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the
health
of
Derby



1971



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COUNTY BOROUGH OF DERBY

ANNUAL REPORT

of the

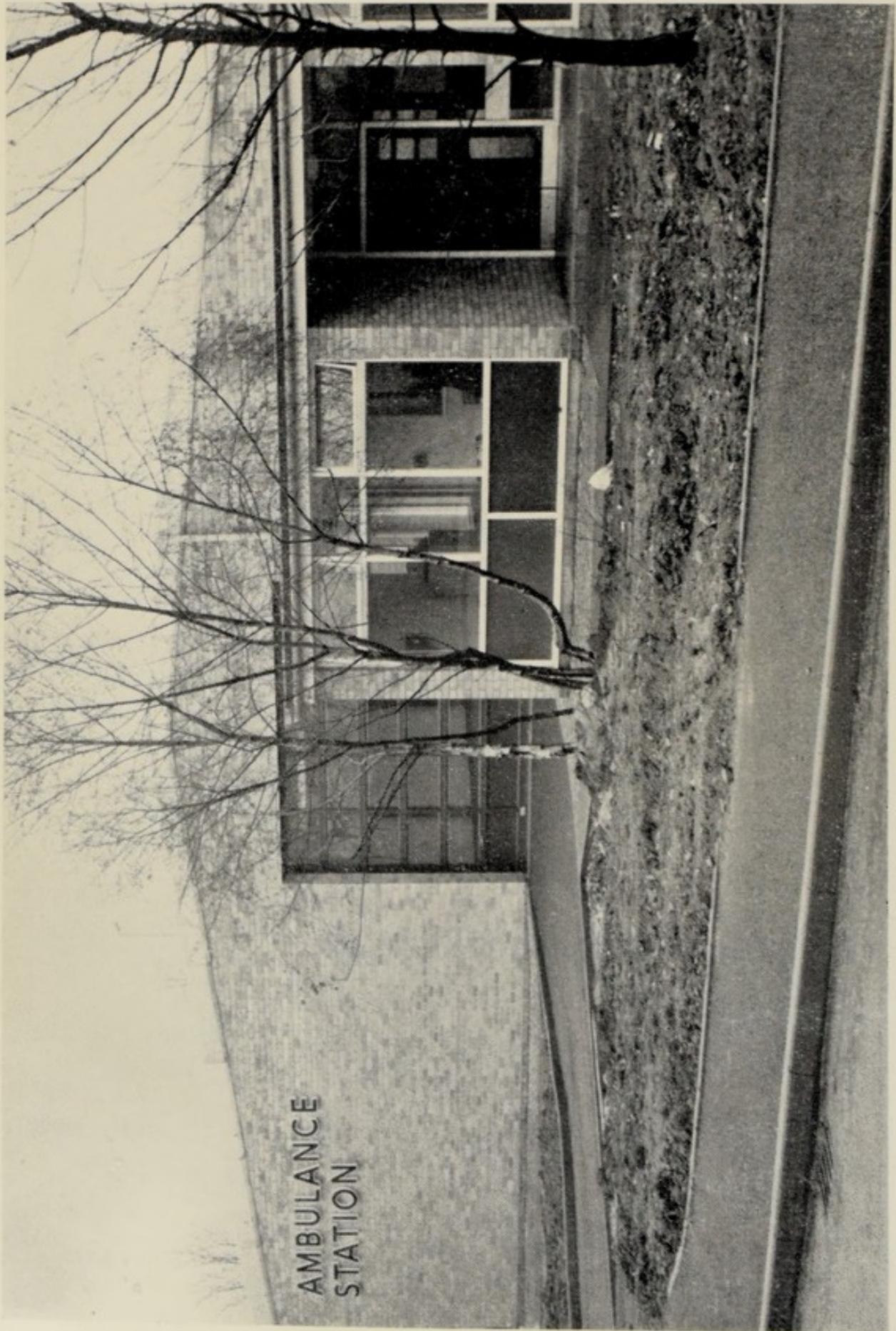
Medical Officer of Health

and

**Principal School Medical
Officer**

1971

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



AMBULANCE STATION, RAYNESWAY—NEARING COMPLETION

THE HEALTH OF DERBY - 1971

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Public Health Department,
Castlefields House,
Main Centre,
Derby, DE1 2FL.

June, 1972.

TO THE CHAIRMAN AND MEMBERS OF
THE HEALTH AND EDUCATION COMMITTEES

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report for 1971.

You are invited to read of the work of the various services of the Department described in detail in the following pages.

My sincere thanks go to medical, nursing and administrative colleagues and friends in the Health Department, for their willing co-operation and service, to the General Practitioner and Hospital services, to officers in other Corporation departments, and to you as Chairman and members of the Health Committee for the assistance, encouragement and support I have invariably received.

I am,

Your Obedient servant,

V. N. LEYSHON.
Medical Officer of Health.

COUNTY BOROUGH OF DERBY

HEALTH COMMITTEE at 31.12.71

Chairman: COUNCILLOR L. A. FREEMAN.

Deputy Chairman: COUNCILLOR MARSHALL.

ALDERMAN MRS. COOKE.	COUNCILLOR WEBSTER.
„ MISS GRIMWOOD-	„ MRS. LONGDON.
„ TAYLOR.	„ MRS. PRITCHARD.
„ LAMB.	*MR. DANIELS.
„ SIMMS.	*DR. DORMAN.
COUNCILLOR CARTY.	*DR. A. H. D. HUNTER.
„ CURZON.	*MR. F. ORRELL.
„ GADSBY.	*DR. D. H. RHIND.

FUNCTIONS

Duties under the relevant Acts in relation to: —

Ambulance Service.
Care of Mothers and Young Children.
Welfare Foods.
Home Nursing.
Health Visiting.
Midwifery.
Vaccination and Immunisation.
General Administration.

EDUCATION COMMITTEE at 31.12.71

Chairman: ALDERMAN TILLET.

Deputy Chairman: ALDERMAN LAMB.

ALDERMAN COLLIS.	COUNCILLOR MRS. O'BRIEN.
„ MRS. MACK.	„ PARSONS.
„ MRS. PENDRY.	„ MRS. SPACEY.
„ TAYLOR.	„ MRS. SWAINSON.
„ MRS. WOOD.	„ WATSON.
COUNCILLOR GRAY.	„ WHITE.
„ GUEST.	*ALDERMAN R. D. BEARDSLEY.
„ KEENE.	*MR. P. CANN.
„ MRS. LONGDON.	*MR. L. V. KINSELLE.
„ MACDONALD.	*REV. J. K. LLOYD-WILLIAMS.
„ MALTBY.	*MR. D. MONTAGUE.
„ MARSHALL.	*REV. D. E. ROWLAND.
„ MCGIVEN.	

SPECIAL SERVICES SUB-COMMITTEE at 31.12.71

Chairman: ALDERMAN MRS. MACK.

Deputy Chairman: COUNCILLOR MARSHALL.

ALDERMAN MRS. COLLIS.

” TAYLOR.

” TILLET.

” MRS. WOOD.

COUNCILLOR GUEST.

” MRS. LONGDON.

” MALTBY.

COUNCILLOR MRS. O'BRIEN.

” PARSONS.

” MRS. SPACEY.

” MRS. WHITE.

*MR. L. V. KINSELLE.

*REV. J. K. LLOYD-WILLIAMS.

Functions: —The School Health Service.

* *Co-opted Members.*

STAFF at 31.12.71

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 Medical Officer:—(Establishment 2).

C. M. DAVENPORT, M.B., Ch.B., D.P.H.

Medical Officer in Department:—

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

*E. M. M. MURPHY, M.B., B. Ch., D.P.H.

*S. J. HEPWORTH, M.B., B.C.H., B.A.O.

School Medical Officers:—

N. M. ADAMS, M.B., Ch.B.

E. B. HAZLEWOOD, M.B., B.S., D.C.H.

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

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

*J. DOUGLAS, M.D., D.P.H.

*A. J. H. REFORD, B.A., M.B., B.Ch., B.A.O.

*R. E. A. MASON, L.R.C.P., M.R.C.S., D.M.R.T.

Chest Physician:—

*H. L. MATTHEWS, M.D., L.R.C.P., Consultant General Physician.

Consultants:—

*A. G. EVANS, F.R.C.S.(I), D.L.O.

E.N.T. Surgeon.

*T. G. G. DAVIES, F.R.C.S., D.O.

Ophthalmic Surgeon.

*N. L. EDWARDS, F.R.C.S., F.R.C.O.G. (Cytology Clinic).

Obstetrician and Gynaecologist.

Psychiatrist:—

*V. PILLAI, M.B., B.S., D.C.H., D.P.M.

Orthopaedic Surgeon:—

*W. H. G. PATTON, M.Ch. (Orth.)

DENTAL

Principal School Dental Officer:—

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

Senior Dental Officer:—

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

Assistant Dental Officers:—

- *S. J. ANDREW, B.D.S., L.D.S., R.C.S.
- *B. E. DAVIES, B.D.S.
- *H. W. O. ROBERTS, L.D.S.
- *R. G. C. SHARPE, B.D.S.

Anaesthetists:—

- *E. ANDERSON, M.B., Ch.B., D.A.
- *R. BLAIR, M.A., M.B., Ch.B.

Dental Auxiliary:—

MRS. J. M. GRIFFITHS.
VACANCY.

Dental Surgery Assistants:—7.

NON-MEDICAL

Administration Officer:—

J. F. HARDING, D.M.A.

Senior Administrative Assistant:—

T. H. LIMBERT.

Administrative Assistant:—

G. E. HUNT, D.M.A.
VACANCY.

Clerks:—

HEALTH DEPARTMENT:—30

SCHOOL HEALTH SERVICE:—

*Administrative Officer:—*H. WOODGATE.

*Administrative Assistant:—*Miss M. M. WIBBERLEY.

*Clerks:—*15.

Psychiatric Social Workers:—

School Health Service (Establishment 2). (Posts vacant).

Occupational Therapist/Rehabilitation Officer:—

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

Occupational Therapist:—

*MRS. G. E. KEELING, M.A.O.T. Diploma.

Craft Instructor: 1—(Establishment 2).

Psychologists:—

School Health Service.

P. V. GREATOREX, B.Sc., Degree in Psychology.

M. A. MOLINEUX, B.A., Dip.Ed.

Senior Speech Therapist:—

VACANCY

Speech Therapists:—

*MRS. R. D. FISHER, L.C.S.T.

*MRS. A. ADLER, L.A.C.S.T., D.T.S.T

Remedial Teachers:—

MRS. F. N. RODWELL, B.A., Certificate in Education.
VACANCY.

Physiotherapist:—

*MRS. R. A. H. GARDINER, M.C.S.P., S.R.P.

Principal Health Visitor:—

MISS A. D. LATHAM, S.R.N., S.C.M., B.T.A.CERT., H.V.CERT.

Deputy Principal Health Visitor:—

MISS D. J. HARRIS, S.R.N., S.C.M., H.V.CERT.

Health Visitors:—17 (including 4 Part-time). (Establishment 30).

S.R.N.s	6	}	Held against H.V. posts.
Student H.V.s	2		

Infectious Diseases Visitor—1.

Infectious Diseases S.R.N.—1.

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

*Tuberculosis Visitors:—*2.

*State Registered Nurse:—*1 (Part-time).—Cytology.

*Interpreter:—*1 (Sessional).

Principal Home Nursing Officer:—

N. G. KING, S.R.N. O.N.C., National Certificate in Home Nursing.

Deputy Principal Home Nursing Officer:—

MRS. J. M. LAWRENCE, S.R.N., R.F.N., Diploma in Domiciliary Nursing.

*Home Nurses:—*33.

*Bath Attendants:—*9.

Principal Midwifery Officer:—

MRS. M. L. ROONEY, S.R.N., S.C.M.

*Domiciliary Midwives:—*21. (Establishment 24).

Senior Chiropodists:—

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

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

MRS. P. WAINWRIGHT, S.R.Ch.

*Chiropody Clinic Assistants:—*3.

Health Education Officer:—(Establishment 1).

VACANCY

Chief Public Health Inspector:—

R. DAVIES, M.A.P.H.I.

Deputy Chief Public Health Inspector:—

A. WENN, M.A.P.H.I.

Divisional Public Health Inspectors:—4.

Senior Public Health Inspectors:—4.

Public Health Inspectors:—(All branches) 10.

Assistant Industrial Smoke Inspector—1.

Smoke Survey Assistants—2. (Establishment 4).

Technical Assistants:—2 (Establishment 6).

Trainee Public Health Inspectors:—4 (Establishment 6).

Authorised Meat Inspectors:—2.

Pest Control Officer—1.

Rodent Operatives:—6.

Labourer—1.

Public Analyst:—

*J. MARKLAND, B.Sc., F.R.I.C.

Chief Ambulance Officer:—

J. W. JOYNES, F.I.A.O.

Deputy Chief Ambulance Officer:—

C. J. WILCOX, A.I.A.O.

Station Superintendent:—

G. BARRON.

Station Officers:—5.

Clerks:—3.

**Maternity Escorts:—3.*

Ambulance Drivers/Attendants:—54.

Miscellaneous:—

Cleansing Attendants (School Health Service):—3.

**Welfare Clinic Assistants:—8.*

**Welfare Clinic Cleaners:—3.*

**Welfare Foods Assistants:—10.*

**Caretaker:—1.*

**Kitchen Assistants:—2.*

Lift Attendant:—1.

* *Part-time.*

**statistical
information**

Vital Statistics

Births

Deaths

Statistical
Information

Y. M. S. S. S.
B. S. S.
D. S. S.

STATISTICS AND SOCIAL CONDITIONS OF DERBY

Area of Borough				19,282 acres
Estimated population—mid 1971				219,320
Rateable value of the Borough (general rate) at 31/3/72				£10,625,587
Product of 1p rate 1971/72—estimated				£105,000
LIVE BIRTHS	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	1,775	1,629	3,404	
Illegitimate	182	145	327	
Corrected rate per 1,000 population			16.5	
Illegitimate live births percent of total live births			9.0	
STILLBIRTHS	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	22	30	52	
Illegitimate	5	1	6	
Rate per 1,000 total live and stillbirths			15	
TOTAL LIVE AND STILLBIRTHS	<i>Male</i>	<i>Female</i>	<i>Total</i>	
	1,984	1,805	3,789	
INFANT DEATHS—DEATHS UNDER ONE YEAR	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	92	57	149	
Illegitimate	6	—	6	
INFANT MORTALITY RATES				
Total infant deaths per 1,000 total live births				18
Legitimate infant deaths per 1,000 legitimate live births				19
Illegitimate infant deaths per 1,000 illegitimate live births				12
Neo-natal mortality rate, deaths under 4 weeks—Total per 1,000 total live births				13
Early neo-natal mortality rate, deaths under 1 week—Total per 1,000 total live births				10
Perinatal mortality rate, stillbirths and deaths under 1 week—Total per 1,000 total live and stillbirths				25
Maternal mortality—including abortion				Nil
DEATHS REGISTERED—NETT				
Males				1,268
Females				1,208
Total				2,476
Corrected death rate per 1,000 population				12.3
COMPARATIVE RATES				
Birth rate—live births				1.03
Death Rate				1.06
AREA COMPATIBILITY FACTORS				
Births				0.97
Deaths				1.09
Marriages				1,887
Burials				774
CREMATIONS				
Borough Residents				1,690
Non-Borough Residents				1,926
Inquests				147
Post-mortem Examinations				662
Excess of live births over deaths				1,255

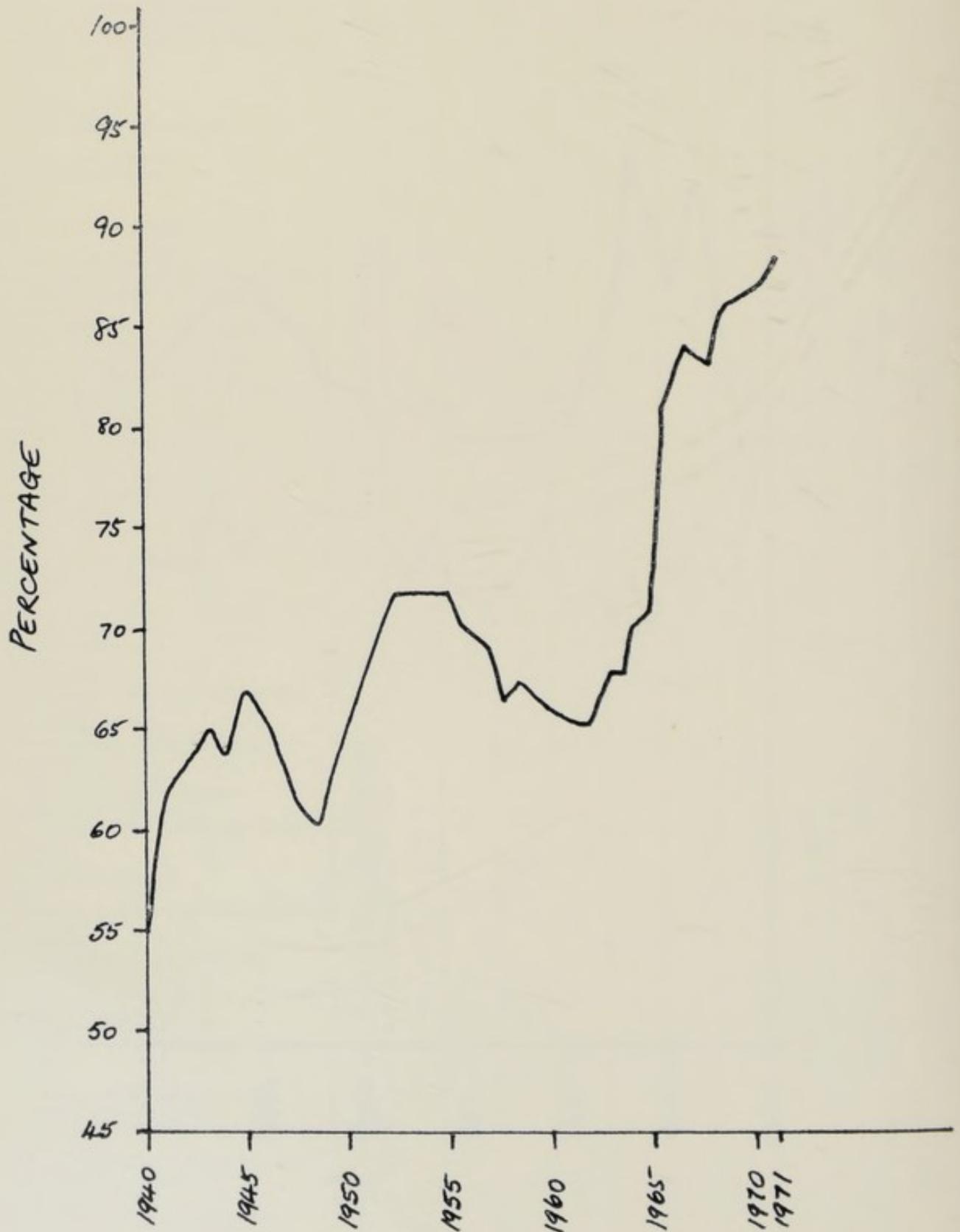
DEATHS OF DERBY RESIDENTS DURING 1971

CAUSE OF DEATH	Total All Ages	Under 4 Weeks	4 Weeks and Under 1 Year	1-4	5-14	15- 24	25- 34	35- 44	45- 54	55- 64	65- 74	75+
Cholera	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-
Bacillary Dysentery and Amoebiasis	-	-	-	-	-	-	-	-	-	-	-	-
Enteritis and other Diarrhoeal Diseases	3	1	1	-	-	-	-	-	-	1	-	-
Tuberculosis of Respiratory System	2	-	-	-	-	-	-	-	-	-	1	1
Late Effects of Respiratory Tuberculosis	1	-	-	-	-	-	-	-	-	-	1	-
Other Tuberculosis	1	-	-	-	-	-	1	-	-	-	-	-
Plague	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	-	-	-	-	-	-	-
Streptococcal Sore Throat and Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-
Meningococcal Infection	2	-	-	-	1	-	-	-	1	-	-	-
Acute Poliomyelitis	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-
Typhus and other Rickettsioses	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis and its Sequelae	1	-	-	-	-	-	-	-	-	-	-	1
All Other Infective and Parasitic Diseases	4	-	-	-	-	-	1	-	3	-	-	-
Malignant Neoplasm - Buccal cavity and Pharynx	13	-	-	-	-	-	1	-	2	-	7	3
Malignant Neoplasm - Oesophagus	15	-	-	-	-	-	-	-	-	3	8	4
Malignant Neoplasm - Stomach	63	-	-	-	-	-	-	1	4	16	15	27
Malignant Neoplasm - Intestine	81	-	-	-	-	-	1	4	6	16	23	31
Malignant Neoplasm - Larynx	6	-	-	-	-	-	-	-	1	2	2	1
Malignant Neoplasm - Lung Bronchus	136	-	-	-	-	-	-	2	16	40	59	19
Malignant Neoplasm - Breast	71	-	-	-	-	-	-	3	20	19	14	15
Malignant Neoplasm - Uterus	13	-	-	-	-	-	-	-	3	3	3	4
Malignant Neoplasm - Prostate	16	-	-	-	-	-	-	-	-	2	6	8
Leukaemia	12	-	-	-	3	-	-	-	3	3	2	1
Other Malignant Neoplasms,	148	-	-	-	3	2	3	9	16	37	43	35
Benign and Unspecified Neoplasms	3	-	-	-	-	-	-	-	1	1	1	-
Diabetes Mellitus	27	-	-	-	-	-	-	1	1	3	11	11
Avitaminoses and other Nutritional Deficiency	1	-	-	-	-	-	-	-	-	-	-	1
Other Endocrine, Nutritional and Metabolic Diseases	7	1	1	-	-	-	-	-	1	-	2	2
Anaemias	5	-	-	-	-	-	-	-	-	-	1	4
Other Diseases of Blood and Blood Forming Organs	-	-	-	-	-	-	-	-	-	-	-	-
Mental Disorders	2	-	-	-	-	-	-	-	1	-	-	1
Meningitis	-	-	-	-	-	-	-	-	-	-	-	-
Multiple Sclerosis	3	-	-	-	-	-	-	-	-	2	1	-
Other Diseases of Nervous System and Sense Organs	11	-	-	1	-	1	-	-	-	2	2	5
Active Rheumatic Fever	-	-	-	-	-	-	-	-	-	-	-	-
Chronic Rheumatic Heart Disease	43	-	-	-	-	-	-	4	7	11	10	11
Hypertensive Disease	28	-	-	-	-	-	-	-	1	3	12	12
Ischaemic Heart Disease	699	-	-	-	-	-	2	12	45	100	219	321
Other Forms of Heart Disease	98	-	-	-	-	2	2	-	-	10	21	63
Cerebrovascular Disease	279	-	-	-	-	-	1	2	10	30	70	166
Other Diseases of the Circulatory System	109	-	-	-	-	-	1	-	2	10	21	75
Influenza	4	-	-	-	-	-	-	-	-	-	-	4
Pneumonia	204	3	7	1	1	-	1	4	3	10	32	142
Bronchitis, Emphysema	103	-	-	-	-	1	-	-	2	12	42	46
Asthma	2	-	-	-	-	-	-	-	1	-	-	1
Other Diseases of the Respiratory System	27	1	6	1	-	1	2	-	1	4	2	9
Peptic Ulcer	12	-	-	-	-	-	-	-	-	2	4	6
Appendicitis	-	-	-	-	-	-	-	-	-	-	-	-
Intestinal Obstruction and Hernia	11	1	-	-	-	-	-	-	-	1	2	7
Cirrhosis of Liver	8	-	-	-	-	-	-	1	-	4	1	2
Other Diseases of the Digestive System	17	-	-	-	-	-	-	-	2	-	4	11
Nephritis and Nephrosis	11	-	-	-	-	-	-	2	-	1	3	5
Hyperplasia of Prostate	1	-	-	-	-	-	-	-	-	-	-	1
Other Diseases of the Genito-Urinary System	16	-	-	-	-	-	1	-	1	3	4	7
Abortion	-	-	-	-	-	-	-	-	-	-	-	-
Other Complications of Pregnancy, Childbirth and Puerperium	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of the Skin and Subcutaneous Tissue	-	-	-	-	-	-	-	-	-	-	-	-
Diseases of the Musculoskeletal System and Connective Tissue	10	-	-	-	-	-	-	-	1	3	3	3
Congenital Anomalies	23	15	2	-	1	-	-	2	2	-	-	1
Birth Injury, Difficult Labour, and other Anoxic and Hypoxic Conditions	12	12	-	-	-	-	-	-	-	-	-	-
Other Causes of Perinatal Mortality	14	14	-	-	-	-	-	-	-	-	-	-
Symptoms and Ill-defined Conditions	6	-	-	-	-	-	1	-	-	-	-	5
Motor Vehicle Accidents	34	-	-	-	-	13	2	1	1	6	9	2
All Other Accidents	36	-	4	1	-	1	2	4	2	2	4	16
Suicide and Self-inflicted Injuries	13	-	-	-	1	1	2	1	3	4	1	-
All Other External Causes	9	-	-	1	-	-	2	1	2	2	-	1
TOTAL	2476	48	21	5	10	22	26	54	165	368	666	1091

