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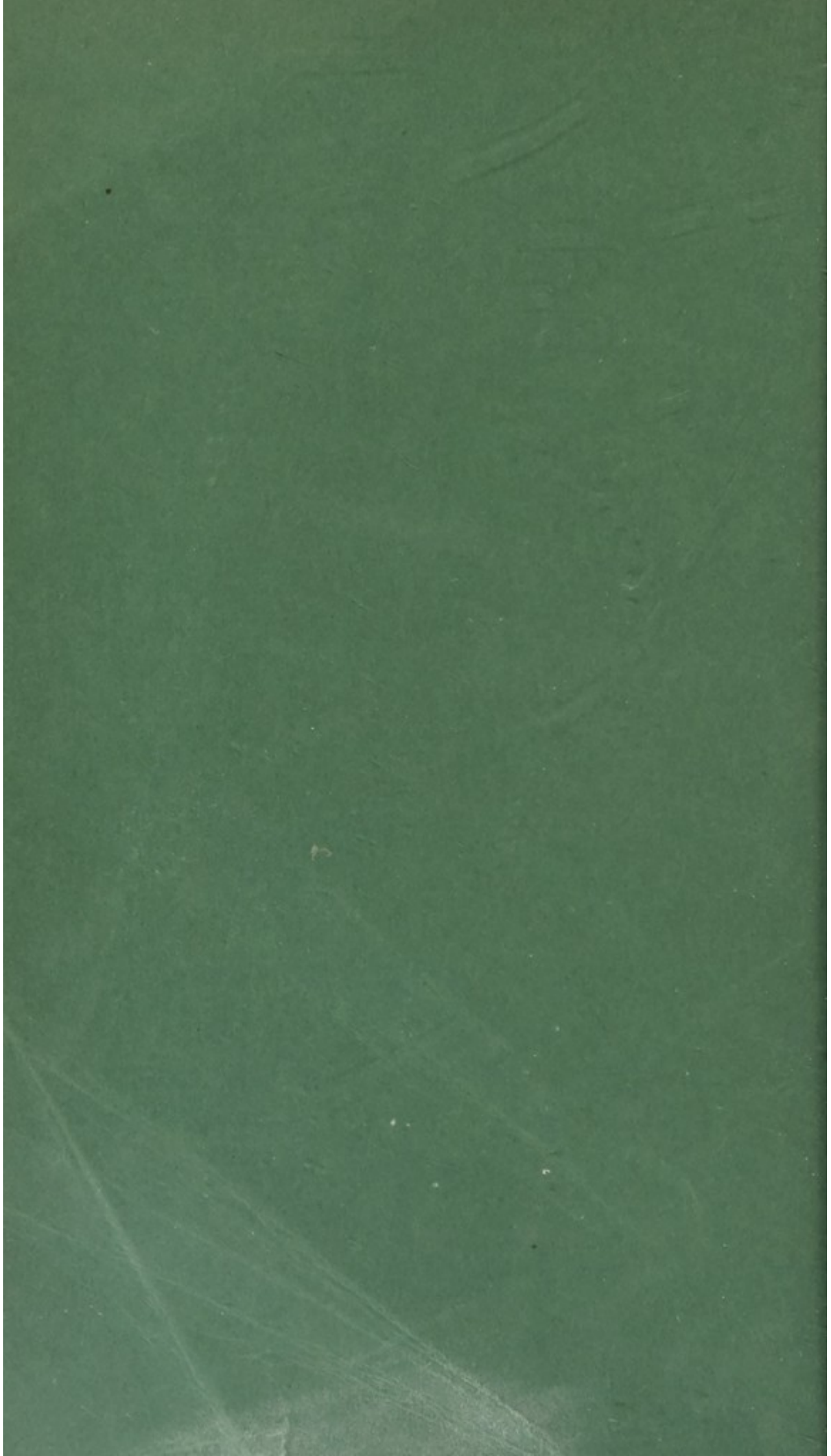
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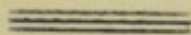
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COUNTY BOROUGH OF DERBY



# ANNUAL REPORTS

OF THE

Medical Officer of Health

AND

Principal School Medical Officer

FOR THE


Year, 1964

BY

V. N. LEYSHON, M.D. (LOND.), D.P.H.

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Public Health Department,  
The Council House,  
Corporation Street,  
Derby.

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

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report for 1964.

The estimated population has decreased by 1,600 to 130,030. The birth rate has risen slightly from 17.74 (1963) to 18.17 (1964). The death rate has increased from 13.34 (1963) to 13.39 (1964). The still-birth rate has decreased from 18.90 (1963) to 17.05 (1964). The infantile death rate has increased from 20.91 (1963) to 23.69 (1964). There were no maternal deaths in 1964.

During September, 1964, two Chiropody clinics were opened at the Boulton and Rykneld clinics. Each of these clinics are open for a period of five sessions each per week and are staffed by two part-time chiropodists. They cater for the elderly, the handicapped and the pregnant woman. As was to be expected most of the patients are elderly and the service has been much appreciated by them. This service will be expanded when more qualified staff become available.

During November, a new Cervical Cytology clinic was opened and it was clear from the start that attendances were so numerous that another session would soon be needed. This venture was possible because of the very close co-operation between the department, General Practitioners and the Hospital Services. It is usual to find that public interest in a new venture such as this is high to begin with but after a time wanes. It is to be earnestly hoped that the women of the town will continue to avail themselves of this service and so spare themselves much pain, misery and in some cases death from this preventable illness of cancer of the neck of the womb. More will be said about the functioning of this clinic in next year's Annual Report.

The work of the various services of the Department is described in detail in the Report.

I should like to close on a personal note and thank you, Mr. Chairman, and all the members of the Health Committee for the assistance, encouragement and support I have invariably received from yourself and them. I should also like to add my appreciation of the friendly advice and help always freely available from the officers of other departments of the Corporation; and finally I wish to thank the entire staff for their willing co-operation and service during the year.

I am,

Mr. Chairman, Ladies and Gentlemen.

Your obedient servant,

V. N. LEYSHON.



## COUNTY BOROUGH OF DERBY.

### HEALTH COMMITTEE.

*Chairman* : ALDERMAN E. A. ARMSTRONG.

*Deputy Chairman* : COUNCILLOR J. DILWORTH.

ALDERMAN BOWMER.	COUNCILLOR GUEST.
„ MRS. RIGGOTT.	„ JARVIS.
COUNCILLOR BARLOW.	„ LAMB.
„ BRANSON.	„ LONGDON.
„ BENTLEY.	„ PRITCHARD.
„ CAREY.	„ STOKES.
„ CLAY.	„ STOTT.
„ MRS. COOKE.	„ SWAIN.

Functions :—General Administration.

Ambulance Service.

To receive minutes of the Sanitary Sub-Committee and to confirm minutes of the Health Services Sub-Committee.

### HEALTH SERVICES SUB-COMMITTEE.

THE CHAIRMAN AND DEPUTY CHAIRMAN.

ALDERMAN BOWMER.	COUNCILLOR LONGDON.
„ MRS. RIGGOTT.	„ STOTT.
COUNCILLOR BENTLEY.	„ SWAIN.
„ CLAY.	*DR. A. H. D. HUNTER.
„ MRS. COOKE.	*DR. D. H. RHIND.
„ GUEST.	*MR. P. DAWSON.
„ LAMB.	

Functions :—Duties under the relevant Acts in relation to :—

Care of Mothers and Young Children (including Day Nurseries).

Welfare Foods.

Care and After Care.

Domestic Help.

Home Nursing.

Health Visiting.

Mental Health.

Midwifery.

Vaccination and Immunisation.

\*—*Co-opted Members.*

**SANITARY SUB-COMMITTEE.**

## THE CHAIRMAN AND DEPUTY CHAIRMAN.

ALDERMAN MRS. RIGGOTT.	COUNCILLOR LAMB.
COUNCILLOR BENTLEY.	„ LONGDON.
„ BRANSON.	„ STOKES.
„ CAREY.	„ SWAIN.
„ MRS. COOKE.	„ PRITCHARD.
„ JARVIS.	

Functions :—Duties under the relevant Acts in relation to :—  
Environmental Hygiene.

**EDUCATION COMMITTEE.**

*Chairman* : COUNCILLOR DILWORTH.

*Deputy Chairman* : ALDERMAN RUSSELL.

ALDERMAN COLLIER.	COUNCILLOR. SIMS.
„ LUCKETT.	„ SLACK.
„ MRS. MACK.	„ STOKES.
„ STURGESS.	„ STOTT.
COUNCILLOR MRS. ARMSTRONG.	„ TILLET.
„ BURROWS.	„ T. L. WHITE.
„ MRS. COLLIS.	„ MRS. WOOD.
„ GUEST.	*REV. A. BALDING.
„ HARPER.	*ALD. MRS. A. M. BELFIELD.
„ JARVIS.	*DR. W. R. C. CHAPMAN.
„ JONES.	*MR. V. T. S. CRESSWELL.
„ LAMB.	*CANON H. S. O'NEILL.
„ MCANULTY.	*MR. B. J. SHINGLETON.

**SPECIAL SERVICES SUB-COMMITTEE.**

CHAIRMAN AND DEPUTY CHAIRMAN OF EDUCATION COMMITTEE EX-OFFICIO  
MEMBERS.

ALDERMAN MRS. MACK.	COUNCILLOR STOTT.
COUNCILLOR MRS. ARMSTRONG.	„ MRS. WOOD.
„ COLLIS.	„ T. L. WHITE.
„ GUEST.	*REV. A. BALDING.
„ HARPER.	*DR. W. R. C. CHAPMAN.
„ JARVIS.	*MR. B. J. SHINGLETON.
„ JONES.	

Functions :—The School Health Service.

\*—*Co-opted Members.*



**STAFF.**

(at 31-12-64)

**MEDICAL.***Medical Officer of Health and Principal School Medical Officer :—*

V. N. LEYSHON, M.D. (Lond.), D.P.H.

*Deputy Medical Officer of Health and Deputy Principal School Medical Officer :—*

J. E. MASTERSON, M.B., Ch.B., D.P.H.

*Senior Assistant Medical Officers of Health :—*

G. W. R. MACGREGOR, L.R.C.P., L.R.C.S., L.R.F.P.S.

M. M. F. ROBINSON, M.D. (Belfast), B.A.O., D.P.H., L.M. (Belfast).

*School Medical Officers :—*

C. L. NOBLE, M.R.C.S., L.R.C.P.

E. B. PAGE, M.B., B.S.

M. NEWLANDS, M.B., Ch.B.

\*A. DALZIEL, M.B., Ch.B.

\*A. MORRISON, L.R.C.P. &amp; S. (Ed.), L.R.F.P.S. (Glas.)

\*G. P. STILLEY, M.A., L.R.C.P. &amp; S., D.T.M. &amp; H.

*Chest Physician :—*

H. G. GRACE, M.B., Ch.B.

*Consultants :—*\*R. J. M. JAMIESON, M.B., B.Ch., M.R.C.O.G.,  
*Obstetrician and Gynaecologist.*\*N. L. EDWARDS, F.R.C.S., F.R.C.O.G. (Cytology Clinic).  
*Obstetrician and Gynaecologist.**Psychiatrist :—*\*T. A. RATCLIFFE, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.M.,  
D.C.H.**DENTAL.***Principal School Dental Officer :—*

F. GROSSMAN, L.D.S. (Q.U. Belfast).

*Assistant Dental Officers :—(Establishment 4).*

M. RIGBY, L.D.S., R.F.P.S. (Glas.).

\*E. S. WOOD, L.D.S. (Glas.).

*Anaesthetist :—*

\*E. ANDERSON, M.B., Ch.B., D.A.

\*R. BLAIR, M.A., M.B., Ch.B.

*Dental Auxilliary :—(Establishment 1).*

R. M. GRIFFITHS.

*Dental Surgery Assistants :—* 6.

## NON-MEDICAL

*Chief Clerk:—*

H. THURMAN.

*Senior Clerk:—*

T. H. LIMBERT.

*Clerks:—*

Health Department—32.

## SCHOOL HEALTH SERVICE:—

*Chief Clerk:—*F. OAKES.*Clerks:—*10.*Senior Social Case Workers:—*

R. L. CARABINE, A.M.I.A.

*Social Case Workers:—*(Establishment 3).MRS. A. K. HOLMES, Upper Second Honours Degree in  
Sociology.

MRS. A. M. S. WALKER, Diploma in Social Science.

*Trainee Social Case Worker:—*1. (Establishment 2).*Senior Mental Welfare Officer:—*

F. F. WRIGHT.

*Mental Welfare Officers:—*(Establishment 4).

MISS A. GRIFFIN. J. F. GRIFFITHS, R.M.N.

A. CRABTREE, S.R.N., R.M.N. N. G. SCRIVEN, S.R.N., R.M.N.

*Trainee Mental Welfare Officer:—*1.*Psychiatric Social Workers:—*

Health Department (Establishment 1). (Post Vacant).

School Health Service (Establishment 1).

\*MRS. G. M. COWELL, B.Com. (Social Studies) Birmingham,  
Mental Health Certificate.*Occupational Therapists:—*(Establishment 2).

MRS. E. M. BENTLEY, R.M.P.A., R.M.N. Cert., M.A.O.T. Diploma.

*Supervisor of Home Helps:—*

MRS. E. C. BAKER.

*Assistant Supervisor:—*

MRS. V. HARDY.

Home Helps — 132 (Part-time).

*Psychologist:—*

School Health Service (Establishment 1). (Post Vacant).



NON-MEDICAL—*continued.**Junior Training Centre, Ivy Square:—*

*Supervisor*—MISS V. M. ROBINSON, C.A.M.W. Diploma.

*Assistant Supervisors*—5. (Establishment 7).

*Trainee*—Nil. (Establishment 1).

\**Guides*—7.

*Domestics*—4.

*Caretaker*—1.

*Supervisor of Day Nurseries:—*

MRS. M. R. ROSS, S.R.N., Nursery Diploma.

*Day Nurseries:—*

*Matrons*—4. (Establishment 4).

*Staff Nursery Nurses*—10. (Establishment 10).

*Nursery Assistants*—7. (Establishment 8).

*Nursery Students*—30. (Establishment 30).

*Wardens*—Nil. (Establishment 4).

*Domestics*—3 full-time. 7 part-time.

*Caretaker*—1.

*Superintendent Health Visitor:—*

MISS J. HEADINGTON, S.R.N., H.V., Housekeeping Certificate.

*Health Visitors*—14. (Including 1 part-time). (Establishment 18).

*Infectious Disease Visitor*—1. (Establishment 1).

*School Health Nurses*—5. (Establishment 8).

*Tuberculosis Visitors*—2. (Establishment 2).

*Superintendent of Home Nursing Service:—*

MISS D. M. CLEWES, S.R.N., S.C.M., H.V.

*Deputy Superintendent:—*

N. G. KING, S.R.N.

*Home Nurses*—21. (Establishment 21).

*Domiciliary Midwives*—13. (Including 1 Maternity Nurse). (Establishment 14).

*Chiropodists*:—(Establishment 2 part-time).

\*MRS. E. MULLINEUX, S.R.Ch.

\*MRS. A. GREATOREX, S.R.Ch.

*Chiropody Clinic Assistant*—1. (Establishment 1).

NON-MEDICAL—*continued.**Chief Public Health Inspector:—*

R. DAVIES, M.S.I.A.

*Deputy Chief Public Health Inspector:—*

A. WENN, M.S.I.A.

*Senior Public Health Inspectors:—*

Meat and Other Foods—1.

Smoke Control—1.

Housing—1.

Offices, Shops and Railway Premises—1.

*Public Health Inspectors*—(All branches) 5. (Establishment 12).*Assistant Industrial Smoke Inspector*—1.*Smoke Control Assistants*—2. (Establishment 2).*Technical Assistants*—1. (Establishment 2).*Trainee Public Health Inspectors*—5. (Establishment 5).*Trainee Authorised Meat Inspector*—1.*Rodent Control Officer*—1.*Rodent Operatives*—4.*Labourer (Disinfestation)*—1.*Public Analyst:—*

\*R. W. SUTTON, B.Sc., F.R.I.C.

*Senior Speech Therapist:—*

\*MISS A. M. FLEMING, L.C.S.T.

*Speech Therapist:—*

\*MRS. D. MARCH, L.C.S.T.

*Remedial Teacher:—*

MISS D. M. HARDY, National Foebel Certificate.

*Remedial Gymnast:—*

G. SOMMERVILLE, M.S.R.G.

*Miscellaneous:—*

Medical Attendants (School Health Service)—4.

Cleansing Attendants (School Health Service)—3.

\*Welfare Clinic Assistants—3.

\*Welfare Clinic Domestic—1.



## I—GENERAL.

## STATISTICAL SUMMARY.

Area of Borough ... ..	8,116 Acres.						
Elevation above sea level ... ..	<table> <tr> <td>highest, Burton Road ...</td> <td>325 ft.</td> </tr> <tr> <td>lowest, Alvaston Ward...</td> <td>126 ft.</td> </tr> <tr> <td>Market Place ... ..</td> <td>157 ft.</td> </tr> </table>	highest, Burton Road ...	325 ft.	lowest, Alvaston Ward...	126 ft.	Market Place ... ..	157 ft.
highest, Burton Road ...	325 ft.						
lowest, Alvaston Ward...	126 ft.						
Market Place ... ..	157 ft.						
Population at Census, 1961 ... ..	<table> <tr> <td>Males 65,229</td> <td rowspan="2">} ... 132,408</td> </tr> <tr> <td>Females 67,179</td> </tr> </table>	Males 65,229	} ... 132,408	Females 67,179			
Males 65,229	} ... 132,408						
Females 67,179							
Estimated Population for 1964 (Mid-year) ... ..	130,030						
Number of Houses (1961 Census) ... ..	42,190						
„ Inhabited Houses at 31/3/1965 (according to Rate Books)	40,337						
„ Uninhabited Houses at 31/3/1965 (according to Rate Books, including property scheduled for demolition) ... ..	889						
Number of Families or separate Occupiers (Census, 1961) ... ..	43,081						
Number of persons per acre at Census, 1961 ... ..	16.3						
„ „ „ 1951 ... ..	17.4						
Number of persons per House at Census, 1961 ... ..	3.13						
„ „ „ 1951 ... ..	3.56						
Rateable Value of the Borough (General Rate) ... ..	£6,668,176						
Estimated amount realised by a Penny Rate ... ..	£26,100						

## 1964

Live Births ... ..	2,363
Live Birth Rate per 1,000 population ... ..	18.17
Illegitimate Live Births per cent. of total live births ... ..	10.53
Still Births ... ..	41
Still Birth Rate per 1,000 live and still births ... ..	17.05
Total Live and Still Births ... ..	2,404
Infant Deaths ... ..	56
Infant Mortality Rate per 1,000 live births—Total ... ..	23.69
„ „ „ —Legitimate ... ..	20.73
„ „ „ —Illegitimate ... ..	29.62
Neo-Natal Mortality Rate per 1,000 live births ... ..	13.54
Early Neo-Natal Mortality Rate per 1,000 live births (under 1 week)	12.23
Perinatal Mortality Rate (still births and deaths under 1 week combined) per 1,000 total live and still births ... ..	29.62
Maternal Deaths (including abortion) ... ..	—
Maternal Mortality Rate per 1,000 live and still births ... ..	—

Marriages	...	...	...	...	...	...	...	...	1,150
No. of Marriage per 1,000 population	...	...	...	...	...	...	...	...	8.80
Birth Rate adjusted by Area Comparability Factor (1.09)	...	...	...	...	...	...	...	...	19.80
Deaths	...	...	...	...	...	...	...	...	1,742
Death Rate per 1,000 population	...	...	...	...	...	...	...	...	13.39
Death Rate adjusted by Area Comparability Factor (0.98)	...	...	...	...	...	...	...	...	13.12
Excess of Births registered over Deaths	...	...	...	...	...	...	...	...	621
Deaths from Measles (all ages)	...	...	...	...	...	...	...	...	2
„ Whooping Cough (all ages)	...	...	...	...	...	...	...	...	Nil
„ Diarrhoea (under two years of age)	...	...	...	...	...	...	...	...	1
„ Zymotic Diseases	...	...	...	3	Rate	...	...	...	.023
„ T.B. of Respiratory System	...	...	...	6	per	...	...	...	.046
„ Other Tuberculous Diseases	...	...	...	Nil	1,000	...	...	...	—
„ Respiratory Diseases	...	...	...	253	population	...	...	...	1.94

#### NATIONAL STATISTICS.

	E. & W.	LONDON ADMINISTRATIVE COUNTY.	DERBY.
Birth Rate .. .. .	18.4	20.0	19.80
Death Rate .. .. .	11.3	11.0	13.39
Infantile Mortality (per 1,000 Births)..	20.0	21.0	23.69



## DEATHS OF DERBY RESIDENTS DURING THE YEAR, 1964.

CAUSE OF DEATH.	All ages	Under 4 weeks	1 month to 1 year	Total under 1 year	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75+
1. Tuberculosis, Respiratory System	6	..	..	..	..	..	..	..	1	1	1	3	..
2. Tuberculosis, Other	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Syphilitic Diseases	8	1	..	1	..	..	..	..	1	..	1	3	2
4. Diphtheria	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Whooping Cough	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Meningococcal Infections	1	..	..	..	1	..	..	..	..	..	..	..	..
7. Acute Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
8. Measles	2	..	..	..	1	1	..	..	..	..	..	..	..
9. Other Infective and Parasitic Diseases	..	..	..	..	..	..	..	..	..	..	..	..	..
10. Malignant Neoplasm, Stomach	32	..	..	..	..	..	..	..	1	5	4	11	11
11. Malignant Neoplasm, Lung and Bronchus	87	..	..	..	..	..	..	..	..	18	26	30	13
12. Malignant Neoplasm, Breast	30	..	..	..	..	..	..	2	5	7	9	7	7
13. Malignant Neoplasm, Uterus	11	..	..	..	..	..	..	2	2	3	2	2	2
14. Other Malignant and Lymphatic Neoplasms	137	..	..	..	..	..	2	4	12	33	43	43	43
15. Leukaemia	2	..	1	1	..	..	1	..	..	..	..	..	..
16. Diabetes	5	..	..	..	..	..	1	..	1	..	2	1	1
17. Vascular Lesions	213	..	..	..	..	1	1	2	3	10	26	70	100
18. Coronary Disease, Angina	389	..	..	..	..	..	..	7	38	91	110	143	143
19. Hypertension with Heart Disease	20	..	..	..	..	..	..	..	..	5	2	13	13
20. Other Heart Disease	229	..	..	..	..	2	1	6	8	17	39	156	156
21. Other Circulatory Disease	71	..	..	..	..	..	1	1	2	6	17	44	44
22. Influenza	2	..	..	..	..	..	..	..	..	..	1	1	1
23. Pneumonia	136	5	4	9	3	2	..	3	2	12	34	71	71
24. Bronchitis	105	..	..	..	1	..	..	1	1	7	17	38	40
25. Other Respiratory Diseases	12	1	..	1	..	..	..	1	..	..	1	4	5
26. Ulcer of Stomach or Duodenum	12	..	..	..	..	..	..	1	1	2	3	5	5
27. Gastritis, Enteritis & Diarrhoea	10	..	1	1	..	..	..	1	..	3	1	4	4
28. Nephritis and Nephrosis	4	..	..	..	..	..	..	1	1	..	1	1	..
29. Hyperplasia of Prostate	6	..	..	..	..	..	..	..	..	..	2	4	4
30. Pregnancy—Birth & Abortion	..	..	..	..	..	..	..	..	..	..	..	..	..
31. Congenital Malformations	11	3	6	9	..	..	1	..	..	..	1	..	..
32. All Other Diseases	116	23	2	25	..	..	4	2	2	10	16	23	34
33. Motor Vehicle Accidents	19	..	2	2	1	2	5	2	..	1	1	3	2
34. All Other Accidents	52	..	7	7	..	1	1	3	2	5	3	5	25
35. Suicide	12	..	..	..	..	..	..	..	..	3	5	2	2
36. Homicide & Operation of War	2	..	..	..	..	..	..	2	..	..	..	..	..
TOTAL	1742	33	23	56	7	7	16	18	39	131	282	458	728

## Causes of Death during 10 years, 1954-1964.

CAUSE OF DEATH.	YEARS.									
	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Tuberculosis, Respiratory .. ..	22	13	10	9	10	15	11	11	4	6
Tuberculosis, Other .. ..	2	1	2	..	..	1	..	..	..	..
Syphilitic Disease .. ..	5	5	..	4	3	2	4	..	..	8
Diphtheria .. ..	..	..	..	..	..	2	..	..	..	..
Whooping Cough .. ..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infections .. ..	1	..	1	..	1	1	1	1	1	1
Acute Poliomyelitis .. ..	1	..	..	..	..	..	..	..	..	..
Measles .. ..	1	..	..	..	..	..	..	..	..	2
Other Infective and Parasitic Diseases .. ..	..	3	..	2	1	1	..	2	3	..
Malignant Neoplasms .. ..	249	304	271	275	257	280	283	255	288	297
Leukaemia, Aleukaemia .. ..	6	6	9	7	6	8	5	4	8	2
Diabetes .. ..	7	6	9	12	7	7	11	11	7	5
Vascular Lesions of Nervous System .. ..	240	216	201	211	216	210	200	194	212	213
Heart Disease .. ..	608	586	569	557	579	567	624	628	502	638
Other Circulatory Disease .. ..	91	89	97	103	89	94	90	84	144	71
Influenza .. ..	8	2	15	6	11	1	12	5	2	2
Pneumonia .. ..	113	129	121	145	151	185	221	169	167	136
Bronchitis .. ..	71	88	83	79	77	85	99	110	135	105
Other Diseases of Respiratory System .. ..	20	13	17	18	16	12	8	11	8	12
Ulcer of Stomach and Duodenum .. ..	17	18	15	12	14	17	12	13	15	12
Gastritis, Enteritis and Diarrhoea .. ..	7	10	5	8	7	7	8	11	4	10
Nephritis and Nephrosis .. ..	18	12	11	17	9	14	9	15	18	4
Hyperplasia of Prostate .. ..	9	6	5	8	2	4	4	6	1	6
Pregnancy, Childbirth and Abortion .. ..	..	..	3	..	..	1	..	1	..	..
Congenital Malformations .. ..	20	14	22	19	18	22	13	18	12	11
Other Defined and Ill-defined Diseases .. ..	133	149	144	113	141	112	110	107	145	116
Motor Vehicle Accidents .. ..	16	17	15	19	19	19	17	30	16	19
All Other Accidents .. ..	18	33	29	25	43	41	35	33	32	52
Suicide .. ..	11	16	20	19	20	13	18	7	16	12
Homicide and Operations of War .. ..	..	2	1	..	..	..	1	1	..	2
ALL CAUSES—TOTALS .. ..	1694	1738	1675	1668	1697	1721	1796	1727	1740	1742

**Burials.**—The total burials in the Derby cemeteries for the year 1964 were 951; 862 ordinary burials and 89 still-born.

**Inquests held during 1964.**—These numbered 148—93 males and 55 females.

**Mortuary.**—Dead bodies received up to 30th June, 1964, when mortuary closed, 80. Post-mortem examinations, 593.



### THE PRINCIPAL CAUSES OF DEATH—1964

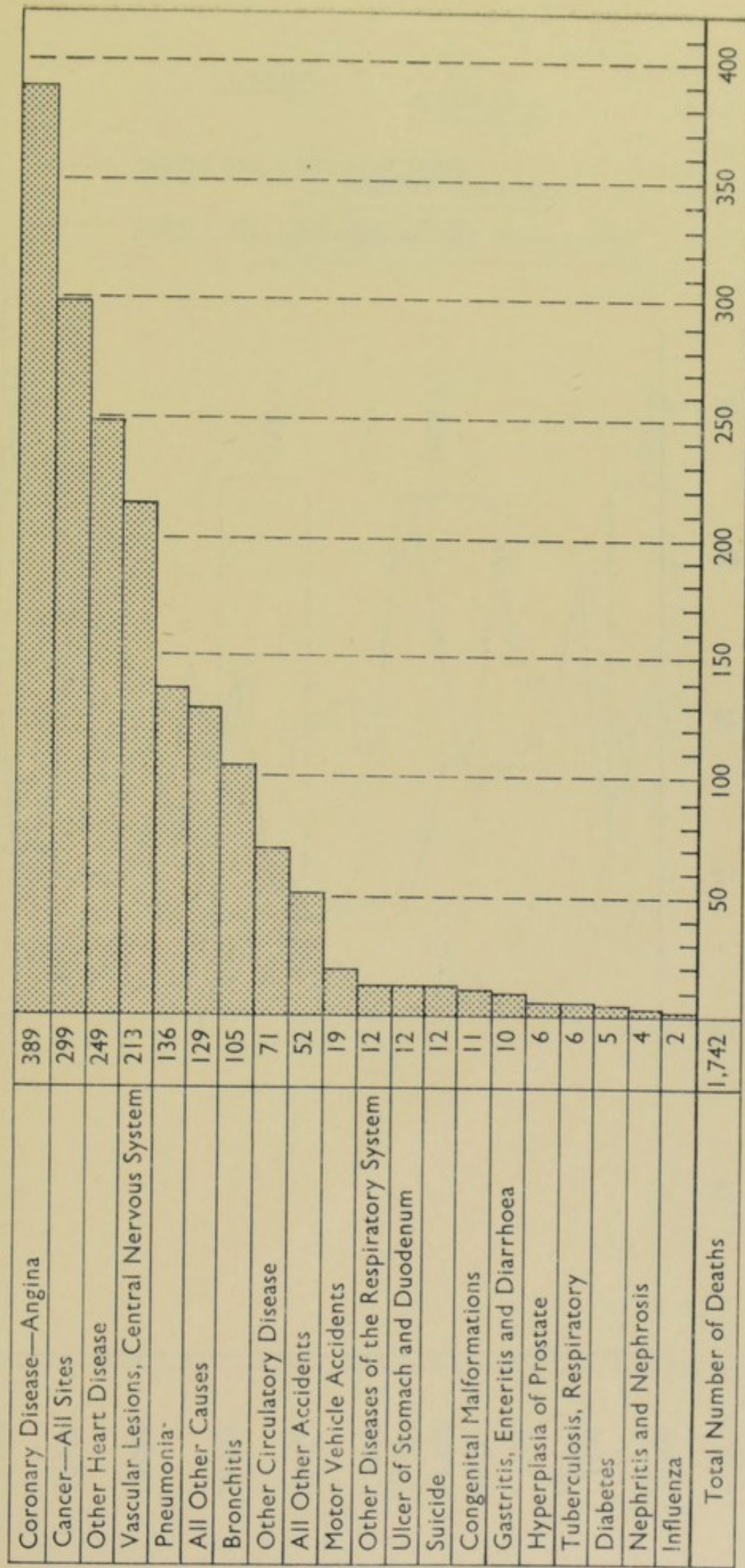




TABLE I

BIRTH RATE PER 1,000 LIVING ———

DEATH RATE PER 1,000 LIVING - - - - -

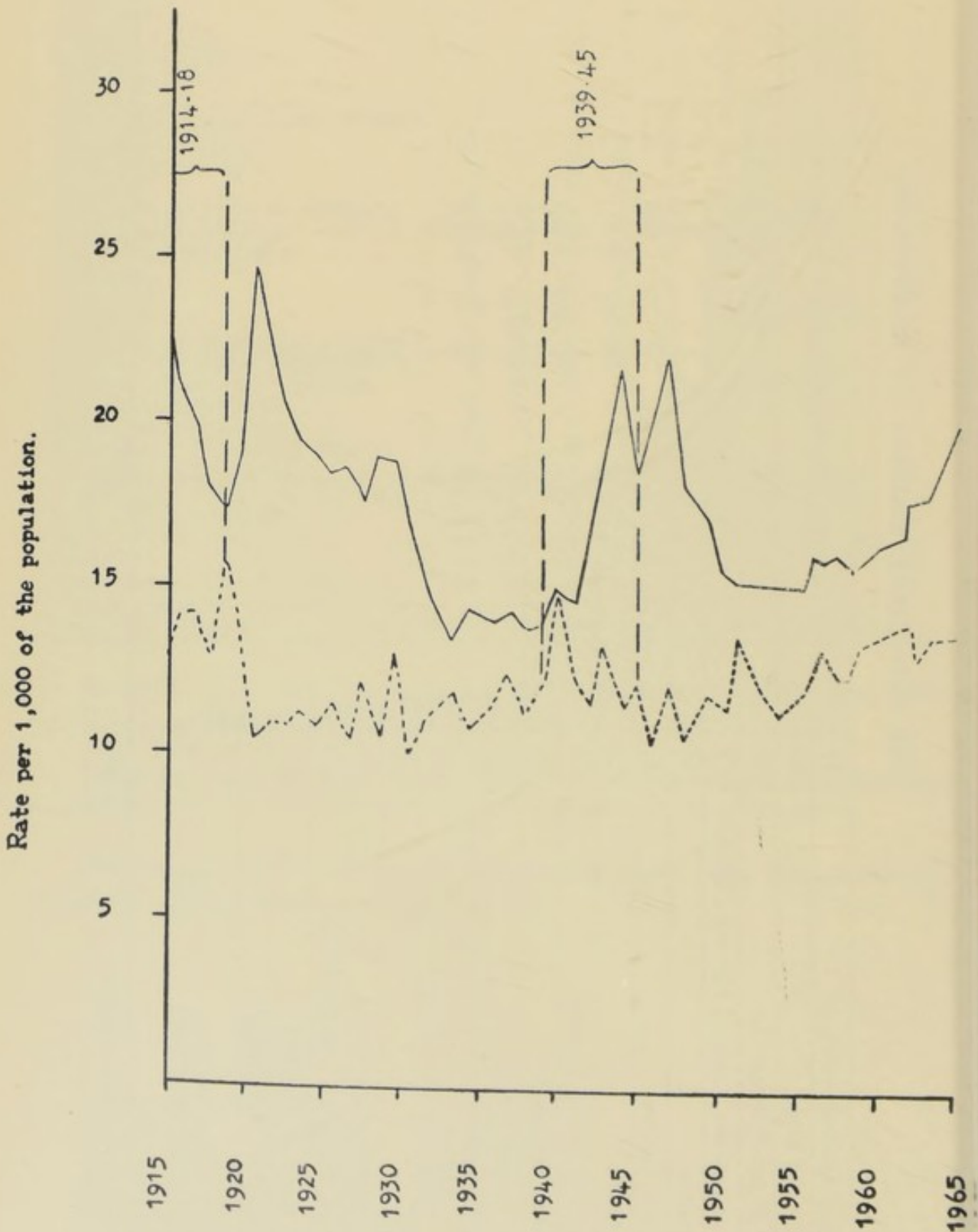


TABLE II

PERSONS MARRIED

PER 1,000 OF THE POPULATION.

