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ANNUAL REPORT

OF THE

Medical Officer of Health

AND

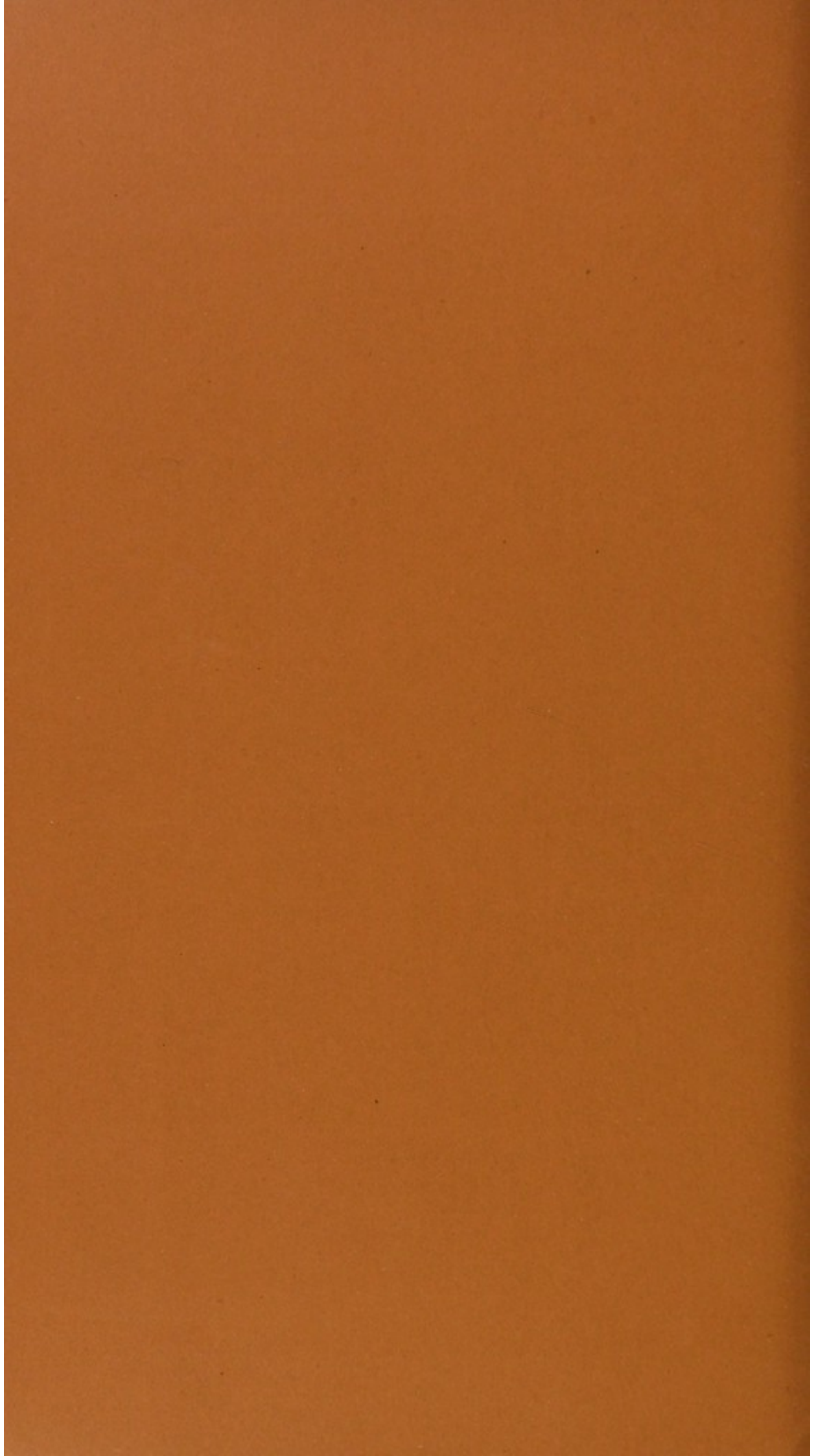
School Medical Officer,

BOROUGH OF CHESTERFIELD.

For the Year ending 31st December, 1924.

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

CHESTERFIELD :
BALES & WILDE, GLUMAN GATE,
1925.





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CHESTERFIELD:
BALES & WILDE, GLUMAN GATE,
1925.

Borough of Chesterfield.

Health Committee, 1924-1925.

THE MAYOR (Councillor W. E. Wakerley).

Chairman:

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

Vice-Chairman:

Alderman T. W. LACK, J.P.

Members:

Ald. CROSSLEY,	Coun. HARRISON,
„ HOLDEN,	„ HATTON,
„ SIMS,	„ KNIGHT,
„ VARLEY,	„ McCREA,
Coun. ASHMORE,	„ PHILPOTT,
„ GRAHAM,	„ WICKS.

Borough of Chesterfield.

Maternity and Child Welfare Committee, 1924-1925.

THE MAYOR (Councillor W. E. Wakerley).

Chairman :

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

Vice-Chairman :

Alderman T. W. LACK, J.P.

Members :

Ald. CROSSLEY,	Coun. McCREA,
„ HOLDEN,	„ PHILPOTT,
„ SIMS,	„ WICKS,
„ VARLEY,	Mrs. HALL,
Coun. ASHMORE,	„ HARRISON,
„ GRAHAM,	„ H. P. SHORT,
„ HARRISON,	„ VARLEY,
„ HATTON,	Mr. T. ALLSOP.
„ KNIGHT,	

VOLUNTARY WORKERS AT THE CLINICS.

- Mrs. BARKER, 41, Sterland Street, Chesterfield.
- Mrs. CALWAY, Manor House, Brimington, near Chesterfield.
- Mrs. DUNKLEY, 41, High Street, New Whittington, Chesterfield.
- Mrs. W. H. EDMUNDS, Scarsdale House, Chesterfield.
- Mrs. GRATTON, 42, Newbold Road, Chesterfield.
- Mrs. HILL, 74, Wellington Street, New Whittington, Chesterfield.
- Mrs. MARSDEN, Gladstone Road, Chesterfield.
- Mrs. MAYCOCK, 43, Sterland Street, Chesterfield.
- Mrs. MIDDLETON, Cromwell Road, Chesterfield.
- Mrs. PEARSON, Sheffield Road, Chesterfield.
- Mrs. ROBINSON, Field House, Chesterfield.
- Miss SHORT, 9, Church Lane, Chesterfield.
- Mrs. SHORT, Linden Avenue, Chesterfield.
- Miss SANDERS, Somersall Hall, Chesterfield.
- Mrs. STATON, Ingeldene, Brookside, Chesterfield.
- Mrs. STEWART, Wellington Street, New Whittington, Chesterfield.
- Mrs. SWALLOW, Oakfield Avenue, Chesterfield.
- Miss TAYLOR, Cromwell Road, Chesterfield.
- Mrs. TUCKER, The Cedars, Newbold Road, Chesterfield.
- Miss WALKER, Woodside, Chesterfield.
- Miss WILLOUGHBY, The Settlement, Chesterfield.

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

Gentlemen,

I have the honour to submit my Annual Report on the health of the Borough of Chesterfield for the year ending December 31st, 1924.

The Death Rate was 11.56, against 12.28 in the previous year, and the Infant Mortality 80 against 92. There were 5 maternal deaths against 9 in 1923. The vital statistics generally for the year are comparatively favourable, there having been no special visitation of disease of a serious nature.

The Maternity Home has achieved a remarkable measure of success and is now firmly established in public favour. Each month about forty mothers have their babies in the Home. The work of the Ante-Natal Clinic is also increasing steadily.

I desire to record my appreciation of and thanks for the efficient, tactful, and harmonious way in which the staff of the department—the Assistant Medical Officer, Sanitary Inspectors, Health Visitors, Hospital Staffs and Clerks—carry out their work. We all appreciate too the help and co-operation of voluntary workers, Members of the Corporation, and fellow officials of other departments.

By the death of Dr. Sidney Barwise, on January 23rd, 1925, Chesterfield, in common with other sanitary areas in the administrative County of Derby, has lost a distinguished Health Officer, who, during his thirty-four years of faithful service, did much to improve the public health. His remarkable genius was the combination of the experience of age with the unbounded energy and enthusiasm of youth. It was always a pleasure to confer with him. I desire to express my admiration for his character and work, and my sincere sorrow at our loss.

I have the honour to be,

Mr. Mayor and Gentlemen,

Your obedient servant,

R. P. GARROW.

1. GENERAL STATISTICS.

Area (acres)	8,484
Population (1924)	64,770
Number of inhabited houses (1921)	12,838
Number of families or separate occupiers (1921)	13,210

2. EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Births:—

	Total.	M.	F.
Legitimate	1433	718	715
Illegitimate	57	25	32

Birth Rate, 23.00.