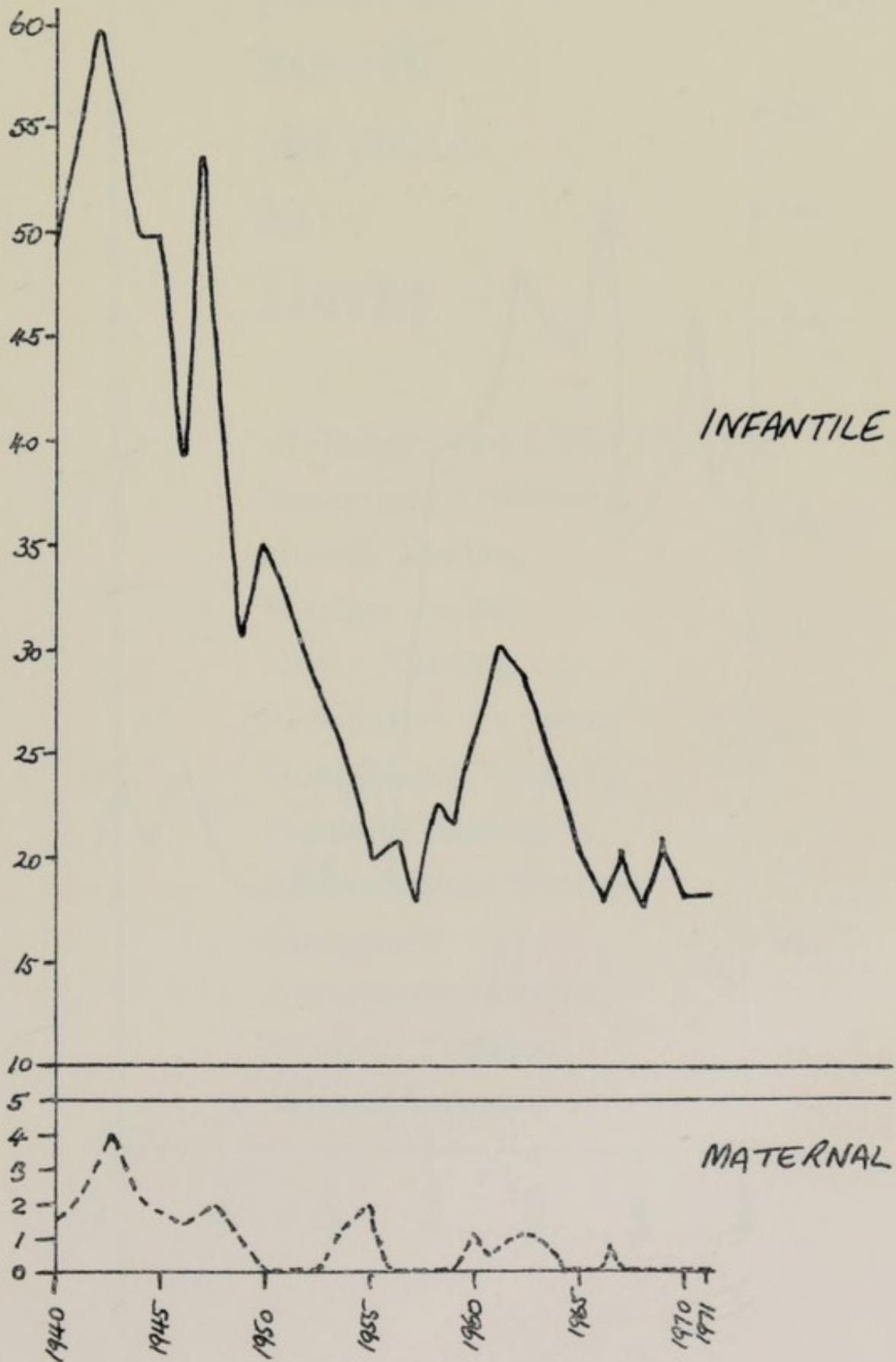
BIRTH RATE PER 1,000 LIVING
DEATH RATE PER 1,000 LIVING
1940-1971



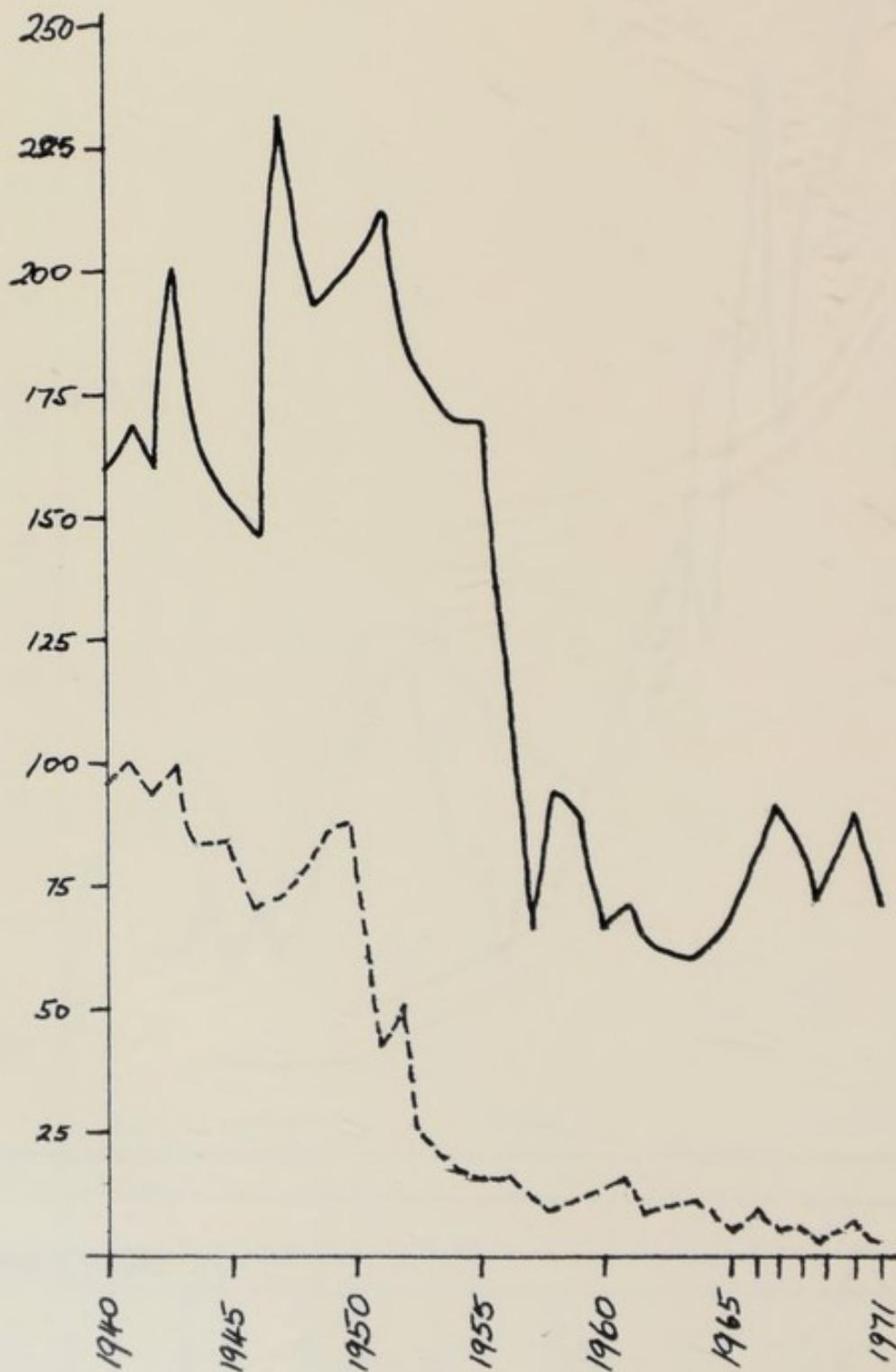
PERCENTAGE OF BIRTHS
TAKING PLACE IN INSTITUTIONS
1940-1971



MORTALITY RATES
PER 1,000 LIVE BIRTHS
1940-1971



TUBERCULOSIS—ALL FORMS
NOTIFICATION —————
DEATHS - - - - -
1940-1971



**personal
health
services
in
Derby**

Maternity and Child Welfare

Domiciliary Midwifery

Health Visiting

Welfare Foods

Home Nursing

Exfoliative Cytology

Domiciliary Cytology

Family Planning

Occupational Therapy

Chiropody

Ambulance Service

Medical Opinion

Renal Dialysis

Personal
Health
Services
in
Derby

Administration and Data Systems
Community Relations
Health Visitor
Home Nurse
Home Nursing
Laboratory Cytology
Maternity Cytology
Nurse Practitioner
Occupational Therapy
Physiotherapy
Public Health
Medical Officer
Specialist Nurse

MATERNITY AND CHILD WELFARE

Midwives

113 midwives gave notice of intention to practise within the Borough during the year, of which 85 were attached to institutions, (29 at the City Hospital, 14 at the Queen Mary Maternity Home, 25 at the Nightingale Maternity Home), and 26 were in domiciliary practice. All but two of these domiciliary midwives practised under my direct control.

One midwife practised privately.

22 midwives removed from the area during the year leaving 22 in domiciliary practice, 68 in institutional practice and one practising privately at the end of the year.

The following are details of maternity cases: —

	<i>Adjusted Live Births</i>	<i>Adjusted Stillbirths</i>	<i>Total Adjusted Births</i>
1. Domiciliary ...	462	3	465
2. Institutional ...	3,255	54	3,309
3. TOTAL ...	3,717	57	3,774

Domiciliary midwives attended 2,372 cases upon their discharge from Institutions and before the 10th day.

OTHER STATISTICS

Home Confinements	...	...	...	...	...	...	...	...	465
Ante-natal Visits	...	...	...	...	...	...	...	...	5,980
Lying-in Visits	...	...	...	...	...	...	...	...	7,897
Early Transfers from Hospital	...	...	...	...	...	...	...	...	2,362
Number of visits to hospital transfers	...	...	...	...	...	...	...	...	11,531
Assessment visits for suitability for transfer within 48 hours after delivery	...	...	...	...	...	...	...	...	1,008
Attendances at weekly Mothercraft and Relaxation Classes (182 patients)									904

Medical Aid

Out of the 465 confinements attended by domiciliary midwives, medical aid was sought in 45 cases as follows: —

26 on account of mother or expectant mother.

19 on account of baby.

The following table shows the various reasons for the calling in of medical aid; some cases have more than one cause.

Mothers

ANTE-NATAL.

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

NATAL.

Prolonged 1st Stage	1
Breech or otherwise abnormal presentation	4
Maternal or Foetal Distress (mainly Foetal)	1
Various	1
Intra-Partum Haemorrhage	—

POST-NATAL.

Retained Placenta	4
Lacerated perineum	2
Post-partum haemorrhage	2
Phlebitis	1
Various	4

Babies

Still Birth	2
Prematurity	—
Shock	2
Congenital malformations	3
Various (infection of eye, Jaundice, etc.)	10
Asphyxia	2

Notification of Liability to be a Source of Infection

4 notifications were received.

Births

The undermentioned statistics are the number of births actually notified to me as at the end of the year and consequently they vary slightly from the details provided by the Registrar General.

5,544 notifications were received during 1971 under Section 203, Public Health Act 1936. Of these 3,717 were live births and 57 were still births relating to Derby residents. 1,827 were live births and 34 were still births relating to non-residents.

The details were as follows:—

	<i>DOCTOR NOT BOOKED</i>		<i>DOCTOR BOOKED</i>	
RESIDENTS:— Domiciliary. (Confinements).	Doctor present at delivery	2	Doctor present at delivery (either booked doctor or another)	45
	Doctor not present at delivery	2	Doctor not present at delivery	416

NON-RESIDENTS—NIL.

	<i>Live Births</i>	<i>Still-Births</i>	<i>Total Non- Residents</i>	<i>Total Residents</i>	<i>Grand Total</i>
RESIDENTS:— Institutional ..	3,255	54	—	3,309	3,309
NON-RESIDENTS:— Institutional ..	1,827	34	1,861	—	1,861
TOTAL ..	5,082	88	1,861	3,309	5,170

3,309 or 87.68% of total births relating to residents took place in institutions.

Still-Births

91 still-births were notified, 57 in respect of Derby residents and 34 non-residents.

Notification of Death

46 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>
Maternal	—	—	—	—
Infant	1	—	26	19
TOTAL	1	—	26	19

Care of Premature Infants

Premature live babies notified during the year whose mothers are normally resident within the Borough.

Born at home	12
Born in hospital	237
TOTAL	249

Weight at birth	PREMATURE LIVE BIRTHS												Premature Still-births	
	Born in hospital				Born at home or in a nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
	Total births (1)	Died			Total births (5)	Died			Total births (9)	Died			Born	
within 24 hours of birth (2)		in 1 and under 7 days (3)	in 7 and under 28 days (4)	within 24 hours of birth (6)		in 1 and under 7 days (7)	in 7 and under 28 days (8)	within 24 hours of birth (10)		in 1 and under 7 days (11)	in 7 and under 28 days (12)	in hospital (13)	at home or in a nursing home (14)	
1 2 lb 3 oz or less	7	6	1	-	-	-	-	-	-	-	-	-	8	-
2 Over 2 lb 3 oz up to and including 3 lb 4 oz ..	14	4	5	-	-	-	-	-	-	-	-	-	12	-
3 Over 3 lb 4 oz up to and including 4 lb 6 oz ..	29	2	-	1	1	-	-	-	-	-	-	-	5	2
4 Over 4 lb 6 oz up to and including 4 lb 15 oz ..	53	1	1	-	2	-	-	-	-	-	-	-	6	-
5 Over 4 lb 15 oz up to and in- cluding 5 lb 8 oz	134	1	-	-	5	-	-	-	4	1	1	-	3	-
TOTAL ..	237	14	7	1	8	-	-	-	4	1	1	-	34	2

1—1,000g, or less; 2—1,001-1,500g; 3—1,501-2,000g; 4—2,001-2,250g; 5—2,251-2,500g.

Premature babies born on the district weighing less than 4½ lbs. were transferred to the Premature Baby Unit.

Attendances at Ante-Natal Clinics

	Sessions	Total Attendances
Kings Mead	50	211
Maine Drive	12	46
Temple House	52	495
Group Practice Attachment	476	3,225
TOTAL	590	3,977

Attendances at Child Health Centres

There were 16 child Health centres in operation and the total attendances thereat were as follows:—

Under 1 year of age	...	...	...	...	...	...	...	...	37,177
Age 1 to 2 years	...	...	...	...	...	...	...	...	7,714
Age 2 to 5 years	...	...	...	...	...	...	...	...	4,152
TOTAL	...	...	...	...	...	...	...	...	<u>49,043</u>

DOMICILIARY MIDWIFERY SERVICE

REPORT BY MRS. M. L. ROONEY, PRINCIPAL MIDWIFERY OFFICER

Staff

Twenty domiciliary midwives practised in the Borough during 1971. Four midwives left; three leaving the area and Miss Osey retiring after thirty years' work with the Borough Domiciliary service. Five new midwives were appointed. In February it was decided to appoint a temporary part-time midwife due to the increase in the number of early transfers from hospital, occasioned by over-booking at one of the hospitals. Her services have proved to be of great assistance as two full-time midwives had long spells of sickness. At the end of the year, there were twenty full-time midwives, of whom fourteen had been approved by the Central Midwives Board as teachers of pupil midwives, and one part-time midwife.

Hospital Liaison

During the weeks of the postal strike in January and February liaison with the hospital staffs was improved as the midwives acted as postwomen, visiting patients in their homes to give appointments and to check on defaulters from ante-natal clinics.

Midwives continue to give courses of iron injections to hospital booked patients to avoid daily journeys to hospital.

Closer liaison with hospital midwives is envisaged for next year. A series of lunch-time lectures has been arranged with the co-operation of the Midwifery Superintendent, Derby City Hospital, to which the domiciliary midwives are invited.

Home Confinements

There has been a further reduction in the number of home confinements (465), but a dramatic increase in the number of patients discharged early from hospital (2,362), 319 more than last year.

Out of a total of 1008 patients visited regarding the suitability for 48-hour discharge, 11 patients offered a bed at Wirksworth Maternity Hospital, decided to have their babies at home rather than travel so far.

Group Practice Attachments

There have been no new attachments as such, except that two midwives are attached to one group of doctors operating from two surgeries, and at Chaddesden and Spondon with the approval of the doctors the one unattached midwife relieves when the attached midwives are off duty.

New bookings for home confinements were 519 for the eleven attached midwives compared with 85 for the nine midwives not attached to group practice.

Closer co-operation exists between the doctors and midwives and their patients, whether home or hospital booked.

To the midwife the doctor becomes a real person and no longer just a voice on the other end of the telephone. The doctors appreciate needing only to know the name of the one midwife working with them. The midwife's regular attendance at all ante-natal clinics helps to ensure a good standard of ante-natal care and enables an early decision to be made in the choice of the place of confinement. Blood tests needing to be repeated are less likely to be forgotten and those patients who require a regular check on their blood pressure can be listed for visiting.

Finally, with group practice attachment the midwife is familiar with the doctors' preferences regarding domiciliary deliveries and the times at which he wishes to be notified during confinement. She is also aware of his views on sedation, episiotomy, suturing and early ambulation. The post-natal patient transferred early from hospital finds a familiar face, and not that of a stranger, attending her at home.

Guthrie Tests

Fewer Guthrie Tests were missed or required repeats. However, at the end of the postal strike, thirty reports had not been returned and enquiries at Middlewood Hospital revealed that the tests had not been received there. Further investigation proved that these particular tests, both from hospital and home, were posted on the day before the strike, and despite assurances from the G.P.O. that letters posted then would be delivered, this was proved not to be so. All the tests were repeated by the domiciliary midwives and reports subsequently received.

Relaxation Classes

The 182 patients attending the weekly Mothercraft and Relaxation classes yielded 904 attendances and two midwives are now giving weekly classes at doctors' surgeries comprised in this number. There is an increasing demand for counselling by midwives and classes give them an opportunity to talk on general health education, family planning and cytology in addition to the counselling given in patients' homes.

Training

As a result of the recommendations of the Salmon and the Mayston Reports, training has been given to Mrs. Rooney at Middle Management level, and to two midwives at First Line level, preparing them for future unification of the health service.

HEALTH VISITING

REPORT BY MISS A. D. LATHAM, PRINCIPAL HEALTH VISITOR

There have been many changes within the Section this year. In April Miss Headington, Principal Health Visitor, retired and Miss Latham was appointed to the position. In October Miss Harris came from Kendal in Westmorland to become her Deputy.

At the beginning of March a Health Visitor, who had been dealing exclusively with Geriatric visiting and liaison with the Manor Hospital, retired. This necessitated replanning all the geriatric work. It was decided that one health visitor would liaise between the Manor Hospital and the Health Visiting Section, and that all staff would do the follow up visiting within their geographical area. To prepare staff for their new sphere of work they attended the Manor Hospital for a session of observation and discussion with Dr. Leeson the Consultant Geriatrician.

In June the Secretary of State for Health and Social Services, Sir Keith Joseph, visited Derby. A discussion with Health Visiting staff, at Peartree Child Centre, disclosed his interest in the work of the Health Visitor in the sphere of Family Planning. In her rôle as a health educator, the Health Visitor has long been in a position to advise on this vital subject. To keep aware of the most modern methods of family planning, all Health Visiting staff have attended an observation session at the Family Planning Association Clinic.

During the summer there was a request from the Asian Community for a Family Planning Advice Clinic at the Peartree Community Centre. In September twice monthly sessions were started. This service is available to all appropriate members of the local community. Health Visitors with the aid of the interpreter have encouraged the Asian mothers to avail themselves of the service.



INTERPRETER AT CHILD HEALTH CENTRE

The Health Visiting staff is still well below establishment, although every effort has been made to recruit suitable staff. We have continued to train Health Visitors, seconding State Registered Nurses working within the section where possible. Staff have attended Diabetic and Paediatric Clinics and accompanied Consultants on their ward rounds, following up patients in their own homes. Various types of groups made a steady demand for talks by Health Visitors on such subjects as drugs, venereal disease, smoking and cervical cytology.

In response to a request from a group of General Practitioners a Health Visitor re-started health education sessions at an Ante-Natal Clinic in April.

The number of children under 5 years of age attending the 16 Child Health Centres in the Borough was 7,970 in 1971, making a total number of 49,043 attendances. This year 2,143 children were placed on the At-Risk register and Health Visiting staff have kept these children under observation.

During the year all staff have had the opportunity for In-Service training. This has consisted of discussions following films, slides and tapes on subjects relevant to their work, i.e. development of children and the assessment of hearing in babies and in young children.

The local community have been most interested in the building of the new Peartree Child Health Centre which was commenced in March 1971 and completed ahead of schedule. The clinic has been fitted and equipped in readiness for its opening in the new year.

Health Education

The statistics will show that talks were given to a considerable number of groups, and health education material was of course distributed at these as well as by the staff in the normal course of their duties. Particularly successful was a campaign in an attempt to reduce cigarette smoking and a locally designed poster "Dying for a Fag" was exhibited in no less than 1300 work rooms in factories and offices in the Borough.

Retirement of Miss Joan Headington

Miss Headington retired as Principal Health Visitor in April 1971. She had worked in the Health Visiting Section since 1951, and for the past 11 years as Principal Health Visitor. Dr. Leyshon, Medical Officer of Health, presented her with a portable radio at a retirement party attended by her many friends and colleagues, who gathered to offer her their good wishes.

Congenital Defects

The number of children born during 1971 with Congenital Defects increased to 136. Comparative totals for previous years are as follows: 1969—156, and 1970—129.

Analysis of Congenital Defects, 1971

(Note: some children have more than one defect).

	1971 Births		1970 Births	
	Still Live		Still Live	
0 CENTRAL NERVOUS SYSTEM				
.1 Anencephalus	12	2	5	1
.8 Spina bifida	1	9	3	3
.4 Hydrocephalus	2	4	5	1
.5 Microcephalus	1	—	—	1
.6 Other specified malformations of brain or spinal cord	1	2	1	—
.9 Unspecified malformations of brain, spinal cord and nervous system	—	—	—	—

1 EYE AND EAR			
.1	Anophthalmos and microphthalmos	— —	— 1
.3	Cataract and corneal opacity	— —	— —
.2	Other specified malformations of eye	— —	— 1
.0	Unspecified malformation of eye	— —	— 2
.8	Accessory auricle	— —	— —
.9	Other specified malformations of ear	— —	— 1
.6	Unspecified malformations of ear	— 2	— 1
2 ALIMENTARY SYSTEM			
.1	Cleft lip	— 3	— 3
.2	Cleft palate	— 2	— 4
.6	Malformations of Tongue	— —	— 2
.4	Tracheo-oesophageal fistula, oesophageal atresia and stenosis	— —	— 2
.3	Hiatus hernia	— —	— 1
.7	Rectal and anal atresia and stenosis	— 1	— —
.9	Other specified malformation of alimentary system	— —	— 6
.0	Unspecified malformations of alimentary system	— 1	— 1
3 HEART AND CIRCULATORY SYSTEM			
9.	Specified malformations of heart and circulatory systems	— 3	1 8
.0	Unspecified malformations of heart and circulatory system	— 6	— 2
4 RESPIRATORY SYSTEM			
.1	Malformation of nose	— —	— —
.9	Other specified malformation of respiratory system	— 6	— 6
.0	Unspecified malformations of respiratory system	— —	— —
.7	Malformation of diaphragm	— —	— 1
5 URINO-GENITAL SYSTEM			
.1	Indeterminate sex and true hermaphroditism	— 1	— —
.7	Hypospadias epispadias	— 3	— 3
.2	Undescended testicle	— 2	— 2
.4	Malformation of male external genitalia	— —	— 3
.3	Hydrocele	— 2	— 1
.5	Malformations of female vagina and external genitalia	— —	— 1
.6	Exstrophy of bladder	— 1	— —
.9	Other specified malformation of urino-genital organs (includes pseudohermaphroditism)	— 1	— 1
.0	Unspecified malformation of urino-genital organs	— 1	— —
6 LIMBS			
.0	Polydactyly	— 6	— 2
.1	Syndactyly	— 7	— 5
.2	Reduction deformity hand or arm	— 1	— 1
.3	Reduction deformity leg or foot	— —	— —
.4	Unspecified reduction deformity of limbs	— —	— —
.5	Talipes	2 12	1 11
.6	Congenital dislocation of hip	— 8	— 4
.7	Other specified malformations of upper limb or shoulder	— —	— 2
.8	Other specified malformations of leg or pelvis	— —	— 1
.9	Unspecified limb malformation	— 2	— 3
7 OTHER PARTS OF MUSCULO-SKELETAL SYSTEM			
.1	Malformations of skull or face bones	— —	— 2
2	Malformations of spine — scoliosis curvature — lordosis, not otherwise stated	— 1	— —
.5	Chondrodystrophy	— —	1 —
.4	Malformation of sternum and ribs	— —	— 1
.0	Other malformations of musculo-skeletal system (including congenital hernias except hiatus hernia)	— 17	— 21

8	OTHER SYSTEMS				
.0	Bronchial cleft, cyst or fistula; pre-auricular sinus	—	—	—	—
.1	Other malformations of face and neck	—	—	—	1
.9	Exomphalos, omphalocele (excluding umbilical hernia)	—	2	1	1
.2	Other unspecified malformations of muscles, skin and fascia	—	9	—	1
.3	Pigmented naevus	—	3	—	1
.4	Other specified malformations of skin including ichthyosis congenita	—	1	—	11
.5	Specified malformations of hair, nails, teeth	—	—	—	1
.6	Unspecified malformations of hair, nails or teeth	—	—	—	—
9	OTHER MALFORMATIONS				
.0	Other and unspecified congenital malformation	—	8	—	2
.9	Multiple congenital malformations not specified	—	1	—	1
.4	Conjoined twins	—	—	—	—
.3	Other monster (include cyclops)	—	—	—	—
.6	Downs syndrome (mongolism)	—	6	—	3
.5	Other Syndromes specified due to chromosomal abnormality	—	—	—	1
.8	Other specified syndromes	—	—	—	—

VISITS BY HEALTH VISITING STAFF 1971

1.	CHILD WELFARE	
	Children born in 1971	15,308
	Children born in 1970	6,203
	Children born in 1966 to 1969	15,004
	Total number of children 0 to 5 years	36,515
2.	OVER 65	
	Persons aged 65 or over	709
	Persons aged 65 years or over visited at the special request of G.P. or hospital	136
3.	MENTAL DISORDERS	
	Mentally disordered persons	2,940
	Mentally disordered persons visited at the special request of G.P. or hospital	16
4.	HOSPITAL AFTER-CARE	
	Persons discharged from hospital (other than mental hospitals)	184
	Persons discharged from hospital (other than mental hospitals) at the special request of G.P. or hospital	169
5.	T.B. HOUSEHOLDS	
	T.B. Households	248
6.	INFECTIOUS HOUSEHOLDS	
	Infectious Households	1,093
7.	OTHER VISITS	
	These include Cytology, Immunisation and Vaccination defaulters and family planning visits.	12,842

8. OTHER PUBLIC HEALTH WORK

ASSISTING AT

Cytology Clinics	...	...	...	...	...	...	...	...	106
Diabetic Clinics	...	...	...	...	...	...	...	...	43

HOSPITAL VISITS

Geriatric	...	...	...	...	...	...	...	...	38
Diabetic	...	...	...	...	...	...	...	...	81
Paediatric	...	...	...	...	...	...	...	...	51

GROUP PRACTICE LIAISON

Visits to Surgeries	...	...	...	...	...	...	...	...	357
Number of Students, Trainees, Child Care Officers accompanying staff on district and at clinics	...	...	...	...	...	...	...	...	176

9. MISCELLANEOUS VISITS

ATTENDANCES

Case conferences and meetings	...	...	...	...	...	...	...	...	38
Psychiatric lectures, 4 staff	...	...	...	...	...	...	...	...	104
Premature Baby Unit and Physically Handicapped Centre D.R.I.	...	...	...	...	...	...	...	...	13
Study Day on Epilepsy	...	...	...	...	...	...	...	...	3
Manor Hospital	...	...	...	...	...	...	...	...	24
F.P.A. Clinic	...	...	...	...	...	...	...	...	21

10. HEALTH EDUCATION

Talks to expectant mothers, students, school-children and various clubs (including slide and film showings)	...	...	...	...	...	...	...	...	105
Talks and use of filmstrips in Child Health Centres	...	...	...	...	...	...	...	(groups) (attendance)	394 2,565

11. USE OF INTERPRETER

Clinic Sessions	...	...	...	...	...	...	...	...	200
Home Visiting Sessions	...	...	...	...	...	...	...	...	48

Children of Pre-School Age

Routine medical inspection was carried out in 955 children of two, three and four years of age, 78 of whom were referred for treatment and 253 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 319. In addition, 42 re-inspections and 110 special examinations were made.

