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Contributors

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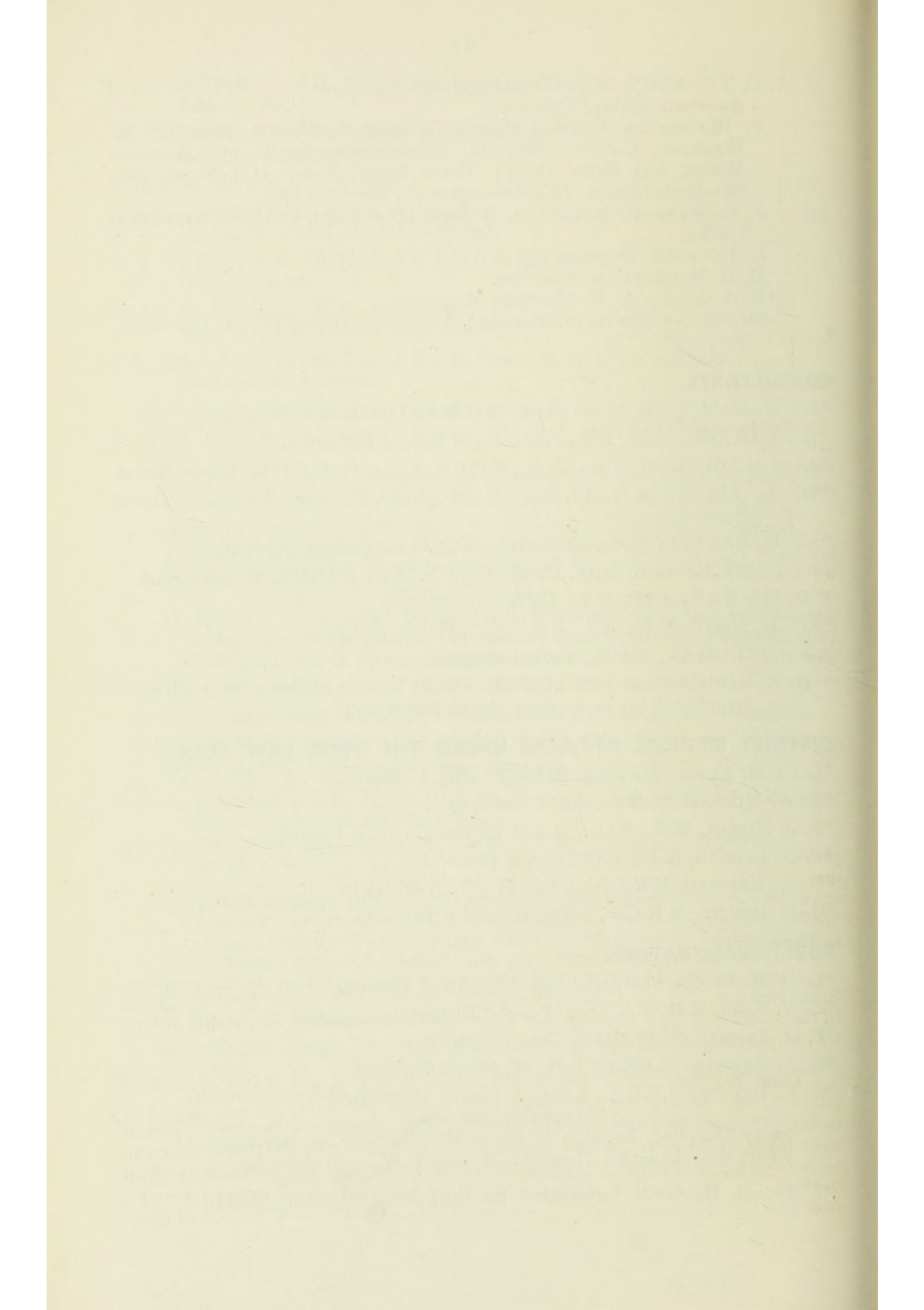
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Dr. D. E. Sands terminated his duties on 15th July, 1935.



PUBLIC HEALTH DEPARTMENT,
1, DERWENT STREET,
DERBY,

April, 1936.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH AND
EDUCATION COMMITTEES.

LADIES AND GENTLEMEN,

I have the honour to present to you my report on the health of the inhabitants of the Borough for the year 1935.

Births and Marriages. The Birth Rate has not maintained the rise of last year and has dropped back to 14·7, which represents a figure of 2,063 registered births. The marriages on the other hand continue to increase in number.

Deaths have increased by 100 on last year's figures, and 80% of that increase is accounted for amongst those aged 65 and upwards. The fact that we are gradually becoming a community of old people has been mentioned so frequently during latter years that it is unnecessary to labour the point here. The annual death returns are now telling their own story. The winters of 1933 and 1934 were mild, whereas 1935 has been pretty severe, and the people who seem to suffer most in extreme climatic conditions are the aged. It is not surprising, therefore, to find a big increase in this age group.

Grouped according to wards, King's Mead shows the highest mortality, closely followed by Babington and Abbey. On the other side of the picture, Bridge Ward stands out by itself, having just slightly more than half the number of deaths recorded in King's Mead. Derwent and Normanton are bracketed second to Bridge, and these are only one less than Pear Tree.

It is difficult to assess the health conditions in the various wards at the present time because the movement caused by slum clearance is still in progression; but one point is to be noted, and that is that the new housing areas show the greatest number of deaths from infectious diseases and premature babies, suggesting that the majority of the young families are to be found in these parts.

There has been a substantial decrease in the number of deaths resulting from violence. This is due entirely to a smaller number of fatal accidents in the street and at works. Home accidents have increased as a result of falls by old people in the house.

Child Welfare. Since the period of the Great War, no department of public health has received a greater amount of publicity, both locally and nationally, than that dealing with infants. The "maternal instinct" phrase when applied to dietetics and clothing has proved to be a fallacy, and the necessity of providing adult education in infant welfare has justified itself up to the hilt. The number of deaths of infants has gradually decreased year by year until we have reached the stage when infancy can almost be looked upon

as a relatively healthy period. The one great obstacle is the first month of life, and of that month the first week sees practically half of the total of the year's infant mortality. Just glance at the following figures:—

Total deaths under	1 year of age	...	...	122
„	„	1 month	„	79
„	„	1 week	„	58

While the total number of deaths under one year is gradually decreasing, the percentages under one week and one month are increasing. Of the 79 under one month, the cause of death was given as premature birth in 49 cases, and of those 49 the number who did not survive one week was 39. What is the cause of this increase in the number of premature births resulting in the production of a child which it is more difficult to keep alive during its early period?

It is possible that the increase may in a few cases be due to efficient antenatal treatment. A woman comes along with a threatened abortion or a mild toxæmia of pregnancy and is treated accordingly. By the treatment the pregnancy is continued up to a point, but not up to full time. The result is a poorly-developed infant which may live for half an hour or so. Had the woman been left alone in the earlier stages an abortion would probably have been the result.

Another cause is suggested in that the mother is either unsuitably or under-nourished during the time of her pregnancy, with the result that she produces a debilitated child.

A third possible cause is the entirely different social life which the woman of to-day leads when compared with 20 and 30 years ago. This is an age of speed and noise plus exciting entertainment. This is bound to produce a difference in the nervous condition of the woman of to-day. Add to that the tremendous amount of publicity which has been given to maternal mortality, which in itself will introduce a sense of fear into the woman which was certainly not so apparent in pre-war days. This nervous tendency will in many cases reflect adversely during the period of pregnancy and may bear some relation to the increased rate of prematurity.

These remarks are merely conjectures on an important subject, and that must justify their inclusion in this report.

HOSPITALS.

(a) **Isolation Hospital.** It will be seen from Dr. Taylor's report that, so far as infectious diseases are concerned, there has been a decrease in the number of patients treated, largely due to the termination of the measles epidemic. Of the other diseases, the principal point to be noted is the appalling condition of some of the cases of diphtheria on admission. It seems difficult to believe that in these enlightened times children can be ill for so many days before their parents suspect a bad throat or seek medical advice. Too often we get the excuse that "we waited to see if it would turn to anything." This habit of procrastination has not produced—and never will—good results in sickness. In all, 17 children died from diphtheria. A few of the deaths were definitely due to the severe type of the disease which has been prevalent in many parts of the country in late years, but the majority of those children should still have been alive to-day.

The modernising of the old wards is being carried out gradually, especially the sanitary arrangements and the flooring; but it will be some time before these are all completed.

The cubicle block has been worked to capacity, and it has indeed proved a godsend.

(b) **Sanatorium.** The improved conditions at the Sanatorium are tending to encourage a more prolonged stay by the patients in the institution. It has been felt for some time, however, that the continuous small alterations and additions are both unsatisfactory and uneconomical, and at the end of the year the Committee took the bull by the horns and asked for plans for a complete reorganisation of the institution. These were submitted, and it was decided to divide the scheme into two parts, according to the sex of the patients, and deal with the portion for males in the 1936-37 capital estimates, leaving the portion for females to be carried out in 1937-38. The provision of X-ray plant at the Sanatorium was raised during the year, but was not agreed to by the Committee.

The experiment was made of appointing a Sister Tutor to do all the teaching for the combined hospitals. The operation of the scheme was found to be anything but satisfactory, and arrangements have been made to make two appointments in 1936—one for the City Hospital and another for the Isolation group.

(c) **City Hospital.** There is no doubt that this institution is increasing in popularity amongst the people of the town. This is evidenced by the increased numbers of admissions both on the maternity side and in general cases. The percentage of short term cases to the whole admissions indicates that there is an increase in the amount of "acute" work dealt with. Such an increase ought to relieve to some extent the waiting lists of Derby residents to other hospitals in the town.

The majority of the big firms in the town are taking advantage of the voucher (or recommend) system, and this is the principal reason for the increase in the number of short term cases. It also produces a much happier relationship between the hospital and the patient, removing as it does from the mind of the patient that problem of meeting the cost of sickness. The time is overdue for a revision of the methods of admission to the hospitals of the town and a pooling of their resources.

Apart from the voucher scheme, there are two other methods of admission to the City Hospital.

(1) Any doctor may send his patient, provided he or she is a Derby resident, direct into hospital after communicating with the Medical Superintendent—the patient going on the books of the Health Department.

(2) Admission may be obtained through Public Assistance channels, in which case the Public Assistance Department would deal with repayment.

There is a greater tendency now-a-days for the removal and treatment of serious sickness from the home to an institution which is provided and equipped for that purpose. I believe that this migration is to the benefit of the patient, but I also foresee a very much greater call for the provision of additional beds throughout the country, as well as locally.

We are already experiencing some difficulty in meeting the demands of all the patients for confinement. The attendances at the ante-natal clinics are going up year by year, and the Committee have decided to increase the number of sessions at the City Hospital during 1936.

Your attention is drawn to a report by the Medical Superintendent on the results obtained from the Minnitt's Gas Apparatus when used by maternity cases. Its success has influenced the Committee to purchase a duplicate outfit so that a greater number of patients may reap the benefit.

Tuberculosis. Perhaps the happiest remarks one can make on the tuberculosis scheme will relate to premises. A few years ago the local authority did not possess any premises which could be labelled for chest diseases. Then about 1929 they acquired some rooms in Full Street and called them the Tuberculosis Clinic. I believe that they were only bought for temporary occupation, and it is evident that the Ministry of Health would only recognise them as a make-shift, because they only approved them from year to year. Fortunately, their days are now numbered.

During the year the Corporation acquired new premises in Green Lane, which will be readily adaptable for all tuberculosis work.

There will be plenty of light and air, and it will be possible to examine patients in reasonable quietness. The clinic will be fitted up with X-ray apparatus, dark room, etc., and facilities will also be available for dental work to be done on the premises. There will also be excellent storage accommodation and quarters for the staff engaged there will be more adequate.

As to the disease itself, it is not necessary to make much comment, except to say that the number of notifications remains about the same and the number of cases which have had a fatal termination has decreased.

Two or three years ago the Committee had in view the idea of providing houses for tuberculous families living under unsatisfactory conditions. They accordingly asked for and were promised a certain number of houses a year. These houses have not yet materialised.

In the meantime, the Committee are waiting with interest to see what is likely to transpire under a scheme projected by the Notts. County Council on village settlement lines.

Byelaws. The year has seen the adoption of a byelaw to control, or rather prevent the fouling of footways by dogs. Many months have now elapsed since this byelaw was put into force, but no prosecutions have yet occurred, and the fouling of footpaths is as bad as ever it was.

Footpaths are fouled by dogs either on the lead or not so controlled, and the weakness of the byelaw is that those in the latter category (off the lead) cannot come within its terms. In cases where the animal is on the lead the greater part of the mischief is done at night. It is a nuisance which should and could easily be controlled, and it ought not to be necessary to have to ask dog owners to have a little more consideration for the general public. If a batch of cases were brought before the magistrates each week and severely dealt with, some notice might be taken of the byelaw; otherwise, I'm afraid it will become a dead letter.

Infectious Diseases. Generally speaking, we have had a good year as far as the prevalence of infectious diseases is concerned. The epidemic of measles which flourished during 1934 petered out before Easter, and there were only isolated cases after that. Scarlet Fever tried hard to get going in the Spring, but without much success, and it was not until November that we got it in epidemic form, and it was still pretty active over the new year. On the whole, the type was mild, but we had one or two malignant cases. Diphtheria, without assuming epidemic form, kept up a fairly regular flow of cases, and we had a larger proportion of the severe type of the disease.

A somewhat unusual complaint for Derby was the introduction of epidemic jaundice. Dr. Haigh obtained information of about 50 cases, most of whom were children, and none of which proved fatal. This complaint has been reported from a number of localities in the country, and is definitely infectious, but a great deal has yet to be learnt about the subject. Of the other infectious diseases there is nothing particular to note. Your attention, however, is called to the remarks of Dr. Haigh anent "Immunisation" in that portion of the report relating to infectious diseases.

Milk. Five years ago there wasn't a licensed pasteurising plant in the town, but to-day three-quarters of the total milk consumed is pasteurised. That is a big transformation, and it means that at least 75% of the milk taken by the inhabitants is bacteriologically sound and free from disease.

A change is also taking place in some of the loose milk which is being sold. For several years we have been taking samples of milk and examining them for cleanliness. The results were appalling. By correspondence and by interview, the farmers have been told how to produce clean milk, but we have been informed by them and by others who ought to have known better that it was impossible to produce a clean supply of milk except at great expense.

Now the Milk Marketing Board comes along with a scheme which in short says to the farmer—if your milk comes within a certain standard of cleanliness we will give you a bonus of so much per gallon on top of your selling price. It's an old saying that "money talks." We are now receiving samples of milk showing a very low bacterial count from farms from which it was impossible to get a clean, or anything like a clean, specimen of milk in the past; and the tremendous expense entailed in this transformation amounts to a little more soap and water, and, shall we say, a sense of decency amongst the workers.

All cows in the Borough have been examined at least three times during the year and the majority four, and provision is being made for a quarterly examination in 1936.

An interesting report on his inspections of cows is given by Mr. McClemon in Part VII. of this report.

Housing. Any work on housing can roughly be divided into two parts. The first concerns the repair of old property whereby it is brought up to a satisfactory state of repair, and where possible the amenities are raised to a modern standard. The Committee have insisted on separate lavatory accommodation for each house, and this must be of convenient access. Internal water supply and provision for the washing of clothes is also receiving attention.

There remains still one fly in the ointment, and to my mind it is a big one. I wonder how many people could give an estimate of the number of houses in the town that have a bath. My attention was drawn to this question by various house agents whose advertisements state: "Desirable dwelling, etc. bath, h. and c." There are approximately 37,000 houses in Derby, and at least 24,000 of them do not contain a fixed bath.

When the erection of Corporation houses was in its infancy, one heard all sorts of stories about tenants using the bath provided for growing tomatoes, and so on, but I would suggest that that phase has now passed. The children of to-day are encouraged to go to the public baths for swimming lessons, and the standard of cleanliness amongst the general public has been raised considerably. Surely it is no longer right to expect the family to produce a tin bath from the shelf, carry the requisite amount of cold and hot water to it, and then have little or no privacy for bathing purposes. To use an expression which we daily find in our correspondence: "Something has got to be done about it."

Of the second part of the housing work, namely, that relating to condemnation, demolition and re-housing, nothing has been accomplished apart from a few empty houses which have been demolished.

School Medical Service. It is not necessary for me to make many remarks on the school medical service, as you will find a comprehensive statement by Dr. Morrison in the body of the report, and I will, therefore, only bring a few points to your attention.

Year after year we have to make apologies for not having completed the work which is required by the Board of Education. This is partly due to sickness amongst members of the staff and partly to lack of staff—both medical and dental—to compete with the ever-increasing duties thrown upon them. The Children's Care Committee have appreciated this point and have made allowance for additional medical staff in the estimates for 1936-37. It is also hoped when the Committee consider the Board's Circular 1444 on the Administrative Programme of Educational Development to bring in a scheme for the reorganisation of the dental services to the Corporation.

It will be seen that 6.22% of the children examined at the annual routine inspections were found to be verminous. The figure in itself looks small but when you take it over the school population of about 20,000 it means that there are something like 1,000 children being sent to school in a grossly neglected condition. To my mind, this is very unsatisfactory. Certain families are constant offenders, and it would appear that it will be necessary to make an example of some of these by bringing them before the magistrates.

The prevalence of rheumatism amongst young children is a disquieting feature of the report. This disease, if neglected in its early stages, may leave permanent heart lesions in the subject and consequent future ill-health. When we obtain our additional assistance, it is hoped to devote more time and energy to these cases.

An interesting table is to be found in the dental part of the school report, setting out the findings and results of the dental inspections in the schools. Considering the fact that all schools are treated alike, why is it that some show a high percentage of sound mouths and others the reverse? Again, at St.

Chad's, Boulton, and Clarence Road the percentage of parents who consented to have treatment was over 80%, whilst at Christ Church, Nottingham Road, and Nuns Street the numbers were below 50%. To what extent are these figures governed by the attitude of the parents and the keenness of the teaching staff? As you are well acquainted with your own wards and the schools therein, it is unnecessary for me to answer these questions.

* * * *

So far as the health of the town is concerned, 1935 has not been a bad year. The weather in 1934 was exceptionally fine and warm, and the winters were mild, whereas in 1935 the heat was concentrated into a shorter period, the rains came at unexpected times and in unusual amounts, and it was a sunless autumn and winter. These vagaries of the climate produced an unbeneficial effect on the old people, which was reflected in the death returns. On the other hand, children and the middle aged have had a pretty good time. After all, this climate of ours has a hardening effect on the constitution. It gives us something to grouse about, and, as the majority of us really enjoy a grouse, it is better that it should be on the state of the weather than on something more serious.

We have had a good deal of complaint from the tenants of condemned houses, and not without reason. It may be very pleasant to lie in bed and gaze up through a hole in the roof at the heavens during the summer months, when it is warm and fine, but it is a different matter when it is cold and wet.

The hospitals of the town are all doing good work, but it is high time that a joint hospital board was formed to regulate the cost of treatment, the overlapping of cases and the modes of admission. The present methods are bewildering to the community and expensive to the boards of management. Furthermore, I don't think the opposition to the appointment of such a board would come from the medical staffs of the various hospitals.

At the close of the year the much-heralded Act which was to do away with all overcrowding occupied a great deal of our time. From the information we have obtained so far, it is suggestive that its utility will be conversely proportionate to its advertisement.

The Staff have continued to put in good work, and I think they enjoy doing it, for we find the greatest upsets when they are not allowed to get on with their job.

I have also to thank the Committees for the help they have given to me throughout the year.

I am,

Ladies and Gentlemen,

Your obedient servant,

GORDON LILICO.

HEALTH REPORT

1935.

I--GENERAL.

INCLUDING REPORTS

BY

MR. E. H. BENNETT, M.Inst., M. & Cy.E., Borough Surveyor,

AND

MR. ALBERT CONNOR, M.I.P.C., Director of Public Cleansing and
Transport Manager.

STATISTICAL SUMMARY.

Area of Borough	7,123 Acres.
Elevation above sea level—	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> highest, Burton Road ... 325 ft. lowest, Alvaston Ward... 126 ft. Market Place ... 157 ft. </div> </div> </div> </div>
Population at Census, 1931	<div style="display: flex; align-items: center;"> <div style="flex: 1;"> <div style="display: flex; align-items: center;"> <div style="font-size: 3em; margin-right: 10px;">{</div> <div> Males ... 68,893 Females ... 73,510 </div> </div> </div> </div>
Estimated Population for 1935	142,403
Number of Houses (1931 Census)	140,800
„ Inhabited Houses at end of 1935 (according to Rate Books)	34,875
No. of Uninhabited Houses at end of 1935 (according to Rate Books, incl. prop. scheduled for demolition)	37,098
Number of Families or separate Occupiers (Census 1931)	approx. 310
Number of persons per acre at Census, 1921... ..	35,949
„ „ „ 1931... ..	24·6
Number of persons per House at Census, 1921	20·0
„ „ „ 1931	4·55
Rateable Value of the Borough (General Rate)	3·97
Estimated amount realised by a Penny Rate	£915,867
	£3,600

1935.

						Rate per thousand population.
Marriages	1,292					18·4
	Total.	Males.	Females.			
Live Births, legitimate	1,989	990	999	Birth-rate ...		14·7
„ illegitimate	74	38	36			
Births (notified) ...	2,004	—	—			
Still Births	100	60	40	Rate per 1,000 total births		48·4
Deaths	1,639	828	811	Death rate ...		11·6
Death Rate adjusted by the Comparability Factor (1·04) supplied by the Registrar General						12·06
Percentage of Total Deaths occurring in Public Institutions						47·7
Excess of Births registered over Deaths						424
Deaths from Puerperal Causes—				Rate per 1,000 total (live and still) births.		
		Deaths.				
Puerperal Sepsis		3				1·4
Other Puerperal Causes		5				2·3
Total		8				3·7
Deaths of Infants under one year of age—						
Legitimate, 113.	Illegitimate, 9.	Total, 122.				
Death Rate of infants under one year of age per 1,000 live births—						
Legitimate, 54·8.	Illegitimate, 121·6.	Total, 59·1.				4
Deaths from Measles (all ages)						
„ Whooping Cough (all ages)						5
„ Diarrhoea (under 2 years of age)						5

BIRTHS.

Birth-rate, 1935 14·7

The Births registered during the year numbered 2,639, as compared with 2,557 in 1934; of these 2,639 births, 535 were strangers, and there were 33 births of Derby babies registered outside the Borough, making a net total of 2,137. The corrected birth-rate was, therefore, 14·7.

DEATHS.

	Rate per 1,000 population.
Zymotic Diseases	36 0·26
Tuberculosis of Respiratory System	75 0·53
Other Tuberculous Diseases	13 0·09
Respiratory Diseases	125 0·9

DEATH RATES :—

	Rate per 1,000 population.
England and Wales	11·7
121 County Boroughs and great towns (including London) ...	11·8
140 smaller towns (Estimated Resident Populations, 25,000— 50,000 at Census, 1931)	11·2
London	11·4

DEATHS.

Death-rate, 1935 11·6

The total number of Deaths registered during the year was 1,993 as compared with 1,835 in 1934; of these 1,993 deaths, 385 were strangers, and there were 31 deaths of Derby residents registered outside the Borough, making a net total of 1,639. The net death-rate, therefore, from all causes was 11·6. The death-rate adjusted by the Comparability Factor (1·04) supplied by the Registrar General being 12·06.

The following analysis shows the distribution of deaths to ages of the Derby residents :—

Under 1 year	122
1 and under 5 years	37
5 and under 45 years	224
45 and under 65 years	449
65 and over	807
Total	1,639

BURIALS.

The total burials in the Derby Cemeteries for the year 1935 was 1,754, made up as follows :—

1,628 Ordinary Burials.
126 Still-born.
1,754

Principal Causes of Death, 1935, COMPARISON WITH 1934.

	<i>Deaths in 1935.</i>	<i>Increase.</i>	<i>Decrease.</i>
Heart Disease	446	85	—
Cancer	196	—	6
Cerebral Hæmorrhage	114	24	—
Other Circulatory Diseases	95	21	—
*Premature Birth, etc.	87	10	—
Old Age	82	—	18
Tuberculosis of Respiratory System	75	—	16
Pneumonia	69	18	—
Violent Causes (including Suicide)	57	—	13
Bronchitis	42	—	3
Nephritis	41	—	5
Other Digestive Diseases... ..	33	—	7
Diphtheria	19	11	—
Diabetes	19	—	15
Influenza	18	13	—
Other Respiratory Diseases	14	3	—
Other Tuberculous Diseases	13	7	—
Peptic Ulcer	13	—	3
Appendicitis	9	—	2

* Including Congenital Defects and Atrophy, Debility and Marasmus.

Inquests held during 1935.—These numbered 108—76 males and 32 females.

Mortuary.—Dead bodies received during the year, 44. Post mortem examinations, 54.

Infantile Mortality.—Of the 122 deaths of babies under the age of one year, 79 occurred during the first month, and of this number 73·4 per cent. (viz., 58) took place during the first week of life.

Excessive Mortality during the year.—Cancer was responsible for 196 deaths during 1935, this being a decrease of 6 as compared with 202 in the previous year. The average mortality in the quinquennium 1911-15 was 118·6, while that of the quin-quennium 1931-35 was 196·2. Heart Disease shows an increase of 72 deaths over the yearly average for the preceding five years, and an increase of 85 as compared with 1934.

DEATHS FROM VIOLENCE.

	1935	1934.
Suicide	19	15
Other Forms of Violence	38	55

The following table gives a comparative summary of the Deaths from Other Forms of Violence during 1935 and 1934 :—

Street Accidents.

	1935.	1934.
Knocked down by Motor Traffic	9	13
Pedal Bicycle and Motor Vehicle Collisions	2	4
Collisions between Motor Vehicles, etc.	3	2
Thrown from Motor Vehicles	1	2
Thrown from Bicycle	—	3
Knocked down by Pedal Cyclist	1	1
Thrown from Tandem Cycle Side-Car	—	1

Home Accidents.

Poisoning	—	1
Electrocuted	1	—
Burns, Scalds, etc.	1	—
Inattention at Birth (Accidental)	1	—
Under-nourished and Neglect	—	1
Falls, Fractures, etc.	8	2
Asphyxiation through Child turning with Mouth to Pillow	1	—
Accidental Suffocation in Bed	—	2
Asphyxia through House catching Fire	1	—
Asphyxia through Food becoming fixed in Throat	1	—

Railway Accidents.

Overturning of Railway Engine	1	—
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Drowning	3	6
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Accidents at Work.

Fall from Ladder	1	—
Fall through Window	—	1
Struck on head by piece of Metal	—	1
Fall from Scaffold	1	1
Electric Shock	—	1
Knocked down by Railway Engine	—	1
Asphyxiated in Foundry Core Oven	—	1
Fracture of Skull by Crane	—	1
Killed by a Horse	1	—

Other Accidents.

Falls, Fractures, etc.	—	10
Struck by Lightning	1	—

Causes of, and Ages at Death, during 1935.

CAUSES OF DEATH.	DEATHS IN OR BELONGING TO WHOLE DISTRICT AT SUBJOINED AGES.														TOTAL DEATHS IN PUBLIC INSTITUTIONS.	
	All Ages.	Under 1 year	1 & under 2 yrs.	2 & under 3 yrs.	3 & under 4 yrs.	4 & under 5 yrs.	5 & under 10 yrs.	10 & under 15 yrs.	15 & under 20 yrs.	20 & under 35 yrs.	35 & under 45 yrs.	45 & under 65 yrs.	65 & upwards.	Residents.	Non-Residents.	
Typhoid and Paratyphoid Fevers	1	...	...	...	...	...	...	...	...	...	...	1	...	1	...
Measles	4	...	2	...	1	...	1	...	...	...	...	...	...	3	1
Scarlet Fever	2	...	...	...	...	...	...	1	...	...	1	...	...	1	...
Whooping Cough	5	2	...	1	1	1	...	...	...	...	...	...	...	3	...
Diphtheria	19	...	1	...	2	5	7	3	...	...	...	1	...	18	...
Influenza	18	...	...	...	...	...	...	...	...	2	1	7	8	3	...
Encephalitis Lethargica	3	...	...	...	...	...	...	...	...	2	...	1	...	3	1
Cerebro Spinal Fever	4	2	...	...	...	1	...	...	...	...	...	...	1	4	3
Tuberculosis of Respiratory System	75	...	...	...	...	...	...	1	2	29	12	26	5	40	2
Other Tuberculous Diseases	13	...	...	1	...	...	...	1	3	5	1	1	1	12	9
Syphilis	1	...	...	...	...	...	...	...	...	...	...	1	...	1	1
General Paralysis of Insane, Tabes Dorsalis	2	...	...	...	...	...	...	...	...	...	1	1	...	2	...
Cancer, Malignant Disease	196	...	1	...	...	...	...	...	...	4	9	89	93	86	37
Diabetes	19	...	...	...	...	...	...	...	...	2	...	5	12	8	8
Cerebral Hæmorrhage, etc.	114	...	...	...	...	...	...	...	1	1	4	35	73	49	12
Heart Disease	446	...	1	...	...	...	2	...	4	8	9	111	311	159	17
Aneurysm ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Circulatory Diseases	95	...	...	...	...	...	...	...	...	...	...	23	72	26	4
Bronchitis	42	4	1	...	...	...	...	...	...	...	2	9	26	14	...
Pneumonia (all forms)	69	13	5	1	1	1	...	...	...	7	4	21	16	39	20
Other Respiratory Diseases	14	2	...	...	...	...	...	...	...	1	1	6	4	8	5
Peptic Ulcer	13	...	...	...	...	...	...	...	...	...	1	10	2	11	6
Diarrhœa	7	4	1	...	...	...	...	...	...	...	1	...	1	3	4
Appendicitis	9	...	...	...	1	...	...	1	...	...	1	6	...	9	17
Cirrhosis of Liver	2	...	...	...	...	...	...	...	...	...	1	1	...	1	1
Other Diseases of Liver, etc.	9	...	...	...	...	...	...	...	...	1	...	5	3	8	8
Other Digestive Diseases	31	2	...	1	...	...	...	...	...	1	5	8	14	27	31
Acute & Chronic Nephritis	41	...	...	...	1	...	1	...	1	2	4	17	15	23	11
Puerperal Sepsis	3	...	...	...	...	...	...	...	...	2	1	...	...	3	9
Other Puerperal Causes	5	...	...	...	...	...	...	...	...	2	3	...	...	5	6
Congenital Debility, Malformation, etc. and Premature Birth	87	83	2	...	...	...	...	...	1	1	...	...	...	42	38
Senility	82	...	...	...	...	...	...	...	...	...	...	...	82	51	1
Suicide	19	...	...	...	...	...	...	...	...	6	2	9	2	3	3
Other Violence	38	2	...	...	...	...	2	1	3	9	2	7	12	20	35
Other Defined Causes	150	8	4	...	...	...	8	8	2	13	6	48	53	96	72
Causes ill-defined or unknown	1	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Totals	1639	122	18	4	7	8	21	16	17	98	72	449	807	782	363	

Causes of Death.	Total.													Strangers.				
	Abbey.	Alvaston.	Arbor.	Bab.	Becket.	Bridge.	Castle.	Dale.	Derwent.	F. Gate.	K. Mead.	Litch.	Norman.	Osmas.	Pear Tree.	Rowditch.		
Enteric Fever	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Measles	4	1	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	1
Scarlet Fever	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...
Whooping Cough	5	1	1	...	...	...	1	...	...	1	7	1	...	2	1	...	...	...
Diphtheria	19	1	1	...	1	1	1	...	1	1	...	1	1	1	...	...	...	...
Influenza	18	1	...	3	1	...	1	2	...	1	1	1	1	3	1	1	...	...
Encephalitis Lethargica	3	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	1
Meningococcal Meningitis	4	...	...	...	...	...	...	1	...	...	...	1	...	...	...	2	...	3
Tuberculosis of Respiratory System	75	6	6	5	5	1	7	...	5	7	5	7	3	4	7	2	...	3
Other Tuberculous Diseases	13	...	1	3	1	1	1	...	1	...	1	1	1	1	...	...	...	9
Syphilis	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
General Paralysis of Insane	2	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...
Cancer	196	11	17	13	9	10	10	19	16	14	17	12	11	11	6	10	...	41
Diabetes	19	...	2	3	...	2	...	2	1	...	2	1	2	1	1	...	...	8
Cerebral Hæmorrhage	114	6	8	9	6	3	7	7	5	6	8	7	12	5	8	12	...	12
Heart Disease	446	33	32	40	28	21	32	22	20	35	27	28	24	14	23	33	...	27
Aneurysm ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Circulatory Diseases	95	10	4	7	7	8	8	7	4	6	8	6	...	4	6	5	...	5
Bronchitis	42	5	5	7	...	1	3	2	...	1	8	1	2	1	...	4	...	1
Pneumonia	69	3	8	6	5	2	4	4	7	2	4	4	6	5	3	4	...	20
Other Respiratory Diseases	14	2	2	1	...	...	2	2	...	...	3	1	...	...	...	...	...	5
Peptic Ulcer	13	1	...	1	...	2	2	2	1	...	2	1	...	...	...	...	...	6
Diarrhœa (under 2 years)	5	...	...	...	...	...	...	...	2	1	...	1	1	1	...	...	...	4
Appendicitis	9	2	1	1	...	...	2	...	...	...	...	1	1	1	...	...	...	17
Cirrhosis of Liver	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Other Diseases of Liver	9	2	1	...	1	...	...	1	...	1	3	...	...	...	...	...	...	8
Other Digestive Diseases	33	2	3	2	4	2	1	3	2	2	1	...	2	5	2	...	...	31
Nephritis	41	3	2	3	3	4	1	1	1	4	5	2	1	3	2	4	...	12
Puerperal Sepsis	3	...	...	...	...	...	...	...	...	...	1	...	...	1	1	...	...	9
Other Puerperal Causes	5	...	...	...	1	...	2	...	...	...	1	...	...	1	...	...	...	6
Congenital Debility, Malformation, etc., and Premature Birth ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Senility	87	5	9	7	4	4	5	...	8	5	3	10	5	11	6	2	...	38
Suicide	82	10	5	4	4	4	4	7	4	8	9	1	1	7	5	4	...	2
Other Deaths from Violence	19	3	1	2	...	1	...	1	2	2	1	1	2	1	1	...	...	3
Other Defined Causes	38	2	2	2	8	3	1	1	4	...	7	1	1	2	2	1	...	38
Causes ill-defined or unknown	150	14	8	11	9	5	8	11	4	9	7	10	10	15	14	9	...	72
Totals	1639	124	119	128	97	75	105	93	88	108	132	98	88	106	89	97	...	385

DERBY RAINFALL, 1935.

