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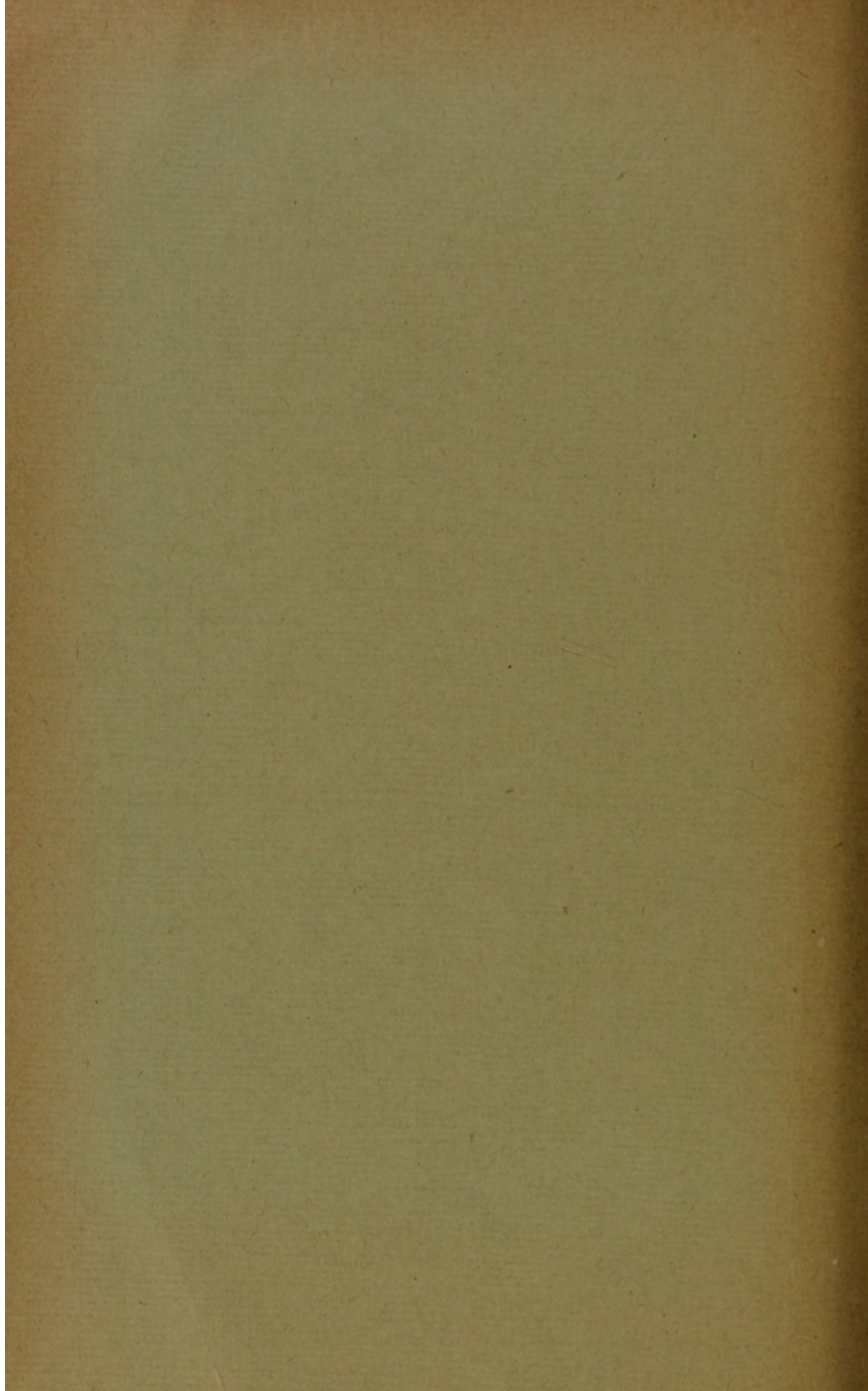
Medical Officer of Health and School Medical Officer.



ANNUAL REPORT  
OF THE  
MEDICAL OFFICER OF HEALTH  
AND  
SCHOOL MEDICAL OFFICER,  
BOROUGH OF CHESTERFIELD,  
FOR THE  
Year ending 31st December, 1922,  
BY  
R. P. GARROW, M.D., D.P.H.

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CHESTERFIELD :  
WILFRED EDMUNDS, LTD., PRINTERS,  
1923.





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R. P. GARROW, M.D., D.P.H.

# Borough of Chesterfield.

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Health Committee, 1922-1923.

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**Chairman:**

ALDERMAN W. HAWKSLEY EDMUNDS, O.B.E., J.P.

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**Vice-Chairman:**

ALDERMAN T. W. LACK, J.P.

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**Members:**

THE MAYOR (ALDERMAN GEORGE CLARK, J.P.).	
ALD. HOLDEN,	COUN. HATTON,
„ SIMS,	„ KNIGHT,
„ VARLEY,	„ McCREA,
COUN. ASHMORE,	„ PHILPOTT,
„ CROSSLEY,	„ SYDDALL,
„ GRAHAM,	„ WICKS.
„ HARRISON,	

# Borough of Chesterfield.

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Maternity and Child Welfare Committee,  
1922-1923.

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ALDERMAN W. HAWKSLEY EDMUNDS, O.B.E., J.P.

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COUN. ASHMORE,	„ WICKS,
„ CROSSLEY,	Mrs. HALL,
„ GRAHAM,	„ HARRISON,
„ HARRISON,	„ H. P. SHORT,
„ HATTON,	„ VARLEY,
„ KNIGHT,	T. ALLSOP.

*To the Mayor, Aldermen and Councillors of the  
Borough of Chesterfield.*

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GENTLEMEN,

I have the honour to submit my report on the health of the Borough of Chesterfield, for the year ending 31st December, 1922. With this is incorporated my annual report as School Medical Officer for the Borough of Chesterfield for the same period. This is the first occasion on which these two reports have been printed and bound together, but as the work of the Health Department and the School Medical Service are closely co-ordinated, a report on one cannot be fully appreciated or understood without reference to the other.

For the first nine months of the year under review I conducted the medical work of both departments without assistance. Dr. Helen Hodge was appointed Assistant Medical Officer of Health for Maternity and Child Welfare, and Assistant School Medical Officer, commencing duty on 6th Sept., 1922. This appointment has relieved me of much detailed work in connection with the Maternity and Child Welfare Scheme, and also in the matter of routine medical inspection and the conduct of the School Clinic. At the same time I was appointed Medical Superintendent of Penmore Isolation Hospital and Tuberculosis Pavilion, and Medical Superintendent of the new Maternity Home and Infants' Hospital.

1922 has been an extremely busy year in the Health Department and I would particularly mention the following features of the work:—

- (1) Opening of the new Maternity Home and Infants' Hospital on July 19th.
- (2) The concentration of the Infant Welfare Clinics at the Maternity Home.

- (3) The improvement in the sanitary circumstances by the conversion of the privy middens into water closets. The total number of conversions during the year was 1,794, leaving 2,079 still to be carried out. This is by far the largest number converted in one year and has entailed heavy work on the Sanitary Inspectors continuously throughout the year.
- (4) The vital statistics are the most favourable in the history of the Borough, the general death rate of 11.1 and the infant mortality rate of 73 being both the lowest ever recorded.
- (5) The birth rate, which had fallen steadily to the lowest figure recorded, namely 20.5 in 1917, rose to 29.6 in 1919, but has fallen again to 27.3 in 1921, and 25.0 in 1922.

I desire to accord my sincere thanks to:—

- (a) The Chairman and Members of the Health Committee for their constant kindness and encouragement;
- (b) All voluntary workers at the Clinics, in the Borough Welfare Committee, District Nursing Association, and other voluntary agencies working in co-operation with the Health Department, for the energy and enthusiasm of their efforts towards social amelioration;
- (c) The staff of the Health Department for their loyal and efficient services during a strenuous year.

I have the honour to be, Gentlemen,

Your obedient servant,

R. P. GARROW.

## 1. GENERAL STATISTICS.

Area (acres)—8,484.

Population (1921)—61,236.

Number of Inhabited Houses (1921)—12,838.

Number of families or separate occupiers (1921)—  
13,210.

Rateable Value—£231,575.

Sum represented by a Penny Rate—£815.

## 2. EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

	Total.	M.	F.		
Births	Legitimate	1507	773	734	} Birth Rate (R.G.) 25.0
	Illegitimate	78	34	44	
Deaths	705	394	311	Death Rate (R.G.) 11.1	
Number of women dying in, or in consequence of, childbirth—					
	From sepsis	...	...	...	2
	From other causes	...	...	...	2
Deaths of infants under one year of age per 1,000 births :—Legitimate 72, Illegitimate 89. total 73					
Deaths from Measles (all ages) ... .. 1					
Deaths from Whooping Cough (all ages) ... .. 14					
Deaths from Diarrhœa (under 2 years of age) ... .. 6					

There has been no unusual or excessive mortality from any special cause during the year requiring comment.

## 3. NOTIFIABLE DISEASES DURING THE YEAR.

<i>Diseases.</i>	<i>Total Cases Notified.</i>	<i>Cases admitted to Hospital.</i>	<i>Total Deaths.</i>
Diphtheria ... ..	98	58	7
Scarlet Fever ... ..	91	46	2
Enteric Fever (including paratyphoid) ... ..	7	2	1
Puerperal Fever... ..	5	1	2
Pneumonia ... ..	35	—	63
Measles ... ..	633	6	1
Enteritis ... ..	2	—	6
Erysipelas ... ..	12	1	—
Ophthalmia Neonatorum	9	1	—
Encephalitis Lethargica	—	—	1
Alastrim, amaa or para smallpox ... ..	1	1	—
Cerebro-Spinal Fever ...	1	1	—
*Tuberculosis :—			
(a) Pulmonary { M.	44	31	22
{ F.	47	14	27
{ Total	91	45	49
(b) Non- { M.	8	4	6
{ Pulmonary { F.	13	2	11
{ Total	21	6	17

	CASES.			<i>Vision unimpaired.</i>	<i>Vision impaired</i>	<i>Total Blindness.</i>	<i>Deaths.</i>
	<i>Notified</i>	<i>Treated.</i>					
		<i>At Home.</i>	<i>In Hospital</i>				
Ophthalmia Neonatorum	9	8	1	8	—	1	—

\* Deaths of non-notified cases of tuberculosis numbered 16. No action was taken.

#### 4. CAUSES OF SICKNESS.

There has been no epidemic of any importance in Chesterfield during 1922. It will be noted from the above table of infectious disease that, with the exception of tuberculosis and pneumonia, which accounted for 66 and 63 deaths respectively, the mortality from infectious disease was exceptionally low. All the other infectious diseases together accounted for only 20 deaths.

##### **Prevalence in Derbyshire of a Mild Disease resembling Smallpox, known by various names such as Alastrim, Amaas or Para Smallpox.**

During 1922 there has prevailed in various parts of Derbyshire, for example, the Borough of Ilkeston, the Urban District of Long Eaton and various rural districts in the south of the county, in the Urban District of Bolsover, which is six miles from Chesterfield, in the Rural District and village of Clowne, which is ten miles from Chesterfield, a disease closely resembling smallpox, but presenting striking differences from that disease in the extreme mildness of its course and the absence of severe poisoning, or disfigurement, or death of the patients. One case of this disease was notified in the Borough of Chesterfield on the 8th of May and isolated at Spital Smallpox Hospital, which is now within the Borough boundary. The cases from Bolsover (including Hillstown) and Clowne, to the number of 19 and 16 respectively (up till Dec. 31st, 1922) were also isolated and nursed at the same hospital under the medical supervision of Dr. H. Peck, Medical Officer of Health, Chesterfield Rural District. I am greatly indebted to Dr. Peck for permission to study these cases during their stay in hospital; to Dr. King, Medical Officer of Health, Ilkeston, for permission to visit the cases at the Fever Hospital, Ilkeston; and to Dr. Allen, of Belper, for the opportunity of seeing some twenty odd cases at Belper Fever Hospital.

Although only one of these cases has occurred within the Borough, the outbreak as a whole has presented an extremely interesting problem. The chief point of interest is, of course, the identity or otherwise

of this disease with classical smallpox. It would occupy many pages of this report to go into the evidence for and against the conflicting views on this question, but my own view is that this is a disease separate and distinct from smallpox and incapable of assuming the virulence of that disease with the power to disfigure and kill its victims. It is only fair to state, however, that, in holding this view, I belong to a very small minority. The common belief appears to be that this outbreak is smallpox modified by some unknown factor or factors, and that it may, under certain unknown conditions, assume its old virulence and high fatality. There are many opinions in the literature of the subject to this effect, but I have been unable to obtain any evidence in the literature or elsewhere to support this view. It is interesting to note, however, that vaccination is an efficient protection against this mild disease, just as it is against virulent smallpox. I therefore strongly advocate general vaccination of infants and children, and re-vaccination of adults who have not been vaccinated since infancy. So far as I have been able to ascertain, very little vaccination has been accomplished in Chesterfield as a result of this outbreak, and I believe that one of the chief reasons is the anomaly that this important measure of preventive medicine should be administered by the Poor Law Authority. This anachronism should be abolished and vaccination placed in the hands of the Health Department and the general body of medical practitioners.

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## 5. SUMMARY OF NURSING ARRANGEMENTS, HOSPITALS, AND OTHER INSTITUTIONS AVAILABLE FOR THE DISTRICT.

### Professional Nursing in the Home.

(a) GENERAL. The nursing of general medical and surgical cases at home is carried out by the Chesterfield District Nursing Association, a voluntary organisation which employs four nurses. The following is a summary of the work done during 1922:—

Cases in hand, Jan. 1st, 1922	...	25
New Cases during 1922—		
Medical	... ..	96
Surgical	... ..	74
Ophthalmia neonatorum	... ..	10
Monthly	... ..	1
Measles	... ..	615
Pneumonia	... ..	13
Tuberculosis	... ..	9
		<hr/> 818
		<hr/> 843

Cases still on books, Dec. 31st, 1922 ... 39

#### Visits paid by the Nurses.

General Nursing	... ..	5,989
Casual	... ..	525
Monthly	... ..	50
Measles	... ..	616
Ophthalmia	... ..	72
		<hr/> 7,252

#### (b) INFECTIOUS DISEASES, MEASLES, ETC.

Measles and other infectious diseases, including ophthalmia neonatorum, are nursed by the same Association which received a subsidy of £255 from the Local Authority for these services. The following is a summary of the work carried out:—

No. of cases of Measles	...	615
„ „ Ophthalmia	...	10
„ „ Pneumonia	...	13
„ „ Tuberculosis	...	9
		<hr/> 647

#### Midwives.

The Local Authority does not employ or subsidise any practising midwives on the district. There are twenty-two midwives in private practice, of whom one

is recognised by the Central Midwives Board for the part training on the district of pupil midwives in training at the Chesterfield Municipal Maternity Home. This arrangement was sanctioned by the Central Midwives Board in April, 1923.