Statement of cases, showing the numbers of children of pre-school age referred to the various clinics:—

Orthopaedic Clinic	...	...	...	...	...	...	...	...	141
Dental Clinic	...	...	...	...	...	...	...	...	305
Child Guidance Clinic	...	...	...	...	...	...	...	...	11
Aural Clinic	...	...	...	...	...	...	...	...	14
Speech Clinic	...	...	...	...	...	...	...	...	20

WELFARE FOOD SERVICE

Following changes in government policy, supplies of cod liver oil were discontinued in April, and issues of orange juice as a welfare food were discontinued at the end of the year, although issues continued until all stocks were exhausted.

In April a new liquid preparation was introduced for children in the form of drops containing the essential vitamins A, D and C. In effect these drops are a replacement source of supply both for cod liver oil and orange juice.

A substantial increase in the issue of orange juice followed publicity regarding the changes, although a mere 960 bottles of cod liver oil were issued. The declining trend of issues of full-cream and half-cream national dried milk continued in 1971.

The initial reaction of the public to these new drops has been heartening with 7,900 bottles being issued in the period from April to the end of the year.

The statistics show that at Peartree Clinic issues of all types of welfare food have increased, but at all other Centres, sales have decreased.

At his own request, Mr. Jones the distributing chemist at Allestree, ceased to act as an issuing agency from the end of the year. His valuable help and services rendered over the past years have been greatly appreciated. Likewise, I am grateful to Mac Fisheries Limited where facilities are continued at their Main Centre supermarket.

Sales from Distribution Centres during 1971

Distribution Point	National Dried Milk		Cod Liver Oil	Vitamin A, D & C Drops	Vitamin A & D Tablets	Orange Juice
	Full Cream	Half Cream				
	Tins	Tins	Bottles	Bottles	Packets	Bottles
Mac Fisheries Food Centre	8,169	603	240	1,869	2,924	27,383
Temple House	212	5	16	174	107	497
Boulton Clinic	720	7	38	413	263	2,493
Nightingale Road Clinic	419	7	13	183	44	814
Pear Tree Clinic	5,513	221	157	893	153	1,334
Normanton Clinic	255	5	37	371	113	1,838
Roe Farm Clinic	496	16	44	355	121	2,189
Rykneld Clinic	225	3	39	201	73	1,072
Kings Mead Clinic	269	9	40	283	83	1,333
Mackworth Clinic	281	2	19	158	84	1,116
Derby City Hospital	-	-	-	-	237	930
Allestree Clinic	144	-	36	336	248	2,463
Maine Drive Clinic	836	15	64	710	241	3,674
Chellaston Clinic	144	-	23	125	62	1,461
Mickleover Clinic	499	6	46	553	271	4,072
Spondon Clinic	485	7	49	566	165	4,319
Littleover Clinic	216	3	40	332	109	2,711
Sinfin Clinic	227	2	19	235	40	950
Derby Co-operative Society, Blagreaves Lane	320	-	22	86	25	1,451
Mr. Jones (Chemist) Allestree	204	4	18	6	9	4,316
1971 Totals	19,644	915	960	7,900	5,372	66,521
Comparative totals for 1970	21,147	1,109	3,376	-	5,750	61,845

HOME NURSING SERVICE

REPORT BY MR. N. G. KING, PRINCIPAL HOME NURSING OFFICER

This year has again seen an increase in the number of patients nursed although a slight decrease in the number of visits made. This is a statement of fact, but cannot in itself show the true state of affairs regarding the time and energy spent in the nursing duties.

There has been a dramatic decrease in the number of patients referred for injections of anti-biotics, etc., each injection taking an average of eight minutes, excluding travelling time, but at the same time, the number of patients requiring full general nursing care, some two or even three visits a day, and in the case of severely disabled or obese patients needing two nurses each visit, has increased. The minimum time spent at each visit is twenty minutes and can be as much as forty-five minutes.

This type of change in the nature of nursing duties will be seen to present increased demands on a nurse's time and energy, and all praise is due to the Home Nursing Staff who have coped with this situation, and have still been able to present a bright and cheerful disposition to the patients and relatives, a fact much appreciated and conveyed to the Medical Officer on several occasions.

The nine Bathing Attendants who are employed to relieve the work-load of the Home Nurses, have again proved their worth, taking over those of the patients who, in the convalescent phase of an acute illness are unable to dress, undress and attend to their own cleanliness. This allows the skills of the nursing staff to be used in the most economical way. A proportion of these patients can eventually be discharged if able to care for themselves, or to relatives willing to undertake such care.

Staff Development

It is gratifying to note that there has been a 100% success rate in the Home Nurses seconded for District Nurse Training with the City of Nottingham. All those taking the examination for the National Certificate in District Nursing set by the Department of Health have been successful.

These nurses are then eligible to go on to further training, such as First Line Management courses arranged at the Derby and District College of Technology.

Another facet of post-graduate training is a Practical Work Instructors course.

It has become necessary to train the home nurses to teach in view of the new syllabus of training evolved by the General Nursing Council for student nurses. This syllabus includes three months as a student in the community. It is supposed that students in the Combined School of Nursing of the Derby group of hospitals will come into the community for three months during their second and third years of training.

In preparation for this, four nurses have already undertaken a Practical Work Instructors Course and a programme has been approved by the Area Nurse Training Board.

Nursing Equipment and Aids to Nursing

It has been possible to increase the amount of stock of home nursing equipment and this has enabled nearly 400 more requests to be complied with than last year.

The increased demand for incontinence pads and pants, nappy-roll, interliners, etc., has brought another problem in the disposal of soiled pads and dressings. With the increasing implementation of smokeless zones in the Borough, less facilities are available for this soiled material to be destroyed. Plastic refuse sacks can now be issued to those patients who have difficulty in disposal, and these are sealed and placed alongside the refuse bin for collection.

Attachment of Local Authority Nurses To Group Practice

The Right Honorable Sir Keith Joseph, Bt., M.P., expressed a wish that the proposed scheme for attachment of Local Authority Nursing staff to groups of General Practitioners should be proceeded with as soon as possible. With this in mind, the Medical Officer of Health set up a working party, in the first instance to make recommendations with regard to a small pilot scheme being implemented and evaluated, especially with regard to the quality of patient care.

Under existing arrangements, a staff of 34 Home Nurses, working in geographical areas, undertake the care of those patients of the 117 General Practitioners working in the County Borough of Derby, whom the General Practitioner decides would benefit from such care.

It will be appreciated that the success of such a scheme depends on meticulous preparation by the working party to ensure that the best possible service be provided for the patient, the doctor and the nurse.

Patients nursed during the year	...	...	...	...	...	...	3,593
Visits to patients	...	...	...	...	...	...	133,401
Items of nursing equipment issued on free loan	...	...	...	...	...	...	1,722

EXFOLIATIVE CYTOLOGY

REPORT BY MISS A. D. LATHAM, PRINCIPAL HEALTH VISITOR

The Cytology Clinic has continued to function twice weekly at Temple House, Mill Hill Lane. A Health Visitor is in attendance at each session when a film strip is shown to demonstrate the technique of self breast examination. Women attending the Clinic are also able to discuss their worries regarding cervical cancer.

Every effort has been made to stimulate interest in cervical cytology, particularly amongst the age groups most vulnerable to cervical cancer. Women attending the clinic are encouraged to tell their friends of the service available.

The Health Visitors have answered many requests from womens' groups for talks on cervical cytology, on these occasions they have also shown the film on self examination of the breasts. These talks have always been followed by a lively discussion.

The total number of first smears taken in 1971 has been reduced by half. This may be due to the fact that most women of child bearing age have already had the cytology test, and older women are not coming forward. There is, however, an increase in the number of smears taken which might indicate an awareness that eradication of cervical cancer depends on regular surveillance.

In the Autumn of 1971, Derby, along with three other Local Authorities, took part in a pilot scheme, prior to the National five year recall system coming into effect in 1972. It was necessary to hold several extra sessions to cover the increased attendance. All women who did not reply to the recall were followed through, necessitating many extra home visits by the Health Visiting staff.

	<i>First Smears</i>	<i>Special Repeats</i>	<i>Yearly Repeats</i>	<i>Totals</i>	<i>Positive Smears</i>	<i>Probable Positives</i>
1964	168	—	—	168	1	—
1965	1,783	82	—	1,865	13	—
1966	1,163	71	1,258	2,492	18	—
1967	727	94	806	1,627	10	—
1968	1,680	164	728	2,572	11	2
1969	1,763	329	—*	2,092	16	—
			<i>5-Yearly Repeats</i>			
1970	1,686	228	294	2,208	5	3
1971	817	216	1,602	2,635	6	2

*Yearly Repeats discontinued

DOMICILIARY CYTOLOGY

REPORT BY MR. N. G KING, PRINCIPAL HOME NURSING OFFICER

There has been a reduction in the number of women either referred or requesting smears taken at home. More women are being encouraged to visit the Cytology Clinic wherever possible, and home visits being reserved for those women whose home commitments make clinic visits difficult.

Owing to the change in the type of nursing duties undertaken by the Home Nursing Staff, less opportunity has been found to actively encourage the service, and increasing road alterations and traffic diversions have extended travelling times and it will be appreciated that a few minutes delay on making calls soon add up!

The majority of smears taken were five-yearly repeats, for which repeated calls often had to be made to find the woman at home, some having moved house and tracing these women is very time-consuming and frustrating to a nurse with a heavy case-load. One afternoon in particular, a nurse made 16 calls for repeat smears, and was only successful in obtaining one. It was also found that some of the women had already had another smear taken during the preceding 5 years, some post-natally, some at Family Planning Clinics.

The proposed introduction of a National Re-Call System on 1st January, 1972, should go a long way towards alleviating this problem, and the nurses' time allotted to this service, be more fruitful.

Fewer factories have taken advantage of the scheme, but plans are in hand to publicise the service and all sections of the Health Department have been encouraged to voice any ideas they have on publicity measures, including interviews on local radio and in the local press.

It is a service of great value to the women in this community, and all avenues are being explored constantly to stimulate interest.

A group of students in management were given the subject of Cervical Cytology as a project to investigate whilst on their course in March. Their findings were made known to the Health Department to be included in the programme.

First Smears ...	...	...	...	...	...	...	...	...	68
Special Repeats	...	...	...	...	...	...	...	...	33
5-Year Repeats	...	...	...	...	...	...	...	...	204
									<hr/> 305 <hr/>

THE FAMILY PLANNING ASSOCIATION

REPORT BY MR. RONALD BRAMER, ADMINISTRATOR,
NORTH MIDLANDS BRANCH

In April 1971, the Borough adopted the National Family Planning Agency Scheme under which all Borough patients attending a clinic receive contraceptive advice free of charge but pay for their own supplies or appliances. In medical cases, however, the Borough pays for both advice and supplies.

An important development in family planning in the Borough was the opening during the year of a Clinic in the Pear Tree Community Centre and this was the direct result of a request by the immigrant community. This clinic has been a slow starter, but it is felt that this clinic will prove to be of great value in the future.

During 1971, and including the Pear Tree figures, there were 5,464 patient-visits, including 875 new patients.

Sources of referral of the new patients were: —

Notified by LHA	32
Friend or patient	548
Family Doctor	174
Transferred from other clinics ...	126
Others	120
	<hr/>
	1,000
	<hr/>
Cytology smears taken	1,434 of which 2 were positive
Number of doctor sessions	379

OCCUPATIONAL THERAPY UNIT

REPORT BY MRS. E. M. BENTLEY,
OCCUPATIONAL THERAPIST/REHABILITATION OFFICER

The current trend is a growing awareness of the value of rehabilitation. Owing to the fact that human attitudes and emotions are so complex and intangible, it is difficult to generalise, consequently no two patients, even though suffering from the same incapacity, react to the same treatment, for, in addition to their disability, each has differing psychological problems, which, if left unsolved, has repercussions upon their physical condition.

In many instances of acute illnesses families of patients have suffered a traumatic experience and time needs to be spent reassuring them in addition to the time given to the patients themselves.

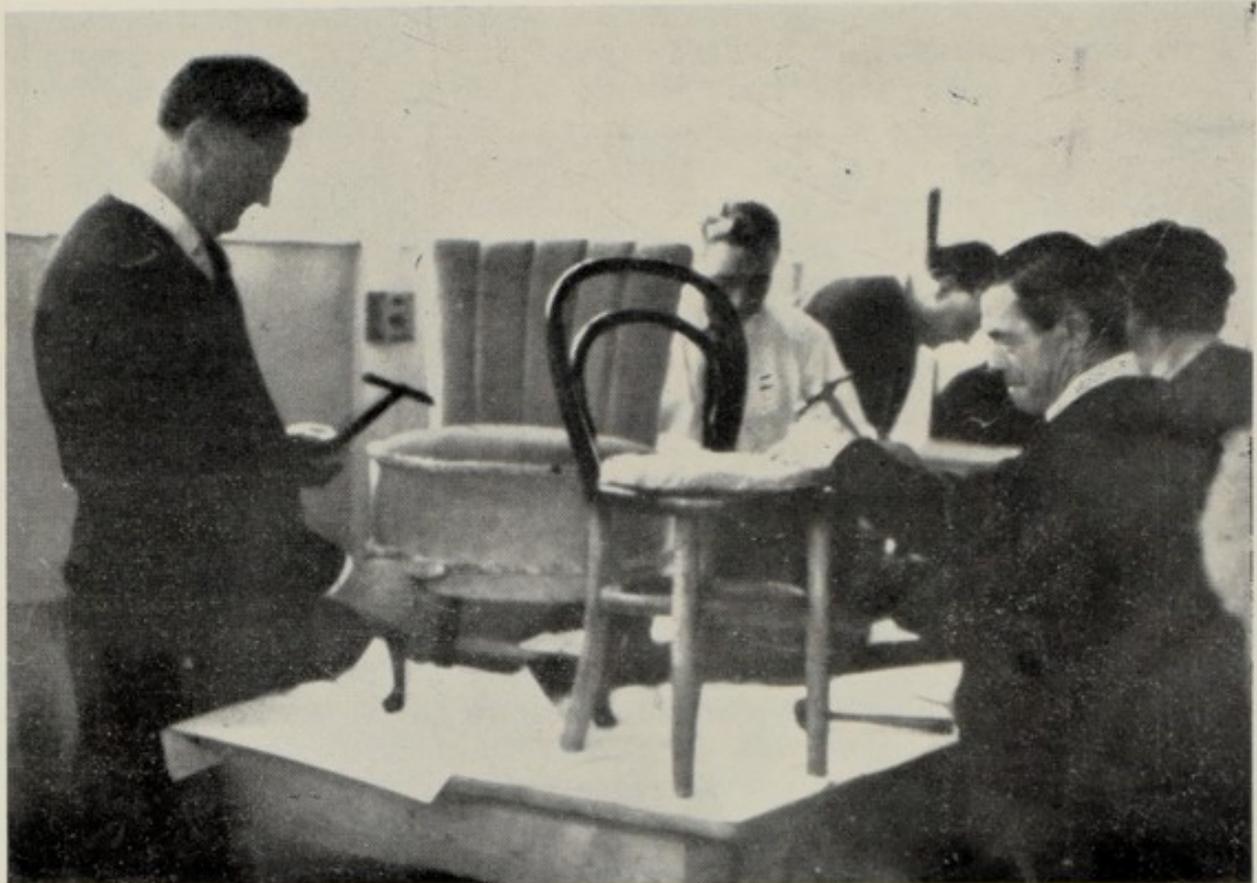
Last year reference was made to an advanced Parkinsonism. Ultimately the patient improved to such an extent, much to his delight, he was able to resume work in August 1971 at Rolls Royce Limited after a spell of five years of cumulative incapacity. Occasional home visits are made and progress continues.

Another interesting case with a successful conclusion was that of a married, 56 years old male patient who was referred to me in September 1970. His right leg was amputated above the knee and in addition to his immobility he was very depressed, a major worry being that he feared the loss of his job. He had a pleasant personality and was always well groomed. A wheel chair had been supplied as a temporary measure, but as soon as his pylon (walking aid) was ready he was given activities to help maintain his sense of balance and his ability to walk. He was willing and co-operative and soon established a good relationship with the other patients at the Stafford Street Unit. This in turn reacted upon his tension and he became much more relaxed due to the fact that he was able to talk about his problems to his fellow patients. Soon he became quite skilled in upholstery and stool seating and although he was making such good progress at the Unit, home visits were also continued. As soon as his artificial limb had been fitted his activities were focussed on enabling him to use it correctly as a follow up to the physiotherapy he was receiving at the Derby Royal Infirmary.

Arrangements were then made with the Passenger Transport Department and the patient was taken to the depot on Ascot Drive where a 'bus was made available for him to practice alighting and boarding the 'bus until he was able to do these movements unaided. This proved to be invaluable as a morale booster and a week later he was taken on his route from home to his place of employment by an Occupational Therapist to assess the possibility of a return to work. He emerged from the test successfully and has now been able to return to full time employment. Much credit is due to the patient for his whole hearted co-operation stemming from an eagerness to return to work, which enabled him to do so after only seven months of rehabilitation. Early mobilisation while the patient still retained the instinct of walking and standing would appear to be the key to success in this instance, coupled, of course with the patient's own eagerness, but this type of undertaking is only possible where there are no physical problems.

The value of preventive treatment is well illustrated in the case of a man, aged 50, who was referred to me both by the patient's G.P. and by a medical social worker in February 1970, after neurosurgery at the Derbyshire Royal Infirmary. As one would expect, the patient presented a variety of physical and mental symptoms. He complained of giddiness, defective vision and was confused and disorientated. He also suffered from apparent loss of memory and was frequently aggressive. The assessment visit revealed a chaotic state of affairs in the home. The patient's wife, a very charming person, was driven almost to despair with her husband's restlessness. He continually wanted to eat and drink and would hide any spectacles or keys that he could find. His son was endeavouring, with great difficulty, to study for G.C.E. "A" levels in all this confusion while the situation was further complicated by the presence of the patient's mother-in-law who lived with the family. The old lady was 80, had failing eyesight, was deaf and also confused. The patient was quite oblivious to all the problems with which his wife had to cope, but fortunately he was well able to care for himself and was always smart and well groomed. Prior to surgery he had held a responsible appointment with Rolls Royce Limited and was also an accomplished bass player. This was undoubtedly a case which required psychiatric knowledge to meet the many problems involved. Regular home visits were made for a few months and gradually the patient's condition improved while his family benefitted from the fact that life for them was becoming less complicated. The Home Nursing Service came in to assist with the aged mother. The specific remedial activities which had been given the patient from the onset of treatment to encourage and develop the use of existing and returning motivations were also beginning to yield

results and he was introduced to group therapy at the Stafford Street Unit but he still required a lot of supervision. His loss of memory affected him in many ways but strangely enough he possessed remarkable powers of invention to which he gave full rein in vivid but purely imaginary accounts of remarkable journeys to the Unit in the ambulance.



PATIENTS WORKING AT THE OCCUPATIONAL THERAPY UNIT

Eventually his mental and physical condition improved sufficiently to enable him to resume employment in May 1971, after 15 months of treatment, with his former employers although in a different capacity.

For the past nine years, the Occupational Therapy Unit has been happy and successful due to the enthusiasm and team spirit of the staff.

Statistics

Patients on register	...	...	...	...	...	...	...	56
Patients attending Occupational Therapy Unit	...	...	...	...	...	...	...	22
Home Visits	...	...	...	...	...	...	...	1,146
Patients returned to full employment	...	...	...	...	...	...	...	5
Patients returned to part time employment	...	...	...	...	...	...	...	—
Patients transferred to Social Services Department	...	...	...	...	...	...	...	5
Treatments at Occupational Therapy Unit	...	...	...	...	...	...	...	1,193

CHIROPODY SERVICE

The Local Authority operates a domiciliary as well as a clinic service operating from four premises.

Those eligible for treatment are persons of pensionable age, the handicapped, and expectant mothers. The fee charged is 15p per treatment, except for those in receipt of supplementary benefit for whom treatment is given free of charge. The service is an expanding one, and during the year approval was obtained for the appointment of an additional chiropodist to work in the older area of the town from the Peartree Clinic which would open early in 1972.

There must surely be few services which are more appreciated than the relief afforded by a visit to the chiropodist, as the following instances plainly show.

Mrs. Greatorex, the chiropodist at Boulton Clinic, tells of Mrs. C. a widow of 73 having Parkinson's Disease and on L-Dopa treatment. She says that treatment helped her to achieve her life's ambition, to learn a foreign language and go abroad. Amongst her other patients are 15 blind or partially sighted persons, 5 diabetics, and 2 fitted with cardiac pacemakers, as well as 10 physically or mentally handicapped folk. Some patients, who may well otherwise have lost the desire to live, have been attending the clinic since it was opened in 1964. The majority of those treated are over 70, and the oldest is 94. The frequency of treatment depends on the condition of the feet, but with a waiting list of patients to be attended to, the choice becomes a difficult one. Two common causes of painful feet are the loss of padding tissue around the bony structure, and gross deformity and ankylosis which occurs in arthritic patients. In some instances, treatment given is palliative rather than preventive or corrective owing to the advanced nature of the deformity or condition. Frequently patients wish to do something in return for the service given; 83 years old Mrs. B., for example made curtains for the clinic. Mrs. S., aged 72, served tea to the patients each Wednesday throughout the year, and Mr. B., aged 66, receiving anti-coagulant treatment insisted despite ill health that he decorated the tables for the Christmas party.

From Rykneld Clinic, Mrs. Mullineux reports that 1971 was a most busy year with patients attending on average every three months. Amongst these were 14 handicapped persons, 14 diabetics, 21 brought by ambulance and 16 by friends or relatives. One 75 year old arrives on his moped, and an 80 year old rides a bicycle to the clinic! Some patients in poor physical condition are themselves unable to wash their feet properly before treatment. Saline footbaths, which also are remedial for septic conditions, are therefore given. Five patients wear their stockings day and night, bringing their clean ones along to be replaced after treatment. Conditions such as arthritis, blood pressure or obesity prevent them from doing the job on their own. Replaceable padding methods are constantly being improved; the convenient rollofoam for toes or halux valgus, molefoam valgus or plantar pads supported with lastonet bandages and toe loops or props. Fifteen pairs of plastazote insoles have been made for patients who cannot replace their pads. In fact, any of these pads can be modified and incorporated within the insoles. Treatment time has been halved since the initial fitting, and patients may place them in the shoes of their choice. Unfortunately, only a small reduction in the 12 months waiting list was achieved during the year.