We are indebted to Messrs. J. Davis & Son for the following Table :—

According to the return of rainfall experienced at Derby during the past year, and taken by Messrs. John Davis & Son, All Saints' Works, there were 173 rainy days in 1935. The amount of rain which has fallen is 30·95 inches, which is 2·19 inches above that of the average of the twenty-one years, 1914-1934. The detailed figures are as under :—

DERBY.				DUFFIELD.				Average for Derby, 1914-1934 inclusive.	
	Inches.	No. of rainy days.		Inches.	No. of rainy days.				
January ...	0·82	10		1·01	13			2·51	
February ...	2·46	16		3·33	16			2·08	
March ...	0·77	8		0·97	11			1·93	
April ...	3·30	23		3·42	22			1·93	
May ...	0·48	6		0·56	6			2·60	
June ...	3·38	16		3·32	21			1·73	
July ...	0·48	6		0·56	8			3·08	
August ...	2·02	8		2·07	8			2·86	
September ...	4·19	21		5·70	22			2·21	
October ...	4·00	20		4·96	23			2·67	
November...	5·03	20		5·74	24			2·42	
December ...	4·02	19		3·99	20			2·74	
	<hr/> 30·95 <hr/>	<hr/> 173 <hr/>		<hr/> 35·63 <hr/>	<hr/> 194 <hr/>			<hr/> 28·76 <hr/>	

REFUSE COLLECTION AND DISPOSAL.

Mr. A. Connor, Cleansing and Transport Superintendent, reports as follows :—

Refuse Collected and Received.

House and Trade Refuse Collected	...	...	...	31,508 Tons.
Night-soil Collected	...	...	...	195 Tons.
Offal and Trade Refuse carted by Producers	...	...	...	5,008 Tons.
				<hr/> 36,711 Tons. <hr/>

Refuse Disposal.

Controlled Tipping —Alvaston Tip	...	...	...	27,342 Tons.
—Other Tips	...	...	...	7,084 Tons.
Burned in the Destructors	...	...	...	2,285 Tons.
				<hr/> 36,711 Tons. <hr/>

Moveable Ashbins Provided.

Housing Committee	...	...	...	617
Private Owners	...	...	...	167
				<hr/> 784 <hr/>

Number of Cats, Dogs, etc., disposed of 2,954

Power Vehicles utilized for Cleansing Purposes.

1. Collection of Refuse :—							
Petrol Motor	...	...	...	...	...	...	14
2. Street Cleansing and Watering :—							
Petrol Motor	...	...	...	...	...	...	6

SEWERAGE.

The following information is supplied by Mr. E. H. Bennett, Borough Surveyor :—

Sewers cleaned out during the year.

The total length of sewers cleaned out represents about 6.72 miles. Total loads of Silt—216.

Manholes cleaned out during the year	316
---	-----	-----	-----	-----	-----

New Sewers laid during the year.

Linwood Estate	...	...	...	...	...	1,559 yds.
Bank View Road	...	...	...	...	...	143 "
Madison Avenue district	...	...	...	...	...	900 "
Wiltshire Road	...	...	...	...	...	68 "
Duffield Road—Broadway	...	...	...	...	...	193 "
Littleover Lane development	...	...	...	...	...	917 "
St. Chad's Road extension	...	...	...	...	...	142 "
Mayfield Road	...	...	...	...	...	312½ "
Markeaton Street to Queensway	...	...	...	...	...	649 "
Full Street Improvement	...	...	...	...	...	57 "
Normanton Cemetery	...	...	...	...	...	88½ "
						<hr/> 5,029 "

Manholes constructed during the year.

Linwood Estate, off Kingsway	}	...	...	...	...	23
Cheviot Street continuation		...	...	...	...
Kingsway	...	...	...	...	...
Bank View Road	...	...	...	...	...	2
Madison Avenue district	...	...	...	...	...	16
Wiltshire Road	...	...	...	...	...	1
Duffield Road—Broadway	...	...	...	...	...	4
Littleover Lane development	...	...	...	...	...	7
St. Chad's Road extension	...	...	...	...	...	3
Mayfield Road	...	...	...	...	...	5
Markeaton Street to Queensway	...	...	...	...	...	8
Full Street improvement	...	...	...	...	...	2
Normanton Cemetery	...	...	...	...	...	2
						<hr/> 73

Laboratory Facilities.

The examination of throat swabs, specimens of sputum, etc., is carried out at the Borough Laboratory, Isolation Hospital. Examinations of specimens of Cerebro-spinal fluid, blood for Widal's reaction, etc., inoculation experiments and more elaborate investigations, as well as the Wassermann test, are made at the County Council Bacteriological Laboratories, in St. Mary's Gate, at an agreed charge per specimen.

Samples of water are analysed either by the Borough Analyst at the County Council Analyst's Laboratory or by the Analyst at the Borough Sewage Works Laboratory, Spondon.

Milk and foodstuffs are also examined by the Borough Analyst as above.

Bacteriological Examinations and Inoculation Tests of Milk are carried out at the County Council Bacteriological Laboratories.

POOR LAW MEDICAL OUT-RELIEF.

Mr. Grantham, Clerk to the Public Assistance Committee, reports as follows :—

The Borough is divided into six Medical Relief Districts, as follows :—

District.	Wards.	Medical Officer.	Population at Census, 1931.
No. 1	Arboretum, Dale, Normanton.	Dr. M. Elsom	24,630
No. 2	Abbey, Babington, Becket.	Dr. J. W. King	23,711
No. 3	Bridge, Derwent, King's Mead.	Dr. P. J. Honan	26,434
No. 4	Litchurch, Osmaston, Pear Tree.	Dr. P. G. Leeman	29,107
No. 5	Friar Gate, Rowditch.	Dr. G. A. Russell	18,607
No. 6	Alvaston, Castle.	Dr. C. F. Druitt	19,914

Each District Medical Officer has a surgery within their respective District.

Persons requiring Medical Relief must apply to the Relieving Officer for a Medical Order. This is taken to the Medical Officer, who sees the patient and prescribes the necessary medicines. These are dispensed at the Dispensary, Becket Street, where there is a specially-appointed Pharmacist. Medical Orders are available for four weeks, when a new application is made to the Relieving Officer for continuance.

Ambulance Facilities.

(a) There are two Motor Ambulances kept at the Borough Isolation Hospital for utilisation for Infectious cases and Tuberculosis cases, when necessary.

(b) Two Motor Ambulances are kept at the Fire Station and are available for the removal of General, Medical, Surgical, Maternity, and Accident cases. The Fire Brigade is responsible for their running, and a small charge is made for the use of same.

One Motor Ambulance is kept at the City Hospital, and is used for the removal of cases to that institution.

It is known that four large firms in the town have motor ambulances which are used in the case of accidents and illness to their workpeople.

CLINICS AND TREATMENT CENTRES.

25

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
Maternity and Child Welfare Centres.				
Alvaston ...	Carnegie Library, London Rd.	2 rooms in Library	Local Authority. Free Library Committee, without charge to Health Committee Rose Hill Methodist Church at fee of 30/- weekly	Monday, 2—4 p.m.
Rose Hill ...	Rose Hill Methodist Church, Normanton Road	5 rooms in Church		Tuesday, 10 a.m.—12 noon, & 2—4 p.m. Thursday, 2—4 p.m. for new babies
Nottingham Road (After. Sess'n com'd 9/11/35)	Nottingham Rd. Council School	2 rooms		Wednesday, 10 a.m.—12 noon & 2—4 p.m.
Nightingale Road ...	Nightingale Rd. School	5 rooms		Wednesday, 2—4 p.m.
St. Helen's Street ...	Friends' Meeting House, St. Helen's Street	4 rooms in Meeting House	Society of Friends at fee of 5/- weekly	Thursday, 2—4 p.m.
St. Giles', Normanton	St. Giles' Schoolroom, Normanton	4 rooms	St. Giles' Church, Normanton, at a fee of 10/- weekly Ashbourne Road Congregational Church at fee of £1 weekly Dean St. P.M. Mission at fee of 10/- weekly Voluntary Association. Derby and Derbyshire Nursing and Sanitary Assoc. (payment made by Corporation under L.G.A., 1929) Society of Friends at fee of 5/- weekly Health Committee's premises	Thursday, 10 a.m.—12 noon
Ashbourne Road ...	Ashbourne Road Congregational Church School	4 rooms		Friday, 2—4 p.m.
Dean Street ...	Chapel, Dean Street	2 rooms in Chapel		Friday, 2—4 p.m.
Trinity Street ...	Rear of Nightingale Nursing Home, London Road	2 rooms in Wooden Hut		Friday, 2—4 p.m.
Ante-Natal Clinics.				
St. Helen's Street ...	Friends' Meeting House, St. Helen's Street	4 rooms	Derby and Derbyshire Nursing and Sanitary Assoc. (payment made by Corporation under L.G.A., 1929) Society of Friends at fee of 5/- weekly Health Committee's premises	Friday, 9.30 a.m.—12 noon
City Hospital ...	Uttoxeter Road	2 rooms		Tuesday, 2.45 p.m.
Trinity Street ...	Rear of Nightingale Nursing Home, London Road	Partitioned rooms and Doctor's room in Wooden Hut		In-patients—Tuesday, Wednesday, Thursday and Friday, 11 a.m. Out-patients—First Wednesday in month, 3 p.m.

CLINICS AND TREATMENT CENTRES—continued.

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held.
"Toddlers' " Clinics.				
Nightingale Road ...	Nightingale Road School	4 rooms	Education Committee's premises	Tuesday, 2—4 p.m.
St. Helen's Street ...	Friends' Meeting House, St. Helen's Street	4 rooms	Society of Friends at fee of 5/- weekly	Wednesday, 2—4 p.m.
Dental Clinic (for expectant & Nursing Mothers and "Toddlers")	Temple House, Mill Hill Lane	3 rooms in premises	Education Committee's premises	Thursday, 2—5 p.m.
School Clinics.				
For Minor Ailment Treatmt.	Central Clinic, Mill Hill Lane	2 rooms in premises	Education Committee's premises	Every morning
" "	Friends' Meeting House, St. Helen's Street	3 " "	Society of Friends at fee of 5/- weekly	Tues. & Fri. afterns.
" "	Pear Tree Council School	2 rooms in School premises	Education Committee's premises	Tues. & Fri. mornings.
" "	Brighton Rd. Council School	2 " "	" "	Tues. & Fri. afterns.
" "	Traffic St. Council School	1 room "	" "	Mon. & Thurs. afterns.
(junior children only)				
For Minor Ailment Treatmt.	Firs Estate Council School	1 " "	" "	Tues. & Fri. mornings.
(junior children only)				
For Minor Ailment Treatmt.	Nightingale Road School	3 rooms "	" "	Mon. & Thurs. morngs.
" "	Nottingham Rd. Council Sch.	2 " "	" "	Mon. & Thurs. afterns.
For Minor Ailment Treat- ment (Nursery children only)	Wright St. Nursery School	No separate accommodation allocated	" "	Mon. & Thurs. m'gs.
" "	Nuns St. Nursery Class	" "	" "	" "
" "	Firs Estate Nursery Class	1 room in School premises	" "	Tues. & Fri. mornings.
" "	Trinity St. Nursery Class	No separate accommodation allocated	" "	Tues. morning and Fri. afternoon.
Dental Treatment ...	Central Clinic, Mill Hill Lane	4 rooms in premises	" "	Daily, morn. & aftern.
Ear, Nose, and Throat	" "	2 " "	" "	Friday morning
Eye ...	" "	2 " "	" "	Wed. morning & Tues., Wed. & Thurs. afterns.
Skin ...	" "	3 " "	" "	Wednesday afternoons.

CLINICS AND TREATMENT CENTRES—continued.

Name.	Situation.	Nature of Accommodation.	By whom provided.	Days and times held
Consultation ...	Central Clinic, Mill Hill Lane	2 rooms in premises	Education Committee premises	Mon., Thurs. & Sat. mornings & Monday afternoon.
Ultra-Violet Ray ...	Rear of Central Clinic, Mill Hill Lane	Wooden Building	"	Each morning and afternoon, except Wednesday afternoon
"	Wright Street Nursery Sch.	1 room in School premises	"	Tues. & Fri. mornings.
Orthopaedic ...	Central Clinic, Mill Hill Lane	2 rooms	"	Thursday morning.
Tuberculosis Clinic				
Clinics ...	11, Full Street	5 rooms in premises	Health Committee's premises	Monday, 9.30 a.m.—12.30 p.m. (males) Tuesday, 9.30 a.m.—12.30 p.m. (females) Wednesday, 9.30 a.m.—12.30 p.m. (males) Wednesday, 2.30 p.m.—5.30 p.m. (workers and new cases) Thursday, 9.30 a.m.—12.30 p.m. (children) Friday, 9.30 a.m.—12.30 p.m. (contacts) Saturday, 9.30 a.m.—12.30 p.m. (new cases and cases for treatment)
Veneral Diseases.				
Clinics ...	Derby and Derbyshire Royal Infirmary, London Road	Special accommodation in Out-Patient Department	Derby & Derbyshire Royal Infirmary (cost apportioned between Derby Borough and Derbyshire County Council on basis of Out-patient attendances)	Mon. 6—8 p.m. (males) Wed. 6—8 p.m. (males) Sat. 11.30 a.m.—1.30 p.m. (males) Mon. 3—5 p.m. (femls.) Thurs. 6—8 p.m. (females)

LEGAL SUMMARY.

Local Acts (containing Sanitary Provisions).

- The Derby Waterworks Acts, 1848, 1868, 1873.
- The Derwent Valley Water Acts, 1899, 1901, 1904 and 1909.
- The Derby Improvement Act, 1879, Part IV.
- The Derby Corporation Tramways Act, 1899, Part III.
- The Corporation Acts, 1877 (Sec. 60), 1890, 1901, 1913, 1927.

Acts Adopted.

- Public Health Acts Amendment Act, 1890, Part III., came into operation 20th September, 1899.
- Infectious Diseases (Prevention) Act, 1890 (Secs. 7 and 13), came into operation 20th February, 1902. Sec. 5 in respect of Measles and Secs. 5 and 6 in respect of Tuberculosis of the Lungs, 15th July, 1914.
- Public Health Acts Amendment Act, 1890, Part II., came into operation 12th December, 1904.
- Public Health Acts Amendment Act, 1907 (Secs. 19, 22, 23, 25, 26, 27, 28, 30, 31, 33, 34-37, 46, 50-58, 60, 62 to 66, 76, 77, 93 and 95), came into operation 3rd March, 1910, and Secs. 80, 81, 87, 88, 89 and 90 came into operation 4th January, 1910.
- Public Health Acts Amendment Act, 1907 (Section 24 and Part V.), came into operation 9th February, 1915.
- Public Health Acts Amendment Act, 1890, Part V., came into operation 7th February, 1921.
- Public Health Act, 1925, Secs. 13, 15, 18, 20, 22, 23, 24, 25, 26, 27, 28, 30, 31, 32, 33, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 46, 47, 48, 49, 50, 52, 53, 55, came into operation 15th March, 1926.
- Public Health Acts Amendment Act, 1907, Sec. 61, came into operation 3rd May, 1926.
- Slaughter of Animals Act, 1933, came into operation 1st January, 1934.

Bye-laws, Regulations and Orders.

- 1930. Slaughter-houses.
- 1927. New Streets and Buildings.
- 1930. Common Lodging Houses.
- 1891. Nuisances (bye-laws 1 and 4), additional (only apply to Borough as it existed prior to Derby Corporation Act, 1927).
- 1892. Street Stop Taps.
- 1898. Dairies, Cowsheds and Milkshops.
- 1930. Markeaton Baths.
- 1930. Houses Let in Lodgings.
- 1930. Public Baths.
- 1904. Regulations as to Branch Sewers in Main Drainage Area.
- 1907. Expectorating in Public Places, etc., Banana Skins, etc.
- 1908. Factory and Workshop Statutory Rules and Regulations.
- 1910. Underground Rain-water Cisterns (as amended by 1930 bye-laws).

- 1911. Confirming Order of L.G.B. under Sec. 51 P.H.A.A. Act, 1907, declaring certain trades to be offensive.
- 1911. Regulations as to Communications between Drains and Sewers.
- 1912. The Derby (No. 1) Shops Order, 1912.
- 1913. The Derby (No. 2) Shops Order, 1913.
- 1913. The Derby (No. 3) Shops Order, 1913.
- 1913. Regulations as to Communications between Drains and Sewers in Main Drainage Area.
- 1914. Additional General Rules for the Government of the Mental Hospital.
- 1916. For the Good Rule and Government of the Borough and for the Prevention of Nuisances.
- 1917. Spitting on Footways.
- 1919. The Derby Shops (No. 4) Order, 1919.
- 1919. The Derby Shops (No. 5) Order, 1919.
- 1921. Employment of Children and Street Trading.
- 1921. Tents, Vans, Sheds, and similar structures used for human habitation (as amended by 1930 bye-law).
- 1928. Nursing Homes.
- 1930. Bass's Baths.
- 1930. Pleasure Grounds.
- 1930. For Preventing Waste, etc., or Contamination of Water.
- 1935. Prevention of the Fouling of Footways by Dogs.

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II--MATERNITY AND CHILD WELFARE.

INCLUDING REPORTS BY

DR. MCKAIL, Maternity and Child Welfare Medical Officer,

AND

DR. HAIGH, "Toddlers' " Clinic.

MATERNITY AND CHILD WELFARE.

Infantile Mortality during the year 1935.

Deaths from stated Causes at various Ages under One Year of Age.

CAUSE OF DEATH.				Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under One Year.
i. Common Infectious Diseases.	Measles	...	...	...	...	...	...	...	...	...	...	...	...
	Scarlet Fever	...	...	...	...	...	...	...	...	...	...	...	...
	Diphtheria: Croup	...	...	...	...	...	...	...	...	...	...	...	...
	Whooping Cough	...	...	...	...	...	...	...	...	...	...	2	2
	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	...
ii. Diarrhæal Diseases.	Influenza	...	...	...	...	...	...	...	...	...	...	...	...
	Diarrhœa, all forms including Enteritis, Muco-enteritis, Gastro-enteritis, &c.	...	...	...	1	...	...	1	2	1	...	...	4
	Gastritis	...	...	...	...	...	...	...	...	...	...	...	...
iii. Wasting Diseases.	Premature Birth	...	...	39	6	2	2	49	4	1	...	...	54
	Congenital Defects	...	...	4	...	1	...	5	3	...	...	...	8
	Injury at Birth	...	...	5	3	2	1	11	...	...	...	...	11
	Atelectasis	...	...	3	1	...	...	4	...	...	...	...	4
iv. Tuberculous Diseases.	Atrophy, Debility, Marasmus	...	...	3	...	...	...	3	1	1	...	...	5
	Tuberculous Meningitis	...	...	...	...	...	...	...	...	...	...	...	...
	Other Tuberculous Diseases	...	...	...	...	...	...	...	...	...	...	...	...
	Abdominal Tuberculosis	...	...	...	...	...	...	...	...	...	...	...	...
	Meningitis (not Tuberculous)	...	...	...	...	...	...	...	3	...	...	...	3
v. Other Causes.	Convulsions	...	...	...	...	...	1	1	...	...	...	...	1
	Bronchitis	...	...	...	...	...	...	...	3	1	...	...	4
	Pneumonia	...	...	...	...	...	...	...	3	4	5	1	13
	Suffocation, overlying	...	...	...	...	...	...	...	...	...	...	...	...
	Syphilis	...	...	...	...	...	...	...	...	...	...	...	...
	Laryngitis	...	...	...	...	...	...	...	...	...	...	...	...
Other Causes				4	...	1	...	5	...	2	5	1	13
TOTALS				58	11	6	4	79	19	10	10	4	122

Births registered { Legitimate 1,989
 Deaths { Legitimate Infants 113 Infantile Mortality = 56.8 } 59.1
 { Illegitimate 74 { Illegitimate " 9 " " = 121.6 } per 1,000
 None of the 122 infants had been vaccinated.

NEO-NATAL DEATHS, 1935.

Place of Birth.	Number of Births.	Neo-Natal Deaths.	Percentage of Neo-Natal deaths to Live Births.
Nightingale Nursing Home	247	6	2.4
Women's Hospital	35	1	2.9
Derby City Hospital	572	26	4.54
Queen Mary Nursing Home	51	1	1.9
At Home attended by Borough Midwives	575	16	2.78
At Home attended by R.N.I. Nurses, including cases where R.N.I. Nurses acted as Maternity Nurses	426	17	3.9

10 Neo-Natal deaths occurred in Doctors' cases where Borough Midwives acted as Maternity Nurses.

1 Neo-Natal death was unallocated.

1 Neo-Natal death was an inward transfer.

Table showing Increasing Ratio of Neo-Natal Deaths, 1930-1935 inclusive.

Year.	Total deaths under 1 year.	Neo-Natal deaths.	Deaths from 1 month—12 months.	Percent age of Neo-Natal deaths to total deaths
				under 1 year.
1930	172	77	95	44.7
1931	143	73	70	51.0
1932	147	67	80	45.5
1933	124	62	62	50.0
1934	118	67	51	56.7
1935	122	79	43	64.7

Maternal Mortality. The form of Questionnaire required by the Ministry of Health has been filled up regarding all Maternal Deaths of Derby residents. Where a Medical Practitioner was in attendance on a case, either at home or in an Institution, the form has been completed by him. In other instances, where a midwife was in attendance, the forms have been completed by the Maternity and Child Welfare Medical Officer. Details of all maternal deaths of Derby residents are appended:—

Age.	Cause of death.	Institution.	Children left.
23	Pneumonia, Puerperal Septicæmia ...	N.N.H.	1
26	Post Partum Hæmorrhage Uterine Inertia ...	D.C.H.	—
27	Toxæmia Duodenitis Pregnancy delivered 22/3/35 p.m. ...	D.C.H.	—
29	Septicæmia following a Septic Abortion; no evidence to show how caused; inquest	D.C.H.	4
35	Shock and Collapse, Ruptured Uterus (Re- moved), Dystocia ...	D.C.H.	2
37	Subarachnoid Hæmorrhage Mitral Disease, Premature Labour a fortnight ago ...	D.C.H.	4
41	Concealed Accidental Hæmorrhage (8 months Pregnancy, undelivered) ...	D.C.H.	7
44	Puerperal Septicæmia ...	D.C.H.	2

Ante-Natal Clinics.

MUNICIPAL.—(a) Friends' Meeting House, St. Helen's Street.

162 women attended during the year. 13 were on the register at the beginning of 1935.

149 new cases attended, 9 of whom were not pregnant. 37 were primiparous women. 97 attended before engaging a midwife (14 of these were primiparæ).

The total number of attendances made was 500.

(b) CITY HOSPITAL.

665 women made 3,810 attendances during the year.

VOLUNTARY.—NURSING ASSOCIATION AND NIGHTINGALE HOME.

Expectant Mothers attended—

755 made 2,527 attendances at 218 Clinics.

Post-Natal Clinics.**MUNICIPAL—**

City Hospital.

150 women made 169 attendances during the year.

VOLUNTARY.

Nursing Association and Nightingale Home.

321 women made 321 attendances at 78 Clinics.

Dental Clinic.—Held at Temple House, Mill Hill Lane. Particulars of treatment given to expectant and nursing mothers are as follows :—

REPORT OF DENTAL TREATMENT FOR YEAR ENDED DECEMBER 31st, 1935.

	Maternity Centre.	Child Welfare Centre.	Toddlers' Clinic.	Isolation Hospitals, etc.	TOTAL
No. of Cases who attended at the Clinic	40	67	305	122	534
No. of Cases actually treated ...	36	63	295	92	486
No. of Cases to whom advice only was given	4	4	10	30	48
No. of Attendances made at the Clinic ...	46	74	339	192	651
No. of Fillings ...	3	—	—	53	56
No. of Extractions ...	124	169	817	93	1203
No. of General Anæsthetics ...	31	67	323	34	455
No. of Local Anæsthetics ...	—	—	—	—	—
No. of Scalings, Dressings, etc. ...	3	—	1	23	27

Midwives.

113 midwives gave notice of intention to practice within the Borough during 1935; four of these were *bona-fide* midwives and 109 were certified women. 72 were attached to institutions (27 at the Derby Royal Nursing Institution, 20 at the City Hospital, 3 at the Poor Law Institution, 12 at the Women's Hospital, 4 at the Borough Isolation Hospital, and 6 at Nursing Homes). 15 were connected with the Health Department (including two School Nurses) and 26 practised privately (seven of these being resident outside the Borough).

Of the 26 midwives practising privately in the Borough, 7 did not attend any cases in the Borough in the year. These midwives attended 575 cases (557 births and 18 still-births). Medical Aid was sought in 267 cases, 206 on account of the mother, 59 on account of the infant, and two on account of mother and infant. In addition, these midwives acted as maternity nurses at 68 cases. Eight cases of Puerperal Pyrexia and 13 cases of Ophthalmia Neonatorum were notified in their practice. Two maternal deaths occurred (one was an emergency, the midwife was not engaged, but was sent for when the patient was in labour). The largest number of cases attended by any one midwife was 124. 74 visits to midwives were paid and 23 midwives were interviewed.

Medical Aid Forms. 435 reports were received by the Medical Officer of Health during the year. 307 of these were on account of the condition of the mother and 122 of the baby, while six related to both mother and infant.

Medical Practitioners' Fees. The total fees paid to local Medical Practitioners in respect of emergency cases attended in accordance with Section XIV. of the Midwives Act, 1918, amounted to £312 7s. 6d. in respect of 305 claims.

Artificial Feeding. During the year, 50 notifications of proposals to substitute Artificial Feeding were received in accordance with rules of the Central Midwives Board. This number was an increase of 21 as compared with the number received during the year 1934, and is equal to a percentage of 2.5 of the notified Derby births. In 17 instances, Artificial Feeding was supplemental to Breast Feeding.

Baby Incubators. Two infants were placed in these incubators during the year.

Maternity and Child Welfare Centres. There were nine Welcomes or Maternity and Child Welfare Centres in existence in 1935, eight of these managed by the Corporation Health Department and one managed by the Nightingale Nursing Institution.

Health Talks were given at the Welfare Centres and Ante Natal Clinic by the Health Visitors, viz. :—

- 29 at Alvaston Welfare.
- 40 at Ashbourne Road Welfare.
- 70 at Rose Hill Welfare.
- 40 at St. Giles' Welfare.
- 40 at St. Helen's Street Welfare.
- 40 at Nightingale Road Welfare.
- 40 at Nottingham Road Welfare.
- 50 at Dean Street Welfare.
- 20 at Ante Natal Clinic, S. Helen's Street.

Voluntary Helpers. 35 Voluntary Helpers have again rendered excellent service to the Department.

Ultra-Violet Ray Clinic (Temple House). Of 226 cases referred chiefly on account of rickets, malnutrition, or debility after illness, 79 cases completed the course; 42 cases were still attending at the end of 1935, while 31 cases referred did not attend at all. 74 cases did not complete the course—20 on account of illness and 50 on account of difficulty in attending or of indifference on the part of the parent, and four on account of leaving the town.

Orthopædic Cases.—Forty-five cases were referred to the School Orthopædic Clinic, one of which received operative treatment at the City Hospital, 28 received non-operative treatment at the Orthopædic Clinic, and nine were referred for observation only. Five cases failed to attend. One case seen at the Clinic in 1935 was admitted to the City Hospital in 1936, and in only one case no treatment was advised.

Attendances at Welfare Centres.

CENTRE.	Welcomes held.	No. of Children attending.	Attendances.			No. of Children weighed.	No. of Children seen by Doctor.
			Mothers.	Babies.			
				Under 1	1-5 Yrs.		
St. Helen's St....	48	328	3164	1859	1474	2945	1772
Rose Hill ...	146	698	7422	4824	2634	6502	4073
Dean Street ...	48	239	3035	1970	901	2603	1423
Alvaston ...	47	270	3673	2254	1322	2984	1545
Nightingale Rd.	48	388	3867	2708	1502	3670	1810
Nottingham Rd.	55	281	2452	1788	925	2392	1540
Ashbourne Rd.	48	239	2411	1684	946	2128	1393
St. Giles' ...	47	187	1547	1167	707	1665	948
*Trinity Street	48	269	1954	1878	110	1988	395
Totals ...	535	2899	29525	20132	10521	26877	14899

Numbers of Children making first attendances in 1935.

CENTRE.	Under 1 m'th	1-3 m'ths	3-6 m'ths	6-9 m'ths	9mth's 1 year.	Total.	1-5 years	Total.
St. Helen's Street	61	63	17	3	1	145	16	161
Rose Hill ...	101	183	29	19	12	344	35	379
Dean Street ...	49	60	11	2	2	124	12	136
Alvaston ...	44	75	14	10	2	145	11	156
Nightingale Rd. ...	46	88	16	2	4	156	16	172
Nottingham Rd. ...	54	61	11	7	—	133	17	150
Ashbourne Road ...	30	58	9	6	3	106	22	128
St. Giles' ...	26	44	9	3	2	84	16	100
*Trinity Street ...	65	69	24	8	3	169	1	170
Totals ...	476	701	140	60	29	1406	146	1552

* Trinity Street Welfare is a Voluntary Centre controlled by the Derby and Derbyshire Nursing Association.

Numbers of Babies entirely artificially fed at first visit.

CENTRE.	Under 1 month.	1-3 months.	3-6 months.	6-9 months
St. Helen's Street	3	20	10	2
Rose Hill ...	8	45	15	9
Dean Street ...	6	17	6	2
Alvaston ...	10	18	3	2
Nightingale Rd....	6	29	5	2
Nottingham Road	6	19	7	4
Ashbourne Road	3	14	9	2
St. Giles' ...	4	7	3	3
*Trinity Street ...	7	14	7	4
Totals ...	53	183	65	30

* Trinity Street Welfare is a Voluntary Centre controlled by the Derby and Derbyshire Nursing Association.

OPHTHALMIA NEONATORUM.

Cases notified 30

Further information and the table required by the Ministry will be found on page 91.

PUERPERAL FEVER AND PUERPERAL PYREXIA.

Details of cases of Puerperal Fever and Puerperal Pyrexia which have occurred during 1935 will be found in the Section dealing with Infectious Diseases.

All cases of Puerperal Fever and Puerperal Pyrexia occurring at home have been investigated by a Health Visitor, and where cases have occurred in Institutions these have been followed up on discharge, until recovery was completed. Records of cases occurring in Institutions have been completed by the Medical Practitioner in charge of the case.

PEMPHIGUS NEONATORUM.

No cases were notified during the year.

Nursing Homes.

Registered at 31st December, 1934	...	...	...	...	5
(1) Applications for Registration	...	...	...	...	—
(2) Homes Registered	...	...	...	...	—
(3) Orders made refusing or cancelling Registration	...	...	...	...	—
(4) Appeals against such Orders	...	...	...	...	—
(5) Cases in which Orders have been					
(a) Confirmed on appeal	...	...	...	...	—
(b) Disallowed	...	...	...	...	—
(6) Number of applications for exemption from registration	...	...	...	...	6
(a) Granted	...	...	...	...	6
(b) Withdrawn	...	...	...	...	—
(c) Refused	...	...	...	...	—
On register at end of year	...	...	...	...	5

Ten visits of inspection were made during the year.

Home Helps.

During the year, 66 applications for Home Help services were received. The full fee was paid in 28 cases, a reduced fee in 24 cases, and in one case no

charge was made to the applicant. In 13 instances the applications were withdrawn.

Births.

2,688 notifications were received during 1935 under the Notification of Births Act, 1907. Of these, 2,004 were live births and 98 were still-births relating to Derby residents. 536 were live births and 50 were still-births relating to non-residents. The details were as follows:—

	<i>Derby Residents.</i>		<i>Non-Residents.</i>	
	<i>No.</i>	<i>Percent- age.</i>	<i>No.</i>	<i>Percent- age.</i>
Live Births.				
Notified by Midwives	890	33.1	9	0.3
Notified by Doctors	160	6.0	8	0.3
Notified from Institutions by Midwives	902	33.6	436	16.2
Notified „ „ „ Doctors	52	1.9	83	3.1
Still-Births.				
Notified by Midwives	37	1.4	2	0.1
Notified by Doctors	9	0.3	—	—
Notified from Institutions by Midwives	44	1.6	8	0.3
Notified „ „ „ Doctors	8	0.3	40	1.5
Totals	2,102	78.2	586	21.8

1,006, or 47.9% of total births relating to residents took place in Institutions. 2,063 births were registered.

STILL-BIRTHS.—148 Still-Births were notified (57 being notified by Medical Practitioners and 91 by Midwives). 98 were in respect of Derby residents and 50 non-residents. There were 126 burials of still-born children in the Derby cemeteries during the year. 147 still-births were registered, of which 47 related to non-residents. Of the 100 still-births registered relating to Derby residents, four were illegitimate. Percentage of still-births to live births registered was 4.8.

