

**[Report 1958] / Medical Officer of Health, Clowne / Clown R.D.C.**

**Contributors**

Clowne (England). Rural District Council.

**Publication/Creation**

1958

**Persistent URL**

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February

RURAL DISTRICT  
OF CLOWNE  
DERBYSHIRE



ANNUAL REPORT

OF THE

Medical Officer of Health  
and the  
Public Health Inspector

FOR THE YEAR

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# RURAL CLOWNE DISTRICT COUNCIL

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## HEALTH COMMITTEE

Chairman : Councillor Mrs D. M. Ashley

Vice-Chairman : Councillor W. Rose

Committee : All Members of the Council

## PUBLIC HEALTH STAFF :

### Medical Officer of Health :

Dr. A. R. ROBERTSON, M.B., Ch.B., D.P.H.  
"Dale Close," 100, Chesterfield Road South, Mansfield,  
(Tel. : Mansfield 811/2)

**Clerk:** Miss P. M. WILSON.

### Surveyor and Senior Public Health Inspector :

A. A. Short, C.R.S.I., M.A.P.H.I.,  
(Tel. Clowne 88 & 89)

### Senior Additional Public Health Inspector :

Mr A. B. Buckland.

### Additional Public Health Inspector :

Mr M. F. Swingler.

Clerk	Mr G. Rogers
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Clerk of Works	Mr H. V Money
Housing Maintenance Foreman	Mr W. Butcher
Cleansing Foreman	Mr W. Hamilton
Junior Clerk	Miss K. Mallender

## PREFACE

To the Chairman and Members of the  
Clowne Rural District Council.

Madam Chairman, Madam and Gentlemen,

Once again I have pleasure in submitting to you an Annual Report. I think you will agree that the Report covers the work done by the Health Department in 1958. I do hope that you will find that the Report is interesting and of some value.

Needless to say, everyone on the Staff has always shown me courtesy and kindness. I thank them sincerely. In particular, I must thank Mr Culverhouse for his help and sound advice. I am greatly indebted to him.

It has been nice working with you and I wish to thank you for the interest and encouragement you have given to me during the year.

I am,

Your obedient Servant,

A. R. ROBERTSON,

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

## HOUSE ALTERATIONS FOR A PHYSICALLY HANDICAPPED PERSON

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

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

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

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

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

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

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

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

### **INVALID TRICYCLES and CARRIAGES**

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

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

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

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

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

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

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

#### **Notes.**

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

#### **Capital Cost of a Two-Seater Vehicle**

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

#### **Insurance for a Two-Seater Vehicle.**

The Ministry of Health insure for third party risks the invalid carriages they issue. In 1958 a Ministry spokesman stated that their insurance policy covers the carrying of a passenger.

### **BLACK DIAMONDS**

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

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

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

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

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

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

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

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

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

### **HOSPITALS AND THE AGED, SICK AND INFIRM**

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

Now a bit about the history of hospitals.

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

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

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

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

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

1078 St. Bartholomews, Rochester, for lepers.

1118 Leper Hospital, St. Giles, Holborn.

1123 St. Bartholomews Hospital, London.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## STATISTICS OF THE AREA

Area (Acres)	...	...	...	...	13,429
Population (Census 1951)	...	...	...	...	19,072
„ mid-year (Registrar-General 1958)					19,340
Number of inhabited houses (end of 1958)					
according to Rate books	...	...	...	...	6,096
Rateable value 1958	...	...	...	...	£131,761
Sum represented by a Penny-rate 1958				...	£536 11 9

## SOCIAL CONDITIONS

The chief occupations of the inhabitants are coal mining and agriculture. There has been very little unemployment.