#### **Clinics and Treatment Centres.**

The entire scheme of maternity and child welfare was re-modelled in 1922, as a result of the opening of the new Municipal Maternity Home, Infants' Hospital, Child Welfare Clinic and Ante-Natal Clinic in July, 1922. This building was erected close to the Chesterfield and North Derbyshire Royal Hospital, and it was originally intended that it should be run as a Maternity Home and Infants' Hospital in conjunction with the Royal Hospital. As a later development, however, it was decided by the Maternity and Child Welfare Committee of the Corporation to use a part of the building as a Maternity and Child Welfare Centre, which would take the place of four of the six Maternity and Child Welfare Centres scattered throughout the Borough in more or less unsatisfactory accommodation. This new development introduced dual control, and after several meetings between the two authorities, it was agreed that the institution should be administered entirely by the Corporation and supervised by the Medical Officer of Health. This concentration of the work under one roof is working satisfactorily and affords better facilities for co-operation between the Ante-Natal Clinic and the Maternity Home, and between the Infant Welfare Centre and the Infants' Hospital.

#### **Description of the Building.**

Plans for the erection of the Hospital were prepared by W. Cecil Jackson, M.S.A., Architect, Chesterfield, and approved by the Ministry of Health. Messrs. Maule and Co., of Nottingham, are the building contractors. The accommodation of the Hospital comprises:—

##### **BASEMENT FLOOR.**

Coal store, boiler rooms, kitchen, dining room, laundry, sanitary accommodation, box room, boot and brush room, patients' clothes room, service room and bathroom, Child Welfare Centre, store rooms, laboratory, dispensary, etc.

## GROUND FLOOR.

Two Children's Wards (total 14 beds), with service room, treatment room and diet room; three Separation Wards (3 beds), sanitary accommodation, linen rooms, Ante-Natal Clinic, comprising waiting room, examination room with dressing room and sanitary accommodation, office, matron's office, nursery, Six bed Maternity Ward, Four bed Maternity Ward, Three bed Maternity Ward, Two bed Maternity Ward, One bed Maternity Ward, Labour Ward with sterilising room, sanitary accommodation, staff sanitary accommodation.

## FIRST FLOOR.

Bedroom accommodation for Staff of 24, Sisters' sitting room, Nurses' sitting room, kitchen, linen rooms, sanitary accommodation.

Note.—The whole building is fitted up, furnished and equipped in the best possible manner.

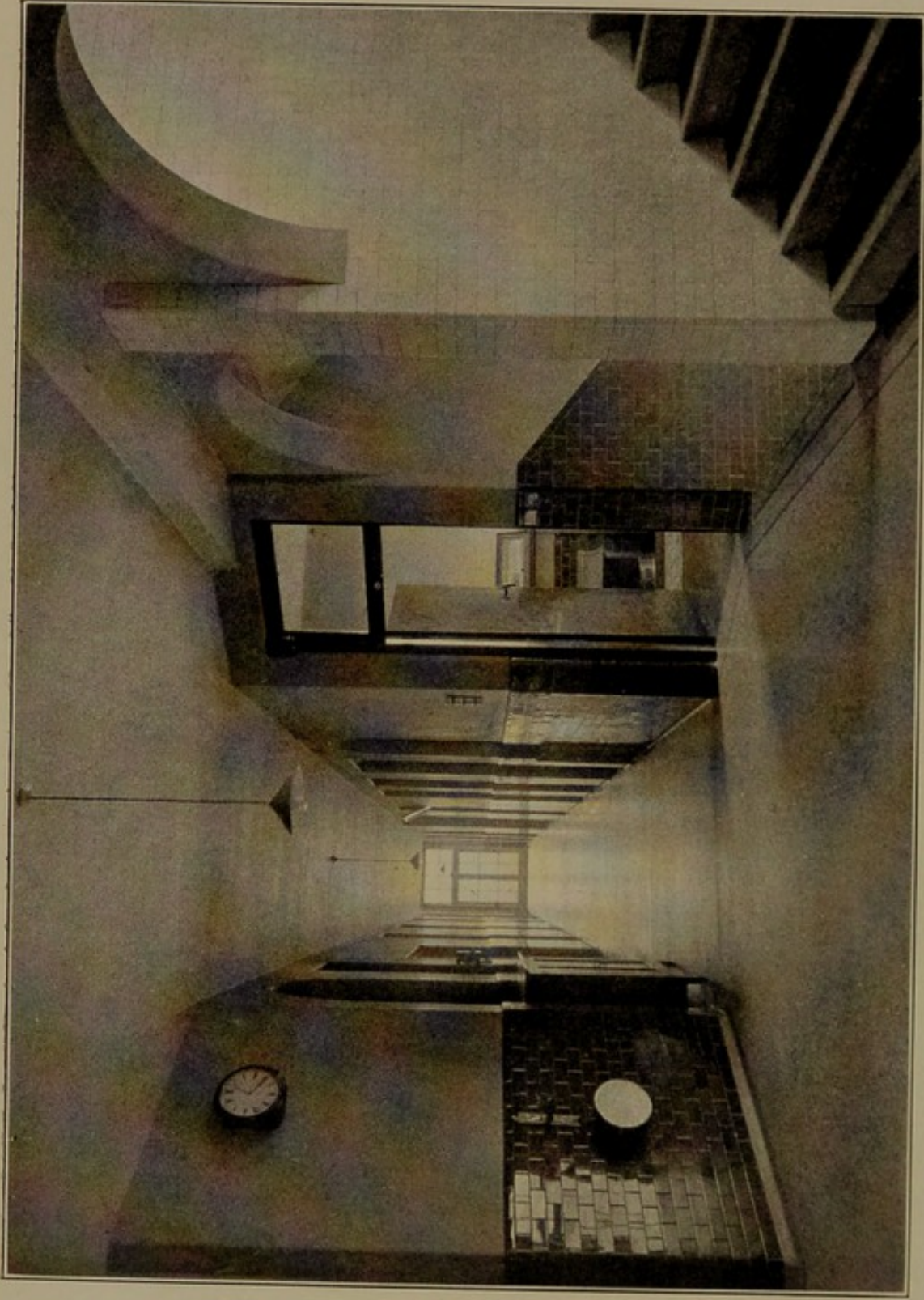
## Staff.

- (1) The Medical Superintendent is the Medical Officer of Health.
- (2) The Resident Medical Officer is the Assistant Medical Officer of Health.
- (3) The Obstetric Surgeon    W. TONKS, M.B., F.R.C.S.,  
Surgeon, Chesterfield &  
North Derbyshire Royal  
Hospital.
- (4) Matron                    ...            ...    Miss ADA HOPWOOD,  
R.R.C.
- (5) Assistant Matron        ...            Miss LUCY HOPWOOD.
- (6) Sister in Charge of  
Infants' Wards            ...            Miss G. M. BATTESON.
- (7) Night Sister            ...            Miss J. M. MCGUFFOG.
- (8) Pupil Midwife            ...            Miss A. SHIELDS.
- (9)        "                    "            ...            Miss R. M. ROBERTS.
- (10)       "                    "            ...            Miss A. GAFFNEY.
- (11) Probationer (Infants)    Miss E. B. PODBURY.
- (12)       "                    "            Miss V. KIRK.



*[Photo by William G. Fryer, Chesterfield.]*

Chesterfield Municipal Maternity Home and Infants' Hospital, opened on Wednesday, the 19th July, 1922, by Ald. W. Hawksley Edmunds, O.B.E., J.P., Chairman of the Maternity and Child Welfare Committee. The Maternity Home occupies the ground floor on the right of the main entrance, the Infants' Hospital the ground floor on the left of the main entrance. The Nurses' Home is on the first floor. The path on the right leads to the Child Welfare and Ante-Natal Clinics which are in the basement.



Maternity Home and Infants' Hospital, Entrance hall and north-west end of main corridor, Matron's office, *Photo by William G. Fryer, Chesterfield.*

**Summary of Work in 1922 (July 19th—Dec. 31st).**

**Maternity Home.**

No. of Cases admitted from opening to Dec. 31st, 1922	...	...	...	...	...	...	29
No. of Babies born, from opening to Dec. 31st, 1922 (Live births)	...	...	...	...	...	...	23
No. of Babies born, from opening to Dec. 31st, 1922 (Still births)	...	...	...	...	...	...	5
No. of Mothers discharged, from opening to Dec. 31st, 1922	...	...	...	...	...	...	26
No. of Mothers died, from opening to Dec. 31st, 1922	...	...	...	...	...	...	1
No. of Infants died, from opening to Dec. 31st, 1922	...	...	...	...	...	...	2
No. of Cases remaining in the Home on Dec. 31st, 1922	...	...	...	...	...	...	2

**Infants' Hospital.**

No. of Cases admitted, from opening to Dec. 31st, 1922	...	...	...	...	...	...	19
No. of Cases discharged, from opening to Dec. 31st, 1922	...	...	...	...	...	...	11
Average stay in Hospital of cases discharged							20 wks.
No. of Cases died	...	...	...	...	...	...	2
No. of Cases remaining in Hospital on Dec. 31st, 1922	...	...	...	...	...	...	6

**Maternity and Child Welfare Centres apart from the Maternity Home.**

The only two centres remaining which have not been absorbed into the Child Welfare Centre at the Maternity Home are:—

- (a) The Adult School, Whittington Moor, where a Baby Welcome is conducted weekly on Monday afternoon; and

- (b) The Adult School, New Whittington, where a Baby Welcome is conducted weekly on Tuesday afternoon.

These centres are  $1\frac{1}{2}$  and 3 miles respectively from the Maternity Home, and it was felt that the distance was too great for mothers to come with their infants from these areas to the Maternity Home.

### Day Nurseries.

There are no Day Nurseries.

### School Clinic.

The School Clinic at 59, Saltergate, provided by the Education Committee, includes Medical Inspection Clinic, Minor Ailment Treatment Clinic, Eye Clinic and Dental Clinic.

### Tuberculosis Clinic.

This is provided by the County Council at their centre in Brimington Road.

### Venereal Diseases.

The centre for the treatment of venereal diseases, financed by the County Council, is conducted in a special department at the Chesterfield and North Derbyshire Royal Hospital.

## WORK OF THE HEALTH VISITORS.

First Visits to Infants	...	...	...	...	1,630
Re-Visits to Infants	...	...	...	...	12,728
First Visits to Expectant Mothers	...	...	...	...	172
Re-Visits to Expectant Mothers...	...	...	...	...	97
Sanitary Defects reported to Sanitary Inspectors					129

## BABY WELCOMES.

	<i>No. of Infants and Children attending.</i>	<i>Total Attendances of Infants under 1 year</i>	<i>Total Attendances of Children 1-5 years.</i>	<i>Average Weekly Attendance</i>
Health Office (North Ward) before amalgamation with Central Ward ...	85	428	164	16.4
Settlement (Central Ward) before amalgamation with N'h Ward ...	74	453	211	18.4
Maternity Home (North & Central Wards) after amalgamation ...	126	396	115	42.5
Mount Zion Chapel (West Ward) now transferred to Maternity Home ...	129	868	331	24.9
Health Office (South Ward) now transferred to Maternity Home ...	192	1166	253	29.5
Adult School, Whittington Moor ...	142	1045	137	24.6
Adult School, New Whittington ...	89	658	207	18.0
Totals...	837	5014	1418	134

**Infant Consultations**

Are conducted by Dr. Helen Hodge at the Centre at the Maternity Home on three afternoons per week (Monday, Tuesday and Wednesday).

333 Infants and Children, under five years of age, attended the Infant Consultation Clinic during the year, making 542 attendances.

**Ante-Natal Clinic.**

First attendances	...	...	36
Re-attendances	...	...	78
			—
			114
			—

The Ante-Natal Clinic is conducted weekly on Thursday afternoon by Dr. Helen Hodge at the Centre in the Maternity Home.

**BABY WEEK.**

The annual Baby Week was held in the third week of July and synchronised with the opening of the Maternity Home and Infants' Hospital. The County Exhibition, conducted by Miss Hughes, one of the County Health Visitors, was open daily at the Infant Welfare Centre at the Maternity Home, and lectures, demonstrations, etc., were held in a marquee pitched on the grounds of the Royal Hospital in front of the Maternity Home. Our best thanks are due to the Royal Hospital for permission to use their ground. Over eight hundred mothers and young children were entertained to tea in the marquee on the occasion of the distribution of prizes by the Chairman, Ald. W. Hawksley Edmunds, for the competitions held during Baby Week.

**HOSPITALS PROVIDED OR SUBSIDISED BY THE  
LOCAL AUTHORITY OR BY THE COUNTY  
COUNCIL.**

**(1) Tuberculosis.**

Derbyshire County Sanatorium, Walton, 124 beds for early cases.

Tuberculosis Pavilion, Penmore Hospital, 18 beds for advanced cases.

**(2) & (3) Maternity Home & Children's Hospital.**

A description of this new institution has already been given, together with the work done from the opening on July 19th, 1922, till December 31st, 1922.

**(4) Fever.**

Penmore Isolation Hospital, 58 beds for Scarlet Fever, Diphtheria, Enteric Fever and other infectious diseases.

**(5) Smallpox.**

Spital Smallpox Hospital has accommodation for 30 patients in buildings of wood and corrugated iron.

**Poor Law Hospital Accommodation.**

Attached to the Workhouse is an Infirmary of 205 beds, and in Ashgate Road, about a mile from the Workhouse, a Children's Home (112 beds). The Guardians provide for unmarried mothers, illegitimate infants and homeless children.