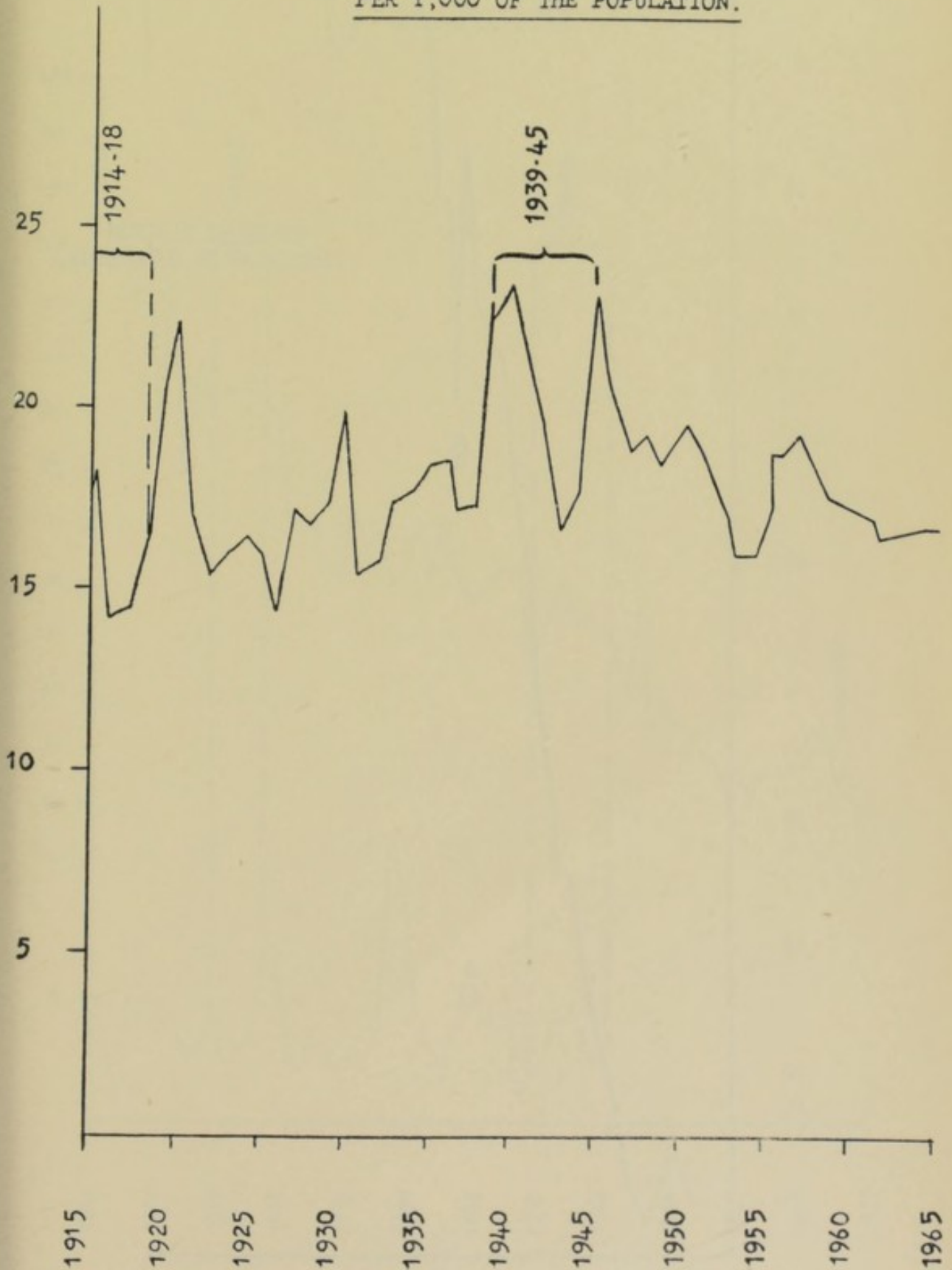


TABLE III

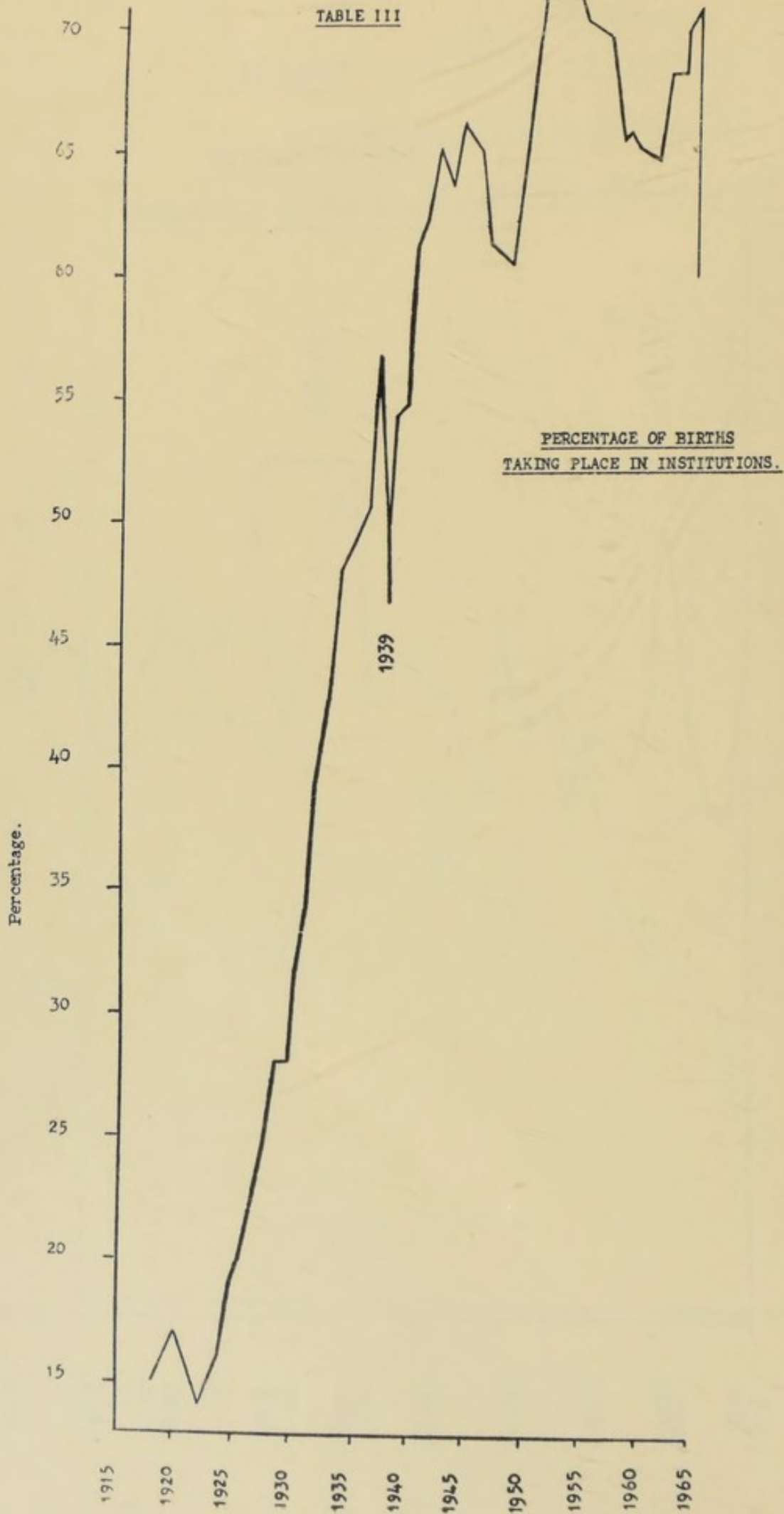
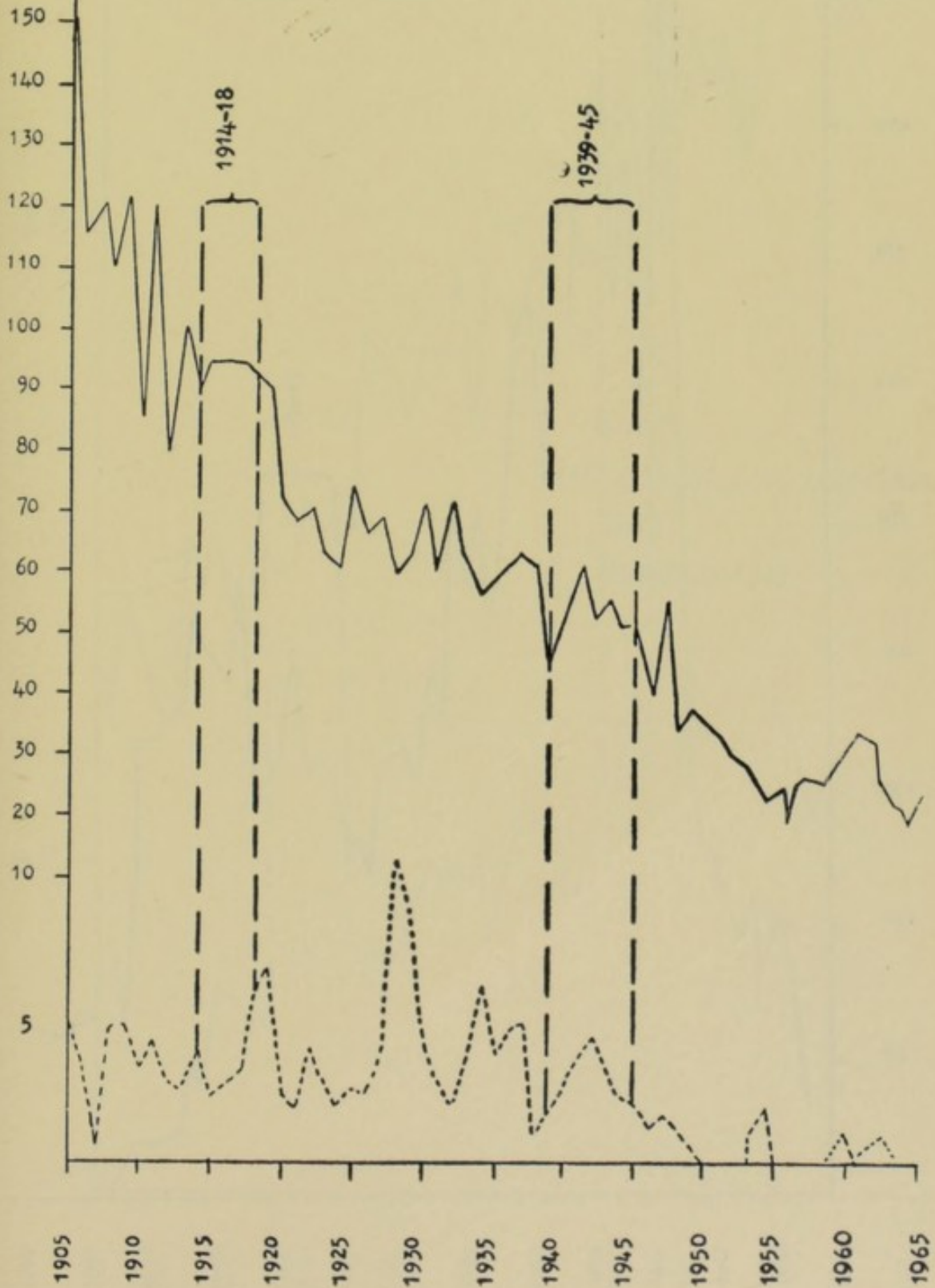


TABLE IV

Infantile Mortality Rate  
per 1,000 Live Births - - - -

Maternal Mortality Rate  
per 1,000 Births - - - -





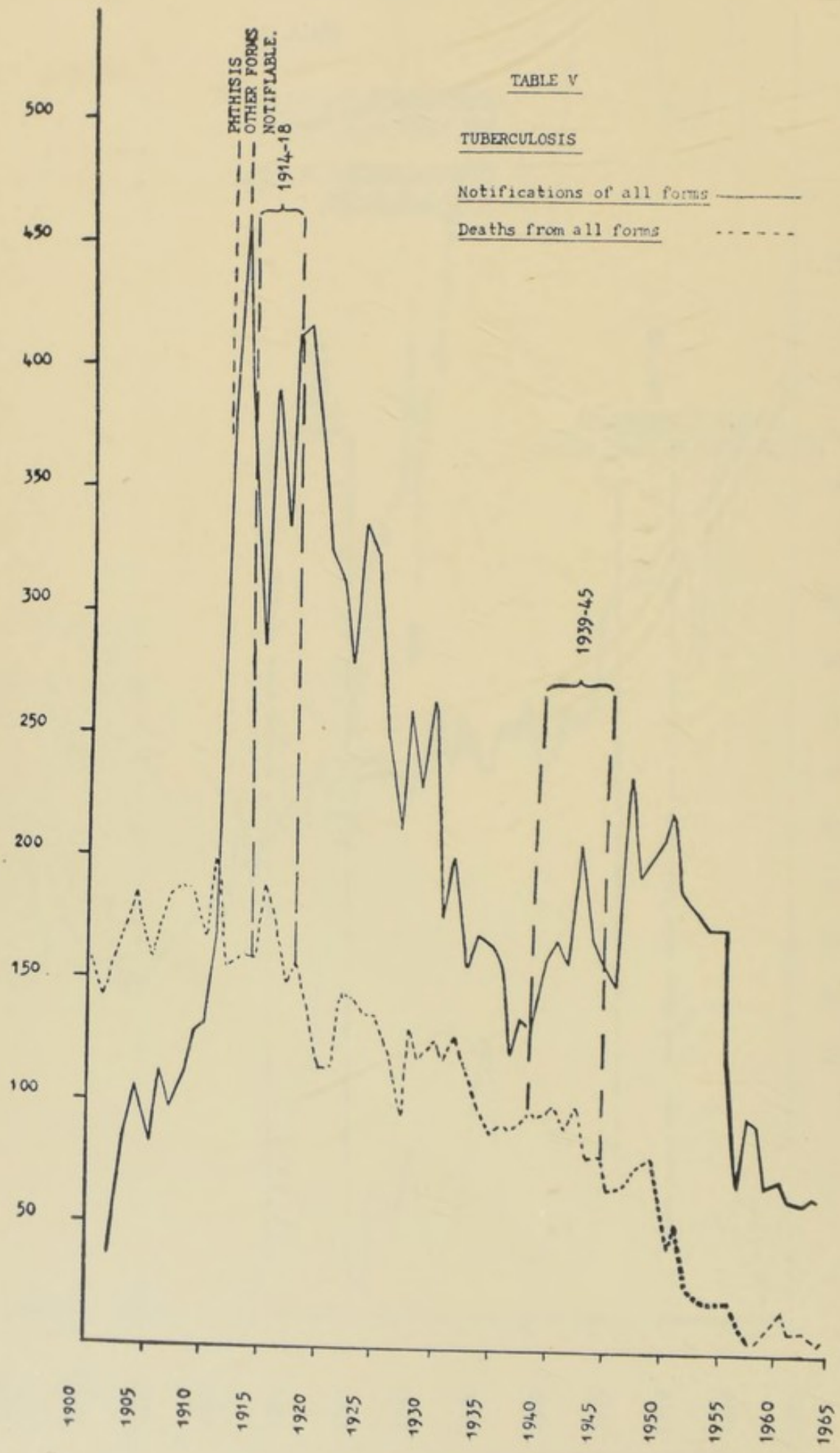
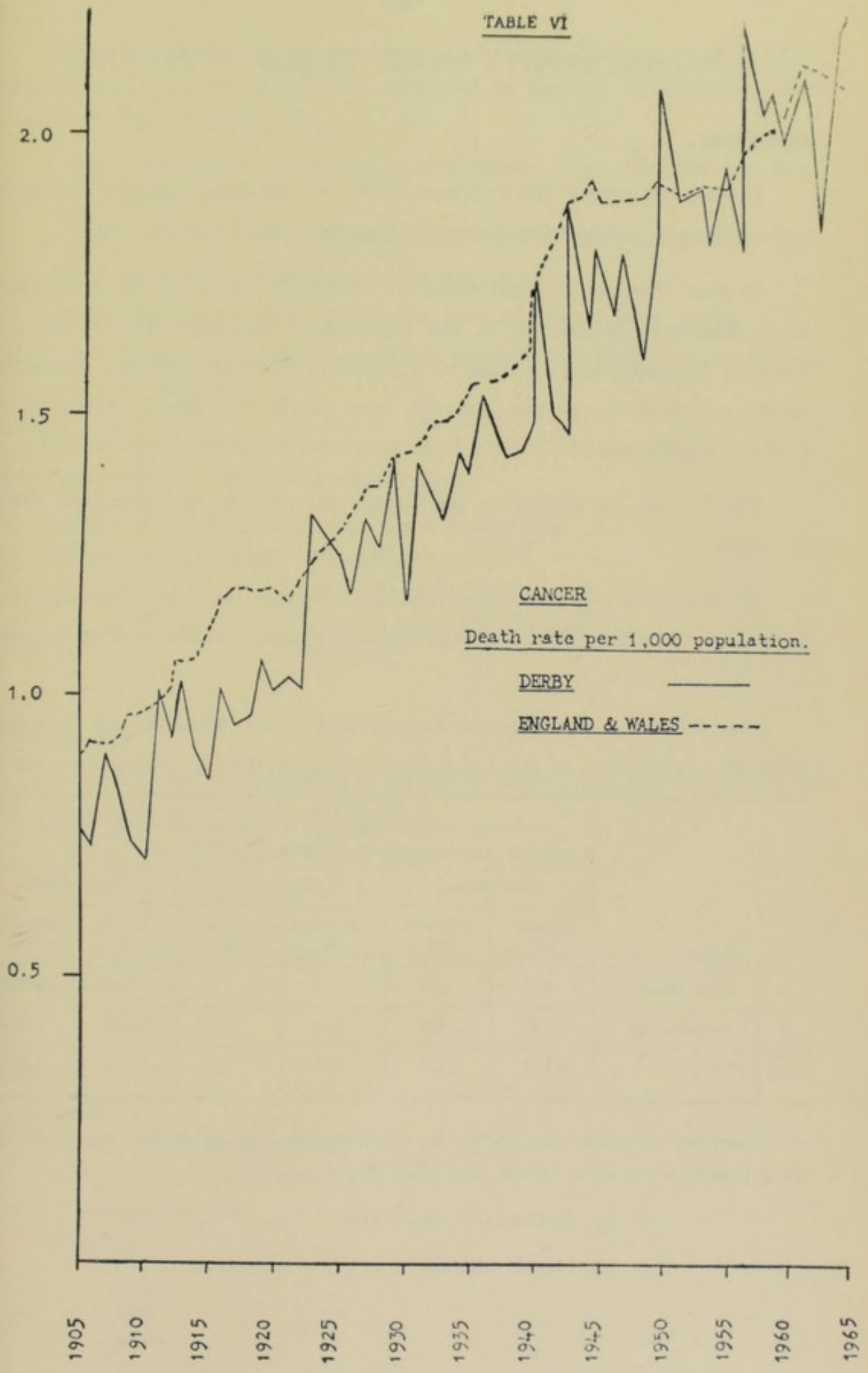


TABLE VI



## II—MATERNITY AND CHILD WELFARE.

### Midwives.

During the period 1st February, 1964, to the 31st January, 1965, 108 midwives gave notice of intention to practise within the Borough.

92 were attached to institutions (31 at the City Hospital, 26 at the Queen Mary Maternity Home, 34 at the Nightingale Maternity Home and 1 at Derwent Hospital) and 16 were in domiciliary practice. All the domiciliary midwives practising in the Borough were under the direct control of the Health Department.

There were no midwives practising privately in the Borough during the year.

46 midwives removed from the area during the year, leaving 10 in domiciliary practice and 52 in institutional practice at the end of the year.

The following are details of maternity cases attended by midwives practising in the area of the Local Supervising Authority during the year :—

		NUMBER OF DELIVERIES ATTENDED BY MIDWIVES IN THE AREA DURING THE YEAR.					
		<i>Live Births.</i>		<i>Stillbirths.</i>		<i>Total Births.</i>	
		<i>Actual.</i> (1)	<i>Adjusted.</i> (2)	<i>Actual.</i> (3)	<i>Adjusted.</i> (4)	<i>Actual.</i> (5)	<i>Adjusted.</i> (6)
1	Domiciliary ..	667	665	2	2	669	667
2	Institutional ..	3,737	1,698	109	40	3,846	1,738
3	TOTAL .. ..	4,404	2,363	111	42	4,515	2,405

Number of cases delivered in institutions but attended on discharge from institutions and before the 10th day—

(a) by domiciliary midwives	...	...	399
(b) by health visitors	...	...	Nil
			399



There were 11 domiciliary midwives practising in the Borough throughout the year and 9 of them had been approved by the Central Midwives Board as teachers of pupil midwives.

667 confinements (including non-residents) were attended by domiciliary midwives.

305 ante-natal and post-natal clinic sessions were attended.

3,087 domiciliary ante-natal visits were made.

8,871 domiciliary visits during the lying-in period were made.

2,097 domiciliary post-natal visits to institutional discharges were made by midwives.

The following visits to expectant mothers desiring hospital confinements were carried out by domiciliary midwives:—

Number of expectant mothers visited during year	...	...	...	120
Number recommended—"Hospital essential"	...	...	...	51
"Hospital desirable"	...	...	...	6
"Can be cared for at home"	...	...	...	49
"Others"	...	...	...	14

### Medical Aid.

Out of the 667 confinements attended by domiciliary midwives, medical aid was sought in 49 cases as follows:—

38 on account of mother or expectant mother.

11 on account of baby.

The following table shows the various reasons for the calling in of medical aid:—

### Mothers.

#### ANTE-NATAL.

Ante-partum haemorrhage	...	...	...	...	...	1
Irregular or Foetal Heart not heard	...	...	...	...	...	1
Placenta Praevia	...	...	...	...	...	—
Various	...	...	...	...	...	—
						—
						2
						==

**NATAL.**

Prolonged 1st stage	...	...	...	...	...	...	...	3
Breech or otherwise abnormal presentation	...	...	...	...	...	...	...	—
Maternal or Foetal Distress (mainly Foetal)	...	...	...	...	...	...	...	3
Various	...	...	...	...	...	...	...	7
Intra-Partum Haemorrhage	...	...	...	...	...	...	...	—
								—
								13
								==

**POST-NATAL.**

Retained Placenta	...	...	...	...	...	...	...	1
Lacerated perineum	...	...	...	...	...	...	...	12
Post-partum haemorrhage	...	...	...	...	...	...	...	2
Phlebitis	...	...	...	...	...	...	...	2
Various	...	...	...	...	...	...	...	6
								—
								23
								==

**Babies.**

Still Birth	...	...	...	...	...	...	...	—
Prematurity	...	...	...	...	...	...	...	—
Shock	...	...	...	...	...	...	...	1
Congenital malformations	...	...	...	...	...	...	...	—
Various (infection of eye, Jaundice, etc.)	...	...	...	...	...	...	...	9
Asphyxia	...	...	...	...	...	...	...	1
								—
								11
								==

**Notification of Liability to be a Source of Infection.**

No notifications were received.

**Notification of Death.**

33 notifications were received, all from institutions, as follows :—

	<i>Domiciliary.</i>		<i>Institutions.</i>	
	<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
Mothers	—	—	—	—
Infants	—	—	10	23
Total	—	—	10	23

**Notification of having Laid out a Dead Body.**

DOMICILIARY.		INSTITUTIONS.	
<i>Residents.</i>	<i>Non-Residents.</i>	<i>Residents.</i>	<i>Non-Residents.</i>
—	—	—	—

**Ante-Natal Clinics.**

	<i>Sessions.</i>	<i>First Attendances.</i>	<i>Total Attendances.</i>
Green Street ... ..	48	176	213
Boulton ... ..	49	130	173
Roe Farm ... ..	53	84	114
Normanton ... ..	52	169	208
Temple House ... ..	50	245	317
Mackworth .. ..	53	105	134
Total ... ..	305	909	1,159

**Post-Natal Clinics.****GREEN STREET.**

21 attendances were made at ante-natal sessions.

**TEMPLE HOUSE.**

30 attendances were made at ante-natal sessions.

**ROE FARM.**

35 attendances were made at ante-natal sessions.

**NORMANTON.**

8 attendances were made at ante-natal sessions.

**BOULTON.**

8 attendances were made at ante-natal sessions.

**MACKWORTH.**

21 attendances were made at ante-natal sessions



### Maternal Mortality.

There were no maternal deaths in 1964.

### Births.

4,822 notifications were received during 1964 under Section 203, Public Health Act, 1936. Of these, 2,363 were live births and 42 were still-births relating to Derby residents. 2,348 were live births and 69 were still-births relating to non-residents. The details were as follows :—

	LIVE BIRTHS.		STILL-BIRTHS.		<i>Total Non-Residents.</i>	<i>Total Residents.</i>	<i>Grand Total.</i>
	<i>Doctor.</i>		<i>Doctor.</i>				
	<i>Booked.</i>	<i>Not Booked.</i>	<i>Booked.</i>	<i>Not Booked.</i>			
RESIDENTS:— Domiciliary ..	536	129	2	—	—	667	667
NON- RESIDENTS:— Domiciliary ..	2	—	—	—	2	—	2
TOTAL ..	538	129	2	—	2	667	669

	<i>Live Births.</i>	<i>Still-Births.</i>	<i>Total Non-Residents.</i>	<i>Total Residents.</i>	<i>Grand Total</i>
RESIDENTS:— Institutional ..	1,391	40	—	1,431	1,431
NON-RESIDENTS:— Institutional ..	2,346	69	2,415	—	2,415
TOTAL ..	3,737	109	2,415	1,431	3,846

1,431, or 60.5%, of total births relating to residents took place in institutions.

### Still-Births.

111 still-births were notified. 42 were in respect of Derby residents and 69 non-residents. There were 89 burials of still-born children in the Derby cemeteries during the year. 41 still-births were registered in respect of Derby residents. Percentage of still-births to live births registered was 2.3.

### Care of Premature Infants.

1. Total number of premature live babies notified during the year whose mothers are normally resident within the Borough ... .. 172
- (a) Born at home ... .. 19
- (b) Born in hospital ... .. 153

Weight at birth	PREMATURE LIVE BIRTHS												PREMATURE STILL-BIRTHS	
	Born in hospital				Born at home or in a nursing home									
	Total births	Died			Total births	Died			Total births	Died			Born in hospital	Born at home or in a nursing home
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2 lb 3 oz or less	1	1	—	—	—	—	—	—	—	—	—	1	—	
2 Over 2 lb 3 oz up to and including 3 lb 4 oz ..	8	3	2	—	—	—	—	—	—	—	—	5	—	
3 Over 3 lb 4 oz up to and including 4 lb 6 oz ..	30	—	2	—	2	—	—	—	—	—	—	7	—	
4 Over 4 lb 6 oz up to and including 4 lb 15 oz ..	39	1	—	—	5	—	—	—	1	—	—	2	1	
5 Over 4 lb 15 oz up to and including 5 lb 8 oz	75	1	1	—	10	—	—	—	1	—	1	2	—	
TOTAL ..	153	6	5	—	17	—	—	—	2	—	1	17	1	

Premature babies born on the district weighing less than  $4\frac{1}{2}$  lbs. were transferred to the Premature Baby Unit; others were visited by domiciliary midwives until they reached the weight of 6 lbs.



### Attendances at Welfare Centres in 1964.

CENTRE.	Sessions held.		Attendances.					Number of Children					First Attendances.									
	Mothers.	Under 1 year.	Children.					Weighed.	Seen by Doctor.					Under 1 month.	1-3 months.	3-6 months.	6-9 months.	9-12 months.	Total under 1 year.	1-5 years.	Total.	
			Under 1 year.	1-2 years.	2-3 years.	3-4 years.	4-5 years.		Total.	Under 1 year.	1-2 years.	2-3 years.	3-4 years.									4-5 years.
<b>Boulton</b> ..	49	1,934	366	108	51	40	2,079	2,042	215	79	46	17	15	372	59	45	12	3	4	123	—	123
<b>Rykneld</b> ..	50	2,231	342	109	74	21	2,407	2,352	277	97	46	34	14	468	111	47	17	5	7	187	14	201
<b>Nightingale Road</b>	106	2,294	395	216	145	84	2,582	2,507	270	71	77	32	29	479	88	30	16	3	6	143	9	152
<b>Pear Tree</b> ..	155	4,843	896	386	158	49	5,476	5,406	618	175	141	53	18	1,005	210	104	24	11	4	353	12	365
<b>Roe Farm</b> ..	52	1,512	228	78	29	5	1,607	1,586	270	74	40	17	7	408	67	31	9	3	3	113	—	113
<b>Normanton</b> ..	56	1,393	1,171	92	49	18	1,534	1,529	234	88	52	31	13	418	57	34	7	5	110	2	112	
<b>Temple House</b> ..	101	4,032	714	197	107	36	4,459	4,343	479	170	73	48	17	787	170	111	33	7	7	328	19	347
<b>Mackworth</b> ..	101	2,451	460	150	101	69	2,645	2,567	256	139	52	39	37	523	89	39	5	5	3	141	9	150
<b>Green Street</b> ..	106	2,901	430	166	56	35	3,138	3,014	363	124	71	28	22	608	140	78	22	7	1	248	11	259
<b>TOTAL</b> ..	776	23,591	4,035	1,502	770	357	25,927	25,346	2,982	10,175	598	299	172	5,068	991	519	145	51	40	1,746	76	1,822

**Infantile Mortality during the Year 1964.**

Deaths from stated causes at various ages under one year of age.

CAUSE OF DEATH.	Sex	Total all ages.	Under 4 weeks.	4 weeks and under 1 year.
Syphilitic Disease ... ..	M	—	—	—
	F	1	1	—
Leukaemia, Aleukaemia ...	M	—	—	—
	F	1	—	1
Pneumonia ... ..	M	5	4	1
	F	4	1	3
Other Diseases of the Respiratory System ... ..	M	—	—	—
	F	1	1	—
Gastritis, Enteritis and Diarrhoea ... ..	M	—	—	—
	F	1	—	1
Congenital Malformations ...	M	2	1	1
	F	7	2	5
Other Defined and Ill-defined Diseases ... ..	M	15	13	2
	F	10	10	—
Motor Vehicle Accidents ...	M	1	—	1
	F	1	—	1
All Other Accidents ... ..	M	3	—	3
	F	4	—	4

**Children of Pre-School Age.**

During the year under review, routine medical inspection was carried out in 1,028 children of two, three and four years of age. Of this number, 49 children were referred for treatment and 490 placed under observation. In a number of these cases, children with more than one defect are included under both headings. The number of individual children requiring treatment or observation, or both, was 527. In addition, 83 re-inspections and 35 special examinations were made.

Below is a statement of cases, showing the numbers of children of pre-school age which were referred to the various clinics during the year :—

Orthopaedic Clinic	...	...	...	...	...	72
Dental Clinic	...	...	...	...	...	267



## WELFARE FOODS

There was a decline in the demand for National Dried Milk and Vitamin A and D Tablets during 1964, whereas issues of Cod Liver Oil and Orange Juice increased slightly (see Table below).

The arrangements for the sale of stamps at the smaller distribution points remained unaltered and the main distribution point at the Health Department continued to operate on a cash sales only basis.

The assistance of the Women's Voluntary Service for Civil Defence, who provided the staff for the eleven smaller distribution points, is again gratefully acknowledged.

The following Table shows the total issues made at each distribution point during 1964.

### Summary of Issues at Distribution Centres.

<i>Distribution Point.</i>	<i>N.D.M.</i>		<i>Cod Liver Oil.</i>	<i>Vitamin A &amp; D Tablets.</i>	<i>Orange Juice.</i>
	<i>Full Cream.</i>	<i>Half Cream.</i>			
	<i>Tins.</i>	<i>Tins.</i>	<i>Bottles.</i>	<i>Packets.</i>	<i>Bottles.</i>
Health Dept. Council House..	30,772	1,428	2,632	2,784	20,899
Temple House .. .. .	639	6	149	74	688
Boulton .. .. .	957	41	63	74	667
Nightingale Road .. ..	1,384	21	79	59	666
Pear Tree Baptist .. ..	7,866	316	544	109	1,884
Normanton .. .. .	626	19	87	78	977
Roe Farm .. .. .	602	19	63	28	432
Rykneld .. .. .	619	6	119	70	863
Green Street .. .. .	596	21	252	41	657
Mackworth .. .. .	637	10	110	84	855
City Hospital .. .. .	—	—	71	214	615
Nightingale Home .. ..	—	—	—	452	1,894
<b>Totals .. .. .</b>	<b>44,698</b>	<b>1,887</b>	<b>4,169</b>	<b>4,067</b>	<b>31,097</b>
Comparative totals for 1963 ..	47,787	1,939	4,043	4,179	30,552



## REPORT OF HEALTH VISITORS' WORK FOR 1964

by J. Headington, Superintendent Health Visitor.

The work of the Health Visitor over the last year progressed in many ways, and every effort was made to keep up to date with changing requirements. Unfortunately, due to shortage of staff, one area of the town was only partially covered, and I know that some of the social problems did not get the support that was needed. Liaison with other departments helped to fill this gap, and it was very much appreciated.

Recruitment of Health Visitors was slow, but a higher illegitimacy rate, earlier marriages, and prolongation of life, made the need for staff very real. Although students from the nurse training schools attended clinics and visited homes, the response to working in the public health field was very poor.

The attendances at two ante-natal clinics declined, the trend being for expectant mothers to book their own doctors, or the hospitals, for ante-natal care. Eventually Mackworth and Boulton were closed, leaving four ante-natal clinics each week for the use of the public.

First visits to mothers and babies on the eleventh day were rigorously carried out, as early discharges from hospitals with insufficient help in the home, left mothers over-tired, and feeding problems with new babies developed. These were allayed by referrals to Family Doctors, frequent visiting by Health Visitors, and attendances at clinics. Mothercraft and relaxation exercises were moved to one centre, and Green Street Welfare was chosen for this purpose. Maternity units in the town were invited to send any of their expectant mothers to our classes, if they were unable to get this service with them. This has proved helpful to women expecting first babies, and also to women with adoption prospects in view.

During the year 1,140 children were notified by Maternity Hospitals, Midwives and Health Visitors, as being born at risk, and it was interesting to note that three children out of this number came to our notice with heart conditions, and that one child developed bilateral cataracts in the early months of life, and in this case the mother gave a history of German Measles in early pregnancy. There were also 46 children born with congenital defects and extra visits were made to these homes with regard to feeding, ascertainment of hospital appointments, and liaison with Family Doctors. The most important part of these visits was to answer the questions of anxious parents, and whenever possible smooth the way towards early treatment.

### Analysis of Congenital Defects notified during 1964.

The total number of cases notified was 46, but some children had more than one defect.

#### DIAGNOSIS

<i>Central Nervous System.</i>	<i>Stillbirths.</i>	<i>Live Births.</i>
Anencephalus ... ..	3	1
Hydrocephalus ... ..	3	3
Defects of the Spinal Cord not otherwise specified ... ..	1	1
Spina Bifida ... ..	1	7

	Stillbirths.	Live Births.
<i>Eye, Ear.</i>		
Defects of Ear not otherwise specified ...	—	1
<i>Alimentary system.</i>		
Defects of Alimentary system not otherwise specified ... ..	—	1
Cleft Lip ... ..	1	2
Cleft Palate ... ..	1	3
<i>Heart and Great Vessels.</i>		
Congenital heart disease not otherwise specified ... ..	—	2
Transposition of Great Vessels ... ..	—	1
<i>Uro-genital system.</i>		
Polycystic Kidney, all forms ... ..	—	1
Hypospadias ... ..	—	1
Other defects of male genitalia ... ..	—	1
Defects of female genitalia (includes female pseudo-hermaphroditism) ...	—	1
Indeterminate Sex ... ..	1	—
<i>Limbs.</i>		
Defects of upper limbs not otherwise specified ... ..	—	6
Defects of lower limbs not otherwise specified ... ..	—	1
Syndactyly ... ..	—	2
Talipes ... ..	1	7
<i>Other skeletal.</i>		
Other defects of spine ... ..	—	1
<i>Other systems.</i>		
Exomphalos ... ..	1	—

A survey of clinical staphylococcal infections in mothers, and babies born at home and in hospitals was undertaken from July, 1963, to July, 1964, and a Table showing these figures is included in this report. All babies, whether born at home or in hospital, were visited on the eleventh day. Information was obtained from home and hospital discharge forms, and the Health Visitor's own observations.





**Hospital Deliveries.***Mothers.*

Mastitis ... ..	1
Genito-urinary ... ..	19
Breast Abscess ... ..	8
Cracked Nipples ... ..	1
Pyrexia ... ..	4
Septic Finger ... ..	1
Conjunctivitis ... ..	1
Otitis Media ... ..	1
Perineum not healed ... ..	1
Boils ... ..	1
Septic Spots ... ..	1

*Babies.*

Sticky Eyes ... ..	43
Cord Infections ... ..	37
Nasal Staphylococcal Sepsis with Chest Infections ... ..	2
Skin Infections ... ..	13
Pustules ... ..	2
Infected Heat Rash ... ..	1
Urinary Infections ... ..	2
Mastitis ... ..	1
Paronychia (several fingers) ... ..	9

**INFECTIONS IN MOTHERS AND BABIES****Home Deliveries.**

Nil.