## VITAL STATISTICS

### BIRTHS.

	Total	Male	Female	
Live Births	324	158	166	
Live Birth Rate per 1,000 population	16.9 (corrected)			
Still-births	10	5	5	
Still-Births Rate per 1,000 Live and Still-Births				29.9
Total Live and Still-Births	334	163	171	
Infant Deaths	9	5	4	
Infant Mortality Rate per 1,000 Live Births				27.8
Legitimate Infantile Mortality Rate				22.4
Illegitimate Infantile Mortality Rate				181.8
Neo-Natal Mortality Rate per 1,000 Live Births (Deaths in first four weeks)				24.7
Illegitimate Live Births per cent of total Live Births				3.4
Maternal deaths (including abortion)				nil
Maternal Mortality Rate per 1,000 Live and Still Births				nil

## Comments.

The number of Live Births is the same as last year and so is the corrected Live Birth Rate.

The number of Still Births is also the same, while the Still Birth Rate is slightly lower.

The Infant Mortality Rate is lower. But the Neo-Natal Mortality Rate is much higher—a grievous thing—to report. In addition we had 2 deaths in illegitimate infants as against none last year. As last year these rates are much higher than the national ones, viz :—

	Clowne	Eng. & Wales
Infantile Mortality Rate	27.8	22.5 (provisional)
Neo-Natal Mortality Rate	24.7	*16.1

\* Provisional average for first three quarters of 1953

Eight infants died under the age of 4 weeks and both the illegitimate deaths are in this group. The causes of death were :—

Bronchopneumonia	4
Prematurity	2
Congenital heart disease	1
Lack of attention at birth	1

(Prematurity also played a part in one of the bronchopneumonia deaths).

One infant died between the age of 4 weeks and 1 year. The cause of death was lobar pneumonia. From the above it is noticeable that prematurity played a part in thirty-three and one-third per cent, bronchopneumonia in forty-four per cent and the percentage from respiratory infection is fifty-five.

Again, the only recommendation I can make concerning these infant deaths is the acceptance of ante-natal care. Every pregnant woman should attend for ante-natal care. It may be difficult when she has other children but for her sake and the baby's, it is well worthwhile.

## DEATHS.

Total	Male	Female
181	111	70

Death Rate per 1,000 of the estimated resident population 10.0 (corrected), National Death Rate 11.7. The total number of deaths and the corrected Death Rate are both lower than 1957.

Causes of Death	Male	Female
Tuberculosis (non-pulmonary)	1	-
Cancer (stomach)	5	3
Cancer (Lung)	4	-
Cancer (Breast)	-	2
Cancer (Other sites)	10	4
Diabetes	-	1
Vascular lesions of Nervous System	9	11
Coronary Disease	16	8
Hypertension with heart disease	2	0
Other Heart Disease	21	22
Other circulatory disease	6	5
Influenza	1	-
Pneumonia	5	1
Bronchitis	7	5
Other respiratory diseases	2	1
Peptic Ulcer	2	0
Nephritis and Nephrosis	2	0
Congenital malformations	3	2
Other defined and ill defined diseases	8	2
Motor Vehicle accidents	2	0
All other accidents	5	3

### Comments.

As I have said above, the number of deaths is less than last year. In fact, there were 181 deaths against 195. The causes of death are similar to last year. One black spot is 10 deaths from accidents, there were 8 in 1957. There were no deaths from respiratory Tuberculosis (2 in 1957) but there was one death from non-respiratory tuberculosis.

### Causes of Death 1954—1958

	1958	1957	1956	1955
Tuberculosis, respiratory	0	2	0	1
Tuberculosis, other	1	0	0	0
Syphilitic disease	0	1	0	0
Diphtheria	0	0	0	0
Whooping Cough	0	0	0	0
Meningococcal infections	0	0	0	0
Acute Poliomyelitis	0	0	0	0
Measles	0	0	0	0
Other infective and parasitic diseases	0	0	2	0
Cancer, stomach	8	8	9	4
Cancer, lung	4	8	2	6
Cancer, breast	2	2	0	2
Cancer, uterus	0	2	2	0
Cancer, other sites	14	6	15	14
Leukaemia, aleukaemia	0	0	1	0
Diabetes	1	1	3	1
Vascular Lesions of Nervous System	20	28	30	22
Coronary disease, angina	24	19	21	18
Hypertension with heart disease	2	2	6	3
Other heart disease	43	41	36	46
Other circulatory disease	11	12	9	8
Influenza	1	2	0	2
Pneumonia	6	13	15	7
Bronchitis	12	14	12	14
Other respiratory diseases	3	1	1	1
Ulcer of stomach and duodenum	2	1	4	2
Gastritis, enteritis and diarrhoea	0	0	1	1
Nephritis and Nephrosis	2	0	0	1
Hyperplasia of Prostate	0	0	3	2
Pregnancy, childbirth, abortion	0	1	0	0
Congenital Malformations	5	3	3	0
Other defined and ill defined diseases	10	17	17	24
Motor Vehicle Accidents	2	2	1	1
All other accidents	8	6	6	5
Suicide	0	3	2	2
Homicide and operations of war	0	0	0	0