**Voluntary Hospital Accommodation.**

The voluntary hospital in Chesterfield is the Chesterfield and North Derbyshire Royal Hospital, a flourishing institution of 150 beds for general medical and surgical cases. As might be expected in an industrial community, the bulk of the work is surgical, and I understand that there is urgent need for more beds for both medical and surgical cases.

**New Out-patient Department.**

An important extension of hospital provision for the needs of Chesterfield and district is the magnificent new Out-patient Department of the Royal Hospital, erected and equipped at a cost of over £35,000, and formally opened by Lady Maud Mackintosh on Dec. 1st, 1922. It provides a waiting hall with accommodation for 200 patients, 4 consulting rooms, an ophthalmic room, a large casualty room, a large orthopædic and massage department, a pathological laboratory, a large X-Ray department, isolation ward, operating theatres and numerous other smaller rooms accessory to the main purposes of the building.

**Ambulance Facilities.****(a) For Infectious Cases.**

The old horse ambulance stationed at Penmore Hospital was used for fever cases throughout 1922, but has been replaced in 1923 by a motor ambulance. Cases of smallpox or the mild

disease resembling smallpox were removed by another horse ambulance stationed at Penmore Hospital to Spital Smallpox Hospital. This also has been abolished and replaced by a motor ambulance.

(b) **For Non-Infectious Cases.**

There are ample facilities for the removal of ordinary medical and surgical cases to hospital in and around Chesterfield. In addition to the motor ambulance, presented by Mr. Ald. Geo. Eastwood, and maintained and run by the Watch Committee of the Corporation, several collieries and ironworks in the district maintain ambulances of their own.

## 6. LABORATORY WORK.

Bacteriological and pathological specimens are sent to the County Laboratory, Derby, and reports on these are received by the Medical Officer of Health and general practitioners in the district. The following is a summary of the numbers sent and the results obtained:—

	<i>From Health Department.</i>		<i>From General Practitioners.</i>	
	<i>Positive.</i>	<i>Negative.</i>	<i>Positive.</i>	<i>Negative.</i>
Diphtheria ...	5	76	41	92
Pulmonary Tuberculosis ...	1	3	21	74
Enteric Fever ...	—	—	4	10
Miscellaneous ...	69	28	7	5
<b>Totals ...</b>	<b>75</b>	<b>107</b>	<b>73</b>	<b>181</b>

Total specimens sent ... .. 436

Issue of Diphtheria Anti-toxin free from Health Department—484,000 units.

**LIST OF ADOPTIVE ACTS, BYE-LAWS & LOCAL  
REGULATIONS RELATING TO PUBLIC HEALTH,  
IN FORCE IN THE DISTRICT WITH DATE OF  
ADOPTION.**

Bath and Washes Act adopted ... ..	1892
Infectious Diseases (Notification Act) 1889, adopted October ... ..	1890
Infectious Disease (Prevention) Act, 1890, adopted November ... ..	1890
Public Health Act (Amendment) 1890, adopted March ... ..	1891
Private Streets Works Act, 1892, adopted March	1893
Parts 3, 4, 5, 6, and Sections 15—25, 27—33, Part 2 and 94, 95 of Part 10 of the Public Health Amendment Act, 1907, adopted M'ch	1910
Notification of Birth Act, 1907, adopted Nov'ber	1907
Bye-laws with respect to new Streets and Build- ings, adopted April ... ..	1891
Bye-laws with respect to Flushing Water Closets adopted July ... ..	1894
Bye-laws with respect to Paving of Yards and Open Spaces in connection with Dwelling Houses, adopted July ... ..	1894
Bye-laws with respect to Slaughter-houses, adopted February ... ..	1891
Bye-laws with respect to Nuisances, adopted February ... ..	1891
Bye-laws with respect to Dairies, Cowsheds and Milkshops, adopted December ... ..	1894
Bye-laws with respect to Common Lodging Houses, adopted May ... ..	1905
Bye-laws with respect to Houses Let in Lodg- ings, adopted May ... ..	1905

Bye-laws with respect to Tents, Vans, Sheds and Similar Structures, adopted September ...	1917
The Chesterfield Improvement Act adopted ...	1901
The Chesterfield Corporation Act adopted ...	1914
Bye-laws with respect to Offensive Trades, adopted June ... .. . . .	1914

## 7. SANITARY ADMINISTRATION.

### Tabular Summary of the Work of the Sanitary Department during the year.

No. of Complaints investigated ... .. .	357
„ Houses inspected ... .. .	243
„ Nuisances found ... .. .	640
„ Nuisances abated ... .. .	566
„ Visits to infected houses ... .. .	250
„ Houses disinfected ... .. .	248
„ Schoolrooms disinfected ... .. .	4
„ Inspection of Dairies and Cowsheds ...	128
„ Manure Receptacles ... .. .	107
„ Slaughter-houses and Shops ... .. .	951
„ Common Lodging Houses ... .. .	30
„ Factories and Workshops ... .. .	79
„ Inspections of work in progress	} 3465
„ Re-inspections and miscellaneous visits	
„ Drains tested by smoke or water... .. .	919
„ Samples of milk for bacteriological examination ... .. .	15
„ Samples of water analysed ... .. .	9
Total No. of Conversions carried out ... .. .	1794

Amount of diseased and unsound food condemned and destroyed ... .. .

tons.	cwt.	qrs.	lbs.
5	15	2	24

**Types and Numbers of the various Sanitary Conveniences in the Borough according to Wards.**

<i>Ward.</i>	<i>Water Closets.</i>	<i>Waste Water Closets.</i>	<i>Privies.</i>	<i>Pails.</i>	<i>Middens.</i>	<i>Fixed Dry Ashpits.</i>	<i>Portable Dust Bins.</i>
Central ...	1208	50	19	3	11	67	1230
Hasland ...	994	13	15	—	11	56	934
Rother ...	1240	26	99	—	58	30	1253
St. Leonard's	850	4	65	—	42	36	904
Trinity ...	1076	2	25	—	14	85	1065
St. Helen's...	593	34	19	—	13	37	585
West ...	769	53	49	—	37	22	814
Holmebrook	1061	89	35	—	17	16	1193
Moor ...	632	4	605	14	342	69	413
Newbold ...	412	—	245	28	162	37	329
Old Whit- tington	269	—	586	65	275	27	176
New Whit- tington	470	6	317	8	157	29	326
Totals ...	9574	281	2079	118	1139	511	9222

**SLAUGHTER-HOUSES.**

There are 35 Slaughter-houses in the Borough of which seven are owned by the Corporation. Thirty-one of the Slaughter-houses are licensed annually, while four are registered.

**DAIRIES, COWSHEDS AND MILKSHOPS ORDER.**

There are 76 Cow-keepers in the Borough, housing 589 cows, and, with a few exceptions, all are retailers. In addition there are 41 persons, mostly small shop-keepers, registered as retailers of milk.

Places where food is prepared:—

Fish and Chip Shops ... ..	45
Bakehouses ... ..	22
Tripe Boilers ... ..	5
Restaurant Kitchens ... ..	5
	77

All have been visited and in no case could fault be found with the condition of the premises.

### FOOD AND DRUGS.

During the year 178 samples of food were obtained and analysed by the Borough Analyst, Mr. G. E. Scott-Smith. Of these, 155 or 87.1 per cent. were certified as genuine. One hundred and nineteen of the samples were of milk, of which 22 or 18 per cent. did not comply with the standard adopted by the Board of Agriculture. Five of the samples were deficient in milk fat, 16 in non-fatty solids, and 1 was deficient in both fat and non-fatty solids. One sample of butter contained an excessive amount of water, viz., 17.28 per cent.

Summary of Samples submitted during the year to the Public Analyst:—

<i>Nature of Food.</i>	<i>No. of Samples obtained.</i>	<i>Number Genuine.</i>	<i>Not Genuine.</i>	<i>Prosecutions.</i>	<i>Convictions.</i>	<i>Dismissed.</i>	<i>Cautioned.</i>
Milk ... ..	119	97	22	—	—	—	10
Cream ... ..	1	—	1	—	—	—	1
„ (Preserved)	2	2	—	—	—	—	—
Butter ... ..	27	26	1	—	—	—	1
Lard ... ..	12	12	—	—	—	—	—
Pepper ... ..	2	2	—	—	—	—	—
Coffee ... ..	6	6	—	—	—	—	—
Cheese ... ..	6	6	—	—	—	—	—
Ground Rice ...	1	1	—	—	—	—	—
Baking Powder	2	2	—	—	—	—	—
Totals ... ..	178	154	24	—	—	—	12

In no case of adulteration was it considered advisable that summary proceedings should be taken.

**PUBLIC HEALTH (MILK & CREAM) REGULATIONS, 1912.**

**1. Milk and Cream not sold as Preserved Cream.**

	(a)	(b)
	<i>No. of Samples examined for the presence of a Preservative.</i>	<i>No. in which a Preservative was reported to be present.</i>
Milk ...	119	—
Cream ...	3	2

During the year 1922 the house refuse removed amounted to 28,024 tons. Of this 11,816, or 42 per cent., was dealt with at the destructor, while 16,208 tons were deposited on tips in the district. The refuse from the privy middens is removed in periods not exceeding two months, and from the portable dustbins the refuse is collected weekly.

**8. PUBLIC HEALTH STAFF.**

**Medical Officer of Health.**

\*R. P. Garrow, M.D., D.P.H. (who is also Maternity and Child Welfare Medical Officer, School Medical Officer, Medical Superintendent Penmore Isolation Hospital, Medical Superintendent Maternity Home and Infants' Hospital, and Police Surgeon).

**Assistant Medical Officer.**

\*Helen Hodge, M.B., Ch.B., D.P.H., appointed Sept. 6th, 1922 (who is Assistant Maternity and Child Welfare Medical Officer, Assistant School Medical Officer and Resident Medical Officer, Maternity Home & Infants' Hospital).

**Sanitary Inspectors.**

- \*C. E. Wood, C.S.I.
- \*A. S. Carter, C.S.I., Certif. Meat Insp.
- \*C. K. Hale, C.S.I., Certif. Meat Insp.
- \*C. J. Couch, C.S.I., Certif. Meat Insp.

**Health Visitors.**

- \*Senior—Mrs. J. S. Nicholls, Trained Nurse, C.M.B.,  
Certif. San. Insp., Certif. Queen's Jubilee Inst.
- \*Mrs. Kate Meakin, Trained Nurse, C.M.B.
- \*Miss Edith E. Passey, Trained Nurse, C.M.B.,  
Health Visitor's Certif.
- \*Miss Rebecca M. Coakill, Trained Nurse, C.M.B.
- \*Miss Elsie Cutts, Trained Nurse, C.M.B.

**Clerks.**

- Miss Kathleen M. Shaw.
- Miss R. Tattersall.
- A. Wood.

**Veterinary Inspector.**

G. Robinson, M.R.C.V.S.

- (\*) Officers whose salary is paid partly by Exchequer Grants.

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**9. HOUSING.**

Number of new houses erected during the year:—

- |                                              |     |
|----------------------------------------------|-----|
| (a) Total                                    | 304 |
| (b) As part of a municipal housing scheme... | 251 |

**1. Unfit Dwelling-houses.**

Inspection.

- |                                                                                                                                                                    |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| (1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)                                                            | 662 |
| (2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910                                       | 91  |
| (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation                                       | 5   |
| (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-heading) found not to be in all respects reasonably fit for human habitation | 287 |

## 2. Remedy of Defects without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers ... ..	261
------------------------------------------------------------------------------------------------------------------------------------	-----

## 3. Action under Statutory Powers.

### A. Proceedings under Section 28 of the Housing, Town Planning, Etc. Act, 1919.

(1) Number of dwelling-houses in respect of which notices were served requiring repairs ... ..	29
(2) Number of dwelling-houses which were rendered fit:—	
(a) by owners ... ..	30
(b) by Local Authority in default of owners	34
(3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ..	—

### B. Proceedings under Public Health Acts.

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... ..	184
(2) Number of dwelling-houses in which defects were remedied:—	
(a) by owners ... ..	225
(b) by Local Authority in default of owners ... ..	—

### C. Proceedings under Sections 17 & 18 of the Housing, Town Planning, Etc. Act, 1909.

(1) Number of representations made with a view to the making of Closing Orders...	2
(2) Number of dwelling-houses in respect of which Closing Orders were made ...	1
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit ... ..	—

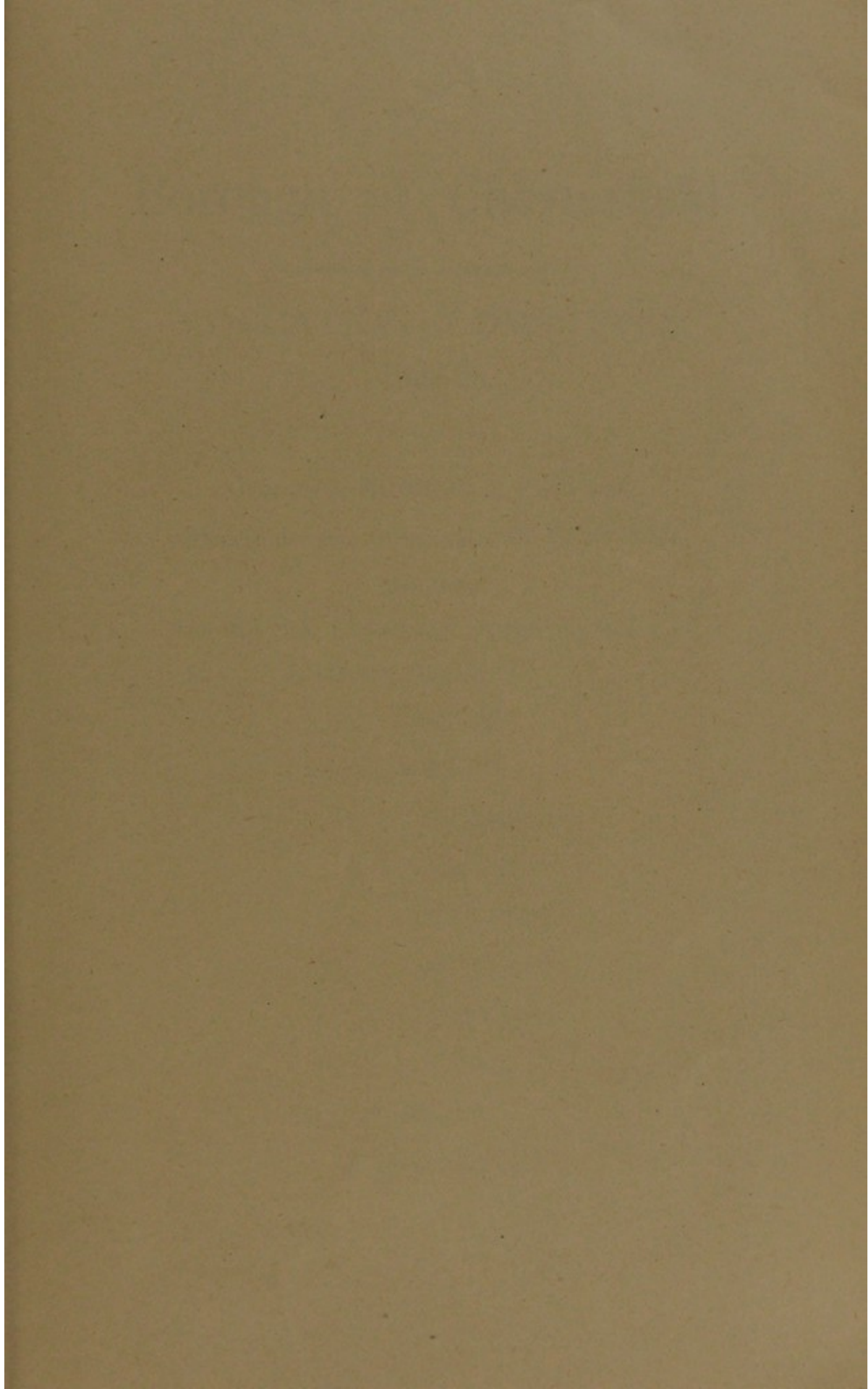
(4) Number of dwelling-houses in respect of which Demolition Orders were made ...	1
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders ...	1

