... ..	51
Slaughterhouses—Meat Inspection	... ..	426
Butchers Shops	... ..	101
Bakehouses	... ..	8
Fried Fish Shops	... ..	19
Other Food Preparing Premises	... ..	71
Food Shops	... ..	143
Market Stalls	... ..	40
Ice Cream Premises	... ..	19
Inns and Other Public Buildings	... ..	7
Factories	... ..	86
Knacker's Yard	... ..	36
Schools	... ..	10
Controlled Refuse Tips	... ..	103
Colliery Spoil Banks	... ..	4
re Atmospheric Pollution...	... ..	26
Moveable Dwellings	... ..	14
re Keeping of Animals	... ..	19
Shops Act	... ..	43
Petroleum Licensing	... ..	48
Drainage Works	... ..	195
to Public Baths	... ..	6
Miscellaneous Visits	... ..	39
Interviews with owners, contractors, etc. ...	... ..	297

Housing and Public Health Act Defects.

The following table shows the defects remedied as a result of action under the Housing and Public Health Acts. Defects in connection with—

House roofs	...	...	...	...	59
Chimney stacks	...	...	...	...	16
Eaves gutters and rain water pipes	...	...	...	...	37
Pointing and brickwork of walls	...	...	...	...	49
Yard paving	...	...	...	...	21
Waste pipes	...	...	...	...	36
Internal wall and ceiling plaster	...	...	...	...	97
Windows and sash cords	...	...	...	...	45
Doors	...	...	...	...	17
Floors	...	...	...	...	31
Staircases	...	...	...	...	24
Cooking ranges and fireplaces	...	...	...	...	56
Sinks	...	...	...	...	15
Washing coppers	...	...	...	...	12
Rising or penetrating dampness	...	...	...	...	42
Outbuildings	...	...	...	...	31
Dirty houses	...	...	...	...	1
Drains and inspection chambers	...	...	...	...	52
Water closet pedestals	...	...	...	...	21
Closet flushing cisterns	...	...	...	...	31
Walls and fences	...	...	...	...	10
Dilapidated dustbins	...	...	...	...	202
External decoration	...	...	...	...	10

In connection with the foregoing defects 142 informal notices and 1 statutory notice were served.

The legal notice dealt with a statutory nuisance at a dwelling house.

Details are furnished later in the report of the action taken under the Rent Act, 1957.

Housing.

Last year's report referred to the erection of two bedroomed bungalows on the Oxcroft Lane site, 30 of which had been completed and occupied up to the 31st December, 1957. The remaining 10 were quickly completed at the commencement of 1958 and three families who were occupying condemned houses were found alternative accommodation.

During 1958, 7 houses were erected by private developers, this was only half as many as the number completed during the previous year and was the result of the rather stringent financial controls introduced in the autumn of 1957. These controls were eased throughout the latter half of 1958 and whereas only 4 private development houses were under construction at the commencement of the year, this number had risen to 8 at the end of the year.

The easing of the financial situation enabled the Council to consider the erection of further Council houses in the development area in the West Ward of the Urban District. Plans for the erection of 64 houses (40 three bedroomed, 20 two bedroomed and 4 two bed-roomed bungalows) were prepared but the work of erection had not been commenced at the end of 1958.

In total therefore only 17 new houses were erected during the year and this figure is very much lower than normal. 1958 was a year in which high interest rates seriously reduced house building and brought the clearance of unfit houses to a virtual standstill. The outlook for the future is now somewhat brighter, but it would perhaps be appropriate at this stage to look back on the progress made in recent years and to assess the problems still to be tackled. Since the end of the war to the 31st December, 1958, 793 houses of varying types have been erected by the Council and a further 337 have been erected during that period by the Coal Industry Housing and by private individuals. At the end of 1945 there were 2705 inhabited houses with a total population of 10,100. at the end of 1958 there were 3,629 houses to accommodate a population which had risen to 11,640. It will be seen therefore that the number of houses in the district has increased by 34% since the end of the war, whereas the percentage increase in population was less than half as great - 15%.

Statistics do not convey the complete picture; they do not explain that all the 1045 new houses built in recent years have been sound modern dwellings with up-to-date amenities and conveniences for the occupants. During the same period 135 of the most unfit houses in the district were demolished and the tenants were found better houses in which to live. The amount of overcrowding and sharing of accommodation with parents which was so serious after the end of the war is not nearly so great nowadays. Without doubt there has been a most appreciable improvement of the housing conditions of the inhabitants of this district. I have been in this district just over 10 years now and the really pathetic cases which were all too commonplace when I first arrived, have, happily, been most drastically reduced.