**Hospital Deliveries.***Mothers.*

Pyrexia of Unknown Origin ... ..	4
Genito-urinary ... ..	2
Infected Sutures ... ..	1

*Babies.*

Skin Infections ... ..	1
Sticky Eyes ... ..	4
Pustules ... ..	1
Cord Infections ... ..	2
Paronychia ... ..	1







4.	HOSPITAL AFTER-CARE.							
	Persons discharged from hospital (other than mental hospitals)						1,110	
	Persons discharged from hospital (other than mental hospitals) visited at the special request of G.P. or hospital ... ..						383	
5.	T.B. HOUSEHOLDS ... ..						104	
6.	INFECTIOUS HOUSEHOLDS ... ..						594	
7.	OTHER PUBLIC HEALTH WORK.						<i>Under 65</i>	<i>Over 65</i>
	Visits re chronic sick ... ..						17	220
	Number recommended:—							
	“Emergency” ... ..						—	1
	“Urgent admission” ... ..						15	174
	“Normal admission from waiting list” ... ..						2	8
	“Can be cared for at home” ... ..						—	6
	“Suitable for part III accommodation” ... ..						—	—
	“Others” ... ..						—	31
	Assisting at child welfare sessions ... ..							1,166
	Assisting at ante-natal clinic sessions ... ..							306
	Visits to diabetic clinics (re diabetic patients) ... ..							66
	Visits to hospital (re diabetic patients) ... ..							87
	Ante-natal attendances (Group Practice) ... ..							696
	Child welfare attendances (Group Practice) ... ..							1,290
	Attending committee meetings ... ..							10
8.	MISCELLANEOUS.							
	Two Health Visitors attended the Children’s Hospital for two afternoons each.							
	Two Health Visitors attended the Premature Baby Unit for two afternoons each.							
	Five Health Visitors attended the Deaf Nursery School for half a day each.							
	Seven Health Visitors attended the Derbyshire Royal Infirmary for two hours each (lecture on Cervical Smear Tests).							
9.	HEALTH EDUCATION.							
	Talks in Maternity Hospitals ... ..							12
	Talks to Students and Clubs ... ..							20
	Sound Films and Film Strips (Central Office) ... ..							35
	Mothercraft Class Attendances ... ..							435
	Talks and use of Film Strips and Slides in Welfare Clinics (Groups) ... ..							223
	(Attendances) ... ..							1,099
	Talks and use of Film Strips ... (Group Practice) ... ..							71
	Posters and Visual Aids made in the Department ... ..							100
10.	RESEARCH.							
	Survey of Staphylococcal Infections in Mothers and Babies born at Home and in Hospitals.							

## DERBY DIOCESAN COUNCIL FOR SOCIAL WORK

Report by the Organising Secretary.

1964 brought an increase of over 50% in cases referred to the Council for help with family problems from those residing in the Borough, an increase which has stretched our resources considerably, providing almost a full case load for one worker.

59 mothers were referred for assistance due to the birth of an illegitimate child. Many of these mothers were single, but twelve were married, their husbands and sometimes legitimate children needing help, care, and compassion too.

Attention has previously been drawn to the need of a Hostel in the area; hospitality has been extended to mothers and their babies unable to return home on discharge from hospital, by young couples, and temporary foster-homes have also been offered to babies prior to placement with prospective adopting parents. In addition, girls without babies, who have been rendered homeless have been catered for at the Y.W.C.A.

A worrying feature of the work, since the closure of the Mother and Baby Home at Vernon Street, is the distance girls have to be sent to find accommodation in a Home, Birmingham, Chester, Liverpool, Sheffield, Huddersfield, etc. Some, who would greatly benefit by this help, refuse because of the distances involved, which are, too, an additional strain on parents at a time when every effort is being made to help a family face their problems together. Most parents, however, visit their daughters faithfully week by week in spite of the difficulties.

Illegitimacy is not a problem about which we dare remain complacent. The future for any illegitimate child is fraught with danger, whether he be offered for adoption, or kept by his own mother.

Total No. of new cases	...	...	...	...	76
Illegitimacy	...	...	...	...	59
Family Problems	...	...	...	...	5
After Care	...	...	...	...	5
Matrimonial	...	...	...	...	1
Babies placed with Adopters	...	...	...	...	6
Girls admitted to Mother and Baby Homes	...	...	...	...	18
*Mothers keeping their Babies	...	...	...	...	30
*Mothers offering their Babies for Adoption	...	...	...	...	9
*Referred to the Children's Department	...	...	...	...	1
Referred to Probation Officer	...	...	...	...	1
Married, Separated and Divorced Wives and Widows					
Pregnant	...	...	...	...	14

\*—*Figures based on Babies born.*



## ANNUAL REPORT OF THE DAY NURSERIES FOR 1964

By Mrs. Moss, Supervisor of Day Nurseries.

### Present Situation.

Derby Borough continues to maintain its remaining four Day Nurseries out of the initial eight. These four day nurseries accommodate together 180 children per day, of very tender ages (*i.e.* six weeks to five years). They are all "Training Units" for nursery nurses and as such do invaluable work in this field.

The biggest demand for this service still exists around the Friargate and central parts of the town—most mothers of young children being employed in or near these parts. It is, therefore, regrettable that the nursery near Friargate is one of the smallest and most dilapidated of the four units. This obviously creates continual difficulty in the placing of children and the staff are constantly working at high pitch with extremely third rate amenities, for the exacting task of caring adequately for the children.

### Care of Day Nursery Children.

The basic fundamental care, including all primary essentials to our children was maintained throughout the year, by a very busy but conscientious staff, and so "our children" were as happy and as secure each day as it was possible to make them. (A fuller account of the care and activities of a Derby Day Nursery can be found in previous Annual Reports).

### Positive Health.

All cares bestowed upon Derby's Nursery children is done towards acquiring positive health for each child admitted. All aspects in the elastic routine of each day is directed to this ideal, including:—

- Happiness.
- Comfort.
- Good Nutrition.
- Security.
- Freedom for spontaneous movement and thought.
- Fresh air.
- Sleep and rest.
- Suitable mental and physical encouragement (including emotional and spiritual needs).
- Personal and environmental hygiene.
- Medical examinations and protective care.

### Medical Care and Protection (against "killer diseases").

The continuation of this coverage to all nursery children is an all-important and vital part of this service.

Each child on admission received initial medical examination and subsequent periodic medical inspection annually. Any abnormality, however slight, is thus found, resulting—in conference with the parent/s—in any ultimate necessary treatment being arranged, thus preventing possible serious consequences developing in later life.



Protection against the most serious diseases known to young children continues to be one of the most vital in nursery care, and each child (parent/s consenting) is given this valuable assistance towards positive health by being protected against Diphtheria, Pertussis, Tetanus, Poliomyelitis and Smallpox.

**Number of Medical Inspections for 1964 were as follows:—**

Under 2 years	...	...	102
2 years old	...	...	58
3 years old	...	...	44
4 years old	...	...	39
Re-inspection	...	...	6
			—
TOTAL	...	...	249
			—

**Admissions for 1964.**

	0—2 years.	2—5 years.
Number of Approved Places	70	110
Number of Children on Register at end of Year	70	142
Average Daily Attendance during the Year	52	111
Waiting List, December, 1964	—	107

**Nursery Fees.**

2/- per day (mothers receiving one income).

7/- per day (where two incomes received).

4/- per half day (Part-time, 8.0 a.m. to 1.0 p.m., or 1.0 p.m. to 6.0 p.m.)

**Some Case Files showing Special Recommendations for Day Nursery Care.**

Many applications for day nursery care for children are requested by professional personnel, *i.e.*

Medical Practitioners.

Hospital Almoners.

N.S.P.C.C.

Health Visitors.

Children's Department.

National Assistance Board.

Mental Welfare Workers.

Social Welfare Workers, etc.

Moral Welfare Workers.

Below are a few examples showing liaison between departments in relation to this *Health Welfare* for the very young.

*February, 1964*—This is to certify that \_\_\_\_\_, 24 months old, needs to attend a day nursery. This child will not sleep for more than one hour at a time, day or night, and I think the day nursery will benefit him.

*Signed, \_\_\_\_\_, M.D.*

*February, 1964*—Mrs. \_\_\_\_\_ is under my care and suffers from anxiety depression. I have advised her to get a job part-time or whole-time, both in her interests and in the interests of the children. It would be of great assistance if the baby could be given a place in a nursery, *in the child's interests*—even more than Mrs. \_\_\_\_\_.

*Signed, \_\_\_\_\_, M.D.*

*February, 1964*—Mrs. \_\_\_\_\_ has been under my care for some months. Her ill-health is such that it is particularly desirable for her to continue at work and to have some care for the baby while she is working.

*Signed, \_\_\_\_\_, M.D.*

*August, 1964*—Mrs. \_\_\_\_\_, is becoming exhausted by their high spirits. It would be helpful if she could put one or both of them in a nursery to give her a rest. While she is dealing with one the other tends to get away. They are awake 5.0 a.m. to 9.0 p.m. with one hour's sleep in the day and one twin climbs out of crib in middle of night. Not toilet trained.

*Signed, \_\_\_\_\_, M.D.*

*September, 1964*—Mrs. \_\_\_\_\_ has been attending my out-patients clinic for some time, she has developed a severe anxiety associated with obsessive ruminations about causing injury to her daughter.

I think she can be helped as an out-patient if she were relieved of the responsibility of her child during the day time.

*Signed, \_\_\_\_\_, M.D.*

*November, 1964*—This woman has been coming to the Welfare Clinic for some time now, she has four small children, two of whom are still unable to walk. The baby is grossly under-weight and underfed.

Mrs. \_\_\_\_\_'s husband is at present in prison and is unable to keep up the payments of the rent.

I strongly recommend that the youngest child, at least, should have a place in one of the day nurseries.

*Signed, \_\_\_\_\_, M.D.*



*October, 1964*—I would be grateful if this case could be regarded as priority. Mrs. ————— is separated from her husband and is caring for their five children. The youngest is proving something of a handful at the present time, particularly as Mrs. ————— suffers from a serious bronchial allergy which is further aggravated by the continuous necessity to discipline this child. I feel that only by relieving her of as many problems as possible can we hope to keep this family together in some semblance of order. Because of these reasons I would be grateful for the offer of an early vacancy to her.

Thank you for your help in this case.

*Signed*, —————, Social Worker.

*October, 1964*—This is to certify that the young child of the above-named could not be left with the maternal grandmother as she is totally blind. Her daughter is an unmarried mother owing to her fiance being killed but is keen to look after her baby. She cannot manage to do this properly on her present allowances and has a job awaiting her.

Hoping you will be able to arrange an early admission for this child.

*Signed*, —————, Welfare Worker.

*December, 1964*—Widower referred by Miss —————, National Assistance Board, is having to stop off work until nursery vacancy found. Could this be treated as urgent, please?

*Signed*, —————, N.A.B. Officer.

*June, 1964*—This child was originally brought to our notice by the Health Visitor—the mother of the child was in a depressed state and unable to provide proper care for him. In these circumstances it was felt that it would be in the baby's interest to receive consistent care at a day nursery.

*Signed*, —————, Children's Officer.

### **Items of Interest that Gratify.**

*Example 1:* A child (whose lower limbs were spastic) was discharged to a special school in 1964 from a Derby day nursery. She had been admitted by medical request in 1961 to a nursery and remained there showing gradual improvement over the period of three years. Special exercises were given to this child by the nursery staff (on instruction by a physiotherapist), the staff also took it in turn to take her two or three times a week, during their off-duty period, to the public baths for special spastic exercises in the water.

The happiness, security, freedom and care that the nursery gave this child was invaluable. It gave her a grounding that she would not have otherwise received to fit her for special residential school at seven years of age.

This child continues to progress and is encouraged to visit the day nursery when home on holiday from school.

*Example 2:* A child (mongol—high grade) admitted by medical request. Remained in the nursery about 12 months. Gradual improvement was apparent in every way and the child became independent at feeding and walking.



This child is now abroad with his parents but news of him by letters and photographs are received by the nursery staff, keeping them in touch with his progress.

*Example 3:* A child who attended a day nursery in 1964 won a dance and drama association gold medal and gold shield for tap dancing, we should be proud of this in Derby because she is the first child in the country to win these awards in the baby section.

*Example 4:* A child who attended a Derby day nursery 22 years ago, who, on leaving school at 14 years of age commenced training with us and obtained her Nursery Diploma. She is now married. She and her husband are successfully running a Children's Home under the Home Office as House-mother and father. She loves her occupation and we would like to think that all children "in care" are as lucky as theirs.

*Example 5:* A small boy (4 months) and sister (4 years old) who attended one of our war-time nurseries 20 and 24 years ago. The "baby boy" is now an officer in the army stationed in Cairo, the sister is now a qualified hospital nurse, both being a great comfort in their achievements to their mother who has had to bring them up alone from tiny mites. This is a typical example of help given by the nursery service to many such mothers in need, over the years.

### **Training of Students.**

This is obviously an "all important" aspect of the day nursery service. The recruiting of suitable and dedicated young people for training as nursery nurses is quite a responsible task.

We are proud to report that in July, 1964, as in most previous years, a hundred per cent. pass of Health students who entered for the National Nursery Examination for the Royal Society of Health, was achieved.

The Derby Health Committee justly hold this honour for their nursery students and all the staff who train them.

### **New Developments in Training Nursery Students.**

The National Nursery Examination Board under the auspices of the Royal Society of Health, have issued a new syllabus for vocational training of nursery nurses. It is an entirely new aspect and will be in vogue from September, 1965. It now covers the training of students in relation to children from 0 to 7 years of age and should result, it is hoped, in an even wider and higher standard of care for all young children,



**Staff Employed, Year ending December, 1964.**

The following staff were employed:—

- 1 Day Nursery Supervisor.
- 1 Day Nursery Clerk.
- 4 Nursery Matrons.
- 10 Staff Nursery Nurses.
- 7 Nursery Assistants.
- 16 Nursery Students in training.
- 10 Sub-Trainees.
- 2 Cooks (full-time).
- 2 Cooks (part-time).
- 2 Domestic (full-time).
- 4 Domestic (part-time).
- 1 Gardener—Stoker (full-time).

Total Staff Personnel — 60.

**The Candid "Nursery" Camera!**

Amongst the many voluntary efforts which are made continually by the staff and other interested people towards acquiring more apparatus (for play, occupational and educational needs for the children), has been bought a fully automatic camera. Our aim (when we become experts!) is to record "the smallest citizens of Derby" in their many varied occupations, so that they can go on record for all time. Fully realising that as quoted by Sir John Lubbock that—"Life must be measured by thought and action, not by time."

**Special Thanks.**

During the year we were grateful to some generous Medical and Nursing personages, who gave individual "specialist talks" to our students on varying subjects and, also, to Matrons and Heads of local Hospitals, the Premature Baby Unit, Special Schools and many others.

The resulting effect of the informative and stimulating extensions to the students' training syllabus was so obviously helpful and will assist tremendously in making them even better people.

**Nursing Homes.**

Registered at 31st December, 1964	..	...	...	...	2
(1) Applications for registration	...	...	...	...	—
(2) Applications for registration withdrawn	...	...	...	...	—
(3) Homes registered	...	...	...	...	—
(4) Orders made refusing or cancelling registration	...	...	...	...	—
(5) Appeals against such Orders	...	...	...	...	—
(6) Cases in which Orders have been—					
(a) Confirmed on appeal	...	...	...	...	—
(b) Disallowed	...	...	...	...	—
On register at end of year	...	...	...	...	2

**Nurseries and Child-Minders Regulation Act, 1948.**

Seven daily minders are registered under the above Act, providing altogether for 19 children. These children have been visited at approximately fortnightly intervals.

Two nurseries, for 45 children, are registered with the Authority.



### III.—DENTAL SERVICES

Report by Mr. F. Grossman, Principal School Dental Officer.

#### **Staff.**

The staffing situations worsened in 1964 with the departure in January of Mr. Skinner, a full-time Dental Officer, and we were left with the equivalent of two and a half Dental Officers, which represents only one half of the approved establishment. The employment of private medical practitioners for the administration of anaesthetics on four or five sessions per week was continued, thus saving the valuable time of Dental Officers. The inability to recruit staff in 1964 is reflected in the reduced amount of treatment we were able to do. It is significant to note, during school inspections, the increasing number of children who have obtained treatment through the General Dental Service, and it is fortunate that the young Dental Surgeons entering private practice have recognised the urgent need for regular supervision and treatment of young children and are willing to supply it.

The Dental Auxiliary has completed her first full year with us. Dental Auxiliaries were introduced to Local Authority Dental Services as an experiment and are trained to carry out the simple forms of dentistry. The Derby Education Committee appointed one Auxiliary in September, 1963. So far as I am concerned the experiment is proving very successful. Miss Griffiths has shown great patience in dealing with the infants and juniors who form the bulk of her work, and she is a welcome addition to the staff.

#### **Inspection.**

I regard periodic inspection in school as an important part of the School Dental Service. I have already mentioned the evidence of increasing numbers of children who are obtaining treatment under the General Dental Service. There still remains a large number of children who are not encouraged to visit a dentist except by the efforts of the School Dental Service, and this as a result of periodic inspection in school followed by the offer of treatment, which in the majority of cases is accepted.

During the year, 15,333 pupils were inspected in school and a further 1,835 were inspected at the Clinic, giving a total of 17,168 pupils inspected in 1964. 42% were offered treatment at school inspection and of these 66.5% accepted.

#### **Treatment.**

Unfortunately, owing to shortage of staff, it is not possible to devote as much time as we would wish on the conservation of deciduous teeth—priority must be given to children with their permanent dentition, and in many cases extensive treatment is required.

In Table 1 will be found details of treatment in tabulated form.



**Dental Health Education.**

A certain amount of Dental Health Education has been undertaken in the schools by means of short talks and film strips given by the Dental Auxiliary, and I am grateful to the Health Visitors who lose no opportunity in the Ante-natal Clinics to emphasize the importance of a healthy mouth. Use is made of posters and leaflets and there is a continuous process of "Chairside indoctrination" with each patient.

**Clinics.**

During the year a decision was taken to equip the dental surgery at Mackworth Branch Clinic, and as soon as we are able to obtain the services of another Dental Officer, this will be implemented. The use of this Clinic will avoid the necessity for parents and children to travel the long distance to the Central Clinic.

**Orthodontics.**

The liaison established with the Consultant Service of the Regional Hospital Board is proving to be of great help with difficult cases. Eighteen such cases were referred to the Derbyshire Royal Infirmary in 1964.

TABLE 1.

## INSPECTION AND TREATMENT.

*Dental Inspection and Treatment carried out by the Authority during the year ended 31st December, 1964*

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1965 .. .. .		20,579
<b>(a) DENTAL AND ORTHODONTIC WORK</b>		
I. Number of pupils inspected by the Authority's Dental Officers:—		
i. At Periodic Inspections .. .. .	15,333	
ii. As Specials .. .. .	1,835	TOTAL I .. .. .
II. Number found to require treatment .. .. .		10,139
III. Number offered treatment .. .. .		8,519
IV. Number actually treated .. .. .		6,229
<b>(b) DENTAL WORK (OTHER THAN ORTHODONTICS)</b>		
I. Number of attendances made by pupils for treatment, excluding those recorded at (c) i. below .. .. .		
		10,719
II. Half days devoted to:		
i. Periodic (School) Inspections .. .. .	97	
ii. Treatment .. .. .	1,358	TOTAL II .. .. .
		1,455
III. Fillings:		
i. Permanent Teeth .. .. .	6,558	
ii. Temporary Teeth .. .. .	398	TOTAL III .. .. .
		6,956
IV. Number of Teeth Filled:		
i. Permanent Teeth .. .. .	5,952	
ii. Temporary Teeth .. .. .	384	TOTAL IV .. .. .
		6,336
V. Extractions:		
i. Permanent Teeth .. .. .	2,033	
ii. Temporary Teeth .. .. .	6,083	TOTAL V .. .. .
		8,116
VI. i. Number of general anaesthetics given for extractions .. .. .		
		3,745
ii. Number of half days devoted to the administration of general anaesthetics by:		
A. Dentists .. .. .	1	
B. Medical Practitioners .. .. .	199	TOTAL VI(ii) .. .. .
		200
VII. Number of pupils supplied with artificial teeth .. .. .		112
VIII. Other operations:		
i. Crowns .. .. .	—	
ii. Inlays .. .. .	—	
iii. Other Treatment .. .. .	670	TOTAL VIII .. .. .
		670
<b>(c) ORTHODONTICS</b>		
i. Number of attendances made by pupils for orthodontic treatment .. .. .		578
ii. Half days devoted to orthodontic treatment .. .. .		42
iii. Cases commenced during the year .. .. .		101
iv. Cases brought forward from the previous year .. .. .		44
v. Cases completed during the year .. .. .		47
vi. Cases discontinued during the year .. .. .		24
vii. Number of pupils treated by means of appliances .. .. .		97
viii. Number of removable appliances fitted .. .. .		101
ix. Number of fixed appliances fitted .. .. .		—
x. Cases referred to and treated by Hospital Orthodontics .. .. .		18



TABLE 2.

SHOWING INSPECTIONS AND TREATMENTS CARRIED OUT  
AT THE DENTAL CLINIC FOR PRIORITY CLASSES.

1964.	CENTRAL CLINIC.				TOTALS.
	Expectant Mothers.	Nursing Mothers.	Pre-School Children.	Occupation Centre.	
Attendances .. .. .	232	417	324	7	980
Cases examined.. .. .	101	132	267	7	507
Needing treatment .. .. .	94	130	220	7	451
Referred for treatment .. .. .	92	130	220	7	449
Referred to own Dentist .. .. .	—	—	—	—	—
Refused treatment .. .. .	2	—	—	—	2
Treatment inadvisable.. .. .	—	—	—	—	—
Failed to attend .. .. .	4	4	1	—	9
Treated .. .. .	88	126	217	7	438
Made dentally fit .. .. .	26	64	137	—	227
Awaiting treatment .. .. .	—	—	2	—	2
Extractions .. .. .	312	555	586	15	1,468
Local Anæsthetics .. .. .	35	46	—	—	81
General Anæsthetics .. .. .	39	65	238	7	349
Fillings .. .. .	54	38	16	—	108
Scalings and Gum Treatments .. .. .	4	6	—	—	10
Silver Nitrate Treatments .. .. .	—	—	—	—	—
Other Operations .. .. .	58	233	1	—	292
Radiographs .. .. .	4	8	2	—	14
Denture Patients .. .. .	11	51	—	—	62
Full Dentures .. .. .	9	66	—	—	75
Partial Dentures .. .. .	8	26	—	—	34
Dentures Repaired .. .. .	2	2	—	—	4

TABLE 3.

SHOWING THE NATURE OF THE TOTAL SERVICES GIVEN  
TO THE PRIORITY CLASSES AT THE DENTAL CLINIC.

(a) *Numbers provided with dental care :*

1964	NEW CASES THIS YEAR						Failed to keep appointment	Treated by Us	Made dentally fit	Awaiting Treatment	Attendances made at Clinic
	Examined	Needing Treatment	Referred to		Refused Treatment	Treatment inadvisable					
			Our Treatment Clinic	Own Dentist							
Expectant Mothers ..	101	94	92	—	2	—	4	88	26	—	232
Nursing Mothers ..	132	130	130	—	—	—	4	126	64	—	417
Children under five ..	267	220	220	—	—	—	1	217	137	2	324

(b) *Forms of dental treatment provided :*

1964	Extractions	ANAESTHETICS		Fillings	Scalings and Gum Treatments	Silver Nitrate Treatments	Other Operations	Radiographs	DENTURES		
		Local	General						Provided		Repaired
									Complete	Partial	
Expectant Mothers ..	312	35	39	54	4	—	58	4	9	8	2
Nursing Mothers ..	555	46	65	38	6	—	233	8	66	26	2
Children under five	586	—	238	16	—	—	1	2	—	—	—



## IV.—SCHOOLS AND SCHOOL CHILDREN

Report by Dr. J. E. Masterson,  
Deputy Medical Officer of Health and Deputy Principal School Medical Officer.

### GENERAL REVIEW.

On the whole the staff position during 1964 was satisfactory. In spite of advertising we were unable to obtain a suitable full-time Medical Officer to complete our establishment, but we were very fortunate to obtain the part-time services of three doctors with previous experience in School Health work. A staff crisis did, however, occur at our residential school for delicate children (Ashe Hall). The Headmistress retired at the end of the summer term and several of the other teachers took new appointments, and at one time it was feared that the School might have to close for a period. Instead of taking this drastic action it was decided to make as many children as possible weekly boarders only, and discharge those whose health would not be jeopardised by a spell in one of the ordinary schools. By this means the crisis was surmounted, and at the time of writing new staff have been appointed and the School is gradually admitting new pupils and keeping them over the weekends again.

The general health of the Derby school children continues, by and large, to be very good. The days of dozens of children attending the Minor Ailments Clinics with infections, such as impetigo and otorrhoea, are gone, as a perusal of the attendance figures at these Clinics shows, but although these Clinics are not as busy as they were, they still, I think, serve a very useful purpose. They do give parents an opportunity of seeing doctors and nurses and discussing problems in a leisurely atmosphere, and many take advantage of these facilities. The Clinics are also used regularly for special examinations, not only of school children, but of teachers prior to taking up employment and different examinations for the Courts and Children's Department.

A number of my colleagues often comment on overweight youngsters, but I do not regard this as a very serious problem. It is, of course, true that we do have some children who are grossly overweight, but the overall picture is not unsatisfactory, and indeed as a table in the report shows, the average weight of fourteen-year-olds is now less than it was eight years ago.

Details of the work done in the Service is given fully in the reports, notes and tables which follow.

### THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED PRIMARY AND SECONDARY SCHOOLS.

#### Periodic Medical Inspection.

*Number of Children inspected.*—The total number of children inspected was 6,643. Of these, 3,462 were boys and 3,181 were girls. In addition, 218 children were brought forward for special examinations by head teachers.

The number of entrants to the Junior Departments tested for vision and hearing was 1,490. Of this number, 118 children were found to have defective vision, and 20 had some degree of defective hearing.



## FINDINGS AT PERIODIC INSPECTION.

### Physical Condition.

The physical condition of the 6,643 pupils inspected in 1964 was classified as follows :—

Satisfactory	...	...	6,635
Unsatisfactory	...	...	8

### Heights and Weights.

Age.	Year.	BOYS.			GIRLS.			
		Number examined.	Average Height (inches).	Average Weight (lbs.).	Number examined.	Average Height (inches).	Average Weight (lbs.).	
5 years ..	1912	440	40.27	39.42	462	40.16	35.56	
	1919	499	40.7	39.4	496	40.3	39.1	
	1935	842	41.8	41.6	779	41.7	40.6	
	1946	466	42.3	43.0	439	41.8	41.3	
	1956	812	43.2	43.0	700	43.0	42.1	
	Born 1957	1962	514	42.9	42.9	468	42.2	41.3
Born 1958	1963	481	42.9	42.7	418	42.7	41.8	
Born 1959	1964	477	42.9	42.6	429	42.7	42.5	
10 years ..	1947	854	53.5	68.8	768	53.5	67.1	
	1956	788	54.2	71.8	755	53.9	71.9	
	Born 1952	400	53.9	70.9	419	53.8	71.5	
	Born 1953	1963	409	53.9	70.8	367	53.9	70.5
	Born 1954	1964	467	54.1	72.9	465	54.0	71.9
14 years ..	1947	425	62.8	104.4	364	62.0	106.3	
	1956	751	63.3	108.1	590	62.1	109.6	
	Born 1948	1962	510	62.6	109.1	389	61.7	109.1
	Born 1949	1963	405	63.1	109.0	404	61.8	112.3
	Born 1950	1964	290	62.2	106.7	222	61.0	107.9

### Visual Defects and External Eye Disease.

The percentage of children found to have defective vision was 18.4%.

In the three age groups, the percentages of children who were unable to read 6/6, 6/6, were :—

<i>boys born 1959</i>	<i>girls born 1959</i>	<i>boys born 1954</i>	<i>girls born 1954</i>	<i>boys born 1950</i>	<i>girls born 1950</i>
5.9	4.7	20.1	24.1	25.9	25.2

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

<i>boys born 1959</i>	<i>girls born 1959</i>	<i>boys born 1954</i>	<i>girls born 1954</i>	<i>boys born 1950</i>	<i>girls born 1950</i>
.9	1.4	5.3	5.8	8.3	9.0

The number of pupils, noted as requiring treatment was 774 (11.6%).

The number of partially sighted children as judged by the accepted criteria is 7.



### Squint.

The number of children born in 1959 found to have a squint, even of the smallest degree, was 39.

### Colour Vision Testing, 1964.

Date of	Boys.					GIRLS.				
	No. tested	No. with correct C.V.	No. with defective C.V.	No. to be re-tested	% with defective C.V.	No. tested	No. with correct C.V.	No. with defective C.V.	No. to be re-tested	% with defective C.V.
1958 and 1959 ..	820	783	2	35	.3%	815	782	—	33	—
1949 and 1950 ..	707	668	39	—	5.5%	644	642	2	—	.3%
TOTALS ..	1527	1451	41	35	2.7%	1459	1424	2	33	.1%

Parents of all children with defective colour vision are notified so that further investigation may be made if colour vision is likely to play an important part in the child's future career.

### External Eye Disease.

The following defects were found in the course of periodic medical inspection :—

Blepharitis	...	...	11	Conjunctivitis	...	6
Other defects	...	...	24			

### Uncleanliness.

See report on page 73.

### Minor Ailments and Diseases of the Skin.

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

Eczema	...	...	66	Seborrhoea	...	...	4
Warts	...	...	21	Psoriasis	...	...	10
Naevus	...	...	5	Alopecia	...	...	5
Verrucae	...	...	36	Urticaria	...	...	12
Acne	...	...	31	Impetigo	...	...	5
Other Diseases	...	...	121	Dermatitis	...	...	5
				Scabies	...	...	1

### Nose and Throat Defects.

The number of children referred for treatment for enlarged tonsils and adenoids was 1.3 per cent. of the number examined. The percentage placed under observation was 6.3.

### Ear Disease and Defective Hearing.

88 children were noted as suffering from Otorrhoea at periodic medical inspection. All children suspected of suffering from any degree of deafness in school are medically examined and referred if necessary to the Consultant E.N.T. Surgeon who conducts a clinic weekly at Temple House. Audiograms are carried out by the school nurses.

Defective hearing, mostly of a slight character, was found in 126 cases.

### Dental Defects.

1,096 children were found at the periodic medical inspection to have carious teeth.

### Orthopaedic and Postural Defects.

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

Foot Deformities	...	106	Postural Defects	...	42
Other Defects	...		...	...	266

### Heart Disease and Rheumatism.

1.0 per cent. of all children examined were listed as having heart defects. Few of these were organic and the vast majority required only observation. During the year the compilation of a school cardiac register was continued, and all new entrants are being included. The progress of these children will be closely watched and it is hoped that over a period of years much useful information will be obtained.

The number of children found to be suffering from rheumatism was 4.

### Vaccination.

2,282 (34.3 per cent.) of the 6,643 children medically inspected were recorded as having been vaccinated. The percentages in previous years were as follows :—

1938	...	...	...	10.8
1945	...	...	...	8.0
1955	...	...	...	12.8
1962	...	...	...	30.9
1963	...	...	...	32.7
1964	...	...	...	34.3



**Tonsillectomy.**

Number and percentage of children found at Periodic Inspection in 1964 to have had tonsillectomy.

BOYS.	Number examined.	Number found to have had Tonsillectomy.	Percentage.
Born 1959 .. .. .	477	12	2.5
Born 1954 .. .. .	467	66	14.1
Born 1950 .. .. .	290	39	13.4
Others .. .. .	2,228	254	11.4
<b>Totals .. .. .</b>	<b>3,462</b>	<b>371</b>	<b>10.7</b>
<b>GIRLS.</b>			
Born 1959 .. .. .	429	5	1.2
Born 1954 .. .. .	465	62	13.3
Born 1950 .. .. .	222	46	20.7
Others .. .. .	2,065	187	9.1
<b>Totals .. .. .</b>	<b>3,181</b>	<b>300</b>	<b>9.4</b>
<b>GRAND TOTALS .. ..</b>	<b>6,643</b>	<b>671</b>	<b>10.1</b>

**FOLLOWING UP.**

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

## ARRANGEMENTS FOR TREATMENT.

## School Clinics.

	<i>Monday.</i>		<i>Tuesday.</i>		<i>Wednesday.</i>		<i>Thursday.</i>		<i>Friday.</i>	
	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.	a.m.	p.m.
Central Clinic, Temple House ...	S. M.A. C.G. R.G.	S. C.G.	C.G. R.G. S.	C.G. R.G. S.	M.A. C.G. S.	C.G. R.G. S.	S. M.A. C.G. R.G.	S. C.G.	C.G. R.G. S.	C.G. S.
<i>Branch Clinics.</i>										
Nightingale Road.. ..				M.A.						M.A.
Boulton .. .. .	M.A.						M.A.			
Normanton.. .. .			M.A.						M.A.	
Rykneld .. .. .			M.A.						M.A.	
Roe Farm .. .. .	M.A.						M.A.			
Green Street .. ..			M.A.						M.A.	
Mackworth .. .. .		M.A.						M.A.		

- M.A. .. Minor Ailments Clinic.  
 S. .. Speech Clinic.  
 C.G. .. Child Guidance Clinic.  
 R.G. .. Remedial Gymnast's Class.

The Dental Clinic, Mill Hill Road, is held every day of the week.

In addition, the following Regional Hospital Board clinics are held in the Central Clinic premises :—

- Ophthalmic Clinic ... .. Four sessions per week.  
 Orthopædic Clinic ... .. One session per week.  
 Aural Clinic ... .. One session per week.

#### Consultation Clinic, Mill Hill Lane.

180 attendances were made at this clinic during the year.



**Minor Ailments Clinics.**

The total number of children attending these clinics was 3,269, and the number of attendances was 13,591. 1,382 examinations were made by Medical Officers.

The following is a record of the number of cases and attendances at the minor ailments clinics since 1931 :—

<i>Year.</i>				<i>No. of children attending.</i>	<i>Attendances.</i>
1931	...	...	...	11,470	55,460
1938	...	...	...	19,224	63,820
1945	...	...	...	16,810	59,750
1948	...	...	...	10,593	47,959
1958	...	...	...	2,886	20,129
1962	...	...	...	3,388	15,539
1963	...	...	...	3,490	16,645
1964	...	...	...	3,269	13,591

**Dental Clinic, Mill Hill Road.**

The Dental Clinic is held every day of the week (morning and afternoon).

Total number of cases attended	...	...	...	6,229
Total number of attendances	...	...	...	11,297
Total number of clinics held	...	...	...	1,358

**Aural Clinic, Mill Hill Lane.**

The number of children who received operative treatment for tonsils and adenoids during 1964 was 117.

Total number of cases attended	...	...	...	148
Total number of attendances	...	...	...	204

**Orthopaedic Clinic, Mill Hill Lane.**

Total number of cases attended	...	...	...	439
Total number of attendances	...	...	...	537

Included in these figures are 72 cases referred from Child Welfare Centres.