## **GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA**

### **Maternity and Child Welfare and School Clinics.**

These are provided by the Derbyshire County Council

### **Ambulance.**

This service is provided by the County Council.

### **Laboratory Facilities.**

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

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

I thank both for their courtesy and efficiency.

### **Chest Clinic.**

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

### **Venereal Disease.**

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

## **SANITARY CIRCUMSTANCES OF THE AREA**

### **Water.**

This is supplied by the Chesterfield, Bolsover and Clowne Water Board. We have a good supply of water.

### **Report from Chemist for Year 1958**

Monthly samples for Chemical and Bacteriological analysis were collected at the Hodthorpe Pumping Station. At this point a regular dose of chlorine has been applied and coliform bacteria were absent from 100ml. of water on all samples tested.

The raw water supply to the Station is also examined regularly, the hardness being 370 ppm CaCO<sub>3</sub>.

Samples for bacteriological and physical analysis

were also examined from the following distribution points :—

BARLBOROUGH RESERVOIRS (2)  
BARLROROUGH TANK.  
HOUSEHOLD TAPS IN CLOWNE AND  
CRESWELL.

Results of these samples have been satisfactory throughout the year.

During the summer months samples from Public Swimming Baths at Creswell all proved satisfactory bacteriologically.

#### Results of Examination of Sample of Water.

Taken from Hodthorpe P.S. (Chlorinated) on  
8th September, 1958.

#### Bacteriological Examination.

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

#### Physical and Physico-Chemical Examination.

Appearance—Clear T.S.M.  
Colour (Burgess)—m.m. (Hazen)  
Taste—Normal.  
Electrical Conductivity—1020 units.  
Odour—Nil.  
pH—8.0.

#### Chemical Analysis (Expressed in mg. per litre.)

Carbonate Hardness (CaCO <sub>3</sub> )	145
Non-Carbonate Hardness (CaCO <sub>3</sub> )	219
Total Hardness (CaCO <sub>3</sub> )	304
Total alkalinity (CaCO <sub>3</sub> )	145
Chlorides (Cl)	161.9
Monochloramine	trace
Dichloramine	nil

#### Remarks.

As supplied to Clowne R.D.C.

#### Residual Chlorine.

Free, 0.14 mg/l      Combined, trace.

## CONVERSIONS OF PAILS AND PRIVIES TO WATER CLOSETS

This work continues to be done. During 1958 there were 3 such conversions.

## HOUSING

During 1958 the Council built 10 dwellings. Also 7 private houses were completed.

## NATIONAL ASSISTANCE ACT, SECTION 47.

No applications were made by the Council under this Act.

## INSPECTION and SUPERVISION OF FOOD

An account of this will be found in the Public Health Inspectors report. However, I wish to give some figures (regarding food) which have been asked for by the Minister.

There are 148 retail food shops in the district of which 70 sell ice cream and 19 are also making-up places. No dairies are in the area.

## FOOD PREMISES

Eutchers	23	Confectionery	11
Making up places	19	Sweets	23
Groccers	70	Wet Fish	9
Greengroccers	12	Fried Fish	11

1,224 visits under the Food and Drugs Acts were made during the year.

Only one ice cream manufacturer is in the district, he uses cold mix method and the premises are satisfactory.