Deaths	749	399	350
---------------	-----	-----	-----

Death Rate, 11.56.

Number of women dying in, or in consequence of childbirth:—

From sepsis	2
From other causes	3

Deaths of Infants under one year of age, per 1,000 births:—

Legitimate, 77	Illegitimate, 157	Total 80
Deaths from Measles (all ages)		8
Deaths from Whooping Cough (all ages)		2
Deaths from Diarrhoea (under 2 years of age)		5

3. NOTIFIABLE DISEASES DURING THE YEAR.

Diseases				Total Cases Notified	Cases admitted to Hospital	Total Deaths
Diphtheria ...	...	...	...	65	31	3
Scarlet Fever	...	...	...	88	56	—
Enteric Fever (including paratyphoid)	...	...	...	10	10	—
Puerperal Fever	...	...	...	7	1	2
Pneumonia	...	...	...	96	3	57
Enteritis (under 2 years of age)	...	...	...	19	0	5
Erysipelas ...	...	...	...	12	1	0
Ophthalmia Neonatorum	...	...	...	7	—	—
Encephalitis Lethargica	...	...	...	7	5	3
Smallpox ...	...	...	...	518	515	—
Tuberculosis:—						
(a) Pulmonary	M. ...	...	...	40	23	26
	F. ...	...	...	42	11	23
	Total	...	...	82	34	49
(b) Non-Pulmonary	M. ...	...	...	12	—	6
	F. ...	...	...	9	2	11
	Total	...	...	21	2	17

Tuberculosis.

Age Periods.	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	2	1	2	—	1	—	2
5	2	2	6	4	—	1	—	—
10	—	2	1	1	—	1	—	—
15	4	5	—	1	—	4	—	—
20	4	9	—	—	1	3	—	—
25	5	11	2	—	—	1	—	—
35	11	3	2	—	5	1	—	—
45	8	5	—	—	2	2	—	—
55	3	3	—	—	1	1	—	—
65 and upwards	3	—	—	1	3	—	—	1
Totals ...	40	42	12	9	12	15	—	3

Ophthalmia Neonatorum	Cases			Vision Unimpaired	Vision Impaired	Total Blindness	Deaths
	Noti- fied	Treated					
		At Home	In Hosp.				
	7	7	—	7	—	—	—

4. CAUSES OF SICKNESS.

Smallpox.

In my Annual Report for the year 1922, I mentioned the "prevalence in Derbyshire of a mild disease resembling smallpox known by various names such as Alastrim, Amaas, or Parasmallpox." In October, 1923, this mild disease was imported into the town (as stated in my Report for that year), and in the eighteen months up to 31st March, 1925, the total number of known cases was 604, without a death from the disease. This further experience confirms the opinion stated in my 1922 Report that the disease is incapable of assuming the virulence of classical smallpox with the power to kill and disfigure its victims. It is a different disease for all practical purposes except one—namely, vaccination. The following table shows clearly that it occurs only in those unprotected by vaccination:—

Borough of Chesterfield. Vaccination Statistics of the Epidemic.

Age Groups	0-5	5-10	10-15	15-20	20-25	25-30	30-40	40-50	50-60	60 & over	Total
Vaccinated and Re-Vaccinated...
Vaccinated recently
Vaccinated in Infancy only	3	5	5	9	47	31	7	107
Unvaccinated	...	80	94	103	92	60	30	25	6	5	2 497

Further proof of the efficacy of vaccination is seen by studying the disease as it occurs in individual houses:—

There were 316 houses in which 1 case occurred.

" "	67	" "	2 cases	"
" "	22	" "	3	"
" "	6	" "	4	"
" "	3	" "	5	"
" "	3	" "	6	"
" "	2	" "	7	"
" was	1 house	" "	8	"
" "	1	" "	9	"

In many of these houses every unvaccinated member of the household took the disease and every vaccinated member escaped. The number of cases in a house was determined, not by the sanitary state of the dwelling, or the personal or domestic hygiene of its occupants, but entirely by the number of individuals unprotected by vaccination.

Unfortunately, a considerable proportion of people are still unvaccinated and the disease continues to smoulder amongst these. If they would be good enough to get vaccinated the prevalence of the disease would cease in a fortnight and the community would be saved a great deal of unnecessary expenditure and the Health Department a great deal of unnecessary work.

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

(a) **General.**

In 1923 the Chesterfield District Nursing Association was amalgamated with the Borough Welfare Committee, the Nursing Sub-Committee of which controls four Visiting Nurses, each living and working in her own area of the Borough.

(b) **Infectious Diseases.**

Ophthalmia neonatorum and other notifiable diseases are attended to by the Visiting Nurses, an annual grant being paid by the Corporation for this work.

Midwives.

There are twenty-two practising midwives in the Borough, none of whom is employed or subsidised by the Local Authority. Two of these practising midwives are, however, recognised by the Central Midwives Board for the part-training of pupil midwives at the Chesterfield Municipal Maternity Home.

Clinics and Treatment Centres.

<i>Name and situation of Clinic.</i>	<i>Open on.</i>	<i>Provided by.</i>
(1) Child Welfare Clinic at—		
(a) Maternity Home ...	Monday, Tuesday and Wednesday afternoons ...	Chesterfield Corporation (M. and C.W. Committee)
(b) Whittington Moor	Monday afternoon	do.
(c) New Whittington	Tuesday afternoon	do.
(2) Ante-Natal Clinic at Maternity Home...	Thursday afternoon	do.
(3) School Clinic at 59, Saltergate—		Chesterfield Education Committee
(a) Minor Ailment Treatment ...	Daily forenoons ...	
(b) Medical Inspection and Consultation	Monday forenoon and Friday after- noon	do.
(c) Ophthalmic ...	Thursday afternoon	do.
(d) Dental	Daily forenoons except Monday ...	do.
(4) Tuberculosis at Brimington Road	Fridays from 10-30 a.m. to 12-30 p.m., and 2 p.m. to 5 p.m.	County Council of Derbyshire
(5) Venereal Diseases at Chesterfield and North Derbyshire Royal Hospital ...	Males— Tuesdays, 4-30 to 6-30 p.m. Fridays, 2-30 to 4-30 p.m. Females— Tuesdays, 2 to 4 p.m. Fridays, 11 a.m. to 12-30 p.m.	do.

Hospitals Provided or Subsidised by the Local Authority or
by the County Council.

<i>Name.</i>	<i>No. of Beds.</i>	<i>Provided by.</i>
(1) Tuberculosis—		
(a) Walton Sanatorium ...	124	Derbyshire County Council
(b) Penmore Tuberculosis Pavilion ...	18	do.
(2) Maternity Home ...	18	Corporation of Chesterfield
(3) Infants' Hospital (Adjoining the C. and N.D. Royal Hospital).	14	do.
(4) Fever—		
Penmore Isolation Hospital	58	Chesterfield Joint Hospital Committee.
(5) Smallpox—		
(a) Spital Smallpox Hospital	20	North Derbyshire Hospital Committee
(b) Morton Hospital ...	60	do.
(6) General Medical and Surgical—		
Chesterfield and North Derbyshire Royal Hospital	150	Governors of Chesterfield and North Derbyshire Royal Hospital
(7) Poor Law—		
Union Infirmary ...	205	Guardians.

Ambulance Facilities.

- (a) **For Infectious Cases:—**
- (1) Motor ambulance at Penmore Hospital for fever cases.
 - (2) Motor ambulance at Spital Hospital for smallpox cases.
- (b) **For Non-Infectious Cases:—**
- (1) Borough ambulance controlled by the Watch Committee of the Corporation.
 - (2) Ambulances owned and run by collieries, ironworks, etc., in the district.

Maternity Home and Infants' Hospital 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 J. W. Tonks, M.B., F.R.C.S., Surgeon, Chesterfield and North Derbyshire Royal Hospital.
- (4) Matron Miss Ada Hopwood, R.R.C.
- (5) Sister in charge of Infants' Wards ... Miss G. M. Batteson.
- (6) Night Sister Miss S. E. Melling.
- (7) Day Sister Miss J. Pickup.
- (8) Staff Nurse Miss P. A. Polden.
- (9) Pupil Midwife Miss V. Kerwin.
- (10) Pupil Midwife Miss M. Clad.
- (11) Pupil Midwife Miss H. Musty.
- (12) Pupil Midwife Miss S. Long.
- (13) Pupil Midwife Miss S. Whitney.
- (14) Pupil Midwife Miss Z. Cole.
- (15) Probationer (Infants) Miss V. Kirk.
- (16) Probationer (Infants) Miss A. Coleman.
- (17) Probationer (Infants) Miss M. Stewart.