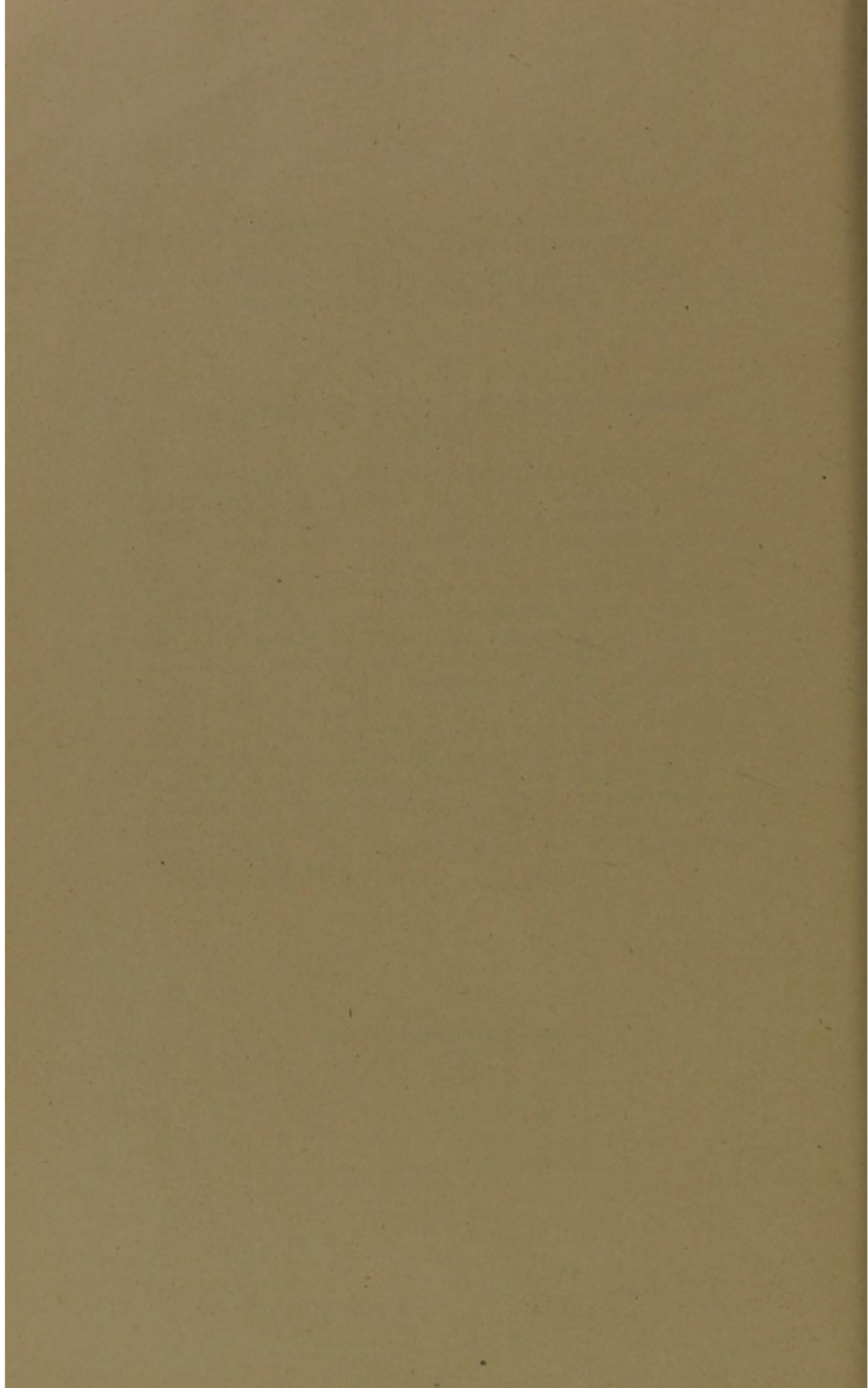
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### ABOLITION OF SLUMS IN LOW PAVEMENT AREA.

Following an official representation made by my predecessor, Dr. Robert Fraser, as to the insanitary condition and unfitness for human habitation of many of the houses in the Low Pavement area, that is to say the area surrounded by the Market Place on the north, Markham Road on the south, Tontine Road on the east, and Park Road on the west, an official inquiry was held by the Ministry of Health on August 29th, 1922, and as a result an order was received from the Ministry on November 14th, 1922, declaring ninety-nine houses in this area to be unfit for human habitation. It is proposed to demolish these houses, together with numerous stores and other buildings and to open up this area by making a new street running from Tontine Road to Park Road. The tenants of the houses to be demolished will be provided with accommodation in new houses being built by the Corporation on the St. Augustine's Road housing site.







# Borough of Chesterfield.

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## EDUCATION COMMITTEE, 1922-23.

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Chairman : ALDERMAN H. CROPPER.

Vice-Chairman : MISS VIOLET MARKHAM.

Members :

THE MAYOR (ALDERMAN GEORGE CLARK, J.P.).

ALDERMAN HOLDEN,

„ RHODES,

COUNCILLOR CLAYTON,

„ HARRISON,

„ MOORE,

„ PHILPOTT,

„ ROBINSON,

„ TWELVES,

„ WICKS,

MR. J. MANSELL,

„ T. TURNBULL,

To the Chairman and Members of the  
Chesterfield Education Committee.

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Mr. Chairman, Miss Markham and Gentlemen,

I have the honour to submit my Annual Report on the School Medical Service in the Borough of Chesterfield for the year ending 31st December, 1922.

There are some features of the work during 1922 on which I desire to make a few comments:—

- (1) The total number of individual children inspected by the Medical Officer, whether as routine or special cases, was 2,742 as against 3,503 in the previous year. This fall in numbers is explained by two factors:—
  - (a) The number of entrants at age five in 1922 were children born in 1917, which was the year of lowest birth rate on record (namely 20.5), due, of course, to the absence of the male population on active service overseas.
  - (b) During 1921 the routine medical inspection, as a result of the change of School Medical Officer, was interrupted and delayed, with the result that the work was some three to four months behind during the whole year. In 1922 the work was carried out according to scheduled time, and consequently a period of nine months or less elapsed between the

routine inspections in these two successive years. A result of this was that fewer children matured into the age groups due for examination.

- (2) On the other hand the re-examinations numbered 1,027 as against 243; minor ailments treated 936, as against 839; visual defects treated 229, as against 216; dental inspections 3,804, as against 1,159; dental defects treated 1,143, as against 547; and uncleanliness inspections 30,555, as against 15,190. It will be seen from these comparisons that the total bulk of the work accomplished in 1922 was considerably greater than that done in 1921.
- (3) The year 1922 is the first complete year of the working of our own Dental Clinic in Saltergate, under Mr. A. Roydon Littlar. The steady increase from month to month during the year in the number of children obtaining dental treatment is highly satisfactory and is due to the very careful work of the Dental Surgeon and the great pains he takes to avoid inflicting pain on the children. He has gained the entire confidence of the children and the parents, and this important branch of school medical work is likely to go on increasing.
- (4) The furnishing and equipment of an Eye Department at the Borough School Clinic is another important feature of the work in 1922. The eye work was previously carried out at the County School Clinic, Brimington Road, by the County School Oculist, Dr. T. E. Ashdown Carr. Dr. Carr continues to do this work for us at the Clinic in Saltergate.

- (5) Dr. Helen Hodge was appointed Assistant Medical Officer of Health (Maternity and Child Welfare) and Assistant School Medical Officer, commencing duty on 6th September, 1922. For the first nine months of the year I was attempting to carry out the medical work of the Health Department and Education Committee without assistance.
- (6) The appointment of an Assistant Medical Officer has made possible the commencement of systematic investigation into the physical and mental condition of the exceptional children referred to in table 3 of the statistical returns. The investigation is, by the very nature of the work, slow, and will require some years for its completion. For that reason the figures of table 3 are practically unaltered from the previous year.
- (7) The most pleasing feature of the report, to my mind, is the fall in the percentage of children found unclean by the School Nurses from 29 per cent. in 1921, to 23 per cent. in 1922. In this connection it should be noted that the average number of visits per annum made by the School Nurses to each school was THREE in 1922 as against TWO in the previous year.
- (8) Taking into account the industrial depression in Chesterfield during the year under review, the condition of the elementary school population as regards clothing, nutrition, general health and freedom from infectious diseases was highly satisfactory. Towards the end of the year, however, the adverse economic circumstances of many of the parents began to be reflected in the

condition of the children's footgear. A great deal has been done by the Head Teachers and through the Borough Welfare Committee to help the children of necessitous parents in the matter of boots.

- (9) Further improvement towards a higher standard of health for the school children demands:—
- (a) Greater attention by parents, teachers, school nurses to the personal cleanliness of the children.
  - (b) A better appreciation by the parents of the value of plain, fresh, wholesome food and especially fresh, unboiled cow's milk, the present consumption of which could be quadrupled to the great advantage to the children's health.
  - (c) The appointment of an organiser of physical training.

I desire to accord my best thanks to the Members of the Education Committee for their keen interest in the work of the Medical Department, to the staff for their excellent work throughout the year, to the teachers for their close co-operation and to the voluntary workers for their valuable assistance.

I have the honour to be,

Mr. Chairman, Miss Markham and Gentlemen,

Your obedient servant,

R. P. GARROW.

## 1. STAFF.

### School Medical Officer.

R. P. GARROW, M.D., D.P.H. (who is also Medical Officer of Health, Maternity and Child Welfare Medical Officer, Medical Superintendent Penmore Isolation Hospital, Medical Superintendent Maternity Home & Infants' Hospital, and Police Surgeon).

### Assistant School Medical Officer.

HELEN HODGE, M.B., Ch.B., D.P.H., appointed 6/9/22 (who is also Assistant Maternity and Child Welfare Medical Officer and Resident Medical Officer, Maternity Home and Infants' Hospital).

### School Oculist (part time).

T. E. ASHDOWN CARR, M.B., Ch.B.

### School Dentist (part time).

A. ROYDON LITTLAR, L.D.S.

### School Nurses.

Mrs. JOHNSON.

Miss HURLEY.

In addition two of the five Health Visitors carry out the Cleanliness Inspections in the schools of their respective areas.

### Clerks.

Miss K. M. SHAW  
(who is also Clerk in Health Department),

Miss PARSONS,

Miss NICHOLSON.

## 2. CO-ORDINATION OF THE SCHOOL MEDICAL SERVICE WITH OTHER HEALTH SERVICES.

As will be seen from the medical appointments held by the School Medical Officer and Assistant School Medical Officer, there is the closest possible co-ordination of the work of the School Medical Service with that of every other department of the Public Health Services of the Borough. The Assistant School Medical Officer is Ante-Natal Medical Officer. She conducts the Infant Consultations at the Maternity & Child Welfare Centre; she is Resident Medical Officer at the Infants' Hospital and Maternity Home, and is therefore in touch with the children from some time before their birth until the time they leave school. The School Medical Officer, who is also Medical Officer of Health, has general supervision of the work carried on by the Maternity and Child Welfare Committee, and is responsible for the control of infectious disease, including charge of Penmore Isolation Hospital.

### **Co-ordination with Child Welfare Work.**

As will be seen from my report as Medical Officer of Health, the scheme of Maternity and Child Welfare work in the Borough of Chesterfield has been entirely re-organised during 1922 as a result of the erection of a new Municipal Maternity Home and Infants' Hospital, Ante-Natal Clinic and Child Welfare Clinic, at a total cost of £45,000. This magnificent institution is proving a great boon to the community and should ultimately be a material factor in raising the standard of health of the children at the age when they enter upon school life.

### **Nursery Schools.**

There are no Nursery Schools in the Borough of Chesterfield.

### 3. SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

#### School Hygiene.

The only alteration of any importance carried out in 1922 was the conversion of dry closets into water closets at New Whittington (Mixed) School and at Newbold Church of England (Mixed) School. The general surroundings, ventilation, lighting, warming, equipment, cleanliness and sanitary conveniences and lavatories at several of the schools leave much to be desired, but this will be the subject of a special report in 1923 and nothing further need be said on the matter for the present.

### 4. ROUTINE MEDICAL INSPECTION AT THE SCHOOLS.

The general arrangements for the routine medical inspection of the children at the schools are the same as in previous years. The three code groups—"Entrants," "Intermediates," and "Leavers," were inspected in all the forty-two departments of the twenty-one schools in the Borough. The total number of children inspected was 2,742, including 624 special cases. Details of this work are set out in Table 1.