102 still-births were investigated.

Children Act, 1908.

On Register at beginning of year	23
Added during the year	15
Removed from Register—	
Taken out of the Borough	8
„ to relatives in Borough	9
„ to Institutions in Borough	2
Adopted	—
Reached nine years of age	1
	20
On Register at end of year	18
127 visits were paid by Health Visitors to these Children.	
Foster parents on Register at beginning of year	20
„ „ „ end of year	17

Milk for Expectant and Nursing Mothers and for Infants.

The following amounts were supplied during the year :—

	<i>Sold at cost price.</i>	<i>Supplied free.</i>	<i>Total.</i>
Dried Milk	... 11,640 $\frac{3}{4}$ lbs.	6,172 $\frac{1}{4}$ lbs.	17,813 lbs.

Work of the Health Visitors.

SUMMARY.

1. MOTHERS.

Visits <i>re</i> Expectant Mothers	...	...	...	...	...	464
„ Mothers (Post Natal)	...	...	...	...	...	1

2. CHILD WELFARE.

Visits <i>re</i> Births	...	...	...	...	...	1,999
Re-Visits <i>re</i> Births (under 1 year)	...	...	...	...	...	11,094
„ Children 1—5	...	...	...	...	...	11,557
Visits <i>re</i> Still-Births	...	...	...	...	...	102
„ Deaths of Infants under 1 year	...	...	...	...	...	122
„ „ „ over 1 year	...	...	...	...	...	25
„ Medical Help Forms (Midwives)	...	...	...	...	...	435
„ Home Helps	...	...	...	...	...	71
„ Maternal Deaths	...	...	...	...	...	11
„ Artificial Feeding Forms	...	...	...	...	...	28
„ Diarrhoea	...	...	...	...	...	15

3. TODDLERS.

Visits and Re-Visits <i>re</i> Toddlers' Clinic	1,253
---	-----	-----	-----	-----	-------

4. INFECTIOUS DISEASES, EXCLUDING TUBERCULOSIS.

Visits <i>re</i> Cases of Whooping Cough	...	...	...	...	706
„ Ophthalmia Neonatorum	...	...	...	...	163
Visits to other Infectious Diseases (Scarlet Fever, Diphtheria, Measles, Pneumonia, etc.)	...	...	...	...	2,866

5. OTHER PUBLIC HEALTH WORK.

Visits <i>re</i> Infant Life Protection	...	...	...	...	127
„ Outworkers	...	...	...	...	137
„ Workrooms	...	...	...	...	4
„ Sanitary Conveniences for Females	...	...	...	...	777

6. MISCELLANEOUS.

Visits <i>re</i> Special Investigations	...	...	...	...	1,140
„ Enquiries	...	...	...	...	645
Miscellaneous Visits	...	...	...	...	159
Unsuccessful Visits (Out, Removals, etc.)	...	...	...	...	3,898
Assisted at Mothers' Welcomes (Mornings and Afternoons)	...	...	...	...	664
Assisted at Toddlers' Clinics	...	...	...	...	96
Assisted at Ante-Natal Clinics	...	...	...	...	94

THE HON. SECRETARY OF THE INVALID CHILDREN'S AID ASSOCIATION REPORTS
AS FOLLOWS :—

“ In 1935, 89 cases were supplied with extra nourishment and 58 cases were afforded convalescent treatment.”

Nursing in the Home.

(a) The Royal Derby and Derbyshire Nursing and Sanitary Association provides District Nurses on application to an agreed charge per visit (and also Midwives and Maternity Nurses). It is an approved training school for Midwives, and pupils are trained there in conjunction with the Nightingale Nursing Home.

(b) Arrangements have been made with the Royal Derby and Derbyshire Nursing and Sanitary Association to provide skilled nursing for cases of Pneumonia, Puerperal Pyrexia, and Ophthalmia Neonatorum occurring in the Borough, who require it, and also for cases of Pneumonia after Measles and Whooping Cough, at a fixed charge per visit.

TODDLERS' CLINICS.

REPORT BY DR. HAIGH.

Clinics held during 1935	...	96
Children attended	... ..	417
Total attendances	... ..	912

Many children were found to be suffering from a combination of defects, but they may be roughly classified into groups:—

Carious teeth and associated mouth conditions	... ..	117
Dietetic faults, associated with constipation, loss of appetite, or skin eruption	... ..	36
Rickets in its various manifestations	... ..	24
Faulty nutrition and anæmia	... ..	31
Nervous, unstable and difficult children	... ..	7
Debility following some infectious disease	... ..	37
Affections of the alimentary system, mainly oxyuris infestation	... ..	20
Affections of the ear, nose, and throat	... ..	41
Affections of the respiratory system and catarrhs...	... ..	22
Affections of the skin and scalp	... ..	18
Affections of the eyes and eyelids and squint	... ..	9
Specific infections such as whooping cough, etc.	... ..	5
Affections of the nervous system and defective brain development...	... ..	5
Various defects	... ..	15

References to other agencies were made as follows:—

To Dental Clinic	... ..	112
To Light Clinic	... ..	34
To Ear, Nose and Throat Clinic	... ..	13
To Skin Clinic	... ..	4
To Orthopædic Clinic	... ..	—
To Institutions	... ..	16
To Relieving Officer	... ..	—
To Derby Invalid Children's Aid Association	... ..	1

iii.--SCHOOLS
AND
SCHOOL CHILDREN.

REPORT BY

DR. A. MORRISON, School Medical Officer.

INCLUDING REPORTS BY

MR. ARTHUR STAFFORD, School Dental Surgeon.

MR. H. MOUNTFORD, Organiser of Physical Training.

SUMMARY OF INSPECTIONS.

Inspections—		<i>For the year 1934.</i>		<i>For the year 1935.</i>	
Medical Officers.		<i>Total.</i>		<i>Total.</i>	
Number of Routine Examinations at Elementary and Secondary Schools	...	9,809	...	9,283	...
Number of Special Examinations at Schools and Clinics	...	6,679	...	6,230	...
Number of Re-inspections at Schools and Clinics	...	17,880	34,368	18,687	34,200
Dental Officers.					
Number of Routine and Special Examinations at Schools and Clinics (Elementary and Secondary)	...	18,876	...	18,080	...
Nurses.					
Number of Examinations at Elementary Schools	...	37,701	...	38,937	...
Number of visits paid—To Elementary Schools	314	2,728	...	2,699	...
To Nursery School & Classes	267		...		...
To Homes	2,147		...		...
Total number of Inspections at Schools and Clinics by Medical Officers, Dental Officers and Nurses		90,945	...	91,217	...
Defects found during Inspection—		<i>For</i>		<i>For</i>	
Medical Officers	...	<i>Requiring observation treatment. only.</i>		<i>Requiring observation treatment only.</i>	
Dental Officers...	...	23,325	5,856	23,097	5,806
	...	11,612	—	12,195	—
		40,793	...	41,098	...
Inspection Clinics		<i>Defects. Attendances.</i>		<i>Defects. Attendances.</i>	
...	...	1,736	1,732	1,881	1,781

SUMMARY OF TREATMENT.

		<i>For the year 1934.</i> <i>Children. Attendances.</i>		<i>For the year 1935.</i> <i>Children. Attendances.</i>	
Minor Ailments Clinics ...	...	16,505	63,472	19,240	62,436
Dental Clinic ...	...	8,233	10,352	7,518	9,151
Number of Extractions	...	...	14,588	...	12,647
Number of Fillings	...	...	5,120	...	4,898
Ophthalmic Clinic ...	...	1,670	2,737	1,392	2,262
Number of glasses provided	...	...	1,112	...	920
Aural Clinic ...	...	992	3,893	1,017	3,850
Number of Operations performed under an Anæsthetic	...	...	418	...	379
Ultra-Violet Rays Clinic	...	1,072	14,464	1,053	14,051
Skin Clinic ...	...	292	1,603	333	1,825
Orthopædic Clinic	...	182	4,087	305	5,441
Total number of attendances for treatment	...	—	100,608	—	99,016

GENERAL REVIEW.

Owing to illness, the routine medical inspection of all the schools could not be completed in 1935. Three schools were left over, and will be inspected early in 1936. This accounts to some extent for the decrease in the number of routine examinations, but, in addition, there are fewer children on the registers, so it is likely that this number will show a small decrease for some years. There were also fewer special inspections in the schools and clinics, and this is accounted for by the fact that for some time, owing to illness, medical supervision of some of the branch clinics had to be cancelled.

There was also a decline in the numbers attending the Ophthalmic Clinic, and the explanation for this is partly that the vision of the children is improved and partly because a considerable list of children awaiting examination had to be carried into 1936. Once again, it was not found possible to carry out routine re-inspections at six monthly intervals, and the schedule of examinations in Temple House Special School had also to be curtailed.

Although the number of children on the school registers is less than last year, there is not much variation from the previous years, and during the last five years the number of special examinations in schools and clinics has tended to show a progressive increase. This reflects an interesting aspect of School Medical work, which is of comparatively recent growth. This new feature of the Service virtually commenced with the inception of medical supervision of the minor ailments branch clinics in 1931. At that time it was never anticipated that so much time would eventually require to be devoted to these clinics, but it was soon obvious that the presence of a medical officer was fulfilling a very decided need, and during the previous five years the numbers of cases have been steadily increasing. In this connection, it is interesting to observe the enormous amount of medically untreated illness which exists among school children. Time and again, sick children find their way to the clinics who should not have been out of bed, and, on informing the parents that they must get a private doctor, are told that financial circumstances do not permit such a "luxury." One can compute only vaguely the amount of damage done to children by this apparently unavoidable neglect; but it must be considerable. To meet this need requires one of two remedies: either an extension of health insurance to all children, or a drastic reorganisation of the School Medical Service. The vast majority of constitutional and acquired defects are eventually discovered and treated, but, without any doubt, there is a large amount of acute illness in children which passes without any but parental care and treatment.

The unsatisfactory features of this year's report are not the development of new illnesses or adverse influences, but the continuance of diseases which might have been expected to show a decrease. The figures for rickets, for example (405), are much too high, especially when this is a definitely preventable disease. There were also 377 listed as suffering from rheumatism, probably the most devastating disease of children. Unfortunately, we do not seem to be appreciably nearer a satisfactory explanation of how this disease is caused. Germ infection, local infection, dampness, malnutrition and natural predisposition have all been variously blamed, but probably there is a variety or a combination of all these causes. Otorrhœa is another disease which does not diminish greatly, for, although only 48 cases were discovered at routine inspections, 365 children came forward as special cases suffering from this infection. It is questionable whether the pendulum is now swinging too far

toward the conservative treatment of tonsils and adenoids, as many of these cases occur for the first time in children with enlarged tonsils who developed the disease as a sequel of tonsillitis without any association with scarlet fever or measles.

The satisfactory features for the year are :—

(1) The reduced figures for defective vision. It is hoped this will be progressive. With the steady improvement in illumination, general standard of living, and reading type, defective vision, in so far as these causes operate, ought to be lessened.

(2) The continuance of a comparatively small number of severe crippling defects. While the number suffering from spinal curvature remains high, it is to be noted that nearly all these cases are slight and due to faulty posture. Of the entrants into school life, there were five cases of serious crippling, and three of these were congenital, two birth paralysis, and one talipes. With 2,000 children entering the schools, this small percentage of physical defects of this type may be reasonably regarded as moderately satisfactory.

(3) The successful results of the Open-air Class at Sinfin. Even without the extra benefits with regard to complete diets, rest, etc., which are enjoyed in a residential school, the improvement in the physical condition of the delicate children attending this class was quite remarkable. This, of course, is no new discovery, as open-air schools have long been recognised as health-restoring institutions *par excellence*.

Included in the report is a table giving the average heights and weights of Derby children in the routine examination age groups of five, eight, and twelve for the years 1919, 1925, and 1935. For purposes of comparison, it is useless to record these averages from year to year, but over a period of years some interesting points may be noted. The figures for these particular years are specially important, as they have a pre, per, and post war significance. It will be observed that from 1919 to 1925 there was an increase in the heights and weights of all the five and twelve year old children, but a decrease in the eight year old group. A possible explanation of this is that the eight year old children whose average showed a decrease were born in 1917, a year when there was an acute food shortage, and that their growth in the vital years of infancy was checked thereby. The figures, however, for 1935 show that in every age group, both for boys and girls, there is an increase over both 1919 and 1925. The biggest difference is in the weights of the eight year old group and both the heights and weights of the twelve year old group, and, as the table shows, the improvement is simply astonishing. Now, do these figures indicate a definite rise in physical standards? Judging by recent experiments in feeding, such as the withdrawal of vital articles of food from and the inclusion of other accessories in the diet and noting the corresponding influences on the growth of the animals concerned, it would appear that an increase of height and weight may be fairly regarded as a true criterion of physical improvement. If that assumption can be made, then it is reasonable to maintain that the children of to-day show a great improvement in physique over those of ten and fifteen years ago, and that this applies to both sexes and all grades of school children—infant, junior, and senior. It is, of course, not possible to ascribe this betterment to any single agency: probably the causes are multiple, such as infant and school care, better housing and a higher standard of living, but it is gratifying to be able to record it, coinciding as it does with the end of one of our worst industrial depressions.

The aspect of mental health is one to which in the future some consideration must be given. In the past we have concentrated on the physical side, but the investigations of psychiatrists and psychologists have revealed that there is a vast amount of unhappiness in children, and that this in many cases is the cause of difficulty and delinquency. Even if we discount a little for enthusiasm, a review of child guidance clinic records is convincing, and there is little doubt that sooner or later these clinics will become part of the School Medical Service. Such a clinic in Derby ought to be one of our next objectives.

STAFF.

Miss M. W. Shaw and Mr. B. L. McGrath, Assistant Dental Surgeons, were appointed during the year to fill the vacancies caused by the resignations of Miss J. M. Meighan and Miss D. Williams. Miss A. M. Phillips, Orthopædic Nurse, and Mrs. J. S. Rees, Medical Attendant, also resigned, and were succeeded by Miss K. Rose and Miss M. Sims respectively. An additional attendant, Miss N. M. Woodward, for Dental and School Medical Inspection work was appointed, and commenced duty in February.

SCHOOL ACCOMMODATION.

Accommodation for Medical Inspection.—Arrangements have been the same as in previous years and as reported in previous Annual Reports.

THE DERBY SCHOOLS.

The number of Public Elementary Schools within the Borough is 36. This number includes the Central School and also Temple House Special School.

SCHOOL ATTENDANCE.

The accommodation in Elementary Schools is 23,924. The number of names on the books is 20,666 and the average attendance 17,753.

CO-ORDINATION.

Arrangements for the co-ordination of the work of the School Medical Service with that of other Health Services continue as outlined in previous reports.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

The survey of the Borough Architect on the Derby Schools which was undertaken in 1934 has resulted in a large and comprehensive scheme being prepared. This scheme has been generally approved, and a start will probably be made in 1936. Pending the report on this survey, no important structural alterations were undertaken in 1935.

Medical Inspection.

A detailed statement of the routine of medical inspection was given in the report for 1932.

It was found impossible to complete the medical inspection of all the Public Elementary Schools during the year. Three schools had to be left over for inspection in 1936.

Number of children inspected.—The total number of children inspected was 7,470. Of these, 3,766 were boys and 3,704 were girls.

The total—7,470—does not include all the children examined in the schools, as a considerable number were brought forward by the Head Teachers for some special examination. The total number of these cases amounted to 230.

FINDINGS OF MEDICAL INSPECTION.

Clothing and Footgear.

The percentage of children found to be inadequately clothed during the year was 1·18, this being a very slight increase on last year's figure.

The percentage of children whose footgear was recorded as unsatisfactory was 1·03, a slight increase on the figure for 1934.

Malnutrition.

The percentage of poorly-nourished children recorded at the annual inspections was 8·8, compared with 2·9 in 1934. This large increase, however, does not indicate any serious decline in the nourishment of the children. It is due entirely to a new method of assessment which was employed for the first time in 1935. In this system there is a classification for those slightly sub-normal and one for those definitely malnourished. Of these two classes there were 655 in the former and only 8 in the latter. It is thus obvious that these findings mark the beginning of a new method of assessment which cannot be fairly compared with previous results. As in previous years, the measures taken to combat malnutrition have been twofold, *e.g.*, education of the parents with regard to food, sleep, and general hygiene, and the schemes of the Education Authority—free meals, milk in schools, cod-liver oil at cost price, ultra-violet therapy, the open-air class, and the holiday camp in North Wales. In addition, large numbers of children are sent for varying periods to seaside and convalescent homes through the agencies of local philanthropic societies.

The following table shows the comparative heights and weights of boys and girls examined at the routine inspections :—

AGE.	YEAR.	BOYS.			GIRLS.		
		Number Ex- amined.	Average Height (ins.).	Average Weight (lbs.).	Number Ex- amined.	Average Height (ins.).	Average Weight (lbs.)
5 years ...	1919	499	40·7	39·4	496	40·3	39·1
	1925	851	41·3	40·4	838	41·0	39·3
	1935	842	41·8	41·6	779	41·7	40·6
8 years ...	1919	975	48·2	53·2	872	47·6	51·8
	1925	810	47·8	53·0	767	47·5	51·5
	1935	949	49·2	56·3	969	48·8	55·4
12 years ...	1919	841	53·1	70·2	915	54·8	73·4
	1925	858	54·8	72·3	901	55·7	74·6
	1935	784	56·3	78·2	854	57·3	81·4

Uncleanliness.

6.22% of the children examined were found to be verminous at the annual inspections, most of them being of a slight character, exclusion from school being unnecessary in any of these cases.

Further particulars under this heading are given in that part of the report dealing with the work of the School Nurses.

Minor Ailments and Diseases of the Skin.

As in former years, the numbers of children found at routine inspections to have minor ailments and diseases of the skin were again very small. This is due, as stated in previous reports, to the number and distribution of the minor ailments clinics, which cater for these conditions without delay.

The following skin diseases were recorded at the medical inspections:—

Impetigo	...	...	...	12	Ringworm Scalp	...	...	...	6
Seborrhœa	...	...	...	9	Scabies	...	...	...	5
Dermatitis	...	...	...	9	Xeroderma	...	...	...	3
Warts	...	...	...	6	Acne	...	...	...	3
				Other Diseases	...	9			

Visual Defects and External Eye Disease.

As the following figures show, there was a reduction in the number of children with defective vision. Not only was the percentage reduced generally, but the reduction was maintained in every category but one. Whether this is merely incidental or marking a stage in the improvement of vision cannot be determined by the result of one year's figures, but the figures for 1935 are certainly encouraging.

The number of children (8 years of age and over) whose vision was tested was 4,869. Of these, 1,322 (or 27.2%) had defects of vision in varying degrees, compared with 34.5% in 1934. 462 children with defects over 6/9, 6/9, or reading only 6/9, 6/9, but exhibiting signs of eye strain, were referred to the School Clinic for refraction. In the eight and twelve year old groups the percentages of children who were unable to read 6/6, 6/6 were:—

8 year boys	...	...	25.8	12 year boys	...	...	26.9
8 year girls	...	...	33.7	12 year girls	...	...	25.9

In the same groups, the percentages of children with more serious defects (6/12 or worse in either eye) were:—

8 year boys	...	...	10.5	12 year boys	...	...	17.2
8 year girls	...	...	12.5	12 year girls	...	...	15.4

Prevalence of Squint.—The system of examining and recording the presence of squint in the five-year-old children was again followed. Out of 1,621 children examined, 83 (or 5.1%) had varying degrees of squint. The figures for 1933 and 1934 were 5.8% and 4.6% respectively. It would appear, therefore, that approximately 5% of all school children have some degree of squint. This is a disquieting figure, and, considering how much the condition may affect the mental health of the child (apart from the only too frequent loss of vision), it is to be hoped that the orthoptic treatment now contemplated may have beneficial results.

External Eye Disease.—In these conditions it is noteworthy that the numbers ascertained at the routine inspections were very small, especially contrasted with the numbers which were found at special examinations. The majority of these special cases were, of course, seen at the clinics. The following defects were found in the course of medical inspection :—

Blepharitis	...	...	13	Styes	...	...	...	2
Conjunctivitis	...	...	7	Other Defects	...	...	...	4

Nose and Throat Defects.

The number of children referred for treatment for enlarged tonsils and adenoids was 2.09% of the number examined. In addition, 9.7% were referred for observation. These figures show a slight diminution from 1934, but the numbers do not vary greatly from year to year. Until we know something more definite about the chief determining factor in the causation of this condition we are restricted to general and local treatment in the hope that septic conditions may not supervene. As in previous years, it was again found that few cases of enlarged tonsils were found to have developed later than the entrant group. The cause must, therefore, be investigated in the pre-school child.

Ear Disease and Defective Hearing.

No additional factors came to light during the year in connection with otorrhœa. There seems to be no doubt that this condition is found in association with infective diseases, such as measles and scarlet fever, and that enlarged tonsils and adenoids are potent factors in its causation. Otorrhœa was found more in the younger children than in the older, and, conversely, its chief sequela—deafness—was found more in the older than the younger. It is hoped that with the treatment available there will be a gradual reduction in the incidence of this disease, with its serious consequences. The education of parents to the gravity of diseases like measles and scarlet fever from this as well as other aspects would also tend to limit its occurrence.

Discharge from one or both ears was noted in 41 instances in the course of routine medical inspection. The total number of children who were found to have sub-normal hearing was 21.

Dental Defects.

2,569 children were found at the routine medical inspection to have carious teeth. Only the urgent cases were referred direct to the School Dental Clinic, as in the majority of these cases the children are included in the routine age groups inspected by the School Dental Surgeons during the year.

Orthopædic and Postural Defects.

There was little change in the number and variety of defects falling under this heading. There was a slight decrease (433 in 1934 to 429 in 1935) of children with some degree of spinal curvature and an increase in the figure

for rickets (329 to 405). These figures do not call for any special comment except that they are still too high.

The following deformities were noted at the routine medical inspections:—

Spinal Curvature...	...	429	Congenital Deformities, Talipes,	
Rickets ...	...	405	etc. ...	11
Slight Chest Abnormalities	...	37	Torticollis ...	6
Cleft Palate and Hare Lip	...	20	Infantile Paralysis	5
Flat Foot ...	...	17	Other Defects ...	16

Heart Disease and Rheumatism.

The percentage of children found to be suffering from heart defects (functional and organic) was 5.1. Previous experience has shown, however, that many of these defects discovered at past routine medical inspections have been of a purely temporary character and have disappeared on subsequent examination. Nevertheless, there are many of these defects which continue from year to year and which require the closest observation.

The number of children found at routine medical inspections to be suffering from rheumatism was 377.

Tuberculosis.

Twenty-four cases were referred from routine medical inspection to the Tuberculosis Medical Officer for advice during the year. Two of these were found to be suffering from Pulmonary Tuberculosis. In addition to the cases referred from routine medical inspection, 74 "specials" were referred to the Tuberculosis Medical Officer for opinion, these including cases referred to him in previous years.

Other Defects and Diseases.

Enlarged Thyroid.—Enlargement of the thyroid gland was found in 42 instances. The majority of these were only of a slight character. Instructions were given in every case to obtain means to secure a mitigation of this condition.

	<i>Entrants.</i>	<i>Intermediates.</i>	<i>Leavers.</i>
Boys ...	1	4	5
Girls ...	2	8	22

VACCINATION.

811 (10.9%) of the 7,470 children medically inspected were recorded as having been vaccinated.

FOLLOWING UP.

The arrangements for the following up of children suffering from the various defects continued as outlined in the report for 1932.

ARRANGEMENTS FOR TREATMENT.

Inspection Clinic, Mill Hill Lane.—This clinic is reserved for children requiring special examination, cases referred from the Children's Welfare Officers, and for intermediate and concluding examinations of children having courses of Ultra-violet Ray treatment. 1,781 attendances were made at this clinic during the year. The following were the types of cases which attended the inspection clinic :—

Bronchitis...	...	...	402	Enlarged Glands	...	...	30
Debility	...	...	246	Enuresis	...	...	30
Heart Defects	...	...	177	Other Lung Diseases	...	...	25
Malnutrition	...	...	169	Anorexia	...	...	18
Tonsils and Adenoids	...	...	136	Suspected Pulmonary Tuber-			
Anæmia	...	...	118	culosis	...	...	17
Rheumatism	...	...	93	Worms	...	...	16
Vision	...	...	91	Non-Pulmonary Tuberculosis	...	...	16
Deformities	...	...	85	Ear Diseases	...	...	14
Neurosis	...	...	49	Epilepsy	...	...	12
Other Nose and Throat Defects			37	Other Diseases	...	...	100

Minor Ailments Clinics.—These clinics continue to function on the lines indicated in previous reports. Parents continue to attend them in increasing numbers, and this section of the work is absorbing more and more time of the Medical Officers. The children seen by the Medical Officers at these clinics fall roughly into six groups :—

- (1) Simple chronic sores, for which the Nurse wishes advice.
- (2) Injuries.
- (3) Diseases of eyes, ears, skin, etc.
- (4) Cases of sore throats, etc., which may prove to be infectious diseases.
- (5) General cases of illness brought by parents.
- (6) Cases which have been off school without medical attendance and for which a "return to school" authority is required.

In spite of the amount of time given up to these clinics, it is clear that it covers a field which was formerly untouched, and it may be claimed that much unnecessary suffering is obviated by these clinics being available. That the time of the Medical Officers is not wasted on cases which the School Nurse is quite competent to treat herself may be shown by the fact that, although 13,381 special inspections and re-inspections were made in these clinics by the Medical Officers, the total number of attendances made was 62,436.

<i>Minor Ailments Clinic.</i>	<i>Number of cases.</i>	<i>Number of attendances.</i>	<i>Number of clinics held.</i>	<i>Average per clinic.</i>
Mill Hill Lane ...	5,434	21,114	284	74
St. Helen's Street ...	1,273	5,820	81	72
Brighton Rd. School ...	1,230	3,438	82	42
Pear Tree School ...	1,658	4,454	82	54
Traffic St. School ...	1,196	3,741	83	45
Firs Estate School ...	1,749	5,208	82	63
Nightingale Rd. School ...	2,214	6,786	83	82
Nottingham Rd. School ...	4,486	11,875	83	143

Dental Clinic, Mill Hill Lane.—The Dental Clinic is held every day of the week (morning and afternoon).

Total number of cases attended	...	...	...	7,518
Total number of attendances	...	...	...	9,151
Total number of clinics held	...	...	...	1,027

Mr. Arthur Stafford, School Dental Surgeon, reports as follows :—

“ The work of the Dental Department was somewhat hindered during the year by the resignation of Miss J. M. Meighan, Assistant Dental Officer, at the end of 1934. As her successor, Miss M. Shaw, did not commence duties until April, the staff was thus short of one officer for a period of over three months, with the result that the amount of conservative treatment for the year was slightly less than that for 1934. A further change occurred in December through the resignation of Miss D. Williams, Assistant Dental Officer, who was succeeded, fortunately at once, by Mr. B. L. McGrath.

The insufficiency of surgery accommodation continues to cause a more serious cramping of activities as time goes on, and it is a relief to know that this problem will be solved early in the coming year by the provision of a third surgery, while at the same time it is hoped to improve the existing equipment, thus bringing it more up to date and making for greater efficiency.

Inspections.—All the Elementary Schools were visited once during the year in spite of staff difficulties, but on account of which it was necessary to curtail the number of children referred for treatment. At these inspections, children of all ages were inspected, totalling 17,734, of which 15·2% were found to be sound, 18·0% had slight defects not requiring treatment, and 66·8% required treatment. Of this last group, numbering 11,849, it was only possible to refer 8,899, and of these 63·8% were consents, 25·9% were refusals, while from 10·3% there were no replies (see table, page 54). The percentage of consents, while a little lower than that of last year, is still substantially greater than the average from all areas throughout the country.

Treatment.—9,151 attendances at the Clinic were made by 7,518 children.

(a) *Fillings.*—4,877 fillings were inserted in Permanent Teeth and 21 in Temporary Teeth.

(b) *Extractions.*—10,308 Temporary Teeth and 2,339 Permanent Teeth were extracted. This shows a continued decline in extractions, which is to be desired. One would like to see a still greater drop in Permanent Teeth extractions, though it should be noted that as many as 238 of these were of sound teeth removed for the purpose of regulating overcrowded mouths.

5,432 general anæsthetics were administered during the year for these extractions, Nitrous Oxide or a combination of Nitrous Oxide and Oxygen being the anæsthetics used.

(c) *Other Operations.*—There was the usual small number of cases for the treatment of gum conditions and for the scaling and polishing of teeth, etc., amongst them being one for the removal of an Epulis, and a further one where a small front-tooth denture was fitted for a boy who had met with misfortune in a school cricket match, these being the only ones of outstanding merit.

Propaganda Work.—During the first three months of the year this side of the work had to be held in abeyance, with the result that only 26 lectures were given (as against 38 in the previous year) to 3,890 children of the senior departments of schools. 2,000 pamphlets on the Care of the Teeth, published by the Dental Board of the United Kingdom, were issued during the year for distribution to "leavers."

While there is yet much to be done before all ground is covered, both with regard to measures of treatment and prevention, there are definite signs that the average "leaver" of to-day is possessed of a much better dentition than the one of ten years ago, and, moreover, with a better knowledge of the value of teeth and a greater desire to seek the means of preserving them.

It may be gathered from the figures of this report that only three-quarters of the children requiring treatment were referred for it, the acceptances from these being as much as could be dealt with. Of the 25% that were left untreated, the absence of an officer for three months of the year could have been the cause of no more than 5%. It will be seen, therefore, that the present staff is inadequate to meet the requirements, and that each year approximately 2,000 children needing dental treatment do not get the opportunity of receiving it under the Authority's scheme."

TABLE A.
ROUTINE DENTAL INSPECTION PERCENTAGES.

School.	Sound.	De- fective but not requiring Treat- ment.	Re- quiring Treat- ment.	Con- sents.	Re- fusals.	No Reply.
Allenton ...	19.0	8.2	72.8	56.3	35.1	8.6
All Saints' ...	13.7	26.6	59.7	66.1	8.9	25.0
Ashbourne Road ...	10.1	22.9	67.0	65.0	24.0	11.0
Boulton ...	12.7	24.2	63.1	86.7	13.3	—
Brighton Road ...	19.2	9.7	71.1	61.9	22.5	15.6
Christ Church ...	17.1	11.5	71.4	47.7	35.9	16.4
Clarence Road ...	23.0	17.3	59.7	92.9	4.8	2.3
Firs Estate ...	16.6	17.0	66.4	60.0	25.6	14.4
Gerard Street ...	11.0	15.9	73.1	68.0	16.4	15.6
Kedleston Road ...	33.1	14.7	52.2	69.0	22.2	8.8
Nightingale Road ...	6.3	16.9	76.8	63.5	28.2	8.3
Normanton ...	16.6	14.5	68.9	70.1	25.2	4.7
Nottingham Road ...	16.6	29.3	54.1	49.3	32.2	18.5
Nuns Street ...	12.4	26.1	61.5	44.9	42.0	13.1
Orchard Street ...	15.2	17.5	67.3	51.2	31.7	17.1
Pear Tree ...	15.5	11.7	72.8	65.7	24.6	9.7
Practising ...	16.4	24.3	59.3	72.4	20.3	7.3
Reginald Street ...	16.6	11.3	72.1	67.7	18.6	13.7
Saint Andrew's ...	16.2	17.4	66.4	71.1	26.7	2.2
Saint Anne's ...	13.7	26.7	59.6	55.1	39.7	5.2
Saint Chad's ...	21.8	25.1	53.1	83.6	16.4	—
Saint Dunstan's ...	16.0	29.3	54.7	68.1	25.8	6.1
Saint James' Church ...	18.6	12.3	69.1	71.2	23.0	5.8
Saint James' Road ...	7.7	15.1	77.2	74.3	20.9	4.8
Saint John's ...	12.1	24.5	63.4	58.2	37.5	4.3
Saint Joseph's ...	12.4	11.1	76.5	63.9	16.5	19.6
Saint Luke's ...	20.1	15.7	64.2	59.1	32.1	8.8
Saint Mary's ...	13.6	18.8	67.6	61.8	28.1	10.1
Saint Paul's ...	12.6	23.9	63.5	55.6	32.6	11.8
Saint Peter's ...	16.4	26.5	57.1	55.2	29.3	15.5
Saint Thomas' ...	12.5	15.2	72.3	71.6	26.9	1.5
Sinfin ...	15.5	13.1	71.4	72.0	19.0	9.0
Traffic Street ...	10.1	30.7	59.2	72.0	21.3	6.7
Wilmorton ...	10.6	18.8	70.6	72.2	23.6	4.2
Aged 5 years ...	18.1	39.3	42.6			
" 6 " ...	10.0	36.2	53.8			
" 7 " ...	7.6	29.8	62.6			
" 8 " ...	8.7	24.2	67.1			
" 9 " ...	9.8	22.0	68.2			
" 10 " ...	12.5	20.3	67.2			
" 11 " ...	19.9	19.1	61.0			
" 12 " ...	23.5	13.7	62.8			
" 13 " ...	25.5	10.4	64.1			
" 14 " ...	30.0	20.1	49.9			
School.	Sound.	De- fective but not requiring Treat- ment.	Requir- ing Treat- ment.	Con- sents.	Re- fusals.	No Reply.
Percentage ...	15.2	18.0	66.8	63.8	25.9	10.3

Ophthalmic Clinic, Mill Hill Lane.—This clinic is held on part of three sessions per week. In addition, the Consulting Specialist attends on Wednesday morning and sees any cases which are referred to him. The numbers attending this Clinic are less than in 1934, which was a peak year owing to the large accumulation of cases left over from 1933. The decrease was also accentuated by the reduction in the numbers of children referred for treatment on account of defective vision.