Summary of Work.**MATERNITY HOME.**

No. of cases admitted since opening	...	...	...	552
No. of cases admitted during 1924	...	...	...	376
No. of babies born (live births)	...	...	...	331
No. of babies born (still births)	...	...	...	17
No. of mothers discharged	...	...	...	353
No. of mothers died	...	...	...	3
No. of infants died	...	...	...	14
No. of cases remaining in the Home on December 31st, 1924:—				
Mothers	...	...	...	17
Infants	...	...	...	9

INFANTS' HOSPITAL.

No. of cases admitted since opening to December 31st, 1924	...	...	...	110
No. of cases admitted during 1924	...	...	...	44
No. of cases discharged	...	...	...	35
No. of cases died	...	...	...	11
No. of cases remaining in Hospital on December 31st, 1924	...	...	...	8

Work of the Health Visitors.

First visits to infants	...	...	...	1472
Re-visits to infants	...	...	...	11735
First visits to expectant mothers	...	...	...	218
Re-visits to expectant mothers	...	...	...	94
Sanitary defects reported to Sanitary Inspectors	...	...	...	54

Baby Welcomes.

	No. of Infants and Children attending.	Total attendances made.	Average weekly attendance.
Maternity Home (North and Central Wards)	283	1816	38
Maternity Home (West Ward)	247	1434	29
" " (South Ward)	225	1587	33
Adult School, Whittington Moor	213	1964	40
Adult School, New Whittington	83	1056	22
Totals	1051	7857	163

826 infants and children under five years of age have been seen by the Assistant Medical Officer (Dr. G. A. Dow).

Ante-Natal Clinic.

First attendances	...	...	168
Re-attendances	...	...	472
Total			640

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

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:—

	From Health Department.		From General Practitioners.	
	Positive.	Negative.	Positive	Negative.
Diphtheria	4	41	14	77
Pulmonary Tuberculosis ...	—	13	36	75
Enteric Fever	—	—	4	13
Miscellaneous	107	123	4	8
Totals	111	177	58	173

Issue of Diphtheria Anti-toxin free from Health Department—512,000 units.

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

Baths and Washes Act, adopted 1892.

Infectious Diseases (Notification Act), 1889, adopted October, 1890.

Infectious Diseases (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 March, 1910.
 Notification of Birth Act, 1907, adopted November, 1907.
 Bye-laws with respect to new Streets and Buildings, 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 Lodgings, 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.
 The Chesterfield Corporation Act, adopted 1923.

8. SANITARY ADMINISTRATION.

Tabular Summary of the Work of the Sanitary Department during the Year, 1924.

No. of Complaints Investigated	...	...	...	...	446
No. of Houses Inspected	...	...	...	...	225
No. of Nuisances Found	...	...	...	...	734
No. of Nuisances Abated	...	...	...	...	734
No. of Visits to Infected Houses	...	...	...	...	690
No. of Houses Disinfected	...	...	...	...	773

No. of Schoolrooms Disinfected	...	...	...	...	5
No. of Inspections of Dairies and Cowsheds	...	...	...	...	74
No. of Manure Receptacles	...	...	...	...	23
No. of Slaughter-houses and Shops	...	...	...	...	1417
No. of Common Lodging-houses	...	...	...	...	77
No. of Factories and Workshops	...	...	...	...	54
No. of Inspections of Work in Progress	...	...	...	...	2943
No. of Re-inspections and Miscellaneous Visits...	...	...	...	...
No. of Drains tested by Smoke or Water	...	...	...	...	698
No. of Samples of Milk for Bacteriological Examination	...	...	...	...	72
No. of Samples of Water Analysed	...	...	...	...	2
Total number of Conversions carried out	...	...	...	...	513
Amount of Diseased and Unsound Food Condemned and Destroyed: 6 tons, 1 cwt., 2 qrs., 11 lbs.					

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

Ward	Water Closets	Waste Water Closets	Privies	Pails	Middens	Fixed Dry A'pits	Portable Dust Bins
Central ...	1239	68	7	—	5	5	1434
Hasland ...	1064	12	7	1	6	4	1073
Rother ...	1516	26	13	—	8	5	1560
St. Leonard's ...	987	4	52	—	34	17	1119
Trinity ...	1106	2	—	—	—	4	1260
St. Helen's ...	527	34	37	—	30	—	608
West ...	878	55	8	—	8	—	1003
Holmebrook ...	1070	89	—	—	—	—	1209
Moor ...	1024	2	285	14	181	58	837
Newbold... ..	632	—	84	26	77	37	548
Old Whittington	413	—	467	64	223	24	319
New Whittington	660	6	169	8	80	25	528
Totals ...	11116	298	1129	113	652	179	11498

9. SLAUGHTER-HOUSES.

There are thirty-five slaughter-houses in the Borough, of which seven are owned by the Corporation.

10. DAIRIES, COWSHEDS AND MILKSHOPS ORDER.

There are ninety-two Cowkeepers in the Borough, housing 635 cows, who, with a few exceptions, are also milk retailers. In addition there are forty-one persons, mostly small shop-

keepers, registered as retailers of milk, and forty-five milk producers residing outside the Borough who retail milk within our District.

11. PLACES WHERE FOOD IS PREPARED.

Fish and Chip shops ...	...	56
Bakehouses ...	...	22
Tripe boilers ...	...	5
Restaurant kitchens ...	...	5
		—
		88
		—

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

12. FOOD AND DRUGS, 1924.

During the year 205 samples of food were obtained and analysed by the Borough Analyst, Mr. G. E. Scott-Smith. Of these 14, or 6.8 per cent., did not comply with the standard of the Board of Agriculture. 139 of the samples were of milk, of which 14, or 9.1, were below the standard.

Nature of Food	No. of samples obtained	No. Genuine	No. not Genuine	Prosecutions	Convictions	Dismissed	Cautioned
Milk ...	153	139	14	2	2	0	12
Cream ...	1	1	0	0	0	0	0
Cream Preserved	3	3	0	0	0	0	0
Butter ...	22	22	0	0	0	0	0
Lard ...	11	11	0	0	0	0	0
Pepper ...	1	1	0	0	0	0	0
Coffee ...	2	2	0	0	0	0	0
Cheese ...	5	5	0	0	0	0	0
Mustard ...	1	1	0	0	0	0	0
Baking Powder	5	5	0	0	0	0	0
Vinegar ...	1	1	0	0	0	0	0
	205	191	14	2	2	0	12

Five of the milk samples were deficient in Milk Fat, and 10 in Non-Fatty Solids; 1 sample was deficient in both Fat and Non-Fatty Solids. Of the 5 samples deficient in Milk Fat, 2 were informal samples brought by retailers doubtful of their quality; 2 were only slightly below the standard, having 2.86

per cent. and 2.91 per cent., and 1 was deficient to the extent of 16 per cent. Summary proceedings taken against the vendor resulted in a fine of £5 and costs. Of the 10 samples deficient in Non-Fatty Solids, 5 were high in Milk Fat, and 4 were only slightly below the standard. The other sample, which only contained 7.65 per cent. of Non-Fatty Solids, or 10 per cent. of added water, resulted in proceedings being taken, and the vendor fined £5 and costs.

All the vendors of the milk samples which did not comply with the standard were informed of the fact.

The average contents of the milk samples was 3.69 in Milk Fat, and 8.87 in Non-Fatty Solids.

Tuberculosis in Milk.

Eighty-nine samples of Milk were obtained from 58 retailers in the town for the purpose of examination for Tubercle Bacilli.

Fifty-two were primary examinations of mixed milk from 645 cows; 4 of these samples showed positive results, which resulted in 26 re-examinations of the milk from 53 cows.

The re-examination produced 9 positive results:—

- Three coming from a herd of 19 cows.
- Two coming from a herd of 7 cows.
- Three coming from a herd of 8 cows.
- One coming from a herd of 19 cows.

As one herd of 18 cows from which the supply of a Public Institution is obtained had been examined 5 times, the actual number of cows tested is 573, showing a percentage of infected animals of 1.57.

Upon receipt of a certificate that Tubercle was found in an individual cow, notice is immediately served upon the cow-keeper to cease selling milk from such cow and to provide for its isolation.

All the cow-keepers carried out these instructions.

Constant supervision of the cowsheds is necessary to see how these cows are disposed of.