Number of X-ray examinations (at City Hospital)				21
Attendances at Splint Maker	...	...	...	268

**Remedial Gymnast :**

Total number of attendances (at Central Clinic)...				692
--	--	--	--	-----

**AT ASHE HALL SPECIAL SCHOOL :—**

Number of children treated	...	...	...	56
Number of treatments given	...	...	...	3,978
Number of visits to School	...	...	...	192

**Ophthalmic Clinic, Mill Hill Lane.**

Total number of cases attended	...	...	...	1,789
Total number of attendances	...	...	...	2,103

**Orthoptic Clinic.**

I am indebted to the Orthoptist in charge of the Department, for the following report :—

Number of cases dealt with during 1964 (including						
7 new cases)	...	...	...	...	...	23

**CLASSIFICATION.**

Under observation, on preliminary treatment, or						
actual treatment	...	...	...	...	...	12
Discharged	...	...	...	...	...	4
Total number of attendances	...	...	...	...	...	58

**SPEECH THERAPY CLINIC**

Report by Miss A. M. Fleming, Senior Speech Therapist.

This year has again seen changes in staff. Mrs. March joined us in April and the Clinic at St. Giles' School was therefore re-opened. Miss Smart left us on her marriage in July, after almost two years' valuable work, first as a student and then part-time. Third-year students from the Leicester School of Speech Therapy continue to visit us once weekly.

Referrals increased by one third compared with 1963, and the waiting list has become longer. Interviews for assessment are made as soon as possible after referral, and following such an interview it is often found that spontaneous progress is made when parents are helped to understand the difficulty and therefore handle the situation with greater sympathy. In view of increased referrals, fewer school visits have been possible, but the value of close co-operation with schools cannot be over-estimated.

Attendance has improved by almost 30% compared with 1963. However, more children are being discharged owing to failure to attend than in previous years. It has always been our policy to continue treatment with children whose parents let us know when they are unable to attend, and also to make generous allowance for those who fail to attend without warning or apology. When a child is discharged due to failure to attend, the parents are asked to let us know should they wish advice at a later date.







No. referred during 1964	...	...	...	...	92
No. on waiting list at 31st December, 1964	...	...	...	...	32
No. of School visits	...	...	...	...	48
No. of Home visits	...	...	...	...	1
No. of Clinics held	...	...	...	...	498
Actual number of attendances	..	..	..	..	1,698
Possible number of attendances	..	..	..	..	2,263

### Cases Treated at Derbyshire Royal Infirmary during 1964.

No. of cases seen during 1964	...	...	...	5
No. of cases carried over to 1965	...	...	...	4

## CHILD GUIDANCE CLINIC

Report by Dr. T. A. Ratcliffe, Psychiatrist.

As I have stressed in previous reports, the strength and quality of any Child Guidance Clinic lies in its "team approach"—the integration of the work of three related, but different, professions towards the treatment of the child in relationship with his total environment of home and school. Consequently the departure of any one member of the team will result in more than the loss of one professional skill; it must impair the work of the whole team.

Our Educational Psychologist, Mr. Todd, moved from this Clinic in June for another appointment in Leicester; and we have been without the services of an Educational Psychologist for the whole of the second half of 1964. We were very sorry indeed to lose Mr. Todd, for both as a professional colleague, and as an individual, he was a most valuable member of this Child Guidance Clinic. In addition, however, his departure has meant that we have had to hold in abeyance almost all the schools' psychological service aspects of the Clinic's work. Indeed the valuable remedial teaching sessions provided by Miss Hardy from, and at, the Clinic remain virtually the only part of our "educational" work to continue during the latter part of 1964.

However, as the statistical tables which follow this report will show, the important "clinical" work of this Child Guidance Clinic has continued as busily (and, I think, as successfully) as in previous years. To achieve this has entailed a great deal of work for all of us at the Clinic, and particularly for Mrs. Cowell whose second complete year this was as our Psychiatric Social Worker.

As my own contribution to the Derby Clinic has to be confined within two sessions per week, this pressure of work has meant a very careful assessment of relative priorities between the various aspects of my task. We have given (quite rightly, I think) preference to the diagnostic assessment of new referrals and to the shorter term and "counselling" levels of treatment with children. Whilst it is fortunate that these forms of help are the methods of choice for many of the children whom we see, the lack of facilities for more intensive psychotherapy remains a serious but unavoidable gap in this Clinic's services.



Nevertheless, and within these limitations, I am satisfied that this Child Guidance Clinic is still proving its worth and value to all those Departments of the Local Authority which are also concerned with children.

### Statistical Tables.

NOTE 1.—The figures in these Tables refer only to the actual work done in the Child Guidance Clinic during 1964. Since there is always a considerable carry-over of case material under treatment and survey from one year to the next, it is inevitable that the totals given in the various Tables cannot tally with each other.

NOTE 2.—The corresponding figures for 1962 and 1963 are given in brackets.

TABLE I. <i>Interviews carried out by Psychiatrist.</i>	1964	1963	1962
New cases ... ..	97	(90)	(74)
Parents ... ..	128	(117)	(177)
Treatment interviews ... ..	51	(58)	(72)
Survey interviews ... ..	76	(84)	(58)
Others (Children's Officer, foster-parents, Probation Officer, etc.) ... ..	24	(32)	(28)
Home visits ... ..	10	(6)	(5)

TABLE II. <i>Interviews by Educational Psychologist.</i>	1964	1963	1962
Clinic interviews for intelligence and other tests... ..	51	(149)	(103)
Test interviews in schools ... ..	68	(175)	(213)
School visits ... ..	46	(143)	(179)
Home visits ... ..	19	(101)	(192)
Play or interview sessions ... ..	43	(197)	(214)
Parents ... ..	54	(155)	(—)
Others (Children's Department, Probation Officer, School Welfare, Health Visitors, Medical Practitioners, N.S.P.C.C., etc.) ... ..	41	(120)	(—)

TABLE III. <i>Interviews by Psychiatric Social Worker.</i>	1964	1963	1962
Interviews in Clinic ... ..	255	(275)	(—)
Home visits ... ..	29	(38)	(—)
School visits ... ..	1	(5)	(—)
Others ... ..	25	(37)	(—)

TABLE IV. <i>Sessions worked by Remedial Teacher.</i>	1964	1963	1962
Group sessions in schools ... ..	304	(313)	(300)
Individual teaching sessions in the Clinic ... ..	337	(337)	(368)

TABLE V. <i>Recommendations Made.</i>	1964	1963	1962
New cases referred to the Clinic during 1964 ...	120	(140)	(122)
New cases remaining 31st December where full diagnostic interviews are still incomplete ...	7	(24)	(11)
Recommended for—			
Intensive treatment ... ..	17	(23)	(17)
Survey ... ..	61	(51)	(49)
Relationship therapy or play group ...	11	(9)	(6)
Remedial teaching ... ..	5	(5)	(4)
Diagnosis and initial advice only ...	10	(5)	(10)
Diagnosis and report only ... ..	25	(15)	(16)
Other disposals ... ..	8	(8)	(9)
Cases closed, including those referred for initial advice and report only... ..	141	(115)	(106)

TABLE VI. <i>Sources of Referral.</i>	1964	1963	1962
School Medical Service ... ..	40	(29)	(31)
Schools ... ..	26	(39)	(29)
Parents ... ..	7	(18)	(14)
Juvenile Court and Probation Officer ...	2	(2)	(1)
Speech Therapist ... ..	2	(5)	(4)
Children's Officer ... ..	4	(7)	(8)
St. Christopher's ... ..	2	(3)	(3)
General Practitioners... ..	21	(12)	(8)
Hospital ... ..	6	(9)	(14)
School Welfare ... ..	4	(5)	(6)
Health Visitors ... ..	6	(8)	(3)
N.S.P.C.C. ... ..	—	(2)	(1)
County C.G.C. ... ..	—	(1)	(—)

TABLE VII. <i>Distribution of Schools.</i>	1964	1963	1962
Pre-school ... ..	10	(5)	(9)
Nursery ... ..	2	(4)	(2)
Infants' ... ..	21	(35)	(28)
Junior ... ..	46	(41)	(44)
Secondary Modern ... ..	22	(29)	(20)
Grammar and Secondary Technical ...	11	(12)	(7)
Not at school ... ..	2	(3)	(3)
Special Schools : Educationally Subnormal ...	3	(8)	(6)
Physically Handicapped and Delicate Children ... ..	3	(2)	(3)
Private ... ..	—	(1)	(—)

TABLE VIII. *Reasons for Referral.*

(Note.—The large variety of individual reasons are here grouped for convenience into four arbitrary and overlapping categories).

	1964	1963	1962
Educational problems ... ..	21	(30)	(26)
Behaviour problems ... ..	57	(49)	(52)
Emotional (Nervous) problems ... ..	32	(52)	(33)
Other reasons ... ..	10	(9)	(11)



TABLE IX. *State of Cases on Closure.*

(a) Completed :—		1964	1963	1962
Much improved ... ..	...	27	(26)	(21)
Improved ... ..	...	28	(31)	(22)
No change ... ..	...	11	(7)	(8)
(b) Diagnosis and initial advice only	...	28	(17)	(17)
(c) Diagnosis and report only	...	35	(28)	(28)
(d) Cases closed for other reasons	...	12	(6)	(10)

*(These include children who have left school or the area before treatment was completed, or cases closed because of lack of co-operation).*

### PROVISION OF MEALS.

The number of children on the Free Meal List is 918.

### CO-OPERATION OF PARENTS.

The number of parents who attended with their children for periodic medical inspection, together with the figures available for previous years, was as follows :—

				<i>Total Percentage.</i>	<i>Percentage in Infant Group.</i>
			<i>Number.</i>		
1914	...	...	1,096	14.2	—
1924	...	...	1,464	24.8	—
1934	...	...	4,077	48.6	83.0
1945	...	...	2,122	55.0	80.1
1954	...	...	4,697	57.6	88.2
1962	...	...	3,738	50.1	85.5
1963	...	...	3,283	47.9	84.5
1964	...	...	3,427	51.1	80.9

### Borough Children attending Special Schools.

				<i>No. of Pupils.</i>
BLIND.				
Sunshine House, Leamington Spa, Warwickshire	...	...	...	1
Lickey Grange School, Birmingham R. I. for the Blind, Worcestershire	...	...	...	1
DEAF AND PARTIAL HEARING.				
Royal School for the Deaf, Derby	...	...	...	25
Mary Hare Grammar School for the Deaf, Newbury, Berkshire	...	...	...	1

## PHYSICALLY HANDICAPPED.

Thieves Wood Residential School for Severely Physically Handicapped, Nr. Mansfield, Nottinghamshire	...	...	...	...	3
Irton Hall School, Holmrook, Cumberland	...	...	...	...	1
Talbot House School, Glossop, Derbyshire	...	...	...	...	1
Hinwick Hall School, Wellingborough, Bedfordshire	...	...	...	...	1

## DELICATE.

Ashe Hall School, Etwall, Nr. Derby	...	...	...	...	35
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## E.S.N.

Temple House School, Derby	...	...	...	...	92
St. Giles' School, Derby	...	...	...	...	77
Beacon School, Lichfield, Staffordshire	...	...	...	...	1
High Close School, Wokingham, Berkshire	...	...	...	...	2
Hilton Grange School, Bramhope, Yorkshire	...	...	...	...	1
Brookside School, Breadsall, Derbyshire	...	...	...	...	1

## EPILEPTIC.

Lingfield Hospital School, Surrey	...	...	...	...	2
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**HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.**

*During the calendar year ended 31st December, 1964:—*

	Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL (Cols. (1) to (11))
A.	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Now many handicapped children were newly assessed as needing special educational treatment at special schools or in boarding Homes? .. .. .	1*	2	3	—	—	5	3	27	—	—	41
Boys	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	2	—	2	5	1	14	—	—	24
B.											
How many children were newly placed in special schools (other than hospital special schools) or boarding homes? .. .. .	—	1	1	—	—	2	3	14	—	—	21
Boys	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	2	—	1	3	1	7	—	—	14
(i) of those included at A above .. .. .	—	—	—	—	—	—	—	—	—	—	—
(ii) of those assessed prior to January, 1964 .. .. .	—	—	—	—	—	2	—	2	—	—	4
Boys	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	1	—	—	2	—	5	—	—	8
(iii) TOTAL newly placed—	—	1	1	—	—	4	3	16	—	—	25
B(i) and (ii) .. .. .	—	—	3	—	1	5	1	12	—	—	22
Boys	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	—	—	—	—	—	—	—	—	—

On 28th January, 1965, how many children from the Authority's area:—

(1) were requiring places in special schools other than hospital special schools.												
(a) day .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
Boys	—	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	—	—	—	—	—	—	—	—	—	—
(b) boarding .. .. .	—	—	1	—	—	1	—	—	—	—	2	—
Boys	—	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	2	—	1	1	1	—	—	—	5	—
(a) day places .. .. .	—	—	—	—	—	—	—	—	—	—	—	—
Boys	—	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	—	—	—	—	—	—	—	—	—	—
(ii) included at C(i) who had not reached the age of 5 years were awaiting	—	—	1	—	—	—	—	—	—	—	1	—
Boys	—	—	—	—	—	—	—	—	—	—	—	—
Girls	—	—	2	—	—	—	—	—	—	—	2	—

## HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES.

During the Calendar Year ended 31st December, 1964:—		Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL (Cols. (1) to (11)).
(iii) included at C(i) who had reached the age of 5 years but whose parents had refused consent to their admission to a special school, were awaiting	(a) day places	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	1
	Boys											
	Girls											
	(b) boarding places						1					3
(iv) included at C(i) had been awaiting admission to special schools for more than one year	(a) day places											
	Boys											
	Girls											
	(b) boarding places											
Boys												
Girls												
C.												
On 28th January, 1965, how many children from the authority's area:—												
(1) Maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) regardless by what authority they were maintained	day						10		93			103
	boarding						4		76			80
	Boys						11		2			13
(2) Non-maintained special schools (other than hospital special schools and special units and classes not forming part of a special school) wherever situated	day											14
	boarding						4					8
	Boys											6
(3) Independent schools under arrangements made by the authority	day											11
	boarding											7
	Boys											—
D. (i) were on the registers of:—												



### HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS APPROVED UNDER SECTION 9(5) OF THE EDUCATION ACT, 1944, OR BOARDING IN BOARDING HOMES

During the Calendar Year ended 31st December, 1964:—		Blind	P.S.	Deaf	Pt. Hg.	P.H.	Del.	Mal.	E.S.N.	Epil.	Sp. Def.	TOTAL (Cols. (1) to (11)).
(ii) were boarded in homes and not already included in D(i) above		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Boys		—	—	—	—	—	—	3	—	—	—	3
Girls		—	—	—	—	—	—	1	—	—	—	1
TOTAL "D"		1	—	16	—	1	21	3	96	—	—	138
Boys		1	—	10	—	5	14	1	78	—	—	109
Girls		—	—	—	—	—	—	—	—	—	—	—
Number of children from the authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes—TOTAL of sections C(i) (a) and (b) and D		1	—	17	—	1	22	3	96	—	—	140
Boys		1	—	12	—	6	15	2	78	—	—	114
Girls		—	—	—	—	—	—	—	—	—	—	—
On 28th January, 1965:—		—	—	—	—	—	—	—	—	—	—	—
How many handicapped pupils (irrespective of the area to which they belong) were being educated under arrangements made by the authority in accordance with Section 56 of the Education Act, 1944		—	—	—	—	—	—	—	—	—	—	—
E.		—	—	—	—	—	—	—	—	—	—	—
(i) in hospitals		—	—	—	—	—	—	—	—	—	—	—
(ii) in other groups (e.g. units for spastics, convalescent homes, etc.)		—	—	—	—	—	—	—	—	—	—	—
(iii) at home		—	—	—	—	2	—	—	—	—	—	2

\*—This boy is approaching 16 years of age, and in view of his mental retardation the question of special educational treatment is at present in doubt.

### **Educationally Subnormal.**

New decisions recorded under Section 57 of the Education Act, 1944	...	...	...	...	...	...	...	8
Interviews carried out under the provisions of Section 57A of the Education Act, 1944	...	...	...	...	...	...	...	—
Decisions cancelled under Section 57A(2) of the Education Act, 1944	...	...	...	...	...	...	...	—

### **E.S.N. Day Special Schools.**

28 children were seen and assessed during 1964, and 22 were ascertained as E.S.N. and admitted to one or other of the E.S.N. Schools.

The majority of these children were from junior schools and, although the I.Q. was not the only factor taken into consideration, nearly all were, in fact, in the I.Q. range 50—75.

The following is a report by Mr. W. J. Lake, Headmaster of Temple House School.

During the year, nineteen children were admitted and twenty-one were discharged. Four children were transferred to other schools, and seventeen boys left to take up employment. Of the latter, fifteen boys are working satisfactorily.

Mr. A. P. Hogan joined the staff in September after completing a one year Diploma Course at Leicester on the "Education of the Backward Child".

Mr. R. A. Bennett, Deputy Headteacher at Temple House completed a three-year Diploma Course at Nottingham University on "The Backward Child". For his special study he continued his research into the problems of the E.S.N. school leaver, commenced in 1960, and upon which we reported briefly in that year. Below is a report by Mr. Bennett on his further research.

Since the initial survey of 1960, undertaken with the prime purpose of ascertaining the desirability of introducing an evening "Club" specifically designed for the E.S.N., investigations have continued through the intervening years, and all boys leaving the school on reaching statutory age remain, where possible, under close surveillance, generally until the age of 21. The aims and method of the survey are broadly those adopted originally, with certain additional features, *e.g.* assessment of environmental factors—which it was thought may help us in our understanding of the effects of entry into the work/community situation. The scope of our survey at present covers the following items:—

1. I.Q.
2. Reading age on leaving.
3. Employment—type—periods in each occupation.
4. Industrial adjustment.
5. Social adjustment.
6. Financial details—allocation of earnings, savings.
7. Religious activities.



8. Youth Clubs.
9. Post school reading.
10. Friends.
11. Leisure pursuits.
12. Further Education.
13. Personal pets.
14. Environmental factors—assessed in four grades each for—
  - (a) Locality.
  - (b) Home conditions.
  - (c) Intelligence of parents.
  - (d) Family relationships.
15. Conduct and probation reports.
16. General comments—holidays, standard of dress, gambling, reasons for changing employment.

### Employment.

Types of employment continue to cover a wide field, and to 1964 our list shows:—

<i>Type.</i>	<i>No. of boys who have taken part.</i>					
Woodworker ... ..	...	...	...	...	...	10
Bottle Washer ... ..	...	...	...	...	...	7
Scrap Sorter ... ..	...	...	...	...	...	6
Building Labourer ... ..	...	...	...	...	...	5
Loader ... ..	...	...	...	...	...	4
Warehouse Assistant ... ..	...	...	...	...	...	4
Delivery ... ..	...	...	...	...	...	3
Bakery Assistant ... ..	...	...	...	...	...	3
Fettler ... ..	...	...	...	...	...	2
Packer ... ..	...	...	...	...	...	2
Farm Worker ... ..	...	...	...	...	...	2
Highways Department ... ..	...	...	...	...	...	2
Van Washer ... ..	...	...	...	...	...	2
Garage Hand ... ..	...	...	...	...	...	2
Groundsman ... ..	...	...	...	...	...	1
Moulder ... ..	...	...	...	...	...	1
Sweeper ... ..	...	...	...	...	...	1
Monumental Mason ... ..	...	...	...	...	...	1
Joiner ... ..	...	...	...	...	...	1
H.M. Forces (Army) ... ..	...	...	...	...	...	1
Bus Conductor ... ..	...	...	...	...	...	1
Storekeeper ... ..	...	...	...	...	...	1
Fair Ground Assistant ... ..	...	...	...	...	...	1
Refuse Collector ... ..	...	...	...	...	...	1
Salesman ... ..	...	...	...	...	...	1
Grinder ... ..	...	...	...	...	...	1
Dog Handler ... ..	...	...	...	...	...	1
Railway Worker ... ..	...	...	...	...	...	1
Car Washer ... ..	...	...	...	...	...	1
Gardener ... ..	...	...	...	...	...	1
Cable Winder ... ..	...	...	...	...	...	1
Plasterer ... ..	...	...	...	...	...	1
Metal Worker ... ..	...	...	...	...	...	1

### Changes of Employment.

Our figures covering employment of from one to five years show the following percentages:—

One job	...	...	26%
Two jobs	...	...	39%
Three jobs	...	...	13%
Four jobs	...	...	13%
Six jobs	...	...	6%
Seven jobs	...	...	3%

The statistics recorded of duration of the first job would seem to indicate that the initial employment is probably in the nature of an experiment, before passing on to work more suited to their ability, but it is gratifying to note that about 26% are still in their original employment, and that 65% have adjusted satisfactorily in the transition to a more demanding society. We have though, a high rate of assumed unemployability—some 11% of our total leavers as compared with 8% in 1960. This is a very disturbing feature, particularly as we feel that at least in some instances there exists the possibility of these boys making a worthwhile contribution, and unless some form of special sheltered occupation be found, they are likely to remain unemployable and a permanent burden to themselves and the community.

Some attempt to relate I.Q. to the type of employment most satisfactorily followed is still being pursued, but as yet does not appear to conform to any set pattern. Our figures show that, given sympathetic and understanding supervision, about 50% of our boys are capable of accepting a degree of industrial training and of responding satisfactorily toward semi-skilled work. Some employers have remarked upon the diligence and persistence of the boys undergoing training.

Another approach from the I.Q. angle reveals that the majority of job changes take place within the range of I.Q. 66—I.Q. 75, confirming the findings of our previous report. It is within this group too that the known incidence of delinquency is most prominent. A total of 14% have appeared before the courts in the five years under review.

77% of the boys have at some time or other since leaving school attended a Youth Club—the majority at our own School Club. This is a gratifying progression from the 16% originally recorded.

Television continues to account for a large proportion of the leisure hours. The other main active forms of recreation are cycling, dancing and football, and we have two enthusiastic pigeon fanciers among a very varied array of hobbies.

Once again, those who left school with a Reading Age of below eight-and-a-half years have made little attempt to improve upon, or use, this skill. None of these felt their employment prospects or social life suffered seriously as a result of this deficiency.



Our investigations concerning the influence of environmental factors are still in the experimental stage, but a significant trend projected from our estimates so far, indicate that the more stable industrial/social adjustment is achieved where good family relationships exist.

Whilst there is some satisfaction in recording a clean bill of behaviour and good records for 77% of our boy leavers, we feel there still exists a need for our continued responsibility, and the co-operation of all departments concerned in their welfare and well-being, during this vital and formative period.

The following is a report by Miss K. S. Jays, Headmistress of St. Giles' School.

### **Roll.**

In January the number on the roll was 92, and by December this had fallen to 77.

Admissions during the year were: GIRLS 9. BOYS 5.

The age range in both cases being from six-and-a-half to ten years, with the exception of one twelve year old transfer from Temple House.

During the year, twenty-one girls left school, most of them obtaining work in local factories. One child went to Ivy House, one was sent to Malvern to a Convent giving training in housecraft, while one other girl was transferred to a County school.

Five boys were transferred to Temple House.

There were about six children "In Care"; twelve to thirteen having free meals, and ten were sent to the Skegness Holiday Home.

### **Staffing.**

Staffing has been difficult. The death of Miss Critchlow in January was a sad blow to us all. From then until August we had a succession of supply teachers. In September, Miss Bull transferred to Ashe Hall to help them in their staff shortage.

### **Events.**

A full medical inspection was given in March.

We have been very glad to have the services of a speech therapist on Wednesday mornings.

We have had school outings to London, Ashe Hall and Derby Airport. Senior girls have visited local factories and the Derbyshire Royal Infirmary.

We have had the usual festivities, such as Sports Day, Harvest Thanksgiving, Carol Concert and School Party.

Swimming sessions are still popular, and several children have gained certificates from "First Learner's" to the "Mile".



## Class for the Partially Sighted.

Report by Miss M. I. Copley, teacher-in-charge.

During 1964 there were seven pupils, including a boy who was admitted in January at the age of twelve.

This boy presented an interesting challenge. He had managed Junior School work but was unable to cope in a Secondary Modern School. Transferred to this Class, he directed all effort at hiding his difficulties by lying, boasting and bullying. It took two terms to break through this self-defence, persuade him to face his short-comings, and to begin remedying these. He is now co-operating fully and making progress.

Through the Cuisenaire system, which was started two and a half years ago, each pupil has made more rapid progress in Arithmetic than was made by traditional methods. Moreover, the work is enjoyed.

Improvement in written English is evidenced in greater freedom of expression, though much remains to be achieved in spelling and punctuation. Handwriting has improved, and three pupils are learning touch-typing.

Two circumstances have given proof of a developing sense of responsibility towards the community. One was the indignation aroused on finding that a dangerous type of knife is being sold as a letter-opener in an attractive sheath at a low price, and that such sale, even to young children, is legal. The other is the continued support given to the widowed mother of a classmate who has taken over a sweetshop as a means of support. Each week the Class gives her an order.

Every child has had swimming instruction with Beaufort Junior School, and everyone can now swim at least a width. We also have the use of the Junior assembly hall and the P.E. apparatus. The girls attend housecraft classes at St. Giles' School, and this Class shares the St. Giles' school bus.

In September pupils and friends met one Saturday to take what was possibly the last opportunity of a train journey to Bakewell. From Bakewell we walked through Over Haddon, along the Lathkil Dale to Conksbury bridge and back to Bakewell. Two pupils who will leave before the next trip requested invitations, as they enjoy these trips so much.

The teacher has received visits and letters from former pupils, including a wedding invitation and subsequent visit to the new home of a former pupil. Also among the letters came an account of a three thousand mile trip made by an ex-pupil from her home in Port Elizabeth, South Africa, to Victoria Falls and back. She made this trip unaccompanied, but making friends *en route*. For a nervous, self-conscious woman, this project was a triumph. Another pleasure was that of meeting another former pupil with her two well-cared-for adopted children.

The decrease in demand for places in this Class is a welcome sign of the effectiveness of the Health Service, and the few who are in the Class have the benefit of increased individual tuition, also more opportunities for taking responsibility.





## TEACHING IN HOSPITALS.

The following report has been received from Miss M. Turner, who is in the service of the Local Education Authority and who undertakes the teaching of children of school age in the local hospitals :—

68 Borough school children have received individual tuition during 1964 as follows :—

	<i>Children's Hospital.</i>	<i>Derwent Hospital.</i>
Number of Children .. ..	59	9
Average period of tuition .. ..	2.2 weeks	6.3 weeks
Average age .. .. .	9 yrs. 8 mths.	9 yrs. 3 mths.
Age range .. .. .	5—14 years	5—13 years
Period range .. .. .	1—6 weeks	1—17 weeks

Though unrestricted visiting in general hospitals makes concentration on school work increasingly difficult, and generally the periods spent in hospital are decreasing, normal school curriculum is followed as closely as possible.

Television lessons are used as much as possible to augment the individual lessons which are given in Arithmetic, Geometry, Algebra, English, Reading, Writing, French, History, Geography, Nature and Handwork.

## NURSERY SCHOOLS.

The two Nursery Schools (Central and Allenton) continue to function successfully on the lines indicated in previous reports. The children are visited regularly 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.

The number of children examined was:—

<i>School.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>
Central ...	37	30	67
Allenton ...	15	20	35
	—	—	—
Totals ...	52	50	102
	—	—	—



### EMPLOYMENT OF SCHOOL CHILDREN.

During the year, 337 children were examined as to their fitness to undertake employment. All were certified fit.

### THE WORK OF THE SCHOOL NURSES.

Five nurses are engaged entirely on the work of the School Health Service.

Home visits	...	...	...	...	...	140
School visits	...	...	...	...	...	97

#### Visits to Nursery Schools.

					<i>Sessions.</i>
Number of visits paid	...	...	...	...	311

#### Clinics.

Minor Ailments and Specialist Clinics	...	...	...	...	1,439
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### VERMINOUS CONDITIONS.

Routine Inspections of all children for the ascertainment of uncleanliness are carried out in schools twice a year by the Authority's Cleansing Attendants. In addition, frequent visits to schools for re-inspection of children listed as infested at previous inspections are made. All children who are found to be infested with lice or who appear to be seriously infested with nits, and those showing fewer nits but appearing to be neglected, are listed for cleansing. The parents of those children who require cleansing are immediately served with a notice requiring them to present the children at the cleansing centre. Children found at subsequent inspections to be re-infested are again required to attend for cleansing, and the parents are warned that, in the event of a recurrence, court proceedings will be instituted. Proceedings were taken in 21 such cases in 1964. Parents of those children who are slightly infested receive a notice notifying them of the condition of the child's head and instructions with regard to cleansing. These children are then kept under periodic review until found to be clean.

Number of individual children cleansed	...	...	272
Number of sessions devoted to School Inspections	...	...	423

### CHILDREN'S COMMITTEE WORK.

Special examinations of children committed to the care of the Local Authority are carried out by the medical staff of the School Health Service and routine visits to the various Children's Homes are made monthly, and to the Remand Home once a week.

The following examinations were carried out during the year:—

Initial and routine examinations of Boarded-out children	...	...	63
Children for adoption	...	...	19
Examinations carried out at Children's Homes	...	...	66
Children for Approved Schools or Remand Homes (including examinations carried out at Remand Homes)	...	...	236
Other examinations	...	...	84

**MISCELLANEOUS WORK.**

Medical examinations were also made as follows :—

Teachers	...	...	...	...	...	...	...	...	...	36
Before proceeding to Skegness Seaside Home	...	...	...	...	...	...	...	...	...	398
Before taking part in School Journeys, Athletics, etc.	...	...	...	...	...	...	...	...	...	208
Before proceeding to School Camps	...	...	...	...	...	...	...	...	...	140
Intending Teachers	...	...	...	...	...	...	...	...	...	68
Outward Bound Courses	...	...	...	...	...	...	...	...	...	9

**MASS RADIOGRAPHY OF SCHOOL CHILDREN.**

Report by Dr. W. Guthrie, Director of Nottingham Area No. 2 Mass Radiography Unit, on the Mass Radiography Survey of school children in 1964 :—

I give below the figures for the survey carried out by this Unit on the school leavers at Derby this month.

<i>Number X-rayed</i>			<i>Number Available</i>			<i>Percentage X-rayed</i>			<i>X-rayed first time</i>	
<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>M.</i>	<i>F.</i>	<i>Total</i>	<i>No.</i>	<i>%</i>
510	619	1,129	1,053	1,007	2,060	49%	61%	54%	1,073	95%

The response from the school leavers was very good, *i.e.* 95%, and no case of active pulmonary tuberculosis or other chest condition was discovered.



## APPENDIX A

Number of pupils on registers of maintained schools in January, 1965,  
and in Direct Grant, Non-maintained and Independent schools  
(under arrangements made by the Authority) ... .. 20,579

**PART I.—MEDICAL INSPECTION OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS).**

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth).	No. of Pupils Inspected.	PHYSICAL CONDITION OF PUPILS INSPECTED		No. of Pupils found not to warrant a medical examination.	Pupils found to require treatment (excluding dental diseases and infestation with vermin).		
		Satisfactory	Unsatisfactory		For defective vision (excluding squint).	For any other condition recorded at Part II.	Total individual pupils.
		No.	No.				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1960 and later ..	301	301	—	—	—	22	19
1959 .. ..	906	905	1	—	9	65	69
1958 .. ..	991	990	1	—	16	84	93
1957 .. ..	157	157	—	—	4	20	20
1956 .. ..	62	61	1	—	3	4	7
1955 .. ..	72	72	—	—	2	8	10
1954 .. ..	932	931	1	—	108	58	158
1953 .. ..	984	982	2	—	143	51	192
1952 .. ..	306	306	—	—	37	35	69
1951 .. ..	128	128	—	—	23	17	38
1950 .. ..	512	510	2	—	75	26	96
1949 and earlier..	1,292	1,292	—	—	244	62	292
<b>TOTAL .. ..</b>	<b>6,643</b>	<b>6,635</b>	<b>8</b>	<b>—</b>	<b>664</b>	<b>452</b>	<b>1,063</b>

Col. (3) total as a percentage of Col. (2) .. .. . 99.88%

Col. (4) total as a percentage of Col. (2) .. .. . .12%

TABLE B.—OTHER INSPECTIONS.

Number of Special Inspections ..	1,173
Number of Re-inspections .. ..	6,128
<b>TOTAL .. ..</b>	<b>7,301</b>

TABLE C.—INFESTATION WITH VERMIN.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons .. .. .	63,471
(b) Total number of individual pupils found to be infested .. ..	662
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. .. .	272
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .. .. .	272

**PART II.—DEFECTS FOUND BY MEDICAL INSPECTION  
DURING THE YEAR.**

**TABLE A.—PERIODIC INSPECTIONS**

Defect Code No.	DEFECT OR DISEASE.	PERIODIC INSPECTIONS.							
		ENTRANTS.		LEAVERS.		OTHERS.		TOTAL.	
		(T)	(O)	(T)	(O)	(T)	(O)	(T)	(O)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4	Skin .. .. .	18	30	10	12	100	152	128	194
5	Eyes—								
	a. Vision ..	9	72	75	27	580	292	664	391
	b. Squint ..	24	15	3	12	108	32	135	59
	c. Other.. ..	—	11	1	1	9	19	10	31
6	Ears—								
	a. Hearing ..	2	28	1	4	8	83	11	115
	b. Otitis Media..	2	14	—	7	9	56	11	77
	c. Other.. ..	—	2	—	—	8	10	8	12
7	Nose and Throat ..	19	94	4	15	66	309	89	418
8	Speech .. .. .	7	117	1	4	39	163	47	284
9	Lymphatic Glands ..	—	50	1	11	1	177	2	238
10	Heart .. .. .	—	11	1	5	3	48	4	64
11	Lungs .. .. .	2	36	2	11	14	167	18	214
12	Developmental—								
	a. Hernia ..	1	4	—	—	3	9	4	13
	b. Other.. ..	—	12	—	4	7	40	7	56
13	Orthopaedic—								
	a. Posture ..	—	1	1	2	12	26	13	29
	b. Feet .. ..	6	13	—	7	29	51	35	71
	c. Other.. ..	9	44	1	7	48	157	58	208
14	Nervous System—								
	a. Epilepsy ..	—	—	2	1	5	9	7	10
	b. Other.. ..	—	2	—	1	2	13	2	16
15	Psychological—								
	a. Development	—	13	—	23	2	163	2	199
	b. Stability ..	—	2	—	6	6	38	6	46
16	Abdomen .. .. .	—	4	—	2	2	20	2	26
17	Other .. .. .	1	33	2	33	18	268	21	334

“T” Requires Treatment.

“O” Requires Observation.



TABLE B.—SPECIAL INSPECTIONS.

Defect Code No.	DEFECT OR DISEASE.	SPECIAL INSPECTIONS.	
		Pupils requiring Treatment.	Pupils requiring Observation.
(1)	(2)	(3)	(4)
4	Skin .. .. .	1,793	307
5	Eyes— <i>a.</i> Vision .. .. .	1,286	791
	<i>b.</i> Squint .. .. .	211	98
	<i>c.</i> Other.. .. .	221	33
6	Ears— <i>a.</i> Hearing .. .. .	24	170
	<i>b.</i> Otitis Media .. .. .	43	87
	<i>c.</i> Other.. .. .	44	31
7	Nose and Throat .. .. .	215	586
8	Speech .. .. .	94	427
9	Lymphatic Glands .. .. .	6	165
10	Heart .. .. .	1	131
11	Lungs .. .. .	9	310
12	Developmental— <i>a.</i> Hernia .. .. .	2	24
	<i>b.</i> Other .. .. .	5	122
13	Orthopaedic — <i>a.</i> Posture .. .. .	5	24
	<i>b.</i> Feet .. .. .	63	141
	<i>c.</i> Other .. .. .	125	461
14	Nervous System— <i>a.</i> Epilepsy .. .. .	8	7
	<i>b.</i> Other .. .. .	6	27
15	Psychological— <i>a.</i> Development .. .. .	5	59
	<i>b.</i> Stability .. .. .	12	95
16	Abdomen .. .. .	3	21
17	Other .. .. .	1,824	640

**PART III.—TREATMENT OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING  
NURSERY AND SPECIAL SCHOOLS).**

TABLE A.—EYE DISEASES, DEFECTIVE VISION  
AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint .. .. .	225
Errors of refraction (including squint) .. .. .	1,393
Total .. .. .	1,618
Number of pupils for whom spectacles were prescribed ..	1,182

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE  
AND THROAT.