### 5. FINDINGS OF ROUTINE MEDICAL INSPECTION—REVIEW OF THE FACTS DISCLOSED.

#### (a) Uncleanliness.

The number of cases of head and body found during routine medical inspection was 129 as against 250 in the previous year. It should be noted in this connection that notice of medical inspection is sent to the parents together with an invitation to attend, which means that some neglected children are specially prepared for



Maternity Home. The Labour Ward, where each confinement is conducted, the patient being subsequently wheeled to her bed in one of the Maternity Wards.  
[Photo by William G. Fryer, Chesterfield.]



[Photo by William G. Fryer, Chesterfield.

Maternity Home. Private ward, containing one bed, with cot for baby. Fees £5/5/- per week. The Maternity Home contains a total of eighteen beds.

the occasion. On the other hand, no warning is given in the case of the uncleanliness inspections carried out systematically by the School Nurses three times in the year in every department. The figures resulting from the Nurses' inspections, which are therefore a better index of the personal hygiene amongst the school children, also show a very pleasing improvement on the figures for the previous year. The total number of examinations made by the Nurses was 30,555, and the number of children found to be unclean was 7,320 or 23 per cent., against 29 per cent. in 1921. The problem of the unclean school child is one of the most difficult with which the School Medical Officer, the Teacher and the School Nurse have to contend. The perpetual fons et origo of the trouble is quite a small proportion of children from homes of indescribable sordidness, who act as a constant reservoir of infection for other children; and I have been much impressed with the association of uncleanliness and mental inferiority in the children.

**(b) Minor Ailments.**

Minor ailments are generally understood to include affections of the skin, external diseases of the eyes and eyelids and ear discharge and are reviewed under their respective headings.

**(c) Tonsils and Adenoids.**

Enlargement of the lymphatic tissue in the throat was noted in 262 cases, of which 256 were cases of enlarged tonsils. I have nothing further to add to the views expressed with reference to enlarged tonsils and adenoids in my Annual Report for 1921. I am not impressed with these conditions as a cause of ill-health in childhood, and I regard enlargement of the lymphatic

tissue in the throat as a normal physiological condition at some stage in the development of the majority of boys and girls. It is exaggerated in some cases perhaps by the habit of mouth-breathing, but I have not found that this habit is commonly dependent upon the obstruction of the air passage by the lymphatic enlargement. On the contrary, the great majority of mouth-breathers with enlarged tonsils, and probably also adenoids, can breathe perfectly well through the nose when requested to do so. It is a common observation also in confirmation of this view that mouth-breathers who have their tonsils and adenoids removed continue to be mouth-breathers after the operation, whereas lessons in correct nose-breathing, if undertaken with care and persistence by teachers and parents, will often cure the mouth-breathing habit whether the operation is performed or not. For these reasons it is not our practice to refer children to their doctors or to the Hospital for operations on the throat, except where there are clear indications such as intractable ear discharge or deafness or both.

(d) **Tuberculosis.**

In the course of routine medical inspection four cases of definite pulmonary tuberculosis, 10 cases of suspected pulmonary tuberculosis, and two cases of tubercular glands were discovered. This is a very low incidence of tuberculosis amongst 2,742 children examined, but in this connection it should be remembered that the seeds of tuberculosis are very widely sown throughout the school population, and, although a relatively small number of children show evidence of actual tubercular disease, it is probable that a large majority have this infection in a quiescent stage. This

is the strongest reason for care in the diet and general hygiene of children during school life, so that they may be able to develop immunity or resisting power against the germ of tuberculosis and so remain free from the disease in its active form.

**(e) Skin Diseases.**

The number of children found to be suffering from some affection of the skin was 82, the commonest affection being the very infectious condition called impetigo. This condition responds quickly to treatment by the School Nurse at the Clinic.

**(f) External Eye Disease.**

Thirty children were found suffering from external diseases of the eye, 24 of which were suffering from inflammation of the eyelids.

**(g) Defective Vision.**

Two hundred and seven children were found to have defective vision and 32 suffered from squint.

**(h) Ear Discharge and Hearing.**

Ear discharge was found in 31 cases and defective hearing in 36.

**(i) Dental Defects.**

The number of children with four or more decayed teeth was 666. Some degree of dental defect is all but universal amongst the children and is due to improper feeding.

**(j) Crippling Defects.**

Deformities of a crippling nature were found in 41 cases.

## 6. INFECTIOUS DISEASES.

Supplementary Table E indicates the incidence of infectious disease in the different schools during the year as notified by School Teachers and Attendance Officers—total 472. The school population, in common with the whole population of the Borough, enjoyed freedom from any special visitation of an epidemic nature, and it was not found necessary to close any of the departments during 1922 on account of infectious disease.

## 7. FOLLOWING UP.

The work of following up children suffering from physical defects is undertaken partly by the School Nurses and partly by the voluntary workers of the Borough Welfare Committee. This work is greatly assisted by teachers and attendance officers who refer to the School Clinic any child suffering from an obvious defect who is not receiving some form of attention either from a private doctor or hospital or clinic.

## 8. MEDICAL TREATMENT.

### (a) Minor Ailments.

Minor ailments, including skin diseases, external diseases of the eye, ear disease, are treated daily, including Saturday, from 9.30 a.m. to 12 noon by the School Nurse at the Clinic. During the year under review the number of treatments carried out was 10,491.

### (b) Tonsils and Adenoids.

Nine cases were referred for treatment by operation at the Hospital, of which four were operated on. This work is done voluntarily by the Hospital, there being no agreement with the Education Committee and

no payment. I am greatly indebted to the medical staff of the Royal Hospital for attending to these cases and also for dealing with other medical and surgical conditions referred to the Hospital for diagnosis and treatment.

**(c) Tuberculosis.**

Cases of tuberculosis are referred to their own doctor or to the Tuberculosis Medical Officer or kept under observation at the Inspection Clinic.

**(d) Skin Diseases.**

**(e) External Eye Disease.**

**(g) Ear Discharge and Hearing.**

These constitute minor ailments alluded to under (a).

**Ringworm.**

The present agreement for the treatment of ringworm by X-Rays at the County School Clinic is no longer operative. The County Medical Officer, Dr. Barwise, has informed me that their own work is so heavy that they cannot undertake any of our cases. No case has been treated by X-Rays in the Borough during the last two years. Fortunately, the incidence of ringworm of the scalp has been very low and the majority of cases ultimately yield to local treatment carried out by the mothers at home or by the School Nurse at the Clinic. These cases attend school wearing washable caps, and there has been no evidence that the disease tends to spread where this precaution is efficiently carried out, but there are occasional cases in which X-Ray treatment is necessary or desirable, and it would be well to have an arrangement with the Royal

Hospital for doing these cases. I am at present in communication with the Royal Hospital on the subject.

**(f) Vision.**

Defective vision and other eye conditions not treated as minor ailments are referred to the School Oculist, Dr. T. E. Ashdown Carr, who attends the Clinic at 59, Saltergate, one session weekly. Two hundred and twenty-nine cases were treated by him during the year, as against 216 in the previous year. Glasses were prescribed in 156 cases. The Borough Welfare Committee assisted necessitous parents to obtain glasses in 31 cases.

**(h) Dental Defects.**

The development of the dental work under the part-time dentist, Mr. A. Roydon Littlar, was the most important extension of the school medical work during the year. He inspected 3,804 mouths, referred 2,583 for treatment, and actually treated 1,143. Mr. Littlar is doing splendid work and parents are appreciating more and more the value of dental treatment. This work is certain to increase in volume from year to year.

**(i) Crippling Defects and Orthopædics.**

No special arrangement exists within the school medical service for the treatment of physically defective children. Two things are urgently required:—

- (1) An organiser of physical training which has an important bearing upon the prevention of physical defects.
- (2) An arrangement with the Royal Hospital to undertake the treatment of physically defective children in its beautiful new Orthopædic Department.

## 9. OPEN-AIR EDUCATION.

There are no open-air class-rooms, no day open-air schools and no residential open-air schools in the Borough. Playground classes are held at every school and school journeys are undertaken.

### School Camp.

The Annual School Camp was held at Bamford, and fifty boys attended from Chesterfield. The following is an extract from the Minutes of the Education Committee, held on Friday, September 15th, 1922:—

“ Resolved—that the following report prepared by Councillor Philpott, on the Bamford Camp, be received and entered on the Minutes:—

In accordance with your resolution, I accompanied the fifty boys chosen from the Elementary Schools within the Borough Area, to the camp organised by the North Midland Schools Federation, under the direction of Mr. R. J. Fleming. The camp was situated on a hillside, between the villages of Bamford and Ashopton, overlooking the River Derwent. It was composed of fifteen bell tents, providing accommodation for upwards of 120 boys from Derbyshire, Nottinghamshire, and South Yorkshire, together with their Headmasters and Teachers. The period of the camp was from the 26th July to August 13th.

My impressions of the camp may be summed up as follows:—

1st.—The general situation of the camp was one that could be described as ideal. Above the camp, on the one side, was the dark and rugged Bamford Edge; on the other side, across the valley through which the River Derwent flowed, rose the green and beautiful slopes of the Win Hill, really the commencement of the Pennines.

2nd.—I was perfectly satisfied with the cooking arrangements, also the water supply for drinking purposes, and more surprised at the daily disappearance of abundant supplies of good, wholesome and substantial food, of which the following is a sample:—

Breakfast.—Porridge, bacon and tomatoes, bread, tea or coffee.

Dinner.—Roast beef, boiled ham, potatoes, bread, stewed fruit and custard, puddings (various).

Tea.—Bread and butter, jam cake.

Supper.—Bread and cheese, biscuits and coffee.

3rd.—The splendid manner in which the Teachers and Officers, not forgetting that important person, the cook, who gave up a portion of their vacation, looked after the mental, moral and physical welfare of the boys. It reflects the greatest credit and exemplifies their keen interest in the boys of our elementary schools, and I have nothing but the highest praise for the devoted and unselfish spirit of earnestness shown by them in their efforts to make every boy as happy and comfortable as possible, and one can appreciate it all the more knowing the heavy rain storms that were experienced during the second week, which curtailed many of the sports events that had been arranged. But, in spite of the inclement weather, rambles of an instructive character were made to places of interest like the Peveril Castle, Peak Cavern, Hathersage Church, Little John's grave, besides unofficial rambles, but, unfortunately, the weather prevented the usual visit to the Derwent Valley Waterworks.

4th.—I was greatly impressed by the behaviour of all the boys, who conducted themselves in a very orderly manner, also with the courteous, unselfish, and friendly disposition that existed between the boys and their teachers, thus showing that the closer social contact between the teachers and the boys, of a different type one usually connects with school life, was reflected in the behaviour of the lads, and materially assisted to make the camp successful from every point of view, and I feel sure must have had some effect on the teachers themselves. Every year that I visit the camp convinces me more and more that these camps ought to become a permanent feature of our educational system, because of their great value to the boys (who attend) morally, physically and educationally. They give that social and mental change that our boys in the schools so much need. They also create in the minds of the lads a keener desire to see more of the beautiful country that they are the future citizens of; and also develops that friendly and tolerable spirit with those they come in contact with, and they develop generally all those faculties that we, as members of such an important committee, are desirous of seeing developed in our future manhood. And so I urge upon you the desirability of supporting with all the efforts you are capable of, such schemes as these, which are so capable of accomplishing so much. And I cannot close this report without expressing my very best thanks to the Teachers and Officers, also the Education Committees, who are slowly, but surely, realising that money spent on these camps is an investment of the highest and best interpretation."

### 10.—PHYSICAL TRAINING.

There is nothing to add to last year's report with regard to the position of physical training in the schools. Physical exercises and drill are carried out by the teachers under the supervision of the head teachers. Any child not considered fit for physical exercises is referred to the School Clinic, and, if it is considered desirable, by the School Medical Officer, is excused physical training. There is no organiser of physical exercises, and this is probably the greatest need there is at present in the elementary schools in the Borough. A great number of children suffer from round shoulders and flat chests and are habitual mouth-breathers. Breathing exercises together with a systematic course of physical drill would do a great deal to develop these children physically and enable them to benefit more fully from the education provided. I suggest, therefore, that your Committee consider the question of the appointment of an organiser of physical training.

### 11.—PROVISION OF MEALS.

No school meals were provided during the year.

### 12.—SCHOOL BATHS.

There is only one swimming bath connected with the elementary schools of the Borough. This is in the basement of the Central School and children over 11 years of age from all the schools in the "Old Borough" of Chesterfield are taught swimming there. During the year 8,000 to 9,000 visits were paid by the school children to this swimming bath.

### 13.—CO-OPERATION OF PARENTS.

There is no difficulty in securing the hearty co-operation of the parents in every department of the

School Medical Service. They attend medical inspection and bring their children to the School Clinic and generally take the keenest interest in their children's health. The only exception to this general rule is the case of bad parents who keep the most sordid homes and constitute the lowest stratum of society. They present a problem which appears to be insoluble.

#### 14.—CO-OPERATION OF TEACHERS.

The teachers, without exception, continue to give their valuable support and co-operation in medical inspection, following up and securing the medical treatment of the children.

#### 15.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The attendance officers work in closely with the School Medical Service in helping to secure attendance at the School Clinic of children who are absent for unknown causes. They receive regularly information from the School Medical Officer of all children excluded for medical reasons. They come freely to the Health Office to consult me about special cases.

#### 16.—CO-OPERATION OF VOLUNTARY BODIES.

The Borough Welfare Committee continues to render valuable service especially in connection with the following up of children who have been referred to the Oculist and who have not turned up.

The Royal Hospital assists in the diagnosis and treatment of medical and surgical conditions.

The Settlement continued its special school for defectives—18 children making 961 attendances.