At Chaddesden Chiropody Clinic, Maine Drive, Mrs. Wainwright has been able to expand the service given to six sessions weekly, which enabled a greater number of treatments to be given. The waiting list however is not exhausted, and the interval between treatments is up to 3 months, which is most regrettable from

the viewpoint of the patients' comfort and also because little real curative effect can be achieved. However, this is not a problem peculiar to Derby; most local authorities are experiencing difficulties in obtaining staff and finance for the important and expanding part that clinic-based and domiciliary chiropodial treatment has in the management of geriatric and handicapped patients. 18 patients were brought by ambulance, and several more by friends or relatives or the Social Services Department. Many patients travelled considerable distances to attend the clinic, and the opening of the chiropody surgery in the new Peartree Clinic early next year is keenly anticipated as it will prove central to many patients, and also relieve the pressure on all clinics.

As for the domiciliary service, lack of time and staff available handicapped attention being given to patients, but over 400 treatments were given in the patients' own homes. Almost without exception, these patients are extremely grateful for the service, often being housebound and alone they depend on the health and the social services for their needs. Two patients, Mrs. H. and Mrs. L., both bedridden and blind, are totally unable to communicate, but both are fortunate to be cared for by their respective daughters. Yet even this would not be possible but for the daily visits of the home nurse and ancillary medical aid like the home chiropody service. The fact that private chiropody fees are almost double for a home visit makes it twice as difficult for these patients to make any arrangements for themselves. Seven handicapped patients under pension age were treated at home, the saddest case of all being a once only visit to a patient in her early 40's suffering from terminal cancer. In the midst of all the rest of her troubles, she was distressed because her toenails were catching on the bedclothes causing a considerable degree of discomfort.

Statistics

<i>Number treated in 1971</i>	<i>By local authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
Persons aged 65 and over	1,374	—	1,374
Physically handicapped or otherwise disabled persons under age 65	33	—	33
Expectant Mothers	—	—	—
Others	3	—	3
TOTAL	1,410	—	1,410

<i>Number of treatments given in 1971</i>	<i>By local authorities</i>	<i>By voluntary organisations</i>	<i>Total</i>
In clinics	5,888	—	5,888
In patients homes	432	—	432
In old people's homes	—	—	—
In chiropodists' surgeries	—	—	—
TOTAL	6,320	—	6,320

AMBULANCE SERVICE

REPORT BY MR. J. W. JOYNES, CHIEF AMBULANCE OFFICER.

1971 was the first complete year following the integration of the Ambulance Service within the Health Department. The efforts and goodwill of all staff in achieving this major change without disruption to patients or staff is noteworthy.

The public expect the service to be prompt, efficient and considerate and as it is a very personal service, the quality of the response depends on every member of the team, from the competence of the administration, the ability of the control staff in planning and deployment to the expertise and road side skill of the ambulance men and women. Inevitably, there will at times be human failure but everything possible is done to reduce this to a minimum and judging by the letters received from patients and relatives the service seldom falls short of public expectation regardless of the factors beyond the control of the Department; particularly traffic congestion and the increasing demands for ambulance transport.

The general public were again made welcome to an Open-day exhibition on 16th October of vehicles and equipment, together with various displays designed to promote safety consciousness and accident prevention. The response was exceptional throughout the day; many staff working hard and freely giving their time to ensure the success of this attempt to give the public an insight into the working of the Ambulance Service.

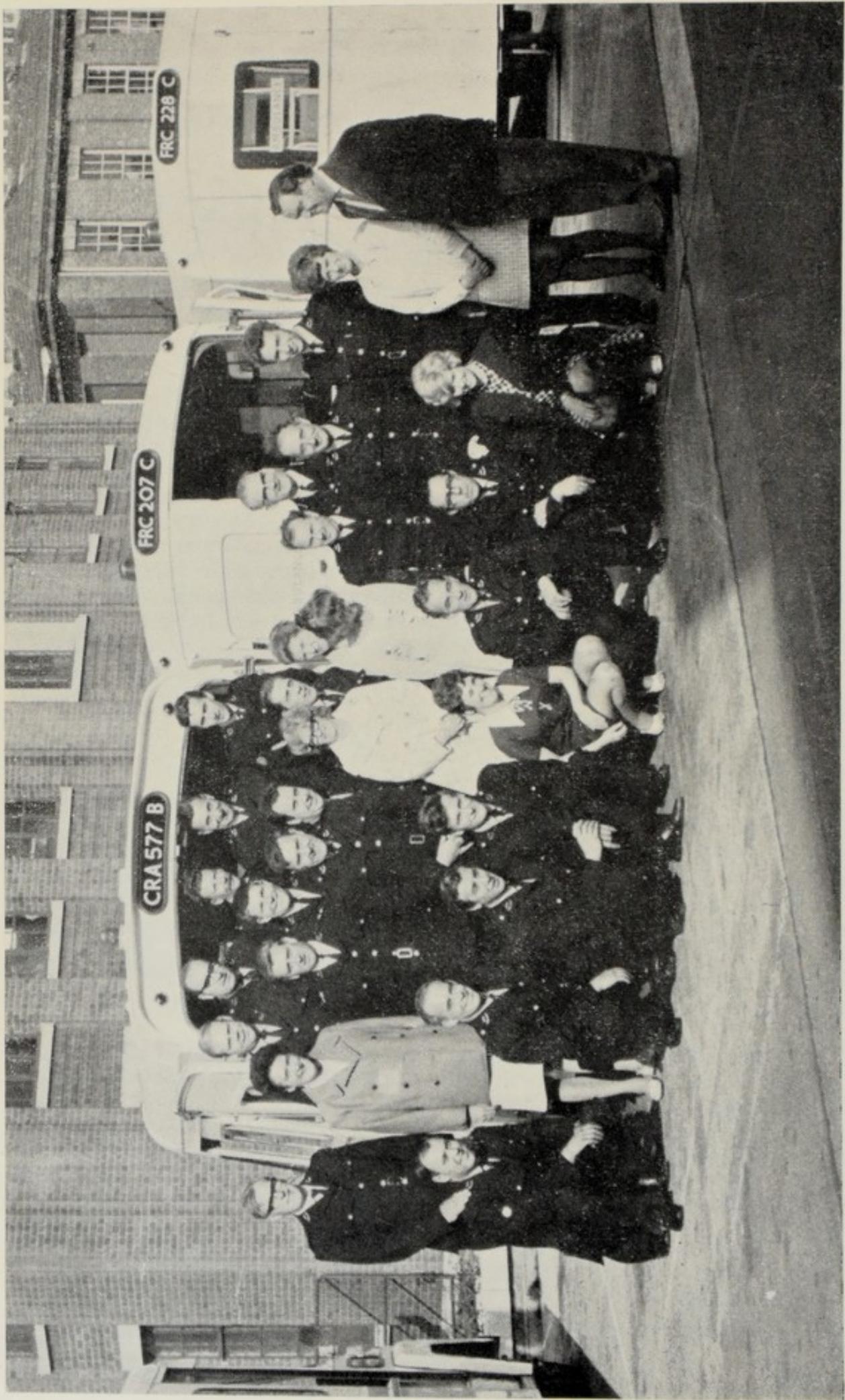
Communications

A modern teleprinter has been installed, but the noise level from the use of radios, telephones, teleprinter, and the traffic roar from the new one way road system has made working conditions in the Control Room almost intolerable. Consultants from the Production Engineering Research Association reported that little could be done to improve conditions in the present room, the basic problem being the totally inadequate size of the room for an efficient emergency control centre. The Department of Health and Social Security are considering plans for a properly sound proofed Control Room to be built adjoining the Raynesway Ambulance Station and it is hoped that a speedy start can be given to this project.

Difficulties with the manufacturers' delivery dates for the two-way radio sets for midwives delayed the extension of the pilot scheme but it is hoped that the pocket radio sets will shortly be in service.

New Ambulance Station

The new ambulance station at Megaloughton Lane, Raynesway, is almost complete and at the October meeting of the Ambulance Service Joint Consultative Committee discussions took place regarding the operation and staffing of the station when it opens in January 1972.



AMBULANCE PERSONNEL—OPEN DAY, 1971

Statistics

Road traffic accidents continue to take their toll and although the number killed has fallen from 36 last year to 32 this year the number injured has increased from 1,333 to 1,433. The number of accidents has increased 5% and casualties 6½% over last year's figures. The accident figures are supplied by the Road Safety Officer and are included in the total of emergency calls dealt with by ambulance vehicles.

PATIENTS

Type of Case	Ambulances		Dual Purpose vehicles		Total	
	1971	1970	1971	1970	1971	1970
Emergency Calls ...	4,083	3,872	130	205	4,213	4,077
Other Cases ...	41,468	38,916	83,332	80,706	124,800	119,622
TOTAL ...	45,551	42,788	83,462	80,911	129,013	123,699

MILEAGE

	Ambulances		Dual Purpose vehicles		Total	
	1971	1970	1971	1970	1971	1970
With patients ...	193,983	193,440	177,212	172,772	371,195	366,212
Other Journeys ...	5,975	5,463	6,414	4,856	12,989	10,319
TOTAL ...	199,958	198,903	183,626	177,628	384,184	376,531

The total number of cases carried increased by 4.3% and mileage increased by 2% which indicates a reduction of miles per patient and a considerable increase in the number of patients carried per vehicle.

Development

Year	Patients	Miles	Miles per Patient	Cost per mile	Total Cost
1968*	111,018	329,720	2.97	30p	£69,891
1969	118,700	350,142	2.95	30p	£112,204
1970	123,699	376,531	3.05	35p	£126,427
1971	129,013	384,184	2.98	38p**	£145,673**

Note: —*Borough Extension. **Provisional Estimate.

Over the last decade there has been an increase in patients of 134.2% and a vehicle mileage increase of 112%

The number of Driver/Attendants and Vehicles with the ratio of staff and vehicles to the number of patients conveyed was as follows:—

Year	Number of Driver/Att.	Number of Vehicles	Ratio of Staff to Patients	Ratio of Vehicles to Patients
1968	46	21	1 : 2,413	1 : 5,286
1969	52	21	1 : 2,283	1 : 5,653
1970	52	21	1 : 2,379	1 : 5,889
1971	54	21	1 : 2,389	1 : 6,143

The ratio of vehicles to patients has now reached a peak similar to that experienced in 1966 and 1967 when awaiting the outcome of the Borough Extension. The extra vehicle due in the coming financial year will alleviate the position to some extent but some spare capacity is required to allow vehicles to be withdrawn from service for maintenance and repair and consideration must be given to increasing the size of the fleet in the near future.

Personnel

Mr. C. Wilcox, previously the Control Officer for Staffordshire County Ambulance Service was appointed as Deputy Chief Ambulance Officer, replacing Mr. A. Read who resigned in September.

There is a vacancy for one Driver/Attendant which will be filled as soon as a suitable candidate can be selected.

Training

The initial training recommended in the Millar report for existing staff is almost complete, all Officers and fifty of the Driver/Attendants having qualified for the Department of Health and Social Security Proficiency Certificate in Ambulance Aid.

Only three Drivers failed to reach the desired standard; one of these passed the course at the second attempt and the other two will be given another opportunity during 1972.

Introductory and in-service training to teach new techniques, or instruction on new equipment, is covered as required by Station Officer S. Gwinnett or by the senior ambulance officers.

The emphasis now moves to Refresher Courses as recommended in the Department Circular LHAL 20/71. Arrangements are now in hand to send staff in turn for two weeks' refresher training every third year to Wrenbury Hall, Cheshire, and also to second them for one week in the Casualty Department, Derbyshire Royal Infirmary.

The training programme for ambulance personnel is added as an annex to this report, clearly indicating the wealth of knowledge and practical ability required.

New Equipment

When the Derbyshire Royal Infirmary purchased an automatic cardiopulmonary resuscitator, the Casualty Staff felt that this equipment should also be carried on ambulances, as ambulance crews were the first professional aid to reach patients. All First Aiders with a knowledge of mouth-to-mouth resuscitation and external cardiac massage will appreciate the difficulties of continuing this type of treatment in a moving vehicle but with this machine, rhythmic compression of the chest interposed with inflation of the lungs with oxygen (which is vital for success) can be maintained during transit. A machine has been purchased and staff have been trained in its use. One successful incident has been recorded and consideration is being given to more developments in this field along the lines of the coronary care vehicle experiments at present being introduced in Brighton.

The Ambulance Service Advisory Committee have recommended the use of entonox, and analgesic, to reduce pain whilst moving an injured patient, and this will be provided next year.

Vehicles

The fleet consists of ten first line ambulances, each with two cot stretchers and fully equipped to deal with all types of emergencies and admissions, six 21-seater dual-purpose vehicles with one cot stretcher, four dual-purpose vehicles with tail lifts for patients sitting in their wheelchairs and one estate car conversion for long distances.

Washing and cleaning of vehicles plus routine checks of petrol, oil, water, batteries, tyres, etc., is done by the driving staff. Servicing and repairs are carried out by the Local Authority Transport Section, sub-contracting work out to other garages as required.

Four replacement vehicles were ordered in May, two of which were delivered in September, but delivery of the remaining two was not likely to be until May 1972.

Ambulance Service Basic Training

(Appendix A)

Basic Training may conveniently be sub-divided under the following headings, which are collectively known as "Ambulance Aid".

FIRST AID

Training is based on generally accepted principles of first aid and topics dealt with are therefore similar to those given in most text books on first aid, but theoretical and practical training are presented with particular reference to the special circumstances of the ambulance service. The course includes: —

- (a) simplified anatomy and physiology, illustrated with anatomical models, explained in the most suitable way for ambulance men using every day analogies whenever possible.
- (b) effects of injuries and illness, and appropriate ambulance aid treatments with emphasis on the problems of ambulance loading and unloading, management during transport to hospital, and reporting on arrival at hospital.
- (c) practical training in use of standard ambulance equipment, including oxygen sets, resuscitators, aspirators and Guedel-type airways.
- (d) intensive training in techniques of patient care such as care of the air way, artificial ventilation, aspiration, control of bleeding, external cardiac massage, handling of injured limbs, correct posture, and care of unconscious patients.
- (e) maternity training with emphasis on emergency child-birth and on complications before and after birth.

As far as possible without the use of real patients, the aim is to ensure that ambulance men pay close attention to the general condition of patients, so that these reach hospital in as good condition as circumstances allow.

PARA-MEDICAL

Subjects include such items as care of seriously ill patients who have already had medical attention, e.g. admissions requested by G.P.'s, inter-hospital transfers, management of infectious patients, and disinfection procedures, care of mental patients and out-patients, ambulance nursing and hygiene and medical nomenclature.

NON-MEDICAL

This includes a wide range of subjects including organisation of the National Health Service and the Ambulance Service; communications and control, including the use of mobile radio-telephone equipment; driving, care and maintenance of vehicles; lifting, carrying and light rescue; co-operation with hospitals, police and fire services, etc.; operational procedures for emergency journeys, non-emergency journeys, admissions, transfers, discharges, long distance journeys by road, sea, rail or air; major accidents and conditions of service with code of conduct and personal hygiene.

At the basic six-weeks residential course for new entrants, theory is not neglected, but the main emphasis is on practical training designed to simulate conditions and situations which will be encountered on duty. The main setting for training is the ambulance vehicle with its equipment, and maximum use is made of simulated casualties and realistic props such as wrecked cars. Training includes visits to hospitals and airports, working in darkness, and other difficult environments. The latter part of the basic course consists mainly of realistic practical training and exercises in which the various skills of the ambulance men are called upon.

All practical and some theoretical training is given by specially trained instructors and experienced ambulance officers; this is supplemented by guest lecturers including surgeons, physicians, anaesthetists, police and fire officers.

Ambulance Service Hospital Training

(Appendix B)

During their hospital experience ambulance men are attached to the Accident and Emergency Unit which consists of a minimum 5 shifts of 8 hours each. In general they become familiar with the work and organisation of the Unit including reception, documentation, initial assessment, immediate supportive and life saving measures, progress through X-ray department, operating room, etc., to ward, and subsequent progress in wards.

Instruction is provided in main receiving room for accident and emergency cases; special receiving room for severely ill or injured persons; intensive care unit; daily dressing and plaster clinics; operating rooms, with particular emphasis on the care of the unconscious patient; wards; maternity and labour wards and nursery, and in post mortem room.

When ambulance men visit departments other than the accident and emergency unit, their whereabouts are known in the Unit and they are notified if special events of training value to ambulance men are occurring elsewhere in the hospital.

During their time in hospital crews are given instruction and whenever possible practical experience in the following: —

- (a) care of the airway, including practice in the use of oral (Guedel-type) airways, treatment of cardiac arrest, recognition of internal and external haemorrhage and assessment of the seriousness of injuries or illness.

- (b) recognition of special dangers of common disorders that could wrongly be dismissed as trivial. Examples are small surface wound with extensive penetration and perhaps harbouring foreign matter, and the special significance of pain, numbness and tingling accompanying fractures.
- (c) recognition of characteristic deformities of fractures and dislocations; of surgical emphysema; of paradoxical movement of the chest and other important signs of injury.
- (d) demonstration of the contrast between good and bad first aid, correct and incorrect use of splintage, constrictive devices, bandages, and apparatus for assisting breathing, clearing air passages, etc.
- (e) recognition of the importance and meaning of changes in the patient's condition. This takes place in medical and intensive care units.
- (f) demonstration by surgical and pathological display of the nature and extent of the injuries and diseases they are concerned with.
- (g) general instruction designed to maintain interest and to develop powers of observation with, at the same time, warning about the limits that may have to be imposed upon the conclusions that could properly be based upon their observations.

The hospital "ambulance service liaison doctor" ensures that the appropriate instruction is given, in terms which ambulance men can reasonably be expected to understand, with the principal purpose of providing what is necessary to add to the mere knowledge gained during basic training, i.e. the development of judgement and experience.

Observation in operating and post mortem room is arranged where a case brought in by ambulance is being followed up or a particular clinical point relating to ambulance aid is to be illustrated as experience has shown that routine visits to post mortem rooms are undesirable.

During a visit to the maternity unit ambulance men should see a normal birth if practicable, and should discuss transport of maternity patients, e.g. when they should be carried and when allowed to walk.

Hospital experience includes visits to outpatient clinics, particularly physiotherapy and orthopaedic, and wards where ambulance service procedures, problems and punctuality are discussed in relation to treatments, admissions, discharges, etc.

Refresher Training

(Appendix C)

SYLLABUS—TWO WEEKS REFRESHER COURSE

Pre-course assessment.

*Care and use of equipment.

*Treatment of Fractures—assessment and handling.

Anatomy and physiology—revision.

Revision of respiratory system—maintenacnce of, and airway—use of oxygen equipment.

*Staged incidents—resuscitation.

*Circulatory system and control of haemorrhage.

Assessment of blood loss.

*Nervous system—assessment of levels of consciousness.

*Staged incidents—levels of consciousness.

*Injuries to special regions (head, jaw, chest, spine, pelvis)—recognition and treatment.

*Cardiac collapse—handling and treatment.

*Staged incidents—Cardiac arrest.

*Exercises—course content to date.

Burns and scalds—revision and developments.

Poisons and drug emergencies—revision and developments.

*Staged incidents—previous two sessions.

*Exposure and hypothermia.

Emergency Childbirth.

The major incident, including the rôle of the ambulance man.

*Mass casualty handling—test and exercise.

Ambulance nursing—care, observation and reporting.

*Staged incidents—ambulance nursing.

Examination of the unconscious casualty.

*Staged incidents on previous session.

*Extraction of the trapped casualty—staged incident, preferably with the doctor at the scene.

Reporting to hospital accident centre.

*Infectious diseases and hygiene.

*Oxygen therapy—use of equipment.

Co-operation with operational control.

Motorway procedures, self protection.

Assessment—written and oral.

*Exercises—assessment and treatment.

Course discussion with chief ambulance officer.

Co-operation with other essential services.

Developments within the ambulance service.

Note: —*Practical Sessions.

This course is designed for men who have previously attended a substantial course of basic training. A feature is the daily progress discussion and quiz. Although no formal qualification is awarded, students are assessed towards the end of the course, showing what the student has gained, and suggesting to instructing staff what course alterations if any need to be made.

MEDICAL OPINION

In connection with the issue of driving licences under the Road Traffic Act 1960 (as amended) the Local Taxation Officer forwards details regarding applicants who declare that they have suffered or suffer from epilepsy, sudden attacks of disabling giddiness or fainting. I thereupon give my opinion as to whether the applicant is a medically fit person to drive a motor vehicle and on occasions this involves liaison with general practitioners. During the year 52 such cases were considered, the outcome of one being an appeal to the Magistrates Court against the decision not to grant a licence. Dr. J. E. Masterson attended the Court and gave evidence and the magistrates upheld the decision.

Medical history report forms were completed by 770 new and prospective employees of which 751 were considered to indicate that the applicant would be suitable for employment and entry to the sick pay and superannuation scheme without medical examination. The remaining 19 persons were medically examined either by their own general practitioner or by the Medical Referee to the local authority.

RENAL DIALYSIS

In my report for 1970 I commented on the emphasis which had been placed at the very beginning of the development of this service for Medical, Administrative and Technical officers from both the hospital and local authority sector to be concerned in the discussions with regard to the proposed discharge of patients from hospital.

The appointment by the Renal Unit in 1971 of an Assistant Hospital Secretary, part of whose function is to act as liaison officer, has improved still further the excellent working relationships which have been established at all levels.

At the time of writing, nine patients have been referred to the Department for help. Although whenever possible consideration is given to the supply of a Portakabin which provides good standards from a medical point of view, combined with minimal decorative maintenance, each case is fully discussed and other forms of adaption have been adopted if for medical, social or other reasons, they have been thought to be more satisfactory for the treatment of the patient.

The nine patients at present referred to the Department have been or are being assisted as follows:—

Two patients provided with Portakabins.

Three patients awaiting supply of a cabin (action deferred at the present time on medical advice).

One bedroom conversion.

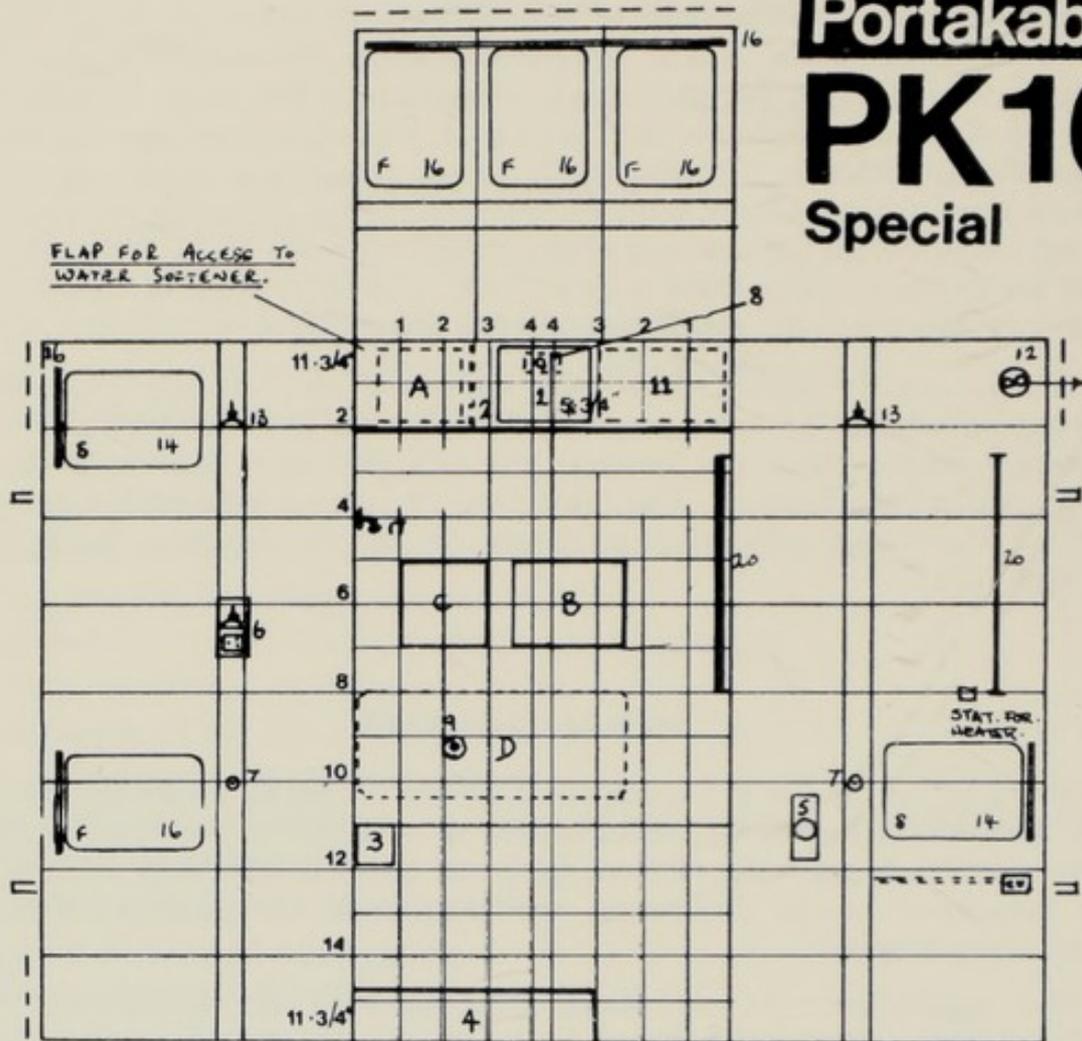
One ground floor extension.

One making own arrangements with financial assistance to include suitable accommodation as a part of a large house conversion scheme.

One awaiting ground floor extension.