Unsound meat is deposited at the Bacon Factory in Clowne in the loading hopper from which it is collected daily by a contractor from an adjoining area. Carcase meat is dyed green. Other tinned and bottled foods are tipped on the Council's tip, crushed, and covered.



## PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

### Scarlet Fever.

We had 40 cases this year against 8 in 1957. Fortunately, all these were mild.

### Diphtheria.

We had another free year. We have not had a case in Clowne since 1948. This can be continued if we have our children immunised against diphtheria. Dr Morgan (County M.O.H.) has kindly supplied the following figures showing how many children were immunised in Clowne Rural District.

	1958	1957
Under 1 year	143	97
1 - 4 years (incl.)	42	41
5 - 14 years (incl.)	95	186
	<hr/>	<hr/>
	280	324

I am sorry to see that the numbers have gone down. I was not very satisfied with the 1957 figures so you can imagine how disappointed I am with this year's figures. I strongly advise parents to have their children immunised against Diphtheria either by their own Doctor, or, at the County Clinic.

### Poliomyelitis.

In 1956 and 1957 there were no cases. This year we had one case of paralytic poliomyelitis in a little boy aged five. I urge parents to seek vaccination against polio for their children who are eligible.

### Measles.

This was the lean year and we had 25 cases only. The disease continued to be very mild in character.

### Whooping Cough.

There were 31 cases this year. I advise immunisation against whooping cough. It is not foolproof but it does give a good amount of protection.

### Food Poisoning.

There was no case this year.

### Dysentery.

There was one case in a boy aged 3. This cleared up after hospital treatment.

## Tuberculosis.

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

Age Periods in years	NEW CASES				DEATHS			
	Pulmonary		Non- Pulmonary		Pulmonary		Non- Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0 ...	...	...	...	...	...	...	...	...
1 ...	...	...	...	...	...	...	...	...
5 ...	...	...	...	...	...	...	...	...
10 ...	...	...	...	...	...	...	...	...
15 ...	1	...	...	...	...	...	...	...
25 ...	2	...	...	...	...	...	...	...
35 ...	...	...	...	...	...	...	...	...
45 ...	...	...	1	...	...	...	...	...
55 ...	1	...	...	...	...	...	1	...
65 and upwards	...	...	...	...	...	...	...	...
Totals	4	...	...	1	...	...	1	...

Phthisis death rate per 1,000 population — 0.05.

This has been a better year. There have been 5 new cases against 12 in 1957. Also there has only been 1 death against two deaths in 1957. It is pleasing to record this improvement and I can only hope that it will be maintained.

## FACTORIES ACT

There are 27 factories registered in the Clowne Rural District which are inspected from time to time, and action taken as it is necessary. Conditions generally were found to be satisfactory.

### 1. **Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises.	Number on Register.	Inspections	Number of Written Notices
(i) Factories in which Sections 1, 2, 3, 4, and 6, are to be enforced by Local Authorities			
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority.	27	31	1
(iii) Other Premises in which Section 7 is enforced by the Local Authority. (excluding outworkers' Premises.)			
Total	27	31	1

### 2. Cases in which **Defects** were found.

Particulars.	Number of Cases in which defects were found.			
	Found	Remedied	Referred.	
			To H.M. Inspector	By H.M. Inspector
Sanitary Conveniences. (a) insufficient	1	—	—	1
Total	1	—	—	1

### 3. **Outwork.**

Nature of work	Found	Remedied	To H.M. Inspector	By H.M. Inspector
Wearing apparel making, etc.	2	—	—	—
Total	2	—	—	—

# ANNUAL REPORT

OF THE

**SURVEYOR and SENIOR PUBLIC HEALTH  
INSPECTOR**

**For the Year 1958**

Council Offices,  
CLOWNE.

To the CHAIRMAN and MEMBERS of the  
CLOWNE RURAL DISTRICT COUNCIL.

Mr Chairman, Ladies and Gentlemen,

I have the honour of submitting for your attention  
my twelfth Annual Report.