In three cases the worst animals were sent at once to be slaughtered. Five were put out to fatten with some degree of success, and one animal had been disposed of before the examination of the milk had been completed,

13. PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912.

1. Milk and Cream not sold as preserved cream.

	No. of Samples examined for the presence of a Preservative. (a)	No. in which a Preservative was reported to be present, (b)
Cream	1	—
Milk	153	—
Cream (Preserved) ...	3	3

14. REFUSE REMOVAL, 1924.

The collection of house refuse was carried out by the Health Committee, and its disposal by the Sewage Disposal Committee. The whole of the work has now been transferred to the Sewage Disposal Committee.

Their first consideration was the appointment of a Superintendent for the effectual carrying out of the whole of the cleansing operations in the Borough. Mr. H. Edridge, of Blackburn, was appointed Superintendent, and commenced duties on the 1st December, 1924.

In the table showing the numbers and type of sanitary conveniences existing, it will be found that the number of middens has been greatly reduced by the conversion scheme.

The means of storing house refuse now consists of a metal dustbin for each house, which, if properly used, is free from nuisance. The dustbins are emptied at intervals of seven days.

The approximate weight of refuse collected during the year was 24,619 tons; of this 8,473 tons were dealt with at the Destructor, while 16,146 tons were deposited on tips within the district.

15. 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 and Spital Smallpox Hospital, Medical Superintendent Maternity Home and Infants' Hospital, and Police Surgeon).

Assistant Medical Officer.

- *Griselda A. Dow, M.A., B.Sc., M.B., Ch.B. (appointed September 1st, 1923), Assistant Maternity and Child Welfare Medical Officer, Assistant School Medical Officer, and Resident Medical Officer Maternity Home and 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.
 *W. Teasdale, 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., Certif. Queen's Jub. Inst.
 *Miss Edith E. Passey, Trained Nurse, C.M.B., Health Visitor's Certif., Certif. San. Insp.
 *Miss Elsie Cutts, Trained Nurse, C.M.B., San. Insp. Certif.
 *Miss Rebecca M. Coakill, Trained Nurse, C.M.B.

Clerks.

Miss Kathleen M. Shaw.
 Miss M. Sylvester.
 H. Arnold.

Veterinary Inspector.

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

*Officers whose salary is paid partly by exchequer grants.

16. HOUSING.

Number of new houses erected during the year:—

(a) Total	...	...	...	...	...	...	317
(b) As part of a municipal housing scheme	...					...	277

Inspection.

1. Unfit Dwelling-houses.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	348
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910 ...	189
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	37
(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	248

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	185
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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	9
(2) Number of dwelling-houses which were rendered fit:—	
(a) By owners	2
(b) By Local Authority in default of owners...	—
(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	39
(2) Number of dwelling-houses in which defects were remedied:—	
(a) By owners	36
(b) By Local Authority in default of owners ...	3

C. Proceedings under Sections 17 and 18 of the Housing, Town Planning, etc., Act, 1909:	
(1) Number of representations made with a view to the making of Closing Orders	12
(2) Number of dwelling-houses in respect of which Closing Orders were made	10
(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	10
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders	3

17. LOW PAVEMENT IMPROVEMENT SCHEME.

The abolition of the slums in the Low Pavement area is now completed, all the tenants having been re-housed on the St. Augustine's Road housing site.

In order to help these tenants and to encourage them to make full use of their greatly improved housing conditions, the Health Committee, with the approval of the Ministry of Health, has appointed one of the Health Visitors, Miss E. Cutts, to act as rent collector for this property. She does the health visiting, sanitary inspection, rent collecting, and advises the tenants on matters of domestic hygiene. Her work is greatly appreciated by the tenants and has resulted in raising the general standard of hygiene in the area.

ANNUAL REPORT

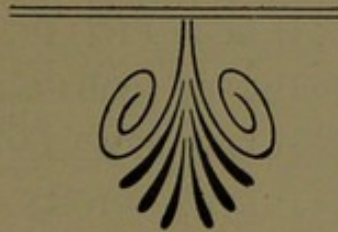
OF THE

School Medical Officer,

BOROUGH OF CHESTERFIELD,

For the Year ending December 31st, 1924,

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



BOROUGH OF CHESTERFIELD.

Education Committee, 1924-25.

THE MAYOR (Councillor W. E. Wakerley).

Chairman :

ALDERMAN H. CROPPER.

Vice-Chairman :

Miss VIOLET MARKHAM.

Members :

ALDERMAN HOLDEN.
COUNCILLOR BARLOW.
COUNCILLOR HARRISON.
COUNCILLOR MOORE.
COUNCILLOR PHILPOTT.
COUNCILLOR ROBINSON.
COUNCILLOR TWELVES.
COUNCILLOR WICKS.

Co-opted Members :

ALDERMAN CLAYTON.
Dr. McGINNIS.
COUNCILLOR MANSELL.
Mr. T. TURNBULL.

To the Chairman and Members of the Chesterfield Education
Committee.

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, 1924.

The ordinary routine public health work of the Borough, of which the work of the School Medical Service forms an important part, was interrupted by the prevalence in the town of a mild disease of the nature of smallpox. I reported last year that this disease, so far as its effects on the community are concerned, is utterly unworthy of the name "smallpox," and this continues to be true. Nevertheless, it is officially smallpox and has entailed as heavy work on the staff of the Health Department as if it were the severe, fatal, and disfiguring disease commonly known as smallpox. My own time has been so completely occupied with "smallpox" that I have not been able to do my share of school medical inspection, and but for the kindness of my wife in carrying out this duty for me the work could not have been completed in the year.

I also wish to express my thanks to Dr. Griselda Dow for taking more than her fair share of medical inspection.

Although there has been no new departure in 1924, the volume of work done each year increases steadily. It has now reached the limit of what can be done efficiently with the present staff and clinic accommodation. The Board of Education is pressing local Education Authorities to undertake without further delay the complete and accurate ascertainment of all defective children. This is the next step to be taken in Chesterfield, but involves at least temporary addition to the medical staff. The matter is important and urgent and is fully discussed under Ascertainment of Defective Children.

I have to acknowledge with sincere gratitude the continued interest and help of your Committee in the work of the School Medical Service.

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 and Spital Smallpox Hospital, Medical Superintendent Maternity Home and Infants' Hospital, and Police Surgeon).

Assistant School Medical Officer.

Griselda A. Dow, M.A., B.Sc., M.B., Ch.B. (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, General Training, C.M.B., State Registered Nurse.

Miss Hurley, General Training, C.M.B., State Registered Nurse.

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

Clerical Staff.

Miss K. M. Shaw (who is also clerk in the Health Department).

Miss Tattersall.

Miss Hudson.

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

The School Medical Officer is Medical Officer of Health, Maternity and Child Welfare Medical Officer, Medical Superintendent Penmore Isolation Hospital, Spital Smallpox Hospital, Maternity Home and Infants' Hospital. The

Assistant School Medical Officer is Assistant Maternity and Child Welfare Medical Officer in attendance at the Infants' Clinics and Ante-Natal Clinic, and Resident Medical Officer at the Maternity Home and Infants' Hospital. These combined appointments naturally secure the most complete co-ordination of the Public Health services of the Borough.

3. SCHOOL HYGIENE.

A second new school of open-air type similar to that erected in 1923 at Jawbones Hill, Derby Road, was opened in 1924 at Old Road. It provides accommodation for 308 boys and girls. These two schools represent the best possible conditions of heating, lighting and ventilation, and I hope that the building programme before the Committee to replace old unhygienic schools and to provide new accommodation for the ever increasing school population of the Borough will be carried out on this principle of "Every school an open-air school."

Special open-air schools for weak, anæmic, debilitated and tuberculous children do not reflect the correct spirit of preventive medicine. The use of the open-air school for weaklings is a curative effort like sanatorium treatment. What is good for restoring the weakling to health is put to better use in maintaining the normal child in robust health. Therefore let us develop the open-air principle till all the schools for all the children are open-air schools.

It is a great pleasure also to record that the $1\frac{1}{4}$ acre field adjacent to Jawbones Hill School has been secured as a playing field for the children. This is another sound principle of school hygiene which, if extended throughout the Borough, will contribute materially to the mental and physical development of the boys and girls.

4. ROUTINE MEDICAL INSPECTION AT THE SCHOOLS.

Routine medical inspection at the schools of the three code groups—Entrants, Intermediates and Leavers—was completed in the forty-two departments throughout the Borough. The total of medical inspections and re-inspections at the schools and at the clinic was 6,815, or over two-thirds the number of children in average attendance at the schools (see table 1).