The problem of housing is one which will never be completely solved, there will always be room for improvement. The Council can justifiably be proud of the progress already made, but the end of the road is not yet in sight. There are still a number of families sharing accommodation, there are still about 70 unfit houses, although half are being dealt with at the time of preparation of this report, there is still a very great deal to be done in the provision of modern amenities in the older houses in the district, and the housing needs of the increasing number of elderly people will require special consideration. It has been said that about a quarter of local authority houses should be suitable for older persons. Of the 703 houses built by the Council since the end of the war, 65 have been two bedroomed bungalows and there are sixteen ground floor flats and 25 prefabricated bungalows which could provide suitable accommodation for older persons. It may well be that these 103 dwellings may prove to be a rather inadequate proportion as the percentage of older persons in the community continues to grow year by year. I have previously suggested the offering of suitable accommodation to older persons sometime before they reach pensionable age, to enable them to enjoy their new houses before the effects of old age become so great. This would require the erection of a much higher proportion of bungalows, and these can be built more cheaply than the larger houses and therefore let at a lower rent to offset the rather high loan charges which continue to prevail.

The problem of adequately maintaining and also

improving the middle aged and older houses will continue to be with us. Recent legislation in the form of the Rent Act, 1957 and the House Purchase and Housing Act have been introduced to encourage increased maintenance and improvement of these houses. The Rent Act has now been in operation for two years and although a considerable amount of work has been carried out it has been noticeable that quite a number of owners did not honour undertakings given to tenants within the six months allowed. During 1958 25 applications for certificates of disrepair were received, in 20 cases the landlords gave undertakings to carry out repairs and in five cases certificates of disrepair were issued, none of these certificates had been cancelled at the end of the year.

Time alone will tell whether the new provisions in the House Purchase and Housing Act regarding the installation of five specified basic amenities in older houses will achieve the desired result. Personally, I cannot but feel highly sceptical. I have on numerous occasions advocated the strengthening of local authorities' powers to enable them to require the provision of modern amenities and conveniences in ~~these~~ ^{such} houses. Some limited progress has been made in recent years, but the majority of applicants for grants have been owner occupiers and only the fringe of the problem is being tackled. I firmly believe that as a nation we cannot ignore the condition of these older houses, we cannot afford to let them fall into decay; at some time in the future we must install modern conveniences in the suitable houses to improve the health and happiness of the occupants. We are in the latter half of the twentieth century, surely it is generally accepted nowadays that the possession of conveniences and amenities such as hot water supply, bathroom, internal water closet, etc. are essential to a decent and healthy life and should be available to an ever increasing number of families. Houses which do not possess these amenities become less and less desirable homes for the reasonable tenant as the years pass and owners would be well advised to keep this fact in mind.

The Council have continued to encourage the improvement of housing accommodation and can be proud of the assistance they have given in this respect and also the help given to persons in the purchase of houses. To

the end of 1958, 141 houses had been improved with the aid of grant, the number completed in 1958 being 25—19 owner occupied and 6 tenanted houses. At the 31st December, 1958, there were 16 further cases in which improvement grant applications had been approved but the works were still in progress. Of the 141 completed improvements to the end of 1958, 56 houses were tenanted and 85 were owner occupied.

In recent years there has been a very steep rise in the number of owner occupied houses in the district. This trend has been encouraged by the general increase in rents and by the greater number of houses which are available in the district; this latter fact having resulted in houses being sold at quite reasonable prices compared with the immediate post-war period.

As stated earlier the progress in the clearance of unfit houses had to be seriously curtailed in 1958 due to the temporary cessation of building by the Council following the sharp increase in interest rates in 1957. No orders were made under the provisions of the Housing Act. Progress was made in the demolition of houses which were the subject of orders made before 1958 and 31 houses were demolished, in one case the local authority having to engage a second contractor to finish off the work of the first contractor who had not completed the demolition and clearance. A resumption of the clearance of unfit houses is now being undertaken in 1959 as the erection of further houses by the Council has been commenced.

As one goes round the Urban District the general improvement in housing accommodation is becoming increasingly apparent. The more unfit houses are disappearing though the scars remaining are still rather depressingly obvious in many cases. In the past year or two great strides have been made in the external painting of houses and the brighter and lighter colours being used have added a touch of freshness to many houses. There is no doubt that progress and improvement has been made, let us strive to ensure that it will be maintained in the future.