	Number of cases known to have been dealt with.
Received operative treatment—	
(a) for diseases of the ear .. .. .	—
(b) for adenoids and chronic tonsillitis .. .. .	117
(c) for other nose and throat conditions .. .. .	2
Received other forms of treatment .. .. .	156
Total .. .. .	275
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1964 .. .. .	8
(b) in previous years .. .. .	26

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments ..	175
(b) Pupils treated at school for postural defects .. .. .	4
Total .. .. .	179



TABLE D.—DISEASES OF THE SKIN  
(excluding uncleanness, for which see Table C of Part I).

								Number of cases known to have been treated.
Ringworm—(a) Scalp	..	..	..	..	..	..	..	2
(b) Body	..	..	..	..	..	..	..	6
Scabies	..	..	..	..	..	..	..	21
Impetigo	..	..	..	..	..	..	..	35
Other skin diseases	..	..	..	..	..	..	..	1,680
Total .. .. .								1,744

TABLE E.—CHILD GUIDANCE TREATMENT.

				Number of cases known to have been treated.
Pupils treated at Child Guidance Clinics	..	..	..	223

TABLE F.—SPEECH THERAPY.

				Number of cases known to have been treated.
Pupils treated by speech therapists	..	..	..	124

TABLE G.—OTHER TREATMENT GIVEN.

						Number of cases known to have been treated.
(a) Pupils with minor ailments	..	..	..	..	..	1,796
(b) Pupils who received convalescent treatment under School Health Service arrangements	..	..	..	..	..	249
(c) Pupils who received B.C.G. vaccination	..	..	..	..	..	1,361
(d) Other than (a), (b) and (c) above	..	..	..	..	..	—
Total (a)—(d) .. .. .						3,406

## V—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

### Vaccination against Smallpox during 1964.

Age at Date of Vaccination ..	Under 1 year.		1 year.		2—4 years.		5—14 years.		15 years or over.		Total.	
	Dept	G.Ps	Dept	G.Ps	Dept	G.Ps	Dept	G.Ps	Dept	G.Ps	Dept	G.Ps
<b>PRIMARY VACCINATIONS.</b>												
Number Vaccinated ..	37	107	601	159	60	25	10	16	1	14	709	321
CASES SPECIALLY REPORTED	(a) Generalised Vaccinia ..	—	—	—	—	—	—	—	—	—	—	—
	(b) Post-vaccinal Encephalo-Myelitis ..	—	—	—	—	—	—	—	—	—	—	—
	(c) Death from complications other than (a) and (b)..	—	—	—	—	—	—	—	—	—	—	—
<b>RE-VACCINATIONS.</b>												
Number Vaccinated ..	—	—	—	—	—	6	—	14	—	22	—	42
CASES SPECIALLY REPORTED	(a) Generalised Vaccinia ..	—	—	—	—	—	—	—	—	—	—	—
	(b) Post-vaccinal Encephalo-Myelitis ..	—	—	—	—	—	—	—	—	—	—	—
	(c) Death from complications other than (a) and (b)..	—	—	—	—	—	—	—	—	—	—	—

The number of children under five years vaccinated against smallpox during the year was 989 as compared with 524 in 1963.

### Diphtheria, Whooping Cough and Tetanus Prophylaxis.

Triple, Combined or Single Antigens were again used throughout the year.

### Immunisation by the Department.

Number of sessions held ..	...	...	...	...	231
Average attendance ..	...	...	...	...	32



**Diphtheria.**—1,123 children under five years of age and 221 children between five and fourteen years of age were completely immunised against diphtheria. In addition, a further 2,750 were given reinforcing injections.

**Whooping Cough.**—1,069 children under five years and 5 children between five and fourteen years of age were completely immunised against whooping cough. In addition, 737 received reinforcing injections.

**Tetanus.**—1,118 children under five years and 306 children between five and fourteen years of age were completely immunised against tetanus, and 2,632 children were given reinforcing injections.

### Immunisation by Private Practitioners.

669 children under five and 19 children between five and fourteen were completely immunised against diphtheria, and 532 children received reinforcing injections.

662 children under five and 14 children between five and fourteen were completely immunised against whooping cough. 383 children received reinforcing injections.

669 children under five and 22 children between five and fourteen were completely immunised against tetanus. 541 children received reinforcing injections.

**Diphtheria Immunisation Table.**

Age on 31/12/64 .. .. (i.e., born in year)	Under 1 1964	1—4 1960-63	5—9 1955-59	10—14 1950-54	Under 15 Total
Number of children who completed a full course of primary immunisation in 1964.. .. .	664	1,128	149	91	2,032
Number of children who received a secondary (reinforcing) injection in 1964.. .. .	2	1,271	828	1,181	3,282
Total number of immunisations given .. ..	666	2,399	977	1,272	5,314

**B.C.G. Vaccination against Tuberculosis.**

During 1964, visits were paid to all the Secondary and Grammar schools in Derby in connection with the B.C.G. vaccination programme. The figures are as follows:—

	<i>No. given Heaf Test.</i>	<i>Tuberculin Positive.</i>	<i>Tuberculin Negative.</i>	<i>Vaccinated with B.C.G.</i>
School Children	1,527	72	1,366	1,361
"Contact" Scheme	143	12	131	131

(Plus 30 babies vaccinated in maternity hospitals).

**Vaccination against Poliomyelitis.****(A) VACCINATIONS CARRIED OUT BY DEPARTMENT,**

	SALK VACCINE.	ORAL VACCINE.
Children born in years 1943—1964 completely vaccinated ..	2	1,297
Young persons born 1933—1942 completely vaccinated .. ..	-	27
Adults born before 1933 completely vaccinated .. .. .	-	20
Reinforcing doses given .. .. .	-	29
Fourth doses given to children aged between 5 and 12 years ..	-	1,782
	<u>2</u>	<u>3,155</u>

**(B) VACCINATIONS CARRIED OUT BY PRIVATE PRACTITIONERS.**

	SALK VACCINE.	ORAL VACCINE.
Children born in years 1943—1964 completely vaccinated ..	51	640
Young persons born 1933—1942 completely vaccinated .. ..	6	30
Adults born before 1933 completely vaccinated .. .. .	1	26
Reinforcing doses given .. .. .	41	22
Fourth doses given to children aged between 5 and 12 years ..	23	241
	<u>122</u>	<u>959</u>

During the year, 2,100 persons were completely vaccinated, compared with 2,686 in the previous year; 92 persons received a third (reinforcing) injection or oral dose, compared with 1,002 in 1963. 2,046 children between the ages of five and twelve years received a fourth reinforcing injection or oral dose, compared with 2,297 in 1963.



## Cases of Infectious Disease Notified during 1964

NOTIFIABLE DISEASE.	At all ages	At Ages—Years.											Total Cases removed to Isolation Hospital		
		Under 1.	1-	2-	3-	4-	5-9	10-14	15-24	25-44	45-64	65+		Unknown	
Scarlet Fever .. ..	73	..	2	6	5	9	43	6	2	..	..	..	..	..	2
Whooping Cough .. ..	106	14	12	11	12	14	34	9	..	..	..	..	..	..	11
Measles .. ..	499	34	83	63	61	80	171	5	2	..	..	..	..	..	4
Acute Poliomyelitis—															
Paralytic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Non-paralytic .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Diphtheria (including Membraneous Group) ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Smallpox .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Meningococcal Infection ..	3	..	..	..	..	..	..	1	1	..	1	..	..	..	3
Acute Encephalitis—															
Infective .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Post-infectious .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Dysentery .. ..	23	1	1	4	1	2	..	2	4	3	3	2	..	..	2
Ophthalmia Neonatorum ..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Puerperal Pyrexia .. ..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..
Acute Pneumonia .. ..	27	..	..	1	..	..	1	1	..	9	4	11	..	..	3
Para-typhoid Fever .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Typhoid Fever .. ..	1	..	..	..	..	..	..	..	..	1	..	..	..	..	1
Food Poisoning .. ..	4	..	..	..	..	..	..	..	..	1	2	1	..	..	..
Erysipelas .. ..	6	..	..	..	..	..	..	..	..	..	5	1	..	..	..
Malaria .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Respiratory Tuberculosis ..	56	..	1	..	..	3	3	1	15	18	11	4	..	..	71
Non-Respiratory Tuberculosis .. ..	10	..	..	1	..	..	..	..	..	6	3	..	..	..	4
<b>TOTALS .. ..</b>	<b>810</b>	<b>50</b>	<b>99</b>	<b>86</b>	<b>79</b>	<b>108</b>	<b>252</b>	<b>25</b>	<b>24</b>	<b>39</b>	<b>29</b>	<b>19</b>	<b>..</b>	<b>..</b>	<b>101</b>

**COMMUNICABLE DISEASES.****Scarlet Fever.**

73 cases were notified. This is a decrease on the figure in 1963, when 28 cases were notified.

**Whooping Cough.**

106 cases were notified. This shows an increase of 34 on last year's total of 72 cases.

**Diphtheria.**

No cases were notified.

**Measles.**

499 cases were notified. This is a decrease of 2,066 on the figures for 1963, when 2,565 cases were notified.

**Acute Pneumonia.**

27 cases were notified, compared with 45 in 1963. 15 of these cases were adults over the age of 45.

**Meningococcal Meningitis.**

Three cases were notified, compared with one in 1963.

**Ophthalmia Neonatorum.**

One case was notified, the same number as in 1963.

**Typhoid Fever.**

One case was notified, the same number as in 1963.

**Erysipelas.**

6 cases were notified, compared with 19 in 1963.

**Acute Infective Encephalitis.**

No cases were notified.

**Acute Poliomyelitis.**

No cases were notified.

**Puerperal Pyrexia.**

One case was reported, compared with two in 1963.

**Food Poisoning.**

Four cases occurred, compared with two in 1963.

**Malaria.**

No cases were notified.

**Dysentery.**

23 cases were notified, compared with 104 in 1963.

The total number of notifiable diseases reported in the Borough during 1964 was 810, which shows a decrease of 2,101 on the figures for 1963. This difference is largely accounted for by the fluctuation in the numbers of measles notifications.



**Cancer.**

The recorded deaths from various types of malignant disease shows a slight increase in number as compared with 1963, from 296 to 299.

The Table shows the deaths by age distribution :—

Age .. ..	Under 25 years.		25—34 years.		35—44 years.		45—54 years.		55—64 years.		65—74 years.		75 years and upwards.		All Ages.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
Stomach .. ..	-	-	-	-	-	1	4	1	1	3	7	4	6	5	19	13	32
Lungs & Bronchus	-	-	-	-	-	14	4	23	3	28	2	9	4	74	13	87	
Breast .. ..	-	-	-	-	2	-	5	-	7	-	9	-	7	-	30	30	
Uterus .. ..	-	-	-	-	2	-	2	-	3	-	2	-	2	-	11	11	
Leukaemia and Aleukaemia ..	-	2	-	-	-	-	-	-	-	-	-	-	-	-	2	2	
All Others .. ..	-	-	1	1	1	3	6	6	24	9	20	23	25	18	77	60	137
TOTALS .. ..	-	2	1	1	1	8	24	18	48	25	55	40	40	36	170	129	299

**DERWENT HOSPITAL.****Detailed Analysis of Admissions and Discharges during 1964 (Borough only)**

Disease.	Remaining 31/12/63.	Admitted.	Discharged.	Died.	Remaining 31/12/64.
Scarlet Fever .. ..	—	1	1	—	—
Chicken Pox .. ..	—	2	1	—	1
Whooping Cough .. ..	—	12	12	—	—
Gastro-Enteritis .. ..	—	1	1	—	—
Dysentery .. ..	—	1	1	—	—
Pneumonia .. ..	—	3	3	—	—
Measles .. ..	—	4	2	1	1
Glandular Fever .. ..	1	3	4	—	—
Salmonella Infection .. ..	—	3	3	—	—
Tonsillitis .. ..	—	1	1	—	—
Meningitis .. ..	—	5	3	1	1
Mumps .. ..	—	8	8	—	—
Typhoid Fever .. ..	1	1	2	—	—
Various .. ..	1	35	35	1	—
TOTAL ALL DISEASES ..	3	80	77	3	3

**Venereal Diseases.**

**RETURN relating to Borough residents who were treated at the Treatment Centre at Derbyshire Royal Infirmary, Derby, during the year ended 31st December, 1964.**

<i>Name of Local Health Authority</i>	NUMBER OF NEW CASES IN YEAR			
	<i>Totals</i>	<i>Syphilis (Item 2)</i>	<i>Gonorrhoea (Item 6)</i>	<i>Other Conditions (Item 11)</i>
Derby County Borough . .	497	13	159	325

**General Comments.**

The year passed uneventfully in that the Borough was fortunate in avoiding any epidemic of the more serious infectious diseases. In general the immunisation state of the child population is satisfactory, but the mere absence of any serious outbreak of infectious disease, must however, leave no room for complacency, as so often happens, and strenuous efforts must be maintained by all concerned to keep the immunisation state of the population at as high a level as possible.

The personal persuasion of the Health Visitor in the home and at the Welfare Clinic, and the routine immunisation sessions held throughout the year in all schools, have always been the chief means of educating parents of their responsibility in this respect. This topic continues to be stressed also throughout the year by the use of propoganda material, posters and leaflets, displayed at Welfare Clinics and also by talks to expectant mothers and other priority groups.

**Immunisation.**

Immunisation sessions for both Diphtheria, Whooping Cough and Tetanus Antigen are held at each of the Child Welfare Centres. The protection given consists of three injections, each given four weeks apart when the child is between three to seven months old. Reinforcing injections are given at eighteen months; on entry at school at five years; and again at ten years.

**Polio myelitis.**

No case of poliomyelitis occurred during the year. Immunisation of infants during the first year continued with an excellent response from parents, and a booster dose was given to all children at school entry who had previously received a primary course of immunisation in infancy.

The use of oral vaccine is now firmly established and this is much more acceptable to children when it is given on a few drops of syrup on a spoon, or on a lump of sugar. No adverse reactions following the use of the oral vaccine have occurred.



### **B.C.G. Vaccination and Tuberculosis.**

The use of B.C.G. vaccination to provide immunity against tuberculosis which was first introduced in 1954, is now firmly established. Vaccination is offered to all school-children in the 13 year age group and a very satisfactory response is usually forthcoming. The small number who show a reaction to a preliminary skin test are referred to the chest clinic for X-ray and surveillance if necessary. The scheme of skin testing and vaccination has recently been extended to include all newly arrived immigrants to this country, in order to detect early unsuspected cases of tuberculosis among this group.

### **Dysentery.**

A small outbreak of Sonne dysentery occurred on one of the older type Corporation day nurseries in November, 1964, and affected five of the children, all under the age of three years, and one of the staff, a trainee nursery nurse.

Specimens of stools were taken from all other children and staff attending the nursery, were all found to be negative, but two specimens from relatives of the children affected were positive. All positive cases were fully treated, and three consecutive specimens taken after treatment were found to be negative in each case. This outbreak was a minor one and was easily controlled. It is important, however, that mothers whose children develop loose bowel movements should not continue to send them to day nurseries. It is appreciated that working mothers, for whose children such nurseries cater, find it difficult to keep them at home when they are ill, but the children may have dysentery which can easily spread.

### **Typhoid Fever.**

One isolated case of typhoid fever occurred in an Indian, who had been resident in this country for only six months. He was admitted to the Derwent Isolation Hospital on 18/6/64 as a case of pyrexia of unknown origin, but specimens of stools taken a few days later proved to be positive for *B. Typhosus*. Despite a full investigation of all close contacts of this man, both at his place of residence and at his work-place, and also bacteriological examination of food samples from shops where he had purchased supplies, no cause for his infection could be discovered. The source of this man's infection, therefore, remains obscure, as so often happens in these isolated cases. He was finally discharged on 18/8/64 as cured.

## VI.—TUBERCULOSIS.

Report by Dr. Hugh G. Grace, Consultant Chest Physician.

### Incidence.

56 new cases of respiratory tuberculosis were notified in Derby during 1964, this being the same number as in the previous year. Of the new cases, sixteen, (*i.e.* 29% of the total) were Indian and Pakistani immigrants, three were referrals to the Chest Clinic from the Nottingham Mobile Mass Radiography Unit, and five new patients were discovered by routine examination at the Chest Clinic of contacts of known cases of tuberculosis.

There has been very little variation in the incidence of respiratory tuberculosis in Derby during the past four years, and the steady decline of the preceding decade appears to have halted, temporarily, one hopes, but while the annual number of new cases diagnosed remains at its present level, there can be no real confidence that the disease is under complete and effective control.

The figures for non-respiratory tuberculosis are unexceptional and do not call for comment.

### Mortality.

Six deaths from respiratory tuberculosis and none from non-respiratory during 1964 maintains the very satisfactory low tuberculosis death rate in Derby.

### Prevention.

The first visit to homes of newly notified cases of tuberculosis is made by a health visitor from the Chest Clinic as soon as possible after notification and the patient is advised *re* precautions which must be taken to avert the spread of infection. The health visitor also arranges for contacts to attend a special contacts session at the Chest Clinic, and she urges the acceptance of B.C.G. vaccination for younger members of the infected household and others in close contact. An explanatory leaflet regarding B.C.G. vaccination is also left at the house. Subsequent routine visiting of the family is made by the same health visitor to ensure that medical advice is being followed and proper precautions taken.

Contacts are asked to attend the Chest Clinic for examination by appointment, and the following is a summary of such work done during the past six years:—



YEAR.	No. of New Cases of Tuberculosis notified.	No. of New Contacts examined.	Total Contact Attendances.	No. of Contacts found to be tuberculous.
1960	74	492	1,079	6
1961	63	449	1,201	3
1962	63	404	1,033	1
1963	70	408	987	4
1964	66	460	1,014	5

### B.C.G. Vaccination.

Contacts vaccinated at Derby Chest Clinic during 1964 under Local Health Authority's approved Scheme	...	...	131
New-born infants vaccinated in maternity hospitals	...	...	30
		<b>Total</b>	...
			161

(NOTE.—Of the 460 new contacts examined during 1964, 135 were children.)

It is the practice in Derby to arrange regular re-examination for all home contacts of infective cases of tuberculosis and these are continued for varying periods, according to circumstances, after the last exposure to infection. In certain cases, Chest Clinic supervision has been prolonged for one to two years after contact has ceased. The same rule is observed in households where death from tuberculosis has occurred without prior notification of the disease.

### Rehabilitation.

Suitable employment and conditions for tuberculous patients returning to work are very carefully selected, and, in this connection, the chest service is indebted to the medical officers of the larger industrial undertakings in Derby for the interest they have shown and the assistance they have given. All patients who have recently returned to work are, of course, kept under close supervision at the Chest Clinic.

### Care and After-Care.

The excellent co-ordination which has been established in Derby between the Chest Clinic and the Medical Officer of Health's Department was fully maintained during 1964, and co-operation between those concerned with the care and after-care of tuberculous patients has been notably successful. Details of assistance given to patients under this head appear in the Almoner's section of this Report.

### Health Visiting.

During the year, visits were made to 425 patients' homes by the two tuberculosis health visitors

## Register of Notifications.

	RESPIRATORY.			NON-RESPIRATORY.			TOTAL CASES.
	Males.	Females.	Total.	Males.	Females.	Total.	
Number of cases of Tuberculosis remaining at 31/12/64 on the Register of Notifications kept by the Medical Officer of Health ... ..	400	269	669	84	107	191	860
Number of cases removed from the Register during the year by reason of:—							
1. Withdrawal of notification ...	2	—	2	—	—	—	4
2. Recovery from the disease ...	29	20	49	—	—	—	49
3. Death (all causes) ... ..	19	6	25	—	1	1	26
4. Otherwise ... ..	33	12	45	—	—	—	45

## Tuberculosis Notifications and Deaths, 1964.

## AGE AND SEX INCIDENCE.

Age Periods.	New Cases.*				Deaths.			
	Respiratory.		Non-respiratory.		Respiratory.		Non-respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year ...	-	-	-	-	-	-	-	-
1 year ...	1	-	-	-	-	-	-	-
2—4 years ...	2	1	1	-	-	-	-	-
5—9 .. ...	1	2	-	-	-	-	-	-
10—14 .. ...	1	-	-	-	-	-	-	-
15—19 .. ...	2	4	-	-	-	-	-	-
20—24 .. ...	7	1	-	-	-	-	-	-
25—34 .. ...	7	3	2	1	-	-	-	-
35—44 .. ...	8	1	2	1	-	1	-	-
45—54 .. ...	4	2	2	-	1	-	-	-
55—64 .. ...	3	2	-	1	1	-	-	-
65—74 .. ...	1	3	-	-	2	1	-	-
75 and over ...	-	-	-	-	-	-	-	-
Totals ...	37	19	7	3	4	2	-	-

\* New Cases.—Cases transferred to Derby during 1964 from other areas are not included.



**New Cases and Deaths.** Comparative Table for Years 1957—1964.

YEAR.	RESPIRATORY TUBERCULOSIS.		NON-RESPIRATORY TUBERCULOSIS.	
	<i>*New Cases.</i>	<i>Deaths.</i>	<i>*New Cases.</i>	<i>Deaths.</i>
1957	84	10	18	2
1958	75	9	12	—
1959	61	10	7	—
1960	67	15	7	1
1961	58	11	5	—
1962	57	11	6	—
1963	56	4	14	—
1964	56	6	10	—

\* *Transfers from other areas (excluding Reg. Genl. Transferable Deaths) not included.*

Form T. 137 (Revised)

1960.

**Public Health (Tuberculosis) Regulations, 1952.**

## PART I.

Summary of notifications of tuberculosis during the period from the 1st January, 1964, to the 31st December, 1964, in the County Borough of Derby.

## FORMAL NOTIFICATIONS.

Number of Primary Notifications of New Cases of Tuberculosis.

Age Groups.	Respiratory.		Meninges or C.N.S.		Others.	
	Males.	Females.	Males.	Females.	Males.	Females.
Under 1 .. ..	—	—	—	—	—	—
1— .. ..	1	—	—	—	—	—
2— 4 .. ..	2	1	—	—	1	—
5— 9 .. ..	1	2	—	—	—	—
10—14 .. ..	1	—	—	—	—	—
15—19 .. ..	2	4	—	—	—	—
20—24 .. ..	7	1	—	—	—	—
25—34 .. ..	7	3	—	—	2	1
35—44 .. ..	8	1	1	—	1	1
45—54 .. ..	4	2	—	—	2	—
55—64 .. ..	3	2	—	—	—	1
65—74 .. ..	1	3	—	—	—	—
75 and over .. ..	—	—	—	—	—	—
TOTAL (all ages) ..	37	19	1	—	6	3

## PART II.

Total of new cases coming to the knowledge of the Medical Officer of Health otherwise than by formal notification.

<i>Males.</i>	<i>Females.</i>
—	2

### MASS RADIOGRAPHY IN DERBY

30th June to 31st July, 1964.

I am indebted to Dr. Guthrie, the Medical Director of Nottingham Area No. 2 Mass Radiography Unit, for sending the following report:—

On this occasion 7,169 examinees were x-rayed, compared with 8,244 last year. The response this year was disappointing as the Unit operated one week longer than last year. The lowered response was in the general public group and was lower about equally in both sexes. During the last six days of the survey "open" sessions were held, but the response to these was very poor. In 1963 the response to "open" sessions was very good. It seems impossible, therefore, to foretell exactly how long we should stay in Derby and also whether to have "open" sessions or not. It is interesting to note that 21% of those x-rayed were x-rayed for the first time.

The response from school-leavers was very good, *i.e.* 95%, and no case of active pulmonary tuberculosis or other chest condition was discovered.

The number of cases referred by General Practitioners was more than last year, and this was to be expected as the Unit operated longer than last year. Two cases of active pulmonary tuberculosis were discovered among this group, which shows the value of referrals by General Practitioners.

As usual, Wayfarers from the Reception Centre, Raynesway, were x-rayed and although very few were x-rayed, one observation case of pulmonary tuberculosis was discovered. On this and previous occasions it has been found well worthwhile x-raying the Wayfarers although they are a very small group.

In all, three cases of active pulmonary tuberculosis and six observation cases were discovered, and all were referred to the Chest Clinic.

Five non-tuberculous cases, requiring further investigation, were discovered and referred to the Chest Clinic.

Two cases of active pulmonary tuberculosis, one case of observation pulmonary tuberculosis, one observation (non-tuberculous) case and the case of diaphragmatic hernia all had normal films previously, which illustrates the value of periodic x-ray of the chest.

Three examinees did not return for large film, as requested. One was a General Practitioner Referral case and I wrote to her own doctor concerning her, and of the other two—one was a spoiled miniature film, and the other showed a small mark on the miniature film which did not appear to be of any great significance.



### Mass Radiography Survey at Derby.

30th June — 31st July, 1964

<i>Miniature Films.</i>	<i>Number x-rayed.</i>			<i>Number available.</i>			<i>% x-rayed.</i>			<i>x-rayed first time.</i>	
	M.	F.	TOTAL	M.	F.	TOTAL	M.	F.	TOTAL	No.	%
School Leavers ..	510	619	1,129	1,053	1,007	2,060	49%	61%	54%	1,073	95%
General Public ..	2,991	2,956	5,947							1,278	21%
G.P. Referrals ..	29	31	60							33	55%
Wayfarers	33	—	33							8	24%
TOTAL ..	3,563	3,606	7,169							2,392	33%

<i>Recalls for Large Films.</i>		<i>Nil or No Action.</i>	<i>Investigation.</i>	<i>Did not come for Large Film. Investigation.</i>	
General Public ..	M.	40	10	2	—
	F.	27	8	—	—
School Leavers ..	M.	6	—	—	—
	F.	5	—	—	—
G.P. Referrals ..	M.	1	3	—	—
	F.	3	1	1	—
Wayfarers .. ..	M.	3	1	—	—





## VII.—MENTAL HEALTH

### Administration.

(a) Most of the functions of the Local Authority and the Local Health Authority under the Mental Health Act, 1959, and Section 51 of the National Health Service Act, 1946, stand referred to the Health Services Sub-Committee, consisting of twelve members of the Health Committee, which meets monthly.

(b) All Mental Welfare Services are under the supervision of the Medical Officer of Health.

Dr. V. N. Leyshon, Medical Officer of Health, Dr. J. E. Masterson, Deputy Medical Officer of Health, Dr. G. W. R. McGregor, Senior Assistant Medical Officer of Health and Dr. C. L. Noble, School Medical Officer, are authorised to act as responsible medical officers in relation to patients under guardianship under Part IV of the Mental Health Act, 1959, or under Part III of the Sixth Schedule of the said Act.

There are 6 patients under the guardianship of the Local Health Authority.

Five Mental Welfare Officers share the duties under the Mental Health Act, 1959. There is one Senior Mental Welfare Officer and four Mental Welfare Officers. Two have considerable practical experience, and three are State Registered Nurses and Registered Mental Nurses and one is also studying for the Diploma in Political and Economic Studies at Nottingham University. There is also a Junior Female Trainee, who is studying at the Liverpool College of Commerce for the Certificate of the Council for Social Work Training.

During the year the staff of the Junior Training Centre was maintained at full establishment.

The qualified supervisor and one assistant supervisor hold the Diploma of the Central Association for Mental Welfare. In addition there are three female unqualified supervisors and a male unqualified supervisor, the latter taking the senior boys' class. Also there is one female trainee.

(c) 18 visits in connection with renewal of Orders under Section 43 of the Mental Health Act, 1959, and applications for holidays were made on behalf of 10 hospitals.

(d) The Court of Protection have appointed the Senior Mental Welfare Officer to be the Receiver of the estates of four mental patients. Three patients are in hospital and the other is under the Guardianship of this authority.

(e) No duties are delegated to voluntary organisations.

### Account of Work Undertaken in the Community.

(a) Under Section 28, National Health Service Act, 1946, Prevention, Care and After-Care :—

#### Prevention.

The Mental Welfare Officers made 787 visits and dealt with 406 cases as follows :—

101 neurotic and confusion cases with domestic difficulties :—



Following visits to each case and contact with employers and other officials, improvement in domestic relations was eventually brought about in all cases.

12 males were found other employment.

9 females were found other employment.

64 persons were persuaded to undergo out-patient treatment.

6 males persuaded to attend rehabilitation centre.

1 female persuaded to attend rehabilitation centre.

14 males found lodgings.

9 females found lodgings.

107 patients are receiving regular visits for observation.

32 females persuaded to attend general practitioner.

24 males persuaded to attend general practitioner.

16 cases investigated proved to be caused mainly by neighbours' quarrels.  
Differences adjusted in many cases.

11 cases—arrangements were made for elderly, mildly confused patients to be admitted to Manor Hospital.

### **Prevention.**

Two elderly spinster sisters have been living together many years. In earlier years one acted as housekeeper whilst the other one went out to business. Upon the retirement of the employed sister they were compelled to spend much more time together and this tended to irritate the housekeeper who resented any interference by the other. This state of affairs became so acute that they were actually fighting each other. The Mental Welfare Officer was asked to visit, and both ladies were found to be in a reasonable state of health apart from this antagonism towards each other. They were advised to part for a time and the lady who had previously gone out to work entered a private home for elderly ladies for a few weeks. During this period both were visited and the situation thoroughly discussed until upon the one returning home there was a pleasant re-union. They have been seen frequently and advised how to live together peacefully and sharing the household chores, etc., and they are still progressing quite well and living together harmoniously.

Complaints were made against a lady who was said to be continually making disturbances by banging and shouting during the night. On visiting it was found that the home was a rather small terraced house in which could be heard neighbours movements from next door. The lady in question complained that the neighbours were deliberately disturbing her husband daily whilst he was in bed—he is a regular night worker. She was retaliating by



staying up at night and banging, singing and shouting to annoy the neighbours. The circumstances were discussed, both with herself and the neighbours, and they all agreed to try not to annoy each other. Psychiatric out-patient treatment was arranged for the lady and outbursts are now only quite isolated incidents.

An elderly widower living alone had become depressed and lost all interest in his environment, his only thoughts centred upon his wife who had died two years ago. The man was referred to a psychiatric out-patient clinic by his own doctor. The psychiatrist contacted the Mental Welfare Officer who agreed to give support and encouragement to alleviate the depression. Once the man's confidence had been gained he was persuaded to attend an Occupational Therapy Unit on four days each week. He found that this gave him a renewed interest in life and he soon began to mix with others at the Unit. His daughter agreed to visit him or to have him at her home at weekends, and the time that he is alone in his house is just sufficient for him to attend to his household chores.

An elderly widow living alone in a flat, was accused by her neighbour of throwing foul refuse into his garden. The police requested an investigation. The patient was at first very suspicious of the visiting Mental Welfare Officer, but gradually her attitude changed to one of friendliness and confidence. She then disclosed that, although she had no connection with any religious organisation, she was practicing her own form of Spiritualism, in which she claimed to have knowledge of the "spirit lives" of her neighbours and to have classified them according to the guidance they would need in the after-life. She was particularly vindictive towards the informant, who, she said, was a hopeless case. It transpired that this gentleman's early morning wood-chopping clashed with her hour of meditation and she was convinced that this was "arranged" in order to break her hold on the "Spirit Life". She really needed a sympathetic hearer and after further visits, her ill-feeling dissolved and a better understanding between herself and the informant was effected.

### **Observation and Care.**

The Mental Welfare Officers made 1,141 visits and dealt with 901 cases as follows:—

258 cases persuaded to enter hospital as informal patients.

76 cases reported and no compulsory action taken.

166 cases requiring emergency admission to hospital—Section 29 of the Mental Health Act, 1959.

25 cases requiring admission to hospital for observation—Section 25 of the Mental Health Act, 1959.

33 cases requiring admission to hospital for treatment—Section 26 of the Mental Health Act, 1959.

258 mental patients:—

Claiming of wages, National Insurance, National Assistance, Disability Pensions, Retirement Pensions, Unemployment Benefit, general welfare inquiries, the storing of personal property and communications with distant relatives on their behalf.

41 male patients helped to settle domestic affairs.

44 female patients helped to settle domestic affairs.



### Care.

A middle-aged man refused to attend his work but remained in bed for several weeks. Eventually it was found that he had been promoted at work but did not feel that he was quite competent to undertake the job given to him. He was also developing rather unhealthy ideas concerning his wife and family and it was considered necessary for him to be admitted to hospital. He responded fairly well to treatment and another job more suitable to his capabilities has been obtained for him. He is receiving frequent after-care visits and is attending a follow-up clinic. Without this support it is felt that he might very easily slip back into his old lethargic state.

An elderly lady living alone was neglecting herself and her home which was a complete change from her old habits of being rather prim and keeping a clean and pleasant house. It was necessary to enter the house against her wishes in order to ensure that she was medically examined. She was found to be terribly emaciated having taken no food for a considerable period. The house was in a poor state of neglect and her pots and pans were mouldy. She was taken to a chronic sick hospital and made a fairly quick response to care and attention. She is at present living quite happily in Part III accommodation. It was necessary to relinquish the tenancy of her house as she will not be fit to live alone again.

A young man was seen to be breaking windows in the street where he lived. This happened late one evening before he entered his parent's house. Police were called to the scene and they requested the assistance of a Mental Welfare Officer. Although the man had been drinking, the Mental Welfare Officer was of the opinion that his behaviour was probably the result of mental illness. The man's doctor was contacted and having examined the patient, recommended that he should be admitted to a psychiatric hospital. The man could not be persuaded to enter hospital informally but was suspicious and accused his parents of negotiating this. The Mental Welfare Officer made an application for admission to hospital in accordance with the written recommendation of the doctor. After a considerable time taken in explaining the help that the man would receive in hospital and in alleviating the anxieties of his parents he was admitted to hospital without further resistance. The man had been employed in innumerable jobs prior to his hospital admission and it was necessary for the Mental Welfare Officer to persuade his present employer to keep his job available. The Mental Welfare Officer also retrieved a deposit the man had forwarded to an agent for his holiday, and also helped him to rearrange the holiday for the week following his discharge. This man is again able to manage his own affairs but the confidence that he has in the Mental Welfare Service has given him considerable support and he does not hesitate to contact the Mental Welfare Officer for advice.

### After-Care.

The Mental Welfare Officers made 844 visits and dealt with 494 cases as follows:—

- 50 males were returned to regular employment.
- 11 males were found new lodgings.
- 15 females found new lodgings.
- 25 females were returned to regular employment.



- 60 males kept under constant supervision.
- 60 females kept under constant supervision.
- 40 males re-admitted to mental hospital.
- 30 females re-admitted to mental hospital.
- 3 males persuaded to attend rehabilitation centre.
- 6 males found change of employment.
- 5 females found change of employment.
- 21 males persuaded to continue with out-patient treatment.
- 25 females persuaded to continue with out-patient treatment.
- 138 cases visited at regular intervals.
- 4 reconciliations effected.
- 1 female sent to convalescent home.

### After-Care.

An elderly lady was discharged home from a psychiatric hospital. Although she had recovered from her mental disturbance she was never very bright. She became careless, was drinking rather more than she should and not managing her household affairs very well. It was found that her rent and rates were seriously in arrears and she was summoned to appear before the Magistrates Court for this. The landlord was very unkind and tried to have her evicted from the house. However, on the intervention of the Mental Welfare Officer, an arrangement was made for the Officer to collect her pension each week and apportion the money out for rent, etc., which is then paid by this department, and the remainder used for her housekeeping. This arrangement ensures that she is seen at least once every week and is carefully supervised and supported.