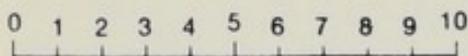
The cabins which have been produced to meet the requirements of the hospital Renal Unit and the Department include certain modifications to the standard Portakabin PK16, details of which are shown in the following diagram.

Portakabin PK16 Special



Scale

$\frac{1}{4}'' = 1' - 0''$



- A. WATER SOFTENER.
- B. DIALYSER.
- C. MONITOR.
- D. BED.

1. 24in. x 18in. x 10in. sink.
2. Melamine worktop, full length x 2ft. 0in. wide.
3. Telephone shelf.
4. 66in. x 15in. storage shelf, 5ft. 0in. high.
5. 3kw. fan heater.
6. 30amp. and 13amp. point combined.
7. 2 bell pushes (battery operated).
8. Undersink waterheater.
9. Gully in floor.
10. Fluorescent lights (on ceiling—not shown).
11. Space for trolley under worktop.
12. 6in. Expelair fan.
13. 2 x 13amp. sockets.
14. Sliding windows.
15. 2-way light switches (2-way pull switches).
16. Nylon roller blind and fixed windows.
17. Cold tap with hose union.
20. Melamine shelf 66in. x 6in. at 5ft. 0in. high.

Key

- [F] Fixed window
- [L] Louvre window
- ✓✓ Coat hooks
- HGP Half glazed partition
- SP Solid partition
- [CU] Consumer unit
- ∩ Sun blind
- ⌚ Switched socket outlet
- ⌚ Wall switch
- ⌚ Ceiling switch
- ⊕ Fluorescent light
- ⊕ Pendant light
- [≡] Convector heater
- [○] Fan heater
- ∞ Extract fan
- Light point (gas)
- ⊕ Supply point (gas)

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During the year I have raised both with the Renal Unit and with the Department of Health and Social Security, the difficulties which can arise when either the husband or wife of a patient as the case may be, is, either because of illness or because of illness affecting the children of the family, unable to assist in the dialysis procedures. The Health Committee has recently authorised me to endeavour to recruit State Registered Nurses for suitable training in the dialysis procedure with a view to assistance being given at such times in order that patients can continue to remain with their families at home and obviate the necessity for the allocation of a hospital bed. A full appraisal of this scheme will be given in the Report for 1972.

The experience which has been gained by the Department in providing satisfactory accommodation and assistance for the treatment of persons at home suffering from severe renal failure has been considerable, but perhaps one of the most important features of the exercise has been the excellent multi-disciplinary working relationships which have been established between the hospital and Local Authority staff. The free exchange of information and the willingness of the hospital staff to acquaint both officers and members of the Health Committee with the range of treatment being offered, has undoubtedly improved the quality of patient care provided.

**infectious
disease
in
Derby**

**Infectious Disease
Mass Radiography
Tuberculosis
Venereal Disease**

Infectious
disease
in
Derby

Infectious Disease
Atlas Bibliography
International
Journal of Disease

PREVALANCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

REPORT BY DR. C. M. DAVENPORT, SENIOR MEDICAL OFFICER

Dr. G. W. R. MacGregor, Senior Medical Officer in charge of the Infectious Diseases Section since 1959, was obliged to retire, on the grounds of ill-health, in October of this year. His great experience in the field of disease-prevention, and his kindly, sympathetic approach to all problems, will be much missed by the Department.

Protection against Disease

Undoubtedly the most important development during 1971 in connection with the prevention of disease by means of individual protection, was the decision in July by the Department of Health and Social Security to discontinue the routine vaccination of children against Smallpox. Eradication of this disease on a world-wide scale has made such good progress, and the risk of imported infection into Great Britain has become so slight that it was concluded that the risk to life and health from routine vaccination, albeit a very small one, now greatly exceeded the danger presented by the disease itself.

Vaccination against smallpox in Child Health Clinics was discontinued forthwith in accordance with the directive. Such vaccination is now confined to overseas travellers likely to pass through remaining infected or endemic areas, and to those Public Health and Hospital staff whose work might involve exposure to the disease, and is carried out by family doctors and by the Hospital and Local Authority departments whose staff might run the risk of infection. In consequence of the abandonment of the routine vaccination policy, no statistics were called for by the Department of Health and no smallpox vaccination figures are therefore, shown in this report.

Routine vaccination against Diphtheria, Whooping Cough, Tetanus, Poliomyelitis and Measles continued according to the recommended schedules at all Child Health Centres in Derby, whilst older children in schools were offered reinforcing doses against Diphtheria, Tetanus and Poliomyelitis, also B.C.G. vaccination against Tuberculosis, and, for 13 year-old girls only, vaccination against Rubella. Numerical details of these various procedures are shown in the tables at the end of this Report.

Prevention and Control

No widespread outbreak of infectious disease occurred in Derby during 1971. A number of small, localised outbreaks or individual occurrences were dealt with as described below.

1. Paratyphoid "A"—Three separate and apparently unrelated cases occurred. The first of these was an Indian lady who had been under treatment for some months following a road accident. She was persistently ill and investigation of her condition resulted, quite by chance, in the isolation of Paratyphoid "A" organisms. Investigation of family contacts revealed no further cases, and the patient was cured uneventfully.

The second occurrence was in October, and was evidently and "imported" case, since the patient had visited India shortly before his illness. Again no secondary spread of infection was recorded, and the patient was cured.

The third investigation concerned an elderly lady who showed an astounding range of activity during the incubation period of her illness, with the result that no fewer than 75 contacts made during various outings and visits to Old People's Centres had to be examined. Fortunately no further cases were discovered.

2. Salmonella Infection—A single occurrence of "Salmonella agona" was found in a child attending a small, privately owned Day Nursery. The staff and children at this Nursery were all screened, and the case was isolated until certified free from infection. There was no spread. A small number of infections in households, involving a total of 14 patients, was found during the year. One such family infection proved very resistant, and was still active at the end of the year, nearly four months after discovery.

3. Sonnei Dysentery—The only outbreak of any consequence during 1971, started in early February in a Corporation Day Nursery. The children were all examined following complaints of gastro-intestinal illness, and twelve of them were found to be infected with *Shigella Sonnei*. Spread of infection amongst the families of these children boosted the total number of isolations to 21. No member of the staff was infected. Normal isolation, exclusion and follow-up procedure was adopted, and the outbreak was quickly brought under control. All patients and contacts were clear of infection by the end of March.

4. Cholera—One of the main hazards concomitant with the speed and facility of modern travel is the increased risk of importation of exotic tropical and sub-tropical diseases into Western Europe, including Britain. One such example occurred during 1971, when outbreaks of El Tor type Cholera spread through most of the Eastern Mediterranean countries, and into France and Spain.

Subsequently two British travellers from another area, who became ill after returning from Spain were found to be suffering from cholera, whereupon the Department of Health imposed a restriction requiring all travellers from the infected areas to produce a valid International Certificate of Vaccination, or to be placed under five days' medical surveillance in default.

It was perhaps fortunate that this emergency did not arise until late in September, when most of the package-tour holidaymakers had already returned home. Even so, although no further isolations of cholera were made, and there were no contacts in the Derby area, a considerable burden of work fell on our Infectious Disease Health Visitors in following-up numerous surveillances which resulted from the Order. Between 13th September and 18th October, 1971, a total of 112 individuals or families living in the Borough were notified as having returned from infected areas without valid certificates. All these were contacted and visited for the prescribed period. After this date notifications came to an abrupt halt, and only one further family was notified and visited during November.

It is hoped that in future, the travelling public will take greater care to protect itself so far as is possible by appropriate immunisations and thus reduce not only the risk of infection, but the considerable burden on the Public Health Departments and inconvenience to themselves, which the omission of these simple precautions can entail.

Vaccination of Persons under age 16 completed in 1971

TABLE 1—COMPLETED PRIMARY COURSES—NUMBER OF PERSONS UNDER AGE 16.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964-1967		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	238	2,326	489	69	67	8	3,197
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	1	24	9	5	145	33	217
5. Diphtheria	—	1	—	—	3	3	7
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	—	—	1	—	135	136
8. Salk	—	—	—	—	—	—	—
9. Sabin	205	2,351	532	82	242	148	3,560
10. Measles	5	1,081	1,086	344	469	37	3,022
11. Rubella	—	—	—	—	—	729	729
12. Lines 1, 2, 3, 4, 5 (Diphtheria)	239	2,351	498	74	215	44	3,421
13. Lines 1, 2, 3, 6 (Whooping cough)	238	2,326	489	69	67	8	3,197
14. Lines 1, 2, 4, 7 (Tetanus)	239	2,350	498	75	212	176	3,550
15. Lines 1, 8, 9 (Polio)	205	2,351	532	82	242	148	3,560

TABLE 2—REINFORCING DOSES—NUMBER OF PERSONS UNDER AGE 16.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1971	1970	1969	1968	1964-1967		
1. Quadruple DTPP	—	—	—	—	—	—	—
2. Triple DTP	—	70	145	38	380	62	695
3. Diphtheria/Pertussis	—	—	—	—	—	—	—
4. Diphtheria/Tetanus	—	12	23	27	2,332	308	2,702
5. Diphtheria	—	—	—	—	58	6	64
6. Pertussis	—	—	—	—	—	—	—
7. Tetanus	—	1	—	6	15	1,684	1,706
8. Salk	—	—	—	—	—	—	—
9. Sabin	—	13	25	37	2,754	1,915	4,744
10. Lines 1, 2, 3, 4, 5 (Diphtheria)	—	82	168	65	2,770	376	3,461
11. Lines 1, 2, 3, 6 (Whooping cough)	—	70	145	38	380	62	695
12. Lines 1, 2, 4, 7 (Tetanus)	—	83	168	71	2,727	2,054	5,103
13. Lines 1, 8, 9 (Polio)	—	13	25	37	2,754	1,915	4,744

B.C.G. Vaccination against Tuberculosis

During 1971, 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	3,063	211	2,667	2,652
"Contact" Scheme	270	12	258	258
			(plus 22 babies vaccinated in maternity hospitals).	

Cases of Infectious Disease notified during 1971

Notifiable Disease	Total	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			
Acute Encephalitis- Infective	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Encephalitis (Post Infectious	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1
Acute Meningitis	4	2	-	-	-	-	1	-	-	1	-	-	-	-	1
Acute Poliomyelitis- Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acute Poliomyelitis (non- Paralytic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Anthrax	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery (Amoebic or Bacillary)	32	3	6	2	2	-	2	3	6	2	4	-	2	-	
Food Poisoning	14	3	-	1	2	1	-	-	2	2	2	1	-	3	
Infective Jaundice	31	-	-	-	-	-	5	5	6	9	6	-	-	7	
Leprosy	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Leptospirosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	875	45	105	95	105	106	392	9	5	2	-	-	11	-	
Ophthalmia Neonatorum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Para-Typhoid Fever	3	-	-	-	-	-	-	-	1	-	1	1	-	3	
Plague	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Relapsing Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Scarlet Fever	121	1	5	5	13	20	64	7	1	-	-	-	5	-	
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tetanus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhoid Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Typhus	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Whooping Cough	216	25	17	15	30	18	89	12	1	2	2	2	3	5	
Yellow Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tuberculosis-Respiratory	58	-	1	-	-	1	4	1	12	19	15	5	-	55	
Tuberculosis-Meninges or C.N.S.	1	-	-	-	-	-	1	-	-	-	-	-	-	-	
Tuberculosis-Other Forms	13	-	-	-	-	-	1	-	1	9	1	1	-	6	
TOTALS	1369	80	134	118	152	146	559	37	35	46	31	10	21	81	

DERWENT HOSPITAL

Detailed analysis of admissions and discharges during 1971 (Borough only)

<i>Disease</i>	<i>Remaining 31/12/70</i>	<i>Admitted</i>	<i>Discharged</i>	<i>Died</i>	<i>Remaining 31/12/71</i>
Pertussis	-	5	5	-	-
Glandular Fever	-	2	2	-	-
Gastro-Enteritis	-	3	3	-	-
Paratyphoid 'A'	-	3	3	-	-
Infective Hepatitis	-	7	6	1	-
Scabies	-	1	1	-	-
Chicken Pox	-	1	1	-	-
Post-Infectious Encephalitis	-	1	1	-	-
Meningitis	-	1	1	-	-
Salmonella Infection	-	3	3	-	-
Various	-	9	9	-	-
TOTAL ALL DISEASES	-	36	35	1	-

MASS RADIOGRAPHY

REPORT BY DR. W. GUTHRIE, MEDICAL DIRECTOR,
NOTTINGHAM AREA NO. 2 MASS RADIOGRAPHY UNIT

Public Sessions

These were held in Derby by the Unit from 6th July to 7th August, 1971.

6,751 examinees were X-rayed compared with 6,874 last year. Slightly more school leavers were X-rayed and slightly less of the general public. 31% of the general public were X-rayed for the first time by a mass radiography unit.

Two cases of active pulmonary tuberculosis were confirmed. Three observation non-tuberculous cases and two pneumonitis cases were discovered, four of which had normal films previously.

There were only 34 doctors' referrals but out of this number four significant cases were discovered, so it is obvious that this group is well worth X-raying.

Two examinees did not return for large film as requested. Fortunately, neither of these two cases showed anything very significant on their miniature films and no further action has been taken regarding them.

Works-Based Sessions

18,519 examinees were X-rayed at a total of nine firms in Derby. Four cases of active pulmonary tuberculosis and ten cases of pulmonary carcinoma were discovered.

Statistics—Public Sessions

Miniature Films	Number X-rayed			Number available			% X-rayed			X-rayed first time	
	M.	F.	TOTAL	M.	F.	TOTAL	M.	F.	TOTAL	No.	%
Scholars(15 and over)	533	509	1,042	1,056	1,092	2,148	50%	46%	48%	997	95%
Wayfarers	37	—	37	42	—	42	88%	—	88%	23	62%
Doctor's Referrals ..	18	16	34							20	60%
General Public ..	2,570	3,068	5,638							1776	31%
TOTAL ..	3,158	3,593	6,751							2,816	41%

Large Films	Satisfactory	Clinical Examinations	Did not come for	
			Large Film	Examination
Scholars F.	5	—	—	—
Wayfarers M.	2	—	—	—
Doctors Referrals .. M.	2	3	—	—
	F.	1	—	—
General M.	18	16	1	—
	.. .. F.	18	2	—

Clinical Examinations	Number		Referred to	Remarks	Final Results	
	M.	F.			M.	F.
Observation Pulmonary Tuberculosis	2	—	Chest Clinic	—	2*	—
Inactive Pulmonary Tuberculosis	5	—	2—Chest Clinic	—	5	—
Observation (non tuberculous)	2	1	Chest Clinic	2 had normal films previously	2	1
Pneumonitis	2	—	Own doctor	Previous films normal	2	—
Pulmonary Fibrosis	4	—	3—Chest Clinic	—	4	1
Interstitial Pulmonary Fibrosis	—	1	Chest Clinic	—	—	—
Basal Pleurisy	—	1	Chest Clinic	—	—	—
Oil rib fracture	2	—	—	No action required	2	—
Hiatus Hernia	—	1	—	No action required— known case	—	1
Mitral Stenosis	1	—	Own doctor	—	1	—
Sarcoidosis	—	—	—	—	1	—

*Active

Cases of Pulmonary Tuberculosis		<i>After full investigation for the years</i>										
		'70	'69	'68	'67	'66	'65	'64	'63	'62	'61	
Active	No.	-	5	2	2	3	4	2	4	4	5	5
	%	-	.07	.03	.03	.04	.06	.03	.05	.05	.08	.08
Observation	No.	2										
	%	.03										

TUBERCULOSIS

REPORT BY DR. H. L. MATTHEWS, CONSULTANT PHYSICIAN
DERBY CHEST CLINIC

Incidence

58 new cases of respiratory tuberculosis were notified, 10 less than last year.

Included in this total were 27 Indian and Pakistani immigrants, 2 referrals from Nottingham Mass Radiography Unit, and 2 contacts of known cases of tuberculosis, discovered by routine examination.

14 cases of non-respiratory tuberculosis were notified, compared with 18 last year. Of these new cases, 10 were Indians and Pakistanis.

Mortality

The number of deaths from respiratory tuberculosis was 3 including 1 from late effects of respiratory tuberculosis. The age incidence in these cases showed 2 occurring in 65-74 years age group, and 1 occurring in the 75 years and over age group.

There was 1 death from non-respiratory tuberculosis, occurring in the 25-34 years age group.

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 of 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.

Summary

Year	No. of New Cases of Tuberculosis notified	No. of New Contacts examined	Total Contact Attendances	No. of Contacts found to be tuberculous
1968	87	570	928	1
1969	74	269	644	1
1970	88	580	924	1
1971	72	459	904	2

It is the practice in Derby to arrange regular re-examination for all home contacts of infective cases of tuberculosis and this is 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.

B.C.G. Vaccination

Contacts vaccinated at Chest Clinic—Approved Scheme	...	...	258
New born infants vaccinated in Maternity Hospitals	...	...	22
TOTAL	...	...	280

Rehabilitation

Suitable employment and conditions for tuberculosis 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.

Register of Notifications

	Respiratory		Non-Respiratory		Total
	Males	Fe-males	Males	Fe-males	
Cases of tuberculosis remaining at 31.12.71	381	233	133	149	896
Cases removed from Register :—					
Withdrawal of notification ..	—	—	—	—	—
Recovery from the disease ..	1	—	—	—	1
Death (all causes)	12	2	1	1	16
Otherwise	1	—	—	—	1

Tuberculosis Notifications and Deaths, 1971

AGE AND SEX INCIDENCE

Age Periods	New Cases*				Deaths					
	Respiratory		Non respiratory		Respiratory		Late Effects of Respiratory T.B		Other Tuberculosis	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	--	--	--	--	--	--	--	--	--	--
1 year ..	1	--	--	--	--	--	--	--	--	--
2- 4 years ..	--	1	--	--	--	--	--	--	--	--
5- 9 years ..	3	1	2	--	--	--	--	--	--	--
10-14 years ..	1	--	--	--	--	--	--	--	--	--
15-19 years ..	3	4	--	1	--	--	--	--	--	--
20-24 years ..	2	3	--	--	--	--	--	--	--	--
25-34 years ..	9	3	2	2	--	--	--	--	--	1
35-44 years ..	6	1	2	3	--	--	--	--	--	--
45-54 years ..	4	2	1	--	--	--	--	--	--	--
55-64 years ..	9	--	--	--	--	--	--	--	--	--
65-74 years ..	2	1	--	1	1	--	1	--	--	--
75 and over ..	2	--	--	--	1	--	--	--	--	--
TOTALS ..	42	16	7	7	2	--	1	--	--	1

*Transfers from other areas not included

New Cases and Deaths

Comparative Table

Year	Respiratory Tuberculosis		Late Effects of Respiratory T.B. and other Tuberculosis	
	*New Cases	Deaths	*New Cases	Deaths
1968	72	3	15	3
1969	54	3	20	2
1970	67	3	21	4
1971	58	2	14	2

*Transfers from other areas (excl. Registrar General's Transferable Deaths) not included

Public Health (Tuberculosis) Regulations, 1952

SUMMARY OF FORMAL NOTIFICATIONS

Primary Notifications of New Cases of Tuberculosis

<i>Age Groups</i>	<i>Respiratory</i>		<i>Meninges or C.N.S.</i>		<i>Others</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
Under 1	—	—	—	—	—	—
1-	1	—	—	—	—	—
2- 4	—	1	—	—	—	—
5- 9	3	1	1	—	1	—
10-14	1	—	—	—	—	—
15-19	3	4	—	—	—	1
20-24	2	3	—	—	—	—
25-34	9	3	—	—	2	2
35-44	6	1	—	—	2	3
45-54	4	2	—	—	1	—
55-64	9	—	—	—	—	—
65-74	2	1	—	—	—	1
75 and over ..	2	—	—	—	—	—
TOTAL (all ages) ..	42	16	1	—	6	7

VENEREAL DISEASES

REPORT BY DR. W. H. DONALD, CONSULTANT VENEREOLOGIST,
DERBYSHIRE ROYAL INFIRMARY

The total number of new patient registrations increased by about 10% in 1971, to a total of 2,375 of whom 1,726 were residents.

The incidence of gonorrhoea continued to increase but not so markedly as last year, with a rise in males of about 17% and in females of about 10% compared with 1970. The proportion of younger age group female patients with gonorrhoea continues to rise, in fact 40% were under 20, and 3 patients were under 16 years old. There were 9 patients with Gonococcal Salpingitis, which can be a serious complication and very liable to cause sterility.

Other genital infections mainly related to sexual intercourse continue to increase and as many of these are virus infections, treatment may be difficult and sometimes prolonged.

STATISTICS—Borough Residents

	<i>Total</i>		<i>Syphilis</i>		<i>Gonorrhoea</i>		<i>Other</i>	
	1971	1970	1971	1970	1971	1970	1971	1970
Total patients all areas	2,375	2,147	27	19	464	436	1,884	1,692
Derby Borough ...	1,746	1,445	21	12	390	340	1,315	1,093

Syphilis

	<i>Male</i>	<i>Female</i>	<i>TOTAL</i>
Early infections ...	Nil	Nil	—
Late and Latent ...	16	5	21

Gonorrhoea

Post pubertal cases ...	242	147	389
Gonococcal Ophthalmia ...	1	Nil	1

Age Groups

Under 20 years ...	17	59	76
Over 20 years ...	225	88	313

Country of Origin

United Kingdom ...	98	118	216
West Indies ...	109	23	132
Asia ...	14	2	16
Others ...	21	4	25

Other Conditions not requiring treatment

	166	132	298
--	-----	-----	-----

Other conditions treated

Nonspecific Urethritis	297	—	297
Nonspecific Urethritis with Arthritis	4	—	4
Other nonspecific genital infection ...	3	64	67
Trichomoniasis	60	94	154
Candidiasis	25	115	140
Scabies	21	16	37
Pediculosis Pubis	20	10	30
Herpes Genitalis	23	11	34
Genital Warts	61	34	95
Molluscum Contagiosum	6	1	7
Other miscellaneous	146	6	152

Control of Venereal Disease

In accordance with Circulars 38/68 and 1/71 action has been taken on contact tracing in the control of the disease. Each patient referred to the health visiting staff was followed up, and in one case it led to the discovery that a new born baby was infected with gonococcal ophthalmia. In addition talks by members of the staff have included, where appropriate, reference to the special clinic and a limited number of posters and statements have been displayed in toilets and other public places.

**environmental
health
in
Derby**

**Living Conditions
Atmospheric Pollution
Working Conditions
Food Control
Meat Control
Water Supply
Sampling
Prosecution**

Environmental
Health
in
India

Living Conditions
atmosphere & outdoor
Working Conditions
Food Control
Vital Control
Water Supply
Sanitation
Prevention

ENVIRONMENTAL HEALTH

REPORT BY MR. R. DAVIES, CHIEF PUBLIC HEALTH INSPECTOR

Reorganisation of Local Government

In my annual report for 1969, I expressed the concern of the public health inspectorate, particularly the younger members, that the proposed reorganisation of Local Government could well involve the fragmentation and splitting up of our traditional duties into different departments in the new pattern of environmental service. The most pessimistic prophets of doom were even forecasting the end of the profession. The Local Government Bill, however, gave public health inspectors the required reassurance, namely that virtually all our normal specialised functions would be retained at district level, and consequently there would not appear to be any reason why each district should not set up its own environmental health department. This would mean that a career in environmental health will still be worthwhile and rewarding. The proposal however in the Bill to split the functions relating to food is slightly confusing insofar as the composition and labelling of food passes to county level while food hygiene and food safety stay under the control of the districts. The logical deduction would appear to indicate that all food functions are inseparable and should be implemented at local (district) level. A shopkeeper or ordinary citizen could hardly be expected to know whether a particular food problem or complaint would fall within the jurisdiction of the county or the district. The obvious reaction I feel would be to report to the local office (i.e. the district public health inspectors department) to lodge a complaint or seek advice. It was gratifying also that the original proposal to transfer clean air functions to county councils has been dropped and that district councils will continue to be responsible for this essential work.

Despite what may have seemed a general atmosphere of uncertainty and apprehension hanging over the local government profession during the early part of the year, the public health inspectors section was able to maintain a full establishment of inspectors, and thus maintain a high level of coverage of the wide and various range of environmental problems including atmospheric pollution, slum clearance, food control, offices and shops inspection, pest control and nuisance complaints.

Slum Clearance

Major emphasis, however, was placed on the determination to make up some of the arrears which had built up over the previous years in the slum clearance programme, and I am pleased to report that 800 houses were included in clearance areas during the year, doubling the best of previous years, and it is confidently expected that, given the good fortune of being able to retain a full staff of inspectors, this rate can be maintained until the end of our scheduled clearance programme. Side by side with our clearance programme, extra special efforts were made also to accelerate house improvements and the creation of improvement areas. The figures in the body of this report will indicate that 1971 was easily the busiest year for improvement grants, and a large general improvement area was declared at Darley Abbey.

Clean Air

The smoke control programme was able to proceed smoothly during the year with the Allestree Order becoming operative in April and the Chellaston Order in November. Further orders were made for Mickleover and the remainder of

Friargate Ward. The progress of smoke control seems to be taken almost for granted now after those difficult trying years in the sixties when the availability of solid smokeless fuels was always a hazard and an uncertainty which had to be overcome in order to maintain progress.