Caravans and Moveable Dwellings.

The Council's caravan site was originally established in 1954 and extended in 1957 to afford standings for a total number of 23 caravans. The site has been fully occupied for the whole of the year and on several occasions applicants have had to be refused.

In addition to the Council's site, there are a number of caravans stationed on individual sites where satisfactory provision with respect to water supply and drainage arrangements have been made.

When residential caravans became more numerous in the immediate post-war period, many people felt that they would only be in temporary use to overcome the acute housing shortage which existed at that time. Developments in recent years suggest that the residential caravan has become a permanent feature and that some people prefer to live in small well equipped caravans rather than in traditional houses. It is appreciated that certain people genuinely require the mobility which a caravan home can offer, but I still feel that the average 4 berth caravan is not an ideal form of permanent residence. The cramped conditions under which the occupants live, especially if there are young children, must prevent their leading a completely full and happy life. In recent times much larger and superior caravans have been produced for U.S. service families living in this country, containing well equipped kitchens and separate rooms for living and sleeping. These caravans possess many advantages over the smaller caravans which have been produced in the past and it may well be that their use becomes increasingly popular in the future.

I am pleased that the Council agreed to provide a municipal site five years ago, its existence has done much to prevent the growth of a caravan problem in recent years. Of course there have been odd occasions when young couples living in caravans looked to the Council for assistance in securing traditional accommodation after the birth of one or two children, but this was inevitable and has not reached serious proportions.

Infectious Diseases and Disinfection.

Particulars will be found in the Medical Officer's Report of the number of cases of infectious diseases notified during the year. 15 visits were paid to houses where cases had occurred.

During the year the Council's disinfecting station continued to be available, if required, for the disinfection of blankets, etc. in cases of infectious disease.

Terminal disinfection is not normally carried out, except where requested by the householder, but disinfectant is available free of charge.

Verminous Premises.

There was again very little evidence of bed bug infestation of houses in the district, though a number of householders experienced trouble from cockroaches and silverfish.

The advice and assistance of the Department is freely available to householders; D.D.T. powder, Gam-mexane Dust, liquid disinfectant and D.D.T. fly solution continued to be supplied free of charge.

Water Supply.

Every house in the district is supplied with water from the main supply of the Chesterfield, Bolsover and Clowne Water Board. Two samples of tap water were submitted for bacteriological examination and were reported as suitable for drinking purposes.

Premises used for the Preparation or Sale of Food.

During 1957, 219 visits were paid to premises used for the preparation of food (excluding slaughterhouses)—these comprised two bakehouses, 5 fish frying premises, 2 ice-cream manufacturers, 1 jam and canning factory, 10 manufacturers of sausages, etc. and 3 small cafes. With the exception of the bakehouses and cafes, all the above premises are registered under the provisions of the Food and Drugs Act.

214 visits were paid to food shops and market stalls, including 34 shops registered under the Food and Drugs Act for the sale of ice-cream.

Apart from the 5 fish frying establishments, there are 80 shops selling food, 3 being bakers and confectioners 9 concentrating on the sale of fruit and vegetables, 10 predominantly grocers, 10 Butchers, and 47 general dealers. The vast majority are combined house and shop premises of restricted size where the hygienic storage and display of differing types of food present numerous problems.

During the year action was taken to secure compliance with the requirements of the Food Hygiene Regulations and to impress on all food traders and their staff, the vital importance of strict attention to cleanliness and hygienic practices in all aspects of the preparation and handling of food.

There was, again, no case of food poisoning resulting from food manufactured or processed in this district.

Slaughterhouses

There are four small slaughterhouses in the district providing slaughtering facilities for 7 local butchers and 1 from the adjoining rural area.

Inspection of Meat and Other Foods.

The following table gives particulars of meat inspection carried out during the year. Every animal slaughtered was examined and much of this work was carried out during the evening and at weekends.

During the year an estimated 2,312 lbs. of meat and offals found to be unfit for food were voluntarily surrendered by the butchers to the local authority. After staining, the meat and offals were disposed of to the local knacker and arrangements exist whereby part of the proceeds are returned to the butchers concerned in certain circumstances.

The percentage of bovine animals found to be affected by tuberculosis showed very little change from the previous year, though in no case was the disease generalised. The incidence of bovine tuberculosis has been much reduced in recent years and indicates the success of the Attested Herds Scheme.