A perusal of the report will suffice to indicate the  
amount of work performed yearly by the Council Staff  
in my section. The volume of work described could not  
have reached its present standard of efficiency and use-  
fulness were it not for the high ideals of duty which  
animate the inspectorial, clerical and manual staffs, and  
I wish to acknowledge my great appreciation of their  
co-operation with me during the past year.

I would also like to be permitted to express my  
warm thanks to the Chairman and Members of the  
Council for their help and kindness with which they have  
considered the various suggestions and recommendations  
made to them, Mr Culverhouse and his staff for their  
co-operation and assistance.

I am,

Your obedient Servant,

ARTHUR A. SHORT,

Surveyor and Senior Public Health Inspector

In the preamble to this report I have paid tribute to my staff for their contribution to the smooth running of the Department which has only been made possible by continuous hard work during and out of normal working hours.

The number of Council Houses is nearly three times as many as those controlled in 1946. In the past 10 years the number of private new building applications has increased from 100 to 276 per year, each application involving an average of five inspections, six slaughterhouses have been licensed, Food Hygiene Regulations, the Clean Air Act, the Rent Act, and housing legislation providing Improvement Grants have been added to the Statute Book. Furthermore the Inspectoral staff suffered from a lack of continuity, the Junior Public Health Inspector who started in January, left again in December.

### **COUNCIL HOUSING**

The number of houses built during the year was less than those built in each of the previous years since 1946. There were only ten dwellings completed, all in the Parish of Whitwell, against the average of 113 houses per year over the previous ten years.

In December, there were six families living in houses subject of Demolition Orders and there were 725 applications for housing accommodation on the register.

The total number of houses under the control of the Council at December, was 1,795.

#### **Maintenance**

During the year 5,307 complaints were received and the Council workmen remedied a total of 5,012 defects.

165 houses and 22 bungalows were painted externally, distributed as follows :—

	Houses	Bungalows
Bakestone, Moor, Whitwell	12	10
Franklin Crescent, Whitwell	44	
Franklin Avenue, Whitwell	12	
Manor Grove, Barlborough	8	6
Manor Road, Barlborough	4	
New Road, Barlborough	8	
Portland Avenue, Creswell	14	
West Street, Creswell	16	
Sherwood Avenue, Creswell	10	
East Street, Creswell		6
Rogers Avenue, Creswell	37	
	—	—
	165	22
	—	—

No infestation of bed bugs was discovered in Council Houses, but treatment for woodworm and cockroaches was carried out and in certain circumstances the repair work necessary proved to be extensive.

In preparation for the taking over the supply of electricity by the East Midlands Electricity Board, at Creswell, 24 houses were checked and rewired in accordance with the standards laid down by the Regulations for Electrical Equipment of Buildings.

## PRIVATELY OWNED HOUSES

Repairs to privately owned houses as a result of formal and informal action by the Department are as follows :—

### Dwellinghouses

Roofs repaired	...	...	...	...	55
Floors repaired, ventilated, etc.	...	...	...	...	21
Plastered walls and ceilings repaired	...	...	...	...	52
Windows repaired, made to open, etc.	...	...	...	...	25
Sashcords renewed	...	...	...	...	12
Stairs repaired	...	...	...	...	2
Skirting boards provided or repaired	...	...	...	...	3
Doors repaired, rehung, or renewed	...	...	...	...	30
Firegrates repaired, reset, or renewed	...	...	...	...	33
Chimneys, or chimney stacks, repaired	...	...	...	...	13
New sinks provided and fixed	...	...	...	...	9
Sink wastes repaired or renewed	...	...	...	...	16
Wash coppers repaired or provided	...	...	...	...	7
External walls pointed	...	...	...	...	33
Ovens repaired, or renewed	...	...	...	...	5
External walls cemented, or tarred	...	...	...	...	2
Eavesgutters and R.W.P. renewed	...	...	...	...	40
Dangerous walls repaired	...	...	...	...	1
Yards and passages paved and drained	...	...	...	...	2
D.P.C. provided	...	...	...	...	4
Yard paving repaired	...	...	...	...	7

### Drains, etc.

Obstructed drains cleansed	...	...	...	...	5
Drains repaired, or reconstructed	...	...	...	...	4
Inspection chamber covers renewed	...	...	...	...	1
W.C. basins renewed, or repaired	...	...	...	...	8
W.C. cisterns repaired or renewed	...	...	...	...	14
Closet structures repaired	...	...	...	...	10
Dustbins provided	...	...	...	...	95
Closet pails provided	...	...	...	...	6

Twelve houses were reported as being infested with vermin and the appropriate action was taken in each case.