## 17.—BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

### (a) Ascertainment.

The figures in table 3 are practically unchanged from those of the previous year and represent a return made by the head teachers in June 1921. It was only on the appointment of the Assistant School Medical Officer in September, 1922, that a commencement could be made with the work of examining these children physically and mentally. The Board of Education direct that no case retarded more than three years is to be included in the category of dull and backward children, unless it has been decided after examination by the Medical Officer that the child is not mentally defective. That involves a special examination, physical and mental, including the measurement of intelligence, of the 904 children returned as dull and backward, in addition to the 130 returned as mentally defective. A complete and thorough examination of a child in this category by the Medical Officer specially trained in this work, occupies about an hour. Assuming that two sessions per week, that is a total of five hours, could be devoted to this work during forty weeks in the year, we have a total of two hundred of such children examined in one year. In other words, it would take five years to obtain an accurate return of the number of retarded children and their degree of retardation. The work indeed is of such a volume and such a nature that it is a question whether it is not more pedagogic than medical. It is at least desirable that head teachers become familiar with modern methods for the measurement of intelligence based on the original work of Binet and Simon, and I have already advised your Committee to supply to every department of the elementary schools

under your control a copy of Terman's book "The Measurement of Intelligence." The acquisition of the Terman scale by the head teachers would probably lead to more accurate and uniform returns from the different schools.

It will be seen from Supplementary Table F, which gives details of the return of mentally defective and mentally retarded children in the various departments, that the percentage of deficiency and retardation together varies from 1 per cent. in some departments to 25 per cent. in others. This wide disparity is accounted for by two factors:—

- (a) An actual difference in the mental quality of the material in the different schools.
- (b) Difference in the standard adopted by the head teachers in making their returns.

It is obvious that the second factor must be eliminated before the first factor, which is the truth we are trying to obtain, can be arrived at with any degree of accuracy. I would, therefore, urge that before the amount of retardation in the schools can be estimated, the teachers must obtain the Terman scale and become familiar with its application to individual children. I am asking the teachers to make a revised return of defective and retarded children during 1923.

**(b) Special Schools.**

The only special school for defective children (physically and mentally) in Chesterfield is held at the Settlement, where eighteen children made 961 attendances. There are no special schools for defectives recognised by the Board of Education.

**18.—NURSERY SCHOOLS.**

There are no Nursery Schools in Chesterfield.

**19. SECONDARY SCHOOLS; and****20. CONTINUATION SCHOOLS.**

Under the Education Committee of the County Council.

**21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.****(1) Conditions of the employment of children and young persons in the area.**

I am not aware of any industry carried on in Chesterfield where young persons are exposed to any special conditions adverse to their health and well-being.

**(2) Juvenile Employment Committee.**

The School Medical Officer is a member of the Juvenile Employment Committee and attends their meetings. The findings of school medical inspection are available to the Juvenile Employment Committee to help them in advising boys and girls in the choice of employment. All children attending school and making application for part-time work are examined by the School Medical Officer at the Clinic.

**22. SPECIAL ENQUIRIES.****23. MISCELLANEOUS.**

There is nothing to report under these heads.

## 24. STATISTICAL TABLES.

The six statistical tables required by the Board of Education in respect of children in attendance at public elementary schools are included at the end of the report, followed by nine supplementary tables giving figures relating to:—

- (a) Heights and weights of children.
- (b) Defective teeth.
- (bi) Details of defective teeth.
- (c) Defects in vision.
- (d) Cases attending the Clinic.
- (e) Infectious diseases.
- (f) Return of mentally defective, mentally retarded and physically defective children.
- (g) Routine medical inspection—mental condition as returned by teachers.
- (h) Summary of Work.



TABLE I.—NUMBER OF CHILDREN INSPECTED  
1st January, 1922, to 31st December, 1922.

A.—ROUTINE MEDICAL INSPECTION.\*

Age.	ENTRANTS.					
	3	4	5	6	Other Ages.	Total.
Boys ...	—	31	198	44	31	304
Girls .	—	43	194	64	37	338
Totals ...	—	74	392	108	68	642

Age.	Inter- mediate group.	LEAVERS.				Other Ages.	Total.	Grand Total.
		8	12	13	14			
Boys ... ..	342	254	82	12	55	745	1049	
Girls ... ..	353	238	70	6	64	731	1069	
Totals... ..	695	492	152	18	119	1476	2118	

B. SPECIAL INSPECTIONS.

	Special Cases.*	Re-examinations (i.e. No. of Children Re-examined).
Boys ... ..	331	473
Girls ... ..	293	554
Totals .. ..	624	1027

TABLE I.—Continued.

- C. Total Number of Individual Children inspected by the Medical Officer, whether as Routine or Special Cases (no child being counted more than once in one year).

No. of Individual Children Inspected.
2742

- \* Routine Medical Inspection is medical inspection carried out on the lines of the approved Schedule at the time when routine medical inspection is due and made on the school premises or other place sanctioned by the Board of Education under the Code.
- \* "Special Cases" are those children specifically referred to the Medical Officer and not due for routine medical inspection under the Code at the time when specially referred. Such children may or may not be of Code-group age and may be referred to the Medical Officer at the school or the clinic by the Committee, Medical Officers, School Nurses, Teachers, Attendance Officers, Parents or otherwise.

TABLE II.

RETURN OF DEFECTS FOUND IN THE COURSE  
OF MEDICAL INSPECTION IN 1922.

Defect or Disease.		Routine Inspections.		Specials.	
		Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.	Number referred for Treatment.	Number requiring to be kept under observation, but not referred for Treatment.
1		2	3	4	5
	Malnutrition ... ..	—	256	—	7
	Uncleanliness—				
	Head ... ..	64	—	7	—
	Body ... ..	65	—	4	—
	Ringworm—				
	Head ... ..	3	—	2	—
	Body ... ..	2	—	—	—
Skin	Scabies ... ..	1	—	—	—
	Impetigo ... ..	34	—	5	—
	Other Diseases (Non-Tubercular) ... ..	28	9	—	—
	Blepharitis ... ..	24	—	—	—
	Conjunctivitis ... ..	1	4	—	—
	Keratitis ... ..	—	—	—	—
Eye	Corneal Ulcer ... ..	—	—	—	—
	Corneal Opacities ... ..	—	—	—	1
	Defective Vision ... ..	112	44	26	25
	Squint ... ..	20	1	9	2
	Other Conditions ... ..	1	10	—	—
Ear	Defective Hearing ... ..	4	11	4	17
	Otitis Media ... ..	18	—	13	—
	Other Ear Diseases ... ..	—	2	1	5
Nose and Throat	Enlarged Tonsils ... ..	—	256	—	1
	Adenoids ... ..	—	2	—	1
	Enlarged Tonsils & Adenoids ... ..	1	1	—	—
	Other Conditions ... ..	—	19	1	7
	Enlarged Cervical Glands (Non-Tubercular) ... ..	—	21	—	—
	Defective Speech ... ..	—	4	—	10
	Teeth—Dental Diseases ... ..	654	—	11	1
Heart and Circulation	Heart Disease—				
	Organic ... ..	—	32	—	2
	Functional ... ..	—	—	—	—
	Anæmia ... ..	—	17	—	2
Lungs	Bronchitis ... ..	—	5	—	—
	Other Non-Tubercular Diseases ... ..	—	71	—	—
Totals carried forward ... ..		1032	765	83	81

TABLE II.—Continued.

Defect or Disease.  1	Routine Inspections.		Specials.	
	Number referred for Treatment. 2	Number requiring to be kept under observation, but not referred for Treatment. 3	Number referred for Treatment. 4	Number requiring to be kept under observation, but not referred for Treatment. 5
Totals brought forward ...	1032	765	83	81
Tuberculosis {	Pulmonary—			
	Definite ... ..	—	3	—
	Suspected ... ..	—	1	—
	Non-Pulmonary—			
	Glands ... ..	—	—	—
	Spine ... ..	—	—	—
	Hip ... ..	—	—	—
	Other Bones and Joints... ..	—	—	—
Nervous System {	Skin ... ..	—	—	—
	Other Forms ... ..	—	1	—
	Epilepsy ... ..	—	3	—
	Chorea ... ..	—	2	—
Deformities {	Other Conditions ... ..	—	5	—
	Rickets ... ..	—	6	—
Other Defects and Diseases ... ..	Spinal Curvature ... ..	—	—	—
	Other Forms ... ..	2	15	—
	2	145	1	440
Totals ... ..	1036	946	84	562
Number of Individual Children having Defects which required Treatment or to be kept under Observation ... ..		1651		

TABLE III.

NUMERICAL RETURN OF ALL EXCEPTIONAL  
CHILDREN IN THE AREA IN 1922.

		Boys.	Girls.	Total.		
Blind (including partially blind) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools ... ..	1	3	4		
	Attending Certified Schools for the Blind ... ..	3	1	4		
	Not at School ... ..	—	—	—		
Deaf and Dumb (including partially deaf) within the meaning of the Elementary Education (Blind and Deaf Children) Act, 1893.	Attending Public Elementary Schools ... ..	1	—	1		
	Attending Certified Schools for the Deaf ... ..	1	—	1		
	Not at School ... ..	—	—	—		
Mentally Deficient	Feeble Minded	Attending Public Elementary Schools ... ..	79	51	130	
		Attending Certified Schools for Mentally Defective Children...	—	—	—	
		Notified to the Local Control Authority by Local Education Authority during the Year ...	—	—	—	
		Not at School ... ..	—	—	—	
	Imbeciles	At School ... ..	—	—	—	
		Not at School ... ..	—	—	—	
Idiots	... ..	—	—	—		
Epileptics		Attending Public Elementary Schools ... ..	11	14	25	
		Attending Certified Schools for Epileptics ... ..	—	—	—	
		In Institutions other than Certified Schools ... ..	—	—	—	
		Not at School ... ..	—	—	—	
Physically Defective	Pulmonary Tuberculosis	Attending Public Elementary Schools ... ..	4	8	12	
		Attending Certified Schools for Physically Defective Children	—	—	—	
		In Institutions other than Certified Schools ... ..	—	—	—	
	Not at School ... ..	—	—	—		
	Crippling due to Tuberculosis		Attending Public Elementary Schools ... ..	13	6	19
			Attending Certified Schools for Physically Defective Children	—	—	—
In Institutions other than Certified Schools ... ..			—	—	—	
Not at School ... ..	—	—	—			

TABLE III.—Continued.

		Boys.	Girls.	Total.	
Physically Defective	Crippling due to causes other than Tuberculosis, i.e., Paralysis Rickets, Traumatism.	Attending Public Elementary Schools ... ..	38	25	63
		Attending Certified Schools for Physically Defective Children	—	—	—
		In Institutions other than Certified Schools ... ..	—	—	—
		Not at School ... ..	—	—	—
	Other Physical Defectives, e.g., delicate and other children suitable for admission to Open-Air Schools; children suffering from severe heart disease.	Attending Public Elementary Schools ... ..	22	20	42
		Attending Open-Air Schools ...	—	—	—
		Attending Certified Schools for Physically Defective Children Other than Open-Air Schools	—	—	—
		Not at School ... ..	—	—	—
	Dull or Backward	Retarded 2 years ... ..	448	456	904
Retarded 3 years ... ..					

TABLE IV.

TREATMENT OF DEFECTS OF CHILDREN  
DURING 1922.

## A. TREATMENT OF MINOR AILMENTS.

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Other-wise.	Total.
Skin—				
Ringworm—Head ... ..	3	3	—	3
Ringworm—Body ... ..	28	28	—	28
Scabies ... ..	1	1	—	1
Impetigo ... ..	209	209	—	209
Minor Injuries ... ..	26	26	—	26
Other Skin Diseases ... ..	328	328	—	328
Ear Disease ... ..	73	73	—	73
Eye Disease (external and other)	68	68	—	68
Miscellaneous ... ..	200	200	—	200
Totals ... ..	936	936	—	936

## B. TREATMENT OF VISUAL DEFECTS.

Referred for Refraction.	Submitted to Refraction.				For whom Glasses were Prescribed.	For whom Glasses were Provided.	Recommended for Treatment other than by Glasses.	Received other forms of Treatment.	For whom no Treatment was considered necessary.
	Under Local Education Authority's Scheme Clinic or Hospital.	By Private Practitioner or Hospital.	Otherwise.	Total.					
271	229	—	—	229	156	31	25	—	48

TABLE IV.—Continued.

## C. TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Children.				
Referred for Treatment.	Received Operative Treatment.			Received other forms of Treatment.
	Under Local Education Authority's Scheme, Clinic or Hospital.	By Private Practitioner or Hospital.	Total.	
9	—	4	4	—

TABLE IV.—Continued.  
D. TREATMENT OF DENTAL DEFECTS.

1. Number of Children dealt with.

	AGE GROUPS.														Specials	Total.
	5	6	7	8	9	10	11	12	13	14						
(a) Inspected by Dentist ...	267	944	1082	636	607	245	22	1	—	—	—	—	—	—	—	3804
(b) Referred for Treatment ...	195	618	725	484	427	123	10	1	—	—	—	—	—	—	—	2583
(c) Actually Treated ...	79	137	277	186	167	107	66	56	45	18	5	—	—	—	—	1143
(d) Re-treated* (result of periodical examination) ...	—	—	9	22	23	14	8	18	5	8	—	—	—	—	—	107

2. Particulars of Time given and of Operations undertaken.

No. of Half-Days devoted to Inspection.	No. of Half-Days devoted to Treatment.	Total No. of Attendances made by the Children at the Clinic.	No. of Permanent Teeth.		No. of Temporary Teeth.		Total No. of Fillings.	No. of Administrations of General Anesthetics included in (4) and (6).	No. of other Operations	
			Extracted.	Filled.	Extracted.	Filled.			Permanent Teeth.	Temporary Teeth.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
31	224	1701	146	308	2380	627	935	43	235	296

\* It is understood that cases under this head are also included under (c) above.