General Environmental Work

Due to the pressure exerted for the acceleration of the slum clearance and improvements programme it became necessary to transfer some staff from the divisions responsible for general environmental circumstances to the Housing Section. Nevertheless, the environmental division staff maintained a commendable coverage of the environmental circumstances in their areas. The Offices, Shops and Railway Premises Act provided few problems and there has been little difficulty in securing compliance with the minor contraventions found. Some delay has been experienced however, in the enforcement of the Hoists and Lifts Regulations, often attributable to the inability of the contractors to carry out the work recommended by the examining engineer within the stipulated time for compliance.

Food

An exceptional number of food complaints were dealt with efficiently by each division and where considered necessary, legal action was taken.



ACCUMULATION OF DROPPINGS FROM FERAL PIGEONS IN DERELICT PROPERTY

Pests

Pest complaints also increased, both investigation and treatment requiring a greater proportion of inspector's time than in previous years, the control of feral pigeons demanding particular attention.

Indiscriminate Dumping

A disturbing feature of public behaviour is an ever increasing tendency to dump refuse of all kinds upon any available piece of open space throughout the town. Although it is very difficult to trace the offenders, one such incident involving a considerable amount of chicken entrails and feathers dumped near an industrial estate led to the offender being traced after some shrewd detective work, and the culprit was successfully prosecuted at the local Magistrates court early in 1972.

Assessment

Looking back over the year, the work of the department consolidated that of previous years with considerable progress having been made in the field of slum clearance and house improvements. To this I must express my sincere thanks to all members of staff for their untiring and loyal efforts throughout the year and to the Health Committee for their unfailing support.

LIVING CONDITIONS

Slum Clearance

Thanks to a reorganisation of the inspectorate and a full establishment, no less than 777 houses were included in clearance areas and another 19 were dealt with by individual demolition or closing orders. This was a real achievement and despite the inevitable additional enquiries and public inquiries, we are quietly confident of being able to maintain this existing pace.

There were four main areas declared: —

Firstly the Whitecross Street area, including Clover Street, part of Leyland Street, Elms Street, Quarn Street and Parker Street. These properties were all built prior to 1851 and their removal will not only enable redevelopment of the West End area to be completed, but will facilitate the provision of environmental improvements in the adjoining improvement area.

Secondly over 200 houses in the Wilmot Street area which includes Sacheveral Street, Sitwell Street and Back Sitwell Street, sited adjacent to the town centre and built prior to 1851. Mostly these were very small properties, although evidently the houses in Wilmot Street were built for middle class occupation. Their dilapidation and bad arrangement leaves no choice but demolition.

At Peartree a small clearance area was brought forward at the request of the Education Committee because of the urgent local need for a new school site. Other clearance areas are due to follow here in the years 1976 and 1977, but many streets and houses will remain and in due course their improvement will probably be encouraged by the appearance of a new school in their midst.

Fourthly a large clearance area containing some 230 houses in Regent Street, Oxford Street, High Street and properties fronting on to London Road and Osmaston road was declared. These houses are somewhat similar to those at Wilmot Street, being intended for workers dwellings and therefore constructed to much lower standards of space and materials than those in the adjoining Regent Street which were built for more affluent persons. This type of house necessitates and is given much closer examination, both for its present condition, and with a view to possible rehabilitation.

Orders were confirmed relating to 429 houses classed as unfit of which only 7 were deemed by the Inspecting Officer of the Department of the Environment to be wrongly classified and changed from pink (unfit) to grey (not unfit). These results provide confirmation that the standard adopted is just about right.

Apart from various small orders, those confirmed related to the Fowler Street and Leonard Street areas which are both to be redeveloped partly for housing and partly for education purposes.

Area Improvement

Derby's second General Improvement Area at Darley Abbey was declared but, unfortunately, no environmental improvements were carried out during the year. For that matter in the earlier Chester Green General Improvement Area (apart from the removal of the railway embankment) the only planned improvement so far carried out was the relocation of the footpath abutting Mansfield Road to the green between the avenue of trees.

However, much preliminary planning and acquisition work is now behind us and 1972 should see a real advance.

An interesting fact is that the removal of the railway embankment has enabled an archaeological dig to proceed leading to the discovery of important evidence pointing to the fact that there was civil occupation of the lands outside the Roman Fort at Little Chester. Among other discoveries are two wells still in good order sited immediately outside what appears to have been an important building. Although all houses in Derby have had an internal piped water supply for many years now it does give one food for thought that such solid well designed structures and amenities existed some sixteen or seventeen centuries ago on a site where only recently have baths been provided in the houses.

As far as the houses in the two General Improvement Areas are concerned progress in improvement is substantial but steady.

In Darley Abbey which by its very nature is certainly not typical, quite a number of houses have been improved to a high standard, but in Chester Green which is more typical of the type of property eligible for inclusion in General Improvement Areas in Derby, our improvement standards have been tempered to the purses of the owners or owner/occupiers.

House Improvement

1971 was by far the busiest year for improvement grants so far experienced. A deliberate policy of encouraging discretionary in lieu of standard grants was followed which led to the number of approved standard grants being virtually the same as in the previous year at 308, but discretionary improvement grants approved more than doubled from 46 to 101, and applications for both continued to rise up to and beyond an annual rate of 600.

A noteworthy 114 of the 308 approved applications for standard grants were in respect of tenanted houses. This proportion of approximately one-third of the total of approved standard grants is, I believe, well above the national average. Similar considerations do not apply, however to discretionary grants where only 7 of the 73 dwellings actually improved during the year, were tenanted.

It seems reasonable to draw an inference from these figures that some landlords are responding to the 'carrot' of a regulated rent and that some tenants are prepared to pay an increased rent for the amenities of bathroom, internal toilet, etc., but so far at any rate, neither landlords nor tenants are rushing to take advantage of the higher level of improvements possible under the discretionary grant scheme. This inference is in fact in line with our experience—a landlord needs to decide whether there will be enough return on his capital for the additional work which is nearly always needed in order to receive a discretionary grant, and a tenant may well not look favourably on paying any rent over and above what would have been fair for the house with bathroom added.

For these reasons despite our encouragement of high level improvement schemes, I feel that standard grants will remain popular.

Clearance Areas

Represented during year: —

Areas	20
Unfit houses	770
Houses included by reason of bad arrangement, etc.	6
Persons to be displaced	2,012

Action taken during the year: —

Houses demolished by local authorities or owners	
(a) unfit	322
(b) others	9
Persons displaced	733
Families displaced	276

Rent Act, 1968

Applications for Certificate of Disrepair

Applications received	3
Decisions not to issue certificate	2
Certificates Issued	1
Undertakings given by landlords	—
Undertakings refused by local authority	—

Applications for Cancellation of Certificate

By landlords to local authority for cancellation	—
Objections by tenants to cancellation	—
Certificate cancelled by local authority	—

Houses in Multiple Occupation

Houses known to be in multiple occupation	383
Houses on which notices of intention have been served for: —	
(a) Management Orders (Section 12)	—
(b) Directions on overcrowding (Section 19)	20
Houses on which have been made: —	
(a) Management Orders	2
(b) Directions on overcrowding	20
Notices served: —	
(a) to make good neglect of proper standards of management (Section 14)	2
(b) to require additional services or facilities (Section 15)	15
(c) where work has been carried out in default	—
Prosecutions taken since passing of Housing Act 1961, in respect of: —	
(a) Management	5
(b) Directions	35
(c) Overcrowding (Section 90, Housing Act, 1957)	—
Control Orders made (Housing Act, 1964)	—
Control orders terminated	—

Local Authority Dwellings

Report by MR. C. F. FORTUNE, Director of Housing
Statistics at 31st December

	1969	1970	1971
<i>Classification:—</i>			
Bed Sitters	54	54	54
One Bedroom	1,723	1,755	1,777
Two Bedrooms	4,802	4,862	4,887
Three Bedrooms	14,410	14,416	14,526
Four Bedrooms	222	228	230
Total Number of Dwellings	21,211	21,315	21,474
Dwellings built for Local Authority	517	170	169
Dwellings built—Private Enterprise	626	718	577
Additional purchased properties let on weekly rental	44	44	56
Local Authority Dwellings demolished	19	28	28
Sales of Council Houses	55	51	40

INSPECTIONS AND NOTICES

1,325 complaints were received, chiefly relating to housing disrepair, and 2,875 visits and inspections were made.

COMMON LODGING HOUSES

Registered properties	3
Rooms registered for sleeping	38
Lodgers provided for	259

OFFENSIVE TRADES

The following offensive trades are carried on:—

Rag and Bone Dealer	3
Tripe Boiler	1

ATMOSPHERIC POLLUTION

Industrial

Since the introduction of the Clean Air Act of 1956 here has been a spectacular reduction in smoke from industrial boilers and from larger heating boilers generally achieved by the cessation of the practice of feeding coal onto boilers manually. With very few exceptions the hand fired boilers have been fitted with automatic stokers or converted to oil firing.

The past year has been notable for an increasing tendency to use gas for new installations and for the conversion of some of the larger existing boilers to gas firing. This is a smoke free fuel which virtually eliminates the sulphur dioxide emission associated with the burning of solid fuel or oil.

The emphasis for the future must be directed towards reducing to an absolute minimum grit and dust emissions from industrial undertakings.

Not all pollutants arise from burning fuel, or from boiler plants. There are certain industries which have their own emissions and where improvement needs to be made whenever practicable.

Domestic

The smoke control programme is being carried out as planned, despite a few months delay on the order for Allestree due to the temporary difficulty with supplies of smokeless fuel. This order came into operation on 1st April, 1971, and the order for Chellaston followed on 1st November, 1971. Further orders were made for Mickleover and for the remainder of the Friargate Ward.

Measurement of Pollution

Measurements of pollution have been maintained as follows: —

<i>Oct 1970—Mar 1971</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Winter Average</i>
Central Bus Station	161	138	85	152	95	233	144
Technical College	83	37	75	127	73	194	98
Markeaton Park	5	48	23	35	41	148	50
B.R. Staff College	22	70	81	36	81	249	90
E.M.G.B. Pump House	52	48	96	117	61	143	86
C.W.S. Warehouse	148	136	93	131	143	212	144
City Hospital	78	39	61	—*	127	152	—

<i>Apr 1971—Sep 1971</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sep</i>	<i>Summer Average</i>
Central Bus Station	232	448	246	229	182	205	269
Technical College	116	201	140	131	104	72	127
Markeaton Park	38	32	84	147	116	32	75
B.R. Staff College	88	83	111	187	150	47	111
E.M.G.B. Pump House	59	65	65	80	57	37	60
C.W.S. Warehouse	104	109	156	135	111	104	120
City Hospital	146	137	210	—*	—*	247	—

*Gauge out of order.

Figures are average deposits per day in milligrammes per square metre.

DAILY VOLUMETRIC FILTER READINGS
Results in microgrammes per cubic metre

1971	AVERAGE FIGURES					
	Peartree Police Station		Normanton Clinic		Victory Road	
	Smoke	Sulphur	Smoke	Sulphur	Smoke	Sulphur
January	149	198	91	172	130	154
February	148	166	69	115	123	118
March	85	135	36	95	87	128
April	92	145	49	105	53	91
May	45	92	26	81	37	81
June	36	66	19	55	41	78
July	24	63	17	58	28	70
August	30	59	20	50	40	67
September	77	96	49	83	58	85
October	86	122	52	100	91	101
November	102	133	43	92	103	117
December	114	152	61	122	105	88

Noise Abatement Act, 1960

The need for continuing vigilance cannot be too strongly emphasised if noise is not to become an increasing problem. There is a need to strengthen legislation to protect people in their places of employment from noise produced outside the premises. A specific regulation requiring road drills to be fitted with mufflers and making the operator responsible for ensuring this would be a step forward.

Closer attention needs to be given to development proposals to ensure that noisy industrial undertakings are not placed next to dwellings and also that residential development does not take place without due reference to industry in the locality. Liaison with the Planning Department on these matters is always welcomed.

WORKING CONDITIONS

Factories Act, 1961

There are 599 mechanical and 47 non-mechanical factories including bake-houses, 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

<i>Premises</i>	<i>Number of</i>		
	<i>Inspections</i>	<i>Written Notices</i>	<i>Prosecutions</i>
Factories without mechanical power	33	—	—
Factories with mechanical power	304	—	—
Other premises under the Act (including works of building and engineering construction but not including out-workers' premises)	19	—	—
TOTAL	356	—	—

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	—	2	—	2	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences—					
(a) insufficient	—	2	—	3	—
(b) unsuitable or defective	—	6	—	6	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to out-work)	—	—	—	—	—
TOTAL	—	11	—	12	—

Offices, Shops and Railway Premises Act, 1963

The task of re-visiting premises inspected during the initial survey has been completed and a high degree of compliance has been achieved, in respect of work which had been required. Once again it has been noticed that only an occasional instance of overcrowding has been detected and this aspect of the Act has not been a problem so far as Derby is concerned.

Lighting standards generally have improved and many employers have realised the advantage of an acceptable standard in offices.

Heating difficulties have again been confined almost entirely to multiple tailors shops, managements appearing to be most insistent on maintaining a policy of open-door trading, with a consequent lowering of temperatures below the statutory minimum. These difficulties have now been resolved by provision of extra heating and by the companies concerned giving extra discretion to managers, particularly on very cold days.

The sanitary accommodation and washing facilities aspect of the Act has been satisfactory and there has been little difficulty in securing compliance with the provisions of the Act.

Difficulty has been experienced in enforcement of the Hoists and Lifts Regulations 1968 in the matter of defective equipment which has been reported and on which the examining engineer has imposed a time limit for compliance. Often orders have been placed for the work to be carried out, but the lift companies concerned, either due to pressure of work or other reasons have been unable to carry out the work in the stipulated period.

No difficulties have been experienced with regard to the mechanical handling of goods although it has been noted that it is the practice of fork lift truck drivers to move around with the fork lift in the lift position.

The number of premises registered at the end of the year was 1966 compared with 1993 at the end of 1970. There were 112 additions to the register and 139 deletions, mainly due to premises changing ownership and found during the course of re-inspections. The number of persons employed in registered premises decreased during the year from a total of 19,997 to 18,839.

During the year 1136 visits were made to registered premises in connection with the enforcement of the Act and 171 letters were sent pointing out contraventions of the Act.

SUMMARY OF CONTRAVENTIONS

Section 4	Cleanliness	...	...	...	...	...	55
6	Temperature	...	...	...	...	...	96
7	Ventilation	...	...	...	...	...	18
8	Lighting	...	...	...	...	...	17
9	Sanitary Conveniences	...	...	...	...	...	87
10	Washing Facilities	...	...	...	...	...	51
12	Clothing Accommodation	...	...	...	...	...	17
16	Floors, passages and stairs	...	...	...	...	...	46
17	Dangerous machinery	...	...	...	...	...	11
24	First Aid	...	...	...	...	...	103
	Other matters	...	...	...	...	...	198

Forty-six accidents were reported during the year as required by Section 48 of the Act. These were mainly due to falls of persons and accidents occurring during handling of goods.

Prevention of Damage by Pests Act, 1949

During the year a total of 1629 infestations of rats and mice were dealt with at dwelling houses in the Borough, 289 at business premises and 132 infestations at Corporation surface properties.

FOOD CONTROL

Food Hygiene and the Common Market

The impending entry of this country into the Common Market will probably precipitate great changes in the food industry of the future. Standards of living, particularly in relation to the food supply of the public will rise even more rapidly than at present. Food hygiene will demand more stringent attention from more available and effective public health inspectors and to maintain control and supervision of these higher standards and to secure adequate enforcement, existing legislation must be brought into line. Pleas for registration and prior approval of new food premises and mobile food businesses have been made in so many of my previous annual reports that I shall make no other comment than to say that these basic essential demands seem so obvious to all concerned, except the Government's Food Hygiene Advisors. I would go further and say that prior approval by itself is not enough and will certainly not meet future demands.

Prosecution Procedure

The gross overloading and congestion of our judicial administrative system wherein our magistrates courts are seriously overcrowded, and are likely to become more so, would indicate the need for new legislation to be applied to deal with filthy premises posing a risk to public health because of prolonged delays in enforcement. It should not be accepted that these insanitary premises should remain open because of the inability of the crowded courts to deal with them. I would suggest that there should be a statutory provision for two magistrates at the request of the public health inspector to be taken to the premises in question, and they would give final authority for the premises to be closed if satisfied it was necessary. This would protect the public from what is so often an unnecessary risk, and prevent the possible spread of food-borne disease. It would also be fair to the owner of the business in so far as the decision was made by independent magistrates. The availability of this immediate enforcement legislation could have a tremendous deterring effect on those dilatory and obstinate occupiers of food premises who are only too aware of the restrictive and slow moving existing enforcement legislation and are not slow to take advantage of it! I would envisage that by reason of power of immediate closure being available to the Local Authority's health officials, the need to apply it may very rarely be required.

Date of Manufacture

During the past year complaints from the public about mouldy food and foreign bodies in food increased considerably and posed a considerable problem both for the public health inspectorate and the food industries concerned. Investigations into mouldy food complaints revealed that the "sale or return" practice is still very widely operated, and indications are that salesmen are forced into this operation as a necessary sales inducement in a highly competitive trade. Almost without exception however, the food manufacturers themselves claim they do not operate this system. Complaints of mouldy food will continue, I fear, until the food industry is forced by legislation to indicate the date of manufacture on each article of perishable food. Failing the actual date, the disadvantages of which may be conceded, then a national uniform coding system should be applied. Such a code must be simply understood by retailers, who would then have the burden of responsibility of exposing perishable goods only within the normal shelf life with which they should be familiar. At present the multiplicity of codes used are known only to the manufacturers themselves and their representatives. Without this necessary information the retailer may not be able to rotate his stock properly, thus increasing the risk of selling stale or unfit food to the public.

Take Away Foods

Take away foods are a development of the present retail food industry which is increasing at a very rapid rate, particularly food of the so-called Chinese type. It is easy to imagine the hazards which can arise from warm food purchased at a retail shop and carried on quite long journeys by consumers before being eaten. From the strictly legal sense from the moment of sale at the shop, the responsibility of the trader ceases and the Food and Drugs Act and other relevant legislation have no effect. Here seems to be a loophole in food control legislation which has no immediate solution. Following this problem of change in food temperature from the point of sale to the point of consumption there is still widespread concern about the transport of ice cream bought in bulk

at cash and carry warehouses and transported in unsuitable vehicles such as enclosed unclean vans or luggage compartments of private cars, on journeys which may take more than an hour to the point of retail sale. Thus ice cream which is often only wrapped in paper cartons could partly melt in that time and the change in temperature could constitute a potential hazard.

Prepacked Food Bargains

With the continued rising prices of food, a disturbing feature which is becoming increasingly evident is the "bargain sales" of food in street stalls and open markets. Most of the goods are prepacked branded products at prices that cannot be offered even by cut price supermarket operators. The sales gimmick that they had 'fallen off a lorry' or 'been stolen' is the usual joke to attract the customer but nevertheless these products are often sold at less than the actual basic cost of production. How then can they be sold at this price and still provide a profit? They are salvaged from fires, floods or other mishaps at food stores or warehouses, or alternatively they are very old stocks which have remained unsold so long in a warehouse that the occupier disposes of them for a ridiculously cheap rate as he needs the space and due to their age they are not a profitable product for him anyhow. Samples of some of these 'bargain' foods have been submitted from time to time for analysis and although some of the cans would appear to have been several years old, no adverse reports have been received from the Public Analyst to indicate unfitness for consumption.

FOOD AND DRUGS ACT, 1955

Food Hygiene (General) Regulations, 1960—1970

	<i>No. of premises</i>
Butchers' Shops	134
Fried Fish Shops	63
Catering Premises	207
Licensed Premises	209
General Food Premises	595
Food Factories	24

Milk (Special Designation) Regulations, 1963

SAMPLING: —

Pasteurised	102
Sterilised	18
Ultra Heat Treated	6
	<hr/>
	126
	<hr/>

Methylene blue test failures (keeping quality)	10
Phosphatase test failures (efficiency of pasteurisation) ...	1
No untreated (farm bottled) milk was retailed.	

LICENSING: —

Dealers—Pasteurisers	2
Dealers—Pasteurised	227
Dealers—Sterilised	112
Dealers—Ultra Heat Treated ...	20

Milk and Dairies (General) Regulations, 1959

Distributors on register	...	...	...	...	17
Dairy premises on register	...	...	...	...	3

Ice Cream—Food and Drugs Act, 1955, Section 16

Premises registered for manufacture, storage and sale:—					
Manufacture and sale	...	...	...	...	5
Sale only	...	...	...	...	696

Summary of Foodstuffs Condemned

Wholesale provision stores, fish and fruit markets have been regularly inspected. Foodstuffs condemned as unfit for human consumption were as follows:—

	<i>Tons</i>	<i>Cwts.</i>	<i>lbs.</i>
Meat at wholesale premises	—	8	100
Meat at retail shops	—	—	8
Cooked meat and meat products	—	4	8
Canned meat	2	7	29
Other canned foods	4	2	95
Fish (fresh)	—	4	56
Fruit and vegetables (fresh)	2	5	16
Other foods	—	11	43
Frozen foods due to cabinet breakdown	2	13	—

MEAT INSPECTION

54,354 animals were slaughtered and inspected, an increase of 5,761 on last year's total. Licences to slaughter animals were given or renewed in respect of 47 persons.

There are very few condemnations as a result of diseased carcase meat; most diseases found were localised conditions found in the offal.

In Derby, there is a public abattoir at The Meadows, and five private slaughterhouses. Nevertheless an appreciable amount of home-killed meat from other areas, and a quantity of imported meat finds its way to the shops via the wholesalers.

Meat carrying vehicles are regularly inspected to ensure their condition complies with the appropriate regulations.

Two major developments in the meat trade have shifted much of the emphasis in meat inspection from the detection of disease to the maintenance of a high standard of hygiene in the processes of slaughtering, dressing and handling of carcasses and their delivery.

The greatly improved health in general of animals presented for slaughter, in particular the virtual disappearance of bovine tuberculosis, has had its effect on amounts of meat found unfit for human consumption.

Again the growing awareness of the origins and importance of the possibility of food poisoning and the ever increasing amounts of food cooked in bulk and often distributed over wide areas before sale, (this latter a major hazard without an initial supply of safe, wholesome meat, hygienically handled throughout), has drawn attention to the necessity for informed measures against contamination and their supervision over and above routine inspection.

Weight of Meat Condemned

The following table gives the weight of meat found to be unfit for human consumption during the course of meat inspection at the slaughterhouses:—

	<i>Tons.</i>	<i>Cwts.</i>	<i>lbs.</i>
Beef	1	1	52
Mutton and Lamb ...	—	6	88
Pork	3	18	11
Veal	—	2	39
Offal	12	7	90
Total	17	16	56

Arrangements are made for all this meat and offal to be processed for industrial purposes at Nuneaton.

Animals Slaughtered, Inspected and Condemned

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Calves</i>	<i>Sheep and Lambs</i>	<i>Pigs</i>	<i>Total</i>
Animals slaughtered	8,114	1,401	20	24,458	20,361	54,354
Animals inspected	8,144	1,401	20	24,458	20,361	54,354
Affected Carcasses All diseases or abnormal condition other than Tuberculosis or Cysticercosis						
Whole carcasses condemned ..	—	4	5	8	15	32
Part carcasses or organs condemned	1,027	712	3	591	1,060	3,393
Percentage numbers inspected found affected	12.65	51.1	40.0	2.45	5.28	6.34
Affected Carcasses Tuberculosis only						
Whole carcasses condemned ..	—	—	—	—	—	—
Part carcasses or organs condemned	—	—	—	—	4	4
Percentage numbers inspected found affected	—	—	—	—	0.02	0.02
Affected carcasses Cysticercosis only						
Whole carcasses condemned ..	1	—	—	—	—	1
Part carcasses or organs condemned	43	6	—	—	—	49
Percentage numbers inspected found affected	0.54	0.43	—	—	—	0.16

Animals Slaughtered under Government Orders

	<i>Bulls</i>	<i>Cows</i>	<i>Steers</i>	<i>Heifers</i>	<i>Calves</i>	<i>Totals</i>
Tuberculosis Order, 1964	-	9	-	-	-	9
Brucellosis (Accredited Herds)	1	26	-	9	-	36

Poultry

There are no poultry processing premises within the Borough.

Incidence of Disease—Condemnations

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 ..	-	-	4	-
Arthritis	-	-	3	-
Bone Taint	-	-	2	-
Cysticercus Bovis	1	-	-	-
Decomposition	-	-	-	1
Fibrosis	-	-	2	-
Injury and Bruising	-	-	22	11
Oedema	-	1	1	1
Synovitis	-	-	1	-
TOTALS	1	1	35	13

Sheep

	<i>Totally Condemned</i>	<i>Part Condemned</i>
Abscesses and Abscess Adhesions ..	-	4
Arthritis	2	20
Injury and Bruising	-	10
Melanosis	-	1
Oedema and Emaciation	1	-
Pleurisy	-	5
Pyrexia	1	-
Septicaemia	2	-
Septic Mastitis	1	-
Septic Metritis	1	-
TOTALS	8	40

Pigs

	<i>Totally Condemned</i>	<i>Part Condemned</i>
Abscesses and Abscess Adhesions	1	83
Actinomycosis	-	1
Arthritis	-	130
Corynebacterim Equi	-	2
Decomposition	-	5
Injury and Bruising	-	226
Oedema	3	-
Pleurisy	-	1
Pyæmia	3	-
Pyrexia	3	-
Septicæmia	2	-
Septic Pneumonia	1	-
Tuberculosis	-	4
Uraemia	1	-
Urticaria	-	4
TOTALS	14	456

Calves

	<i>Totally Condemned</i>	<i>Part Condemned</i>
Arthritis	1	-
Immaturity	2	-
Moribund	2	-
Joint-ill	1	-
Injury and Bruising	-	2
Totals	6	2

WATER SUPPLY

REPORT BY MR. I. G. EDWARDS, ENGINEER AND GENERAL MANAGER,
SOUTH DERBYSHIRE WATER BOARD

The water supplied to the area has been adequate in quantity and generally satisfactory in quality.