A middle-aged man of Mid-European origin suffered a severe mental breakdown some years ago and was admitted to hospital. He was found to have great language difficulty possessing little knowledge of English. After his discharge it was extremely difficult to obtain suitable employment for him, owing to his simplicity and language difficulty; at times he was quite morbid and depressed. Eventually he was found employment as a kitchen porter at one of the local hospitals where there is another Mid-European employee who understands the patient very well. For some months now he has kept this employment and is a very happy man. He lives alone in a small cottage which is always kept very neat and tidy. 1

A young man aged 21 years was discharged from the Army as unfit after attempting suicide by jumping from a high balcony. On interview he was quite rational and requested to be allowed to return to his job as a window cleaner. This was arranged after psychiatric consultation, but the patient's condition deteriorated into a schizophrenic state in which he expressed ideas of reference and syphilophobia. He was persuaded to enter hospital as an informal patient and responded to treatment. On discharge he was helped to resettle in the community, his parents were interviewed and he returned to his job which had been held for him. Three months later there was a temporary relapse. The police reported that he had used aggressive language to a lady when she complained that he had not cleaned her windows. The police were asked to drop the charge against him and a change of employment was effected. He is at present progressing satisfactorily.

A married lady aged 22 years was admitted to a psychiatric hospital following an attempt to kill herself and her young baby by coal-gas poisoning. It was discovered that marital conflict had been one of the factors influencing her action. Despite continual efforts by the Mental Welfare Officer and the Marriage Guidance Council to effect a reconciliation, her husband who admitted to being unfaithful left her. This was a critical stage in the after-care of this lady and no effort was spared in helping her to become independent and yet remain able to care for her child. The Mental Welfare Officer advised her to contact a solicitor to manage matters relating to her separation. Application was made to the National Assistance Board for financial help and arrangements were made for her baby to attend a Day Nursery, thus allowing her time during the day to seek employment and fresh accommodation. She has now a convenient three-roomed flat and is in full employment. The Mental Welfare Officer encouraged her to contact the Vicar of the local church where she was once a member. In this way she is able to establish interests and friendships other than her work.





**MENTAL HEALTH STATISTICS FOR 1964—continued.**

	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL		GRAND TOTAL OF COLS. (1)—(16)
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16	16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
2. Number of patients under L.H.A. care at 31/12/64.																			
(a) Total number .. .. .	—	—	188	269	—	—	4	4	9	8	133	123	27	27	40	36	71	332	868
(b) Attending day training centre .. .. .	—	—	—	—	—	—	—	—	9	8	11	8	12	12	3	4	41	26	67
Awaiting entry thereto .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Resident in residential training centre .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence therein .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(d) Receiving home training .. .. .	—	—	2	6	—	—	—	—	—	—	5	1	—	—	—	—	—	6	14
Awaiting home training .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(e) Resident in L.A. home/hostel .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Awaiting residence in L.A. home/hostel..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense in other residential homes/hostels .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Resident at L.A. expense by boarding out in private household .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(f) Receiving home visits and not included under (b) to (e) .. .. .	—	—	186	263	—	—	4	4	—	—	117	114	15	15	37	32	30	300	787

3. Number of children under age 16 attending day or residential training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (16) — NIL.





**NUMBER OF PATIENTS REFERRED TO LOCAL HEALTH AUTHORITY DURING YEAR ENDED 31st DECEMBER, 1964.**

REFERRED BY	MENTALLY ILL				PSYCHOPATHIC				SUBNORMAL				SEVERELY SUBNORMAL				TOTAL SUBNORMAL & SEVERELY SUBNORMAL		GRAND TOTAL OF COLS. (1)-(16)
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16	16 and over	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	
(a) General practitioners .. .. .	—	—	66	92	—	—	—	—	—	—	3	3	12	6	4	8	18	18	194
(b) Hospitals, on discharge from in-patient treatment .. .. .	—	—	134	171	—	—	1	2	—	—	1	5	1	—	—	—	1	6	315
(c) Hospitals, after or during out-patient or day treatment .. .. .	—	—	93	140	—	—	—	2	—	—	1	1	1	—	—	—	1	2	238
(d) Local education authorities .. .. .	—	—	—	—	—	—	—	—	2	2	2	1	3	4	—	—	11	3	14
(e) Police and courts .. .. .	—	—	51	37	—	—	—	—	—	1	—	1	—	—	—	—	1	1	90
(f) Other sources .. .. .	—	—	46	40	—	—	—	—	—	2	3	1	1	—	3	1	3	8	97
(g) TOTAL .. .. .	—	—	390	480	—	—	1	4	2	5	10	12	18	10	7	9	35	38	942



**NATIONAL HEALTH SERVICE ACT, 1946.      MENTAL HEALTH STATISTICS FOR 1964.**  
**PREMISES PROVIDED AT 31st DECEMBER, 1964.**

AGE GROUP PROVIDED FOR	MENTAL CATEGORY PROVIDED FOR	DAY TRAINING CENTRES		RESIDENTIAL TRAINING CENTRES		SOCIAL CLUBS OR CENTRES		HOMES OR HOSTELS	
		Number of centres	Number of places	Number of centres	Number of places	Number of clubs or centres	Number of places	Number of homes or hostels	Number of places
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1. Under 16 .. .. .	(a) Mentally ill .. .. .	—	—	—	—	—	—	—	—
	(b) Mentally subnormal .. .. .	—	—	—	—	—	—	—	—
2. 16 and over .. .. .	(a) Mentally ill .. .. .	—	—	—	—	—	—	—	—
	(b) Mentally subnormal .. .. .	—	—	—	—	—	—	—	—
3. Juniors and Adults .. .. .	(a) Mentally ill .. .. .	—	—	—	—	—	—	—	—
	(b) Mentally subnormal .. .. .	1	90	—	—	—	—	—	—
4. .. .. .	TOTAL .. .. .	1	90	—	—	—	—	—	—

Special units included in 1—4 above providing for groups such as the severely subnormal with gross physical handicaps or gross behaviour difficulties	Units functioning as Group within Day Training Centres		Self contained units independent of Day Training Centres	
	(a) Number of units .. .. .	(b) Number of places .. .. .	(a) Number of units .. .. .	(b) Number of places .. .. .
	..	..	..	..
	..	..	..	..

**Number of Local Health Authority Staff in certain Categories  
at 31st December, 1964.**

Grade.	Qualifi- cations.	In post at 31/12/64.			Vacancies on establishment at 31/12/64.		
		Number of whole- time officers.	Part-time officers.		Number of whole- time officers.	Part-time officers.	
			Number.	Whole- time equivalent.		Number.	Whole- time equivalent.
<b>A. TRAINING CENTRES.</b>							
(1) Organisers .. ..	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
(2) Supervisors .. ..	(a)	1	—	—	—	—	—
	(b)	—	—	—	—	—	—
(3) Assistants (excluding domestic) staff.	(a)	1	—	—	—	—	—
	(b)	4	7	—	—	*1	—
(4) Trainee Assistant Supervisors (not including nursery attendants or domestic staff) ..					1		
(5) Home teachers ..	(a)	—	*1	—	*As Number of	Admissions	
	(b)	—	—	—	Warrant	all	—
		*—Employed by Public Health Department in all sections.					
<b>B. HOMES/HOSTELS.</b>							
(1) Wardens .. ..	—	—	—	—	—	—	—
(2) Others (excluding domestic staff) ..	—	—	—	—	—	—	—
<b>C. MENTAL HEALTH SOCIAL WORKERS.</b>							
(1) Senior posts, including all officers having supervisory or other special responsibilities.	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
	(c)	—	—	—	—	—	—
	(d)	1	—	—	—	—	—
(2) Social workers, excluding officers included in (1) above.	(a)	—	—	—	—	—	—
	(b)	—	—	—	—	—	—
	(c)	—	—	—	—	—	—
	(d)	4	—	—	—	—	—
(3) Trainee Social Workers ..		1					



Dr. Hunter, Medical Superintendent, Kingsway Hospital, Derby, holds a weekly meeting each Monday, at which his medical staff, the occupational therapists, the hospital social workers, representatives of the Ministry of Labour and the mental welfare officers are present. The admissions and discharges during the previous week are discussed and information exchanged regarding patients as to their future, after-care and rehabilitation in civil and industrial life. In between meetings the Superintendent maintains contact by seeking the aid of the mental welfare officers with regard to any enquiry he wishes to be made and by obtaining and forwarding to him any patient's social history.

By permission of the Medical Superintendent, the mental welfare officers are allowed to see patients on any day with a view to relieving them of domestic, financial and other matters which may be causing them concern. Co-operation is readily given by all concerned.

Thanks are tendered to the Medical Superintendent, Medical Officers and staff of Kingsway Mental Hospital, also to the General Practitioners and Police for their help and co-operation in carrying out the difficult duties under the Mental Health Acts.

The help and co-operation of all sections of the Ministry of Labour, also that of the National Assistance Board and the Ministry of National Insurance and Pensions, is greatly appreciated, also that of the W.V.S. for supplying meals and clothing to special cases.

### **Subnormal and Severely Subnormal Patients.**

#### **GUARDIANSHIP AND SUPERVISION.**

Thanks are tendered to the Medical Superintendent and staff of Aston Hall Hospital for their help and co-operation in carrying out the duties concerned with the examination and care of the sub-normal and severely sub-normal patients.

At the end of 1963 there were 403 subnormal or severely subnormal persons under Non-Statutory Supervision, 67 being under the age of 16 years.

Of the total number of subnormal cases, 110 were in employment, 64 were attending the Junior Training Centre, 100 were at home.

211 Derby cases were in 27 different hospitals throughout the country.

The Mental Welfare Officers carried out 899 domiciliary visits during the year and one case was found to be socially stabilised and no longer in need of care.

As a result of these visits it has been possible to assist many subnormal cases in employment, domestic and financial problems.



## IVY HOUSE JUNIOR TRAINING CENTRE

Report for year ending March 31st, 1965.

There are 62 children attending Ivy House Junior Training Centre.  
Seventeen boys over 16, and 16 under 16 years.  
Fifteen girls over 16, and 14 under 16 years.

Nine children were admitted during the year. Five boys at ages 3½, 4½, 6, 15 and 16 years, and four girls at ages 8, 16, and two at 6 years. Four children have left the district during the year, two of which, have since been admitted to Centres in the County. The two senior groups continue to be run as Industrial Groups. All the articles they produce find a ready market, and the children in the Junior mixed groups also make a certain amount of saleable articles, such as hooked rings and embroidered articles. The remainder of the children are divided into two groups. The nursery group includes newly admitted children, as well as those who have attended over longer periods but are incapable of making any progress. The other group from 6 to 10 years of age, all show much more promise. They all take part in pre-reading exercises and the majority can recognise their own names and a few simple words. There are three children in this group who may make sufficient progress to go to an E.S.N. School.

An exhibition and sale of completed handwork was held on October 27th and 29th. This was very well attended and included a number of people, who were strangers to us, who had seen the children travelling on the buses and took this opportunity to come and see the Centre and the work. Sales of completed work amounted to £25 each day and a large number of orders were placed. The total amount received from handwork over the whole year was £110 2s. 8d.

Other social events included an outing to Bridlington on June 11th; a simple Christmas Concert and Nativity play on December 14th and 15th; a Christmas Party on December 17th, when child received an appropriate gift. By special request of the children a return visit of "The Lean Valpre Royal Miniature Dog and Pony Circus", on March 24th.

Visitors to the Centre during the year included the Mayor and Mayoress.



## VIII.—SOCIO-MEDICAL WORK

Report by Mr. R. L. Carabine, Senior Social Caseworker.

There has recently been a spate of discussion centering round the role of the General Practitioner in to-days Health Service, and several eminent speakers have stressed the doctors' need for greater support from the Local Health Authority.

Though promptly disclaiming any competence to comment on the professional intricacies of General Practice, eighteen years as a medical-social worker in a not unprogressive Health Department does qualify one to make observations based on the experience of offering a supportive Social Service to family doctors. Given that the average length of stay in hospital is shortening yearly and given that the degree of integration between hospital and the department is satisfactory, the need for a progressive department to get closer to the General Practitioner is self-evident and in this there has been no lack of encouragement from the Medical Officer.

Numerically, the hospitals are still our largest single source of work and will doubtless remain so for some time, but it is significant that, proportionately speaking, it is the General Practitioner who supplies us with the medical-social case as opposed to the more general welfare problem, and it is the former which offers the greater opportunity for deploying our particular form of training. However, it has clearly emerged that though this service is available to all doctors in the area, the greatest use is made by a relatively small but consistent number of doctors and that the greatest success to date has been achieved with one particular group practice. Obviously the word "success" requires some definition in this context. Applying the commercial market rule of "consumer demand" we are bound to conclude that a planned, persistent use of the service denotes success, and that a "spasmodic" or "impulse" use gives partial success. The fact that with the group mentioned our work can be termed as successful does not of course imply that we have at all times been "all things" to them, quite obviously we must have failed to achieve their hopes on numerous occasions. Nevertheless the constant use made of us requires some explanation when compared with our failure to "get across" to many other practices.

One factor stands out immediately, it is that there has arisen a degree of mutual confidence brought about, I believe, by the very constant contact. The agreement whereby a fixed time on a fixed day is allocated by the Practice for the Medical-Social Worker to be in the surgery enables not only efficient and economic planning but allows also the development of informality. Further the time allocated allows the greatest availability of doctors since it occurs at the end of morning surgery. In such a situation discussion can be general or specialised, it can ebb and flow in a manner calculated to reveal to the social worker many aspects of family doctoring hitherto unsuspected and it can allow the same worker the opportunity of making a particular contribution.



There can be no doubt that in this instance a satisfactory method has been found by which we are enabled to play an active and recognised role in a general practice unit, what remains to be discovered is to what extent it is applicable to other units. This we shall endeavour to ascertain, but, it will be recognised that as supportive workers we are not able, even if willing, to launch ourselves in the manner of a Drug House's new product. Any doctor wishing to make an experimental use of the service will be sure of our whole-hearted interest and since "the proof of the pudding is in the eating", I would earnestly commend such a step.

Before giving examples of the work done in association with the General Practice mentioned it may be well to give an illustration of the type of incident we are seeking to avoid by our more active participation. The following case is typical in demonstrating how easily misunderstanding can arise in a patient's mind and the consequences that can flow from such a misunderstanding.

Mrs. A., a woman in her late thirties and pregnant appeared at the office one morning in a highly overwrought condition. Between bouts of weeping she told her story which was, briefly; that her husband who had always been a solid dependable man had been informed by his doctor that he should give up his occupation as a coal deliveryman and not return to such work. This he had done, and though now off the sick list his manner has so changed that she feared he would become unemployable. It appeared that he was now morose, withdrawn, and had failed to make any progress in obtaining alternative employment. To complicate matters further, Mrs. A., was suffering from blood pressure and had been advised that her admission to hospital for her confinement would be earlier than expected. In the twelve or thirteen weeks Mr. A. had been unemployed family debts had occurred and she was hard pressed to find clothing for the expected baby. In short here was a situation which threatened not only a whole family's stability but which could well have repercussions on Mrs. A.'s long term health. This situation was resolved in the space of half an hour, three telephone calls sufficed. The first to the Chest Clinic revealed that Mr. A.'s condition on examination there had been quite satisfactory, and did not indicate that he should give up his employment in the coal trade. The second to his family doctor ascertained that he had not given the advice attributed to him but that he had given certain other advice. With this doctor's approval the third telephone call was made to Mr. A.'s former employer who immediately agreed to re-employment, and indeed was so pleased to have a reliable man back that he at once set off to see Mr. A. and make the necessary arrangements. This family are now back on firm ground and I suggest that the conclusions to be drawn from such a case are fairly obvious, what is not so obvious is the economic loss suffered by the community as a whole and the needless anxiety imposed on a family due to a breakdown in communication. It could of course be argued that the basic problem presented by this incident is a relatively simple one, an argument with which we would be in entire agreement, perhaps therefore we can consider how a comparable situation can be handled when the service we offer is used as a part of a General Practice:—

Mrs. B., attended surgery in a state of mental stress and complaining of various gastric disorders, certain tests were put in hand but as social factors appeared to be a possible cause the social worker was asked to see her. The



patient, her husband and two children, it was found, had recently returned to civilian life, the whole of the marriage up to then having been spent in the armed forces. They were temporarily living with relatives and friction had developed culminating in a flare-up the previous weekend. The patient was tense but in two successive interviews relaxed and talked freely, money, family relationships and other intimate problems were discussed and the resulting improvement in the patient noted. Since the medical tests proved negative the patient and her husband were encouraged to find other accommodation, one or two introductions being given. Accommodation was eventually found via another patient known to the social worker and the problem appears to be resolved. No further medical or social attention has been required in the months that have elapsed.

A rather more complicated situation is described in the following case.

Mrs. C., aged 40, recently married, was a highly intelligent professional woman extremely anxious to start a family. She had consulted her doctor regarding pregnancy as she was a suspect neurological case. In fact it was believed that she may well be suffering from early disseminated sclerosis. Doctor had advised her against pregnancy at this stage but had also made arrangements for her to be seen by the Consultant Neurologist. Appreciating the mental stress that his patient was suffering doctor requested the social worker to give support and explore the possibility of Mrs. C., being able and willing to either adopt a child or act as a foster parent. Though well aware that if the worst diagnosis was confirmed adoption would also be ruled out, the social worker did use this avenue in order to assist the patient through this trying period and a close and intimate picture of the patient was built up. Needless to say, the social worker was in close contact with doctor and several discussions took place. The final report of the Neurologist did not support a diagnosis of sclerosis, indeed it pointed in a quite different direction which did not entirely surprise the doctor or social worker in view of what they had learnt of the patient. Mrs. C., now in a much healthier mental state has been advised that there is no medical objection to her having her own baby, and we are assured that the understanding support given to her during this period was of real value.

A third case from this practice shows how a patient can be assisted even when the initial aims of those seeking help are not realised.

Mr. and Mrs. D., a young couple in their early twenties, had married when it was found that Mrs. D. was pregnant and the marriage now appeared to be breaking down in its first year. According to Mrs. D., who was reacting to the situation, Mr. D. had admitted adultery and, though she accepted that her period of post natal depression had probably been a contributing factor, she was justifiably hurt and confused and had made a suicidal gesture. The situation was not helped by the inadequate accommodation which the family had been forced to take. The social worker's aim here was to assist Mrs. D. in reaching a decision regarding the marriage, a consultation was, therefore, arranged with the Marriage Guidance Centre and the patient was given time in which to consider the advice they proffered. Meanwhile active help was provided in seeking for better housing accommodation. For some time Mrs. D. fluctuated wildly in her emotional stress, finally she decided upon a separation



from her husband. Her need for other accommodation and for employment was met, nursery care being arranged for her child. The decision, for good or ill was made by the patient after many hours of discussion and it represented clearly that she was now "out of the wood" and capable once more of managing her affairs in an orderly and clear-cut manner. It was not a decision the social worker welcomed, but the ability to "make it", was, and Mrs. D. is now well adjusted to her circumstances. Throughout this period of several months close co-operation had been maintained with the Health Visitor and there were joint discussions with the doctor.

These examples have not been chosen as particularly difficult cases, on the contrary they have been used to show the way in which medical-social work can contribute not only to the care of a patient and his family but also relieve some of today's pressure on the general practitioner by providing, if only in part, some of the facilities which hospital consultants have long taken for granted.

Apart from the foregoing aspect which I have felt it appropriate to feature at this time, our work in co-operation with hospitals, clinics, etc., continued at a high level throughout the year. Liason with our colleagues within the department as with the Children's, Welfare and Education departments tends by virtue of its amiable nature to be taken for granted, but occasionally comment in the press and other quarters causes a re-appreciation of the fortunate atmosphere which prevails in this Authority. Cases have been both accepted from and transferred to these departments according to whichever speciality was considered appropriate, and this has been done on all sides with the sole aim of providing the best service.

### Referrals.

Hospitals	...	...	...	...	...	...	306
Chest Centre	...	...	...	...	...	...	175
General Practitioners			...	...	...	...	128
Health Department	...	...	...	...	...	...	62
Local Authority Departments				...	...	...	12
Voluntary Agencies	...	...	...	...	...	...	23
National Assistance Board	...	...	...	...	...	...	6
Councillors	...	...	...	...	...	...	31
Personal Approach	...	...	...	...	...	...	47
Other Sources	...	...	...	...	...	...	20

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810

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**Diagnosis ( Medical).**

Cancer ... ..	95
Cardiac and Circulatory ... ..	97
Chest Conditions ... ..	151
Debility ... ..	42
Diabetes ... ..	16
Gastric Conditions ... ..	44
Skin Conditions ... ..	10
Orthopaedic ... ..	26
Gynaecological ... ..	4
Tuberculosis ... ..	53
Mental Stress ... ..	75
Neurological ... ..	20
Paraplegic and Hemiplegic ... ..	17
Rheumatism and Arthritis ... ..	27
Epilepsy ... ..	10
Pregnancy ... ..	10
Ophthalmic ... ..	12
Other Conditions ... ..	101

**Convalescence.**

Fifty-four patients were sent for convalescence.

## IX.—MISCELLANEOUS

### REPORT ON THE HOME NURSING SERVICE.

This Service has proceeded steadily through the year. A small increase in the number of visits to patients was experienced; several of the patients needed two or three visits each day for periods. These patients were either extremely ill or difficult to manage; it was felt that in addition to the relief and comfort to the patient, it was a great help to the relatives who unfortunately have to cope night and day.

The introduction of a Night Nursing Service would be of invaluable help in the nursing and management of these difficult and prolonged nursing cases. Even if the help afforded was of untrained personnel, *e.g.* a "sitter-in" service, it would assist the relatives to have an occasional good night's rest, whereas, although the patient may not require continuous nursing, the relative is on the "qui vive" for sounds and movements, and therefore, unable to rest completely.

This service need only be taken advantage of on two or three nights a week, the relatives then being more rested could carry on, and so keep the patient at home instead of having to ask for his admission to hospital.

In Circular 1/65 it requested that mention should be made of the progress in the provision of an Incontinence Pads Service as suggested in Circular 14/63, and the means used to dispose of the soiled pads. This Authority has been using pads since November, 1960, and it is interesting to note that in the early days, on average about 110 pads were issued monthly, whereas now well over 1,000 a month are issued. The service is not restricted to patients nursed by the home nursing staff, but is for all those who are in genuine need. Disposal has not caused any great difficulty so far. The majority of soiled pads are burnt in the patients own homes, and where this cannot be done, two-ply refuse bags are provided by the department, and these are collected by the Refuse Department which provides a special collection service, and collects on average about three times per week.

Recently a large new block of flats has been erected and this problem of collection and disposal was foreseen in the planning stage, with the result that a large incinerator for this purpose has been specially provided on the premises. This incinerator will also cope with placentae and soiled dressings used by the midwifery and nursing staff.

Undoubtedly the Incontinence Pads Service has been of great benefit to patients and to those looking after them, and as the circular mentions are both convenient and time-saving for nurses, reduce the laundering of soiled bed linen, and make it possible to nurse at home some patients who would otherwise have to be admitted to hospital.

An additional service is provided for those few cases of ileostomy and colostomy who have no means of disposal in their own homes or flats. Refuse bags are provided for the collection of dressings and soiled ileostomy bags. These are collected regularly by the refuse disposal department.



Total number of new persons nursed during the year ... ..	1,341
Number of these persons who were aged under five years at first visit in 1964 ... ..	23
Number of these persons who were aged 65 years or over at first visit in 1964 ... ..	804
Total number of visits made during 1964 ... ..	62,570

During the year a total of 634 items of home nursing equipment were loaned to the public including, bed pans, mac sheets, backrests, hoists, etc.

## OCCUPATIONAL THERAPY

Report by Mrs. E. M. Bentley, Senior Occupational Therapist.

The past year has seen Occupational Therapy firmly established as part of the Health Service, but it is felt that many general practitioners are not fully aware that this service is available.

About half the patients receiving treatment would now be capable of sheltered employment, but until this type of work becomes available, it is imperative that they continue with Occupational Therapy to prevent their condition deteriorating.

Although the aim of Occupational Therapy is to rehabilitate patients in the shortest possible time, this, in some cases, turns out to be a long term objective.

A typical example of this is the case of a single women, aged 27 years, referred to Occupational Therapy in September, 1962.

*Daignosis*—Epileptic. She also suffered bouts of depression and had a morbid outlook. It was thought to be extremely doubtful if the patient would ever work again. Her mother, a widow, was very possessive and over-protective and appeared to dominate her daughter's life. This resulted in the patient becoming inadequate and immature.

After several visits it was felt that it would be beneficial if the mother brought her daughter on a weekly visit to the office, as a preliminary step towards reducing the mother's dominance.

Patient had no interest for craft work but expressed a wish to type again after being incapacitated for ten years. An old typewriter was borrowed from the General Office and a series of typing test papers obtained. The patient was encouraged, on her weekly visits, to familiarize herself with the machine. She had a typewriter at home but lacked the initiative to use it.

Environmental stress was gradually eased and the co-operation of her mother was secured to encourage the daughter to type for an hour each day.



In the meantime the Medical Social Worker was exploring the possibility of obtaining employment as a typist for her, but this proved extremely difficult. A typing test was arranged with a local firm but her speed was not high enough. She was, however, found full employment as a filing clerk.

Without the prolonged effort to awaken a sense of independence in her, this person would still be living a useless existence.

Another interesting case was that of a man aged 26 years.

*Diagnosis*—Psychopathic Personality. Patient at Rampton State Institution, 12/5/52. Transferred to Aston Hall, 13/9/62. Discharged, 15/1/63.

Patient had extensive Occupational Therapy treatment until 7/7/63, and was sent to Long Eaton Rehabilitation Centre for training. He was assessed for a job as a nursery gardener. There was no job pending, so he attended the Occupational Therapy Centre and also regular visits were made. Patient was very inconsistent and afraid of social contacts. He had no confidence in anyone, so he said.

Predominantly aggressive and impulsive tendencies remained. He was over-protected by his mother who was constantly making excuses for him. He developed a neurosis when asked about his inconsistency.

10/11/64. Patient began to accept his failures and decided to help himself. His behaviour became more stable.

5/2/65. Patient has been trying hard to get a job. He has more confidence and is more co-operative.

19/2/65. Patient informed me that he had obtained employment as a window cleaner and subsequent enquiries and visits have revealed that he has apparently settled down in a job and seems determined to make good.

Throughout his occupational therapy treatment this patient has been very difficult, but some positive results have been obtained in spite of this.

The 1963 report on the patient with Right Hemiplegia and Aphasia: has now returned to light employment with his former employer. His condition continues to improve and the patient is very appreciative of all the help given. Occasional visits are made to ensure that the improvement is being maintained.

Number of patients on Register	...	...	...	...	...	67
„ „ „ attending O.T. Centre	...	...	...	...	...	14
„ „ „ home visits	...	...	...	...	...	1,224
„ „ „ returned to full employment	...	...	...	...	...	6
„ „ „ returned to part-time employment	...	...	...	...	...	1
„ „ „ referred for training at Long Eaton	...	...	...	...	...	2
„ „ „ transferred to Welfare Department	...	...	...	...	...	2



**BOULTON CHIROPODY CLINIC**  
**(Clinic opened September, 1964).**

Report from September—December, 1964.

Number of patients — 143.

Males — 30.

Females — 113.

Number of treatments — 433.

141 elderly received 427 treatments.

One expectant mother received one treatment.

One handicapped person received five treatments.

Number of sessions — 72 (3 hours).

Ten diabetics — all female and elderly were amongst the patients receiving treatment.

Fifteen per cent of the patients were referred to the clinic by Doctors, Nurses and Social Officers. 85% came to the Clinic from other sources.

Many patients had to use the Ambulance Service, owing to physical disabilities.

Sixty per cent. of the patients had previously received chiropody treatment.

Forty per cent. — no previous treatment, but had come along to the Clinic because their feet were painful. Some patients had acquired painful feet by neglect, deformities or inflammation.

Patients toes were held rigid by waste matter. One of the patients thought her toes had grown together. Unkempt nails caused many deformed conditions and often causing injury to the soft tissue. Inflammation, caused by applying unsuitable treatment by the patient, was very common. Several patients came to the Clinic with burns and scalds about their feet. Many patients wore unsuitable footwear, often exposing their feet.

Response of other categories were poor, although much the same clinics were well-established in other areas.

One handicapped person was a male aged 17 years. Suffering from Pseudo Hypertrophic Muscular Dystrophy. Treated at the Clinic for Onychia.

One expectant mother aged 20 years, was treated for Onychocryptosis and corns.

With increasing age and immobility of the body, also failing eyesight, patients find it difficult to attend to their feet. Appreciation has been overwhelming for the Chiropody Service amongst the old people.

The Borough Boundary difficulties at this Clinic have now been overcome and with the ever increasing number of patients applying for treatment the time between each patient's visit is getting longer — at present six weeks for all patients.

To keep the service efficient in the future, more sessions will be required,

**TABLE SHOWING NUMBER OF PERSONS WHO HAVE RECEIVED CHIROPODY TREATMENT FROM SEPTEMBER TO DECEMBER, 1964.**

CENTRE	MALE OVER 65		FEMALE OVER 60		EXPECTANT MOTHERS		HANDICAPPED	
	Patients	Treat- ments	Patients	Treat- ments	Patients	Treat- ments	Patients	Treat- ments
RYKNELD ..	30	59	137	319	<i>None</i>	—	1	3
BOULTON ..	30	68	113	359	1	1	1	5
TOTALS ..	60	127	250	678	1	1	2	8



**Home Help Service—1964.**

Report by Mrs E. C. Baker, Supervisor.

During the year 1964 there were 1,160 new and existing cases compared with 1,103 in 1963 and 1,119 cases were dealt with compared with 1,068 last year.

Details are as follows:—

	No. of applications received.	No. of cases attended.	Assessed at		No. of applications withdrawn.	Assessed at	
			Full Fee.	Reduced Fee.		Full Fee.	Reduced Fee.
Home Helps—Maternity ...	15	14	14	—	1	—	1
Domestic Helps—							
Illness ... ..	97	79	44	35	18	16	2
Tuberculosis ... ..	12	12	—	12	—	—	—
Aged and Blind ...	1036	1014	128	886	22	4	18
<b>TOTAL ... ..</b>	<b>1160</b>	<b>1119</b>	<b>186</b>	<b>933</b>	<b>41</b>	<b>20</b>	<b>21</b>

The detailed comparison for the years 1959–1964 is as follows:—

Year.	Applications Received (inc. old cases).	Applications Withdrawn.	Full Fee Charged.	Reduced Fee Charged.	Home Helps Employed.	Attendances Made.
1959	822	63	76	683	90	24,121
1960	860	57	94	709	100	27,569
1961	936	27	122	787	107	27,081
1962	956	23	120	813	109	26,700
1963	1,103	35	145	923	115	29,657
1964	1,160	41	186	933	130	33,169

The number of three-hourly attendances made by the Home Helps during the year was 33,169, and 1,470 visits were made by the Supervisor and 1,583 by the Assistant.

During the year there were 472 applications made from the following sources:—

Doctors	...	...	...	...	...	...	45
Hospitals	...	...	...	...	...	...	52
Councillors	...	...	...	...	...	...	4
National Assistance Board	...	...	...	...	...	...	69
Welfare	...	...	...	...	...	...	55
Mental Welfare	...	...	...	...	...	...	1
Social Welfare Service	...	...	...	...	...	...	14
Health Visitors	...	...	...	...	...	...	11
Housing	...	...	...	...	...	...	5
General Public	...	...	...	...	...	...	196
Blind Welfare	...	...	...	...	...	...	7
Home Nursing Service	...	...	...	...	...	...	10
W.V.S.	...	...	...	...	...	...	3
							472
							472

Since the commencement of this service the demand for it grows consistently year by year and we have now reached a point where requests outnumber the staff available, and as usual during the winter months, the availability of Home Helps is consistently reduced owing to illness of both themselves and their families, since they are practically all married women with children. From this situation arises the necessity to change Home Helps from one case to another in order to distribute the help as fairly as possible. This system is not acceptable to all but we make a practice of ensuring that at least chronic and bedridden cases have the most regular attendance.

There are still quite a number of hospital discharge cases and these are always dealt with promptly; it is surprising that many of these people have families who are not prepared to inconvenience themselves to prepare for their home-coming. Loneliness causes a lot of the misery for some of the elderly who live alone.

During the recent months a number of requests have been referred to this section from various sources, for Help to be sent to homes which are dirty and badly neglected, and this situation has become a problem. It is beyond the duties of a Home Help to clean accumulated dirt and turn out rubbish that has collected over the years.

Below are brief examples of the types of cases we deal with:—

1.—Widow aged 83, bedridden, suffering from Parkinson's disease and poor sight. Help was given to ease strain on middle-aged daughter looking after her widowed mother, who needs constant day and night attention. Assistance from other members of the family was not available.



2.—Elderly woman aged 85 years, cancer case, frequently confined to bed and regularly in and out of hospital. No near relations, totally reliant on home help's assistance. Due to the lack of other help, hours of home help were extended from six to nine hours per week. Case finally unable to cope at all, gave up her home and entered private nursing home.

3.—Man aged 58 years, paralysed and confined to wheelchair, one teenage son at home. Home Help has been attending for a number of years, the home is rather poor and lack's a woman's touch, due to the wife deserting her husband when he became ill. The son at home does very little or nothing to assist his father, which leaves rather a lot of the chores undone, as the home help is only able to deal with the normal weekly housework. The father is rather cynical about life and occasionally makes weak complaints about individual helps, upon investigation these are found to be without foundation.

### Cremation.

During the year 2,741 cremations were carried out, Of this figure 1,853 were in respect of non-borough residents; 888 borough residents were cremated this represents 50.9% of total borough deaths.

### Epileptics and Spastics.

Incidence :—

YEAR.	EPILEPTICS.		SPASTICS.	
	Male.	Female.	Male.	Female.
1956 .. .. .	—	—	1	—
1957 .. .. .	2	3	—	—
1958 .. .. .	1	—	—	1
1959 .. .. .	1	1	1	7
1960 .. .. .	—	1	1	1
1961 .. .. .	3	1	3	2
1962 .. .. .	3	5	1	2
1963 .. .. .	10	4	3	4
1964 .. .. .	5	2	3	5
Total number of cases in the Borough (age 0—15 years) known to the Medical Officer of Health at 31/12/64..	24	11	16	26

### Spastics.

Blind spastic ... .. 1 female.  
 Maintained in Colonies and Special Homes ... .. 2 males,  
 1 female

**Partially Sighted Spastics .**

One female, 21 years old.

One boy, 14 years old.

**Epileptics.**

Maintained in colonies ... .. 3 males, 3 females.

Maintained in Part III accommodation provided  
by the Council ... .. 1 male, 1 female.

Briefly, the facilities available under the local health services for the area are as follows :—

Diagnosis, treatment and assessment are available from general practitioners and hospitals. Children under 15 automatically come to the notice of the School Health Service, and this Service maintains close supervision over the cases and, where necessary, contacts general practitioners and the hospitals in cases of difficulty. Furthermore, there is a local arrangement whereby the School Health Service contacts the Welfare Department at least 12 months before the child reaches the age of 16 years, so that the Welfare Department is brought into the picture at an early age. Responsibility for the liaison between the School Health Service and the Welfare Department has been given to the Senior School Medical Officer, and this arrangement appears to be working quite satisfactorily. The main difficulty with the spastics lies in accommodation, and at the time of writing plans are afoot to see whether a small unit can be provided for those spastic children capable of benefiting from treatment and education.

There is excellent co-operation between the School Health Service and the pediatric services of the hospitals.



**Blind Welfare.**

The following information is supplied by Mr. L. W. Horton, Chief Executive Officer, Welfare Department.