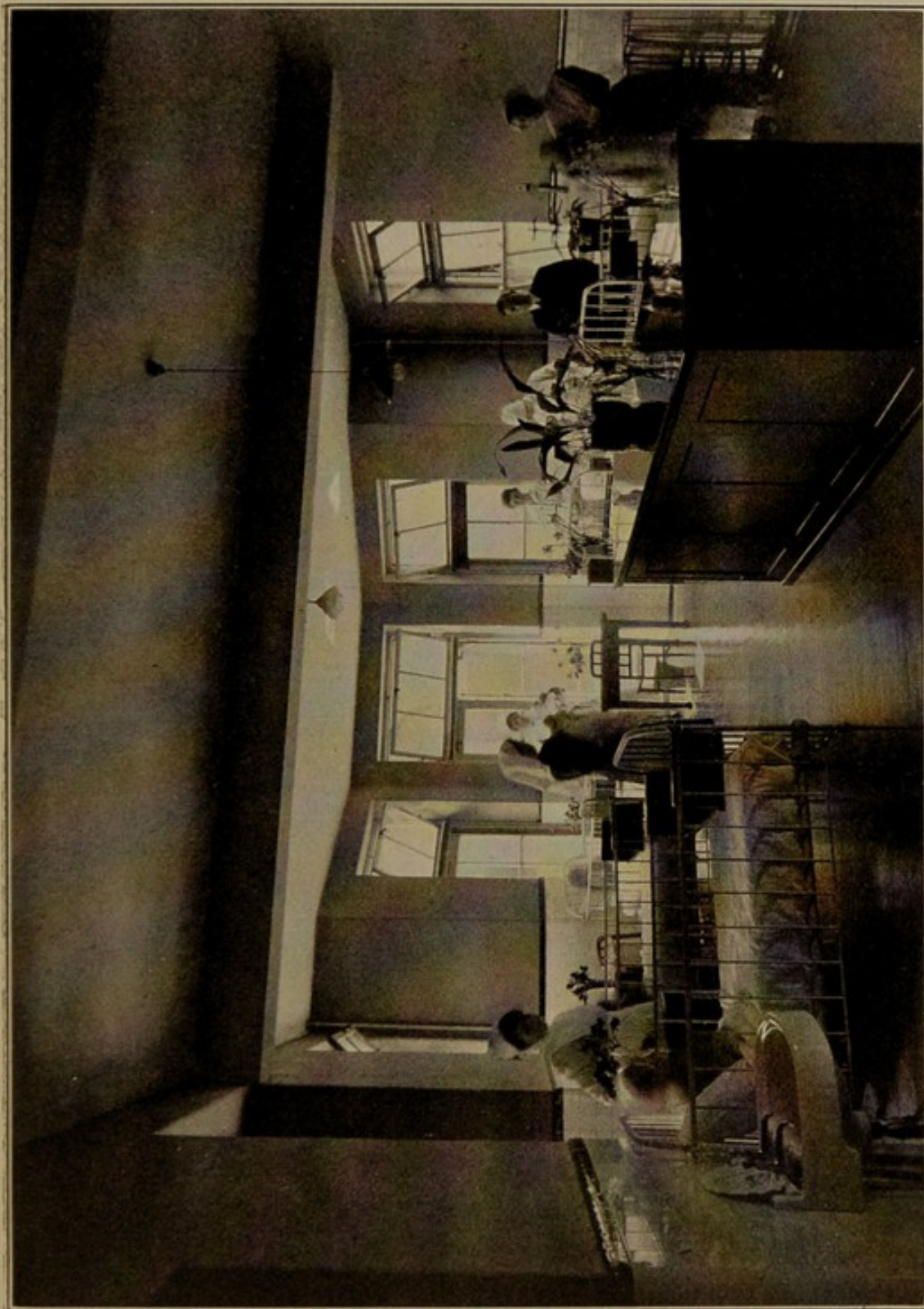
TABLE IV.—Continued.

## E. TREATMENT OF UNCLEANLINESS.

(a) The average number of visits per annum made by the School Nurse to each School ...	3
(b) The total number of examinations made of children by School Nurses to each School ...	30,555
(c) The number of individual children found unclean ... ..	7,320
(d) The arrangements made by the Authority for cleansing, and the number of children cleansed under these arrangements ... ..	—
(e) A record of legal proceedings taken under the Children Act, 1908, or the School Attendance Bye-laws ... ..	—

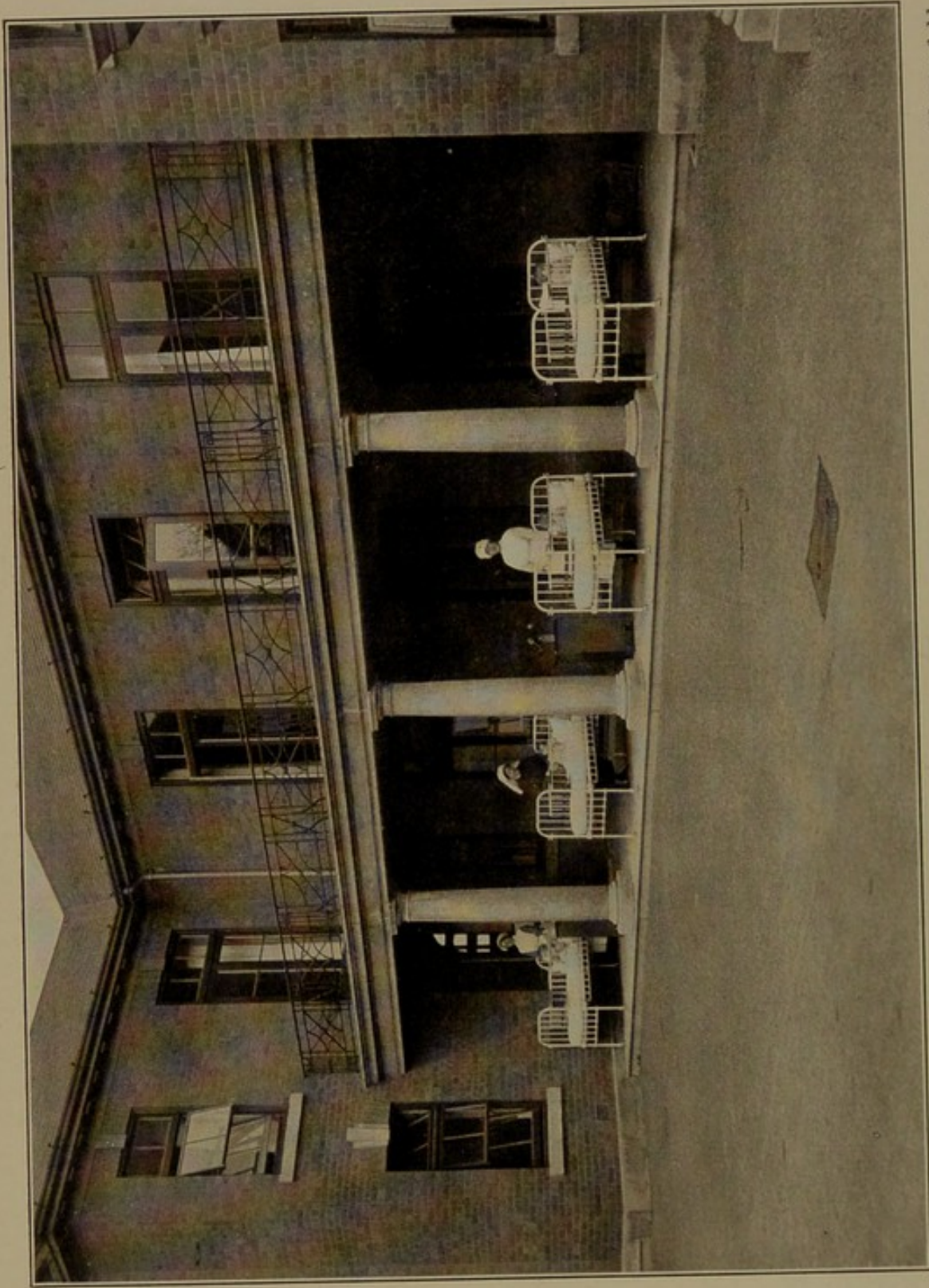
## F. TREATMENT OF ALL OTHER DEFECTS.

(a) The number of cases referred for treatment...	1120
(b) The measures adopted for securing improvement ... ..	—
(c) The effect of the measures taken ... ..	—



[Photo by William G. Fryer, Chesterfield.

The Infants' Hospital. The main infants' ward contains eight cots for infants and children up to five years suffering from errors of nutrition. In addition there are smaller wards, the total number of cots for infants being fourteen.



*[Photo by William G. Fryer, Chesterfield.]*

The Verandah of the Infants' Hospital where the weak, anemic and debilitated infants and children get fresh air and sunshine, which is just as essential as fresh milk in restoring them to health.

TABLE V.  
 SUMMARY OF TREATMENT OF DEFECTS  
 as shown in Table 4 (A, B, C, D and F, but  
 excluding E).

Disease or Defect.	Number of Children.			
	Referred for Treatment.	Treated.		
		Under Local Education Authority's Scheme.	Otherwise.	Total.
Minor Ailments ...	936	936	—	936
Visual Defects ... ..	271	229	—	229
Defects of Nose & Throat	9	—	4	4
Dental Defects ... ..	2583	1143	—	1143
Other Defects ... ..	—	—	—	—
Totals ... ..	3799	2308	4	2312

TABLE VI.  
SUMMARY RELATING TO CHILDREN MEDICALLY  
INSPECTED AT THE ROUTINE INSPECTIONS  
DURING THE YEAR 1922.

(1) The total number of children medically inspected at the Routine Inspections* ...	2118
(2) The number of children in (1) suffering from:	
Malnutrition ... ..	256
Skin Disease ... ..	77
Defective Vision (including Squint) ... ..	177
Eye Disease ... ..	40
Defective Hearing ... ..	15
Ear Disease ... ..	20
Nose and Throat Disease ... ..	279
Enlarged Cervical Glands (non-tubercular)	21
Defective Speech ... ..	4
Dental Disease ... ..	654
Heart Disease—	
Organic ... ..	32
Functional ... ..	—
Anæmia ... ..	17
Lung Disease (non-tubercular) ... ..	76
Tuberculosis—	
Pulmonary (definite) ... ..	3
"          (suspected) ... ..	1
Non-Pulmonary ... ..	1
Disease of the Nervous System ... ..	10
Deformities ... ..	23
Other Defects and Diseases ... ..	147
Total ... ..	1853
(3) The number of children in (1) suffering from defects (other than uncleanliness or defective clothing or footgear) who require to be kept under observation (but not referred for treatment) ... ..	946
(4) The number of children in (1) who were referred for treatment (excluding uncleanliness, defective clothing, etc.) ... ..	907
(5) The number of children in (4) who received treatment for one or more defects (excluding uncleanliness, defective clothing, etc.) ... ..	907

\* "Specials" are not included in this Table.

SUPPLEMENTARY TABLE A.

## GIRLS.

CHESTERFIELD, 1922 and 1921.				DERBYSHIRE, 1915.				ENGLAND and WALES 800,000 Average of Observations.		
No. Examined.	Age.	Av. Height in inches. 1922. 1921.	Av. Weight in lbs. 1922. 1921.	No. Examined.	Age.	Height.	Weight.	Age.	Height.	Weight.
40	4	39.03	36.49	543	4	37.45	34.69	4	38.38	34.98
185	5	40.51	37.43	3247	5	40.05	37.18	5	40.44	37.74
308	8	47.03	48.47	4781	8	47.53	51.55	8	46.94	49.55
217	12	54.53	70.45	3266	12	55.45	77.32	12	55.48	73.86
66	13	56.34	82.64	312	13	56.37	79.35	13	56.81	80.37

## BOYS.

25	4	39.32	40.16	585	4	39.27	36.84	4	38.63	35.77
138	5	40.76	41.48	3206	5	41.41	38.62	5	40.68	38.68
321	8	46.92	47.36	4825	8	48.24	52.55	8	47.39	52.0
203	12	54.54	55.38	3525	12	54.87	71.42	12	54.88	72.66
63	13	56.0	55.95	338	13	55.46	73.21	13	56.07	77.4

SUPPLEMENTARY TABLE B.  
DEFECTIVE TEETH.

SCHOOL.	Boys.			Girls.			Total.			
	Number Examined.	Number having Defective Teeth (four or more.)	Percentage.	Number Examined.	Number having Defective Teeth (four or more.)	Percentage.	Number Examined.	Number having Defective Teeth (four or more.)	Percentage in 1922.	Percentage in 1921.
Central ... ..	79	22	27·8	65	19	29·2	144	41	28·4	17·2
Derby Road ... ..	84	25	29·7	124	45	36·2	208	70	33·6	14·1
New Whittington ... ..	91	28	30·7	100	35	35·0	191	63	32·9	10·2
Brushes ... ..	21	4	19·0	86	8	22·2	57	12	21·0	14·7
Newbold C. of E. ... ..	18	6	33·3	12	2	16·6	30	8	26·6	11·9
St. Thomas' ... ..	19	7	36·8	19	5	26·3	38	12	31·5	19·0
Spital ... ..	5	2	40·0	8	2	25·0	13	4	30·7	10·8
Whittington Moor ... ..	104	27	25·9	115	22	19·1	219	49	22·3	11·1
Hasland C. of E. ... ..	24	4	16·6	25	10	40·0	49	14	28·5	12·2
Old Whittington ... ..	56	21	37·5	43	16	37·2	99	37	37·3	14·2
St. Helen's ... ..	113	35	30·9	85	33	38·8	198	68	34·3	11·2
Hasland Eyre Street ... ..	30	15	50·0	39	13	33·3	69	28	40·5	22·2
Edmund Street ... ..	7	2	28·5	57	11	19·2	64	13	20·3	12·2
Newbold Moor ... ..	47	14	29·7	—	—	—	47	14	29·7	12·8
Brampton ... ..	84	27	32·1	85	30	35·2	169	57	33·7	13·6
Old Road ... ..	26	13	50·0	31	15	48·3	57	28	49·1	17·0
Victoria ... ..	—	—	—	47	12	25·5	47	12	25·5	8·3
Soresby Street ... ..	57	27	47·3	14	5	35·7	71	32	45·0	11·4
Christ Church ... ..	22	10	45·4	33	10	30·3	55	20	36·3	24·6
St. Mary's ... ..	48	14	29·1	49	8	16·3	97	22	22·6	14·3
Hipper Street ... ..	114	30	26·3	82	20	24·3	196	50	25·5	1·4
Totals ... ..	1049	333	31·7	1069	321	30·0	2118	654	30·8	13·8

SUPPLEMENTARY TABLE BI.  
DEFECTIVE TEETH.