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

The number and nature of the defects found on medical inspection are set out in table 2. In order of numerical importance they may be grouped as:—

- (a) Defective teeth.
- (b) Defects and disease of the eyes.
- (c) Malnutrition.
- (d) Skin affections.

While alarming in numbers, they are often trifling in nature and easily remedied.

6. INFECTIOUS DISEASES.

The outbreak of mild smallpox (*variola minor* or *para-smallpox*), which commenced in October, 1923, spread throughout the Borough in 1924, reaching its height in the week ending May 17th, when forty-six cases were notified. Up till the end of 1924 the number of school children between the ages of five and fifteen attacked was 183. This group of cases furnishes the most conclusive evidence as to the efficacy of vaccination in preventing an attack of the disease. A return made by the head teachers in June, 1924, indicates that of 9,991 children in attendance at the schools 5,308 were vaccinated (either in infancy or recently on account of the prevalence of smallpox) and 4,683 were unvaccinated. **The school children attacked were all unvaccinated.** The 5,308 vaccinated children did not provide a single case, though many of these children came from homes from which unvaccinated members of the families were removed to hospital suffering from smallpox. Could any reasonable person expect more striking proof of any claim than these figures provide as to the efficacy of vaccination? But the real difficulty in stamping out this mild disease is its very mildness, which operates in two ways:—

- (a) It robs "smallpox" of its traditional terrors of death or disfigurement. Familiarity with this mild disease breeds contempt for the name smallpox, and so vaccination is neglected.

- (b) It enables the infectious individual to get about and mix with large numbers of his fellows, amongst whom he disseminates the disease. Thus, many children suffering from the disease were not ill enough to stay away from school, or if they did stay away for a few days, they returned to school before the eruption appeared. Some children in the eruptive stage of their attack, which is known to be the most highly infectious, attended the Minor Ailment Clinic for treatment of their spots by the School Nurse. The School Nurse, always on the alert for "smallpox," at once informed the School Medical Officer who, on confirming the diagnosis, arranged for the immediate removal of the case to the Smallpox Hospital. But in the meantime the patient had come into fairly close contact with some thirty to forty other children waiting their turn for treatment, and there is no doubt that the School Clinic played some part in spreading the disease.
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7. FOLLOWING UP.

The work of following up children found to have defects is carried out by the co-operation of Teachers, School Nurses, Attendance Officers and Health Visitors. The children (or their parents) are advised to obtain the treatment necessary from their family doctor, failing which they are referred to the Royal Hospital or treated at the School Clinic.

8. MEDICAL TREATMENT.

The scheme of medical treatment is the same as in 1923. Minor ailments (skin diseases, external eye diseases and discharging ears) to the number of 798 were treated in 1924 by the Nurse at the School Clinic, 379 cases of defective vision and squint were treated by the School Oculist, and 1,536 dental cases received attention from the School Dentist.

No operative treatment of tonsils and adenoids is done at the School Clinic, as these are essentially cases which require hospital attention, and we are indebted to the Royal Hospital for treating 34 cases by operation in 1924,

Orthopædic Treatment.

The treatment of crippled children is an important question to which more professional and public attention has been called of late years. The last three reports of the Chief Medical Officer of the Board of Education give an account of the agencies which go to form a complete scheme of orthopædic treatment. They are:—

- (1) Means for the ascertainment of the number and nature of the crippling defects in the children.
- (2) An Orthopædic Hospital.
- (3) An Orthopædic Clinic.
- (4) Arrangements for the supply of surgical appliances.
- (5) Measures for the **prevention** of the chief crippling diseases—tuberculosis, rickets and infantile paralysis.

All these agencies exist in greater or less degree in Chesterfield and work together in the interests of crippled children, e.g.:—

- (1) Ascertainment is constantly going on in the course of medical inspection at the schools and at the school clinic. The infant clinics are an important source of early information about crippling. The records of the Tuberculosis Clinic and the Royal Hospital furnish another source, and the notifications of surgical tuberculosis yet another. The Teachers, School Attendance Officers, School Nurses, and Health Visitors are all in touch with cripples, whilst the records of the Borough Welfare Committee, which organised an outing last summer for crippled children, contain a long list.
- (2) **Orthopædic Hospital.**—Hospital accommodation for orthopædic cases is the one respect in which local facilities fall very far short of requirements. Yet the Royal Hospital gives in-patient treatment to a limited number of such cases in its children's ward, and special cases are accommodated in orthopædic hospitals elsewhere. The County Tuberculosis Committee sends an occasional case to the Shropshire Orthopædic Hospital. One case of hip joint disease has been treated in King Edward VII. Hospital, Rivelin Valley, Sheffield, and one case of advanced bone and joint tuberculosis at the Royal Sea Bathing Hospital, Margate (through the agency of the Borough Welfare Committee).

- (3) **Orthopædic Clinic.**—Chesterfield is fortunate in possessing a flourishing voluntary hospital with a very fine new out-patient department opened in 1923. Here an orthopædic clinic is conducted weekly by Mr. Garrick Wilson, of Sheffield, who is always willing to examine, advise and treat cases referred to him by the School Medical Officers.
- (4) **Supply of Surgical Appliances.**—A Sheffield firm of manufacturers of orthopædic and surgical apparatus sends a representative to Chesterfield Royal Hospital weekly to measure patients for appliances. In cases in which the patients are unable to pay the cost, help can be obtained through the Borough Welfare Committee.
- (5) **Prevention.**—This is by far the most important aspect of orthopædic work, and I am pleased to think it is our strongest line in Chesterfield. The Maternity and Child Welfare work, including that of the clinics, the five Health Visitors, and the Infants' Hospital, contributes materially to reduction in the number of crippling defects in children entering on school life. The chief obstacle to more rapid progress in preventive work is the milk supply. Given clean, tubercle free milk in sufficient quantity to supply one to two pints daily per child, rickets and surgical tuberculosis would practically disappear. The only other crippling disease of numerical importance is infantile paralysis, the germ-cause of which has not yet been discovered. It is a summer disease and occasionally assumes epidemic proportions in hot dry summers, when large numbers of young children may be left permanently paralysed after an acute illness. Fortunately, it has been a very rare disease in Chesterfield in recent years.

9. OPEN-AIR EDUCATION.

There are signs of a growing appreciation of the benefits of fresh air for the children during their school hours. A greater number of classes are being held in the playgrounds, a larger number of boys are attending the school camp at Bamford, girl guides in ever increasing numbers are going to summer camps, and the two new open-air schools at Jawbones Hill and Old Road are, we hope, the type which will be followed throughout the building programme. Open-air education is becoming popular alike with teachers and pupils.

10. PHYSICAL TRAINING.

A joint scheme between Borough and County for the appointment of organisers of physical exercises has been under consideration in 1924, but nothing has come of it so far.

11. PROVISION OF MEALS.

No school meals have been provided since 1921.

12. SCHOOL BATHS.

The only swimming bath connected with elementary education in Chesterfield—that in the basement of the Central School—is used by children over eleven years from all the schools of the “Old Borough.” The visits number nearly 10,000 annually.

13—16. CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY WORKERS.

Effective co-operation between all parties concerned is the rule, and I am not aware of any difficulty arising on this score, with the exception of the difficulty experienced everywhere in getting lazy parents to cleanse their children.

17. BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(a) Ascertainment.

Circular 1349, dated 12th January, 1925, and entitled “Special Schools for Defective Children,” addressed to Local Education Authorities by the Board of Education, draws the Authority’s attention to its obligation to make special provision for blind, deaf, mentally and physically defective and epileptic children,

Before making **such provision** it is necessary to ascertain the numbers of the various categories of defectives for whom special provision is required. The Board urges that the time has arrived when a scheme for the complete and correct ascertainment of defectives shall be put into full working order. Circular 1349 states:—

“(c) As regards mentally defective children, the Authority are referred to the Board’s Circular No. 1341, dated 12th September, 1924. The problem of dealing with these children is as costly as it is difficult, but there are certain steps to be taken at once which involve little expense and which are the foundations of any complete schemes. They are: (1) the complete and correct ascertainment of the children; (2) the prompt notification of suitable cases to the Mental Deficiency Committee under the Mental Deficiency Act, 1913; and (3) the establishment of supervisory arrangements for children who remain under the jurisdiction of the Authority, but for whom no Special Schools at the moment exist. The Board considers that these three steps can and should be undertaken in the immediate future by all Authorities which have not already made complete provision for their children, and that nothing less can be regarded, even temporarily, as a tolerable compliance with the requirements of the Act. In any case, where the whole of the mentally defective children who can be expected in any area are not already provided for in Special Schools, the Board will ask Authorities to let them know shortly what arrangements they have made to secure the three objects enumerated above.”