Total number of cases attended	...	...	...	1,392
Total number of attendances	...	...	...	2,262
Spectacles provided at contract rates	...	...	...	920

Aural Clinic, Mill Hill Lane.—This clinic is held once weekly, when the School Aurist attends for examinations and general treatment. The number of children who received operative treatment for enlarged tonsils and adenoids in 1935 was 376, compared with 412 in 1934 and 340 in 1933. The general procedure remains as formerly described and operative treatment advised only when conservative measures have failed.

The treatment of otorrhœa continues on both local and general lines. All cases are kept under treatment until clear, and, by the system of multiple clinics which obtains in the town, any recurrence is brought under treatment immediately.

Total number of cases attended	...	...	...	1,017
Total number of attendances	...	...	...	3,850
Number of Clinics held by Specialist	...	...	...	33
Average number per clinic seen by Specialist	...	...	...	49

Ultra-Violet Therapy.—This continues to be one of our chief lines of treatment. From the list of diseases submitted to this form of therapy (as shown in the list below) it will be seen that the cases fall into several distinct categories, which may be classified as follows :—

General Conditions :—

- (1) Tendency to catarrh, bronchitis, etc.
- (2) Debility following infectious diseases.
- (3) Conditions associated with anorexia, malnutrition, etc.
- (4) Blood conditions—anæmia.
- (5) Rickets.
- (6) Rheumatic conditions allied to general nervous disturbances.
- (7) Glandular manifestations in the absence of particular exciting causes.

Local Conditions :—

- (1) Skin conditions.
- (2) Enlarged glands.
- (3) Chronic ulcers.

For general conditions, the carbon arc lamp is used. The treatment is bi-weekly, and the initial exposure is three minutes. The exposures lengthen by two minutes, two minutes and three minutes at each new exposure, until a maximum of ten minutes is reached. The course is complete after twenty exposures, but it may be continued further on the recommendation of the Medical Officer.

The child is completely examined before treatment, a careful record is kept of weight and general reaction, and a general examination on the conclusion of the course is made. It is unfortunate that we have no scientific records on the progress of these children. Almost all of them gain more than the normal increase as far as that may be computed, and, of course, many of them are concurrently on other forms of treatment—cod-liver oil, etc.—but taking this into consideration, it seems evident from the increased vitality of the children and the appreciation of the parent that an improvement unexplained by any other cause has been made. The outstanding successes are achieved in post infectious disease debility, catarrhal conditions generally, and anorexia, while of local conditions the results of ultra-violet therapy on chronic ulcers is extremely gratifying.

For local conditions the mercury vapour lamp is used, and the same procedure is adopted, except that in the case of chronic ulcers a daily exposure may be given. The child is seen frequently and the treatment stopped when advisable.

Ultra-Violet Ray Clinic, Mill Hill Lane.—The following were the types of cases treated during the year :—

Septic Sores	...	...	61	Furunculosis	...	...	8
Chronic Ulcers	...	...	39	Dermatitis	...	...	5
Erythema Pernio	...	...	30	Alopecia Areata...	...	...	5
Impetigo Contagiosa	...	...	16	Psoriasis	...	...	3
Other Diseases			9				
General Debility following infectious diseases, etc.	...	...	219	Rheumatism	...	...	35
Bronchitis...	...	...	192	Enlarged Glands	...	...	18
Malnutrition	...	...	127	Asthma	...	...	17
Anæmia	...	...	63	Neurosis	...	...	13
Rickets	...	...	46	Anorexia	...	...	11
				Other Diseases	...	...	12
Total number of children attended			929				
Total number of attendances			11,911				
Total number of clinics held			374				
Average number per clinic			32				
Total number of exposures			11,921				

In addition, 251 cases referred from the Maternity and Child Welfare and Toddlers' Clinics made 2,632 attendances, receiving 2,632 exposures.

Ultra-Violet Ray Clinic, Wright Street Nursery School.—A carbon arc lamp is installed in one of the rooms in the Nursery School, and children requiring this form of therapy can be treated conveniently and without the disadvantage of travelling to another centre.

Total number of children attended	...	...	124
Total number of attendances	...	...	2,140
Total number of clinics held	...	...	80
Average number per clinic	...	...	27
Total number of exposures	...	...	2,140

Skin Clinic, Mill Hill Lane.—This clinic is held one afternoon per week. The following were the types of cases treated during the year :—

Ringworm Scalp	...	...	92	Seborrhœic Dermatitis	...	...	9
Dermatitis	...	...	45	Nævus	...	...	8
Alopecia Areata	...	...	31	Scabies	...	...	6
Seborrhœa Corporis	...	...	23	Xeroderma	...	...	6
Impetigo Contagiosa	...	...	20	Acne	...	...	5
Warts	...	...	19	Septic Sores	...	...	2
Ringworm, Body	...	...	16	Furunculosis	...	...	2
Psoriasis	...	...	12	Seborrhœic Alopecia	...	...	2
Erythema	...	...	10	Herpes	...	...	2
Seborrhœa Capitis	...	...	10	Other Defects	...	...	13
Total number of cases attended							333
Total number of attendances							1,825
Total number of clinics held by Specialist							37
Average number per clinic seen by Specialist							29

Orthopædic Clinic, Mill Hill Lane.—The Orthopædic scheme continues as outlined in a previous report. The Specialist attends weekly for consultation and cases are referred for treatment under three categories :—

- (a) Long term hospital cases—County Orthopædic Hospital, Bretby.
- (b) Short term hospital cases—Borough City Hospital, Derby.
- (c) Minor cases—Orthopædic Clinic.

As the extension to the Clinic at Mill Hill Lane was not completed in 1935, the minor cases requiring remedial exercises have been treated at the City Hospital gymnasium. It is hoped, however, that the new orthopædic room at Mill Hill Lane will be ready for occupation early in 1936.

*Total number of cases attended	...	...	...	305
Total number of attendances	...	...	...	5,441
Total number of clinics held by Specialist	...	...	...	34
Average number per clinic seen by Specialist	...	...	...	18

* Includes 42 cases referred from the Maternity and Child Welfare and Toddlers' Clinics.

Types of cases examined :—

Congenital Paralyses (Spastics, Spina Bifida, etc.)	...	...	...	9
Talipes	...	...	...	8
Torticollis	...	...	...	21
Dislocation Hip	...	...	...	5
Infantile Paralysis	...	...	...	15
Rickets	...	...	...	20
Foot Deformities (Pes Cavus, Pes Planus, Hammer Toe, etc.)	...	...	...	69
Spinal Curvature (excluding Tuberculosis)	...	...	...	159
Tuberculous Spine	...	...	...	1
Crippling due injury and diseases	...	...	...	12
Other Defects	...	...	...	16

It is satisfactory to note the small number of new serious crippling defects ascertained in 1935. Nine such cases were seen for the first time during this period. Of these, four were cases of older children who had received courses of treatment elsewhere before being referred to the School Clinic. Of the

other five who were entrants into school life, there were two suffering from congenital paralyses, one from talipes, one from injury, and the other a ? tuberculous knee. The incidence, therefore, was not very severe. There was one new case of infantile paralysis notified in 1935.

Summary of treatment :—

(a) At Bretby	Nil
(b) At the City Hospital	9
School children :—	
Dislocation Hip	1
Infantile Paralysis	2
Foot Deformities	3
Old Tuberculous Hip	1
Pre-school children :—	
Rickets	1
General muscular weakness	1
Number of X-Ray examinations	27
(c) At the Orthopædic Clinic :—	
Massage and Exercises	868
Electricity	344
Radiant Heat	154
Remedial Gymnastics	3,907
	5,273
Attendances at Splint Maker	76

INFECTIOUS DISEASES.

The system of notification by the Head Teachers and Children's Welfare Officers and methods of procedure were continued as in previous years. The total number of notifications received from the school authorities was 835. The numbers of children who were the victims of infectious diseases in 1935 were as follows :—

Varicella	395	Scarlet Fever	274
Measles	323	Diphtheria	168
Mumps	293	Whooping Cough	151

There was a great decline in the number of cases of measles from 1934 (2,153 to 323) and fewer cases of whooping cough also (267 to 151). On the other hand, the number of school children who developed diphtheria was the highest since 1930.

The close co-operation between the Health and School Medical Departments has continued as outlined in previous reports.

School Closure.—During the year the baby class in one of the schools was closed to see what effect it would have on the incidence of measles. In this form the first case had appeared, and practically all of the children had not had measles. The closing of this form had little effect, as subsequent reports showed that 21 out of the 26 children in the class ultimately contracted the disease.

Diphtheria Swabbing.—During 1935, 639 throat and nasal swabs were taken from school children, and of these, 84 were found to contain diphtheria bacilli, a percentage of 13.14.

Diphtheria Prophylaxis.—Dr. W. E. Haigh, Assistant Medical Officer of Health, has continued his lectures on this subject to parents at various schools in the town during the year, and has also carried on the immunisation clinics at Derwent Street and Nightingale Road. The percentage of school children immunised, however, is still small, and until a higher percentage is successfully inoculated the incidence of diphtheria is not likely to be lowered, on this account, to any exceptional degree.

OPEN-AIR EDUCATION.

There is no official open-air school, but the open-air class at Sinfin School has functioned very successfully during the year on the lines indicated in the report for 1934.

Of the twenty-three original members of the class, nine are still in attendance and are doing extremely well. As there was a waiting list, eleven were discharged in July, 1935, while three, before completing a year, sought transfers to schools nearer home. Of these, one was faced with really awkward transport difficulties, but the other two left the class almost entirely on account of their parents' lack of interest or perseverance. One of these two was the only child who did not make satisfactory progress. She came from poor stock, was a weak, puny child, and her mother, without any real reason, requested her withdrawal after a few months.

With this exception, all the other children improved remarkably, as shown by their increased vitality, freshened appearance and sharpened faculties. The average annual gain in weight for those completing one year was five pounds. There is no doubt, considering the low physical condition on which these children joined the class and that no control whatever could be exercised on their home life with regard to sleep, etc., that their general and pronounced improvement is one of the highest tributes to the open-air class idea.

PHYSICAL TRAINING.

Mr. Mountford, Organiser of Physical Training, reports as follows:—

“The following is a summary of the past year's activities:—

Physical Training Lessons.—Fair—a greater zest for physical training is shown by girls than boys.

Organised Games.—Boys are keener for games than for P.T. lessons. A greater variety of activities and preparatory games needed.

Athletics.—Most Senior Schools organise their own individual school sports. More athletic training should be done during organised games periods.

Swimming.—Really excellent results are accomplished.

Dancing.—In the schools, where facilities allow, English Folk Dancing attains a very high standard. A wider scope of dancing is needed.

Camping.—About 600 boys and girls are catered for in our excellent camp. A little more leadership is required in the boys' camp.

Play Centres.—A well-worth-while activity, the success of which depends largely on the play leaders.

Playing Fields.—Little change. School playing fields are really a necessity.

Gymnasia.—(1) A new Gymnasium at Derby School has already shown itself to be a real boon. (2) It is hoped that a proposed new Gymnasium at the Technical College will have the same success.

Evening Schools.—It is hoped that demonstrations given by the Reginald Street Keep-fit Classes will go a long way in extending the work in evening schools.

It is obvious from this summary that opportunities for the training of a sound body are not lacking, and that even better facilities are slowly being provided. More and better facilities will increase the opportunities, but the training is always dependent upon the teaching. Like most problems connected with education, 'it all boils down to the teacher.' Whilst there are many teachers who teach Physical Training, there are comparatively few who really train the child. The difference between teaching the subject and teaching the child is never more noticeable than in the physical training and games lessons. It is only when this difference is really appreciated by teachers that the real value of Physical Education will make itself felt both during and after school life.

Organised Games.—The organised games on the playing field have certainly some defects, and these shortcomings are bound up with the provision of private playing fields and the Schools Athletic Association.

The organised games have a strong Football and Cricket bias (Netball and Stoolball for girls), and the strong competitive element of the Schools Athletic Association does tend for the teachers to coach their individual school teams. It is not suggested that the Football bias is wrong or that the competition is wrong. Indeed, it has been suggested in these reports that the national games should form a basis for our games training in schools, and that boys and girls should be trained to compete in these games in the right spirit. It is true that all boys cannot take part in the inter-school competitions, but this does not provide a reason for the coaching of special teams. All training during organised games should be of a general character, and every boy in the class should receive his fair share of attention. There is a real need for a more enlightened method of progressive training through preparatory games which lead up to the national games.

Teachers' Classes.—The short course classes during school time were continued at Traffic Street School. Most teachers who were able to take part in the practical lessons have attended classes, and demonstration lessons have been held for those teachers who cannot take part. These classes in particular have been much appreciated by the older teachers.

A Lecture on the 1933 Syllabus was given to Head Masters. Only two Head Masters were unable to be present. This talk was given at the Technical

College, and the epidiascope was used to great advantage in showing the illustrations of the Syllabus and other posture charts. The Lecture was followed by an interesting discussion on the work.

Swimming.—It is not always an easy task to report on the continued success of any particular activity. All Junior and Senior Schools in Derby have at least one period for swimming during the summer season, and many schools continue swimming during the winter. Practically every boy and girl has an opportunity of learning to swim at some time during his or her school life. The success of the swimming has always been measured by the number of boys and girls who have learned to swim in each successive season rather than by the outstanding performances of individuals. For this reason the energies of the special swimming teachers are largely confined to the non-swimmers, and the progress of individual swimmers is left in the hands of the class teachers who take the children to the baths.

The swimming results are as follows:—

	1934.	Boys.	1935.	Girls.	Total.
1st Learners ...	1,509	870	739		1,609
2nd Learners ...	930	521	464		985
Distance ...	1,188	856	402		1,258
Style ...	33	15	14		29

Last year's report suggested that it would be an interesting feature to find out how many school-leavers could swim or otherwise. The position is as follows:—

	Boys.	Girls.	Total.
Number of boys and girls leaving school ...	1,098	1,066	2,164
Number of swimmers ...	792	724	1,516
Number of those who were not allowed to attend baths on medical grounds ...	41	63	104
Approximate number whose parents were unwilling for boys and girls to attend ...	30	56	86

If the number of children excluded because of medical reasons and objections by parents were taken into account, the number of non-swimmers would be only 458 out of 2,164 leavers.

Life Saving.—The following were gained during the season:—

	1934.	1935.
Elementary ...	541	480
Intermediate ...	361	430
Bronze Medallions ...	217	278

Mr. Lane, the Hon. Secretary of the Life-Saving Committee, reports:—
“The figures for 1934 were a record for Derby Schools, but the 1935 results are well up to the usual standard.”

The Chambers' Life-Saving Shields were this year won by schools for the first time:—

Boys ...	Nuns Street School.
Girls ...	Orchard Street School.

Mr. Lane, who is also an examiner of the Life-Saving Society, suggests that the standard of the work seen during the year is not so good as in previous years, and urges the Life-Saving teacher to pay more attention to details.

Playing Fields.—A field owned by the Education Committee, but unfortunately destined for a Secondary School, is being used for a playing field. Christ Church and Gerard Street Schools—two of the most central schools of the town—are making use of the ground, in addition to one or two schools in the vicinity.

The pitches which were rented from the National Playing Fields Association are still out of use, and have been so since the Royal Show was held on the ground in 1933.

The major part of the organised games are still played on the Public Recreation Grounds. These are conveniently situated near the schools, and there is little loss of time in getting to these pitches. These grounds are, however, often unfit for use, and schools frequently complain about the facilities. The lack of dressing accommodation on one or two recreation grounds is a serious handicap to schools who use these grounds for inter-school matches on a Saturday morning. Whilst there is much to be said for the near-at-hand Public Recreation Grounds, it is felt that the provision of privately-owned grounds is the only real solution and one which should receive early attention.

Camping.—The school holiday camp was again held at Abergele, North Wales, and the usual arrangements were made. There was a slight increase in the number of children who were aided by the Committee's grant for poorer children, but this was accompanied by a decrease in the number of children who paid their own fees. Approximately 600 boys and girls attended camp.

Advantage was again taken of the cheap holiday travel tickets. Most of the campers were able to make the journey to Llanberis and attempt the Snowden climb. It is certain that more than 50% of these juvenile climbers succeeded in reaching the summit. This is a real achievement, and it is a pity that so few of these successful climbers were rewarded with the clear view which makes the climb so worth while.

A fifth week was arranged to cater for a special party of 50 girls. This was made possible through the generosity of the Derby Scottish and Lancastrian Associations. This week was interesting in many ways, as the following facts will suggest. Of the 50 girls attending camp, only one girl had ever spent a week's holiday in camp, otherwise none of the girls had ever been for a whole week's holiday. Nineteen girls had never seen the sea and many of the girls had never been on a train so far as they could remember. The value of the training which camp life offers was never so forcibly portrayed as in this week's camp.

In mentioning this particular week for girls, it should not be forgotten that approximately 200 boys are catered for annually by the generosity of the Derby Rotary Club. This camp is arranged by voluntary work of the Toc H Club, and the camp is held at Scropton, Derbyshire.

There is little doubt that camping as a healthy activity is gaining ground each year. It would be interesting to have the figures of all the other voluntary organisations, such as Scouts, Guides, etc., who organise camp holidays.

For the Committee's 1936 Camp, two further improvements have already been authorised by the Education Camp Committee. A purchase of extra blankets will make it possible to make an issue of two really good blankets to each young camper. The camp kitchen and wash-house are to be connected to the main sewage system. The extremely difficult problem of dealing with greasy water and huge quantities of soapy water will now be solved in a simple and most effective way.

Play Centres.—The Play Centres at Orchard Street and Traffic Street Schools were again opened for winter activities. Probably one of the most pleasing features of the year's activities was a dramatisation room at Orchard Street Girls' Centre. Although such a room has been tried on many occasions, it has never been a real success. The activities in this room gradually resolved itself into a few of the natural leaders collecting their own theatrical companies and producing their own plays, including stage management, dress, etc. Although the productions were in many ways crude, it is felt that this is the natural jumping-off ground for better things to come, providing the same Play-leader can continue the work. This latter remark is said pointedly because past experience shows that so many Play Centre activities which have promised success, have faded out with the loss of the Play-Leader. Some years ago the Boxing Room at Orchard Street Boys' Centre was an amazing success. The room was so popular that only the early comers could be allowed to take part. Moreover, there was, after one or two seasons, a real evidence of sound training in sportsmanship. The popularity and success of this activity faded out with the loss of the Play-Leader, and, in spite of repeated trials with fresh leaders and fresh activities, it is still a poor room, lacking in vitality.

The success of the Play Centre activities depends first and foremost on the Play-Leader. Unfortunately, the successful Play Leaders are not always easy to find and are not available.

Folk Dancing.—The 10th Annual Competition for the Petty Shield was again held at Pear Tree Schools. An additional shield, presented by Mrs. Col. Lewis was competed for by a junior section of Folk Dancers. The Petty Shield was limited to seniors, and this was won by Pear Tree School, whilst the Junior Shield was won by Ashbourne Road Junior Girls' School."

PROVISION OF MEALS.

The provision of solid meals continues on the lines indicated in previous reports. The number of children on the free meals list is now 238, compared with last year's figure of 363. On the part-payment list there are now 123 children, compared with 264 in 1934.

Starting in the autumn, a medical examination of all children for whom free meals were applied was undertaken. The number of children so examined up to the end of 1935 was 89. It is hoped in future reports to make some comments on the physical condition of these children as a result of this extra nourishment.

The milk scheme continues to be popular, but there was a considerable reduction on the daily average for 1935 compared with that of the last three months of 1934, when the scheme started. Nevertheless, the average for 1935 was approximately 12,000 bottles daily, of which 2,000 were free issues. Considering, however, the beneficial effect of milk to the average dietary, it is rather disappointing to report a falling off in the consumption of this excellent food.

CO-OPERATION OF PARENTS, TEACHERS, CHILDREN'S WELFARE OFFICERS AND VOLUNTARY BODIES.

Parents.—Every care is taken to notify the parents when the routine medical inspection is being held. Parents were present in 3,778 instances. As very few parents of the twelve-year-old children are present, the percentage is really more satisfactory than it appears. As a matter of fact, in the case of the entrant group, the parents were actually present in 80% of the cases. Parents are instructed to attend at regular intervals during the morning or afternoon so that they do not wait for long periods before interviewing the inspecting Medical Officer.

Teachers' and Children's Welfare Officers.—It is again pleasing to record a happy year with regard to harmonious and frictionless co-operation with the Education Department officials, Teachers' and Children's Welfare Officers. To all of these the School Medical Service owes much for suggestions both made and received in the spirit of goodwill and helpfulness, and to all of them I accordingly record my grateful thanks. Particularly I should like to thank Mr. F. Gates, Superintendent Welfare Officer, whose increasing duties have led to a widened sphere of activity with him and the School Medical Department.

Voluntary Bodies.

(a) Invalid Children's Aid Association.—The close co-operation established between the School Medical Department and the Invalid Children's Aid Association was maintained during the year. Many cases have been referred by the School Medical Officer to this Association, who have not only provided allowances for increased food, but have also undertaken to send cases to the seaside and helped them in various ways.

(b) National Society for the Prevention of Cruelty to Children.—I wish to make special acknowledgment to the Officer of the N.S.P.C.C. for his valuable services during the year. The calls made upon him have been particularly heavy and have arisen largely in connection with cases attending the Eye Clinic. His visits were almost entirely successful and were of great assistance to the Department. On the few occasions where his assistance was sought in cases of neglect, an immediate improvement was manifest.

(c) Skegness Seaside Homes.—Every year, through the agency of this Institution, children from all over the town enjoy a week or a fortnight of happy and healthy holiday at this bracing seaside resort, and return very much the better for the change. In assessing the various factors which tend to make and keep the school children of Derby healthy, this Institution undoubtedly takes a very high place.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The methods adopted for ascertaining and dealing with children who are defective have been described in previous reports.

Blind.—No case of blindness was examined during the year.

Deaf.—Two children were examined with a view to admission to a Deaf and Dumb Institution.

Epileptic.—No cases of epilepsy were examined during the year for institutional treatment.

Mentally Defectives.—Twenty-two children were examined under the Mental Deficiency Act, 1913. Three were certified incapable, by reason of mental defect, of receiving benefit from instruction in a Special School or Class; six were certified incapable, by reason of mental defect, of receiving further benefit from instruction in a Special School or Class; thirteen were certified feeble-minded (over 16 years of age).

Temple House Special School.—The number of children who have had the benefit of special training in this school since its opening in 1901 is now 938.

Admissions.—Examinations are held periodically during the year, and in 1935, 35 children were brought forward. Of these, 14 were certified as capable of receiving benefit from instruction in the Special School, 11 were actually admitted during the year (including one re-admission), and the remaining three children were admitted to private schools. Twenty-one were found not to be mentally defective within the meaning of the Act and fit to be retained in the Elementary Schools.

The following shows the age and sex respectively of the children admitted during the year :—

	<i>Males.</i>	<i>Females.</i>
Aged 8 ...	1	—
Aged 9 ...	2	1
Aged 10 ...	1	2
Aged 11 ...	2	—
Aged 12 ...	—	1
Aged 13 ...	—	1 (Re-admission).
	—	—
Totals ...	6	5
	—	—

Discharges.—The following children were discharged from the School during the year and their present occupation, as far as can be ascertained, is noted :—

<i>Males.</i>	<i>Females.</i>
D.G. Transferred to Home Office Approved School.	J.K. Transferred to Convent School.
W.W. Window Cleaner.	I.F. Public Assistance Institution.
K.R. Cabinet Maker's Assistant.	F.B. Transferred to Convent School.
W.A. Foundry Hand.	G.C. Chemical Worker.
R.P. Cabinet Maker's Assistant.	V.M. Factory Hand.
E.W. Transferred to Home Office Approved School.	N.D. No trace.
V.B. Labourer.	M.C. Core Maker (Foundry).
F.B. Factory Hand.	M.P. Chopping and bundling wood.
W.P. Transferred to Home Office Approved School.	D.T. At Home.
C.P. Foundry Hand.	F.G. At Home.
D.C. Factory Hand.	E.W. Domestic Servant.
H.L. Factory Hand.	V.S. Mill Hand.
B.R. Foundry Hand.	H.R. Winder.

Work of the Local Branch of the Central Association for Mental Welfare.—

This Association has been in operation since 1931, and its objects have been detailed in a former report. During the year, 120 reports were received on children who were either in or had left Temple House Special School.

Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Students.—There are no centres for Higher Education or vocational training in Derby. Suitable cases requiring such training are sent to recognised Institutions elsewhere. During 1935, one girl was maintained at the British Homes for Deaf and Dumb, London, and one boy at the Home for Crippled Boys, Wright's Lane, Kensington.

NURSERY SCHOOL AND CLASSES.

The Wright Street Nursery School and the three recognised Nursery Classes continue to function successfully on the lines indicated in previous reports. The children are visited twice weekly by the School Nurse and at frequent intervals by the Medical Officer. Every child is medically examined at least once per year and treatment inaugurated for any defects. Judged by any standard, these classes are definitely successful.

The number of children examined at the various schools was :—

<i>School.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Wright Street ...	54	47	101
Trinity ...	60	69	129
Firs Estate ...	—	68	68
Nuns Street ...	45	34	79
Totals ...	159	218	377

SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

The number of Secondary Schools in Derby is four, viz., The Bemrose School (Boys), Parkfields Cedars Secondary School for Girls, The Derby School (Boys), and The Junior School of Art (Boys and Girls).

Accommodation.

The Bemrose School ...	685
Parkfields Cedars Secondary School for Girls...	402
The Derby School ...	300
Junior School of Art ...	80
	<hr/> 1,467 <hr/>

Medical Inspection.—The requirements of the Board with regard to medical inspection have been carried out, all the schools having been inspected during the year. A complete examination, however, was undertaken only for the entrants, twelve and fifteen year old pupils, and any others whom it was thought necessary to examine. Any defects requiring attention are brought to the notice of the parents, together with an offer of any treatment available at the School Clinic. Pupils who do not receive treatment at the

Clinic are re-inspected after six months, unless they are known by earlier examination to be definitely remedied.

The total number of pupils inspected was 1,436. Of these, 913 were boys and 523 girls.

Treatment.—The forms of treatment available at the Clinic include minor ailments, dental, ophthalmic, nose and throat, ultra-violet rays and orthopædic, the conditions regarding payment being similar to those for Elementary School children, with the exception of dental treatment, for which an annual fee of 5s. is charged. The following shows the number of defects treated at the Clinic :—

Visual Defects	...	...	...	71
Dental Defects	...	...	...	230
Other Defects ...	...	...	...	54

Other Examinations.

Before competing in School Boxing Tournament ... 27

Continuation Schools.—The School Medical Service has not up to the present dealt with Continuation Schools.

PARENTS' PAYMENTS.

No charge is made to parents in respect of treatment of minor ailments, skin, ultra-violet ray, aural (except operation), ophthalmic (except cost of glasses), and orthopædic (except Hospital).

For operations for tonsillectomy, a charge of 13s. is made to the parents if the operation is performed at the City Hospital. These amounts cover the entire expense, and there is no cost to the Education Committee. In exceptional cases, however, part payment of this sum may be defrayed by the Authority.

Dental Treatment.—For Elementary School children, no definite scale is employed. Parents, however, are informed that some contribution to the cost of treatment is expected. For Secondary School children an annual charge of 5s. is made.

Orthopædic Treatment in Hospital.—No definite scale is in operation. All the home circumstances, however, are considered, and a weekly charge made accordingly.

Spectacles.—Parents pay for the spectacles themselves, except in such cases where, on account of poverty, the glasses are not likely to be obtained. In these cases, some assistance is given by the Education Authority.

HEALTH EDUCATION.

General health education is carried on in the schools by the education staff, and the Board's Handbook of Suggestions on Health Education is followed extensively. The Senior Dental Officer, however, gives periodic lectures to the senior children in the elementary schools. Up to now, chiefly owing to lack of time, no definite health education has been undertaken by the Medical Staff.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 264 boys and 4 girls were examined as to their fitness to undertake employment, all of whom were certified fit. At the end of the year there were 287 children registered to work for 245 employers, the majority being engaged on newspaper delivery.

THE WORK OF THE SCHOOL NURSES.

Eight nurses, including one employed whole-time on orthopædic work, are engaged on the work of the School Medical Services.

Home Visits.

Infectious Diseases	...	...	...	...	339
<i>Re</i> Spectacles	...	...	...	...	524
<i>Re</i> Nose and Throat Defects	...	...	...	...	460
<i>Re</i> Orthopædic Defects	...	...	...	...	165
Unsuccessful	...	...	...	...	334
Miscellaneous	...	...	...	...	316
Total					2,138

Visits to Schools.

Number of sessions devoted to vermin inspections	270
Miscellaneous	40

Visits to Nursery Schools.

Number of visits paid	251
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Clinics.

Minor Ailments Clinic, Mill Hill Lane	702
Do. St. Helen's Street	125
Do. Brighton Road School	82
Do. Pear Tree School	...	...	...	82
Do. Traffic Street School	...	...	...	83
Do. Firs Estate School	...	...	...	82
Do. Nightingale Road School	...	...	...	100
Do. Nottingham Road School	...	...	...	166
Inspection Clinic, Mill Hill Lane	...	...	...	259
Ophthalmic Clinic, Mill Hill Lane	...	...	...	155
Skin Clinic, Mill Hill Lane	...	...	...	40
Aural Clinic, Mill Hill Lane	...	...	...	33
Ultra-violet Ray Clinic, Wright Street	...	...	...	79
Do. Mill Hill Lane	...	...	...	374
Orthopædic Clinic, Mill Hill Lane	...	...	...	388

Vermin Clinics.

Total number of cases attended :—

Body Vermin	...	...	...	1
Verminous Head	...	...	...	230
Total number of attendances	...	...	...	396

Further particulars in connection with this work are given in Appendix, Table IV., Group 6.

MISCELLANEOUS WORK.

Teachers.—The total number of teachers examined during the year after absence from duty owing to illness was 20 ; 18 were certified fit ; 2 were certified unfit at the first examination, but were pronounced fit on re-examination.

Intending Teachers.—Eleven intending teachers were examined during the year. Ten were certified fit ; one was certified unfit at the first examination, but was pronounced fit on re-examination in 1936.

Home Office Schools.—Seventeen children were examined during the year and certified fit.

Schools Camp.—615 children were examined before proceeding to the annual Schools Camp at Abergele—309 boys and 306 girls. One boy and two girls were certified unfit.

Skegness Seaside Home.—239 children were examined before proceeding to the Derby and Derbyshire Children's Seaside Home.

Entertainments.—23 children were examined and certified fit to take part in entertainments.

Two children were examined after being committed to the care of the Local Authority.

Child Guidance.—There is at present no Clinic devoted to this work. During the year several children guilty of delinquencies or exhibiting abnormal conduct have been examined on the lines indicated by these Clinics. In these investigations, some attempt has been made to co-ordinate the work of the Social Worker and the Medical Officer.

TABLE II.

**A. Return of Defects found by Medical Inspection in the year ended
31st December, 1935.**

DEFECT OR DISEASE.				ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
				No. of Defects.		No. of Defects.	
				Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but <i>not</i> requiring Treatment.
Skin	(1) Ringworm—Scalp ... ..	...	...	6	—	95	—
	(2) " Body ... ..	...	...	—	—	139	—
	(3) Scabies ... ..	...	...	5	—	58	—
	(4) Impetigo ... ..	...	...	13	—	1423	—
	(5) Other Diseases (Non-Tuberculous) ... ..	...	...	38	4	1790	9
	TOTAL (Heads 1 to 5)...			62	4	3505	9
Eye	(6) Blepharitis ... ..	...	...	11	3	277	5
	(7) Conjunctivitis ... ..	...	...	6	2	327	—
	(8) Keratitis ... ..	...	...	1	—	15	—
	(9) Corneal Opacities ... ..	...	...	—	—	2	—
	(10) Other Conditions (excluding Defective Vision and Squint)	...	...	1	5	378	3
	TOTAL (Heads 6 to 10)			19	10	999	8
Ear	(11) Defective Vision (excluding Squint) ... ..	...	...	405	206	712	286
	(12) Squint ... ..	...	...	125	75	193	120
	(13) Defective Hearing ... ..	...	...	15	7	74	29
Ear	(14) Otitis Media ... ..	...	...	33	15	349	16
	(15) Other Ear Diseases ... ..	...	...	8	4	380	6
Nose and Throat	(16) Chronic Tonsillitis only ... ..	...	...	22	68	12	34
	(17) Adenoids only ... ..	...	...	10	25	39	26
	(18) Chronic Tonsillitis and Adenoids... ..	...	...	20	1	29	2
	(19) Other Conditions ... ..	...	...	139	677	549	1114
(20) Enlarged Cervical Glands (Non-Tuberculous)...				2	23	57	47
(21) Defective Speech				—	40	1	71

TABLE II. A. (continued).

DEFECT OR DISEASE.					ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
					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.
Heart and Circulation	Heart Disease :							
	(22)	Organic	...	...	19	6	54	15
	(23)	Functional	...	...	48	315	189	538
	(24)	Anaemia	...	...	24	56	112	105
Lungs	(25)	Bronchitis	...	...	133	236	404	382
	(26)	Other Non-Tuberculous Diseases	...	...	15	33	18	42
	Pulmonary :—							
Tuberculosis	(27)	Definite	...	...	1	8	18	26
	(28)	Suspected	...	...	6	6	15	17
	Non-Pulmonary :—							
	(29)	Glands	...	...	10	6	18	12
	(30)	Bones and Joints	...	...	3	1	13	5
	(31)	Skin	...	...	—	—	—	—
	(32)	Other Forms	...	...	—	—	—	—
TOTAL (Heads 29 to 32)					13	7	31	17
Nervous System	(33)	Epilepsy	...	...	6	5	16	11
	(34)	Chorea	...	...	1	—	17	5
	(35)	Other Conditions	...	...	1	12	49	49
Deformities	(36)	Rickets	...	...	44	18	45	25
	(37)	Spinal Curvature	...	...	72	35	138	45
	(38)	Other Forms	...	...	26	13	146	67
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)					156	210	12,958	385
Total					1,425	2,115	21,109	3,497

TABLE II.—B.

Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	2411	96	3.98	2022	83.87	290	12.03	3	0.12
Second Age-group	1918	107	5.58	1593	83.06	216	11.26	2	0.10
Third Age-group	1638	127	7.75	1453	88.71	55	3.36	3	0.18
Other Routine Inspections	1880	105	5.59	1635	86.97	139	7.39	1	0.05
TOTAL	7847	435	5.54	6703	85.42	700	8.92	9	0.12

TABLE III.—Return of all Exceptional Children in the Area.**BLIND CHILDREN.**

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
1	—	—	1	2

PARTIALLY SIGHTED CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	1	1

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
18	—	—	—	18

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	—	—	—

MENTALLY DEFECTIVE CHILDREN.**Feeble-Minded Children.**

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
129	—	—	—	129

EPILEPTIC CHILDREN.**Children suffering from severe Epilepsy.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
2	—	—	2	4

PHYSICALLY DEFECTIVE CHILDREN.**A. TUBERCULOUS CHILDREN.****I.—Children suffering from Pulmonary Tuberculosis.**

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
3	52	2	12	69

II.—Children suffering from Non-Pulmonary Tuberculosis.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	13	3	9	31

B. DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	48	—	—	48

C. Crippled Children.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	94	1	1	96

D. Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	—	—	1	1

CHILDREN SUFFERING FROM MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
Active Tuberculosis and Crippling... ..	—	1	—	—	1
Active Tuberculosis and Feeble-minded	1	—	—	—	1
Crippling and Feeble-minded	3	—	—	—	3

TABLE IV.**Treatment Tables.****Group I.—Minor Ailments (excluding Uncleanliness, for which see Table VI).**

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm Scalp—			
(i.) X-Ray Treatment .. ..	...	...	...
(ii.) Other	98	1	99
Ringworm Body	139	...	139
Scabies	60	3	63
Impetigo	1433	3	1436
Other Skin Disease	1776	40	1816
Minor Eye Defects	981	27	1008
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	742	89	831
Miscellaneous (e.g., minor injuries, bruises, sores, chil- blains, etc.)	10986	226	11212
Total	16215	389	16604

Group II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects Treated as Minor Ailments.—Group I.)

	No. of Defects dealt with.		
	Under the Authority's Scheme	Otherwise.	Total.
ERRORS OF REFRACTION (including squint).	1,121	16	1,137
Other defect or disease of the eyes (excluding those recorded in Group I.)	—	—	—
Total	1,121	16	1,137
	Under the Authority's Scheme.	Otherwise.	Total.
No. of Children for whom spectacles were			
(a) Prescribed	985	15	1,000
(b) Obtained	854	15	869

GROUP III.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.													
Received Operative Treatment.												Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total.					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
10	15	130	...	35	14	168	3	45	29	298	3	197	572

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and adenoids. (iv) Other defects of the nose and throat.

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treatment at an orthopaedic clinic.	
Number of children treated	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
	—	7	236	—	12	37	289

Table V. Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist
 (a) Routine age-groups

AGE	5	6	7	8	9	10	11	12	13	14	TOTAL
Number	2140	1784	1946	2072	2032	1986	1792	1781	1928	273	17,734

(b) Specials	...	...	...	...	...	...	...	...	...	...	116
(c) TOTAL (Routine and Specials) ...	...	...	...	...	...	...	...	...	...	...	17,850
(2) Number found to require treatment	...	...	...	...	...	...	...	...	...	...	11,965
(3) Number actually treated	...	...	...	...	...	...	...	...	...	...	7,288
(4) Attendances made by children for treatment	...	...	...	...	...	...	...	...	...	...	8,592
(5) Half-days devoted to :—											
Inspection	...	...	...	136							
Treatment	...	...	...	1,027							
Total	...	...	...	1,163							
(6) Fillings :—											
Permanent Teeth	...	...	...	4,401							
Temporary Teeth	...	...	...	21							
Total	...	...	...	4,422							
(7) Extractions :—											
Permanent Teeth	...	...	...	2,206							
Temporary Teeth	...	...	...	10,257							
Total	...	...	...	12,463							
(8) Administrations of general anæsthetics for extractions											5,329
(9) Other Operations :—											
Permanent Teeth	...	...	...	89							
Temporary Teeth	...	...	...	7							
Total	...	...	...	96							

Table VI.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	4
(ii.) Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	...	38,937
(iii.) Number of <i>individual</i> children found unclean	...	...	...	...	...	...	1,436
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	...	Nil
(v.) Number of cases in which legal proceedings were taken :—							
(a) Under the Education Act, 1921	...	...	...	...	...	...	Nil
(b) Under School Attendance Byelaws	...	...	...	...	...	...	Nil

APPENDIX.

TABLE I.

Medical Inspections of Children attending Secondary Schools.

A.—Routine Medical Inspections.

Ages	7	8	9	10	11	12	13	14	15	16	17	18	19	Totals.
Boys	4	9	19	38	94	165	174	160	169	54	20	6	1	913
Girls	..	..	2	22	56	87	116	107	93	29	8	2	1	523
Totals	4	9	21	60	150	252	290	267	262	83	28	8	2	1436

B.—Other Inspections.

Number of Special Inspections	...	...	53
Number of Re-inspections	...	...	492
Total	...	...	545

C.—Children found to require Treatment.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases) 305.

TABLE II.—A. Return of Defects found by Medical Inspection in the year ended 31st December, 1935.

DEFECT OR DISEASE.				Routine Inspections		Special Inspections.	
				Number of Defects		Number 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.
Skin	(1) Ringworm—Scalp			1	—	—	—
	(2) „ Body			—	—	2	—
	(3) Scabies			—	—	1	—
	(4) Impetigo			—	—	2	—
	(5) Other Diseases (Non-Tuberculous)			4	2	6	—
	TOTAL (Heads 1 to 5) ...			5	2	11	—
Eye	(6) Blepharitis			1	—	1	—
	(7) Conjunctivitis			1	—	2	—
	(8) Keratitis			—	—	—	—
	(9) Corneal Opacities			—	—	—	—
	(10) Other Conditions (excluding Defective Vision and Squint)...			—	—	4	—
	TOTAL (Heads 6 to 10)			2	—	7	—
Ear	(11) Defective Vision (excluding Squint)			161	11	88	22
	(12) Squint			5	—	—	—
	(13) Defective Hearing			1	2	—	1
Nose and Throat	(14) Otitis Media			5	—	2	—
	(15) Other Ear Diseases			9	—	2	—
	(16) Chronic Tonsillitis only			—	—	—	—
Nose and Throat	(17) Adenoids only			1	—	—	—
	(18) Chronic Tonsillitis and Adenoids... ..			—	—	1	—
	(19) Other Conditions			7	18	9	16
(20) Enlarged Cervical Glands (Non-Tuberculous)				—	1	—	1
(21) Defective Speech				—	—	1	1
Heart Disease :							
Heart & Circulation	(22) Organic			4	1	—	—
	(23) Functional			21	16	9	11
	(24) Anaemia			2	1	4	4

TABLE II. A. (continued)

Lungs	{	(25) Bronchitis	4	1	4	6
		(26) Other Non-Tuberculous Diseases	3	—	3	—
Tuber- culosis	{	Pulmonary :—				
		(27) Definite	—	—	—	—
		(28) Suspected	—	—	1	1
		Non-Pulmonary :—				
		(29) Glands	1	1	—	—
		(30) Bones and Joints	—	—	—	—
		(31) Skin	—	—	—	—
	{	(32) Other Forms	—	—	—	—
TOTAL (Heads 29 to 32)			1	1	—	—
Nervous System	{	(33) Epilepsy	—	—	—	—
		(34) Chorea... ..	—	—	1	—
		(35) Other Conditions	—	—	2	4
Defor- mities	{	(36) Rickets	—	—	—	—
		(37) Spinal Curvature	63	10	30	14
		(38) Other Forms	14	6	20	8
(39) Other Defects and Diseases (excluding Uncleanliness and Dental Diseases ...			28	15	32	20
Total			336	85	227	109

TABLE IV.

Return of Defects Treated during the Year ended 31st December, 1935.
Treatment Table.

Group I.—Minor Ailments.

Disease or Defect.	Number of Defects treated, or under treatment during the year		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—Ringworm Scalp—			
(i.) X-Ray Treatment .. ..	..	..	..
(ii.) Other Treatment .. ..	..	1	1
Ringworm Body	2	..	2
Scabies	1	..	1
Impetigo	2	..	2
Other Skin Disease	6	2	8
Minor Eye Defects	5	1	6
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects	2	7	9
Miscellaneous	13	2	15
(e.g. minor injuries, bruises, sores, chilblains, etc.)			
Total	31	13	44

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with		
	Under the Authority's Scheme.	Otherwise.	Total.
Errors of Refraction (including Squint) ...	71	22	93
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)... ..	—	—	—
TOTAL	71	22	93
	Under the Authority's Scheme.	Otherwise.	Total.
No. of children for whom spectacles were			
(a) Prescribed	68	22	90
(b) Obtained... ..	66	22	88

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.													
Received Operative Treatment.												Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme				Total.					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
1	—	1	—	—	—	2	—	1	—	3	—	6	10

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids.
 (iv) Other defects of the nose and throat.

Group IV. Orthopaedic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total number treated
	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopaedic Clinic	Residential treatment with education	Residential treatment without education	Non-residential treatment at an Orthopaedic Clinic	
No. of children treated	—	1	15	—	—	—	15

Table V. Dental Inspection and Treatment.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

Routine Age Groups	Nil.
Specials	230

(b) Found to require treatment	230
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(c) Actually treated	230
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(2) Half-days devoted to	{ Inspection — Treatment — }	Total	..	—
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(3) Attendances made by children for treatment	559
--	----	----	-----

(4) Fillings	{ Permanent Teeth 476 Temporary Teeth Nil }	Total	..	476
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(5) Extractions	{ Permanent Teeth 133 Temporary Teeth 51 }	Total	..	184
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(6) Administrations of general anaesthetics for extractions	..	103
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(7) Other operations	{ Permanent teeth 8 Temporary teeth — }	Total	..	8
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iv.--INFECTIOUS DISEASES.

INCLUDING REPORTS BY

DR. HAIGH, Assistant Medical Officer of Health ;

AND

DR. RICHARDS, Venereal Diseases Medical Officer.

COMMUNICABLE DISEASES.

The year 1935 has been satisfactory ; the Measles epidemic reported last year came to an end in April, Whooping Cough has been less prevalent, and has been localised in certain school areas. Diphtheria continued to be a cause of anxiety in one district until parents accepted the offer of immunisation, after which there has been a real diminution in case incidence. The epidemic curve of Scarlet Fever was expected to rise in the autumn, and the year closed with the presence of an epidemic in one portion of the Borough.

I have to report the presence amongst children of a type of infective jaundice which has been mildly epidemic during the autumn, but which seemed to subside in November.

Home Nursing.

Trained nursing assistance for cases of Pneumonia was provided in 31 instances, 26 of which recovered. For certain other cases the Works Welfare nurses were in attendance. Similar help was provided by the Corporation for 6 cases of Measles.

Scarlet Fever.

Following its usual periodicity, Scarlet Fever was more prevalent and appeared in epidemic form from September, chiefly in Osmaston Ward. As I reported last year, many adults and young persons suffer from Tonsillitis without a recognised skin rash, and we have abundant evidence that such have been responsible for cases of Scarlet Fever, both amongst their friends and in their homes. The presence of a rash is our safeguard, but in reality the disease process is much more extensive than can be recorded in the figures of notified cases.

The type continues to be mild, but it has certainly been more invasive and led to a greater number of complications. There is no room for complacency as to mildness of type, as we have no knowledge of the number of cases of Rheumatism which may have followed the infection. It would seem probable that a new strain has been present, for many cases of authentic Scarlet Fever have occurred in children who have been known to have had previous attacks. We have had reminders that the prevalent strain can be potent by the infection of several parents whilst nursing their children, and by the occurrence of extremely toxic cases leading to rapid death.

(1) A boy, aged 10 years, after an illness of two days, was sent into the Isolation Hospital with diagnosis "cerebro spinal meningitis," and died within 24 hours. There was evidence of a septic rash, but none of meningo coccocal infection. At the time, his younger brother, who had been sleeping with him, was reported to be ill ; faucial swab was negative to meningococcus, but within 24 hours he developed a typical scarlatiniform rash and made an uncomplicated recovery.

(2) A married woman—pregnant—gave a history of a fall on boarding a 'bus, followed by a "show." Two weeks afterwards she aborted, went to bed, developed marked pain in the left leg, some fever, but no sore throat. After two days she sent for a doctor, who found her gravely ill, with a marked ? septic erythema, and she died a few hours after admission to Hospital as a case of toxic Scarlet Fever. Uterine conditions were reported to be satisfactory and there was no thrombosis.

Her three children were found to have been suffering from sore throats, at consecutive intervals of a week, with a doubtful rash, and no doctor had been called. The first occurred three weeks before—the last was found to be a mild case of Scarlet Fever. She had been nursing these children continuously, probably stinting herself food and rest, and was an excellent example of the devastating effect of the hæmolytic streptococcus in the pregnant state.

(3) A youth of 16 was admitted to the Derbyshire Royal Infirmary as an acute emergency (? appendix), with abdominal pain, fever, vomiting, followed by jaundice. There was doubtful history of sore throat. Being in a "typhoid state," a blood culture was obtained; he rapidly died, and no "post-mortem" examination was possible. The death certificate was "acute streptococcal septicæmia."

Convalescents returning from the Isolation Hospital have been the reputed source of "return cases" in seven instances, infecting ten others, including the father of one family and the mother and sister of another. Seven secondary cases occurred within one week, the others during the fourth week after the return of the primary case. One child nursed at home was responsible for a secondary case, after five weeks' isolation.

Diphtheria.

During the year, 259 cases were notified as compared with 227 during 1934.

The deaths numbered 18, compared with eight for the previous year. This high case mortality was due to a virulent strain of the micro-organism causing the disease. Recent research work has shown that there are at least two strains of the bacillus, namely, the mild strain, associated with a good deal of exudate and membrane and with little toxæmia, and the gravis strain, characterised by marked toxæmia and little membrane at first. The gravis strain first made its appearance on the continent several years ago, and more recently in the north and midlands of England, where the case mortality became abnormally high.

The presence of this severe type was noted in last year's report, and it continued to be prevalent in one part of the town during the earlier half of 1935, being responsible for at least 11 of the recorded deaths. On the other hand, the autumn rise of cases was relatively small, and most of these were of ordinary type, so that at the moment we can consider this particular invasion to have ceased. Whether or not further importations occur, the only safe method of control is more widespread immunisation of children in the susceptible age groups.

Epidemic Jaundice.

During October I found that several children were being taken to the Children's Hospital suffering from an illness associated with mild inflammation of the liver and slight jaundice, and that there was evidence of its infective nature, as shown by the subsequent occurrence of similar symptoms amongst other children in the family. By the courtesy of the Resident House Physician at the Children's Hospital, other cases presenting themselves were notified, and occasional cases have been seen by the School Medical Officers.

Visits were paid to many of the infected homes scattered in different parts of the town, with a definite group on the Cowsley Estate. It has been impossible to trace the origin or origins, or to obtain conclusive information as to contacts in Sunday School or Day School; many of the primary cases were under school age.

Odd cases occurred in August (were they infected at the seaside?); most were reported in October, and by December the number was greatly reduced. In all, about 50 cases were traced, yet the real number must have been considerably greater.

Evidence of spread to other children was obtained in 9 or 10 families, with a possible incubation period of from 14 to 23 days.

The onset may have been vague or rather acute, the chief symptoms noted by parents being abdominal pain and vomiting, to be followed by icteric urine, pale stools and slight tingeing of the sclerotics of the eyes; recovery generally took place in a few days.

In some families the second case was much graver than the first; in others, a mild attack was not followed by symptoms in other children.

Some Medical Practitioners have also noticed the condition amongst their private patients, and my visits to some homes gave ground for the impression that Doctors in general have not stressed the possibility of the condition being of an infective nature. In one case the child's disease was followed, after an incubation period, by similar acute infection in the father.

Enteric Fever.

One case was notified—a married woman of 56, sent into hospital suffering from some abdominal disturbance, whose blood agglutinated Para Typhoid B. in high titre, with organisms present in the stools. Without fever, she appeared to be a convalescent or temporary carrier. No history of any previous acute illness was obtained, and nothing could be learned as to the origin of the infection.

Notifiable Diseases during the Year.

DISEASE.				Total Cases Notified	Cases admitted to Hospitals	Total Deaths.
Smallpox	...	...	...	...	...	...
Diphtheria	...	...	...	259	231	18
Scarlet Fever	...	...	...	443	307	2
Enteric Fever (including Paratyphoid)	...	...	...	1	1	...
Puerperal Fever	...	...	...	5	5	2
Puerperal Pyrexia	...	...	...	30	24	3
Pneumonia	...	...	...	183	103	41
Erysipelas	...	...	...	75	50	4
Cerebro-Spinal Fever	...	...	...	5	5	5
Continued Fever	...	...	...	...	...	...
Poliomyelitis	...	...	...	1	1	...
Encephalitis Lethargica	...	...	...	1	1	1
Polio-Encephalitis	...	...	...	...	...	...
Malaria	...	...	...	...	...	...
Ophthalmia Neonatorum	...	...	...	30	9	...
Measles and German Measles	...	...	...	647	59	4
Chicken Pox	...	...	...	587	4	...
Dysentery	...	...	...	...	...	...
Whooping Cough	...	...	...	299	20	5
Tuberculosis— (incl. obs. cases)						
Pulmonary	{	Males	...	95	203	46
		Females	...	48	65	29
		Total	...	143	268	75
Non-Pulmonary	{	Males	...	11	23	6
		Females	...	9	17	7
		Total	...	20	40	13

Cases of Infectious Disease Notified during 1935.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.											TOTAL CASES NOTIFIED IN EACH WARD.												Total Cases re- moved to Hospital.									
	At all ages	At Ages—Years.										Abbey.	Alvaston.	Arboretum.	Babington.	Becket.	Bridge.	Castle.	Dale.	Derwent.	Friar Gate.	King's Mead.	Litchurch.		Normanton.	Osmaston.	Pear Tree.	Rowditch.	Non-Residents.				
		Under 1.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45																			45-65	65 and upwards.		
Smallpox ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup) ...	259	4	9	13	21	28	103	55	8	11	2	5	...	16	17	5	18	13	9	15	5	23	18	49	9	7	28	5	22	231	...		
Erysipelas ...	75	...	1	2	...	...	...	1	1	7	11	23	29	2	2	3	1	5	4	6	6	11	4	4	5	5	4	6	7	48	...	
Scarlet Fever ...	443	...	10	17	22	40	191	86	27	36	13	1	...	22	52	18	14	9	16	13	15	23	20	14	23	26	104	36	27	11306	...		
Typhus Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever ...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...
Relapsing Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued Fever ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever ...	5	...	...	...	...	...	...	...	1	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	3	...
Puerperal Pyrexia ...	30	...	...	...	...	...	...	...	1	23	6	...	...	2	...	3	1	1	1	1	...	2	2	1	...	2	4	2	1	7	...	
Cerebro-Spinal Fever ...	5	2	...	...	...	1	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	1	2	...
Poliomyelitis ...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Polio-Encephalitis...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Acute Encephalitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lethargia ...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pneumonia ...	183	4	5	6	2	4	15	16	13	36	29	43	10	12	21	4	8	8	2	12	10	7	13	21	9	13	25	8	10	...	1	...	
Malaria
Dysentery
Pulmonary Tuberculosis...	143	...	...	...	...	...	8	5	14	56	20	38	2	8	8	11	10	9	7	12	5	7	6	13	11	7	13	9	7	...	164	...
Other forms of Tuberculosis	20	...	...	2	...	...	6	2	2	4	2	1	1	...	2	2	1	1	1	2	...	1	1	1	1	2	4	1	...	...	6	...
Ophthalmia Neonatorum...	30	30	...	...	...	...	...	...	...	...	...	...	...	2	2	4	2	...	...	3	...	1	2	2	2	1	5	2	2	...	...	...
Measles and German Measles ...	647	33	79	89	85	80	257	18	2	4	...	...	...	31	104	4	30	20	11	27	14	184	15	24	8	87	46	23	16	3	59	...
*Chicken-pox ...	587	25	38	33	50	51	368	18	2	1	...	...	1	50	94	23	22	49	4	21	5	38	89	18	4	35	52	25	58	...	4	...
*Whooping Cough ...	299	39	25	29	20	35	147	4	...	...	...	...	...	11	9	32	18	7	1	8	26	31	27	26	13	13	40	29	7	1	20	...
Totals ...	2729	137	167	191	201	239	1096	206	71	179	86	112	44	156	312	109	125	122	56	121	86	328	197	173	86	198	326	147	160	27	842	...	

* Not compulsorily notifiable.

BACTERIOLOGICAL etc., EXAMINATIONS.

The following is a summary of examinations made during the year 1935 :—

BOROUGH LABORATORY (Isolation Hospital).

Swabs for Diphtheria	...	...	...	...	...	7,237
Swabs for Vincent's Angina	...	...	...	...	...	29
Sputa by ordinary method	...	...	...	...	...	3,571
Sputa by E and E method	...	...	...	...	...	437
Others	...	...	...	...	...	1,533
Borough Laboratory Total						12,807

COUNTY LABORATORY.

Swabs for Haemolytic Streptococci	...	...	...	...	...	138
Urine Specimens	...	...	...	...	...	9
Eye Cultures	...	...	...	...	...	15
Blood for Widal's Reaction	...	...	...	...	...	2
Others	...	...	...	...	...	49
County Laboratory Total						213
Grand Total						13,020

Summary of Cases of Infectious Disease notified in each Quarter during 1935.

Quarters.	Totals	Small Pox.	Scar-let Fever.	Diph-theria including Mem-branous Croup.	En-teric Fever	Erysipelas.	Puer-peral Fever	Puer-peral Pyrexia.	Cerebro Spinal Fever.	Polio-m'lytis.	Acute Polio-encephalitis.	Continued Fever.	Acute Ence-phalitis Leth-argica.	Pneumonia.	Malaria.	Chicken Pox.	Dysentery.	Pulmon-ary Tuber-culosis.	Other Tuber-culous Diseases	Oph-thalmia Neona-torum	Measles and German Measles	Whooping Cough.
First ..	1081	...	69	90	...	16	2	15	1	...	...	...	...	51	...	123	...	28	7	4	577	98
Second	524	...	71	47	...	21	1	5	2	...	...	...	...	59	...	179	...	36	5	11	30	57
Third ..	376	...	81	53	1	11	1	3	1	...	...	...	1	20	...	79	...	40	4	8	24	49
Fourth	748	...	222	69	...	27	1	7	1	1	...	...	...	53	...	206	...	39	4	7	16	95
Year ..	2729	...	443	259	1	75	5	30	5	1	...	...	1	183	...	587	...	143	20	30	647	299
Deaths Regist'd in 1935	200	...	2	19	1	2	3	...	4	...	...	...	3	69	...	...	...	75	13	...	4	5

OPHTHALMIA NEONATORUM.

Cases notified 30

19 of the cases were males and 11 females.

<i>Cases.</i>			<i>Vision unim- paired.</i>	<i>Vision im- paired.</i>	<i>Total Blind- ness.</i>	<i>Deaths.</i>
<i>Notified.</i>	<i>Treated.</i>					
	<i>At Home.</i>	<i>In Boro' Hospitals.</i>				
30	*22	†8	‡29	1	1 (right eye only).	...

* Included in this number is 1 case treated at the Nightingale Nursing Home and 3 at the Children's Hospital as Out-patients.

† In-patients of City Hospital (5), Derbyshire Royal Infirmary (3).

‡ Five cases left Derby before the end of the year and could not be visited in 1936. At the time of the last visit, in 1935, the eyes were reported as clear.

The number of cases notified was 8 less than in 1934.

Vaccination of Infants during 1935.

Total number of births	...	...	...	...	...	2,549
Children under 12 months died un-vaccinated	...	...	...	...	...	145
Insusceptible	...	...	...	...	...	1
Postponed	...	...	...	...	...	39
Successful	...	...	...	...	...	236
Conscientious objection certificates	...	...	...	...	...	1,954

Disinfection and Disinfestation.

The following summary shows particulars of disinfections and disinfestations carried out during the year :—

AFTER INFECTIOUS DISEASES.

Rooms Disinfected	...	...	...	...	...	607
Clothing (Midwives), etc. (instances)	...	...	...	...	...	34

OTHERS (including Cancer, Verminous conditions, etc.,

Disinfection only carried out by request).

Rooms Disinfected	...	...	...	...	...	27
Bedding, Clothing, etc. (instances)	...	...	...	...	...	16

In addition, all library books from infected houses are brought to the Health Office for disinfection, and are returned to the Public and other Libraries after this has been carried out.

DIPHTHERIA PROPHYLAXIS.

Whilst the *prompt* administration of the specific antitoxin in adequate amount remains the only effective method of preventing mortality from Diphtheria, methods of pre-munisation are now established practice for the

protection of those susceptible who may be exposed to infection. In urban communities, where children tend more and more to crowd in Day or Sunday School and at Picture Houses, the risk of exposure is considerable, and especially so in the autumn and winter.

The importance of a free insurance against this grave infection cannot be too widely known; we are able to record that more interest is being taken, and one hears far less of the father who "doesn't believe in it." Parents are now openly advising their friends that protection seems to be harmless, quoting cases of immunised children who have been exposed to infection and have escaped, and many more children have been sent to me by their private doctors.

The personal letter offering immunisation, sent to parents of young children who have been removed to the Isolation Hospital suffering from Scarlet Fever, has led to a good response during the past year.

Meetings for parents have been held in five Infant Schools, four being routine, with an average attendance of 28, and one an emergency meeting to warn parents of the presence of a very grave type of Diphtheria in their neighbourhood, which had already caused several deaths; 118 mothers attended, and the special appeal led to the presentation of 135 children for immunisation, most of whom completed the course.

Schick testing of inoculated children has been carried out on a wide scale in order to furnish data as to whether our method of using 2.5 c.c. T.A.F. in doses of 0.5, 1.0 and 1.0 given at fortnightly intervals would bring immunity up to a Schick negative level. Included in the group were children who had received their doses whilst convalescing from Scarlet Fever, but injected at intervals of seven or eight days. As a result of over 400 tests, I have reached the conclusion that a preliminary dose of 0.5 c.c. T.A.F. is quite satisfactory, but that a higher grade of immunity (as measured by Schick level) is obtained if the subsequent doses are given at intervals of two weeks or longer.

During 1935, all children living in Married Quarters at the Normanton Depot of the 5th Battalion Sherwood Foresters were immunised or re-schicked; at the request of the Public Assistance Committee, all children in residence at the various Homes were Schick tested and/or immunised.

Testing and immunising of the nursing staffs, both of the City Hospital and Derbyshire Children's Hospital, have been carried out as heretofore.

It has recently been stated that the presence of a percentage of immunised children in a community *may increase the "carrier" rate*, and that protected children might therefore become a danger, as spreaders of virulent infection to the non-immune.

We wish to refute this categorically as being highly improbable in current British practice of immunisation in open communities. It is patent that an authority which practices immunisation will exercise the most rigid control on any prevalence of Diphtheria occurring amongst groups of children where a proportion have been protected, and our local experience is entirely contrary to the above statement. Should such occur, it will certainly be investigated as to the presence of immune carriers. Up to date there has been no spread of infection in any school complying with the above conditions, and a less number of sporadic cases in such schools than in schools where no barrier of immunes has been established.

In semi-closed communities, such as Orphanages, the safeguarding is usually perfect; in Derby, the Railway Servants' Orphanage, at one time an undoubted source of carrier spread to certain Elementary Schools, has been free from Diphtheria amongst its 100% immunised population, and cases of Diphtheria have been much less frequent in the Schools attended by Orphanage children.

A fortiori, if Fever Hospital Nurses, who are all immunised, were more likely to become carriers of virulent germs, evidence of such infectivity would be revealed by occasional cross-infections in Hospital and amongst their non-immune friends outside—we know of no such accident, and even if such occurrences were reported as having occurred elsewhere they must be so few as to be statistically negligible for the proof of such a statement.

Diphtheria in "Immunised" Children.

No certificates are given stating that a child will not acquire Diphtheria, nor is an absolute verbal assurance, unless a confirmatory skin test has given evidence of immunity to the Schick negative level. It cannot be expected that odd cases will not occur amongst an increasing number of children who have had three doses of the prophylactic, but such will be much less severe and rarely dangerous.

During 1935, ten children who had received three injections were removed to Hospital as suffering from Diphtheria; two were found to be suffering from follicular tonsillitis and diagnosed as temporary carriers, two had tonsillitis only, one with the presence of diphtheroids.

FOUR were mild cases of faucial diphtheria, ONE had nasal diphtheria only, and ONE a moderately severe attack. This case was the sister of a similar case occurring in 1934, and suggested a familial failure of reaction of the antigen; but another explanation was available.

This girl, one other faucial case and the nasal case, had all received 2·5 c.c. T.A.F., spaced out at weekly intervals, administered in the Isolation Hospital. As a result of this instructive experience, the method of dosage has now been changed, and no child received prophylactic at a shorter interval than two weeks.

DIPHThERIA OCCURRING MORE THAN 12 WEEKS AFTER THE THIRD INJECTION OF DIPHThERIA PROPHYLACTIC.
SCHICK TESTING AFTER INOCULATION WAS NOT DONE.

Initials.	Age.	Dates of Inoculation and quantity.			Material used.	Interval in weeks between last dose and the illness.	Confirmation of Diagnosis.		Case No.	Remarks.
		0/5	1/0	1/0			Clinical.	Morphological diphtheria bacilli.		
I. S.	6	8/2/34	22/2/34	8/3/34	T.A.F.	24	Yes.	Yes.	142/34	Moderately severe faucial (probably gravis strain) Recovery.
G. W. J. S.	5 11	1/12/34 27/1/34	8/12/34 10/2/34	15/12/34 24/2/34	T.A.F. T.A.F.	14 58	Yes. Yes.	Yes. Yes.	103/35 122/35	Nasal and Skin only. Recovery. Small patch one tonsil. Mild case (probably gravis strain). Recovery.
M. S. (sister of I.S.)	8	24/2/34	3/3/34	9/3/34	T.A.F.	57	Yes.	Yes.	121/35	Moderately severe faucial. Recovery.
D. B.	7	6/2/35	20/2/35	7/3/35	F.T.	32	Yes.	Yes.	226/35	Small patch one tonsil. Recovery.
E. C.	8	12/3/35	19/3/35	26/3/35	T.A.F.	39	Yes.	Yes.	277/35	Faucial, one tonsil. Recovery.

DIPHThERIA OCCURRING LESS THAN 12 WEEKS AFTER THE THIRD INJECTION.

I. B.	5	2/4/35	16/4/35	30/4/35	T.A.F.	2	Yes.	Yes.	131/35	Faucial, both tonsils. 24,000 units. Recovery.
DOUBTFUL DIPHThERIA OCCURRING IN INOCULATED PERSONS.										
K. B.	8	14/8/33	21/8/33	28/8/33	T.A.F.	87	No.	Yes.	133/35	Follicular tonsillitis in-patient in another hospital (T.B. Hip) No membrane; diagnosed on swab. Recovery.
K. S.	7	6/2/35	20/2/35	6/3/35	T.A.F.	20	No.	Yes.	167/35	Follicular tonsillitis followed by choreic symptoms. No membrane, temporary carrier. Recovery.

Immunisation Clinics.

As will be noted from the table, a great increase both in numbers and attendances has taken place, and very few children have failed to complete the course. There has been no change in method, but the use of T.A.F. had to be curtailed in the early months of 1935 owing to failure of supplies following the unprecedented demand throughout the country. Formol Toxoid had to be used, but this led to many cases of local reactions, and in one a severe general reaction; such effects are not helpful to success where the atmosphere is one of suspicion rather than confidence. By April, normal supplies of T.A.F. were again available. The advent of a more satisfactory antigen for single dose immunisation, in the form of precipitated alum toxoid (P.A.T.), enabled me to test this in a few cases of young children, with very slight reactions and definite production of Schick negativity, but, under Derby conditions I do not feel inclined to widely advocate its use until the public learn to discount local reactions.

DIPHTHERIA PROPHYLAXIS, 1935.

Use of Schick Test.

	No.	Non-reactors.	Reactors.	
School Teachers	46	18	28	} 5 very slight positive.
P.A.C. Homes Children	50	42	8	
Scholars	48	25	23	
Re-tested after previous inoculation	427	397	30	} 14 very slight positive.

Administration of Prophylactic.

	Under 5 years.	5—15 years.	Total.
Schick Reactors	—	32*	32
Do. Teachers	—	—	20
Inoculated without test	388*	569*	957
Inoculated at Isolation Hospital whilst recovering from Scarlet Fever	24	49	73
			<hr/> 1,082 <hr/>

* 27 failed to complete the course.

Clinics, 1935.

These were held at the Central Office, at one Toddlers' Centre, and at various Elementary Schools, etc., by appointment.