Regular examination has been made both of raw and treated waters. A total of 130 bacteriological, 6 chemical and 116 partial chemical samples were taken from consumers' premises during the year, and of the 130 bacteriological samples, only 8 showed coliforms. Repeat samples were found to be coliform free.

Water consumption during the year was:—

Estimated gallonage supplied to the County Borough of Derby area from public supply	5,118,512,092
Number of gallons per day per head of population ...	63.94

The supply to the area is derived from local infiltration tunnels and the River Derwent at Little Eaton, together with treated water supplies received from the Board's Homesford Works and the Derwent Valley Water Board. The local water is filtered and sterilised at the Little Eaton works. All water is now being treated to raise the fluoride content to 1.00 p.p.m.

None of the water as supplied to the consumers is liable to plumbosolvent action.

All water is chlorinated before passing into supply.

There is no record of the proportion of dwellinghouses supplied by means of standpipes, but the figure is negligible, and it can be said that substantially the whole of the dwellinghouses, of which there are 75,937 in the Borough, are supplied with water by the Board.

Typical Analysis of Derby Town Supply

SOURCE Little Eaton Pumping Station and Derwent Valley Water Board

Physical Examination:—

Colour (Hazen)	<5
Turbidity	Clear and Bright
Taste	Normal
Odour	Normal
Suspended matter (microscopical examination)	—

Chemical Analysis:—

pH value	7.85
Electrical Conductivity at 20°C	432
Residual Chlorine:—	<i>Parts per Million.</i>
Free, Monochloramines and Dichloramines	—
Total	<0.02
Free and Saline Ammonia as N	<0.01
Albuminoid Ammonia as N	<0.01
Nitrite Nitrogen as N	<0.001
Nitrate Nitrogen as N	1.54
Oxygen absorbed from Permanganate in 4 hours at 27°C	0.44
Dissolved Oxygen	9.4

B.O.D.	...	...	...	...	...	—
Free CO ₂	...	...	...	...	...	2.8
Total Alkalinity (CaCO ₃)	...	...	...	...	...	—
Hardness as CaCO ₃ : —						
Temporary	...	...	...	...	...	112
Permanent	...	...	...	...	...	39
Total	...	...	...	...	...	151
Calcium Hardness (CaCO ₃)	...	...	...	...	...	—
Magnesium Hardness (CaCO ₃)	...	...	...	...	...	—
Total Solids (dried at 180°C)	...	...	...	...	...	290
Suspended Solids (dried at 105°C.)	...	...	...	...	...	—

Mineral Analysis: —

Calcium as Ca	...	...	...	...	...	41.2
Magnesium as Mg	...	...	...	...	...	11.6
Sodium as Na	...	...	...	...	...	42.0
Potassium as K	...	...	...	...	...	2.6
Iron as Fe	...	...	...	...	...	0.06
Manganese as Mn	...	...	...	...	...	0.04
Copper as Cu	...	...	...	...	...	<0.05
Lead as Pb	...	...	...	...	...	<0.05
Zinc as Zn	...	...	...	...	...	<0.06
Aluminium as Al	...	...	...	...	...	none detected
Silica as SiO ₂	...	...	...	...	...	7.8
Sulphates as SO ₄	...	...	...	...	...	67.8
Chlorides as Cl	...	...	...	...	...	48.0
Fluorides as F	...	...	...	...	...	0.90
Phosphates as PO ₄	...	...	...	...	...	—
Nitrate as NO ₃ (calculated)	...	...	...	...	...	6.82

SAMPLING

REPORT BY MR. J. MARKLAND, BOROUGH ANALYST

Food and Drugs Act, 1955

During the year 317 informal and 4 formal samples were submitted for analysis. These represent a sampling rate of 1.4 per 1000 population. Twenty-seven samples (8.4%) were found to be adulterated, either because they failed to comply with the relevant legislation or were below normally acceptable quality. Of these 27 unsatisfactory samples 13 were milk; 7 were sausages, 2 each of sugar confectionery and pickles, and there was one each of cakes, drugs and wine.

Milk

Of 58 milk samples examined for compositional quality, 12 were unsatisfactory. Six of these contained a trace of added water and the remaining 6 were Channel Island milk deficient in fat content. In respect of 12 samples taken for residues of materials used in the cleansing of dairy equipment there was no evidence of such residue.

Eight samples taken were deficient in non-fatty solids being below the presumptive minimum standard of 8.5% non-fatty solids but were free from added water. It follows that the deficiencies were caused naturally.

The average composition of satisfactory samples taken was

Fatty	4.25%
Non-Fatty Solids	8.77%
Total Solids	13.02%

It should be added that these figures do not represent the true average of the milk sold during the year as all were taken during a limited period.

Other Samples

Of the 15 unsatisfactory samples analysed, 6 were of pork sausages (4 with undeclared preservative present, one deficient in meat content and one having both defects) 2 were of chocolate eggs containing fat other than cocoa butter, a mouldy rich fruit pudding was found, cocktail onions contained a fly, compound codeine tablets were slightly deficient in codeine, a polony was deficient in meat content, a Chili sauce mix was in fact a compound Chili powder, a ginger wine found merely to be a soft drink, and there was an unsatisfactory label on a tin of condensed unsweetened full cream milk.

Preservatives in Food Regulations

All appropriate samples were examined for preservatives. Five samples of pork sausage contained Sulphur Dioxide as preservative. The Regulations allow a limited addition of this preservative provided its presence is declared. The samples listed were sold without a declaration. In all cases the amount of preservative was below the maximum quantity permitted.

Lead in Food Regulations

None of the samples tested contained more lead than is permitted by the Regulations.

Pesticides

Samples of Apples, Pears, Grapes, Tomatoes and Breakfast Cereal were tested for organochlorine pesticides. Traces of pesticides were found in most of the samples but the amounts present were well below the generally accepted limit.

Complaints

Samples submitted following consumer complaints are listed below:—

Pasteurised Milk ...	...	Foreign matter.
Meat Pie ...	...	Low meat content not justified.
Canned Soup ...	...	Detergent taste not supported by tests.

Fertilisers and Feeding Stuffs Act

Forty-six samples of fertiliser and 5 samples of feeding stuffs were examined. Of the 13 fertiliser samples which contravened the regulations 5 samples contained more plant nutrient than was declared and would not have prejudiced a purchaser. Three compound fertilisers were slightly deficient in Potash. Four compound fertilisers were slightly deficient in soluble phosphoric acid. One compound fertiliser was slightly deficient in both potash and soluble phosphoric acid.

Miscellaneous

One sample of rabbit food was examined. Rabbit food is not covered by the Fertilisers and Feeding Stuffs Act.

Two drinking water samples were examined following complaint of taint, but no supporting evidence was found.

One water from a cellar was examined to detect the source of the water.

Thirty-three samples of drinking water were examined for fluoride content.

Sixteen Smoke Gauge Filters were examined for lead in an attempt to record the lead content of the air.

PUBLIC SWIMMING BATHS

REPORT BY MR. N. G. RUSHTON, GENERAL MANAGER

Interest in water sport continues to rise, as does the demand for remedial services. For some time the facilities in Derby have operated at almost saturation point, and the need for additional facilities has been recognised by the provision during the year of an aeratone therapeutic bath, by new squash courts, and by the commencement of building operations on the Regional Swimming Pool at the Municipal Sports Ground, Moor Lane, due to open during the summer of 1973 and incorporating Championship and Teaching Pools and a restaurant.

The present facilities are as follows: —

REGINALD STREET BATHS (1904)

Swimming Pool 100' x 30'.

Turkish and Vapour Bath with Exercise Room.

Ultra Violet and Radiant Heat Sun-Ray Bath.

Slipper Baths (20).

Establishment Laundry.

QUEEN STREET BATHS (1932)

Gala Pool 100' x 40'.

Family Pool 100' x 32'.

Teaching Pool 60' x 24'.

Finnish Sauna Bath with Exercise Room.

Ultra Violet Sun-Ray Bath.

Aeratone Therapeutic Bath.

Slipper Baths (17).

Establishment Laundry.

All water used within the pools is constantly filtered and sterilised, the amount of the dose being automatically controlled to maintain the water in an alkaline condition. Trained operators regularly make chemical tests to ensure the safety of the water, and "Breakpoint" chlorination ensures the immediate extermination of bacteria.

Attendances during the year ending 31st March, 1971, show a decline in the Slipper Baths figures, but increases at the Sauna Baths, at Swimming Lessons, and for Swimmers. The total for the year was 843,563.

SWIMMING BATHS

Thirty-five samples of swimming bath water were taken by Public Health Inspectors. These were obtained from the public baths under the control of the local authority, school swimming baths and a swimming pool used in connection with a private school. Checks were made of the free chlorine content and the pH value of the water and confirmatory samples were taken at the time of the bacteriological standards of the water. Free chlorine levels were generally maintained at 1.0 part per million or above which is sufficient to ensure satisfactory bacteriological purity of the water. An occasional sample revealed the free chlorine content to be slightly below 1.0 part per million, but the associated bacteriological samples showed that the water was free from bacteriological contamination. These samples were taken at a period of heavy demand.

SEWERAGE

REPORT BY MR. W. H. RICHARDSON, BOROUGH ENGINEER AND SURVEYOR.

At the end of the year Contract No. 1 of the Chellaston trunk foul sewer was practically complete, providing an outfall sewer from the Sewage Disposal Works at Spondon to Heathcote Close, Alvaston. Investigations of the most economical route for the Allestree Sewage Disposal Works to the Borough system have been completed and similar work is in hand for alleviation of a serious flood problem from sewers at Spondon.

A full programme of drainage works phased over the next six years will, when complete, render the drainage of the Borough reasonably adequate. Statistics regarding trade effluent are 88 consents and 9 agreements, representing an increase of 7 such authorisations over last year.

Statistics—Work Carried Out

Storm Water Drains ... ..	...	...	11,000.60m
Foul Water Drains ... ..	...	...	4,247.75m
Land Drains ... ..	...	...	2,120.00m
Combined Drains ... ..	...	...	55.00m
TOTAL ... ..	...	...	17,423.35m

LEGAL PROCEEDINGS

Food and Drugs Act, 1955—Section 2

<i>Offence or Default</i>	<i>Fine</i>
Selling sliced loaf containing metal screw	£15
Selling sliced loaf containing piece of bent wire	£25
Selling steak pasty containing cigarette filter tip	£20
Selling sliced loaf containing part of a cutter blade	£50
Selling mouldy cornish pasty	£10
Selling mouldy cornish pasty	£20
Selling mouldy steak and kidney pie	£30
Selling mouldy pork pie	£10
Selling mouldy pork pie	£25
Selling mouldy sliced loaf	£ 5
Selling mouldy part-baked bread	£25
Selling two mouldy cream desserts	£50
Selling mouldy yoghurt	£20

Other Legislation

	<i>Result</i>
PUBLIC HEALTH ACT, 1936, SECTION 94 Failure to comply with Abatement Notice served in respect of defective house roof and accumulation of rubbish.	Nuisance Order made.
PUBLIC HEALTH ACT, 1936, SECTION 94 Failure to comply with Abatement Notice served in respect of defective eaves guttering serving front roofs of dwellings.	Nuisance Order made.
FOOD HYGIENE (GENERAL) REGULATIONS, 1970, (PARTS 1 AND 4) Various contraventions.	Fined £25 on each of 5 summonses.
MILK & DAIRIES (GENERAL) REGULATIONS, 1959, REG. 27 (1) Using dirty milk bottle.	Fined £20.
HOUSING ACT, 1957, SECTION 27 Permitting premises to be used in contravention of Closing Order.	Fined £10.
CIVIC AMENITIES ACT, 1967, SECTION 19 Dumping of chicken offal, mutton trimings, etc.	Adjourned sine die.

**the
health
of
Derby
School
Children**

**General Health
Speech Therapy
Child Guidance
E.S.N.
Specialist Clinics
Dental Health**

The
Health
of
Derby
School
Children

General Health
Special Survey
Child Guidance
E.S.V.
Specialist Clinics
Dental Health

SCHOOLS AND SCHOOL CHILDREN

REPORT BY DR. J. E. MASTERTON, DEPUTY MEDICAL OFFICER, OF HEALTH
AND DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

During 1971, the general health of Derby school children continued to be satisfactory, but, as in previous years, it has not been possible to offer all the services one would like. Difficulties in recruiting suitable professional staff continue, and in spite of repeated advertisements both locally and nationally we continue to be under-staffed. We have, and need, an establishment of six full-time Medical Officers but only have three. Inevitably more and more of their time is spent dealing with "crises" as they occur, to the detriment of work in the preventive and more positive educational field.

The general issue of free milk to Junior school children ceased at the end of the summer term, and the head teachers of all Junior schools were asked to bring forward for examination all children who they considered may be in need of mid-morning milk for medical reasons. All these children were seen by a School Medical Officer, but only 28 recommended for milk on medical grounds.

In April, responsibility for the training and general education of severely mentally retarded children was transferred from the Health to the Education Committee. The transfer was carried out very smoothly, and will in the future prove very beneficial. No child is now labelled "ineducable—unsuitable for education in school", and little formality is now necessary when arranging suitable education for these children. Depending on their progress, their transfer from one type of school to another should also be a very simple matter. Unfortunately a transfer of responsibility does not automatically provide more places for handicapped children, and the present facilities are nothing like adequate for the number of these children who need special education. Both the E.S.N. schools are full, and there continues to be a long waiting list, but this will be alleviated somewhat when the third E.S.N. school with 140 places, which is now being actually built, opens at the end of 1972. Besides the mentally retarded children, it has not been possible to suitably place a number who were ascertained as maladjusted. There simply are not sufficient places in the country, and particularly within reasonable distance of Derby, for these children, and those children who have been placed are in schools many miles away. Fortunately other handicapped children needing special schooling were satisfactorily placed.

Details of work undertaken during the year are given in the following reports.

THE SCHOOL HEALTH SERVICE IN RELATION TO MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS) Periodic Medical Inspection

Number of Children inspected:—The total number of children inspected was 6,955. Of these, 3,628 were boys and 3,327 were girls. In addition, 58 children were brought forward for special examination by head teachers.

FINDINGS AT PERIODIC INSPECTION Physical Condition

The physical condition of the 6,955 pupils inspected in 1971 was classified as follows:—

Satisfactory	...	...	6,944
Unsatisfactory	...	...	11

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
	Born 1960	1965	416	43.1	43.0	393	43.2	42.2
	Born 1961	1966	427	43.1	42.7	399	42.6	42.0
	Born 1962	1967	513	43.1	43.3	484	43.0	42.0
	Born 1963	1968	471	43.0	43.8	441	43.0	42.5
	Born 1964	1969	459	43.5	44.4	397	42.9	43.0
	Born 1965	1970	406	42.8	44.2	388	42.8	43.2
	Born 1966	1971	573	42.9	44.8	560	42.6	44.5
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
	Born 1951	1965	313	63.0	109.7	244	61.3	113.7
	Born 1952	1966	263	62.9	108.4	285	63.9	110.2
	Born 1953	1967	465	62.9	107.3	382	61.9	110.2
	Born 1954	1968	177	62.7	108.9	258	61.5	111.2
	Born 1955	1969	354	62.8	109.0	181	62.5	111.6
	Born 1956	1970	445	62.8	106.8	409	61.8	110.0
	Born 1957	1971	308	62.5	108.8	261	61.9	112.7

Visual Defects and External Eye Diseases

The percentage of children found to have defective vision was 11.1%.

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

Boys born	Girls born	Boys born	Girls born
1966	1966	1957	1957
2.9%	5.3%	13%	15.5%

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

Boys born	Girls born	Boys born	Girls born
1966	1966	1957	1957
1.7%	3.6%	6.2%	6.8%

The percentage of the children noted as requiring treatment was 6.6%.

Squint

The number of children born in 1966 found to have a squint, even of the smallest degree, was 20.

Colour Vision Testing

Date of Birth	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.
1965 and 1966	1368	1336	32	—	2.3%	1409	1408	1	—	.07%
1956 and 1957	596	568	28	—	4.7%	459	459	—	—	—
TOTALS ..	1964	1904	60	—	3.05%	1868	1867	1	—	.05%

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	...	...	2
Other Defects	...	...	9

Minor Ailments and Diseases of the Skin

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

Eczema	100	Psoriasis	18
Warts	14	Athletes Foot	6
Naevus	6	Alopecia	1
Verrucae	18	Ichthyosis	2
Acne	2	Dermatitis	1
Scabies	3	Other Diseases	60

Nose and Throat Defects

The number of children referred for treatment for enlarged tonsils and adenoids was .58 per cent. of the number examined. The percentage placed under observation was 5.0.

Ear Disease and Defective Hearing

56 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 421 cases.

Orthopaedic and Postural Defects

The following deformities were noted at the periodic medical inspections:—
Foot Deformities: 116; Postural Defects: 29; Other Defects: 151

Vaccination

2,971 (42.7 per cent) of the 6,955 children medically inspected were recorded as having been vaccinated. The percentages in previous years were as follows: —

1938	10.8		1966	34.3
1945	8.0		1967	35.1
1955	12.8		1968	38.8
1962	30.9		1969	45.9
1963	32.7		1970	45.2
1964	34.3		1971	42.7
1965	30.5			

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>	
	<i>a.m.</i>	<i>p.m.</i>	<i>a.m.</i>	<i>p.m.</i>	<i>a.m.</i>	<i>p.m.</i>	<i>a.m.</i>	<i>p.m.</i>	<i>a.m.</i>	<i>p.m.</i>
Central Clinic, Temple House ..	S. M.A. C.G.	S. C.G.	C.G. S.	C.G. S.	M.A. C.G. S.	C.G. S.	S. M.A. C.G.	S. C.G.	C.G. S.	C.G. S.
<i>Branch Clinics</i>										
Nightingale	—	—	—	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.	—	—	—
Kings Mead	—	—	M.A.	—	—	—	—	—	M.A.	—
Mackworth	—	M.A.	—	—	—	—	—	M.A.	—	—

M.A. ... Minor Ailments Clinic
S. ... Speech Clinic

C.G. ... Child Guidance Clinic

In addition, one session each per week is held in the Ophthalmic, Orthopaedic and Aural Clinics at the Central Clinic premises of the Regional Hospital Board.

Minor Ailments Clinic

The total number of children attending these clinics was 2,372 and the number of attendances was 9,326. 723 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>Children attending</i>	<i>Attendance</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
1965	2,928	11,618
1966	3,005	9,911
1967	3,153	9,492
1968	2,429	8,004
1969	2,253	8,812
1970	2,118	8,262
1971	2,372	9,326

Aural Clinic, Mill Hill Lane

The number of children who received operative treatment for tonsils and adenoids was 115.

Cases attended	...	...	...	...	...	...	...	115
Attendances	...	...	...	...	...	...	...	148
X-Ray examinations (at hospital)	...	...	...	...	...	...	...	5

Orthopaedic Clinic, Mill Hill Lane

Cases attended	...	...	...	...	...	...	...	342
Attendances	...	...	...	...	...	...	...	387

(Included in these figures are 141 cases referred from Child Health Centres).

X-Ray examinations (at hospital)	...	...	...	...	...	...	...	24
Attendances at Splint Maker	...	...	...	...	...	...	...	215

Ophthalmic Clinic, Mill Hill Lane

Cases attended	...	...	...	...	...	...	...	389
Attendances	...	...	...	...	...	...	...	408

Orthoptic Clinic

These statistics are kindly supplied by the Orthoptist in charge of the Department.

CLASSIFICATION

Under observation, on preliminary treatment, or actual treatment	...	...	...	...	...	...	...	15
Discharged	...	...	...	...	...	...	...	3
Cases dealt with	...	...	...	...	...	...	...	18
Attendances	...	...	...	...	...	...	...	71

SPEECH THERAPY CLINIC

REPORT BY MRS. R. D. FISHER, SPEECH THERAPIST.

The Clinic is still understaffed even though Mrs. Adler came in March to work five sessions a week. We have, however, continued to keep in touch with all patients, even if regular treatment is at times impossible for all who might benefit from it.

If parents are advised in correct handling, especially with the teachers' co-operation, a child can often be helped to improve spontaneously.

Classification of cases seen

Stammer	45
Dyslalia	53
Cleft Palate	20
Retarded language and/or speech development	344
Others	12
	474
Cases carried over from 1970	166
New cases admitted in 1971	54
Cases carried over into 1972	168
Discharges	
Speech normal	29
Much improved	17
Failed to attend	8
Speech therapy contra-indicated	2
At parents' request	3
Left district	2
Left School	1
Transferred to Derbyshire Royal Infirmary	3
	65
Children referred in 1971	83
Children on waiting list at 31.12.71.	20
School visits	4
Home visits	None
Actual attendances	766
Possible attendances	962

CHILD GUIDANCE CLINIC

REPORT BY DR. V. PILLAI, CONSULTANT IN CHILD PSYCHIATRY.

The main function of the Clinic showed no significant change. There was a shift in the referrals of children for Psychiatric interview and treatment. A major portion of the referrals for psychiatric assessment and treatment were made to the Child Psychiatric Out-patient Clinics at the Derbyshire Children's Hospital and The Grange Child Psychiatry Unit, mainly from the Family Physicians and the Paediatricians. This amounted to more than seventy-five per cent of the referrals. Those referred from the School Health and Psychological Services were seen at the Mill Hill Lane Clinic. This change in the pattern of referrals has led to a rational use of the specialist psychiatric help for these children and families in need.

The team work at the Clinic continued to function efficiently and there were regular conferences between the Educational Psychologists, Social Workers and the Psychiatrist.

During the middle of last year Miss Hardy, our Remedial Teacher, who had provided excellent service to deprived children at the Clinic retired, and I would like to record our thanks for the help she gave us.

Our Educational Psychologists and Social Workers have continued to provide valuable help and establish a close liaison between the school, the Clinic and the family.

This will be my last report as I am leaving the area in March and I would like to record my appreciation and thanks to the members of the team and to our clinic secretary, without whom my functioning at the clinic would have been greatly handicapped.

CHILD GUIDANCE CLINIC—STATISTICS

Totals in these tables will not tally as there is always a considerable carry-over of case material under treatment at year ends.

INTERVIEWS CARRIED OUT BY PSYCHIATRIST	1971	1970
New cases	22	61
Interviews with Parents	80	188
Treatment Interviews	2	49
Survey Interviews	63	88
Others (Child Care Officers, Foster-parents, Probation Officers, etc.)	10	30
INTERVIEWS CARRIED OUT BY EDUCATIONAL PSYCHOLOGISTS		
Clinic interviews for intelligence and other tests	125	178
Parents interviewed at clinic	63	60
Test interviews in schools	379	263
School visits for discussion	281	179
Parents interviewed at school	41	48
Home visits	12	17
Play/Tutor/Therapy sessions	34	—
Others (Children's Department, Health Visitors, Medical Practitioners, etc.)	18	11
INTERVIEWS CARRIED OUT BY SOCIAL WORKERS		
Parents interviewed at clinic	38	94
Parents interviewed at home	421	115
Others	2	—
School visits	4	3
SESSIONS WORKED BY REMEDIAL TEACHERS		
Miss Hardy (<i>January to July only</i>)		
Group sessions in schools	144	194
Individual teaching sessions at clinic	225	261
Mrs. Rodwell		
Group and individual sessions in schools	907	1117
Individual teaching sessions at clinics	8	—
New cases referred to Child Guidance Clinic during 1971	485	244
New cases remaining 31st December where full diagnostic interviews are still incomplete	9	10

Recommended for: Intensive treatment	...	...	...	5	10
Survey	...	...	...	29	21
Relationship Therapy or Play Group	...	...	...	3	7
Remedial Teaching	...	...	...	19	9
Speech Therapy	...	...	...	5	2
Diagnosis and Initial Advice only	...	...	...	4	11
Other disposals	...	...	...	2	7
Cases closed, including those referred for initial advice and report only	...	...	...	111	31

SOURCES OF REFERRAL

School Medical Service	...	...	...	121	106
Schools	...	...	...	266	53
Parents	...	...	...	22	9
Speech Therapist	...	...	...	1	2
Children's Officer	...	...	...	6	4
General Practitioners	...	...	...	28	49
Hospitals	...	...	...	15	15
County Child Guidance Clinic	...	...	...	—	1
Others	...	...	...	19	5

DISTRIBUTION OF SCHOOLS

Pre-School	...	...	...	9	14
Nursery	...	...	...	2	1
Infant	...	...	...	137	55
Junior	...	...	...	217	118
Secondary Modern	...	...	...	40	25
Grammar and Secondary Technical	...	...	...	1	8
Not at School	...	...	...	27	4
Special Schools: Educationally Sub-normal	...	...	...	13	6
Physically Handicapped and delicate children	...	...	...	29	13
Private Schools	...	...	...	3	—

REASONS FOR REFERRAL

(Note: the large variety of individual reasons are here grouped for convenience into four arbitrary and over-lapping categories)

Educational problems	...	...	...	375	140
Behaviour problems	...	...	...	35	67
Emotional (nervous) problems	...	...	...	46	32
Other reasons	...	...	...	29	5

STATE OF CASES ON CLOSURE

(a) Completed: much improved	...	...	...	19	8
improved	...	...	...	17	8
no change	...	...	...	17	1
(b) Cases closed for other reasons including children who have left school or the area before treatment was complete, or cases closed because of lack of co-operation)	...	...	...	47	25
(c) Diagnosis, initial advice and report only	...	...	...	11	6

PROVISION OF MEALS

There are 4,311 children on the Free Meal List.