An agreement exists with the Chesterfield Corporation whereby one of their inspectors undertakes meat inspection in this district during my absence.

The following amount of food, apart from fresh meat was found to be unfit for human consumption and voluntarily surrendered, being disposed of by burial at the Council's refuse tip.

**Carcases and Offal inspected and condemned in whole
or in part.**

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ...	469	130	6	1,220	187	—
Number inspected	469	130	6	1,220	187	—
All diseases ex- cept Tuberculosis and Cysticeri						
Whole carcasses con- demned	—	—	—	1	—	—
Carcases of which some part or organ was condemned	31	10	—	3	—	—
Percentage of the number inspected affected with dis- ease other than tuberculosis and cysticeri ...	6.61	7.69	—	0.25	—	—
Tuberculosis only						
Whole carcasses con- demned ...	—	—	—	—	—	—
Carcases of which some part or organ was condemned...	20	13	—	—	3	—
Percentage of the number inspected affected with tub- erculosis ...	4.26	10.00	—	—	1.60	—
Cysticercosis						
Carcases of which some part or organ was condemned...	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—	—
Generalised and tot- ally condemned ...	—	—	—	—	—	—

Sausages	55 lb.
Bacon	110 lb.
Cooked Meat	9½ lb.
Canned Meats	34 tins
Canned Fruit	44 tins
Canned Tomatoes	123 tins
Canned Vegetables	26 tins
Canned Milk and Cream	10 tins
Canned Soup	6 tins
Canned Fish	13 tins
Cake	12 oz.
Cake Mixture	3 pks.
Coffee	1 tin
Mustard	3 tins

Sampling of Food.

Sampling of food under the provisions of the Food and Drugs Act is carried out by the Derbyshire County Council and Mr R. W. Sutton, O.B.E., B.Sc., F.R.I.C., F.C.S., the County Analyst, has kindly supplied the following report :

"37 samples, including 6 milks, were taken under the Food and Drugs Act, 1955, in the area of the Bolsover Urban District Council during the year 1958. All samples were classed as satisfactory".

Milk and Dairies Administration.

The sale of non-designated milk is prohibited in this district by virtue of the Milk (Special Designations) (Specified Areas) (No. 3) Order, 1953 which came into operation on the 1st January, 1954.

At the end of the year there were 16 dairy farmers in the district.

One producer of Tuberculin Tested milk bottles his milk at the farm and retails it locally, but in all other cases the milk is collected by local dairy companies for pasteurisation or sterilisation.

The Milk and Dairies Regulations, 1949 to 1954.

The Milk (Special Designation) (Raw Milk) Regulations, 1949 to 1954.

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 to 1953.

The registrations and licences granted as at the 31st December, 1958 were as follows :—

Registered distributors of milk	...	...	11
Licensed Dealers in Tuberculin Tested milk	...	...	6
Licensed Dealers in Pasteurised milk	...	...	6
Licensed Dealers in Sterilised milk	...	...	4

Supplementary licences to deal in Pasteurised milk and Tuberculin Tested milk were granted to the local Co-operative Society.

Bacteriological Examination of Samples

There are two small manufacturers of ice cream in the Urban District. These samples were submitted for examination and in each case the methylene blue was not decolourised at the end of four hours; the samples being in grade 1.

Four samples of water from the Public Baths in Castle Lane were submitted for examination, one showing evidence of coliform bacilli which were absent in the subsequent sample.

In previous annual reports I have referred to the Council's intention to carry out improvements to the Public Baths by the erection of new dressing accommodation and the provision of compulsory pre-cleansing facilities. This work has been held up for several years by the restriction on capital expenditure, but I am pleased that consent has been received for this work to be carried out and the improvements were completed before the commencement of the 1959 swimming season.

Two samples of orange juice bottled locally were submitted for examination with satisfactory results.

Slaughter of Animals Acts, 1933-1951.

At the end of 1958, 12 persons held licences to slaughter or stun animals in Slaughterhouses or Knacker's yards.

Knacker's Yard.

36 visits of inspection were paid to the Knacker's yard.

This is rather a small business in a most remote part of the district, but it was conducted in as satisfactory a manner as its nature and location permits.

Shops Act, 1950.

43 visits were paid to shop premises regarding sanitary conveniences, closing hours and the employment of young persons.

Petroleum Licensing.

48 inspections were made of premises used for the storage of petroleum spirit.