While ascertainment of exceptional children is going on constantly in the course of routine medical inspection at the schools and in the conduct of the school clinic, it cannot be pretended that there is anything approaching a comprehensive scheme in operation in Chesterfield, the reason being that the medical staff (one fifth of the time of the School Medical Officer and half of the time of the Assistant School Medical Officer) is not sufficient to undertake this work in addition to ordinary routine medical inspection and clinic work. A complete scheme of ascertainment of exceptional children for the purpose of making the return required by the Board in statistical table No. III. at the end of this report includes:—

(a) Systematic reporting to the School Medical Officer of all children who appear to come into one or other of the categories of exceptional children by all those persons and organisations in the town whose work brings them into contact with such children. The head teachers

are the chief source of information, and I am indebted to them for their constant willingness to furnish information when appealed to. They have keen sympathy with and interest in defective children and recognise the urgent necessity from the general educational point of view of making special provision for such children. The School Attendance Officers are in touch with many defectives not in attendance at any school or institution. The records of the Borough Welfare Committee is another valuable source of information. School Nurses, Health Visitors, The Royal Hospital, The Settlement, the Guardians, the Tuberculosis Officer, all deal in one way or another with these exceptional children and are always willing to co-operate with the School Medical Service. The sources of information, therefore, are many and easily tapped.

(b) The second requirement of a complete and comprehensive scheme of ascertainment is the systematic medical examination by a doctor with special experience (especially of mental defectives) of the children referred from all these various sources in order to ascertain accurately the nature and degree of defect, and so to place the child in its correct category. This is necessarily a slow process. An exhaustive examination of a mental defective may take an hour or more. The present definition of a mentally defective child is as follows:—

“A mentally defective child is a child who, not being imbecile and not being merely dull and backward, is defective, that is to say, a child who by reason of mental defect is incapable of receiving proper benefit from the instruction in the ordinary public elementary schools, but is not incapable by reason of that defect of receiving benefit from instruction in such special classes or schools as under Part V. of the Act may be provided for defective children.”

Although this definition mentions three degrees of mental defect—“imbecile,” “mentally defective,” and “dull and backward”—there is no sharp division in nature into mental groups. On the mental scale, the educable mental defective merges gradually with the ineducable imbecile in one direction, and with the child who is merely dull and backward in the other. It will, therefore, be understood that the very responsible task of pronouncing on the educability or otherwise of any single child is not one which should be undertaken lightly. It calls not only for special experience and judgment, but for careful and deliberate examination without haste.

Now the return of mentally defective and dull and backward children by the head teachers contains the names of

over 1,000 children. The systematic medical examination of this group alone would take five hours daily on five days of the week for forty weeks of the year. It is obvious, therefore, that compliance with the Board's requirements in this matter will involve additional medical staff as a temporary measure.

The figures supplied in Table III. are admittedly incomplete and are not, under all the headings, the results of **medical** findings, because medical examination of all referred cases has not been possible in the time available. According to the Board's figures of the **estimated incidence** of defective children in England and Wales, the numbers in Chesterfield should be:

Blind—Totally	...	...	...	...	...	4
Partially	...	...	...	...	...	10
Deaf—Totally	...	...	...	...	...	9
Partially	...	...	...	...	...	3
Mentally Defective	...	...	...	...	...	86
Epileptics	...	...	...	...	...	6
Physically Defective:—						
Pulmonary Tuberculosis and Glandular Tuberculosis:—						
Infectious	...	...	...	...	...	7
Non-infectious but active	...	...	...	...	...	17
Active Non-pulmonary Tuberculosis	...	...	...	...	...	15
Delicate Children	...	...	...	...	...	155
Cripple Children	...	...	...	...	...	100
						<hr/>
Total	...	...	...	...	...	412
						<hr/>

Even if the entire elementary school population of the Borough were carefully and systematically examined medically from the point of view of special schools, it is unlikely that the results would conform with these estimated figures, as much depends upon the personal factor in the medical examiner. Whatever the intrinsic difficulties of this great problem may be, my object in stating frankly the present position in Chesterfield is to show that if this work is to be seriously taken in hand, as it ought to be, and done thoroughly as the routine medical inspection is now done, it will involve a temporary addition to the medical staff. With such additional staff, prompt notification of suitable cases to the Mental Deficiency Act Committee of the County Council could also be undertaken; and the third requirement of the Board, namely, the establishment of supervisory arrangements for children who remain under the jurisdiction of the Authority, but for whom no Special Schools at the moment exist, could be undertaken by the establishment of special classes for

defective children at the ordinary public elementary schools and home visiting by members of the Borough Welfare Committee.

(b) Special Schools.

No special schools for defective children recognised by the Board exist in Chesterfield. Two totally blind and four totally deaf children (including one about to be sent to the Deaf School at Derby) are maintained by the Education Committee at Certified Schools for Blind and Deaf Children. These are all the totally blind and totally deaf children known to the School Medical Officer, so that provision in these respects is complete.

At the Settlement, Vicar Lane, a class is held for defective children, at which 22 children made 1,057 attendances in 1924. Excellent work is being done in a quiet way at this class, and I recommend that application be made to the Board of Education for recognition of this effort as a social class associated with one of the elementary schools (e.g., Hipper Street School), and under the general supervision of its Head Teacher.

18. NURSERY SCHOOLS.

There are none in Chesterfield.

19. SECONDARY SCHOOLS.

Are under the County Council.

20. CONTINUATION SCHOOLS.

Are under the County Council.

21. EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Children between 12 and 14 undertaking part-time employment are examined and certified fit for such employment by the School Medical Officer. The number certified in 1924 was 159, and the number refused a certificate was 3.

22. SPECIAL ENQUIRIES.

As part of a general enquiry into the incidence of Goitre in school children, the Chief Medical Officer, Board of Education, requested that careful records be kept of visible enlargements of the thyroid gland in children of twelve years of age. The result is shown in the following table:—

	No. examined	No. with visible enlargement of Thyroid	Percentage incidence of Goitre
Boys aged 12	388	6	1.5
Girls aged 12	353	19	5.3

TABLE 1.

Return of Medical Inspections.

A. Routine Medical Inspections.

Number of Code Group Inspections:—

Entrants	...	...	...	...	723
Intermediates	...	...	...	...	817
Leavers	...	...	...	...	942
			Total	...	2482

Number of other Routine Inspections 598

B. Other Inspections.

Number of Special Inspections	...	...	...	1658
Number of Re-inspections	...	...	...	2077
	Total	...	...	3735

TABLE 2.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1924.

Defect or Disease (1)	Routine Inspections		Specials	
	No. of Defects		No. of Defects	
	Requiring treatment (2)	Requiring to be kept under observation but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation but not requiring treatment (5)
Malnutrition	246	...	16	...
SKIN :—				
Ringworm :				
Scalp	94	...	...	...
Body	1	...	1	...
Scabies	20	...	1	...
Impetigo	86	...	9	...
Other Diseases (Non-Tuberculous)	34	12	6	...
EYE :—				
Blepharitis	98	...	10	...
Conjunctivitis	23	...	3	...
Keratitis	4	...	...	...
Corneal Opacities	2	...	...	...
Defective Vision	196	4	65	8
Squint	12	...	4	...
Other conditions	20	14	2	1
EAR :—				
Defective Hearing	24	...	7	...
Otitis Media	44	...	19	...
Other Ear Diseases	12	6	1	...
NOSE AND THROAT :—				
Enlarged Tonsils ... ..	...	104	...	7
Adenoids ... ..	...	...	1	1
Enlarged Tonsils and Adenoids ... ..	...	...	1	...
Other conditions	118	...	...	...
Enlarged Cervical Glands (Non-Tuberculous) ... ..	...	118	1	7
Defective Speech ... ..	...	34	...	4
Teeth—Dental Diseases	673	...	20	...
HEART AND CIRCULATION :—				
Heart Disease :				
Organic ... ..	...	136	...	3
Functional ... ..	...	...	...	...
Anæmia ... ..	...	72	...	8
LUNGS :—				
Bronchitis	44	...	3	...
Other Non-Tuberculous Diseases ... ..	...	164	...	1
TUBERCULOSIS .—				
Pulmonary :				
Definite ... ..	...	...	2	...
Suspected	2	...	3	...
Non-Pulmonary :				
Glands ... ..	...	1	...	...
Spine ... ..	...	...	...	...
Hip ... ..	...	...	...	...
Other bones and joints ... ..	...	...	...	...
Skin ... ..	...	...	...	...
Other forms ... ..	...	...	...	1

TABLE 2—continued.