Number of blind persons on register at 31-12-63	...	...	...	299
New patients added to register during 1964	...	...	...	28
Transfers into the Borough from other areas	...	...	...	3
Number of blind persons reported as having died	...	...	...	27
Transfers out of the Borough to other areas	...	...	...	8
Transfer from Blind to Partially Sighted Register	...	...	...	—
De-certified	...	...	...	1
Number of blind persons on register at 31-12-64	...	...	...	294
Number of children of school age included in above	..	..	..	5
Number of partially sighted persons on register at 31-12-64	...	...	...	77

Details of blind persons on register at 31/12/64 are as follows:—

**Age Periods of Registered Blind Persons.**

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	—	—	—	3	—	4	4	6	12	9	11	62	111
F.	—	—	—	—	—	2	—	2	—	2	9	22	8	18	120	183
TOTAL	—	—	—	—	—	2	3	2	4	6	15	34	17	29	182	294

**Age at Onset of Blindness.**

Age.	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Un-known	Total.
M.	10	—	1	—	—	3	2	5	7	6	9	12	13	9	34	—	111
F.	13	—	—	—	—	6	2	2	2	4	11	24	19	16	83	1	183
TOTAL	23	—	1	—	—	9	4	7	9	10	20	36	32	25	117	1	294

## Children, Age under 16.

	Under 2.		Age 2—4.				Age 5—15.							TOTAL.		
	Resident in/at		Educable.	In-educable.	Educable.			Ineducable.								
	Sunshine or Residential Homes.	Home or Elsewhere.			Attending Nursery Schools or in Residential Homes.	At Home or Elsewhere.	In Mental Hospitals or M.D. Institutions.	At Home or Elsewhere.	Blind but no other Defects.	Blind with no other Defects.	Blind but no other Defects.	Blind with other Defects.	Not at School.		In Mental Hospitals or M.D. Institutions.	At Home or elsewhere.
M.	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	3
F.	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	2
TOTAL	—	—	—	—	—	—	2	1	—	1	—	—	—	—	1	5

## Education, Training and Employment. Age Periods, 16 years and upwards.

	Employed.					Under-going Training.		Unemployed.							(n) GRAND TOTAL.	(o) No. of Persons registered under the Disabled Persons (Employment) Act, 1944, included in Col. (m).		
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Trained but unemployed.	(i) No Training but Trainable	(j) No Training	(k) Not available for employment.	(l) Not Capable of Work.	(m) Not Employed over 65.					
	In Workshops for the Blind.	As Approved Home Workers.	All Others not included in either (a) or (b).	TOTAL EMPLOYED.	No. of Women over 60 and Men over 65 who are employed included in (d).	For Sheltered Employment.	For Open Employment.	For Sheltered Employment.	For Open Employment.	For Sheltered Employment.	For Open Employment.	For Sheltered Employment.	For Open Employment.	16 — 64			16 — 64	Not Employed over 65.
M.	2	—	15	17	—	—	—	—	—	—	—	—	—	7	11	73	108	17
F.	—	—	5	5	—	—	—	—	—	—	—	—	—	22	16	138	181	3
TOTAL	2	—	20	22	—	—	—	—	—	—	—	—	—	29	27	211	289	20



## Occupations of Employed Blind Persons.

	<i>Mat Makers &amp; Chair Seaters and Basket Makers.</i>	<i>Clerks and Typists</i>	<i>Newsagent.</i>	<i>Factory Operatives.</i>	<i>Massage and Physio-Therapy.</i>	<i>Hawkers.</i>	<i>Piano Tuners.</i>	<i>Packers.</i>	<i>Telephone Operators.</i>	<i>Other Open Employment.</i>	<i>Gardener.</i>	<i>Miscellaneous.</i>	TOTAL.
Within Workshops for the Blind	2	—	—	—	—	—	—	—	—	—	—	—	2
In Approved Home Workers Schemes .. .. .	—	—	—	—	—	—	—	—	—	—	—	—	—
Others not Pastime Workers ...	—	3	1	3	—	1	—	1	1	7	—	3	20
TOTAL ... .. .	2	3	1	3	—	1	—	1	1	7	—	3	22

## Physically and Mentally Defective and Mentally Disordered—All Ages.

	(a) <i>Mentally ill.</i>	(b) <i>Mentally Sub-Normal.</i>	(c) <i>Physically Defective.</i>	(d) <i>Deaf without Speech.</i>	(e) <i>Deaf with Speech.</i>	(f) <i>Hard of Hearing.</i>	Not included in (a) to (f) but combination of :—					TOTAL.
							(b),(c) and (f)	(c) and (e)	(a) and (e)	(a) and (f)	(b) and (c)	
M. ...	2	3	5	—	1	8	—	—	1	1	1	22
F. ...	3	6	7	—	2	16	—	1	—	1	—	36
TOTAL ...	5	9	12	—	3	24	—	1	1	2	1	58

### Blind Persons age 16 and upwards—resident in

	<i>Residential Accommodation provided under Part III of the 1948 Act, viz.: Section 21</i>		<i>Other Residential Homes.</i>	<i>Mental Hospitals.</i>	<i>Mental Deficiency Institutions</i>	<i>Chronic Wards of Hospitals.</i>	TOTAL.
	<i>Homes for the Blind.</i>	<i>Other Homes.</i>					
M. ..	8	5	—	4	—	2	19
F. ..	10	3	4	3	—	3	23
TOTAL ..	18	8	4	7	—	5	42

### Miscellaneous Information—Number of

Social Centres ... ..	1
Handicraft Classes ... ..	1
Special Classes and Socials for the Deaf-Blind ...	—
Persons newly employed in open industry during the year ... ..	—
Persons discharged from open industry during the year ... ..	—
St. Dunstaners ... ..	5

### Blind Persons Registered as New Cases (not transfers) during the Year—Age at Date of Registration.

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total.
M.	—	—	—	—	—	—	1	—	—	—	1	1	1	—	6	10
F.	—	—	—	—	—	—	—	1	—	1	—	1	1	1	13	18
TOTAL	—	—	—	—	—	—	1	1	—	1	1	2	2	1	19	28



**Blind Persons Registered as New Cases (not transfers) during the Year—  
Age at Onset of Blindness.**

	0-	1-	2-	3-	4-	5-	11-	16-	21-	30-	40-	50-	60-	65-	70+	Total
M.	—	—	—	—	—	—	1	—	—	—	1	1	1	—	6	10
F.	—	—	—	—	—	—	—	2	—	1	—	1	1	1	12	18
<b>TOTAL</b>	—	—	—	—	—	—	1	2	—	1	1	2	2	1	18	28

The Local Authority employs a Supervisor, three Visitors and Teachers of the blind all holding the qualification of the College of Teachers of the Blind, and a trainee Visitor and Teacher.

Every effort is made to discover and assist any new cases of blindness. Home visiting and practical help is given to all blind persons known to us and residing within the Borough. Social amenities are made known and used whenever possible. Extra attention is given to the deaf-blind and any who may be suffering from some other form of handicap the nature of which is such as to increase the disability of blindness. For a small charge a home help is provided where necessary. Arrangements are also made for the provision, licensing and maintenance of wireless sets, and also the provision of dog licences and omnibus passes.

Each Tuesday and Thursday afternoon is devoted to work at the Social Centre, Guildhall, Market Place, where instruction is given in pastime occupations, or a game of dominoes, cards or draughts may be enjoyed.

The sitting room at the Centre is light and warm and contains a number of easy chairs. Here, with this added comfort, our older people spend many happy hours, and on Thursday afternoons readings are given on occasions. An instruction class in Old Tyme Dancing is held on Thursdays, along with other social and group activities.

Teaching of the following subjects and handicrafts is carried out by the staff: Braille reading and writing, Moon reading, sea-grass seating, cane seating, rug making, hand knitting, bead work, straw plait work, string bag making, etc.

Theatre parties and amateur shows are arranged throughout the year. Motor coach outings are arranged throughout the summer. The two most important events of the year are the annual outing and Christmas dinner party which are provided by the Local Authority.

Provision is also made for an annual summer holiday of one week, which is taken collectively and under the supervision of the Blind Welfare staff. In this way much pleasure has been given to many people who would otherwise never have left their home town, and as half the cost is borne by the Welfare Committee and the other half by the blind person, the charge is definitely within the reach of all concerned.



Another additional service for the blind takes the form of a monthly Chiropody Clinic, which is held at our Social Centre on the chosen days from 9.00 a.m. to 5.00 p.m. The Chiropodist attending allows approximately half an hour for each patient, and the sessions are always fully booked. We are grateful to him for only making a charge of 3s. 6d. per person which covers any treatment that may be considered necessary at the time of appointment.

Registration of blind persons is carried out in conjunction with the Ophthalmologists, which is in accordance with the Ministry of Health requirements, Form B.D. 8 being completed in all cases. In the case of bedridden patients, and others so physically handicapped as to be unable to attend the clinic in person, arrangements are made for the Ophthalmologists to visit them in their homes.

The same services are available to persons on the Register of the Partially-Sighted, particularly to those who are considered by the Ophthalmologist to be likely to go blind. Others, whom it is considered appropriate, are included in the provision of Welfare services for the Physically Handicapped.

The many demands in the field of Blind Welfare seem to be ever increasing and some of our duties must be left with seemingly insufficient attention, but we are, nevertheless, happy to report that despite the many office and routine tasks which must be carried out, we were able to make a large number of visits, to blind persons in their homes, and in various hospitals and Homes.

We are grateful to all who have assisted during the year by bringing to our notice people with severe sight defects and wish to point out that we are not only interested in those who are in financial difficulties through their disability. There are many ways in which our knowledge can assist those whose sight has failed or is failing and we are always glad to hear of them. Registration as a blind or partially-sighted person is, of course, quite voluntary.

### Follow-up of Registered Blind and Partially Sighted Cases.

(i) Number of cases registered during the year in respect of which para 7 (c) of Forms B.D.8 recommends:—	Cause of Disability.			
	<i>Cataract.</i>	<i>Glaucoma.</i>	<i>Retrolental Fibroplasia.</i>	<i>Other.</i>
(a) No treatment:—14 .. .. .	1	3	—	10
(b) Treatment (medical, surgical or optical):—20 .. .. .	9	4	—	7
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment .. .. .	3	2	—	7

### Section 47, National Assistance (Amendment) Act, 1951.

Three cases were admitted to Manor Hospital under this Section.



**AMBULANCE SERVICE.**

Mr. C. V. Roberts, Transport Manager, reports:—

**Use of Service.**

The increase in the number of cases carried has continued, being 2% above 1963, with an increase of 4.1% in the mileage.

**Vehicles.**

The authorised fleet is unchanged consisting of six ambulances, six dual-purpose vehicles and one car.

**Personnel.**

The staff is now one Superintendent, five shift leaders and 29 ambulance drivers.

**Patients Carried.**

			<i>Ambulances.</i>	<i>Sitting Case Vehicles.</i>	<i>Total.</i>
Emergency calls	...	...	1,768	466	2,234
Other cases	...	...	18,935	40,424	59,359
			<u>20,703</u>	<u>40,890</u>	<u>61,593</u>

**Mileage.**

			<i>Ambulances.</i>	<i>Sitting Case Vehicles.</i>	<i>Total.</i>
With patients	...	...	63,209	132,731	195,940
Midwifery apparatus	...	...	85	659	744
Other journeys	...	...	1,339	2,198	3,537
			<u>64,633</u>	<u>135,588</u>	<u>200,221</u>

**Co-operation, etc.**

I am glad to place on record again my appreciation of the valuable assistance of members of the British Red Cross Society and St. John Ambulance Association, acting as escorts for some of the long-distance journeys by public transport.

Ready co-operation and help have also been given by hospitals, doctors, other ambulance authorities, and the staff of British Railways.

## PUBLIC SWIMMING BATHS

There are two bathing establishments in Derby, the Reginald Street Baths and the Queen Street Baths. Reginald Street comprises a Swimming Pool 100ft. by 30ft., Turkish and Vapour Baths, Slipper Baths and a Laundry. The Queen Street establishment has a suite of Slipper Baths and three Swimming Pools: the Gala Pool 100ft. by 40ft., the Family Pool 100ft. by 32ft. and a Teaching Pool 60ft. by 24ft., in this Pool depth being 2ft. 9in. to 3ft. All pool water temperatures are kept higher than is usual in Swimming Pools, and the Teaching Pool in particular is kept at a comfortably high temperature thus ensuring that conditions are ideal for teaching purposes.

The water supplying the pools is a blend from the Derwent Valley and Little Eaton, and is supplied by the South Derbyshire Water Board, who soften and pre-treat it. Before being passed through sand filters under pump pressure the water is treated with chemicals. After filtration the water is heated and sterilized. Liquid chlorine is the sterilizing agent providing the modern method of "Breakpoint Chlorination", which ensures rapid extermination of bacteria, clear, attractive pool water, odour free bath halls, and long filter runs between cleaning the filter beds, with resultant economy in fuel, water and chemicals. Filter beds are cleaned or "Back-washed" on average once a week by reversing the normal direction of water flow to waste drains, and so carrying the dirt arrested by the filters to main sewers.

To ensure that pool water is both safe and attractive to bathe in, water samples are taken from all pools every two hours and tested for bicarbonate alkalinity, Ph. values and free and combined residual chlorine. To cope with this twenty-four hour a day problem, a combination of the latest methods of water testing is used, *i.e.* the Lovibond Comparator together with the Palin's Tablet Tests.



## X.—SANITARY CIRCUMSTANCES AND FOOD INSPECTION.

BY

MR. R. DAVIES, CHIEF PUBLIC HEALTH INSPECTOR.

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### GENERAL.

During my four years of office as Chief Public Health Inspector it has been my unfortunate duty to introduce my report each year with a plea of persistent and increasing shortage of staff, which ironically enough has concurred with increasing pressure of duties. These circumstances have had a serious cumulative effect on the work of the Department, and inevitably some aspects of our duties have had to be neglected.

As in previous years, concentration was made on the main priorities of housing and slum clearance, clean air and a hundred per cent meat inspection, other duties being dealt with as conveniently as possible with available staff. Some attempt was made to increase the supervision of food premises which had been unavoidably and seriously neglected during previous years. This was done at the expence of slightly slowing down the Slum Clearance programme.

It has to be recognised that food hygiene is a field of work where very few food workers receive any practical training and instruction, and all too often those managing, or supervising food preparing on retail premises have themselves had little or no training in the basic principles of food hygiene. Too often Public Health Inspectors have been told at food establishments both by employers and employees that they had never heard of any food hygiene regulations. This is indeed a sad reflection on our modern society, and the responsibility must rest upon many people, including Local Authorities. Not enough instruction is given at schools to school leavers, a high proportion of whom are absorbed into the food trade every year, on the simple principles of both food and personal hygiene. Standards could be improved, I feel, if more courses of practical instruction in this direction were organised, and here employers could themselves contribute to their own advantage by allowing staff time off during working hours to attend such courses. Local Authorities, too, could add to their contribution by establishing posts in the Public Health Inspectors Department for Health Education work, with particular reference to the field of food hygiene.

An interesting matter arose during the year following the decision of the Council to acquire a parcel of land for housing purposes.

Test borings carried out prior to completion of purchase revealed the presence of obnoxious deposits up to 12ft. deep over large areas of the land.

My department were called in by the Borough Architect to give advice on the best method of dispersal or disposal. A public health inspector visited the site and found that although weathering had rendered the top 2ft. or so innocuous the underlying deposits of a plasticine-like substance gave off a foul odour. Examination of the deposits revealed the presence of hair in them and this tended to confirm that they consisted of waste materials from a tannery which formerly existed nearby.



Enquiries made at an existing tannery revealed that the waste products were very likely to be the residue from lime pits in which hides are soaked for varying periods as a depilatory process, and would be likely to contain lime, hide matter and sodium sulphide.

The public health inspector, while accepting this information, had at the back of his mind the fact that various compounds of arsenic were used in tanning and research in a half forgotten chemistry book that evening indicated that this was so. Further research in the tomes on tanning in the town library provided final proof that two compounds of Arsenic were indeed used as depilatory agents—particularly in fine leather work.

Further enquiries of the local expert tended to show that this use of Arsenic was not normal; nevertheless an analysis of the deposits was indicated and five samples were obtained.

Results vindicated the time spent on research—something like .5% Arsenic had been found to be present.

The Medical Officer of Health was informed and in due course advised the Housing Committee of the extent of the problem of safeguarding the health of future occupants of the houses, particularly of children, if the site were to be developed. Despite the shortage of sites for housing which had led to this area being considered in the first place, the Committee decided not to proceed with the purchase.

### **Staff.**

I would like to extend my personal thanks to my Deputy and all members of our depleted inspectorial staff for their willing assistance and co-operation during a very difficult year. Despite the problems and restrictions resulting from the far too prolonged period of staff shortage all members have responded loyally and conscientiously as in previous years, to any extra demands made upon them. I must record also my appreciation of the work done by the student inspectors and technical assistants who have provided considerable assistance by carrying out various routine duties for the Inspectors. Coupled with this I would add my gratitude for the loyal co-operation of the clerical staff without whom the administration of the department could not effectively be maintained.

Finally, my thanks to the chairman and members of the Health Committee for their consideration and guidance in resolving the many problems associated with the work of the department.

## **HOUSING.**

### **Slum Clearance.**

During the year 70 houses were represented as being unfit. Due to shortage of staff and increased duties this figure is again well below the yearly requirements.

Two compulsory Purchase Orders and one Clearance Order were confirmed during the year. These orders contained 131 houses and 2 other buildings.

Re-housing of the occupants of unfit houses is taking place at the rate of over 300 houses per year and no difficulties are being encountered.

### **Houses in Multi-Occupation.**

Towards the end of the year it became possible to allocate one public health inspector to the duty of inspection and control of this type of house.







*Discretionary Grants.*

1. No. of applications approved — 3.
2. No. of applications refused — 2.
3. Amount paid in grants — £353 8s. 4d.
4. No. of dwellings improved (a) Owner-Occupied — 1.  
(b) Tenanted — nil.

**Circular No. 54/55 of Ministry of Housing and Local Government.****Advice to intending house purchasers.**

As a result of the above circular and official notices in the local press, 1,604 enquiries were made during the year by persons seeking information as to whether particular houses would be included in Slum Clearance Schemes.

**Housing Act, 1957, Section 42.**

Number of clearance areas declared	...	...	...	...	3
Number of houses in areas	...	...	...	...	105
Number of families re-housed	...	...	...	...	298
Number of houses demolished	...	...	...	...	285

**Housing Act, 1957, Sections 16 and 17.**

Number of dwelling houses for which Official Representations were made	...	...	...	...	16
Number of houses for which Demolition Orders were served...	...	...	...	...	12
Number of houses for which Closing Orders were made	...	...	...	...	3
Number of families re-housed	...	...	...	...	3
Number of houses demolished	...	...	...	...	4

**Houses in Multiple Occupation.**

Number of houses in respect of which notices of intention have been served for:—

(a) Management Orders (Section 12)	...	...	...	3
(b) Directions on Overcrowding (Section 19)	...	...	...	30

Number of houses in respect of which the following have been made:—

(a) Management Orders	...	...	...	2
(b) Directions on Overcrowding	...	...	...	30

Number of notices served to make good neglect of proper standards of management (Section 14)

...	...	...	...	1
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Number of notices served to require additional services of facilities (Section 15)

...	...	...	...	6
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**Rent Act, 1957.—First Schedule.****Part I—Applications for Certificates of Disrepair.**

(1)	Number of applications for certificates	...	...	...	2
(2)	Number of decisions not to issue certificates	...	...	...	—
(3)	Number of decisions to issue certificates	...	...	...	2
	(a) in respect of some but not all defects	...	...	2	
	(b) in respect of all defects	...	...	...	—
(4)	Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	...	1
(5)	Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	...	...	...	—
(6)	Number of Certificates issued	...	...	...	1

**Part II—Applications for Cancellation of Certificates.**

(7)	Applications by landlords to Local Authority for cancellation of certificates	...	...	...	3
(8)	Objections by tenants to cancellation of certificates	...	...	...	—
(9)	Decisions by Local Authority to cancel in spite of tenants' objection	...	...	...	—
(10)	Certificates cancelled by Local Authority	...	...	...	3

The following information is supplied by Mr. E. H. Gregory, Housing Manager:—

**Number of Dwellings provided by Derby Corporation and let on weekly tenancy.**

## HOUSING STATISTICS AT 31ST DECEMBER, 1964.

Within the Borough	...	...	...	11,340
Outside the Borough	...	...	...	5,406
			<b>Total</b>	<b>16,746</b>

*Classification :*

One Bedroom	...	...	...	1,041
Two Bedrooms	...	...	...	4,027
Three Bedrooms	...	...	...	11,494
Four Bedrooms	...	...	...	184
			<b>Total</b>	<b>16,746</b>

**Number of Dwellings built in 1964 by Derby Corporation.**

Within the Borough	...	...	...	118
Outside the Borough	...	...	...	155
			<b>Total</b>	<b>273</b>

By other persons or bodies within the Borough 19

### Houses allocated during the year for the following purposes.

Slum Clearance	...	...	...	...	305
Tuberculosis	...	...	...	...	—

### INSPECTIONS AND NOTICES.

The Department received 1,383 complaints during the year, chiefly relating to housing disrepair.

4,047 visits and inspections were made and particulars of the work that has been carried out in compliance with Preliminary and Statutory Notices under the provisions of the Public Health Act are contained in the following table :—

#### Dwelling Houses.

Roofs	...	...	Repaired	...	...	...	...	...	120
Chimney stacks	...	...	Rebuilt	...	...	...	...	...	1
			Repaired	...	...	...	...	...	23
			Pots renewed...	...	...	...	...	...	6
Eavesgutters	...	...	Renewed	...	...	...	...	...	21
			Repaired	...	...	...	...	...	27
			Provided	...	...	...	...	...	2
Rainwater pipes	...	...	Provided	...	...	...	...	...	2
			Renewed	...	...	...	...	...	17
			Repaired	...	...	...	...	...	15
Walls...	...	...	Repaired	...	...	...	...	6	
Plaster	...	...	Ceilings renewed	...	...	...	...	...	2
			Ceilings repaired	...	...	...	...	...	28
			Walls plastered	...	...	...	...	...	32
Floors	...	...	Relaid	...	...	...	...	...	5
			Repaired	...	...	...	...	...	16
Firegrates	...	...	Renewed	...	...	...	...	...	1
			Repaired	...	...	...	...	...	6
Stairs	...	...	Repaired	...	...	...	...	...	5
Windows	...	...	Renewed	...	...	...	...	...	7
			Repaired	...	...	...	...	...	21
			Sashcords renewed	...	...	...	...	...	68
Water supply	...	...	Fittings repaired or renewed	...	...	...	...	9	
Sinks	...	...	Renewed	...	...	...	...	...	7
Waste pipes...	...	...	Renewed	...	...	...	...	...	7
			Repaired	...	...	...	...	...	3
Drains	...	...	Reconstructed	...	...	...	...	...	5
			Repaired	...	...	...	...	...	17
			Cleansed	...	...	...	...	...	64
			Ventilation Shafts renewed or repaired	...	...	...	...	...	1
			Inspection chamber covers renewed	...	...	...	...	...	8



Water closets	...	W.C. structures repaired	...	...	...	16
		Fittings renewed	...	...	...	31
		Fittings repaired	...	...	...	47
Paving	...	Yard paving repaired	...	...	...	1
		Yard surfaces repaired	...	...	...	2

### COMMON LODGING HOUSES.

Number on Register	...	...	...	...	...	3
Number of rooms registered for sleeping	...	...	...	...	...	38
Number of lodgers provided for	...	...	...	...	...	259

### OFFENSIVE TRADES.

The following offensive trades are carried on in the Borough :—

Fellmonger	...	...	...	...	1
Rag and Bone Dealer	...	...	...	...	4
Soap Boiler	...	...	...	...	1
Tripe Boiler	...	...	...	...	1

### ATMOSPHERIC POLLUTION.

#### The Clean Air Act, 1956.

##### *Industrial.*

The practice of firing coal-burning boilers automatically is now almost as much the rule as in bygone days it was the exception. There is still a demand for physical effort where coal elevating plant is not available; but the attainment of efficient combustion, which is the best guarantee of virtual smokelessness, depends increasingly on the intelligent manipulation of controls where formerly the stokers' craft combined a certain amount of knowledge with a distinctive knack in handling a shovel.

It would be wrong to assume from what has been said that boiler plants need little or no supervision. If the risk of emitting smoke is to be avoided constant supervision is essential.

During 1964 a few more of the small number of hand-fired boilers which remained were taken out of use whilst other plants were replaced or improved in various ways. Even so the possibilities of improvement are by no means exhausted and there is an abiding need for vigilance both by industry and by the officials entrusted with the duty of administering the Act.

##### *Domestic.*

During the year Smoke Control Orders covering the whole of the Norman-ton Ward came into operation and a further order in respect of half of Dale Ward was confirmed.



The position is now as follows:

OPERATIVE ORDERS

Mackworth No. 1	238 acres	1,548 dwellings.
Mackworth No. 2	240 acres	1,404 dwellings.
Normanton No. 3	236 acres	1,988 dwellings
Alvaston No. 4	3 acres	36 dwellings (proposed).
Normanton No. 5	268 acres	1,542 dwellings
Totals	985 acres	6,518 dwellings

ORDERS CONFIRMED BUT NOT OPERATIVE

Dale No. 6	121 acres	1,517 dwellings
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These figures in themselves reveal nothing of the critical period through which, in 1964, the whole conception of smoke control has had to be piloted; nothing of the uphill task within the Department; and nothing of the people who are called upon to make what appear to them to be revolutionary changes in the ways in which they heat their homes.

By the beginning of the year it had been officially recognised that due to the increasing practice of producing gas from sources other than coal, coke production had become static, or, in some areas, had even decreased. This was a serious situation since the Beaver Committee had envisaged that coke production would increase to meet the requirements of smoke control.

Derby was more fortunate than some areas in having a large modern gas works still utilising considerable quantities of coal for making gas but increasing dependence upon hard coke, gas, electricity and oil was inevitable. Vigorous publicity was therefore given to the alternative and more efficient appliances as well as the increased grants available.

The response has been good and the programme continues. Although the open-fire fuel situation is still finely balanced the National Coal Board have given assurances that supplies of a new premium fuel, production of which will begin early in 1965, will in future make good any deficiencies in gas coke.

Early in the year the Senior Inspector was left to cope single-handed with two smoke control areas but by April a technical assistant and two survey assistants had been appointed. Later in the year an assistant industrial smoke inspector joined the staff. The work is now progressing at all possible speed within the bounds of available fuel supplies and finance.

It would be an omission not to mention the many householders who are at the receiving end of Smoke Control. There are a minority who look upon clean air requirements as an imposition; but the majority of people are fully prepared to meet the situation and many are finding that earlier misgivings quickly disappear. By and large the staff find that the response is most gratifying and public relations are very good. During the year assistance has been given by the Demonstration Unit of the Solid Smokeless Fuels Federation and particularly useful work continues to be done by the Coke Sales Representative of the East Midlands Gas Board, who personally visits numerous homes to demonstrate the use of Solid Smokeless fuels or to test the performance of firegrates.



### Measurement of Atmospheric Pollution.

Results from the Standard Deposit Gauges and from the Daily Volumetric Filters are appended.

In passing it might be worthwhile referring to a report issued during the year showing that the total Sulphur-dioxide content of the atmosphere had increased by 20%. What is of more importance is that the ground-level (or breathing level) concentration had NOT increased. The increase is mainly due to new power stations which emit their sulphur-dioxide at high level.

Sulphur-dioxide is known to be an undesirable gas but in some people the mere mention of it seems to produce a form of mental constriction which causes them to argue that because the Clean Air Act contains no provisions for removing sulphur from the air (how could it when the answer was unknown?), the Act is swindling and deluding the public, and that for some obscure reason the work being done is invalidated.

There are plenty of concrete arguments in favour of removing Smoke; and in the process it is quite possible to reduce the sulphur emitted in a given area. To argue that because we cannot do everything we should not do anything is a philosophy of despair unworthy of a moment's serious consideration.

The Department is indebted to Mr. G. Greeve, the Sewage Works Chemist, for continued help in analysing samples collected by the Standard Grit Deposit Gauges.

### Measurement of Atmospheric Pollution.

This has been continued and some results are included:—

**DAILY VOLUMETRIC FILTER READINGS.**  
RESULTS IN MICROGRAMMES PER CUBIC METRE.

1964.	AVERAGE FIGURES.					
	PEAR TREE POLICE STATION		NORMANTON CLINIC.		ROLLS-ROYCE FOUNDRY.	
	SMOKE.	SULPHUR.	SMOKE.	SULPHUR.	SMOKE.	SULPHUR.
January .. ..	517	405	244	233	369	468
February .. ..	392	331	204	175	289	367
March .. ..	336	327	167	207	195	575
April .. ..	175	164	70	91	214	174
May .. ..	75	127	35	86	149	394
June .. ..	66	119	24	68	125	265
July .. ..	42	78	22	49	199	253
August .. ..	47	75	35	38	125	266
September .. ..	108	82	62	86	230	359
October .. ..	389	277	178	126	354	426
November .. ..	377	261	307	122	363	534
December .. ..	427	399	176	198	276	599

**COUNTY BOROUGH OF DERBY.—STANDARD DEPOSIT GAUGES FOR MEASUREMENT OF ATMOSPHERIC POLLUTION.**

TOTAL SOLID MATTER DEPOSITED EXPRESSED TO GIVE FIGURES EQUIVALENT TO TONS PER SQUARE MILE.

	1964 ..	Jan.	Feb.	Mar.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.
Central Bus Station .. .. .	..	10.77	6.73	3.82	7.73	4.85	8.34	4.13	8.80	4.37	8.81	12.13	15.31
Markeaton Park .. .. .	..	3.16	1.92	3.25	2.10	1.49	2.91	2.48	7.33	3.40	5.08	7.87	9.61
Technical College, Normanton Road ..	..	7.87	6.98	4.52	0.80	4.10	3.77	4.61	6.43	5.08	10.54	14.40	12.92
British Railways Staff College .. ..	..	6.37	7.95	7.36	4.08	2.47	4.00	4.37	7.63	7.27	11.50	11.41	19.01
East Midlands Gas Board, Pump House	..	7.38	28.8	*	5.18	7.22	2.10	4.09	6.02	5.69	3.44	33.61	14.75
Derby City Hospital .. .. .	..	5.89	3.5	4.31	12.21	2.58	8.08	9.45	11.26	3.86	6.53	9.47	10.20
Co-operative Wholesale Society .. ..	..	6.97	5.47	3.75	7.63	7.23	8.92	8.59	8.65	5.94	3.35	16.58	18.27

\* Bottles punctured



**COUNTY BOROUGH OF DERBY—STANDARD DEPOSIT GAUGES FOR MEASUREMENT OF  
ATMOSPHERIC POLLUTION.**

SULPHUR IN THE AIR, EXPRESSED AS SULPHATE, IN TONS PER SQUARE MILE.

	1964	Jan.	Feb.	Mar.	April	May	June.	July	Aug.	Sept.	Oct.	Nov.	Dec.
Central Bus Station	..	1.03	2.1	2.48	1.16	1.76	1.67	1.23	1.20	1.87	3.30	3.53	3.20
Markeaton Park	..	0.70	0.30	1.71	1.09	3.31	1.13	0.56	1.42	1.59	1.46	1.89	1.49
Technical College, Normanton Road	..	1.00	0.91	3.65	1.66	2.88	1.67	0.43	1.03	1.07	2.95	2.70	3.17
British Railways Staff College	..	0.97	0.50	1.34	1.66	1.00	2.03	0.83	2.27	1.87	2.83	2.77	2.50
East Midlands Gas Board Pump House	..	0.52	0.61	*	1.37	1.48	1.5	0.45	0.79	1.51	1.02	2.48	2.65
Derby City Hospital	..	0.39	0.60	0.29	1.98	0.66	1.3	0.56	1.59	1.46	1.32	2.45	1.29
Co-operative Wholesale Society	..	1.21	0.10	0.37	2.13	3.01	2.2	0.95	1.15	1.49	2.53	2.63	3.92

\*—Bottle Punctured.

### The Noise Abatement Act, 1960.

A number of complaints have been investigated during the year and dealt with principally by informal action.

### FACTORIES ACT, 1961.

There are 615 mechanical and 53 non-mechanical factories, including bakehouses, at present on the Register.

A summary of the particulars in compliance with Section 153 (i) of the Factories Act, 1961, is shown in the following tables.

#### Inspections.

The Department has carried out a limited amount of work under this Act, but the staff available does not permit of regular visiting of all factories.

<i>Premises</i>	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Prosecutions</i>
Factories without mechanical power ... ..	5	—	—
Factories with mechanical power ... ..	44	4	—
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)...	—	—	—
<b>TOTAL</b> ... ..	49	4	—

#### Defects Found.

<i>Particulars</i>	<i>Number of Defects</i>				<i>Number of Prosecutions</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred</i>		
			<i>To H.M. Insp.</i>	<i>By H.M. Insp.</i>	
Want of cleanliness ... ..	—	1	—	1	—
Overcrowding ... ..	—	—	—	—	—
Unreasonable temperature ... ..	—	—	—	—	—
Inadequate ventilation ... ..	—	—	—	—	—
Ineffective drainage of floors ... ..	—	—	—	—	—
Sanitary Conveniences—					
(a) insufficient ... ..	—	1	—	2	—
(b) unsuitable or defective ... ..	—	4	—	4	—
(c) not separate for sexes... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work) ... ..	—	—	—	—	—
<b>TOTAL</b> ... ..	—	6	—	7	—



**Offices, Shops and Railway Premises Act, 1963.**

The main provisions of the Act came into operation on 1st August, 1964, and in the three months prior to this date registrations were being received in respect of premises covered by the provisions of the Act. During the year registrations were received in respect of 1,520 premises in the Borough made up as follows:—

Offices	...	...	...	...	...	497
Retail Shops	...	...	...	...	...	826
Wholesale Shops and Warehouses	...	...	...	...	...	61
Catering Establishments open to the public, and canteens	...	...	...	...	...	129
Fuel Storage Depots	...	...	...	...	...	7
						1,520
						1,520

Because of staffing difficulties it was not possible to commence inspections under the Act until the middle of November, so this report only covers work carried out in the last few weeks of the year. During this period 147 visits were made to premises registered under the Act and these included 100 premises where a general inspection was carried out.

The following figures are an analysis of the contraventions found in the 100 premises where general inspections were carried out:—

Cleanliness	...	...	...	20	Washing Facilities	...	...	23
Overcrowding	...	...	...	2	Accommodation for Clothing	...	...	4
Temperature	...	...	...	35	Eating Facilities	...	...	5
Ventilation	...	...	...	4	Floors, Passages, Stairs	...	...	3
Lighting	...	...	...	8	Fencing of Machinery	...	...	1
Sanitary Conveniences	...	...	...	20	First Aid Provisions	...	...	36
								161
								161

No applications were received during the year for exemptions of any of the provisions concerning space, temperature, sanitary conveniences and running water.

Twenty-three accidents were reported during the year as required by Section 48 of the Act. In one case an accident involving a contravention of Section 17 of the Act in respect of unguarded machinery had been reported to the Health Committee and a prosecution was pending in this case at the end of the year.