At the end of 1958, 21 licences were in force involving a maximum storage capacity of 305,700 gallons.

Rodent Control

The Department has two trained rodent operatives and one of these men undertakes rodent control work regularly.

The systematic survey of the district for the presence of rats and mice was continued throughout the year. Permanent baiting points were maintained at the refuse tip and at certain sewage disposal works.

The Council carry out free treatment of private houses infested with rats and mice, but business premises are charged with the cost of treatment carried out. The Knacker's yard and the local jam and canning factory are the subject of annual contracts.

Towards the end of the year under review special attention was given to agricultural properties in view of the impending termination of the Ministry's rat and mouse destruction service. Annual contracts were negotiated in respect of two farms but it was found that the majority were already covered by contracts with a private operator.

Rodent Control Report for year ended March 31st, 1959.

	Type of Property			
	Local Authority	Dwelling houses	Business Premises	Agricultural
Total properties inspected ...	18	2093	191	64
Number of treatments carried out				
Rats ...	5	27	4	3
Mice ...	—	14	5	—

Conversion of Pail Closets, etc.

During 1958 the two farm cottages at Moor Farm were improved under the provisions of the 1949 Act and the two pail closets were dispensed with. A pail closet serving the Bolsover Moor Farm on Mansfield Road was also converted into a water closet and an enlarged cess-pool was installed.

The vast majority of the houses in the district which are not served by a public sewer are isolated farms and cottages. Some progress has already been made in the modernisation of these farm cottages as most farmers realise that they must offer good living accommodation to attract suitable workmen.

Atmospheric Pollution

The reduction in atmospheric pollution remains one of the outstanding problems confronting the public health service. It is a problem which is already being tackled throughout the country as a whole with greater vigour than at any time in the past, and the provisions of the recently enacted Clean Air Act have given new and somewhat revolutionary powers to local authorities, especially in the field of pollution from domestic sources.

It has been manifestly shown that pollution of the air has harmful effects on human beings, especially where heavy pollution and fog occur in the same place and at the same time. The effects of breathing polluted air are not normally as explosive in their occurrence as the effects of consuming contaminated food or drinks, but they result in a very great deal of respiratory trouble. It is becoming increasingly obvious to all thinking people, that it is every bit as important to ensure that the air we breathe is clean as to ensure that the food and drink we consume is free from contamination. Nowadays people demand clean food, clean milk and pure water, in the not too distant future it is to be hoped that they demand with equal force, a clean air.

In the report for last year I outlined the peculiar difficulties confronting mining areas in the implementation of the smoke control area provisions of the Clean Air Act: the prohibition of the use of raw coal in domestic premises is no simple matter when some 50% to 60% of the householders receive part of their wages in the form of coal. The problem of miners' coal is one of national application and will have to be mutually solved

by the National Coal Board and the National Union of Mineworkers before any real progress can be made.

There will always be a need for the use of raw coal in industry where it can be burned mechanically and with much greater efficiency. In the domestic field it is becoming increasingly obvious that people are making greater use of the cleaner smokeless fuels, whether they be gas, electricity or the various forms of coke. It is pleasing to know that the Coal Board and several Gas Boards are experimenting in the production of free burning cokes. I, personally, feel there is a very great need for smokeless fuels which can be lighted and used in just the same way as ordinary coal and yet have the property of drastically reducing pollution of the atmosphere. I feel that if the ordinary housewife is to be denied the use of raw coal which she has burned all her life, she should have in its place a solid smokeless fuel which she can use as easily, and not one which she finds more difficult to control and demands much more of her attention.

The Council is a constituent member of the North East Derbyshire Clean Air Consultative Committee. During the year the Committee succeeded in engaging a panel of experts to assist the constituent authorities in the more complex cases which may arise in the implementation of the Clean Air Act.

The Council also approved the establishment of two stations in the Urban District for the measurement of atmospheric pollution by standard deposit gauges and lead peroxide cylinders: these stations came into existence at the beginning of February, 1959.