SCHOOL.	Number of Defective Teeth.												
	1	2	3	4	5	6	7	8	9	10	11	12 or more	
Central ... ..	22	17	11	15	9	6	2	4	2	1	2	—	
Derby Road ... ..	31	41	13	23	15	12	13	3	3	1	—	—	
New Whittington ... ..	24	33	21	20	10	13	5	9	4	—	1	1	
Brushes ... ..	9	7	8	4	5	3	—	—	—	—	—	—	
Newbold C. of E. ... ..	5	4	4	3	2	1	1	1	—	—	—	—	
St. Thomas' ... ..	2	7	4	1	2	6	1	—	—	2	—	—	
Spital ... ..	1	3	1	2	1	1	—	—	—	—	—	—	
Whittington Moor ... ..	30	39	26	15	12	5	5	7	1	1	—	3	
Hasland C. of E. ... ..	6	10	7	6	2	2	2	2	—	—	—	—	
Old Whittington ... ..	10	12	20	11	11	9	1	5	—	—	—	—	
St. Helen's ... ..	25	30	19	27	9	8	12	4	3	2	—	3	
Hasland Eyre Street ... ..	5	10	6	7	8	2	4	4	2	—	1	—	
Edmund Street ... ..	9	8	10	6	1	2	1	2	1	—	—	—	
Newbold Moor ... ..	12	7	3	4	1	3	2	—	1	1	—	2	
Brampton ... ..	15	26	19	18	10	10	7	5	3	3	—	1	
Old Road ... ..	4	5	7	4	5	5	5	4	1	2	—	2	
Victoria ... ..	6	9	6	6	3	—	1	1	—	1	—	—	
Soresby Street ... ..	7	10	9	11	4	8	5	2	2	—	—	—	
Christ Church ... ..	8	7	7	5	10	2	—	2	—	1	—	—	
St. Mary's ... ..	17	14	10	12	3	2	—	2	2	1	—	—	
Hipper Street ... ..	19	41	18	21	11	10	3	1	2	2	—	—	
Totals ... ..	267	340	229	221	134	110	70	58	27	18	4	12	

SUPPLEMENTARY TABLE C.  
DEFECTS IN VISION.

SCHOOL.	Number Examined.	Vision Normal.	$\frac{1}{2}$ "	$\frac{1}{3}$ "	$\frac{2}{4}$ "	$\frac{3}{6}$ "	$\frac{3}{8}$ "	Blind.	Total Defective.	Percentage Defective.
Central ... ..	76	65	6	3	...	2	...	...	11	14.4
Derby Road ... ..	111	94	5	6	5	1	...	...	17	15.3
New Whittington ... ..	5	5	...	...	...	...	...	...	...	...
Brushes ... ..	...	...	...	...	...	...	...	...	...	...
Newbold C. of E. ... ..	20	17	...	2	1	...	...	...	3	15.0
St. Thomas' ... ..	23	21	2	...	...	...	...	...	2	8.6
Spital ... ..	...	...	...	...	...	...	...	...	...	...
Whittington Moor ... ..	57	49	4	1	2	1	...	...	8	14.0
Hasland C. of E. ... ..	49	44	2	3	...	...	...	...	5	10.2
Old Whittington ... ..	55	47	...	...	6	2	...	...	8	14.5
St. Helen's ... ..	76	63	6	5	...	1	1	...	13	17.1
Hasland Eyre Street ... ..	26	22	1	2	1	...	...	...	4	15.3
Edmund Street ... ..	45	33	8	4	...	...	...	...	12	26.6
Newbold Moor ... ..	42	38	3	1	...	...	...	...	4	9.5
Brampton ... ..	110	85	12	6	3	2	2	...	25	22.7
Old Road ... ..	26	22	1	2	1	...	...	...	4	15.3
Victoria ... ..	35	30	1	2	2	...	...	...	5	14.2
Soresby Street ... ..	44	34	2	1	3	4	...	...	10	22.7
Christ Church ... ..	37	28	1	2	1	3	1	1	9	24.3
St. Mary's ... ..	74	60	4	5	2	3	...	...	14	18.9
Hipper Street ... ..	5	3	1	...	1	...	...	...	2	40.0
Totals ... ..	916	760	59	45	28	19	4	1	156	17.0

SUPPLEMENTARY TABLE D.  
CASES ATTENDING THE CLINIC.

DISEASES.	No. of Cases.		No. of Attendances.	
	1922.	1921.	1922.	1921.
<b>Contagious Diseases.</b>				
Ringworm ... ..	65	85	121	253
Impetigo ... ..	80	140	119	245
Other ... ..	34	41	62	123
<b>Tubercular Diseases.</b>				
Pulmonary ... ..	12	50	33	77
Other ... ..	3	12	9	23
<b>Infectious Diseases.</b>				
Sore Throat ... ..	22	43	31	77
Other ... ..	27	54	53	85
<b>Nervous Diseases ... ..</b>	14	10	26	36
<b>Diseases of Circulation ... ..</b>	13	12	22	19
<b>Diseases of the Eye ... ..</b>	140	182	210	253
<b>Diseases of the Ear ... ..</b>	38	47	43	57
<b>Deformities ... ..</b>	3	7	15	20
<b>Other Skin Diseases ... ..</b>	115	93	131	125
<b>Miscellaneous.</b>				
Debility ... ..	72	103	109	179
Bronchitis ... ..	10	15	15	29
Unclean Head ... ..	83	87	110	220
Rheumatism ... ..	3	4	4	10
Other ... ..	255	347	301	550
<b>TOTALS ... ..</b>	<b>989</b>	<b>1832</b>	<b>1414</b>	<b>2381</b>

SUPPLEMENTARY TABLE E.  
INFECTIOUS DISEASES NOTIFIED BY SCHOOL TEACHERS AND ATTENDANCE OFFICERS.

SCHOOL.	Measles.	Scarlet Fever.	Chicken Pox.	Mumps.	Whooping Cough.	Diphtheria	Scabies.	Total.
Central ...	7	...	...	...	...	...	...	7
Derby Road ...	...	1	...	...	...	...	...	1
New Whittington ...	...	...	13	1	1	1	...	16
Brushes ...	...	...	...	...	5	...	...	5
Newbold C. of E. ...	...	...	...	2	1	...	2	16
St. Thomas' ...	8	1	2	...	...	...	...	100
Spital ...	83	...	17	...	...	...	...	...
Whittington Moor ...	...	...	...	2	...	...	...	...
Hasland C. of E. ...	...	8	1	...	...	...	...	11
Old Whittington ...	...	...	1	...	6	...	...	7
St. Helen's ...	91	...	26	...	...	2	...	119
Hasland Eyre Street ...	...	...	...	...	...	...	...	...
Edmund Street ...	3	1	...	...	...	...	...	4
Newbold Moor ...	12	...	...	1	1	...	...	14
Brampton ...	14	...	27	5	21	...	...	67
Old Road ...	15	...	...	...	5	...	...	20
Victoria ...	...	...	...	...	...	...	...	...
Soresby Street ...	...	...	11	4	10	...	...	25
Christ Church ...	24	...	8	2	3	...	2	39
St. Mary's ...	14	...	5	...	2	...	...	21
Hipper Street ...	...	...	...	...	...	...	...	...
Totals ...	271	11	111	17	55	3	4	472

## SUPPLEMENTARY TABLE F.

RETURN OF MENTALLY DEFECTIVE, MENTALLY  
RETARDED AND PHYSICALLY DEFECTIVE CHILDREN.

SCHOOL.	No. on Roll.	No. M.D.	No. M. R.	Total M.D. & M.R.	Per cent.	No. Ep.	Phys. Def.
Central (Mixed) ... ..	540	1	29	30	5.5	2	18
Central (Infants) ... ..	530	1	9	10	1.8	—	11
Hipper Street (Boys) ... ..	317	7	20	27	8.5	—	6
"  "  (Girls) ... ..	160	1	25	26	16.2	—	20
"  "  (Infants) ... ..	148	2	26	28	18.9	—	5
St. Helen's Street (Boys) ... ..	241	3	25	28	11.6	2	4
"  "  (Girls) ... ..	220	4	29	33	15.0	1	5
"  "  (Infants) ... ..	206	2	25	27	13.1	2	7
Brampton (Boys) ... ..	252	11	32	43	17.0	—	16
"  (Girls) ... ..	252	5	43	48	19.0	—	15
"  (Junior) ... ..	280	14	32	46	16.4	1	15
"  (Infants) ... ..	331	1	38	39	11.7	2	40
Spital (Infants) ... ..	80	1	6	7	8.7	—	3
Old Road (Infants) ... ..	498	8	39	47	9.4	1	23
Victoria (Girls) ... ..	185	—	29	29	15.6	—	6
"  (Infants) ... ..	106	—	28	28	26.3	1	9
Soresby Street (Boys) ... ..	201	4	11	15	7.4	—	4
"  "  (Infants) ... ..	136	6	14	20	14.7	—	11
St. Thomas' (Mixed) ... ..	194	1	9	10	5.1	—	6
"  (Infants) ... ..	100	1	13	14	14.0	—	11
Christ Church (Mixed and (Infants)	201	10	33	43	21.3	—	5
St. Mary's (Boys) ... ..	178	2	6	8	4.4	—	25
"  (Girls) ... ..	166	—	6	6	3.6	—	4
"  (Infants) ... ..	187	—	—	—	—	—	1
Eyre Street (Infants) ... ..	352	1	15	16	4.5	—	5
Hasland C. of E. (Mixed) ... ..	361	1	15	16	4.4	1	8
Derby Lane (Boys) ... ..	197	10	18	28	14.2	—	7
"  "  (Girls) ... ..	270	6	60	66	24.4	—	7
"  "  (Infants) ... ..	240	1	22	23	9.5	—	3
Edmund Street (Girls) ... ..	298	1	4	5	1.6	1	6
"  "  (Infants) ... ..	160	—	2	2	1.2	1	2
Newbold C. of E. (Mixed) ... ..	233	3	19	22	9.4	1	9
Newbold Moor (Boys) ... ..	288	1	19	20	6.9	—	1
New Whittington (Mixed) ... ..	530	2	14	16	3.0	2	37
"  "  (Infants) ... ..	312	1	2	3	.9	—	5
Old Whittington (Mixed) ... ..	292	6	46	52	17.8	1	12
"  "  (Infants) ... ..	156	—	9	9	5.7	—	15
Brushes (Infants) ... ..	224	—	33	33	14.7	4	11
Whittington Moor (Boys) ... ..	394	3	30	33	8.4	—	7
"  "  (Girls) ... ..	280	3	30	33	11.7	1	—
"  "  (Infants) ... ..	432	4	44	48	11.1	—	1
Totals ... ..	10728	128	909	1037	9.6	24	406

SUPPLEMENTARY TABLE G.  
ROUTINE MEDICAL INSPECTION.—MENTAL CONDITION AS RETURNED BY HEAD TEACHERS.

SCHOOL.	BOYS.						GIRLS.						TOTAL.								
	Number Examined.	Very Superior.	Superior.	Average.	Inferior.	Very Inferior.	No Report.	Number Examined.	Very Superior.	Superior.	Average.	Inferior.	Very Inferior.	No Report.	Number Examined.	Very Superior.	Superior.	Average.	Inferior.	Very Inferior.	No Report.
Central	79	..	24	37	16	..	2	65	..	27	87	1	..	..	144	..	51	74	17	..	2
Derby Road	84	1	5	53	14	3	8	124	1	17	62	24	1	19	208	2	22	115	38	4	27
New Whittington	91	..	12	71	8	..	..	100	..	12	80	7	..	..	191	..	24	151	15	..	..
Brushes	21	..	..	16	2	..	3	36	..	1	26	5	..	4	57	..	1	42	7	..	7
Newbold C. of E.	18	1	..	12	3	1	..	12	1	1	9	1	..	..	30	2	2	21	4	1	..
St. Thomas'	19	..	2	13	2	2	..	19	1	3	7	7	1	..	38	1	5	20	9	3	..
Spital	5	..	..	3	2	..	..	8	..	..	7	1	..	..	13	..	..	10	3	..	..
Whittington Moor	104	..	10	80	11	3	..	115	..	8	91	13	2	1	219	..	18	171	24	5	1
Hasland C. of E.	24	3	4	16	1	..	..	25	..	5	19	1	..	..	49	3	9	35	2	..	..
Old Whittington	56	..	1	42	12	1	..	43	..	3	24	15	1	..	99	..	4	66	27	2	..
St. Helen's	113	..	25	75	11	2	..	85	..	19	53	9	2	2	198	..	44	128	20	4	..
Hasland Eyre Street	30	..	1	21	6	..	2	39	..	1	34	3	..	1	69	..	2	55	9	..	3
Edmund Street	7	..	..	6	1	..	..	57	11	15	28	3	..	..	64	11	15	34	4	..	..
Newbold Moor	47	3	11	21	11	1	..	..	..	..	..	..	..	..	47	3	11	21	11	1	..
Brampton	84	..	10	49	18	5	2	85	..	11	57	16	1	..	169	..	21	106	34	6	2
Old Road	26	..	2	5	1	1	17	31	..	..	8	2	2	19	57	..	2	13	3	..	36
Victoria	..	..	..	..	..	..	..	47	..	4	36	7	..	..	47	..	4	36	7	..	..
Soresby Street	57	..	4	41	12	..	..	14	..	..	10	4	..	..	71	..	4	51	16	..	..
Christ Church	22	..	2	14	5	..	1	33	..	2	28	3	..	..	55	..	4	42	8	..	1
St. Mary's	48	..	..	42	5	..	1	49	..	5	16	13	..	15	97	..	5	58	18	..	16
Hipper Street	114	2	6	73	31	2	..	82	3	17	49	12	..	..	196	5	23	122	43	3	..
Totals	1049	10	120	690	172	21	36	1069	17	151	681	147	12	61	2118	27	271	1371	319	83	97

## SUPPLEMENTARY TABLE H.

Summary of Work done during 1921 and 1922.

	1921.	1922.
No. of Children examined in School		
Routine Inspection ... ..	3,341	2,118
„ Special Cases examined in School Routine Inspection ...	162	624
„ Re-inspections of Children pre- viously found defective ...	243	1,027
„ Cases attending School Clinic...	1,332	989
„ Attendances at School Clinic	2,381	1,414
„ Ringworm Cases treated by X-Rays ... ..	...	...
„ School Notifications from Tea- chers and Attendance Officers	263	472
„ Home Visits by School Nurses	149	155
„ Attendances at "Settlement" School for Invalid Children ...	1,197	961
„ Children on Books at "Settle- ment" ... ..	16	18
„ Cases of Defective Vision treated at Eye Clinic... ..	216	229
„ Attendances at "Minor Ail- ments" Clinic ... ..	8,133	10,491
„ Children inspected as to their condition of cleanliness by School Nurses ... ..	15,190	30,555