### **Rent Act, 1957**

The Act came into force in July, 1957, and involved the Department in a great deal of additional work. 49 applications were received and great care had to be exercised in making the inspections. The Act was designed to allow landlord and tenant to get together before resorting to an appeal to the Local Authority to arbitrate on points of difference. It has been found in practice however that much time was given to advising both landlord and tenant on this complicated piece of legislation in addition to the time spent on inspections.

### **Improvement Grants**

48 applications for improvement grants were received 47 were approved and one was refused. In one scheme three dwellings were enlarged and improved by converting six small cottages into three houses.

## **PUBLIC HEALTH ACT, 1936**

The improvement in getting repairs to property done has been maintained and it will be noted that property generally is improving in its external appearance.

7 privately owned houses were made fit by the Council on the default of the owner, 138 were made fit after informal action and 147 were made fit after formal action.

### **Conversions**

The conversion of privies and pails to water-closets continues, there were three in Clowne all converted by the owners.

### **Moveable Dwellings**

No additional licences were granted during the year and no complaints were reported about the caravans.

There is a total of four vans licensed in your District.

## **HOUSING ACT, 1936**

### **Unfit Houses**

6 houses were represented as being unfit for human habitation, and Demolition Orders were made in 5 cases. In the other case the Council accepted an undertaking that the house would not be used for human habitation.

## NEW BUILDINGS INSPECTION

A total of 276 applications for the erection and alterations of buildings were received. 208 were completed involving a total of 2,117 visits. The work involved in this section has increased considerably.

7 private dwellings were completed during the year and eight were under construction in December, 1958.

### Planning and Byelaw Applications

Planning	95
Byelaw Only	181
	-----
Total	276
	-----

Brought forward from 1957	14
Approvals permanent	231
Approvals temporary	1
Refusals	26
Withdrawals	4
Outstanding at December	12

### Public Conveniences

Barlborough Conveniences were completed in June.

## SEWAGE DISPOSAL

### PARISH OF BARLBOROUGH

#### Slaley Lane Works

This outdated and overloaded plant and the sewage system in Barlborough are to be replaced and modified during the coming year.

#### Barber's Row

This plant which was repaired last year is now functioning satisfactorily.

#### Wood Lane

This plant continues to function satisfactory without causing a nuisance.

## PARISH OF CLOWNE

### Hollin Hill Works

These works have functioned satisfactorily during the year and four samples of the effluent were submitted for analysis and two were found to be unsatisfactory.

### Low Road Works

These works function satisfactorily with a minimum of supervision. They are attractively laid out and well maintained.

## PARISH OF CRESWELL

### Craggs Works

These works were opened in 1957. Some of the mechanical and technical difficulties have been overcome, and of the six effluent samples submitted for analysis three were found not in accordance with the normal requirements.

Provision has been made for the layout of these works as attractively as possible.

## PARISH OF WHITWELL

### Whitwell Works

These works continue to give a satisfactory effluent. It is proposed to install electric pumping arrangements here at the same time as the laying of the Station Road sewerage scheme.

### Hedthorpe Works

The three effluent samples submitted for analysis were all found to be unsatisfactory.

These works comprise a hand raked screen settlement tank, storm water tank, bacteria bed, sludge beds and a series of weirs which were originally designed to deal with residual humus.

I reported the principal defects at these works in my last Annual Report and in consequence of the report you gave instructions to the Engineers to prepare a scheme for the modernisation of the works.

## NEW SEWERS COMPLETED DURING 1958

### Dover Street / Sheffield Road, Creswell

197 yards	15" sewer
150 yards	12" sewer
85 yards	9" sewer
119 yards	6" sewer

### CLEANSING AND SALVAGE

The cleansing section of my Department continues to function smoothly and with little complaint. A regular weekly collection is maintained.