I have previously referred to the problems of mining districts in the establishment of smoke control areas; however towards the end of 1953 the Council considered a recommendation that the new housing development area of over 70 acres to the south west or windward side of the Urban District should be declared a smoke control area. This is the part of the district where the Council's new programme of 64 houses were due to be erected, and at present it only includes about half a dozen existing dwellings. It was felt that this was an ideal place in which to start the introduction of smoke control areas; it would have affected very few existing

dwellings; prospective tenants or purchasers of new houses in the development area would have been aware of the requirements before erecting, buying or accepting tenancy of a house; and being to the south west of the district it would have enabled new houses to be built without adding to the pollution problem in the remainder of the area. I feel rather sorry that the Council decided not to proceed with the establishment of a smoke control area, though I fully appreciate and can sympathise with the reasons for reaching such a decision. I earnestly hope however that the problem of miners' coal will be solved in the not too distant future: it would be a grave injustice if the benefits of clean air are to be denied the colliery districts where so many men earn their livelihood away from the sunshine and fresh air.

I referred last year to the experiments which had been made to reduce pollution from a large carbonising plant in the district. During the year new equipment was provided for most of the batteries of retorts thereby appreciably reducing the pollution which had previously occurred during the discharging and recharging of the retorts. It was found impossible to modify the batteries of retorts which were originally erected when the carbonising plant was established; these retorts are now being replaced by ones of improved design and this should further reduce pollution.

In conclusion, I should like to refer to the question of providing solid smokeless fuels—quite obviously in the years ahead there will be the need for increased production of these types of fuels if the Clean Air Act is to operate with any degree of success. These fuels are manufactured in the colliery districts and it is to be hoped that they can be produced smokelessly so that the pollution problems in mining areas should not be aggravated in providing smokeless fuels for other parts of the country.

Public Cleansing.

Refuse Collection.

A weekly collection of refuse was maintained throughout the year.

2 refuse collecting vehicles—a 12 cu. yd. S and D Freighter and a 7 cu. yd. Karrier Bantam, each with a

driver and three loaders, are engaged whole time on refuse collection. During holiday periods, etc., a second Karrier Bantam assists on collection duties to maintain the weekly service.

No undue labour difficulties were experienced during the year and I should like, once again, to pay tribute to the loyalty and devotion to duty of all the workmen engaged on public cleansing duties. Their's is not a pleasant occupation but the manner in which they perform their duties is illustrated by the almost complete absence of complaints from the public they serve.

Refuse Disposal.

The disposal of all refuse is now undertaken in a disused portion of the clay pit at the New Byron Brick Company's works just outside the boundary of the Urban District. A new access road which was constructed two years ago has proved most beneficial, eliminating the difficulties which had previously been experienced. Interference with the tip and unauthorised tipping have also been brought under control since the new gate and fence were erected.

Ash from the local carbonising plant is used for covering refuse.

During the summer of 1958 a very severe thunderstorm resulted in the overflow of a stream near the refuse disposal tip, with the result that very serious flooding of the clay pit occurred. The Brick Company who own the pit had taken no steps by the end of the year under review to pump out the very large amount of water, and steps were taken to so organise the disposal of refuse as to avoid tipping in the water.

Emptying of Cesspools, Pail Closets and Privies

The Council provide a free service, except in one special case, for the emptying of cesspools, pails and privies. This service is carried out during the day-time by a 7 cu. yd. Karrier Bantam fitted with a 300 gallon tank and using a three inch trailer mounted mud pump. The contents are conveyed to the sewage works, or to suitable sewer manholes, for disposal.

In recent years there has been a gradual reduction in the number of pail closets where isolated cottages have been modernised by the installation of hot water, baths and water closets, etc. There has also been an increase in the number of cesspools to be emptied.

Salvage.

(Referring to the financial year ended March 31st, 1959)

Sales from the 1st April, 1958 to the 31st March, 1959 were as follows:—

		Tons	Cwts	Qrs	£	s.	d.
Waste paper and cardboard	132	8	2	1125	15 11
Textiles	-	15	2	7	15 0
Scrap tins	23	6	3	114	14 11
Scrap metals	2	1	0	29	10 0
			158	11	3	1277	15 10

Restrictions, in one form or another, existed throughout the whole of the year on despatches of waste paper to the mill and there was a further slight decline in the tonnage despatched and the income received. These restrictions have been in operation for about three years and they have had the effect of reducing sales by almost 20 tons per year. It has also been noticeable that waste paper prices have tended to fall during recent years, whereas workmen's wages have been rising slightly, with the result that profits have been reduced. However, the collection of waste paper and cardboard still remains a profitable undertaking and provides a source of revenue to the general rate fund.

The segregation of tins at the refuse tip had to be abandoned half way through the year under review owing to falling prices, and no suitable outlet for this material could be found. The income from this source is therefore much less than corresponding figures for the previous year.