**Manholes Constructed**—*continued.*

## Mackworth:

Edgware Road Garage Site—									
Surface Water	...	...	...	...	...	...	...	...	1
Harringay Gardens—									
Foul	...	...	...	...	...	...	...	...	1
Surface Water	...	...	...	...	...	...	...	...	2

## Osmaston Park Industrial Estate:

Pontefract Street—									
Foul	...	...	...	...	...	...	...	...	3
Surface Water	...	...	...	...	...	...	...	...	3

## Pear Tree Crescent Relief Sewer:

Combined	...	...	...	...	...	...	...	...	5
----------	-----	-----	-----	-----	-----	-----	-----	-----	---

## Raynewsay Service Road:

Surface Water	...	...	...	...	...	...	...	...	2
---------------	-----	-----	-----	-----	-----	-----	-----	-----	---

## Sunny Hill (former camp) Off-Site Drainage:

Surface Water	...	...	...	...	...	...	...	...	1
---------------	-----	-----	-----	-----	-----	-----	-----	-----	---

**Sewers Cleaned Out.**

Total Length	...	...	...	...	...	...	...	...	8,979 yards
--------------	-----	-----	-----	-----	-----	-----	-----	-----	-------------

**Manholes Cleaned Out.**

Total	...	...	...	...	...	...	...	...	102
-------	-----	-----	-----	-----	-----	-----	-----	-----	-----

**WATER SUPPLY.**

The following information is supplied by Mr. I. G. Edwards, Engineer and General Manager, South Derbyshire Water Board:—

- (a) The water supplied to the area has been adequate in quantity and generally satisfactory in quality.
- (b) Regular examination has been made both of raw and treated waters. A total of 98 bacteriological, 7 chemical and 88 partial chemical samples were taken from consumers' premises during the year and of the 98 bacteriological samples only one showed coliforms. A repeat sample was found to be coliform-free. I enclose two typical analyses of water as supplied to the Borough.

The supply to the area is derived from local infiltration tunnels and the River Derwent at Little Eaton together with a treated water supply received from the Derwent Valley Water Board. The local water is filtered and sterilised at the Little Eaton Works. The fluoride content of the Little Eaton water varies between 0.4 p.p.m. and 0.75 p.p.m. and of the Derwent Valley water is 0.15 p.p.m.



- (c) None of the water as supplied to the consumers is liable to plumbosolvent action.
- (d) All water is chlorinated before passing into supply.
- (e) There is no record of the proportion of dwelling houses supplied by means of standpipes, but the figure is negligible, and it can be said that substantially the whole of the dwelling houses, of which there are 42,337 in the Borough, are supplied with water by the undertaking.

### Water Used during the year 1964.

#### Supply.

Number of gallons of water supplied to S.D.W.B.	
Area from Public Supply ... ..	9,300,283,150
Number of gallons per day per head of population ...	53.17
Percentage of total quantity from Derwent Valley supply ... ..	46.88%

#### Used during the year (Derby Borough).

	<i>Gallons.</i>
Sewer flushing ... ..	157,000
Street watering, etc. ... ..	—

### Examples of recent Chemical Analysis taken in the County Borough area.

#### RESULT OF ANALYSIS.

SAMPLING POINT ... .. Derby Town Supply—High Service Reservoir  
SOURCE Little Eaton Infiltration Tunnels and Derwent Valley Water

#### (a) *Physical Examination:*

Colour (Hazen) ... ..	<1
Turbidity (Silica Scale) ... ..	<1
Taste ... ..	<i>None</i>
Odour ... ..	<i>None</i>
Suspended matter (microscopical examination) ...	<i>Nil.</i>

## RESULT OF ANALYSIS.

(b) <i>Chemical Analysis:</i>		
pH	...	8.2
Electrical Conductivity at 20°C.	...	333
Residual Chlorine:—		<i>Parts per Million.</i>
Free	...	<i>Nil.</i>
Monochloramines	...	<i>Nil.</i>
Di Chloramines	...	<i>Nil.</i>
Total	...	0.03
Free and Saline Ammonia as N	...	<0.01
Albuminoid Ammonia as N	...	0.03
Nitrite Nitrogen as N	...	<i>None detected.</i>
Nitrate Nitrogen as N	...	1.2
Oxygen absorbed from Permanganate in four hours at 27°C.	...	0.10
Dissolved Oxygen	...	9.4
B.O.D.	...	<i>Nil.</i>
Free CO <sub>2</sub>	...	1.0
Total Alkalinity (CaCO <sub>3</sub> )	...	<i>Nil.</i>
Hardness as CaCO <sub>3</sub> :—		
Temporary	...	76
Permanent	...	58
Total	...	134
Calcium Hardness (CaCO <sub>3</sub> )	...	<i>Nil.</i>
Magnesium Hardness (CaCO <sub>3</sub> )	...	<i>Nil.</i>
Total Solids (dried at 180°C.)	...	217
Suspended solids (dried at 105°C.)	...	<i>Nil.</i>
(c) <i>Mineral Analysis:</i>		<i>Parts per Million.</i>
Calcium as Ca	...	57.0
Magnesium as Mg	...	5.8
Sodium as Na	...	15.5
Potassium as K	...	<i>Nil.</i>
Iron as Fe	...	0.02
Manganese as Mn	...	<i>None detected.</i>
Copper as Cu	...	<0.05
Lead as Pb	...	<0.05
Zinc as Zn	...	<0.01
Aluminium as Al	...	<i>None.</i>
Silica as SiO <sub>2</sub>	...	8.4
Sulphates as SO <sub>4</sub>	...	64
Chlorides as Cl	...	31
Fluorides as F	...	<i>Nil.</i>
Phosphates as PO <sub>4</sub>	...	<i>Nil.</i>
Nitrate as NO <sub>3</sub> (calculated)	...	5.7



## RESULT OF ANALYSIS.

SAMPLING POINT ... .. Derby Town Supply—Low Service Reservoir  
SOURCE Little Eaton Infiltration Tunnels and Derwent Valley Water

(a) *Physical Examination:*

Colour (Hazen) ... ..	4
Turbidity (Silica Scale) ... ..	1
Taste ... ..	None
Odour ... ..	None
Suspended matter (microscopical examination) ... ..	Nil.

(b) *Chemical Analysis:*

pH ... ..	8.4
Electrical Conductivity at 20°C. ... ..	368
Residual Chlorine:—	<i>Parts per Million.</i>
Free ... ..	Nil.
Monochloramines ... ..	Nil.
Di Chloramines ... ..	Nil.
Total ... ..	0.04
Free and Saline Ammonia as N ... ..	<0.01
Albuminoid Ammonia as N ... ..	0.02
Nitrite Nitrogen as N ... ..	<0.001
Nitrate Nitrogen as N ... ..	1.3
Oxygen absorbed from Permanganate in four hours at 27°C. ... ..	0.28
Dissolved Oxygen ... ..	10.3
B.O.D. ... ..	Nil.
Free CO <sub>2</sub> ... ..	1.0
Total Alkalinity (CaCO <sub>3</sub> ) ... ..	Nil.
Hardness as CaCO <sub>3</sub> :—	
Temporary ... ..	94
Permanent ... ..	73
Total ... ..	167
Calcium Hardness (CaCO <sub>3</sub> ) ... ..	Nil.
Magnesium Hardness (CaCO <sub>3</sub> ) ... ..	Nil.
Total Solids (dried at 180°C.) ... ..	255
Suspended Solids (dried at 105°C.) ... ..	Nil.

(c) *Mineral Analysis:*

	<i>Parts per Million.</i>
Calcium as Ca ... ..	57
Magnesium as Mg ... ..	5.8
Sodium as Na ... ..	15.5
Potassium as K ... ..	Nil.
Iron as Fe ... ..	0.02
Manganese as Mn ... ..	<i>None detected.</i>
Copper as Cu ... ..	<0.05
Lead as Pb ... ..	<0.05
Zinc as Zn ... ..	0.01
Aluminium as Al ... ..	Nil.
Silica as SiO <sub>2</sub> ... ..	8.4
Sulphates as SO <sub>4</sub> ... ..	64.0
Chlorides as Cl ... ..	31
Fluorides as F ... ..	Nil.
Phosphates as PO <sub>4</sub> ... ..	Nil.
Nitrate as NO <sub>3</sub> (calculated) ... ..	5.7

**REFUSE COLLECTION AND DISPOSAL.**

The following statistics are supplied by Mr. C. V. Roberts, Director of Public Cleansing:—

**Weight of Refuse dealt with.**

House and Trade Refuse collected	...	...	...	...	37,484 tons.
Trade Refuse brought in	...	...	...	...	15,165 „
					52,649 „

**Salvage extracted from Refuse and sold.**

Tins	...	...	...	425 tons.	Paper and card	...	449 tons.
Iron	...	...	...	63 „	Non-ferrous metal	...	4 „
Textiles	...	...	...	55 „	Cinders	...	59 „
Food Waste	...	...	...	91 „			

**Ashbins provided.**

Corporation Houses	...	...	...	...	...	1,192
Other Corporation Departments	...	...	...	...	...	57
Private Owners	...	...	...	...	...	172
						1,421

**Vehicles used for Cleansing purposes.**

Collection of Refuse and Salvage	...	...	...	...	...	18
Disposal of Refuse :						
Bulldozer-shovel	...	...	...	...	...	1
Mechanical Shovel	...	...	...	...	...	1
Lorries	...	...	...	...	...	1
Street Sweeping and Watering :						
Lorry	...	...	...	...	...	1
Mechanical Gully Emptiers	...	...	...	...	...	2
Sweeping Machines	...	...	...	...	...	3
Street Washing Machine	...	...	...	...	...	1

**Prevention of Damage by Pests Act, 1949.**

In accordance with the requirements of the Prevention of Damage by Pests Act, 1949, every Local Authority is required to ensure that as far as may be practicable its area is kept free from rats and mice. This has been maintained by the Rodent Control Officer and the four rodent operatives supervised by him.

In addition, owners and occupiers of land are required to notify the Local Authority of any substantial infestations of rats or mice. All these notifications or complaints have been investigated and appropriate measures taken.



Although notifications to the Department of infestations are legally required many occupiers or owners do not comply with this requirement but try to deal with the trouble themselves. This proves very ineffective for obviously rats and mice do not limit their activities to individual premises and the Department can, where necessary, secure "Block" treatment to achieve the most effective action in dealing with the infestations.

In all cases treatment by the Rodent Control Officer is followed by post baiting and revisits to determine the efficiency of the treatments. These visits are continued until there is no evidence of any further infestation.

When dealing with infestations it is still found that defective drains are a major source, especially in the older built-up areas of the Borough, and, in addition, a percentage of the infestations could be attributed to a failure of occupiers to practice elementary hygiene in the protection of food or in the proper disposal of waste food.

During the year 1,411 infestations of rats and mice were dealt with at dwelling houses, 437 at business premises and 85 at Corporation surface properties, 45 groups of buildings were also surveyed and "Block" treated.

### **Sewer Maintenance Treatment.**

The Rodent Control Officer carried out the test-baiting of the Borough sewerage system and also the half-yearly maintenance treatments.

In conjunction with the sewer treatments a baiting and poison treatment was carried out in the culvert under Victoria Street. The treatment of the sewers in the Town centre was carried out at night between the hours of 9.00 p.m. and 6.00 a.m. As in previous maintenance procedure, the direct poison measures were carried out with Sodium Fluoroacetamide.

The tables show the results of the work carried out.

	<i>Test Baiting.</i>		<i>Maintenance</i>	<i>Maintenance</i>
	<i>Number</i>	<i>Number</i>	<i>Treatment</i>	<i>Treatment</i>
	<i>of</i>	<i>of Takes</i>	<i>No. 1.</i>	<i>No. 2.</i>
	<i>Manholes</i>	<i>Recorded.</i>	<i>No. of Manholes</i>	<i>No. of Manholes</i>
	<i>Test</i>	<i>Baited.</i>	<i>Poison Baited</i>	<i>Poison Baited</i>
			<i>with</i>	<i>with</i>
			<i>Fluoroacetamide.</i>	<i>Fluoroacetamide.</i>
Alvaston Ward .. ..	50	16	43	44
Osmaston Ward .. ..	40	8	37	37
Pear Tree Ward .. ..	44	11	40	27
Normanton Ward .. ..	38	9	30	32
Dale Ward .. ..	42	16	40	40
Litchurch Ward .. ..	44	19	40	43
Arboretum Ward .. ..	35	6	35	30
Babington Ward .. ..	41	19	40	45
Castle Ward .. ..	36	12	35	36
Abbey Ward .. ..	37	11	33	36
Rowditch Ward .. ..	40	10	35	36
King's Mead Ward .. ..	36	13	30	30
Bridge Ward .. ..	38	16	35	35
Friar Gate Ward .. ..	41	15	38	39
Derwent Ward .. ..	44	8	44	44
Becket Ward .. ..	55	14	55	55
Victoria Street Culvert .. ..	40	16	40	32
Mackworth .. ..	26	—	—	—
<b>TOTALS .. ..</b>	<b>727</b>	<b>219</b>	<b>650</b>	<b>641</b>



## MEAT AND FOOD INSPECTION.

The total number of animals slaughtered within the Borough during 1964 was 56,199, which was a decrease of 19,706 on the previous year. Included in the figures are 69 animals slaughtered in consequence of injury or sickness and 126 slaughtered under the Tuberculosis (Slaughter of Reactors) Order, 1950, and Tuberculosis Order, 1964.

Meat inspection at the three Abattoirs in the Borough demands a considerable proportion of the working time of the Department and in order to comply with the requirements of the new Meat Inspection Regulations, it has been necessary to organise a rota system of relief inspectors to assist in meat inspection at peak periods. This has had the effect of somewhat disorganising the normal routine with the inevitable slowing down of the general work in the Department. During the year a full-time trainee Authorised Meat Inspector was added to the establishment and it is hoped that when he eventually qualifies this addition to the staff will help to relieve some of the pressure on the Public Health Inspectors in the department.

In early June, the new Corporation Abattoir was opened and this began an era when the inspection of meat could be undertaken under ideal conditions. The Corporation can rightly boast that these premises are now providing for the community a long-overdue service, namely the slaughter of animals and the preparation of meat for human consumption under hygienic conditions which comply with legal requirements. These conditions have greatly facilitated the duty of the Meat Inspector in maintaining a complete and adequate inspection of all meat and offal of animals slaughtered on the premises.

### Carcases Inspected and Carcases Condemned during 1964.

	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Goats.</i>	<i>Pigs.</i>
Number Killed .. .. .	9,239	1,495	146	25,608	2	19,709
Number Inspected .. .. .	9,239	1,495	146	25,608	2	19,709
<i>All Diseases except Tuberculosis:</i>						
Whole carcasses condemned ..	7	24	11	38	—	19
Carcasses of which some part or organ was condemned ..	1,554	453	1	890	—	860
Percentage of the number inspected affected with disease other than tuberculosis ..	16.89	31.96	8.22	3.62	—	4.45
<i>Tuberculosis only:</i>						
Whole carcasses condemned ..	—	3	—	—	—	—
Carcasses of which some part or organ was condemned ..	6	74	6	—	—	118
Percentage of the number inspected affected with tuberculosis .. .. .	0.06	5.15	4.11	—	—	0.59

### Animals Slaughtered under Government Orders.

	<i>Bulls.</i>	<i>Cows.</i>	<i>Steers.</i>	<i>Heifers.</i>	<i>Calves.</i>	<i>Totals.</i>
Tuberculosis (Slaughter of Reactors) Order, 1950 .. .. .	—	48	—	1	2	51
Tuberculosis Order, 1964 .. .. .	—	70	1	—	4	75

### Classification of Diseases other than Tuberculosis in whole carcasses and parts of carcasses condemned.

#### Cattle.

	<i>Totally Condemned.</i>		<i>Part Condemned.</i>	
	<i>Cattle excluding Cows.</i>	<i>Cows.</i>	<i>Cattle excluding Cows.</i>	<i>Cows.</i>
Abscesses and Abscess Adhesions .. .. .	—	—	2	5
Injury and Bruising .. .. .	—	—	29	10
Decomposition .. .. .	1	—	—	—
Oedema, General or with Emaciation .. .. .	2	19	—	3
Peritonitis, Septic .. .. .	1	—	—	—
Pericarditis, Traumatic Septic .. .. .	—	1	—	—
Pneumonia, Septic .. .. .	—	1	—	—
Sarcocysts .. .. .	1	—	—	—
Septicaemia .. .. .	2	3	—	—
<b>TOTALS .. .. .</b>	<b>7</b>	<b>24</b>	<b>31</b>	<b>18</b>

#### Sheep.

	<i>Totally Condemned.</i>		<i>Part Condemned.</i>	
Abscesses and Abscess Adhesions .. .. .	—	—	16	—
Arthritis .. .. .	—	—	5	—
Difficult Parturition .. .. .	3	—	1	—
Hydraemia .. .. .	1	—	—	—
Immaturity .. .. .	2	—	—	—
Injury and Bruising .. .. .	1	—	7	—
Jaundice .. .. .	1	—	—	—
Joint-ill .. .. .	1	—	—	—
Moribund .. .. .	2	—	—	—
Oedema, General or with Emaciation .. .. .	26	—	50	—
Peritonitis .. .. .	—	—	3	—
Pyæmia .. .. .	1	—	—	—
<b>TOTALS .. .. .</b>	<b>38</b>	<b>—</b>	<b>82</b>	<b>—</b>



**Pigs.**

	<i>Totally Condemned.</i>	<i>Part Condemned.</i>
Abscesses and Abscess Adhesions .. .. .	—	31
Arthritis .. .. .	—	46
Injury and Bruising .. .. .	—	34
Leukaemia .. .. .	1	—
Moribund .. .. .	2	—
Oedema, General or with Emaciation ..	7	—
Pleurisy and Pneumonia, Septic .. .. .	3	—
Pyæmia .. .. .	3	—
Septicæmia .. .. .	1	—
Swine Erysipelas .. .. .	1	—
Uraemia .. .. .	1	—
<b>TOTALS .. .. .</b>	<b>19</b>	<b>111</b>

**Calves.**

	<i>Totally Condemned</i>	<i>Part Condemned</i>
Enteritis .. .. .	1	—
Immaturity .. .. .	4	—
Injury and Bruising .. .. .	1	—
Joint-ill .. .. .	1	—
Pyæmia .. .. .	1	—
Pneumonia, Septic .. .. .	1	—
Septicæmia .. .. .	2	—
<b>TOTALS .. .. .</b>	<b>11</b>	<b>—</b>

**Cysticercus Bovis.**

	<i>Jan.</i>	<i>Feb.</i>	<i>Mar.</i>	<i>Apr.</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug.</i>	<i>Sept.</i>	<i>Oct.</i>	<i>Nov.</i>	<i>Dec.</i>	<i>Totals.</i>
<b>Viable</b> ..	3	-	1	-	-	3	1	2	2	2	1	1	16
<b>Degenerate</b>	6	11	3	2	5	3	3	8	5	-	12	8	66
<b>TOTALS</b> ..	9	11	4	2	5	6	4	10	7	2	13	9	82

If the number of carcasses found to be affected with *Cysticercus Bovis* is expressed as a percentage of all cattle slaughtered during the year, the average becomes 0.76 per cent. compared with 1.13 per cent. during 1963.

**Weight of Meat Condemned.**

	<i>Tons.</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Beef .. ..	8	11	2	27
Mutton .. ..	-	16	2	5
Pork .. ..	2	1	1	15
Veal .. ..	-	3	2	10
Offal .. ..	17	9	-	26
Imported Meat .. ..	-	-	2	3
Imported Offal .. ..	-	-	1	24
<b>TOTAL</b> .. ..	29	3	1	26

Arrangements are made for all condemned meat and offal to be processed for industrial purposes at Nottingham and Nuneaton.

**LICENSED SLAUGHTERMEN.**

New licences granted for 1964	...	...	...	...	3
Licences renewed for 1964	...	...	...	...	68
Licences in operation at end of the year	...	...	...	...	71

**GENERAL FOOD INSPECTION.**

The wholesale provision stores and wholesale fish and fruit markets have been regularly inspected throughout the year. The following statement shows the foodstuffs condemned as unfit for human consumption :—

	<i>Quantity.</i>			
	<i>Tons.</i>	<i>cwts.</i>	<i>qrs.</i>	<i>lbs.</i>
Bacon .. ..	-	6	2	3
Cheese .. ..	-	2	2	3
Cooked Meats .. ..	1	11	3	12
Fish .. ..	-	1	3	18
Frozen Foods .. ..	-	1	1	18
Fruit .. ..	-	9	2	18
Nuts .. ..	-	2	2	-
Poultry .. ..	-	2	3	23
Sausage .. ..	-	-	8	5
Shellfish .. ..	-	-	3	9
Vegetables .. ..	4	15	3	3
Miscellaneous Items .. ..	-	3	1	6
Canned Foods .. ..	..	..	..	4,409 cans.



### Food and Drugs Act, 1955.

An unprecedentedly high number of complaints concerning food and drink were received during the year, no less than 23 concerning foreign bodies in food alone. There is some ground for belief that the Aberdeen typhoid epidemic led to this much increased interest by the public in the food they eat but it has been noticeable for a number of years now that this type of complaint is increasing.

A number of prosecutions were taken, a list of which appears later in the report.

All complaints of this nature receive a thorough investigation before reports are made to the Health Committee and this need for care was instanced during the year in two cases. One involved a complaint of two metal hair-grips in a packet of lard. At first sight a possible case for prosecution seemed indicated, but closer examination and extended enquiries revealed that it was extremely likely that the hairgrips had been deliberately inserted into the lard by the consumer. A second instance concerned a number of unused matches in a fruit pie—being an unusual complaint the inspector's suspicions were aroused, particularly as the matches appeared quite new and not to have been through the cooking process. It transpired that this particular pie had been taken on to a building site by an apprentice and it was apparent that he had been the subject of a practical joke.

In the latter instance the complaint was made in good faith but obviously the public health inspector must continually bear in mind the possibility of deliberate interference with food by a misguided consumer.

### Inspection of Food Premises.

The number of premises registered for the preparation or manufacture of sausages or potted, pressed, pickled or preserved food under Section 16 of the Food and Drugs Act, 1955, is as follows :—

Number of premises on Register at end of year	...	79
Number of premises registered during the year	...	1

### MILK SAMPLING.

Designation of Milk.	Number of Samples taken and Results.						
	Phosphatase.		Methylene Blue.			Turbidity.	
	Passed.	Failed.	Passed.	Failed.	Not carried out owing to shade temperature exceeding 65° F.	Passed.	Failed.
Pasteurised . . . . .	15	2	10	—	7	—	—
Sterilised . . . . .	—	—	—	—	—	3	—
Untreated . . . . .	—	—	2	—	—	—	—

## Summary of Registrations and Licences issued.

**The Milk and Dairies (General) Regulations, 1959.**

Number of distributors on register, year ending 1964	...	...	38
Number of dairy premises on register, year ending 1964	...	...	6

**The Milk (Special Designation) Regulations, 1963.**

UNTREATED MILK—No. of Dealers on register, year ending 1964	...	...	146
PASTEURISED MILK—No. of Dealers (Pasteurisers) on register, year ending 1964	...	...	3
No. of Dealers on register, year ending 1964	...	...	184
STERILISED MILK—No. of Dealers on register, year ending 1964	...	...	149

**ICE CREAM.**

The number of premises registered for the manufacture, storage and sale of Ice Cream under Section 16 of the Food and Drugs Act, 1955, is as follows;—

Number of premises registered for sale only during the year	...	4
Number of premises registered for manufacture and sale at the end of year	...	6
Number of premises registered for sale only at end of year	...	742

**REPORT OF THE BOROUGH ANALYST.**

The following is a summary of the Report of the Borough Analyst, Mr. J. Markland, B.Sc., F.R.I.C.

**Food and Drugs Act, 1955.**

1. During the year ended 31st December, 1964, 18 Formal Samples and 249 Informal Samples were submitted for analysis under the Food and Drugs Act, 1955. Based on the total of 267 samples this represents a very low sampling rate of 2.0 per 1,000 population.

2. Twenty-nine (10.9%) of the samples were classed as adulterated, either because they failed to comply with the relevant legislation or were below normally acceptable quality.

3. Table I gives a list of the articles analysed and shows the numbers which were classed as adulterated.



TABLE I.

<i>Article.</i>	<i>Formal.</i>	<i>In- formal.</i>	<i>Total.</i>	<i>Adulterated or not up to standard.</i>	<i>% Adulterated.</i>
Aspirin Tablets .. .. .		3	3	1	
Baking Powder .. .. .		1	1		
Beer, Canned .. .. .		1	1		
Butter .. .. .		4	4	1	
Cakes .. .. .		1	1		
Camphorated Oil .. .. .		1	1		
Canned Foods:					
Fruits .. .. .		6	6		
Fish .. .. .		1	1		
Meat and Meat Products ..		3	3		
Vegetables, including					
Tomatoes .. .. .		5	5		
Tomato Juice .. .. .		2	2		
Miscellaneous .. .. .		6	6		
Castor Oil .. .. .		1	1		
Cheese, Processed and Cheese					
Spread .. .. .		2	2		
Cheese and Tomato Spread ..		1	1		
Christmas Puddings .. .. .		6	6		
Cocktail Onions .. .. .		2	2		
Compound Codeine Tablets ..		4	4		
Cod Liver Oil .. .. .		1	1		
Coffee .. .. .		1	1		
Cooking Oil .. .. .		1	1		
Cream, Canned .. .. .		1	1		
Cream of Tartar .. .. .		1	1		
Creamed Horseradish .. .. .		1	1		
Custard Powder .. .. .		1	1		
Dehydrated Foods:					
Pepper Flakes .. .. .		1	1		
Dripping .. .. .		2	2		
Drugs, General .. .. .		6	6		
Epsom Salts .. .. .		2	2		
Essences .. .. .		2	2		
Fish Paste .. .. .		1	1		
Food Beverages .. .. .		1	1		
Food Colourings .. .. .		1	1		
Fruit, Dried .. .. .		5	5	1	
Fruit, Fresh .. .. .		8	8		
Fruit Juice: Apple Juice ..		2	2		
Gelatine .. .. .		1	1		
Glauber Salts .. .. .		1	1		
Glycerine .. .. .		3	3		
Infant Foods .. .. .		1	1		
Jam .. .. .		2	2		
Jelly Tablets .. .. .		1	1		
Maple Syrup .. .. .		1	1		
Maraschino Cherries .. .. .		1	1		
Margarine .. .. .		3	3		
Meat, Minced .. .. .		1	1		
Meat Paste .. .. .		1	1		
Meat Pies .. .. .		2	2		
Milk .. .. .	16	53	69	12	17.4
Milk, Condensed. Full Cream					
Sweetened .. .. .		4	4		
Milk, Dried. Skimmed .. .. .		1	1		
Milk Shake Syrup .. .. .		1	1		

<i>Article.</i>	<i>Formal.</i>	<i>In- formal.</i>	<i>Total.</i>	<i>Adulterated or not up to standard.</i>	<i>% Adulterated.</i>
Mincemeat .. .. .		2	2		
Monosodium Glutamate Crystals		1	1		
Olive Oil .. .. .		2	2		
Paraffin, Medicinal .. .. .		2	2		
Pickles .. .. .		3	3		
Pie Crust Mix .. .. .		1	1		
Potted Meat .. .. .		3	3	1	
Sausages: Beef .. .. .		3	3		
Pork .. .. .	2	7	9	5	
Sausage Meat: Tomato .. .. .		1	1		
<i>Soft Drinks: Squashes</i> .. .. .		2	2		
<i>Soft Drinks: Canned:</i>					
Cider Substitute .. .. .		4	4	2	
Mineral Waters .. .. .		26	26	6	
Spices: Nutmegs .. .. .		1	1		
Sugarless Sweetener .. .. .		1	1		
Sweets .. .. .		18	18		
Tartaric Acid .. .. .		2	2		
Trifle .. .. .		2	2		
Vinegar, Wine .. .. .		2	2		
Yeast Tablets .. .. .		1	1		
<b>TOTALS .. .. .</b>	<b>18</b>	<b>249</b>	<b>267</b>	<b>29</b>	<b>10.9</b>



#### 4. Milk Samples.

Sixty-nine samples were examined of which 12 (17.4%) were unsatisfactory. Details are given in Table II.

TABLE II.

<i>Serial No.</i>	<i>Formal or Informal.</i>	<i>Nature of Adulteration.</i>	<i>Observations.</i>
1914	Informal	About 3 per cent. Added Water	Six out of eight samples taken in course of delivery to a Dairy following Informal Sample 1914 The other two samples were satisfactory.
1935	Formal	About 2 per cent. Added Water	
1936	Formal	About 4 per cent. Added Water	
1937	Formal	About 3 per cent. Added Water	
1938	Formal	About 2 per cent. Added Water	
1941	Formal	About 2 per cent. Added Water	
1942	Formal	About 5 per cent. Added Water	
1944	Informal	8 per cent. Fat deficient	Two out of four samples taken in course of delivery following 1944. The other two samples were satisfactory.
1963	Formal	2 per cent. Fat deficient	
1964	Formal	2 per cent. Fat deficient	
1951	Informal	11 per cent. Fat deficient	Two samples taken in course of delivery were satisfactory.
2174	Informal	About 2 per cent. Added Water	

Thirty-two samples were deficient in non-fatty-solids. The Freezing Point test showed these to be natural deficiencies and not due to the addition of water.

The average composition of all Milks examined during the year was:—

Fat	...	...	...	...	3.74 per cent.
Non-fatty-solids	...	...	...	...	8.45 per cent.
Total Solids	...	...	...	...	12.19 per cent.

This average for non-fatty-solids is very low. It is certainly not a true average for the milk supplied in the County Borough during the year. The main reason for the low figure is that nearly all the samples were taken at the time of the year when milk contains the lowest amount of non-fatty-solids and none were taken when non-fatty-solids are high. In addition, the inclusion of eight samples containing added water reduces the average.

5. **Samples other than Milk.**

The unsatisfactory samples are listed in Table III.

TABLE III.

<i>Serial No.</i>	<i>Article.</i>	<i>Formal or Informal</i>	<i>Nature of Adulteration.</i>	<i>Observations.</i>
1978	Junior Aspirin Tablets	Informal	Contained excess salicylic acid.	
2051	Dried Prunes	Informal	Contained Sorbic Acid Preservative.	Produce of California.
2053	Pork Sausage	Informal	Deficient in meat.	
2163	Pork Sausage	Formal	Deficient in meat.	Follows 2053.
2055	Pork Sausage	Informal	Slightly deficient in meat.	
2073	Sparkling Bitter Lemon (Canned)	Informal	Contained excess of lead.	All from same source Stock withdrawn from sale.
2131	Ditto.	Ditto	Ditto	
2132	Ditto	Ditto	Ditto	
2133	Ditto	Ditto	Ditto	
2080	Butter	Informal	Contained excess moisture.	
2090	Pork Sausage	Informal	Deficient in meat. Excess fat.	
2164	Pork Sausage	Formal	Meat content satisfactory. Contained excess Fat.	Follows 2090.
2110	Potted Beef	Informal	Deficient in meat.	
2139	Sparkling Lime (Canned)	Informal	Contained excess of lead.	Further sample examined Jan. 1965. Recommended destruction of remaining stock.
2140	Cider Substitute (Canned)	Informal	Contained excess of lead.	Same brand. Recommended destruction of remaining stocks.
2149	Ditto	Ditto	Ditto	
2159	Sparkling Lemon (Canned)	Informal	Contained excess of lead.	Further sample from same stock satisfactory.

**The Preservatives in Food Regulations, 1962.**

With the exception of one can of Californian Dried Prunes listed in Table III, all the samples examined for preservatives complied with the Regulations. The Dried Prunes contained Sorbic Acid, which is a permitted preservative in some foods but is not allowed in dried fruits.



## The Colouring Matter in Food Regulations, 1957

There was no contravention of the Regulations.

## The Lead in Food Regulations, 1961.

A number of canned Soft Drinks, listed in Table III, contained more lead than is permitted by the Regulations. The stocks remaining in the shops were destroyed. The fault was due to the use of cans which had the side seams fastened with a solder containing lead. This type of pack has now been replaced by a can with side seams sealed with a tin solder. This new pack should give a product which easily complies with the Regulations.

## Sausages.

The samples classed as adulterated in Table III have been judged on the basis of standards recommended some years ago by the Food Standards Committee. The suggested standards were 65% meat in Pork Sausages and 50% meat in Beef Sausages. In addition it was suggested that not more than half of the meat should be fat. The Ministry did not choose to implement the recommendations of its own Technical Committee. If this subject is considered again by the Ministry one might hope that they will not only make Regulations for standards, but also raise the standards for meat content to higher figures than were originally suggested.

## 6. Consumer Complaints.

### (a) *Complaints of foreign material substantiated by analysis.*

- |                  |   |   |
|------------------|---|---|
| (1) Bread        | Contained part of a mouse.                  | Bakers fined £10 with £8 4s. 0d costs.  |
| (2) Sliced Bread | Contained a piece of self-adhesive plaster. |   |
| (3) Sweets       | Contained glass fragments.                  | Manufacturers prosecuted.<br>Absolute discharge on payment of £24 10s. 6d. costs. |
| (4) Sweets       | Contained a piece of cloth.                 | Manufacturers prosecuted.<br>Absolute discharge on payment of £14 11s. 0d. costs. |
| (5) Biscuits     | Contained a glass fragment.                 |   |

### (b) *Complaints of foreign material not substantiated by analysis.*

- |                 |   |
|-----------------|---|
| (1) Brown Bread | Dark material consisted of overheated and partly charred bread. |
| (2) Pie Filling | Complaint of glass fragments not confirmed.                     |
| (3) Cheese      | Complaint of glass fragments not confirmed.                     |

### (c) *Other Complaints.*

- |                       |   |
|-----------------------|---|
| Canned Cod Roe        | Defective seam of can causing leakage.  |
| Canned Lambs' Tongues | Complaint of offensive smell but no evidence of decomposition in other cans examined. |

## 7. Miscellaneous.

A Plastic Toy Tool Set of the type thought to have caused lead poisoning was tested for lead.

Two samples were examined in connection with a complaint about nuisance from dust from industrial premises.



One sample of Brook Water was examined on behalf of the Parks Committee.

A sample of Tooth Paste was examined following a complaint of discolouration of the paste. This was due to aluminium dust from the tube.

### 8. Fertilisers and Feeding Stuffs Act.

Thirty informal samples of Fertiliser were examined.

One sample of Liquid Manure Concentrate was deficient in potash.

One sample of Liquid Manure Concentrate was deficient in soluble phosphoric acid and contained excess of potash.

Two samples of Compound Fertiliser contained excess of nitrogen.

All the other samples complied with the Regulations.

### Legal Proceedings taken during the year ending December, 1964.

<i>Date.</i>	<i>Offence.</i>	<i>Result.</i>
7/1/64	Selling a steak & kidney pie which was not of the nature demanded (Section 2 of the Food and Drugs Act, 1955)	Given absolute discharge on payment of Court Costs, £3 10s. 0d. Analysts fee and £3 3s. 0d. Advocate's fee.
7/1/64	Using an unclean milk bottle. (Regulation 27 of the Milk and Dairies (General) Regulations, (1959).	Given absolute discharge on payment of Court Costs, £3 10s. 0d. Analysts fee and £3 3s. 0d. Advocate's fee.
30/1/64	Selling a Cornish Pasty which was not of the quality demanded but was mouldy. (Section 2 of the Food and Drugs Act, 1955).	Fined £5 0s. 0d. and £3 3s. 0d. Advocate's fee.
18/6/64	Selling sweets not of the substance, etc., but containing foreign material. (Section 2(1) & Section 113(3) of the Food & Drugs Act, 1955).	Convicted and discharged on payment of costs amounting to £14 11s. 0d.
25/6/64	Selling glucose barley sugar sweets not of the substance, etc., but containing particles of glass. (Section 2 of the Food & Drugs Act, 1955).	Case proved & firm granted an absolute discharge on payment of costs amounting to £24 10s. 6d.
30/7/64	Selling a loaf of bread not of the substance, etc., but containing a zinc oxide self-adhesive plaster (Section 2 of the Food & Drugs Act, 1955).	Granted an absolute discharge on payment of Court Costs 4s.0d.; Analysts fee £4 0s. 0d. and Advocate's fee 3 gns.
2/11/64	Using premises as a slaughterhouse without holding a licence under the Food & Drugs Act, 1955. (Section 62 of the Food & Drugs Act, 1955).	Fined £50 0s. 0d. Advocate's fee £4 4s. 0d.
2/11/64	Selling an orange-flavoured fruit lolly containing a piece of glass. (Section 2 of the Food & Drugs Act, 1955).	Fined £5 and £4 4s. 0d. Advocate's fee.



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