The Tip at Southfield Lane has been kept under constant and strict supervision. No complaints have been received despite its close proximity to the housing estate. It is a "controlled" tip and is frequently visited by the Pest Officer.

Morris Quarry Tip is completely filled in and by an arrangement with the Welbeck Estates, the surface is being covered by sewage sludge instead of soil.

Paper and metals are salvaged from the refuse by hand and sold. Revenue from this source brought in £464 compared with £646 last year.

The work carried out by the cleansing staff is summarised in the following table :—

	Binn	Privies	Ashpits	Pails	Cesspools
Lorry 2	943	533	643	6,750	163
Lorry 3	8,031	146	111	149	2
Lorry 4	4,107	-	-	-	-
Freighter 1	167,601	-	-	-	-
Freighter 3	47,371	-	-	-	-
Freighter 5	102,181	-	-	-	-
	330,234	732	754	6,899	165

Lorry 3 (Karrier Bantam) had a reconditioned engine fitted.

Lorry 4 (Bedford) had a reconditioned engine fitted.

Truck 1 (Morris Van) had a reconditioned engine fitted.

Freighter 3 (Karrier CK3) had a re-ground crankshaft bearing and timing chain fitted.

Freighter 5 (SD MKII) had a reconditioned gearbox fitted.

## Vehicle Details

	Rsg. No.	Date Licensed	Make	1958 Mileage
Lorry 2	CRB 585	1.8.36	SD	5,584
Freighter 3	KRB 860	6.5.47	Karrier	8,270
Freighter 5	AKS 103	27.6.47	SD	7,936
Lorry 4	LKA 29	16.2.50	Bedford	10,329
Lorry 3	PRA 791	16.3.51	Karrier	8,008
Freighter 1	TNU 913	1.6.53	SD	5,910
Truck 1	WRB 106	3.1.55	Morris	12,912
Truck 2	934 CRB	6.12.56	Ford	9,291

## MEAT INSPECTION

There were six slaughterhouses licensed during the year and your Inspectors made 1,259 visits to slaughterhouses in 1958.

The bulk of the work takes place at the Midland Bacon Factory, but it must be appreciated that, although the slaughtering at the other five slaughterhouses is only a minor contribution to the total, the time taken up is considerable. Meat inspection is not work which can be left. It must be done the same day, and very often, within three hours of slaughter. The effect of this is to throw an immediate burden on the remaining staff when illness or staff shortages occur. Nevertheless, I am proud to report that in spite of these difficulties 100% inspection of meat killed in the area is carried out and a check is made of meat imported into the area when time allows.

Four cases of cysticercus bovis were found during the year, representing .84% of the total number of beasts killed, and, as there was no generalised infection, the carcasses were refrigerated in accordance with the Ministry's recommendation.

Incidence of tuberculosis in cattle again showed a reduction and continues to show the benefits of the Government's eradication programme.

**Diseases for which Carcasses were Wholly or Partially  
Condemned**

Tuberculosis	486	Abscesses	41
Pleurisy	} 253	Bruising	8
Pneumonia		Cysts	26
Cirrhosis	265	Cysticercus Bovis	4
Pericarditis	130	Others	4
Distimatosis	9		

In addition 40 pigs were wholly condemned for the

reasons below :—

Tuberculosis	14	Jaundice	1
Moribund	10	Pyæmia	6
Septicaemia	8	Swine Erysipelas	1

**Carcases and Offal Inspected and Condemned in Whole  
or in Part**

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed ...	478	3	1	429	20,685	21,596

**All Diseases Except  
Tuberculosis**

Whole Carcasses

Condemned - - - - 26 26

Part Carcasses or  
Organs

Condemned 34 - - 1 705 740

Percentage

Diseased 7.1 - - .23 3.5

**Tuberculosis Only**

Whole Carcasses

Condemned - - - - 14 14

Part Carcasses or  
Organs

Condemned 12 1 - - 473 486

Percentage

Diseased 2.1 33.3 - - 2.4

## FOOD INSPECTION

Staff shortages reduced the number of food hygiene visits during the year but most of the premises were visited at least once and there were no contraventions of the Food Hygiene Regulations. All new applications are visited immediately to ensure that the requisite equipment is available and from that point onwards it becomes a matter of persuasion and education in the preparation and handling of food.