Number of Sessions	204
First attendance of cases	1,101
Total number of attendances	3,763
Average attendance per session	19

A Table is provided giving an analysis according to age of the persons who have completed a full immunisation course since the inception of Diphtheria Prophylaxis :—

Year.	YEAR OF BIRTH.														Total.
	1935	'34	'33	'32	'31	1930	'29	'28	'27	'26	'25	'24	'23	'22—'19	
1930	—	—	—	—	—	—	3	—	1	—	—	—	—	—	4
1931	—	—	—	—	10	16	14	13	19	16	16	17	10	18	149
1932	—	—	—	3	13	11	7	11	22	23	21	17	15	16	159
1933	—	—	1	20	23	28	30	54	39	35	24	17	20	15	306
1934	—	2	33	58	44	58	88	51	59	41	26	18	6	9	493
1935	2	63	77	79	99	133	145	157	111	73	46	24	15	12	1,036
Totals	2	65	111	160	189	246	287	286	251	188	133	93	66	70	2,147

Antitoxin.

Antitoxin was supplied gratuitously, as in previous years, to the medical men practising in Derby. During 1935, the following amounts were supplied—

15 phials containing 2,000 units each.			
32	„	„	4,000 „
235	„	„	8,000 „

VENEREAL DISEASES.

FORM V.D. (R). (Revised).

RETURN relating to all persons who were treated at the Treatment Centre at Royal Infirmary, Derby, during the year ended 31st December, 1935.

	Syphilis		Soft Chancres		Gonorrhoea		Conditions other than Venereal.		TOTAL.		TOTALS.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1 Number of cases on 1st January under treatment or observation ...	252	171	4	—	194	83	53	32	503	286	789
2 Number of cases removed from the register during any previous year which returned during the year under report for treatment or observation of the same infection ...	8	7	—	—	7	4	—	—	15	11	26
3 Number of cases dealt with for the first time during the year under report (exclusive of cases under Item 4) suffering from:—											
Syphilis, primary ...	18	1	—	—	—	—	—	—	18	1	19
" secondary ...	21	19	—	—	—	—	—	—	21	19	40
" latent in 1st year of infection ...	—	2	—	—	—	—	—	—	—	2	2
" all later stages ...	15	26	—	—	—	—	—	—	15	26	41
" congenital ...	12	12	—	—	—	—	—	—	12	12	24
Soft Chancres ...	—	—	2	—	—	—	—	—	2	—	2
Gonorrhoea—											
1st year of infection ...	—	—	—	—	225	52	—	—	225	52	277
later... ...	—	—	—	—	1	1	—	—	1	1	2
Conditions other than venereal... ..	—	—	—	—	—	—	201	62	201	62	263
4 Number of cases dealt with for the first time during the year under report known to have received treatment at other Centres for the same infection	8	—	—	—	25	1	—	—	33	1	34
TOTALS OF ITEMS 1, 2, 3 AND 4...	334	238	6	—	452	141	254	94	1046	473	1519
5 Number of cases discharged after completion of treatment and final tests of cure (see Item 15) ...	54	19	6	—	159	32	207	78	426	129	555
6 Number of cases which ceased to attend before completion of treatment and were, on first attendance, suffering from:—											
Syphilis, primary... ..	7	3	—	—	—	—	—	—	7	3	10
" secondary ...	8	9	—	—	—	—	—	—	8	9	17
" latent in 1st year of infection ...	1	1	—	—	—	—	—	—	1	1	2
" all later stages ...	8	7	—	—	—	—	—	—	8	7	15
" congenital ...	2	6	—	—	—	—	—	—	2	6	8
Soft Chancres ...	—	—	—	—	—	—	—	—	—	—	—
Gonorrhoea—											
1st year of infection ...	—	—	—	—	49	12	—	—	49	12	61
later ...	—	—	—	—	—	2	—	—	—	2	2
7 Number of cases which ceased to attend after completion of treatment, but before final tests of cure (see Item 15) ...	11	3	—	—	7	1	—	—	18	4	22
8 Number of cases transferred to other centres or to institutions, or to care of private practitioners...	15	12	—	—	33	6	—	—	48	18	66
9 Number of cases remaining under treatment or observation on 31st December ...	228	178	—	—	204	88	47	16	479	282	761
TOTALS OF ITEMS 5, 6, 7, 8 AND 9 (These totals should agree with those of Items 1, 2, 3 and 4)	334	238	6	—	452	141	254	94	1046	473	1519

FORM V.D. (R).—continued.

	Microscopical		Serum Tests		
	for spirochetes	for gonococci	Wasserman	Others for Syphilis	for Gonorrhœa
16 Pathological Work :—					
(a) Number of specimens examined at and by the medical officer of the treatment centre ...	75	1604	—	—	—
(b) Number of specimens from patients attending at the centre sent for examination to an approved laboratory ...	—	—	1206	3	—

Statement showing the services rendered at the Treatment Centre during the year, classified according to the areas in which the patients resided.

Name of County or County Borough (or Country in the case of persons residing elsewhere than in England and Wales) to be inserted in these headings.	Derby Borough.	Derby County.	Staffs. County.	Leicester County.	Notts. County.	Walsall Borough.	Total.
A. Number of cases in Items 3 and 4 from each area found to be suffering from :—							
Syphilis	78	54	—	1	1	—	134
Soft Chancre	—	2	—	—	—	—	2
Gonorrhœa	183	118	2	2	—	—	305
Conditions other than venereal	155	104	4	—	—	—	263
TOTAL	416	278	6	3	1	—	704
B. Total number of attendances of all patients residing in each area	19842	10027	173	130	36	5	30213
C. Aggregate number of "In-patient days" of all patients residing in each area	108	285	—	—	—	—	393
D. Number of doses of arsenobenzene compounds given in the out-patient Clinic and In-patient Department to patients residing in each area	1194	958	—	6	15	—	2173

27th January, 1936.

(Signed) H. R. MORGAN RICHARDS,
M.O. i/c V.D. Clinic.

v.--TUBERCULOSIS.

REPORT BY

DR. W. H. WRAY, Tuberculosis Medical Officer.

1935. Notifications of Pulmonary Tuberculosis ...	...	...	...	143
„ Non-Pulmonary Tuberculosis ...	...	...	...	20
				<hr/> 163

Comparison with numbers in 1934 :—

Pulmonary Tuberculosis ...	...	...	...	4 increase.
Non-Pulmonary Tuberculosis ...	...	...	...	10 decrease.
Total ...				<hr/> 6 decrease.

The Non-Pulmonary cases notified in 1935 consisted of :—

Tuberculous Meningitis...	...	3	Tuberculous Knee Joint	...	1
„ Cervical Glands ...	...	3	„ Epididymitis	...	1
„ Hip ...	...	3	„ Peritonitis	...	5
„ Spine ...	...	2	Miliary Tuberculosis	...	2

Deaths from Pulmonary Tuberculosis in 1935	...	...	...	75
„ Non-Pulmonary Tuberculosis in 1935	...	...	...	13
				<hr/> 88

Decrease on the number in 1934 ... 9.

The thirteen deaths from Non-Pulmonary Tuberculosis in 1935 were certified as being due to :—

Tuberculous Meningitis ...	...	5 instances.
„ Spine ...	...	2 „
„ Peritonitis ...	...	2 „
Miliary Tuberculosis ...	...	2 „
Tuberculous Hip ...	...	1 „
„ Knee Joint ...	...	1 „

The number of deaths again reached a low level.

5.3% of the deaths from Pulmonary Tuberculosis occurred previous to notification. 38.4% of the deaths of the Non-Pulmonary Tuberculosis cases (5 of the total 13) occurred previous to notification. 62.6% of the deaths from Pulmonary Tuberculosis occurred within two years of notification (including those not notified previous to death).

The family history of Tuberculosis in notified cases is an interesting study, and in this connection it is observed that in 61 of the 143 cases of Pulmonary Tuberculosis notified in 1935 (40.5%), and in five of the 20 Non-Pulmonary cases (25%), there was a family history of Tuberculosis.

The number of visits to the houses of the patients paid by the nurses was 5,558. It is to be noted, however, that a proportion of these visits were due to the fact that a survey of families in which a case of Tuberculosis had occurred, where the case had either recovered or had died, was made during the year.

In the homes of 21 of the notified cases (12.8%) there were two or more families; the percentage in 1925 was 16.5, and in 1928 9.2.

50.0% of the patients notified had completely separate sleeping accommodation; the percentage in 1925 was 31.7 and in 1928 was 36.9.

Tuberculosis Clinic.

Number of Clinics held	...	...	...	323
Total number of Attendances	...	...	...	5,381
Number of new Patients examined	...	...	...	653
Number of Contacts examined	...	...	...	303

Five of the contacts were found to be suffering from active Tuberculosis.

Open-air shelters were loaned to 22 patients during the year.

Ancillary treatment, in the form of a daily supply of milk, was granted to 46 patients during the year.

Disinfections, etc.—During the year 1935, 210 houses were disinfected after death or removal of Tuberculous patients. 1,248 bottles of disinfectant fluid and 1,277 supplies of paper handkerchiefs were given out from the Tuberculosis Clinic.

School Children.—The number of school children examined (453) includes observation cases and contacts.

Number of school children notified in 1935	...	...	20
Pulmonary Tuberculosis	...	...	13
Other forms of Tuberculosis	...	...	7

The Non-Pulmonary cases were notified as :—

Tuberculosis of Hip	...	...	2	Tuberculosis of Mesenteric			
Tuberculosis of Cervical Glands	...	...	2	Glands	...	...	3

The number of school children admitted to the Borough Sanatorium was 49, and the number discharged was 48, their average stay in the Institution being 131·5 days. No school child died in the Sanatorium during the year.

One hundred and forty-one school children were excluded from school for varying periods.

Borough Sanatorium.

Number of patients admitted	...	...	170
" " discharged	...	...	156
" " died	...	...	15

The average stay of the patients discharged was 133·1 days, and for the patients who died 97·7 days.

Form T. 137

TUBERCULOSIS.**PUBLIC HEALTH (Tuberculosis) REGULATIONS, 1930.****Tuberculosis Notifications—1st January, 1935, to 31st December, 1935.****FORMAL NOTIFICATIONS.**

	Primary Notifications.											Total Notifi- cations (including cases previously notified).	
	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65 w'ds.	Total		
Pulmonary, Males	4	3	7	15	20	14	21	8	1	93	138
Females	4	2	7	8	11	6	7	1	...	46	56
Non-Pulm. Males	1	4	1	...	...	1	1	1	1	...	10	14
Females	1	2	1	1	...	...	...	...	...	...	5	6

Part II.

Supplemental Return shewing new cases of Tuberculosis discovered otherwise than by formal notification, for above-named period :—

Sources of Information of "Supplemental Return" Cases.		Number of Cases.	
		Pulmonary	Non-Pulmonary
Death Returns—	Local ...	2	3
	Reg. Gnl. ...	—	—
	Inward Transfers	—	—
	Other Sources	2	2
	(Posthumous)...		

	0 to 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65	65 and up- w'ds.	Total
Pulmonary, Males	1	...	...	...	1	...	2
" Females	1	...	...	...	...	1	2
Non-Pulm. Males	1	...	...	...	...	...	1
" Females	1	2	...	...	...	...	1	4

Part III.

NOTIFICATION REGISTER.

	Pulmonary.			Non-Pulmonary			Total Cases.
	Males	Females	Total	Males	Females	Total	
Number of cases of Tuberculosis remaining at the 31st December, 1935, on the Register of notifications kept by the Medical Officer of Health of the County Borough	284	168	452	44	19	63	515
Number of cases removed from the Register during the year by reason <i>inter alia</i> of:—							
1. Withdrawal of notification	—	—	—	—	—	—	—
2. Recovery from the disease...	14	19	33	3	2	5	38
3. Death (all causes) ...	47	30	77	5	8	13	90

TUBERCULOSIS SCHEME OF THE DERBY COUNTY BOROUGH COUNCIL.

TABLE 1.—Return showing the work of the Dispensary during the year 1935.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GR'ND TOTAL
	Adults.		Children.		Adults.		Children.		Adults.		Children.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
A.—NEW CASES examined during the year (excluding contacts):—													
(a) Definitely tuberculous ...	89	33	4	4	4	2	2	4	93	35	6	8	142
* (b) Diagnosis not completed	—	—	—	—	—	—	—	—	5	3	8	8	24
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	139	120	121	119	499
B.—CONTACTS examined during the year :—													
(a) Definitely tuberculous ...	—	3	1	1	—	—	—	—	—	3	1	1	5
* (b) Diagnosis not completed	—	—	—	—	—	—	—	—	—	—	1	1	2
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	44	84	90	78	296
C.—CASES written off the Dispensary Register as													
(a) Recovered ...	9	16	4	3	2	1	1	1	11	17	5	4	37
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as Tuberculous) ...	—	—	—	—	—	—	—	—	187	204	215	202	808
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—													
(a) Diagnosis completed ...	229	111	39	37	17	7	25	10	246	118	64	47	475
(b) Diagnosis not completed	—	—	—	—	—	—	—	—	5	3	9	9	26

* i.e., remaining undiagnosed on 31st December.

1. Number of persons on Dispensary Register on January 1st... .. 450	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years 25
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ... 28	4. Cases written off during the year as Dead (all causes) 69
5. Number of attendances at the Dispensary (including Contacts) ... 5381	6. Number of Insured Persons under Domiciliary Treatment on the 31st December 157
7. Number of consultations with medical practitioners :— (a) Personal 134 (b) Otherwise 682	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) 171
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes 2919 Other visits 2639	10. Number of (a) Specimens of sputum, &c., examined 1080 (b) X-ray examinations made in connection with Dispensary work (Sputum, etc., examined for other purposes) 2944
11. Number of "Recovered" cases restored to Dispensary Register and included in A (a) and A (b) above 12	12. Number of "T.B. plus" cases on Dispensary Register on December 31st 281

Section B.

Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment):—

Provided by the Council	One.
Provided by Voluntary Bodies	Nil.

Section C.

Number of beds available for the treatment of Tuberculosis on the 31st December in Institutions belonging to the Council:—

Name of Institution	For Pulmonary Cases		For Non-Pulmonary Cases		Total.
	Adults	Children under 15	Adults	Children under 15	
Derby Borough Tuberculosis Sanatorium	56	24	Nil specified. 6 cases can be admitted	Nil specified. 4 cases can be admitted	80
City Hospital, Derby	20 male (no specified accommodation for females or children. Transferred to Sanatorium if possible. Temporary accommodation in side wards here).		Accommodation provided as required, without any difficulty, also extensive balcony accommodation.		—

Section D.

Return showing the Extent of Residential Treatment and observation during the year in Institutions (other than Poor Law Institutions) approved for the Treatment of Tuberculosis :—

		In Instit't'ns on Jan. 1	Admitted during the year.	Discharged during the year.	Died in the Instit't'ns	In Instit't'ns on Dec. 31
Number of doubtfully tuberculous cases admit- ted for ob- servation.	Adult Males ...	5	42	40	3	4
	Adult Females	—	22	19	—	3
	Children ...	11	40	36	—	15
	Total ...	16	104	95	3	22
Number of patients suffering from Pulmonary Tuberculosis.	Adult Males ...	43	116	96	23	40
	Adult Females	18	49	35	13	19
	Children ...	12	10	19	—	3
	Total ...	73	175	150	36	62
Number of patients suffering from Non- Pulmonary Tuberculosis.	Adult Males ...	3	6	5	2	2
	Adult Females	2	1	1	2	—
	Children ...	13	10	12	1	10
	Total ...	18	17	18	5	12
GRAND TOTAL ...		107	296	263	44	96

Section E.

Return showing the Extent of Residential Treatment provided during the year in Poor Law Institutions for persons chargeable to the Council :—

Nil.

Section F.

Return showing the Results of Observation of Doubtfully Tuberculous cases discharged during the year from Institutions approved for the treatment of Tuberculosis :—

Diagnosis on discharge from observation.	For Pulmonary Tuberculosis						For Non-Pulmonary Tuberculosis						Totals.		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	5	—	—	9	1	6	—	—	—	1	—	1	15	1	7
Non-Tuberculous	6	6	1	18	12	26	—	—	2	—	—	—	24	18	29
Doubtful ...	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—
Totals ...	12	6	1	27	13	32	—	—	2	1	—	1	40	19	36
Died ...	*3	—	—	—	—	—	—	—	—	—	—	—	3	—	—

* Deaths certified respectively as :—

Chronic Bronchitis.

Broncho-Pneumonia.

Bronchiectasis, abscess of lungs.

Section G.—Return showing the immediate results of treatment of Definitely Tuberculous patients during the year from Institutions approved for the treatment of Tuberculosis:—

Classification on admission to the Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												Totals.			Grand Totals.
		Under 3 m'ths but exceeding 28 days.			3—6 months.			6—12 months.			More than 12 months.						
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.				
Class T.B. minus.	Quiescent ... Not quiescent ... Died in Institution ...	5 3 —	3 1 —	3 — —	14 — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	9 3 —	3 1 —	19 — —	31 4 —	
Class T.B. plus. Group 1.	Quiescent ... Not quiescent ... Died in Institution ...	— 1 —	3 2 —	— — —	— — —	6 — —	2 — —	— — —	— — —	— — —	— — —	— — —	9 3 —	8 2 —	— — —	17 5 —	
Class T.B. plus. Group 2.	Quiescent ... Not quiescent ... Died in Institution ...	— 18 —	— 4 —	— — —	— — —	— 14 1	— 4 1	— — —	— — —	— — —	— — —	— — —	1 48 2	2 12 3	— — —	3 60 5	
Class T.B. plus. Group 3.	Quiescent ... Not quiescent ... Died in Institution ... Totals (Pulmonary) ...	— 1 4 32	— 2 2 17	— — 3 3	— — 14 14	— 4 3 31	— 1 9 9	— — — —	— 2 1 25	— — 1 11	— — 1 1	— — — 7	— 8 12 95	— 3 3 37	— — — 19	— 11 15 151	
Bones & Joints.	Quiescent ... Not quiescent ... Died in Institution ...	— — —	— — —	2 — —	1 — —	1 — 1	— — —	— — —	— — —	— — 1	— — —	— — —	1 — 1	— — 1	5 — 1	6 — 3	
Abdominal.	Quiescent ... Not quiescent ... Died in Institution ...	— — —	— — —	1 — —	1 — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	3 — —	3 — —	
Other Organs.	Quiescent ... Not quiescent ... Died in Institution ...	— — —	— — —	— — —	— — —	1 — —	— — —	— — —	— — —	— — —	— — —	— — —	1 1 —	— — —	— — —	1 1 —	
Peri-pheral Glands.	Quiescent ... Not quiescent ... Died in Institution ...	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	— — —	
	Totals (non-Pulmonary)	—	—	3	3	2	1	1	1	1	1	—	4	1	9	14	

PULMONARY TUBERCULOSIS.

NON-PULMONARY TUBERCULOSIS.

Supplementary annual return showing in summary form (a) the condition at the end of 1929 of all patients remaining on the Dispensary Register; and (b) the reasons for the removal of all cases written off the Register. The Table is arranged according to the years in which the patients were first entered on the Dispensary Register as definite cases of pulmonary tuberculosis, and their classification at that time.

Condition at the time of the last record made during the year to which the return relates.	Previous to 1926.				1926.				1927.				1928.				1929.							
	Class T.B. plus.				Class T.B. minus.				Class T.B. +				Class T.B. +				Class T.B. +							
	Group 1.	Group 2.	Group 3.	Total (Class T.B. plus.)	Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. +)	Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. +)	Class T.B. minus.	Group 1.	Group 2.	Group 3.	Total (Class T.B. +)					
(a) Remaining on Dispensary Register on 31st Dec.	Adults M.	4	2	-	6	-	-	-	1	-	-	-	-	-	1	3	-	-	3	2	-	1	-	1
	" F.	1	-	-	1	-	-	-	-	2	-	-	-	-	-	-	-	-	1	1	-	-	-	
	Children	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	5	-	-	-	-	
	Disease arrested	2	1	-	3	-	-	-	-	-	1	3	-	1	1	1	3	-	4	-	1	2	-	3
	Disease not Arrested	-	2	-	2	-	-	-	-	3	-	-	1	-	1	-	-	1	-	-	-	-	-	-
(b) Not now on Dispensary Register and reasons for removal therefrom	Children	-	2	-	2	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	1	
	Condition not ascertained during the year ...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total on Dispensary Register at 31st December	7	7	-	14	-	2	1	3	4	2	4	4	8	8	3	3	-	6	-	-	-	-	
	Discharged as Adults M.	156	31	1	188	13	-	-	-	19	3	2	-	5	9	1	4	-	5	5	1	-	-	
	" F.	63	13	-	76	14	2	2	-	4	11	3	4	7	19	2	1	1	4	10	-	3	-	
(b) Not now on Dispensary Register and reasons for removal therefrom	Children	64	5	-	69	33	-	-	-	21	-	-	-	2	20	2	-	-	2	9	-	-	-	
	Lost sight of, or otherwise removed from Dispensary Register ...	481	140	55	23218	17	5	2	-	7	15	2	4	-	6	17	1	7	1	9	22	4	5	1
	Adults M.	228	42	121	203366	2	3	10	20	33	4	3	16	8	27	6	4	14	11	29	2	10	17	13
	" F.	161	19	41	105165	3	3	7	6	16	4	1	7	10	18	4	5	9	8	22	1	6	15	4
	Children	40	10	7	926	1	1	-	1	2	-	2	-	-	2	-	1	-	-	1	-	-	1	1
(b) Not now on Dispensary Register and reasons for removal therefrom	Total written off Dispensary Register ...	1854	494	273	3411108	83	14	21	27	62	74	14	33	18	65	75	16	35	21	72	49	21	41	19
	Grand Totals ...	1854	501	280	3411122	83	14	23	27	64	76	15	36	18	69	77	20	39	21	80	57	24	44	19

		1930.		1931.		1932.		1933.		1934.		1935.					
(a) Remaining on Dispensary Register on 31st Dec.	Disease arrested	Adults M.	-	-	-	-	-	-	1	1	1	2	5	1	-		
	"	" F.	-	-	-	-	-	-	1	1	1	1	2	-	-		
	Children	3	1	-	4	5	-	1	6	-	1	2	3	4	1	2	
	Disease not Arrested	Adults M.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	"	" F.	-	-	-	2	2	-	-	-	-	-	-	1	-	-	
	Children	-	-	-	1	-	1	-	-	-	-	-	-	2	1	1	
	Condition not ascertained during the year	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Total on Dispensary Register at 31st December	3	1	-	4	6	-	2	1	9	-	1	1	2	3	3	1
Transferred to Pulmonary	...	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	
	Discharged as Recovered	Adults M.	4	-	-	4	-	-	1	-	-	-	-	-	-	-	
	"	" F.	1	-	1	2	4	-	-	-	-	-	-	-	-	-	
	Children	-	1	-	5	6	-	1	-	1	2	-	-	-	-	-	
(b) Not now on Dispensary Register and reasons for removal therefrom.	Lost sight of, or otherwise removed from Dispensary Register	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	"	Adults M.	4	-	-	2	6	1	-	-	1	-	2	-	-	-	
	"	" F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Children	-	1	-	1	-	1	-	-	-	-	-	-	-	-	-	
	Dead	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	
	"	" F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	Children	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	
	Total written off Dispensary Register	...	10	2	1	9	22	1	2	-	1	4	1	-	3	-	-
Grand Totals of (a) and (b) (excluding those transferred to Pulmonary) ...	...	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	"	Adults M.	13	3	1	9	26	7	2	2	2	13	1	-	2	1	4
	"	" F.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Children	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

No action was taken during 1935 under the above Regulations relating to Tuberculous Employees in the Milk Trade.

PUBLIC HEALTH ACT, 1925, SECTION 62.

No action was taken under this Section of the Act during 1935.

SUMMARY.

NOTIFICATIONS.

Pulmonary Tuberculosis—
Males 95, Females 48,
Total 143.

Non-Pulmonary Tuberculosis—
Males 11, Females 9,
Total 20.

DEATHS.

Pulmonary Tuberculosis 75. Non-Pulmonary Tuberculosis 13.

AGE AND SEX INCIDENCE.

Age Periods.	NEW CASES.				DEATHS.			
	Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
	M.	F.	M.	F.	M.	F.	M.	F.
0—1 ..	—	—	—	—	—	—	—	—
1—5 ..	—	—	1	1	—	—	—	1
5—10 ..	4	4	4	2	—	—	—	—
10—15 ..	3	2	1	1	—	1	1	—
15—20 ..	7	7	—	2	—	2	—	3
20—25 ..	15	8	—	—	3	5	1	—
25—35 ..	21	12	2	2	12	9	2	2
35—45 ..	14	6	1	—	8	4	1	—
45—55 ..	21	7	1	—	9	5	—	—
55—65 ..	9	1	1	—	10	2	1	—
65 and upwards ..	1	1	—	1	4	1	—	1
Totals ..	95	48	11	9	46	29	6	7

Charity Organisation Society.

The Secretary of this Society reports that during the year 1935 assistance was given to one girl towards her expenses in the Hahnemann Home, Bournemouth. (She was a non-notified case, however). Other people have been assisted who suffered from chronic Bronchitis; one case was later on found to be suffering from Tuberculosis.

IN THE YEAR 1900

BY THE BUREAU OF THE CENSUS

WASHINGTON: GOVERNMENT PRINTING OFFICE

1901

THE HEALTH OF THE PEOPLE OF THE UNITED STATES

IN THE YEAR 1900

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THE HEALTH OF THE PEOPLE OF THE UNITED STATES

IN THE YEAR 1900

BY THE BUREAU OF THE CENSUS

WASHINGTON: GOVERNMENT PRINTING OFFICE

vi.--HOSPITALS.

INCLUDING REPORTS BY

DR. TAYLOR, Resident Medical Superintendent,
Isolation Hospital and Sanatorium,

AND

DR. COOKE, Resident Medical Superintendent, City Hospital.

BOROUGH ISOLATION HOSPITAL.**GENERAL STATISTICS.**

	<i>Scarlet Fever.</i>	<i>Diph- theria.</i>	<i>Measles.</i>	<i>Others.</i>	<i>Total</i>
Remaining in Hospital, Dec. 31st, 1934 ...	21	36	21	3	81
Admitted during 1935 ...	306	231	59	148	744
Discharged during 1935 ...	274	219	74	140	707
Died during 1935 ...	2	17	6	9	34
Remaining under treat- ment on Dec. 31st, 1935...	51	31	—	2	84
Average stay in Hospital days ...	38	49	14	—	—

OTHER CASES.

<i>Disease.</i>	<i>Remaining in Hosp. 31/12/34</i>	<i>Admitted. 1935</i>	<i>Discharged. 1935</i>	<i>Died. 1935</i>	<i>In Hosp. 31/12/35</i>
Erysipelas... ..	1	48	46	3	—
Whooping Cough ...	1	20	18	3	—
Chicken Pox	—	4	4	—	—
Enteric Fever	—	1	1	—	—
Cerebro Spinal Meningitis	—	2	—	2	—
Pneumonia	—	1	1	—	—
Mumps	—	7	7	—	—
Observation Smallpox ...	—	1	1	—	—
Observation Scarlet Fever	—	13	11	—	2
Observation Diphtheria...	1	37	38	—	—
Observation Measles ...	—	4	4	—	—
Observation Whooping Cough	—	1	1	—	—
Observation Chicken Pox	—	1	1	—	—
Observation Gonorrhœa...	—	1	1	—	—
Diphtheria Carriers ...	—	6	6	—	—
Diphtheria Paralysis ...	—	1	—	1	—
	<u>3</u>	<u>148</u>	<u>140</u>	<u>9</u>	<u>2</u>

SCARLET FEVER.

Number of cases	306
Number of Deaths	2

Both the fatal cases were definite examples of Malignant Scarlet Fever ; otherwise, the type of disease remained mild.

Antitoxin is administered to most cases who arrive within the first three days of illness, and undoubtedly rapidly clears up the acute stage as well as lessening the number of complications.

Complications were remarkably low, with the exception of ear complications, most of which are present on admission or occur shortly thereafter. It seems worth noting that so many cases arrive in hospital on or after the fourth day of illness, after which antitoxin is not indicated, thus spending the most infectious and uncomfortable period at home.

The average stay of an uncomplicated case is 31 days.

DIPHTHERIA.

Number of Cases	...	...	231
Number of Deaths	...	...	17
Case Mortality	...	...	7.3%

The Case Mortality figure is one which varies considerably throughout the country. The outbreak of a Gravis type of Diphtheria, mentioned in the last report, continued into the first month of 1935 and accounted for the year for seven of the deaths. In addition, there were the usual cases where the seeking of medical advice was so long delayed that death occurred in such short periods as 20 minutes or three hours, etc., after admission to hospital. In one extreme case, on arrival of the ambulance within 20 minutes of notification the patient was found to have died at home. The tragic fact remains that there should be no death-rate at all in Diphtheria. This statement may require some modification when discussing the Gravis type of Diphtheria infection. Our experience of this type, though limited to some 20 cases, was sufficiently alarming to cause serious misgivings lest a more widespread outbreak occur in the future.

In co-operation with the Immunisation Clinic, established at the Health Department, every effort is made to secure permission to immunise against Diphtheria all patients admitted to the hospital for any other disease.

MEASLES.

As 1935 was not a Measles year, no comment is called for.

ERYSIPELAS.

A large proportion of those cases are transfers from other Institutions, where they have been suffering, in particular, from some chronic or debilitating disease. Erysipelas still remains a serious condition in the weak and the elderly, and eye complications may prove very severe.

OBSERVATION CASES.

It is gratifying to record that much more use was made of the new Cubicle ward, which lends itself so easily for such purposes.

Thirty-eight cases were admitted as Observation Diphtheria, most of them on account of Positive Swabs. It is now possible by means of Sugar Fermentation Tests, carried out in the Hospital Laboratory, to differentiate in a few days between true Diphtheria Bacilli and others, which, though they resemble Diphtheria Bacilli closely, microscopically, are harmless to patients and public alike. Patients coming into the latter category are liberated within a week and at the same time more accurate control of Diphtheria is secured in the town.

STAFF.

One maid developed Erysipelas of a mild nature; otherwise, there were no cases of Infectious Disease among the staff.

Immunisation against Diphtheria and Scarlet Fever is carefully carried out on all members of the Nursing Staff and on as many members of the Domestic Staff as are willing to submit to it.

NURSING STAFF.

Five Nurses passed the Final State Examination.

GENERAL.

During the winter months a Fever Hospital may be asked to carry more than its normal complement of cases. The number of patients which can be admitted in excess of the normal number of beds is governed largely by the number of resident Nurses available. Only the complete freedom of the Nursing Staff from any sickness or minor ailments this winter has enabled the Hospital to meet the demands made on it.

BOROUGH SANATORIUM.

Statistical information will be found in the Tuberculosis Officer's report.

Although every effort is made to keep up to date in the matter of medicinal and drug treatment, the lack of X-Ray facilities in the Institution itself prevents the most modern forms of treatment being effectively carried out.

Isolation Hospital Provisioning, 1935.

1935.	Days in Hospital (Patients).	Average Patients per day.	Cost of Provisioning.			Average Cost per Patient per day.*	
			£	s.	d.	s.	d.
1st Quarter	7806	86.7	506	0	1	1	3.56
2nd "	5333	58.6	475	4	10	1	9.39
3rd "	4026	43.8	415	16	9½	2	0.78
4th "	8113	88.2	676	8	10	1	8.01
Totals 1935	25278	69.3	2073	10	6½	1	7.68
Totals for 1934	30073	82.4	1810	17	3	1	2.45

*This includes cost of provisioning staff.

Tuberculosis Sanatorium Provisioning, 1935.

1935.	Days in Sanatorium (Patients).	Average Patients per day.	Cost of Provisioning.			Average Cost per Patient per day.*	
			£	s.	d.	s.	d.
1st Quarter	6413	71.2	486	7	3½	1	6.20
2nd "	6101	67.0	443	8	6	1	5.44
3rd "	6004	65.2	495	18	7	1	7.82
4th "	6319	68.6	520	3	3½	1	7.76
Totals 1935	24837	68.0	1945	17	8	1	6.80
Totals for 1934	19400	53.1	1654	3	11	1	8.46

* This includes cost of provisioning staff.

CITY HOSPITAL.

(COPY).

Form Hosp. 6.

INSTITUTIONAL TREATMENT OF THE SICK.

1. County Borough Council of DERBY.
2. Name and situation of Institution : CITY HOSPITAL, UTTOXETER ROAD.
3. Define the area and give the population served by the Institution : COUNTY BOROUGH OF DERBY. 142,403.

4. State whether Institution is—

- | | |
|--------------------------------|--|
| (a) An Institution* | } Maintained under the Poor Law |
| (b) A Hospital* | |
| | Act; |

or (c) A General Hospital maintained under the Local Government Acts or the Public Health Acts.

5. Staffing.

Medical Superintendent : R. G. COOKE, M.D., CH.B., M.R.C.S., L.R.C.P., Resident. Whole Time.

No. of other resident medical staff : 3.

No. of visiting staff : 10.

Specialised services supplied—

Consulting Physician, Surgeon, Ear, Nose and Throat Surgeon, Ophthalmic Surgeon, Orthopædic Specialist, Radiologist, Gynæcologists (2), Anæsthetist, Dental Surgeon.

Number of—

- (a) Trained Nurses : 31 (including Matron and Assistant Matron).
- (b) Probationer Nurses : 2, and 4 Midwifery Pupils.
- (c) Assistant Nurses : 15 Sub-Probationers—Non-resident.
- (d) Male Attendants : No Male Nurses, 5 Porters, 1 Barber, 1 Ambulance Driver and 1 Ambulance Attendant.