Defect or Disease	Routine Inspections		Specials	
	No. of Defects		No. of Defects	
	Requiring Treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
1	2	3	4	5
NERVOUS SYSTEM:—				
Epilepsy ... ..	...	...	...	3
Chorea	1	5	...	2
Other conditions ...	3	2	...	6
DEFORMITIES:—				
Rickets ... ..	...	8	...	8
Spinal Curvature ...	...	...	...	2
Other forms	6	9	...	9
Other Defects and Diseases	58	108	151	73
Totals	1751	797	325	144

B. Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Group (1)	Number of Children		Percentage of Children found to require treatment (4)
	Inspected (2)	Found to require treatment (3)	
Code Groups:			
Entrants	723	190	24
Intermediates ...	817	131	16
Leavers	942	124	12
Total (code groups)	2482	445	17
Other routine inspections	598	85	14

TABLE 3.

Return of all Exceptional Children in the area required each year by the Board of Education.

		Boys	Girls	Total	
Blind (including partially blind)—					
(1) Totally Blind.	{	Attending certified School or class for Blind	1	1	2
		" Public Elementary School ... ..	...	...	...
		At other Institutions ... ..	...	...	...
		" no School or Institution ... ..	...	...	...
(2) Partially Blind.	{	Attending certified School or class for Blind ... ..	...	...	...
		" Public Elementary Schools ... ..	...	...	...
		At other Institutions ... ..	...	...	...
		" no School or Institution ... ..	...	...	...
Deaf (including deaf and dumb and partially deaf)—					
(1) Totally Deaf.	{	Attending certified School or class for Deaf	2	1	3
		" Public Elementary Schools	1*	...	1*
		At other Institutions ... ..	...	...	...
		" no School or Institution ... ..	...	...	...
(2) Partially Deaf.	{	Attending certified School or class for Deaf ... ..	...	...	...
		" Public Elementary Schools	1	...	1
		At other Institutions ... ..	...	...	...
		" no School or Institution ... ..	...	...	...
Mentally Defective—					
(1) Feeble-minded (cases not notifiable to the Local Control Authority).	{	Attending certified School for Mentally Defective Children ... ..	...	...	...
		" Public Elementary Schools	114	57	171
		At other Institutions ... ..	...	...	...
		" no School or Institution ... ..	...	...	...
(2) Notified to the Local Control Authority during the year.	{	Feeble-minded ... ..	...	...	...
		Imbeciles ... ..	...	...	...
		Idiots ... ..	...	...	...
Epileptics—					
(1) Severe Epilepsy.	{	Attending Certified Special Schools for Epileptics ... ..	...	...	...
		In Institutions other than Certified Special Schools ... ..	...	1	1
		Attending Public Elementary Schools	7	8	15
		At no School or Institution	2	3	5

* This boy is about to be admitted to a Certified School.

TABLE 3—continued.

		Boys	Girls	Total
(2) Mild Epilepsy.	{ Attending Public Elementary Schools ... ..	...	...	...
	{ At no School or Institution ... ..	...	...	...
Physically Defective—				
(1) Infectious Pulmonary and Glandular Tuberculosis.	{ At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
	{ „ other Institutions ... ..	...	...	...
	{ „ no School or Institution	2	4	6
(2) Non-Infectious but active Pulmonary and Glandular Tuberculosis.	{ At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
	{ „ Certified Residential Open-air Schools ... ..	...	...	...
	{ „ Certified Day Open-air Schools ... ..	...	...	...
	{ „ Public Elementary Schools	10	8	18
	{ „ other Institutions ... ..	...	...	...
(3) Delicate Children (Latent Tuberculosis, Malnutrition, Anæmia, Debility).	{ At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	...	...	...
	{ „ Certified Residential Open-air Schools ... ..	...	...	...
	{ „ Certified Day Open-air Schools ... ..	...	...	...
	{ „ Public Elementary Schools	529	425	954
	{ „ other Institutions ... ..	...	...	...
(4) Active Non-Pulmonary Tuberculosis.	{ At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	...	...	...
	{ „ Public Elementary Schools	2	1	3
	{ „ other Institutions ... ..	...	...	...
	{ „ no School or Institution ... ..	...	...	...
(5) Crippled Children (Paralysis, Severe Heart Disease, etc).	{ At Certified Hospital Schools ... ..	...	...	...
	{ „ Certified Residential Cripple Schools ... ..	...	...	...
	{ „ Certified Day Cripple Schools ... ..	...	...	...
	{ „ Public Elementary Schools	22	14	36
	{ „ other Institutions ... ..	...	...	...
	{ „ no School or Institution ... ..	...	...	...

TABLE 4.

Return of Defects Treated during the year ended 31st December, 1924.

TREATMENT TABLE.

Group 1. Minor Ailments (excluding Uncleanliness, for which see Group 5).

Disease or Defect	Number of Defects treated or under treatment during the year		
	Under the Authority's Scheme	Otherwise	Total
SKIN :—			
Ringworm—Scalp	43	—	43
Ringworm—Body	37	—	37
Scabies	3	—	3
Impetigo	176	—	176
Other Skin Diseases	4	—	4
Minor Eye Defects (external and other, but excluding cases falling in Group 2)	136	—	136
Minor Ear Defects	65	—	65
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc)....	334	—	334
Total ...	798	—	798

Group 2. Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group 1).

Defect or Disease	Number of defects dealt with			
	Under Authority's Scheme	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme	Otherwise	Total
1	2	3	4	5
Errors of Refraction (including Squint) ...	379	—	—	379
Other Defect or Disease of the Eyes (excluding those recorded in Group 1) ...	—	—	—	—
Total ..	379	—	—	379

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	212
(b) Otherwise	—

Total number of children who obtained or received spectacles:—

(a) Under the Authority's Scheme	...	...	195
(b) Otherwise	...	...	—

Group 3. Treatment of Defects of Nose and Throat.
Number of Defects:—

Under the Authority's Scheme in Clinic or Hospital (1)	Received Operative Treatment By Private Practitioner or Hospital apart from the Authority's Scheme (2)	Total (3)	Received other forms of treatment (4)	Total number treated (5)
—	34	34	—	34

Group 4. Dental Defects.

(1) Number of children who were:—

(a) Inspected by the Dentist:—

Routine Age Groups.

Aged 5	...	...	35
6	...	...	346
7	...	...	593
8	...	...	511
9	...	...	102
10	...	...	457
11	...	...	373
12	...	...	360
13	...	...	232
14	...	...	43
Total	...	...	3052
Specials	...	...	20
Grand Total...	...	...	3072

(b) Found to require treatment 2538

(c) Actually treated 1581

(d) Re-treated during the year as the result of periodical examination 55

(2) Half days devoted to:—

Inspection	...	...	...	...	26
Treatment	...	...	...	...	224
Total	...	...	...	...	250

(3) Attendances made by children for treatment	...	...	...	...	...	1656
(4) Fillings:—						
Permanent Teeth	...	...	...	...	...	681
Temporary Teeth	...	...	...	...	...	10
						<hr/>
					Total	691
						<hr/>
(5) Extractions:—						
Permanent Teeth	...	...	...	...	...	341
Temporary Teeth	...	...	...	...	...	2981
						<hr/>
					Total	3322
						<hr/>
(6) Administrations of General Anæsthetics for Extractions	...	...	...	...	...	53
(7) Other Operations:—						
Permanent Teeth	...	...	...	...	...	124
Temporary Teeth	...	...	...	...	...	213
						<hr/>
					Total	337
						<hr/>

Group 5. Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses	...	...	...	4
(2) Total number of examinations of children in the schools by School Nurses	...	...	...	33438
(3) Number of individual children found unclean	...			2278
(4) Number of children cleansed under arrangements made by the Local Education Authority	...	...		—
(5) Number of cases in which legal proceedings were taken:—				
(a) Under the Education Act, 1921	...	...		—
(b) Under School Attendance Bye-laws	...	...		2

SUPPLEMENTARY TABLE A.
GIRLS.