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, were as follows:—

	<i>Number</i>	<i>Total Percentage</i>	<i>Percentage in Infant Group</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
1965	2,829	47.3	83.8
1966	3,087	48.2	83.2
1967	2,415	43.8	80.4
1968	2,362	56.5	88.3
1969	2,863	50.7	84.3
1970	2,969	44.1	83.2
1971	4,471	64.3	86.5

List of Maintained, Non-Maintained Special Schools, and Independent Schools, in relation to pupils shown in Section B, Sub-Sections (I), (II), (III) and (IV) on pages 96 & 97

BLIND

Tapton Mount School, Manchester Road, Sheffield.
 Chorley Wood College for the Blind, Rickmansworth.
 Birmingham R.I. for the Blind—Lickey Grange School, Bromsgrove.
 Sunshine House Nursery School for Blind Children, Birkdale, Southport.
 Worcester College for the Blind, Worcester.

PARTIALLY SIGHTED

Exhall Grange School, Exhall.

DEAF

Royal School for the Deaf, Derby.
 Ewing School for the Deaf, Nottingham.
 Mary Hare Grammar School for the Deaf, Newbury, Berkshire.

PARTIAL HEARING

Royal School for the Deaf, Derby.
 Needwood School for the Partially Hearing, Burton-on-Trent, Staffordshire.
 *Heanor Partially Hearing Unit, (William Howitt Infant & Junior School),
 Heanor, Derbyshire.

PHYSICALLY HANDICAPPED

Thieves Wood School, Nr. Mansfield, Nottinghamshire.
Irtton Hall School, Cumberland.
Talbot House School, Glossop, Derbyshire.
Palace School, Ely.
Ingfield Manor School, Billinghamurst.
Mossbrook School, Sheffield.
Hesley Hall School, Tickhill, Nr. Doncaster.

DELICATE

Ashe Hall School, Etwall, Nr. Derby.
St. Catherine's School, Ventnor, Isle-of-Wight.

MALADJUSTED

Overseal Manor School, Burton-on-Trent, Staffordshire.
Rudolf Steiner Camphill School, Aberdeen.
Royal Eastern Counties Special Schools, Colchester.
Cotswold Chine Home-School, Box, Nr. Stroud, Gloucestershire.
Oak Bank, Park Lane, Seal, Sevenoaks.

E.S.N.

Ivy House School, Derby.
St. Martin's School, Derby.
St. Giles' School, Derby.
John Duncan School, Buxton, Derbyshire.
Breadsall Brookside School, Derby.
Delves School, Swanwick, Derbyshire.
St. Joseph's, Groome Court, Severn Stoke, Worcester.
Allerton Prior R.C. Special School, Liverpool.
Bostock Hall School, Near Middlewhitel, Manchester.
Meldreth Manor School, Hertfordshire.

EPILEPSY

Lingfield Hospital School, Lingfield, Surrey.

* *Special Unit not forming part of a Special School.*

EDUCATIONALLY SUBNORMAL

E.S.N. Day Special Schools

ST. MARTIN'S SCHOOL

REPORT BY MR. W. J. LAKE, HEADMASTER

With fourteen children admitted and fourteen discharged, the numbers on roll remained at one hundred and four during the year. Of the discharges, two boys and one girl were able to return to normal schools at the secondary stage, and five boys left to start work.

Staff changes during the year were again minimal, Mrs Bill leaving to be replaced by Mrs. Smith—later returning to do part-time remedial work.

Activities during the year included the usual range of visits, outings, camping expeditions, concerts etc. Major projects undertaken by the boys as part of their work-preparation course included the construction of a number of library mobile bookcases from scrap materials and the equipping of all classrooms with display boards and pin-boarding in an attempt to improve acoustics.

This year saw the seventieth anniversary of the opening of the School, which started as a Special Class at Orchard Street School in 1901 under Miss Marian Statham as Headmistress. We were reminded of those early days, this year with the death at an advanced age, of Miss Lilian Wilson who taught here from 1907 to 1938.

ST GILES' SCHOOL

REPORT BY MRS. B. ROBINSON, HEADMISTRESS

In September, there were ninety five on roll, of whom nine were new admissions. During the autumn term, two girls left to employment. A newly appointed Head Teacher and reception class teacher commenced duties, bringing the staff total to eight, with the addition of a non-teaching assistant. Ninety-one children have school lunches, twenty-five of whom are entitled to free meals.

The School has had periodic visits from professional people, i.e., Child Psychologist, Doctor, a Teacher of Blind Children, Nurse and a Teacher of Deaf Children.

Social contacts are being made with other similar schools in addition to the usual special educational programme operating in the School.

IVY HOUSE SCHOOL

REPORT BY MRS. J. JEPSON, HEADMISTRESS

There are one hundred and nine children on the roll, forty-four children in the Special Care Unit and sixty-five children in the school section. During the year, eleven children have been admitted to the school section. Five children have been transferred to the Wetherby Industrial Unit. Five children have been admitted to the Special Care Unit. Two children have left, their parents having moved to another area. One child died and another child was admitted to permanent residential care.

In September this year we welcomed an extra member to our teaching staff. Additionally we now have two non-teaching assistants, one being based in the Infant Class and the other in the Older Junior Group.

In the Special Care Unit we have had five members of staff leave but fortunately we have had an abundance of applications for these posts.

We have continued to receive much help and advice from Dr. Davenport, Mrs. Molineux, Educational Psychologist and various social workers. A Physio-therapist has come in to the Special Care Unit for two sessions per week. Mrs. Adler, Speech Therapist, has been to school to advise staff on various problems; Mrs. Plevy, peripatetic teacher for the deaf, has helped tremendously in her testing of various children.

We continue to receive assistance from eight sixth formers from Spondon Comprehensive School for one afternoon per week. We have just started a scheme whereby a small mixed group of Infant and Junior children go for one morning per week to a local Infant School. This is helping the children considerably in their social and language development. Staffs of our two schools are finding the exchange of ideas very valuable.

Some of our children have received short term care at The Mount, Nottingham, Aston Hall Hospital and Balderton Hospital. Two of our autistic children have attended the Autistic Unit at Balderton.

In July last year our Parent/Teacher Association bought a minibus for the School. The Derby and Derbyshire Junior Chamber of Commerce are at present involved in building us an Adventure Playground and the Derby Round Table are soon to begin on building us a Domestic Science/Handicraft Room.

ASHE HALL SCHOOL FOR DELICATE PUPILS, ETWALL

REPORT BY D. W. HART, HEADMASTER

During 1971 fourteen children were admitted to the School and ten were discharged. At present there are fifty-six children on roll. A number of Staff have left, including Mr. Norton (Deputy Head), Miss Whiting (Nurse), Miss Milnes, Miss Sheppard, Miss Bennett (Housekeepers).

The children gained further certificates in swimming, cycling and typing.

In March the children held a concert at which £10 was collected for Oxfam. We are very grateful to various people and organisations who have come along to entertain the children, particularly the Derwent Aquarist Club, the Pastures Players, Mr. Land and Mr. Whetton both of Etwall.

The school caravan was used extensively from March until October on various expeditions.

More money has been raised for the Swimming Pool Fund by holding the garden party, dances and other forms of entertainment. We were fortunate to enlist the help of Robinson Cleaver (the famous organist) and the Derby Police Male Voice Choir. It is hoped that we will begin constructing the pool in 1972.

A number of the older boys and girls attend the Youth Club in the village.

Football, cricket rounders and netball matches are played against other schools throughout the year.

FULL-TIME COURSE OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC STUDENTS

There are no centres for Higher Education or Vocational Training in Derby. Suitable cases requiring such training are sent to recognized institutions elsewhere.

TEACHING IN HOSPITALS

REPORT BY MRS. R. BOOKER, DERBY EDUCATION DEPARTMENT

A total of 452 different children, whose ages ranged from five to sixteen years, were taught in hospitals in Derby. Of these 214 normally attended school in the Borough, 180 in the County, and 58 came from outside Derbyshire. It is perhaps

strange to relate that of the 452 children taught, only 160 were girls. Are they after all, the stronger sex?

Ten children altogether were visited at different times at the Derwent Hospital, one at the Derbyshire Royal Infirmary, and one at the City Hospital. The average length of stay at these three hospitals was four to six weeks, whilst the average stay in the Derbyshire Children's Hospital was two to three weeks.

Many varied subjects were taught to children with widely different abilities and attainments ranging from the very backward five year old who has just started school, to a long-stay patient at the City Hospital who hopes to take his G.C.E. from his wheelchair later this year.

The opening of the new playroom off Ward 4 of the Children's Hospital, and the redecoration of all the Wards, have brightened our year, as has the arrival of bright new equipment and more books.

The presentation of a record player to the playroom, which is in the charge of play leader, Miss C. Elliott, combined with my ability to borrow children's records from the Department's Visual Aids Centre, has been mutually beneficial.

NURSERY SCHOOLS

The three Nursery Schools, (Central, Allenton and Rosehill) continue to function successfully on the lines indicated in previous reports. A new Nursery School (Harrington) was opened in March, 1971. The children are visited regularly by the School Nurse and at frequent intervals by the Medical Officer.

EMPLOYMENT OF SCHOOL CHILDREN

During the year, 182 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	146
School Visits	117
Visits to Nursery Schools	
Number of visits paid	366
Clinics	
Minor Ailments and Specialist Clinics	1,295
Audiometer tests	87

VERMINOUS HEADS

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 two such cases in 1971. 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	440
Number of sessions devoted to School Inspections	526

PUPILS AWAITING PLACES IN SPECIAL SCHOOLS OR RECEIVING EDUCATION IN SPECIAL SCHOOLS: INDEPENDENT SCHOOLS: IN SPECIAL CLASSES AND UNITS: UNDER SECTION 56 OF THE EDUCATION ACT 1944: AND BOARDED IN HOMES

As at 20th January, 1972		Blind (1)		P.S. (2)		Deaf (3)		Pt. Hg. (4)		P.H. (5)		Mal. (7)		E.S.N. (8)		Epil. (9)		Sp. Def. (10)		Total (11)		
		boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	boys	girls	
How many children from the authority's area were awaiting places in special schools other than hospital special schools?		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
(1) Under 5 years of age	(i) Waiting before 1st January 1971:	1	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	2	1
	(b) boarding places	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-
	(ii) Newly assessed since 1st January 1971:	-	-	-	-	-	-	-	-	-	-	-	-	-	8	1	-	-	-	-	8	1
	(b) boarding places	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
	(i) Waiting before 1st January 1971:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(a) whose parents had refused consent to their admission to a special school	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(2) Aged 5 years and over	(b) Others	-	-	-	-	-	-	-	-	-	-	-	-	-	5	2	-	-	-	-	5	2
	(b) boarding places	-	-	-	-	-	-	-	-	5	1	-	-	-	-	-	-	-	-	-	5	2
	(ii) Newly assessed since 1st January 1971:	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(a) whose parents had refused consent to admission to a special school	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(b) Others	-	-	-	-	-	-	-	-	-	-	-	-	-	21	18	-	-	-	-	21	18
	(b) boarding places	-	-	-	-	-	-	-	-	3	3	1	-	-	-	-	-	-	-	-	10	4
(3) Total number of children awaiting admission to special Schools other than hospital special schools - total of (i) and (ii) above:	(a) day places	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	(b) boarding places	-	-	-	-	-	-	-	-	-	-	-	-	-	34	21	-	-	-	-	34	21
		1	1	5	1	2	1	1	1	11	5	1	1	1	-	-	-	-	-	-	21	9

4	How many pupils from the Authority's area were on the registers of:	(i) Maintained Special Schools (other than hospital Special Schools and special classes and units not forming part of a special school) regardless by what authority they are maintained	(a) day	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	179	134	-	-	-	179	136		
			(b) boarding	1	3	2	1	-	2	-	1	1	6	5	23	14	3	-	-	-	10	4	-	-	-	46	28
		(ii) Non-maintained special Schools (other than hospital special schools and special classes and units not forming part of a special school) wherever situated	(a) day	-	-	-	-	5	7	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	8	11	
			(b) boarding	2	1	-	-	10	5	2	3	1	3	1	3	1	1	-	-	-	2	1	1	-	-	20	13
		(iii) Independent schools under arrangements made by the Authority	(a) day	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			(b) boarding	-	-	-	-	-	-	-	-	2	-	-	-	-	2	-	-	-	1	-	-	-	-	5	-
		(iv) Special classes and units not forming part of a special school	(a) day	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			(b) boarding	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
5	How many children from the Authority's area were boarded in homes and not already included in (b) above.		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
6	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.	(i) in hospitals	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			(ii) in other groups e.g. units for spastics	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7	Total number of handicapped children requiring places in special schools: receiving education in special schools; independent schools; special classes and units; under Section 56 of the Education Act 1944; and boarded in homes.	(iii) at home	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	
			(b) boarded in homes	4	5	7	2	17	16	8	11	20	13	25	14	8	-	-	-	-	226	160	1	-	-	316	221

REFERRALS TO SPECIALIST CLINICS

Year of Birth	Number of Children Examined	SKIN				VISION				SQUINT			
		No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.	No. refd. for treat't	No. refd. by SMO's	No. refd. by SMO's in prev. years	No. refd. by own Doctor, Hosp., etc.
1967 and later	231	1	-	-	1	-	-	-	-	5	2	-	3
1966	1,138	3	1	-	2	14	9	5	12	2	-	10	
1965	1,992	12	4	-	8	41	25	16	41	4	1	36	
1964	1,154	9	2	-	7	49	35	14	29	6	1	22	
1963	543	5	1	-	4	41	29	12	13	6	-	7	
1962	303	5	1	-	4	25	15	9	8	-	-	8	
1961	130	2	1	-	1	13	6	7	3	2	-	1	
1960	84	3	1	1	1	3	1	2	1	-	-	1	
1959	89	2	1	-	1	11	2	9	1	-	-	1	
1958	74	3	1	-	2	5	1	4	2	-	-	2	
1957	573	7	1	-	6	54	11	42	3	1	-	2	
1956 and earlier	644	7	2	-	5	81	30	48	3	-	-	3	
TOTAL	6,955	59	16	1	42	337	164	168	121	23	2	96	

SOCIAL SERVICES 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	169
Children for adoption	12
Examinations carried out at Children's Homes	74
Children for Approved Schools or Remand Homes (including examinations carried out at Remand Home)	128
Other Examinations	335

MISCELLANEOUS WORK

Medical examinations were also made as follows: —

Teachers	36
Before proceeding to Skegness Seaside Home	362
Before taking part in School Journeys, Athletics, etc.	200
Before proceeding to School Camps	65
Intending Teachers	259
Outward Bound Courses	10
Other Examinations	14

MASS RADIOGRAPHY OF SCHOOL CHILDREN

These statistics are provided by Dr. W. Guthrie, Medical Director, Nottingham Area No. 2 Mass Radiography Unit, relating to the survey carried out on the school leavers at Derby by this Unit.

<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>
533	509	1042	1056	1092	2148	50%	46%	48%	997	95%

APPENDIX A

Number of pupils on registers of maintained primary, secondary, special and nursery schools in January, 1972 39,522

**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 who have received a full medical examination	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)
1967 and later	231	231	—	—	—	6	5
1966	1,138	1,138	—	—	14	53	63
1965	1,992	1,992	—	—	41	101	139
1964	1,154	1,152	2	—	49	69	113
1963	543	539	4	—	41	27	66
1962	303	303	—	—	25	22	42
1961	130	129	1	—	13	14	21
1960	84	83	1	—	3	13	13
1959	89	89	—	—	11	10	20
1958	74	74	—	—	5	10	13
1957	573	572	1	—	54	27	79
1956 and earlier	644	642	2	—	81	24	103
TOTAL	6,955	6,944	11	—	337	376	677

Column (3) total as a percentage of Column (2) total 99.84%
 Column (4) total as a percentage of Column (2) total16%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	915
Number of Re-inspections	3,854
Total	4,769

TABLE C—INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	115,076
(b) Total number of individual pupils found to be infested	473
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	263
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	263

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

Defect Code No. (1)	Defect or Disease (2)	(3)	PERIODIC INSPECTIONS				Special Inspections (8)	
			Entrants (4)	Leavers (5)	Others (6)	Total (7)		
4	Skin	T	3	7	49	59	2,072	
		O	28	1	143	172		357
5	Eyes— <i>a.</i> Vision... ..	T	14	54	269	337	705	
		O	95	26	319	440		617
		b. Squint	T	12	3	106		121	202
O	8		2	44	54	148		
c. Other	T	—	—	3	3	107		
	O	—	—	8	8		28	
6	Ears— <i>a.</i> Hearing	T	4	—	34	38	93	
		O	93	3	287	383		344
		b. Otitis Media	T	2	1	1		4	2
O	4		2	42	48	44		
c. Other	T	1	—	1	2	29		
	O	—	—	2	2		25	
7	Nose and Throat	T	8	1	31	40	73	
		O	66	6	276	348		487
8	Speech	T	6	1	19	26	95	
		O	28	—	138	166		261
9	Lymphatic Glands	T	—	—	1	1	5	
		O	11	2	26	39		118
10	Heart	T	1	1	8	10	2	
		O	8	—	47	55		57
11	Lungs	T	—	—	11	11	17	
		O	32	3	186	221		214
12	Developmental— <i>a.</i> Hernia	T	2	—	6	8	—	
		O	2	—	14	16		25
b. Other	T	—	—	18	18	29		
	O	18	1	159	178		109	
13	Orthopaedic— <i>a.</i> Posture	T	—	1	3	4	3	
		O	1	—	24	25		21
b. Feet	T	9	—	32	41	85		
	O	8	3	64	75		134	
c. Other... ..	T	4	2	36	42	94		
	O	10	4	95	109		232	
14	Nervous System— <i>a.</i> Epilepsy... ..	T	—	2	12	14	17	
		O	1	—	25	26		25
b. Other	T	—	—	2	2	4		
	O	13	3	39	55		43	
15	Psychological— <i>a.</i> Development	T	—	—	9	9	9	
		O	8	10	178	196		80
b. Stability	T	1	—	1	2	7		
	O	5	2	42	49		112	
16	Abdomen	T	—	—	4	4	1	
		O	7	—	11	18		27
17	Other	T	1	2	14	17	398	
		O	40	5	233	278		469

“T” Required Treatment

“O” Required Observation

**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	105
Errors of refraction (including squint)	340
Total	445
Number of pupils for whom spectacles were prescribed ...	330

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	3
(b) for adenoids and chronic tonsillitis	114
(c) for other nose and throat conditions	1
Received other forms of treatment	33
Total	151
Total number of pupils still on the register of schools at 31st December, 1971 known to have been provided with hearing aids:—	
(a) during the calendar year 1971	6
(b) in previous years	45

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(a) Pupils treated at clinics or out-patients departments	93
(b) Pupils treated at school for postural defects	—
Total	93

TABLE D—DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part I).

								Number of pupils known to have been treated
Ringworm	(a)	Scalp	...	...	...	...	...	2
	(b)	Body	...	...	...	...	...	4
Scabies	...	...	...	...	...	...	...	53
Impetigo	...	...	...	...	...	...	...	67
Other skin diseases	...	...	...	...	...	...	...	1,893
Total								2,019

TABLE E—CHILD GUIDANCE TREATMENT

				Number known to have been treated
Pupils treated at Child Guidance clinics	...	...	...	206

TABLE F—SPEECH THERAPY

				Number known to have been treated
Pupils treated by speech therapists	...	...	...	92

TABLE G—OTHER TREATMENT GIVEN

				Number known to have been treated
(a)	Pupils with minor ailments	...	...	339
(b)	Pupils who received convalescent treatment under School Health Service arrangements	...	...	247
(c)	Pupils who received B.C.G. vaccination	...	...	2,652
(d)	Other than (a), (b) and (c) above. Please specify	...	...	—
Total (a) — (d)				3,238

DENTAL SERVICES

REPORT BY MR. F. GROSSMAN, PRINCIPAL SCHOOL DENTAL OFFICER

Staff

1971 was rather a difficult year as far as staff were concerned. During the year the staff position fluctuated. It was necessary to move Dental Officers around the Clinics. This was very difficult for administration and for the continuity of the patient/dental officer relationship.

Mrs. Rigby, our only other full time Dental Officer had to divide her time between the three clinics in order to keep Chaddesden and Mackworth clinics open until such time as we were able to employ more part-time staff.

We lost the services of two auxiliaries during the year and at the end of the year we were fortunate to have the services of a very experienced dental auxiliary to help at the Central Clinic.

After repeated advertisements we were able to obtain a full time Dental Officer to commence duties at the beginning of next year.

At the end of the year we had the equivalent of 2.4 full time officers out of an establishment of seven, and one dental auxiliary out of an establishment of two. The ratio of Dental Officers to school children in Derby is one to 16,400.

Premises

Any comments on premises can only be repetitive ones, reference having been made for some time past to the necessity for a Clinic more centrally placed. Derby, like most towns, is solving its housing problems by building new estates on its perimeters, with the consequent migration from the centre of the town to these areas. In this process the point is reached where the distance from these outlying parts to the present Central Clinic is such as to cause great inconvenience to parents on account of the cost of travelling and of time lost in doing so where there is also the loss to the children of a considerable amount of school time. Not the least concern in these circumstances is the possible adverse effect of acceptance and attendance for treatment. It was disappointing that the proposed building of a new Central Clinic had been postponed.

A mobile clinic working in conjunction with a Central Clinic would serve the periphery where no clinics are situated, thus saving the expense of running clinics which may be used only one or two days per week.

Equipment

Two surgeries at Mill Hill Clinic were brought up-to-date with new units and lights. This now leaves only two more surgeries to be modernised, which we hope to be able to do during the coming year.

Inspection and Treatment

A good year's work was carried out in spite of the hardship of a fluctuating staff. The tables give all the details in statistical form. It can be noticed that only 23,811 children were examined out of a school population of 39,522. The amount of dental care that the Local Authority Dental Service can provide is obviously dependent upon the means available for the purpose and in Derby, no less than in other areas, we have long been subject to staff changes and shortage.

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER FIVE YEARS

ATTENDANCE AND TREATMENT

	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Visits for treatment during year:		
First visit	305	77
Subsequent visits	220	176
Total visits	525	253
Additional courses of treatment other than the first course commenced during year	30	7
Treatment provided during the year: —		
Fillings	376	102
Teeth filled	339	96
Teeth extracted	389	247
General anaesthetics given	188	49
Emergency visits by patients	112	33
Patients X-rayed	—	6
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	—	18
Teeth otherwise conserved	3	—
Teeth root filled	—	—
Inlays	—	—
Crowns	—	—
Courses of treatment completed during the year	272	62

INSPECTIONS

	Children 0-4 (inclusive)	Expectant and Nursing Mothers
Patients given first inspections	480	80
Patients requiring treatment	277	77
Patients offered treatment	276	76

PROSTHETICS

Patients supplied with F.U. or F.L. (first time)	8
Patients supplied with other dentures	7
Dentures supplied	39

ANAESTHETICS

General anaesthetics administered by Dental Officers	—
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SESSIONS

Dental Officer sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare patients for:—

Treatment	89
Health Education	—

DENTAL INSPECTION AND TREATMENT

Pupils on the Register of Maintained Primary and Secondary Schools including Nursery and Special Schools, in January, 1972 39,522

ATTENDANCES AND TREATMENT

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
First visit	2,765	2,451	466	5,682
Subsequent visits	2,196	2,513	552	5,261
Total visits	4,961	4,964	1,018	10,943
Additional courses of treatment commenced ...	283	305	75	663
Fillings in permanent teeth	1,626	4,224	1,012	6,862
Fillings in deciduous teeth	2,132	91	—	2,223
Permanent teeth filled ...	1,422	3,935	970	6,327
Deciduous teeth filled ...	2,010	74	—	2,084
Permanent teeth extracted	171	901	190	1,262
Deciduous teeth extracted ...	3,111	1,041	—	4,152
General anaesthetics ...	1,560	922	95	2,577
Emergencies	467	260	31	758
Pupils X-rayed ... ..	...	...	99	
Prophylaxis ... ..	...	...	230	
Teeth otherwise conserved ... ..	...	...	4	
Teeth root filled ... ..	...	...	4	
Inlays ... ..	...	...	—
Crowns ... ..	...	...	12	
Courses of treatment completed ... ..	...	...	5,589	

ORTHODONTICS

New cases commenced during the year	7
Cases completed during the year	9
Cases discontinued during the year	3
Removable appliances fitted	9
Fixed appliances fitted	—
Pupils referred to Hospital Consultants	56

DENTURES

	Ages 5 to 9	Ages 10 to 14	Ages 15 and over	Total
Pupils supplied with F.U. or F.L. (first time) ...	—	—	—	—
Pupils supplied with other dentures (first time) ...	1	18	9	28
Dentures supplied ...	2	32	21	55

ANAESTHETICS

General anaesthetics administered by Dental Officers	—
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INSPECTIONS

(a) First inspection at school. Pupils	20,380
(b) First inspection at clinic. Pupils	3,431
Number of (a) + (b) found to require treatment	...	...	...	...	8,904
Number of (a) + (b) offered treatment	...	...	...	...	7,361
(c) Pupils re-inspected at school or clinic	...	...	...	...	3,842
Number of (c) found to require treatment	...	...	...	...	986

SESSIONS DEVOTED TO

Treatment	1,547
Inspection	141
Dental Health Education	149

NOTES

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