Unsatisfactory food mostly tinned goods was submitted for examination and 25 visits were made in this connection. Certificates issued by the Department covered the following foods:—

### Food Submitted for Examination and Voluntary Surrender

#### Tinned Foods

Fruit	35	Soup	11
Tomatoes	132	Milk	7
Meat	28	Milk Puddings	11
Beans	12	Vegetables	6
Peas	34	Gammon	1
Fish	20	Mustard	1

#### Other Foods

Potatoes	2 cwts.	Sausage	4 lbs.
Pearl Barley	100 lbs.	Bacon	3 lbs.
Lemon Curd	1 jar	Beef Paste	6 jars
Cheese	1 lb.	Dried Fruit	1 lb.
Cream Cheese	1 box	Minced Beef	10 lbs.
Boiled Ham	5 lbs.		

#### Ice Cream

A total of seven ice cream premises were registered to sell ice cream. Only one producer of ice cream is in the District and this manufacturer uses a cold mix. The premises are satisfactory.

#### Cafes and Canteens

There are nine cafes and canteens in the District, all comply with the requirements of the Food and Drugs Act, and are regularly visited. A satisfactory standard is maintained.

## PESTS ACT, 1949

No increase in infestations were apparent during the year and sewer treatments were carried out.

	Visits	Total Bait Points	Total Takes
Council Tips and Plants	252	577	981
All other Premises	1,111		

## PLACES OF EMPLOYMENT

### Factories

25 Factories are in the register and they are regularly visited. Conditions are generally satisfactory.

Power Factories	27
Other Factories (building sites, etc.)	1
Inspections made	81
Written notices	1
Defects found	1
Defects remedied	Nil

### Shops

All shops were visited as places of employment and no contraventions were reported.

## SHOPS ACT, 1950

Inspections were made during the year for all sections of the Shops Act, 1950.

## ATMOSPHERIC POLLUTION

With the commencement of the Clean Air Act, 1956, in June this year it was found that the work involved increased duties on both observation work and submission of plans for prior approval of boiler plant and chimney heights.

The National Coal Board were notified that Creswell Colliery chimney was a persistent offender under the Clean Air Act, and were warned that, if improvements were not forthcoming, the Council might be compelled to take legal action.

## PETROLEUM

31 licences were issued for petrol storage, the total amount in the area now being 49,000 gallons. Two new sets of tanks were installed and tested.

## CRESWELL SWIMMING BATHS

The baths were opened on the 1st April, and attendances were as follows :—

Adult Tickets	2,789
Junior Tickets	15,087
Slipper Baths	664
Spectators	1,492
Season Tickets—Senior	10
Junior Season Tickets	72
Polo Matches	—
Inter-club Swimming Matches	1
County Youth Service	1,130

The Schools attending the baths under the Derbyshire Education Committee Scheme for swimming instruction are as follows :—

Creswell County Junior Mixed.  
Frechville County Junior Mixed.  
Creswell Secondary Modern Mixed.  
Carter Lodge Senior Mixed.  
Birley County Secondary Modern Mixed.  
Killamarsh County Secondary Modern Mixed.  
Frechville County Secondary Modern Mixed.  
Whitwell County Mixed.  
Whaley Thorns County Senior Mixed.  
Hodthorpe Junior Mixed.  
Killamarsh End County Junior Mixed.  
Brookhouse County Junior Mixed.  
Birley Spa County Junior Mixed.  
Rainbow Forge Annexe.  
Thornbridge Senior.  
St. John Fisher R.C.

The total number of school children attending the public swimming baths during the season was 23,468.

## OFFICE

During the year a total of 5,411 letters and postal packages were despatched by the Department.