Chesterfield, 1924 and 1923.					Derbyshire 1915				England and Wales, 800,000 Average of observations			
Number Examined	Age	Av. height in inches		Av. weight in lbs.		Number Examined	Age	Height	Weight	Age	Height	Weight
		1924	1923	1924	1923							
61	4	39.98	39.48	36.89	35.93	543	4	37.45	34.69	4	38.38	34.98
272	5	41.14	41.8	37.87	35.24	3247	5	40.05	37.18	5	40.44	37.74
395	8	47.81	47.74	50.87	50.07	4781	8	47.53	51.55	8	46.94	49.55
343	12	54.89	55.69	74.07	73.24	3266	12	55.45	77.82	12	55.48	73.86
107	13	57.57	59.19	80.01	78.66	312	13	56.37	79.35	13	56.81	80.37
BOYS.												
78	4	39.41	39.77	38.16	36.66	585	4	39.27	36.84	4	38.63	25.77
296	5	42.04	41.65	40.3	39.91	3206	5	41.41	38.62	5	40.68	38.68
412	8	46.52	48.11	51.73	52.11	4825	8	48.24	52.55	8	47.39	52.0
386	12	55.78	55.03	72.28	71.49	3525	12	54.87	71.42	12	54.88	72.66
79	13	57.42	55.94	78.8	76.14	338	13	55.46	73.21	13	56.07	77.4

SUPPLEMENTARY TABLE B.
Defects in Vision.

School	Number Examined	Normal	6	6	6	6	6	Blind	Total Defect-ive	Percent Defect-ive
			12	18	24	36	60			
Central ...	207	191	12	1	2	...	1	...	16	7.7
Derby Road ...	149	141	7	...	...	1	...	...	8	5.3
New Whittington ...	86	74	2	3	4	3	...	...	12	13.9
Brushes ...	24	20	4	...	...	...	...	...	4	16.6
Newbold C. of E. ...	30	29	...	1	...	...	...	...	1	3.3
St. Thomas' ...	59	55	3	1	...	...	...	...	4	6.7
Spital ...	...	...	...	...	...	...	...	...	...	...
Whittington Moor...	104	96	6	...	...	2	...	...	8	7.6
Hasland Eyre Street	74	65	9	...	...	...	...	...	9	12.1
Old Whittington ...	76	64	6	3	1	2	...	...	12	15.7
St. Helen's ...	132	109	14	4	5	...	...	...	23	17.4
Hasland C. of E. ...	51	50	...	...	1	...	...	...	1	1.9
Edmund Street ...	55	52	2	1	...	...	...	...	3	5.4
Newbold Moor ...	40	35	3	1	...	1	...	...	5	12.5
Brampton ...	240	220	19	5	5	1	...	...	30	12.5
Old Road ...	93	85	1	2	5	...	...	...	8	8.6
Victoria ...	52	42	5	2	2	...	1	...	10	19.2
Soresby Street ...	40	38	2	...	...	...	...	...	2	5.0
Christ Church ...	34	31	2	1	...	...	...	...	3	8.8
St. Mary's ...	75	63	8	2	1	1	...	...	12	16.0
Hipper Street ...	159	134	11	8	4	1	1	...	25	15.7
Totals ...	1780	1594	116	35	30	12	3	...	196	11.0

SUPPLEMENTARY TABLE C.
Cases Attending the Clinic.

Diseases	No. of Cases		No. of Attendances	
	1924	1923	1924	1923
Contagious Diseases :				
Ringworm ...	80	72	217	141
Impetigo ...	100	68	175	106
Other ...	28	34	52	68
Tubercular Diseases :				
Pulmonary ...	9	13	11	19
Other ...	3	9	9	20
Infectious Diseases :				
Sore Throat ...	11	16	41	21
Other ...	20	22	40	28
Nervous Diseases ...	24	10	31	13
Diseases of Circulation	16	5	29	10
Diseases of the Eye ...	199	143	327	213
Diseases of the Ear ...	72	51	104	57
Deformities ...	8	4	23	6
Other Skin Diseases ...	94	119	224	172
Miscellaneous :				
Debility ...	42	88	62	132
Bronchitis ...	13	19	25	32
Unclean Head ...	89	81	198	132
Rheumatism ...	7	6	20	9
Other ...	381	406	543	430
Totals ...	1196	1166	2131	1609

SUPPLEMENTARY TABLE D.
Infectious Diseases Notified by School Teachers and
Attendance Officers.

School	Measles	Scarlet Fever	Chicken pox	Mumps	Whoop, Cough	Diph- theria	Scabies	Total
Central ...	...	...	...	...	...	...	...	...
Derby Road ...	...	...	...	...	...	...	...	...
New Whittington	...	...	...	...	...	...	...	...
Brushes ...	42	1	7	25	1	...	...	76
Newbold C. of E.	...	...	...	...	...	...	...	...
St. Thomas' ...	...	...	...	1	...	...	...	1
Spital ...	21	...	6	...	5	...	...	32
Whittington Moor	...	...	...	...	...	...	...	...
Hasland C. of E.	...	...	...	...	...	...	...	...
Old Whittington	...	...	...	...	...	...	...	...
St. Helen's ...	...	...	...	...	...	...	...	...
Hasland Eyre St.	4	...	1	...	...	...	...	5
Edmund Street	...	...	...	...	...	...	...	...
Newbold Moor	...	4	4	...	...	...	...	8
Brampton ...	...	...	...	...	...	...	...	...
Old Road ...	4	...	7	91	...	...	...	102
Victoria ...	10	...	5	...	...	...	...	15
Soresby Street	...	...	...	...	...	...	...	...
Christ Church	...	...	...	...	...	...	...	...
St. Mary's ...	...	...	1	...	1	2	...	4
Hipper Street ...	16	1	2	1	2	...	...	22
Totals ...	97	6	33	118	9	2	...	265

SUPPLEMENTARY TABLE E.

Intelligence of Children—Very Superior, Superior, Average, Inferior and Very Inferior, as Estimated by the Teachers.

School	BOYS						GIRLS						TOTAL								
	No. Exd.	Very Super.	Sup.	Average	Inferior	Very Inferior	No Report	No. Exd.	Very Super.	Sup.	Average	Inferior	Very Inferior	No Report	No. Exd.	Very Super.	Sup.	Average	Inferior	Very Inferior	No Report
Central ..	178	..	18	132	18	2	8	166	..	8	132	13	..	13	344	..	26	264	31	2	21
Derby Road ..	153	..	16	120	13	4	..	105	..	14	58	20	3	10	252	..	30	178	33	7	10
New Whittington ..	80	..	6	68	2	3	1	97	..	9	87	..	1	..	177	..	15	155	2	4	1
Brushes ..	47	..	2	24	4	1	16	41	..	1	27	5	..	8	88	..	3	51	9	1	24
Newbold C. of E. ..	24	..	1	18	5	..	..	32	..	..	27	5	..	..	56	..	1	45	10	..	..
St Thomas' ..	51	..	4	41	3	1	2	57	6	6	40	2	1	2	108	6	10	81	5	2	4
Spital ..	14	..	..	11	..	..	3	9	..	..	7	..	..	2	23	..	..	18	..	..	5
Whittington Moor ..	54	..	11	28	14	1	..	107	..	4	81	20	1	1	161	..	15	109	34	2	1
Hasland Eyre Street ..	64	..	5	47	6	3	3	70	..	3	62	3	1	1	134	..	8	109	9	4	4
Old Whittington ..	71	2	6	47	13	2	1	46	..	5	34	7	..	..	117	2	11	81	20	2	1
St. Helen's ..	121	..	5	98	16	1	1	103	..	16	74	13	..	..	224	..	21	172	29	1	1
Hasland C. of E. ..	46	..	..	42	..	4	..	31	..	5	23	3	..	..	77	..	5	65	3	4	..
Edmund Street ..	17	..	1	15	1	..	..	71	..	8	59	3	..	1	88	..	9	74	4	..	1
Newbold Moor ..	43	2	9	19	5	8	..	..	..	..	..	3	..	..	43	2	9	19	5	8	..
Brampton ..	260	..	38	182	32	6	2	153	2	12	122	7	7	3	413	2	50	304	39	13	5
Old Road ..	92	1	12	64	13	1	1	86	3	6	59	13	2	3	178	4	18	123	26	3	4
Victoria ..	21	..	5	11	5	..	..	74	..	9	52	12	..	1	95	..	14	63	17	..	1
Soresby Street ..	53	..	3	41	6	..	3	12	..	..	9	..	2	1	65	..	3	50	6	2	4
Christ Church ..	28	..	5	15	8	..	..	30	..	6	21	3	..	..	58	..	11	36	11	..	..
St. Mary's ..	64	..	1	33	4	1	25	57	..	2	40	5	..	10	121	..	3	73	9	1	35
Hipper Street ..	134	..	2	115	13	..	4	118	15	30	66	5	1	1	252	15	32	181	18	1	5
Totals ..	1615	5	150	1171	181	38	70	1465	26	144	1080	139	19	57	3080	31	294	2251	320	57	127