6. State total number of beds provided in the Institution for Sick, Maternity and Mental Cases at 31st December, 1935 :—

- (a) for men : 109.
- (b) for women : 130.
- (c) for children (under 16 years of age) : 61. (Excluding cots in maternity wards).

Total : 300.

N B.—These figures should agree with the totals of those in Columns 3, 5, 7, and 9 of Table I. overleaf.

* As defined in the Public Assistance Order, 1930.

Table showing the classification of the accommodation for sick, maternity and mental cases and the number of beds occupied on 31st December, 1935.

Classification of Wards.*	No. of Wards	BEDS.							
		MEN.		WOMEN.		CHILDREN (under 16 years of age)		Total.	
		Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.	Pro-vided.	Occu-pied.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
1. Medical	2	32	33	33	33	—	—	65	66
2. Surgical	2	32	31	32	31	—	—	64	62
3. Chronic sick†	2	13	13	14	13	—	—	27	26
4. Children	2	—	—	—	—	61	54	61	54
5. Venereal		Loch Ward in Boundary House Infirmary.							
6. Tuberculosis	1	20	18	—	—	—	—	20	18
7. Isolation††		(Adequate side ward accommodation).							
8. Maternity¶	2	—	—	40	26	—	—	40	26
9. Mental	2	12	10	11	10	—	—	23	20
(a) Lunacy Act, 1890		Not accommodated in this Institution.							
(i) Short stay§									
(ii) Long stay‡									
(b) Mental Treatment Act, 1930									
(i) Voluntary		Accommodated in Boundary House Institution.							
(ii) Temporary									
10. Mental defectives		—	—	—	—	—	—	—	—
11. Other.		—	—	—	—	—	—	—	—
TOTAL	11	109	105	130	113	61	54	300	272

3 and 9 are wards structurally sub-divided.

* If not classified as in Table, the wards used for more than one class of patient should be grouped. Cots in adult wards should be entered in column 7; children in adult wards (whether in beds or in cots) in column 8. Cots and infants in maternity wards should, however, be excluded.

† Patients needing hospital treatment because they are suffering from some chronic disease; also aged infirm persons whose medical and nursing needs approximate to those of chronic patients.

†† Reserved specifically for the isolation and treatment of infectious diseases, including puerperal sepsis.

¶ Exclusion of isolation and labour beds.

§ See sections 20 and 21 of the Lunacy Act, 1890.

‡ See sections 24 to 26 of the Lunacy Act, 1890.

Statistics relating to the year ended 31st December, 1935.

(A) IN-PATIENTS.

1. Total number of admissions (including infants born in hospital)...	3,304
2. Number of women confined in hospital (Plus 12 confined before arrival).	572
3. Number of live births (Plus 11 born before arrival).	542
4. Number of still births (Plus 1 born before arrival).	25

5. Number of deaths among the newly-born (<i>i.e.</i> , under four weeks of age)*	22
6. Total number of deaths among children under one year (including those given under 5)	30
7. Number of Maternal deaths among women confined in hospital...	1
8. Total number of deaths	413
9. Total number of discharges (including infants born in hospital)...	2,864
10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods—	
(a) Under four weeks	2,538
(b) Four weeks and under thirteen weeks	595
(c) Thirteen weeks or more	144
11. Number of beds occupied—	
(a) Average during the year	238
(b) Highest (on 5th April, 1935)	285
(c) Lowest (on 3rd November, 1935)	199
12. Number of surgical operations under general anæsthetic— (Excluding Dental Operations)	630
Local and Spinal Anæsthetic	121
13. Number of abdominal sections	89

* This figure should relate only to children born in hospital.

(B) OUT-PATIENTS.

1. State the nature and scope of the out-patient provision (if any) for continuation of treatment, emergency treatment, consultations or otherwise.

Certain cases attend after discharge for continuation of treatment, such as dressings, massage, re-examination, etc. Emergency treatment is given to accidents occurring in the locality.

Cases from the Tuberculosis Clinic and Sanatorium are X-rayed as out-patients.

There is an out-patient Orthopædic Massage Clinic.

2. Total number of persons seen in the out-patient department: 1,513 (excluding Ante-Natal Clinic).
3. Number of these persons who were subsequently admitted for in-patient treatment in the Institution: 368.
4. Number of these persons who had received in-patient treatment in the Institution: 308.
5. Total number of attendances in the out-patient department: 6,707 (excluding Ante-Natal Clinic).
6. If there is an Ante-Natal Clinic, give the total number of expectant mothers seen and the total number of attendances: 665 women made 3,810 attendances.
7. If there is a Venereal Disease Clinic, give the number of patients seen and the total number of attendances: None.

(C) Classification of In-patients who were discharged from or who died in the Institution during the year ended 31st December, 1935.

DISEASE GROUPS.	Children under 16 years of age.		Men and Women.	
	Dis- charg'd	Died.	Dis- charg'd	Died.
A. Acute infectious disease (1) ...	29	4	16	3
B. Influenza (2)	5	—	30	4
C. Tuberculosis—				
Pulmonary	2	—	46	20
Non-Pulmonary	6	1	12	4
D. Malignant disease	—	—	19	56
E. Rheumatism—				
(1) Acute rheumatism (rheumatic fever), together with sub-acute rheumatism and chorea ...	24	2	5	—
(2) Non-articular manifestations of so-called "rheumatism" (muscular rheumatism, fibrositis, lumbago and sciatica)...	—	—	15	—
(3) Chronic arthritis	—	—	43	5
F. Venereal disease	—	—	9	—
G. Puerperal pyrexia	—	—	7	—
H. Puerperal Fever—				
(a) Women confined in the hospital	—	—	—	1
(b) Other cases	—	—	—	—
I. Other diseases and accidents connected with pregnancy and childbirth	—	19	86	5
J. Mental diseases—				
(a) Senile Dementia	—	—	22	20
(b) Other	4	—	116	14
K. Senile decay (3)	—	—	41	55
L. Accidental Injury & Violence (4)	25	1	65	6
In respect of cases not included above :—				
M. Disease of the Nervous System and Sense Organs	25	1	119	31
N. Disease of the Respiratory System	69	6	114	33
O. Disease of the Circulatory System	20	2	167	47
P. Disease of the Digestive System...	37	4	119	15
Q. " " Genito-urinary "	11	—	72	18
R. Disease of the Skin	35	1	42	2
S. Other diseases	124	5	76	28
T. Mothers and infants discharged from Maternity Wards and not included in the above figures—				
Mothers	—	—	673	—
Infants	531	—	—	—
U. Any person not falling under any of the above headings	3	—	—	—
*TOTALS ...	950	46	1,914	367

*These figures should agree with those shown under 8 and 9 of Table II (A).

- (1) Including—with the exception of Acute Primary and Influenzal Pneumonia, Tuberculosis, Puerperal Pyrexia and Puerperal Fever—all generally notifiable diseases, together with Measles, German Measles, Chickenpox Whooping Cough and Mumps. Cases of Influenzal Pneumonia, Tuberculosis, Puerperal Pyrexia, Puerperal Fever and Acute Primary Pneumonia will be recorded respectively under Groups B, C, G, H and N; cases of Encephalitis Lethargica should be entered under Group A if acute and under Group M if chronic.
- (2) Including Acute Influenzal Pneumonia.
- (3) To be confined to cases and deaths in which no more specific diagnosis was practicable.
- (4) Including suicides, attempted suicides and poisoning cases.

(COPY).

Form M.C.W. 96a.

County Borough Council of Derby.**MATERNITY AND CHILD WELFARE.****Return relating to Maternity Hospitals and Homes maintained or subsidised by the Council during the year 1935.**

1. Name and address of Institution : CITY HOSPITAL, DERBY.
2. Number of maternity beds in the Institution (exclusive of isolation and labour beds) : 40.
3. Number of Maternity Cases admitted during the year : 688.
4. Average duration of stay : 14 days.
5. Number of cases delivered by—
 - (a) Midwives : 540 (plus 12 born before arrival).
 - (b) Doctors : 32.
6. Number of cases in which medical assistance was sought by a midwife in Emergency : For Mother 120, for Baby 26.
7. Number of cases notified as—
 - (a) Puerperal Fever : 1.
 - (b) Puerperal Pyrexia* : 7.
8. Number of cases of Pemphigus Neonatorum : Nil.
9. Number of infants not entirely breast-fed while in Institution : 40.
10. (a) Number of cases notified as Ophthalmia Neonatorum : 4.
 (b) Result of treatment in each case :—
 Condition in each case subsided.
 Two were born before arrival.
 One was not a maternity case here, but was admitted some weeks after birth at home.

*i.e., rise of temperature to 100·4o F. for 24 hours, or its recurrence within that period.

11. (a) Number of maternal deaths : 8.
 (b) Cause of death in each case—
 1. Concealed accidental Hæmorrhage. Unbooked.
 2. Subarachnoid Hæmorrhage. Chronic Mitral Disease. Had declined ante-natal treatment. Unbooked.

3. Obstructed labour. Ruptured uterus. Did not enter hospital when advised and was sent in by a doctor. Partly booked.
 4. Toxæmia of pregnancy. Necrosis of liver. Booked.
 5. Complete inertia. Post partum Hæmorrhage. Booked.
 6. Lobar Pneumonia. Patient was pregnant and Pneumonia induced labour. Unbooked.
 7. Puerperal Septicæmia. Booked.
 8. Septicæmia following early abortion. (Self induced). Unbooked.
12. (a) Number of infant deaths—
- (i.) Stillborn : 26.
 - (ii.) Within 10 days of birth : 19.
- (b) Cause of death in each case and results of post-mortem examination (if obtainable)—
- Stillbirths. Prolapsed cord, 2 ; Toxæmia of Pregnancy, 7 ; Obstructed labour, 4 ; Placenta Prævia, 3 ; Indefinite, 4 ; born before arrival, 1 ; Ante-Partum hæmorrhage, 1 ; Post Maternity, 1 ; Maternal Pneumonia, 1 ; Hydrocephalus, 1 ; Maternal Heart Disease, 1.
- Deaths within 10 days. Prematurity, 8 ; Maternal Toxæmia, 3 ; Cerebral Hæmorrhage, 4 ; Asphyxia Neontorum, 2 ; Purulent Pleurisy, 1 ; Ante-Partum Hæmorrhage, 1.

(COPY).

Form Hosp. 7.

TREATMENT OF CANCER.

County Borough Council of Derby.

1. Names of Hospitals* belonging to the Council to which Cancer patients are admitted : CITY HOSPITAL, DERBY.
Nature of facilities for Cancer treatment (surgical, radiological†) available :
Surgical treatment ; medical and nursing attention for advanced cases.
2. What arrangements have been made by the Council for the treatment of Cancer patients for whom adequate treatment facilities are not available in the Council's Hospitals*, *e.g.*, by transference or reference‡ to another Hospital under a specific agreement, by payment of fees, by donations or subscription, etc. ? A brief statement of the arrangements should be given here, with the names of the Voluntary or other Hospitals with which such arrangements have been made :—

Arrangements are in force whereby any patient likely to benefit from radium or deep X-ray treatment is transferred to the Derbyshire Royal Infirmary without fee.

* Including all Institutions of the Council used for the accommodation of the sick.

† "Radiological" is intended to include radium or X-rays, or both.

‡ "Transference" relates to patients admitted to beds in the Council's Hospitals* ; "reference" to out-patients at the Council's Hospitals*.

3. Statement of Cancer patients for 1935 :—

Site of Disease.	A. Numbers who received their treatment in Hospitals* belonging to the Council.	B. Numbers who sought treatment or advice at Hospitals* belonging to the Council but were transferred or referred to other Hospitals.	Remarks (e.g., as to numbers transferred from other Hospitals to the Council's Hospitals, etc.).
Uterus	5	—	Several cases of advanced cancer are admitted who have had treatment at other hospitals but who have been at home for a period.
Tongue and Mouth ...	9	2	
Breast	13	2	
Skin	4	3	
Ovary	4	—	
Tonsil	5	—	
Colon	6	—	
Stomach	6	—	
Cerebral	2	—	
Rectum	5	—	
Prostate	3	—	
Bladder	1	—	
Lung	4	—	
Pancreas	5	—	
Esophagus	2	—	
Peritoneum	1	—	
Totals	75	7	

4. Of the *total* patients in III. B., give the numbers :—

- i. Transferred (or referred) to Voluntary Hospitals providing facilities for radiological† treatment of cancer 7
- ii. Transferred (or referred) to Voluntary Hospitals *not* providing facilities for radiological treatment of cancer —
- iii. Transferred (or referred) to Hospitals of other Councils providing facilities for radiological† treatment of cancer —
- iv. Transferred (or referred) to Hospitals of other Councils *not* providing facilities for radiological† treatment of cancer —

* See note * on previous page.

† See note † on previous page.

MATERNITY DEPARTMENT.

During the past year a system of gas anæsthesia has been introduced into the Maternity Ward for normal cases (abnormal cases being dealt with in other ways, as previously).

The apparatus provides a mixture of nitrous oxide and air in such proportions as to cause anæsthesia for a short period.

The patient presses a mask on her face, and this action turns on the gas ; after some twenty or thirty breaths, anæsthesia results, the patient naturally relaxes her hold on the mask, and the gas is turned off automatically. As soon as consciousness begins to return, the patient repeats the procedure.

This light anæsthesia is safe, gives great relief to the patient, and does not interfere with the natural process of labour.

An analysis of a series of consecutive cases gave the following results :—

Little or no recollection of having the baby	...	70%
Considerable relief	... ..	20%
Not suitable	... ..	10%

The "not suitable" class consisted of a certain number of patients who "did not want to go to sleep" and others who did not co-operate in the working of the apparatus.

The general use of the apparatus has been most satisfactory, and it is in use for all straightforward normal cases.

No ill effects on mother or baby have occurred.

The cost is about 2s. 6d. per case.

**vii.--SANITARY
CIRCUMSTANCES OF THE AREA.**

REPORTS BY

MR. H. J. MORGAN, Chief Sanitary Inspector,

AND

MR. J. McCLEMONT, M.R.C.V.S., Veterinary Inspector (Part-time).

SANITARY CIRCUMSTANCES OF THE AREA.

TO THE MEDICAL OFFICER OF HEALTH

FOR THE COUNTY BOROUGH OF DERBY.

I beg to submit to you my Annual Report on the Sanitary Circumstances of the Borough for the past year—1935.

SANITARY INSPECTION OF THE TOWN.

As in the previous year, the large amount of work entailed by the application of Sections 1 and 19 of the Housing Act, 1930, together with the deinfestation of all furniture of peoples dispossessed and the removal of the goods and chattels to new houses has had a great effect on the work of the Department as no addition to the staff has been made. All work in connection with the operation of this Housing Act, such as surveys, reports, plans, specifications, service of all notices, etc., is carried on from this office and done by the Inspectors. I have not had to go in one single instance elsewhere for aid. Routine work, to bring about this position, has been ruthlessly cut down, and the main energies of the Inspectors have practically been concentrated on Housing, Food and Nuisances.

INSPECTIONS AND NOTICES.

Informal Action.

During the year, 2,189 Preliminary Notices were served to abate nuisances under the Public Health Acts or Local Acts, and 1,494 under Section 17 of the Housing Act, 1930.

Legal Action.

During the year, 126 Statutory Notices were served to abate nuisances under the Public Health Acts or Local Acts, and 257 under Section 17 of the Housing Act, 1930.

Visits and Remedies.

During the year, 18,961 visits under the Public Health Acts or Local Acts, and 14,054 under the Housing Acts, were made.

The nuisances abated and the defects remedied will be found on pages 153 and 154.

Closet Accommodation.

With the exception of 67 trough closets, three waste water-closets, 84 tub-closets, 7 privies, and 10 cesspools, the whole of the Borough is fitted with water-closets.

Common Lodging Houses.

Number on Register	...	...	...	...	...	...	...	10
Number of Rooms registered for Sleeping	...	...	...	...	...	...	...	75
Number of Lodgers provided for	...	...	...	...	...	...	...	425
Notices and Cautions given in respect of Breaches of the Acts and								
Bye-Laws	...	...	...	...	...	...	...	14

Again I have to remark that there is not now in Derby any house which is registered for the accommodation of married couples and children, and it is

essential that the wants of such should be catered for. The older houses are gradually being done away with, and the houses that look like retaining their licences for a long period are gradually being brought up to modern requirements.

These registered houses are used only by the very poorest classes and serve a very essential purpose in the life of a community to-day.

There are in other towns Hostels owned by Municipalities, but they cater, in comparison with those houses I have spoken of, for a person of far better circumstances. The two kinds each serve their own purpose, but both are essential.

Houses Let in Lodgings.

Number on Register	...	...	...	...	...	...	29
These contain 150 rooms and have accommodation for 312 adults and 47 children.							
Notices and Cautions given to Landlords and Lodgers for various offences under the Bye-Laws	...	...	...	...	...	...	3

Confusion has existed in some minds between a House Let in Lodgings and a Common Lodging House, yet they are utterly dissimilar.

A House Let in Lodgings in an ordinary way can be described as one which has been split up into different apartments or lettings, several complete families occupying one house, and the furniture, such as it is, supplied by a "landlord" in an inclusive rent.

Again I bring to your notice that not one of the existing registered houses comply with the Local Byelaws in their essential features, and again I wish to remark that all such houses that are on our register should cease to exist, for the Sanitary condition of them has always appalled me. Valiant efforts are being made to get a semblance of cleanliness to them, but such places—known, of course, in all towns—must be wiped away. I feel it one of the greatest disgraces to our work that we are compelled by force of circumstances to acknowledge their existence. I appeal once more for a municipally-owned House Let in Lodgings (furnished) something on the style of your Exeter House, suitable for the absolute poverty-stricken people needing such apartments.

It is well known that a large number of big houses in the town are being let off in this way, detrimental, of course, to the neighbourhood, and I patiently await the time when I can end this misuse of good-class property.

Let me be frank in stating that your Housing Act of 1935 will not in the slightest degree affect the position, however some people have been hoping.

Offensive Trades.

On Register at beginning of year	...	...	...	...	...	22
On Register at end of year	...	...	...	...	...	21
Workshops	...	...	...	...	...	13
Factories	...	...	...	...	...	8

LIST OF OFFENSIVE TRADES IN THE BOROUGH.

Bone Calcining	...	...	...	...	...	1
Bone Boiling	...	...	...	...	...	1
Gut Scraping	...	...	...	...	...	2
Hide and Skin Marts	...	...	...	...	...	2
Skin Curing	...	...	...	...	...	1
Blood Drying	...	...	...	...	...	1
Soap Boiling	...	...	...	...	...	1
Tripe Boiling	...	...	...	...	...	4
Dealers in rags, bones, and skins	...	...	...	...	...	4
Fat melting or extracting	...	...	...	...	...	2
Tallow Melting	...	...	...	...	...	1
Tanners and Leather Works	...	...	...	...	...	1
Total...						21

No Bye-Laws exist for the regulation of these trades, and the list is noticeable by the absence of the trade of Fish Frying.

Great efforts by installation of new machinery and plant and the adoption of a new process in the holding of the fat given off in the work at our largest "offensive trade" (which in past years has been a great nuisance) have proved a success, and I feel confident in stating that, except from some breakage of machinery, this town will not again know, by its official nose, that such a factory is in existence. The plant and process is probably the only one of its kind in operation in England.

Factories and Workshops.

The following are the Tables of action taken and work done.

INSPECTIONS.

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

PREMISES.	NUMBER OF		
	INSPEC- TIONS.	WRITTEN NOTICES.	PROSE- CUTIONS.
Factories (including Factory Laundries)	66	9	...
Workshops (including Work- shop Laundries)	40	2	...
Workplaces (other than Out- Workers' Premises) ...	...	...	...
Totals	106	11	...

DEFECTS.

PARTICULARS.	NUMBER OF DEFECTS.			NUMBER OF PROSE- CUTIONS.
	FOUND.	REME- DIED.	RE- FERRED TO H.M. INSP.	
Nuisances under the P.H. Acts				
Want of Cleanliness ...	8	15	...	...
Want of Ventilation ...	...	...	...	...
Overcrowding ...	...	...	...	...
Want of drainage of floors ...	...	...	...	...
Other Nuisances ...	6	4	...	...
Sanitary Accommodation—				
Insufficient ...	1	1	...	...
Unsuitable or defective ...	10	8	...	...
Not separate for sexes ...	...	...	...	...
Offences under the F. & W. Act				
Illegal occupation of under- ground bakehouse (S.101) ...	...	...	...	...
Other offences ...	...	...	...	...
Total ...	25	28	...	...

Inspections, etc., of Workrooms where women and young persons are employed.

Workrooms on Register at beginning of year	...	...	...	25
Added during the year	...	...	...	8
Removed during the year	...	...	...	2
Workrooms on Register at end of 1935	...	...	...	31

Inspections of Out-Workers or Home-Workers.

Pursuant to Section 107 of the Factory and Workshop Act, 1901, 42 lists of out-workers have been received from various firms in Derby. Of the out-workers, 46 were engaged in net-mending, 20 in altering, making or finishing wearing apparel, and 3 making surgical bandages. One list has been received from another Council giving one name of an out-worker employed by a firm in their district who resides in Derby, and 28 lists with 150 names have been forwarded to Councils in whose areas out-workers employed by Derby firms reside.

During 1935, visits were made to the homes of these out-workers by the Female Sanitary Inspector. As a result of these visits, no verbal notices nor written notices were given or served.

The principal industries are net-mending and making or finishing wearing apparel, and the general character of the work repairing. The numbers are on the decrease.

Registered Workshops.

Workshops	202
Bakehouses—Workshops	30
Do. —Factories	32
Workshops where females and young persons are employed ...	31
	<hr/>
	295
	<hr/>

Public Conveniences.

All the conveniences used by the Public throughout the town, whether situated in the Market Place or Parks, were inspected regularly by members of the staff, male and female, and were found invariably without complaint.

CANAL BOATS ACT, 1884.

Annual Report for 1935, in accordance with Section 3 of the Canal Boats Act, 1884.

COUNTY BOROUGH OF DERBY.

1. Inspector and Salary ...	Chief Inspector and Assistant. No salary allocated. 1, Derwent Street, Derby.
Address	
2. Boats inspected 31	Visits to Canal 187
3. Infringements of Acts and Regulations :—	
(a) Registration 0	(j) Provision of water vessel ... 0
(b) Change of Master 0	(k) Removal of bilge water ... 0
(c) No Certificate on Board ... 0	(l) Notification of infectious disease 0
(d) Absence of Marking 0	(m) Admittance of Inspector ... 0
(e) Overcrowding 2	(n) Boats found in bad repair 0
(f) Separation of Sex 0	
(g) Cleanliness 0	
(h) Ventilation 0	
(i) Painting 0	
4. Legal Proceedings	None.
5. Other steps taken	None.
6. Cases of Infectious Disease dealt with	None.
7. Detention of boats for cleansing and disinfection	None.
8. Number of boats on Derby Register at end of year 1935... ..	
(a) Number of boats believed to be in use or available	5
Number of boats propelled by motor	0
(b) Number of boats that cannot be traced	8
Removed from Register	0
9. Number of boats registered during 1935 :—	
(a) Motor propelled	0
(b) Horse drawn	0

Four certificates certifying cause of complaint remedied received during the year.

No certificates outstanding at end of the year.

SMOKE ABATEMENT.

Number of chimneys of which observations have been taken	...	...	25
Number of observations ...	...	...	48
Visits to Works ...	...	...	29

As a result of a series of interviews with Works Managers and Firemen in various factories where excessive smoke was being sent out, there has been a great improvement, thus avoiding the necessity of any legal action.

MILK.

The efforts for giving Derby a good milk supply have again been strenuously maintained.

One large firm of Dairymen built and equipped an exceedingly large and up-to-date dairy for the receiving, pasteurising, bottling and retailing of milk. Its capacity is such that the whole town, if need be, could be supplied from this one source. Another firm, in a smaller way, set up pasteurising plant, so that we have in Derby three firms registered for the supply of pasteurised milk, and it gives me comfort to think that nearly 9/10 of our milk goes through this process.

If you care to look through the records of the Annual Reports for the past four years you may be astonished at the great figures which represent the number of samples of milk taken for Bacterial count and for Tubercle Bacilli. By hard work and much letter writing and co-operation with the County authorities, considerable improvement has taken place. From my experience, however, I have never seen anything produce such an astounding difference for the better in our local supply than by the call of the farmer to be allowed to be placed on the register as a Grade A "Accredited Scheme" milk producer. As if by magic, these five farmers produced milk of a character that ever had been beyond one's dreams, and, what is more, maintain it.

Arrangements were made and operations commenced (now completed) for the branding of all cattle of the "Accredited" farmer and the necessary registers kept up. The cows are branded lightly on the horn with a number corresponding with its entry in the register and with the letters D. B., representing this Borough.

Dairies, Cowsheds and Milkshops.**PURVEYORS INSIDE THE BOROUGH—**

Number of dairymen and purveyors by round	...	...	49
Number of retail roundsmen working from other dairies	...	...	28
Number selling loose milk from shops	...	...	57
Number of bottled milk sellers	...	...	291
Number of factory dairies	...	...	8
Cowkeepers within the Borough	...	...	12
			<hr/> 445 <hr/>

PURVEYORS OUTSIDE THE BOROUGH—

Registered Retail Purveyors residing outside the Borough	...	...	68
Number of Farmers sending Milk into Derby	...	...	234
Pasteurisation Factories in the Borough	...	...	3
Number of Local Farmers supplying Grade A "Accredited Scheme" milk	...	...	5

Examination of Milk for Tubercle Bacilli.

The number of samples examined was 222. The milk from 11 farms was found to contain tubercle bacilli, and in 11 cases the infected animals were found and slaughtered. In two cases no infected animal could be found, and the milk was subjected to further examination until found free from tubercle bacilli.

The action of the County Authorities in appointing further Veterinary Assistance for this work is having a satisfactory result.

Clean Milk and Bacterial Count.

203 samples of milk have been examined during the year, and of these, 29 exceeded the bacterial count allowed for "Grade A" milk, whilst 45 contained B.Coli. The attention of the farmers concerned has in all cases been drawn to the unsatisfactory milks, and further samples have been taken until they showed improvement.

Even where cowsheds are unsatisfactory, it has been found possible, with care as to cleanliness in person and with regard to milking arrangements, to produce milk of high quality as to bacterial count and cleanliness.

Milk and Dairies Order, 1926.

For the purpose of this Order, examination of all cattle within the Borough was carried out three times in the year at the ordinary cowkeepers, but four times per year where the farmer was registered as a Grade A "Accredited Scheme" producer.

Examinations of cattle to the number of 314 were made; 33 specimens of milk were examined for tubercle bacilli, of which three gave positive results.

Report by Mr. J. McCLEMONT, M.R.C.V.S., Veterinary Inspector (Part-time) :—

During the past year, three inspections were carried out amongst those cattle housed within the Borough cowsheds. Tuberculosis in different forms was discovered—generalised tuberculosis, tubercular meningitis, tuberculosis of the udder, etc. Affected animals were slaughtered and dealt with under the Tuberculosis Order. Clinical examination reveals the fact, when corroborated by collection and examination of bulk samples, that tuberculosis is not a prevalent or dangerously frequent disease in cattle within the Borough. This is the result, I believe, of several contributing causes. The periodic inspection of herds prevents the retention on them of any animal showing suspicious appearances and symptoms. Producers and owners themselves, in view of the above inspections, show also, I think, greater inclination to report or remove cases which may begin to develop suspicious tendencies between inspections. Periodic and vigorous sampling of milk brought into the Borough dairies may also reveal the disease before it is perceptible to the eye. Again, the Accredited Scheme, with its strictures against various diseases of cattle, tends to develop intolerance of unsound animals amongst herds in the minds of the owners.

A rather unexpected result of the introduction and operation of the Scheme in cowsheds is an alteration in the class of animals being utilised in milk production. There can be no question but that the Scheme has to a certain

Number of Organisms per 1 c.c.													
	Under 30,000	30,001 to 40,000	40,001 to 50,000	50,001 to 100,000	100,001 to 150,000	150,001 to 200,000 Grade 'A'	200,001 to 300,000	300,001 to 400,000	400,001 to 500,000	500,001 to 750,000	750,001 to 1,000,000	Over 1,000,000	Total
Bacillus Coli													
Negative	75	10	4	10	8	7	7	2	—	2	3	1	129
Positive ...	13	2	2	6	4	4	2	1	2	5	1	3	45
Total ...	88	12	6	16	12	11	9	3	2	7	4	4	174

Not included in above table :—

Pasteurised 14

Certified 13

Grade A 2

—

29 + 174 = 203.

Total number of above samples within "Grade A" standard = 114 or 65.52%.
145 samples had a count less than 200,000, but 31 of these contained B. Coli.

extent assisted in the elimination of the older class of cow such as was previously frequently seen. During the last inspections, in November and December, I found young first calving heifers which had been home reared were being substituted for older cattle. On one farm this substitution had been carried out to such an extent that the producer was actually supplying his customers with bought-in milk. All his old cows had been removed from the herd and their places taken by young first or second calving heifers. According to this idea, there may be less milk yield, but the practical effect is economically sound. He has put away the cows most liable to tuberculosis and diseases generally and substituted the younger ones with all the higher resistance that youth gives. His tuberculosis return on such lines should be a small one. As an instance of the tendency amongst owners to improve their herds, I may mention one who attempted the project of maintaining two herds, an ordinary one, and one, the members of which had been submitted to, and passed the Tuberculin test. As this owner was tenant of two farms, one of which was Corporation property and in need of repair, it was determined to house the tuberculin-tested herd in the latter farm to keep it separated from the ordinary one, since his own premises were close to town, and formed a less desirable centre for the former class of cow. I tested his herd personally, but the project had to be abandoned as the Estates Department refused, I believe, to sanction the necessary reconditioning of the cowshed and the farm belonging to it.

At first some difficulty was encountered in persuading producers to adopt the Accredited Scheme. Fears were entertained, I think, that the enrolment might subject them to harassing conditions of production and some expense for what was considered indispensable equipment, such as sterilisers. This latter objection was somewhat vitalised by the fact that certain authorities had strongly counselled the provision of sterilisers as necessary adjuncts to participation in the scheme. Such demands on producers may contain the seeds of controversy, and it is easily seen that what might appear as unnecessary expenditure may militate against the general adoption of the scheme. It may, I think, be admitted that sterilisers are a useful if not actual necessity where milking machines are employed, but as none of the Borough producers employ that apparatus, the question, therefore, need not be debated. The Health Department of the Borough has, I think, taken a wiser course than the authorities aforesaid, and has decided the question on the existing bacterial count from each dairy.

Where such count is below that prescribed in the provisions of the scheme, it is not obligatory on the producer to equip himself with a steriliser, but simply to employ boiling water in the purification of his milking utensils and churns. It has to be noted that samples taken for bacteriological count for a number of years amongst Borough producers have shown a consistent return well below the standard set by the Accredited Scheme. The scheme will, I think, be more generally adopted as time passes.

Closely bound up with this question of clean milk, apart from the Tubercular aspect, is that of cleanliness of cows and cowsheds. It is rather regrettable that more producers do not clip the hind quarters and udders of their milk animals. We have one producer who does so, and the result is apparent. The cleanliness of the cows also depends on certain factors besides brushing and cleansing. Amongst these, a determining one is the disadvantage with which the producer in many cases has to contend of want of water, particularly

of taps in the shed, to permit of swilling of the floors and walls. Dirty floors and standings induce soiling of the cows occupying them; such soiling can easily, by different routes, gain the milk bucket. Unfortunately for some producers, their farms comprise ground, the possibility of the utilisation of which for Municipal, County or other purposes makes their future uncertain, and is given as a reason for non-repair by landlords when the question of repairs or additions is raised. However, thorough cleansing cannot be effectively carried out in the absence of water, and it is hoped in future this will be remedied. The Sanitary Department has done some good work in that respect, and it is expecting to effect more. One man has to carry all his water from the village supply about a quarter of a mile away.

Another point in which some improvement is being attempted is a removal of present dungsteads to more hygienic situations. Some of these are practically in the centre of the farmyards, in close proximity to the cowsheds and cooling places. On dry and windy days, dust from these steads blowing about cannot improve conditions of cleanliness. Again, cows being allowed out to drink, or for exercise in wet weather especially, generally become badly soiled by travelling through such accumulations, with possibilities of the adherent dirt contaminating the milk. There is some prejudice, however, existing against any change of site of dungsteads, the question of the difficulty of accessibility having to be considered.

Much has been accomplished in effecting a better standard of hygiene in milk production, but, as I have said, the possibility of some of the farms being utilised for building or other purposes precludes a thorough modernising of sheds.

County Laboratory Examinations.

Milk for Tuberculosis (Microscopically)	...	...	24
Milk for Tuberculosis (Inoculation Test)	...	...	222
Milk for Bacterial Count and B. Coli Communis	...	...	174
Total	...	...	<hr/>420 <hr/>

Public Health (Condensed Milk and Dried Milk) Regulations, 1923 and 1927.

Three samples were taken, all of which were correctly labelled, and, upon analysis, proved to be in accordance with the requirements of the Condensed Milk and Dried Milk Regulations, 1923 and 1927.

ARTIFICIAL CREAM ACT, 1929.

So far as can be ascertained, no artificial cream is on sale in Derby.

FERTILIZERS AND FEEDING STUFFS ACT, 1926.

During the year, 26 samples were submitted for analysis under this Act, consisting of the following substances:—

Steamed Bone Meal ...	...	...	...	...	1
Basic Slag ...	...	...	...	...	2
Compound Fertilizers	...	...	...	...	10
Compound Feed Nuts	...	...	...	...	2
Cotton Cake ...	...	...	...	...	1
Ground Oats ...	...	...	...	...	2
Linseed Cake ...	...	...	...	...	2
Maize Meal ...	...	...	...	...	2
Meat and Bone Meal...	...	...	...	...	4
					—
					26
					—

Four samples of Fertilizer were deficient in Soluble Phosphoric Acid; this was said to be due to the fact that the article had been in store for eighteen months and the reversion of the Soluble to Insoluble Phosphoric Acid, which in all the cases was above the guarantee.

Three samples of bone meal contained an excess of oil content above guarantee, the plant used for manufacture would not remove sufficient oil, and arrangements were made to remedy this.

One sample of ground oats, taken late in the year, contained thirty per cent. of rye flour, and further action is to be taken in this case.

FOOD-PREPARING PREMISES.

Food-preparing Places on Register at end of year	...	215
Defects found and remedied	... ..	65

The supervision of premises where the cooking and manufacture of food-stuffs is carried on has systematically taken place by the staff during the year.

These inspections included restaurants, food stores, pork butchers, shops where food is cooked, and beef butchers' shops where the preparation and filling of sausage takes place.

Much progress is still being made in Fried Fish Shops with regard to new hygienic cooking replacing the old type that so often caused a nuisance in the vicinity.

Much more control is needed as to the opening of premises, storing of fish, removal of refuse, ventilation, general cleanliness and kind of paper to be used for wrapping.

I am of the opinion that the type of people now occupying Fried Fish Shops have a much greater respect for their business than those of a few years ago.

ICE CREAM MANUFACTURERS AND DEALERS.

On Register at end of year	...	...	...	...	...	...	253
Notices complied with	...	...	...	...	...	...	10

BAKEHOUSES.

Bakehouses in occupation at beginning of year...	...	...	...	...	...	30
Empty Bakehouses re-occupied	...	...	...	...	...	0
New Bakehouses added during the year	...	...	...	...	...	0
Bakehouses vacated during the year	...	...	...	...	...	0
Bakehouses converted to Factory Bakehouses	...	...	...	...	...	0
Factory Bakehouses in occupation at beginning of year	...	...	...	...	...	32
No. on register at end of year	...	...	...	...	...	32
Factory Bakehouses added during the year	...	...	...	...	...	1
Factory Bakehouses vacated during the year	...	...	...	...	...	1
Factory Bakehouses on register at end of year	...	...	...	...	...	32

DISUSED BAKEHOUSES :—

Unoccupied at beginning of year	...	...	...	...	...	55
Vacated during the year	...	...	...	...	...	4
Re-occupied during the year	...	...	...	...	...	0
Demolished during the year	...	...	...	...	...	3
Number unoccupied at end of year	...	...	...	...	...	56

	Workshops.	Factories.	Total.
Defects found during the year	6	5	11
Defects remedied during the year	5	5	10
Written notices served	—	1	1
Verbal notices given	6	2	8

HOUSES OF ENTERTAINMENT.

Two large places of entertainment were put into proper and up-to-date sanitary condition during the year.

RIVERS POLLUTION.

The great pollution that had for some years taken place in Markeaton Brook has been well tackled, and all sources of pollution have been removed, except in three instances. In the cases of two of these, plans have been put in hand that will end their sources of trouble, leaving the town with only one possible source of pollution, when the matter will be one for the Council to determine.

RENTS RESTRICTION.

During the year only eight certificates were issued.

SHOPS ACT, 1934.

One case was dealt with under Section 10 of this Act, and proper sanitary accommodation provided after notice had been served.

MEAT INSPECTIONS.

During the year, 168 carcasses of beef were condemned, and included in these were 44 cows slaughtered under the Tuberculosis Order, 1925, as suffering from tuberculosis, and found, on post mortem examination, to be in advanced state of that disease. The carcasses were totally condemned.

There have also been condemned 12 carcasses of veal and 10 bodies of mutton.

The number of tuberculous cattle was 455, 84 of which were slaughtered under the Tuberculosis Order, 1925. In addition, 411 pigs were found to be tuberculous and 30 whole carcasses condemned; in the remainder, the lesions were confined to the head and organs, which were condemned.

Disposal of Condemned Meat.

During the year the whole of the meat and offals was disposed of for treatment for the recovery of fats, bones and meat, and their preparation for commercial purposes. The remainder of the unsound food was destroyed at the Destructor.

Unsound Food Condemned.

47 tons, 17 cwts. Meat, including offal.
190 Rabbits.
12 cwts. of Fish.
533 Tins of Food.
3 tons, 4 cwts. Fruit and Vegetables.

Slaughter-Houses.

At the end of year 1935 :—

In hands of private holders	...	...	...	...	...	23
Corporation houses let to private tenants	...	...	...	...	...	16
Corporation houses used as public	...	...	...	...	...	1
Visits of inspection—7,312.						

Public Abattoir.

Slaughtering at the Corporation Houses is under the direct control of the Health Department.

SLAUGHTER OF ANIMALS ACT, 1933.

Slaughtermen's Licences.

194 licences were issued during the year to butchers slaughtering within the Borough of Derby.

With few exceptions, every endeavour appears to have been made by the persons holding licences to strictly adhere to the requirements of the above Act.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

During the year, 311 samples were submitted to the Borough Analyst for examination. 220 were "Official" samples, including 174 samples of milk. The remainder (91) were informal samples, including five of milk.

The above represents sampling at the rate of 2.21 per 1,000 of the population, a rate below the 3 per cent. recommended by the Ministry of Health.

Of the samples submitted, 27 (or 8·7%) were classed as adulterated or below standard. This figure is slightly higher than last year, when 21 of the 308 samples (6·8%) were returned as adulterated, and is also slightly higher than the return of 5·3 adulterated for the whole of the samples taken in England and Wales for 1934, the last year for which figures are available.

The increased figure or percentage adulterated for last year is entirely accounted for in the milk samples, and is due to an abnormally high figure obtained for the last quarter, when numerous samples were taken in investigating two particular cases of adulteration.

In addition to the 19 samples of adulterated milk, 6 samples were found to be slightly inferior in quality—one being slightly deficient in fat and 5 slightly deficient in non-fatty solids.

Application of the freezing point test indicated that the samples deficient in non-fatty solids were probably genuine.

The following is the summary by the Borough Analyst (Mr. R. W. Sutton, B.Sc., F.I.C.) for the year 1935 :—

<i>Official Samples.</i>			<i>Informal Samples.</i>		
<i>Articles.</i>	<i>Total.</i>	<i>Not up to standard or adulterated.</i>	<i>Articles.</i>	<i>Total.</i>	<i>Not up to standard or adulterated.</i>
Butter	13	—	Beer	6	—
Dairy Cream Cakes...	1	1	Chinese Eggs ...	1	—
Jam	2	1	Coffee & Chicory Ext.	8	—
Lard	9	—	Cordials and		
Margarine	13	—	Fruit Drinks ...	3	1
Milk	174	19	Corn Flour	3	—
Vinegar	6	1	Cream	3	—
Whiskey	2	—	Dairy Cream Cakes...	3	1
			Dried & Tinned Fruit	8	—
			Egg Powder	2	—
			Flour	3	—
			Ginger	3	—
			Glycerine	6	—
			Honey	4	—
			Jellies and Jams ...	4	3
			Lemon Cheese	1	—
			Medicinal Paraffin ...	3	—
			Milk	5	—
			Milk Condensed ...	3	—
			Mincemeat	4	—
			Mustard	3	—
			Oatmeal	3	—
			Peas, Tinned	2	—
			Pepper	3	—
			Potted Meats	3	—
			Sausage	3	—
			Whiskey	1	—
	220	22		91	5

The average composition of all the milks examined during the year is as follows :—Non-fatty solids, 8.77 ; Fat, 3.61 ; Total solids, 12.38.

For results of proceedings taken see page 154.

Public Health (Preservatives in Food) Regulations, 1925 and 1927.

During the year, 179 samples of milk, 3 samples of sausage, and 53 samples of various other articles of food were examined and found to comply with the regulations.

MERCHANDIZE MARKS ACT, 1926.

During the year, traders have kept well up to the requirements of the Act with regard to the marking of Imported Foodstuffs.

In cases where contraventions have occurred, the attention of the trader has been drawn to the matter, and the goods have been marked forthwith.

No prosecutions have been instituted during the year.

MICE AND RATS (DESTRUCTION) ACT, 1919.

Mr. H. A. WALLACE, Officer under the Destructive Insects and Pests Acts, reports that :—

“ The year has been without any special incident. There are, week by week, reports of rats in private houses, 104 visits having been paid to Corporation premises, and the number of rats and mice destroyed number 530.

Alvaston Tip has been regularly visited, and 47 rats have been caught. The Destructor, Stores Road, is much better, though some rats have been killed.

138 visits have been paid to private premises during the year, advice given and in some cases poison laid, or the premises gassed, and 183 rats were accounted for.

During Rat Week, four days and two nights were devoted to the laying down of poison in the sewers, twelve loaves of bread and 40 lbs. of poison being used.

17 visits were paid to the London Road Lake and Recreation Grounds, and 103 rats were destroyed.

TUBERCULOSIS ORDER.

Mr. H. A. WALLACE, the Markets Superintendent, reports that :—

There has been an increase in the incidence of Tuberculosis in animals kept within the Borough.

Eight beasts have been slaughtered. Five of these were cows in milk which were suffering from a chronic cough. In four cases the disease was in an advanced stage and one not advanced. Two other cows were suspected of suffering from Tuberculosis of the udder. In one case, Tubercular Bacilli was found in the milk. Both these cows had the disease in an advanced condition. The other animal was a heifer—dry, and suffering from a chronic cough. This revealed at the post-mortem an advanced condition of the disease.

In only one case of the above eight beasts dealt with did the owner report that he suspected Tuberculosis. In all the other cases they were found when the inspections were made under the Milk and Dairies Order.

Tubercular Cattle in Markets.

Thirty animals have been dealt with during the last 12 months that were suspected of suffering from Tuberculosis, as follows :—

1 in the Fat Stock Market,
29 in the Store Market.

Of these, seven were sent back to the farm from which they came, and in 22 cases the owner exercised his option of having the animal slaughtered. Twelve of these were slaughtered in the Corporation Slaughterhouse and 10 were slaughtered in the knackers' slaughterhouse, Stores Road, Derby.

WATER SUPPLY.

Mr. T. B. FARRINGTON, Water Engineer, reports as follows :—

“ Various extensions in connection with building operations have been made to existing water mains.

The supply of water has been satisfactory, both in quality and quantity.

I also append copy of the last analysis of water made by the Borough Analyst :—

The following are the results of analysis of the four samples of water received from you on the 17th July, 1935, labelled :—

- No. 1. Derwent Valley Water. Taken at High Storage Reservoir.
- No. 2. Water from Filter Tunnels. Taken at Pumping Station.
- No. 3. Mixed Water. Taken at High Service Reservoir.
- No. 4. Supply in Town.

PARTS PER 100,000.

	No. 1	No. 2	No. 3	No. 4
Total solid matter	8.5	37.0	22.0	33.5
Organic matter, etc.	3.0	6.0	4.5	5.0
Mineral Residue	5.5	31.0	17.5	28.5
Free and Saline Ammonia	0.0	0.0003	0.0	0.0
Albuminoid Ammonia	0.0029	0.0024	0.0022	0.0025
Nitrogen as Nitrates	0.03	0.06	0.04	0.09
Chlorine	1.2	2.7	1.9	2.4
Oxygen absorbed in 4 hours at 80 F. ...	0.078	0.010	0.052	0.037
Temporary	1.5	19.8	9.8	16.4
Hardness Permanent	2.6	6.7	4.4	6.1
Total	4.1	26.5	14.2	22.5
Metals	None	None	None	None
Appearance in 2ft. tube	Clear	Clear	Clear	Clear
	and			
	colourless			
pH Value	7.0	7.1	7.3	7.3

MINERAL ANALYSIS.

Silica	...	...	...	...	0.47	0.79	0.60	0.64
Oxides of Iron and Alumina	...	...	...	...	0.15	0.19	0.11	0.19
Lime (CaO)	...	...	...	...	1.54	12.04	6.27	9.83
Magnesia (MgO)	...	...	...	...	0.52	2.01	1.20	1.97
Sulphuric Anhydride (SO ₃)	...	...	...	...	1.756	5.67	3.61	5.17

CALCULATED ANALYSIS. The acids and bases may be combined as follows—

Calcium Carbonate	...	...	...	1.5	20.0	9.8	16.4
Calcium Sulphate	...	...	...	1.7	2.3	1.9	1.5
Magnesium Sulphate	...	...	...	1.1	6.0	3.6	5.9
Sodium Chloride...	...	...	...	1.6	4.4	3.1	4.0
Sodium Sulphate	...	...	...	—	0.6	1.0	0.7
Ferrous Carbonate	...	...	...	0.2	0.2	0.1	0.2
Magnesium Chloride	...	...	...	0.3	—	—	—

In appearance the samples were clear and colourless.

The analytical results show the waters to contain only small proportions of unoxidised organic matter, and there is no indication of the occurrence of pollution. As a result of chemical analysis, I am of the opinion that these waters are of satisfactory quality for use for drinking purposes. The sample drawn from the supply in the town is distinctly harder than the sample of mixed water.

Lead Solvency.

The samples have been tested separately to ascertain the extent of the action on lead. The method adopted was the one recommended by Dr. Thresh, and consisted of placing the water in contact for 24 hours with strips of prepared lead foil, having a bright surface. This test is probably a more severe one than the one originated by Houston, which has been used hitherto. The results obtained show that the waters have a small but definite action on a perfectly clean and new lead surface. The solvent action is, however, not large, and a deposit is formed on the lead foil, which indicates that the action may be expected to diminish by reason of the formation of this protective coating.

The following are the results obtained with the town water supply:—

Reaction of water (before contact with lead)	...	pH	7.3
Oxygen present in untreated water	...	...	0.97
Oxygen present after treatment	...	...	0.85
Oxygen used	...	...	0.12
Equivalent to lead oxydised	...	...	1.55
Appearance of water	...	...	Clear
Appearance of foil	...	...	Greyish deposit
Lead in suspension	...	...	0.016
Lead in water	...	...	0.026
Reaction of water (after treatment)	...	pH	7.4

The results are expressed in parts per 100,000, and the lead content of the treated water is equivalent to about 1/40 of a grain per gallon.

The continued action of the town water on the same strip of lead foil has been examined. The lead foil was originally cleaned thoroughly so that a new

metallic surface was exposed to the water. After 24 hours contact, the foil was transferred to a new bottle of town water and again left in contact for 24 hours. This test has been continued for seven days and the lead content of the water examined from day to day. The following results were obtained, the lead content of the water being expressed as parts per 100,000 :—

<i>Lead in solution.</i>	
First day ...	0·036
Second day ...	0·036
Third day ...	0·030
Fourth day ...	0·033
Fifth day ...	0·028
Sixth day ...	0·020
Seventh day ...	0·020

The decreased action is obvious from the third day.

These experiments indicate that the town water exerts some solvent action on lead when in contact with a new metallic surface, but that this action decreases owing to the formation of a protective coating of silicate or oxy-carbonate.

Yours faithfully,

(Signed) R. W. SUTTON."

Supply.

Number of gallons of water supplied to Derby from Public Supply (Derby Water Area, which includes Borough and various Parishes outside)							2,079,339,000
Gallons per day per head of population							31·36
Percentage of total quantity from the Derwent Valley Supply ...							65%

Used during the year.

	<i>Gallons.</i>						
Sewer Flushing	3,163,000
Street Watering	1,043,000
Steam Rolling	138,000

HOUSING.

Action under the Housing Acts.

In the year 1930 the Ministry of Health required a General Statement of the measures proposed to be taken during the following five years for dealing with the Housing Conditions in the Borough. The answer was made that it was estimated that 1,199 houses should be demolished, that 250 houses per annum should be provided for the purpose of re-housing, and that the repairing or re-conditioning of 4,000 houses could be done in five years.

I am pleased to say that the rate of progress in respect to the repairing or re-conditioning of such houses that could be made fit has more than kept pace with the estimate. It will be noticed that the rate of repairing and re-conditioning houses under Section 17 of the Housing Act, 1930, is well beyond our estimated figure, and the work pertaining to the condemnation has gone along at a pace that is exhilarating.

It has been a matter of wonder to me how people have got the impression that in that five years' programme 1,199 houses were stated could be de-

molished, and because that number (and more) has been represented by the Medical Officer of Health as unfit for human habitation, the slum problem has ceased to exist, and that all the unfit houses in this town have been shaken to their foundations.

A more erroneous idea could not be conceived, so I will try and throw some light on this position, and, in doing so, I hope it will be noted that the number of "Representations" by the Medical Officer of Health is already much in excess of 1,199.

The programme was a five years' programme and a demolition figure given which was thought could be achieved in the time set, and no more. In calculating this figure, it was expected that a number of owners would give—which they did—undertakings to make certain houses "fit," and sometime afterwards, finding it was economically impossible to carry out their undertakings, some of these owners preferred demolition orders on the property. There are immense numbers of houses also in the Borough which need bringing up to date and on which I fear using Section 17 owing to the meaning of the words "reasonable expense," so Section 19 will be used on them, and, as our standard of work is a good one and old property will not allow of much money being put on it, I expect a very large number of these to have demolition orders served on them in the future.

Then, again, when the "schedule" was made, in 1930, a number of houses were placed in a "doubtful category," and, considering the newness at that time of the Act and the opposition which we expected, it was right that the consideration of this class should be deferred. Now there is a new Act—the one of 1935—in which an owner can ask the Authority if, on condition of doing certain work, an acknowledged period must be given him for the life of his property. A test case was brought before the Committee of a block of houses out of this "doubtful category," and the Committee refused to give this guarantee, so setting up a standard then for all this kind, and adding another large number to the list for future condemnation.

Progress is always taking place, and higher and higher also goes the standard of requirements of a live Health Department. Buildings, like all other things, get worn out, and so, together with that which I have set out before, and the education and enlightenment of the masses, this Council must be prepared to be ready to provide something like 200 new houses yearly for displaced tenants from condemned houses.

A summary of the representations by the Medical Officer of Health and the results are appended to the usual Ministry of Health form on pages ~~000~~ and ~~000~~ in a paragraph "G. Extra." 148

Housing Statistics.

1. INSPECTION OF DWELLING-HOUSES DURING THE YEAR.

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ...	3,069
(b) Number of inspections made for the purpose ...	16,779
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which are inspected and recorded under the Housing Consolidated Regulations, 1925 ...	2,027
(b) Number of inspections made for the purpose ...	14,054

(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation...	92
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	2,320
2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—	
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ...	1,522
3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—	
A.—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	257
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners ...	206
(b) By local authority in default of owners ...	1
B.—Proceedings under Public Health Acts :—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ...	117
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By owners ...	77
(b) By local authority in default of owners ...	—
C.—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made ...	71
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders ...	151
(3) Undertaking fulfilled ...	19
D.—Proceedings under Section 20 of the Housing Act, 1930 :—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit ...	—
Proceedings under Section 3 of the Housing Act, 1925 :	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs ...	—

(2) Number of dwelling-houses which were rendered fit after service of formal notices :—	
(a) By owners	—
(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... ..	—

F.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—

(1) Number of dwelling-houses in respect of which Closing Orders became operative	—
(2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling houses having been rendered fit	—
(3) Number of dwelling-houses in respect of which Demolition Orders became operative	—
(4) Number of dwelling-houses in pursuance of Demolition Orders	—

G (Extra).

Representations to Committee by Medical Officer of Health (Secs. 1 and 19)	1,306
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Areas :—

(a) No. of areas submitted to Ministry	19
No. of houses affected	489
No. of houses demolished	198
Houses closed but not yet demolished	115

Individual Unfit Houses :—

Demolition Orders made and served	626
Notices not yet served	31
Undertakings accepted... ..	157
Notices served under Section 20	3
Total	817

Houses demolished	247
Undertakings fulfilled	28
Parts of Buildings closed (Section 20)	2
Houses closed but not yet demolished	199

Removals from Condemned Houses :—

By the Corporation	580
Found own Accommodation	189

EXTRACT FROM THE QUARTERLY PROGRESS REPORT TO THE MINISTRY.

POSITION AT 31ST DECEMBER, 1935.

1.	Number of Dwelling-houses demolished.		Number of Dwelling-houses made fit.	Number of Persons displaced.	
	Unfit Houses. 2.	Other Houses. 3.		From Demolish'd Houses. 5.	To Abate over-crowding. 6.
Under Part I. of the Act of 1930—					
(A) Clearance Areas :—					
(i.) Land col. Pink ...	198	—	—	} 829	—
(ii.) Land col. Grey ...	—	4	—		
(B) Improvement Areas.					

1.	Number of Dwelling-houses Demolished (Sec. 19). 2.	Parts of Buildings Closed (Sec. 20). 3.	Number of persons displaced from Houses in Cols. 2 & 3 (Sec. 19 & 20) 4.	Number of Dwelling-houses made fit (Secs. 17 to 20). 5.
Under Part II. of the Act of 1930—				
(c) Insan. houses not included in Clearance Areas or Imp. Areas ...	247	2	1,027	1,102
	Houses closed but not yet demolished—199.			

Item (c) is to be completed by ALL housing authorities, the word "NIL" being inserted where appropriate. * IN ADDITION to the action reported above :—

- (i.) 12 insanitary houses have been demolished in anticipation of formal procedure under Section 19.
- (ii.) 3 insanitary houses have been closed (but not demolished) on an undertaking (which has not been cancelled) of the owner under Section 19.
- (iii.) 4,791 houses have been made fit as result of informal notice preliminary to formal notice under Section 17.

Fitness of Houses and Re-Conditioning.

The 1930 Act, in defining a house fit for human habitation, says that regard shall be had, amongst other things, "to the general standard of housing accommodation in the district." For all future purposes, and to emphasise the "standard" that exists in this district, figures are appended. They are a summary of the main items reported year by year since 1920, when operations first began under repair sections of the Housing Acts, and are culled from Annual Reports since that date. They are as follows :—

Houses made fit in all respects (including all amenities—	
coppers, sinks, water on sinks, ladders, and all repairs) ...	9,014
Entirely new sinks provided where none existed before ...	1,612
Old sinks replaced by new... ..	2,656
Houses dampcoursed	2,565
Roofs, floors, firegrates, stairs, walls, etc., repaired ...	38,597
Wash coppers provided where none existed before ...	1,028
Wash coppers repaired	1,332
Ladders provided where none existed before ...	2,509
Water laid on inside houses	1,792

In addition to vast numbers of other repairs, and not including the enormous figures detailed as done under the Public Health Acts.

A very small percentage of houses now exist without the usual amenities, and these mostly are in that class of house which are scheduled to be made the subject of representations at some future date.

The work of this department ever since 1919 has been concentrated on the strong use of the repair sections of the 1919, 1925 and 1930 Acts, and the whole basis of the operations were the splendid suggestions contained in the Ministry of Health's Manual of Unfit Houses and Unhealthy Areas, 1919.

The subjoined figures were contributed by Estates Manager :—

Houses erected during the year 1935, January—December :—

(a) By Local Authority	...	...	...	...	...	...	162
By other bodies and persons	...	...	...	...	...	...	495
By other Local Authorities	...	...	...	...	...	...	Nil
							<hr/> 657 <hr/>

(b) With State assistance under the Housing Acts :—

By the Local Authority	...	...	...	...	...	...	162
For purposes of Part 2 of 1925 Act and Housing Act, 1930...	...	...	...	...	...	...	162
For purposes of Part 3 of 1925 Act	...	...	...	...	...	...	Nil
For other purposes	...	...	...	...	...	...	Nil
By other bodies and persons	...	...	...	...	...	...	Nil
Number of houses owned by the Local Authority on weekly rental	...	...	...	...	...	...	6,059
Being purchased on instalment system	...	...	...	...	...	...	190
Held under Part 3 of Housing Act, 1925	...	...	...	...	...	...	4,545
Held under Part 2 of Housing Act, 1925, and Housing Act, 1930...	...	...	...	...	...	...	582
Held under Housing Act, 1919	...	...	...	...	...	...	729
Held under Housing Act, 1923	...	...	...	...	...	...	189
Non-Assisted Scheme...	...	...	...	...	...	...	14

Houses built in last two years :—

Held under Part 3 of Housing Act, 1925.

Built during 1934	...	...	...	...	...	...	Nil
Built during 1935	...	...	...	...	...	...	Nil

Held under Part 2 of the Housing Act, 1925, and under Housing Act, 1930 :—

Built during 1934	...	...	...	...	...	...	304
Built during 1935	...	...	...	...	...	...	162
Held under other Powers	...	...	...	...	...	...	—

Re-Housing and Dis-infestation.

The old offices in Ford Street are still in use as a disinfecting station, but plans have been prepared for as good a station as could be wished for, and it is hoped that the year 1936 will see it in operation. All the goods and chattels of the dispossessed tenants from condemned property are collected, disinfested, and removed to the new house in a state perfectly free from vermin. I need not go into the details of our process except to state that the gas HCN is used.

Whilst I am on the subject of verminous furniture and houses, the work of ridding existing tenanted houses of the pest is assuming large proportions, and soon it will be found necessary to give expert help to those tenants and landlords who wish it.

Houses of Furniture, etc., disinfested 598

There was a great slowing up of the re-housing, only 150 families being moved during the year. The misery can hardly be conceived of those people compelled to live and wait for a new house over years of time in a condemned house. The owner will not, of course, spend any more money on repairs, and the consequence is that in innumerable cases the poor people are compelled, through dilatoriness in building, to inhabit a shack with a leaky roof or dangerous floor or wall for years, with the knowledge that the misery is getting worse.

Might I draw your notice to the extraordinarily large number of people who have found their own accommodation. Where did they go and why? Would the Corporation rents be too high, were the houses too far away, has 'bus fares anything to do with it, and could the secret be wormed out of the Farmed-out houses such as I have remarked on in Houses Let in Lodgings.

Certain works have had to be done in default of the owners :—

SECTION 17, HOUSING ACT, 1930.

26, Eton Street Repairs.

DEMOLITION UNDER SECTION 19, HOUSING ACT, 1930.

1, 2, Court 2, Hope Street.
 1, 2, Court 5, Liversage Street.
 1, 2, 3, Court 1, Bath Street.
 19, 21, Chapel Street.
 9, 10, 11, 12, 13, 14, 15, 16, Pegg's Yard, Goodwin Street.
 1, 2, 3, 4, 5, 6, 7, 8, Court 2, Willow Row.
 3, 4, 5, 6, 7, 8, 9, 10, 11, Court 3, Willow Row.
 13, 15, 17, 19, 21, 23, Bloom Street.
 1, 2, 3, Court 1, Bloom Street.
 1, 2, 3, Court 2, Bloom Street.
 1, 2, Court 1, Back Sitwell Street.
 37, 38, Walker Lane.
 1, 2, 3, 4, 5, Court 5, Kensington Street.
 8, 9, Little Bridge Street.

HOUSING ACT, 1935.

In December was commenced the taking of a census to find out how much overcrowding is taking place. This is done under the Housing Act, 1935. A staff of 15 enumerators was employed, directed by the Housing Inspectors, and the object was to obtain information regarding practically every house in Derby. When the enumerators' sheets showed, according to the Ministry's form of reckoning, any doubtful overcrowding, the house was measured up by a Housing Inspector. At the time of writing these words I am still not in a position to say what will be the outcome, but only that all but about a thousand houses have been enumerated.

The following is a summary of the activities carried out with the power of Section 17 of the Housing Act, 1930 :—

Section 17, Housing Act, 1930.

Number of houses inspected	...	...	...	...	...	2,027
Number of houses dealt with	...	...	...	...	...	1,362
Number of preliminary notices served	...	...	...	...	...	1,488
Number of re-inspections	...	...	...	...	...	14,054
Number of houses made "fit in all respects" or "Re-conditioned"	...	...	...	...	...	869

DEFECTS REMEDIED.

Dustbins	...	...	...	Provided	...	62
Drains	...	...	...	Cleansed	...	1
				Repaired	...	3
				Renewed	...	26
				Trapped	...	2
				Removed from inside houses	...	2
Soilpipes and Vents	...	...	...	Repaired or renewed	...	14
Spouting	...	...	...	Cleansed	...	190
				Repaired	...	58
				Renewed	...	15
				Disconnected from drain	...	4
Spouting	...	...	...	Rainwater pumps repaired...	...	6
				Rainwater pumps removed	...	42
				Rainwater cisterns filled in or demolished	...	65
				Rainwater pipes disconnected	...	134
Houses	...	...	...	Dampcoursed and made dry	...	265
				Overcrowding prevented	...	8
				Paving of yards, etc., repaired	...	401
				Roofs repaired	...	265
				Floors repaired	...	921
				Walls—brickwork and pointing made good	...	1,401
				Doors repaired	...	221
				Windows repaired	...	864
				Stairs repaired	...	401
				Firegrates repaired	...	398
				Plaster repaired	...	629
				Rooms ventilated	...	344
				Washing accommodation provided	...	58
				Wash-houses repaired	...	13
				Washcoppers repaired	...	104
				Sinks—New, provided	...	61
				Repaired	...	—
				Renewed	...	179
				Wastepipes Cleansed	...	—
				Repaired or renewed	...	207
				Provided	...	63
				Provided with food stores	...	185
				Efficient lighting provided	...	31
				Chimneys rebuilt or repaired	...	486
Water	...	...	...	Wells closed	...	—
				Disused wells filled in	...	1
				Town water provided	...	59
				Service pipes or taps repaired	...	1
W.C.'s	...	...	...	Additional provided	...	8
				Fittings repaired or cleansed	...	163
				Flushing water laid on	...	—
				Repaired, rebuilt or cleansed	...	207
Outbuildings—Complaints removed	...	...	...			70
Other nuisances or defects abated or remedied	...	...	...			30
Total	...	...	...			8,683

WORK DONE UNDER PUBLIC HEALTH AND ALLIED ACTS, OTHER THAN HOUSING ACTS.

Defects Remedied.

Accumulations ...	(Offensive) removed ...	70
Animals ...	Removed ...	19
	Nuisances abated ...	3
Ashpits ...	Demolished ...	—
	Repaired ...	—
	Dustbins provided ...	1,245
Drains ...	Cleansed ...	748
	Repaired ...	43
	Reconstructed ...	124
	Traps fixed ...	121
	Provided ...	42
	Disconnected from sewer ...	107
	Ventilation shafts fixed ...	55
	Manholes provided ...	58
	Manholes repaired ...	29
W.C.'s ...	Additional provided ...	42
	Fittings repaired ...	261
	Flushing water laid on ...	25
	Repaired ...	69
	Rebuilt ...	16
	Cleansed ...	11
Privies and Tub Closets ...	Converted to W.C.'s ...	7
	Demolished ...	—
Soilpipes...	Cleansed ...	—
	Repaired ...	—
	Provided ...	—
Urinals ...	Provided ...	2
	Repaired ...	—
	Reconstructed ...	—
Sinks ...	Provided ...	12
	Repaired ...	3
	Renewed ...	134
Wastepipes ...	Provided ...	124
	Repaired ...	22
	Cleansed ...	4
	Disconnected from drain ...	10
	Efficiently trapped ...	13
Spouting ...	Cleansed ...	206
	Repaired ...	183
	Renewed ...	53
	Provided ...	20
	Disconnected from drain ...	104
	Soft water pumps repaired ...	8
	Soft water pumps removed ...	48
	Soft water cisterns filled in ...	50
	Soft water cisterns cleansed ...	—
Houses ...	Cellars cleansed ...	44
	Cleansed, limewashed, etc. ...	31
	Dampcoursed and made dry ...	46
	Overcrowding prevented ...	1
	Paving of yards and passages repaired...	252
	Roofs repaired ...	219
	Floors repaired ...	198
	Walls repaired ...	87
	Stairs repaired ...	22
	Windows repaired ...	181
	Firegrates repaired ...	124
	Plaster repaired ...	210
	Rooms ventilated ...	14
Manure ...	Accumulations removed ...	17
	Pits abolished ...	4
	Pits repaired ...	2
	Moveable receptacles provided ...	5

Stables	Cleansed	1
	Drained	—
	Re-paved	—
Water	Wells closed	—
	Wells filled in	—
	Town water provided	9
	Fittings repaired	15
Other nuisances or defects remedied		241
Common lodging houses... ..		32
Houses let in lodgings		11
Dairies, Cowsheds and Milkshops		35
Bakehouses		10
Food-preparing premises		19
Factories and Workshops		28
Offensive Trades		1
Ice Cream Shops		8
		<hr/> 5,958
Slaughterhouses—Contraventions		46
Merchandise Marks Act—Contraventions		20
		<hr/> 6,024

Inspectors' Visits—18,961.

Notices served—2,315.

POLICE COURT PROCEEDINGS.

<i>Charge.</i>	<i>Result.</i>
Failing to cover meat in transit.	Fined 10s.
Failing to prevent contamination of meat in transit.	Fined 10s.
Failing to prevent contamination of meat in transit.	Dismissed on payment of costs—4s.
Failing to prevent contamination of meat in transit.	Dismissed on payment of costs—4s.
Failing to prevent contamination of meat in transit.	Dismissed on payment of costs—4s.
Cream substitute used as filling.	Fined £2 and 4s. costs.
Milk not of the nature, substance and quality demanded.	Fined 10s. and 10s. 6d. costs in both cases.
Milk not of the nature, substance and quality demanded.	Fined 10s.
Exposing ice cream to contamination while in storage.	Dismissed on payment of costs—4s.
Milk not of the nature, substance and quality demanded.	Fined 20s. in each case and Analyst's fee, 2 guineas, and special casts, 7s. 6d. Total, £4 10s. 0d.

With the best thanks to the Staff for their loyal support in a very trying year, and also to you, Sir.

I am,

Yours faithfully,

HARRY J. MORGAN,

Chief Sanitary Inspector.