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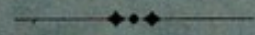
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**Derbyshire County Council.**



# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

**For the Year 1948,**

BY

**J. B. S. MORGAN,**

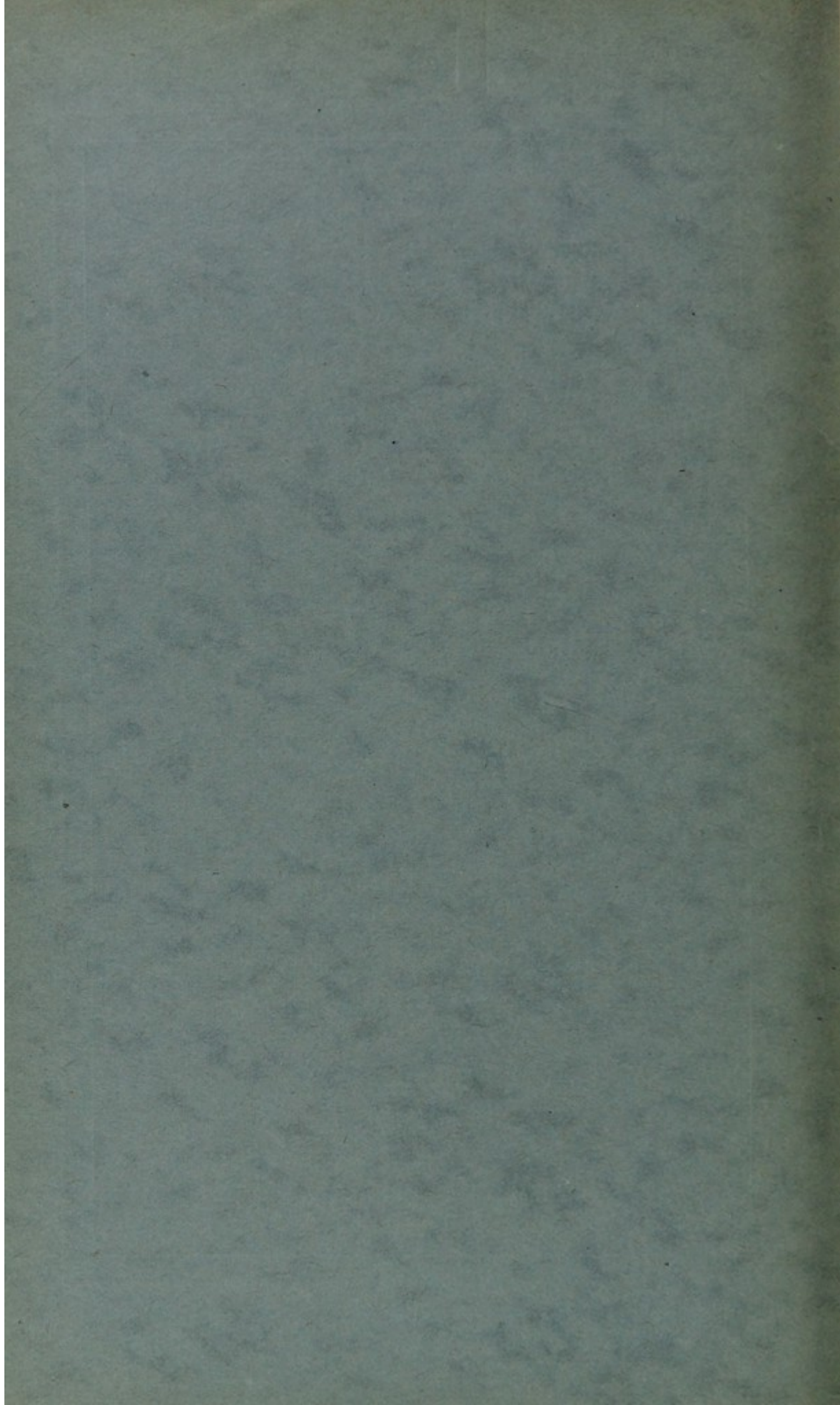
B.Sc., M.B., B.Ch., D.P.H. (WALES), L.R.C.P. (LONDON), M.R.C.S. (ENGLAND)

COUNTY MEDICAL OFFICER OF HEALTH.

DERBY :

J. W. SIMPSON AND SONS, LTD., PRINTERS, FRIAR GATE.







Derbyshire County Council.

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COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1948,

BY

**J. B. S. MORGAN,**

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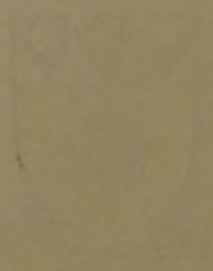
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ESTABLISHED 1850

# ANNUAL REPORT

COUNTY MEDICAL SOCIETY

FOR THE YEAR 1900

BY THE BOARD

OF THE COUNTY MEDICAL SOCIETY

COUNTY BOARD OF HEALTH

1900

PRINTED BY THE BOARD

*To the Chairman and Members of the*

*Derbyshire County Council.*

LADIES AND GENTLEMEN,

I have the honour to present the 59th Annual Report on the health of the County of Derby.

The Birth Rate and Death Rate from all causes per thousand of the estimated population were respectively 18.13 and 10.42, whereas the corresponding rates for England and Wales were respectively 17.9 and 10.8. There were 12,152 live births in the County, compared with 13,714 in the previous year. It seems, therefore, that the Birth Rate is settling down to what it roughly was between the two wars, after the usual short rise after the termination of hostilities due to the return of the men from the armed forces. The percentage of illegitimate births was tending to increase every year throughout the war, until it reached a figure of 7.19 in 1945. Since then there has been a continuous decrease each year, and in 1948 it is pleasing to record that the figure has been reduced to 4.31.

There were 6,983 deaths, compared with 7,389 in 1947. Out of the former number, 2,077 were certified as being due to intracranial vascular lesions, and 1,151 as being due to cancer. These two together nearly amount to half of the deaths, and they generally occur during old age. While the number of deaths from cancer is the highest number recorded and does not give grounds for complacency, it must be remembered that people are living longer.

The number of new cases of tuberculosis notified during the year was 513, as compared with 529 in 1947; whereas the number of deaths due to this disease was 243, as compared with 242 in the previous year.

It was with much pleasure that I reported only last year that the maternal mortality rate was the lowest on record. This year it is most gratifying to report that the figure is even lower; that is, 0.72 per thousand live and still births. Your attention is drawn to page 26, which gives further details of the maternal mortality rates every year since 1931. As I have mentioned in a previous Annual Report, the improved methods in domiciliary and institutional practice, together with the administration of the sulphonamides and penicillin, have unquestionably contributed to this achievement.

The infantile mortality rate per thousand live births was 43.45, as compared with 42.81 in the previous year. As a general rule the Derbyshire rate is lower than that for the country as a whole, but on this occasion it is not so, the rate for England and Wales being 34.



Your attention is drawn to the statistical data regarding diphtheria immunisation on page 50. It will be seen that there were 21 cases of diphtheria in the County during the year, of whom four had completed a full course of immunisation. While there were three deaths, not one of these cases had completed a full course of immunisation. These figures require no comment from me, apart from saying that they are conclusive evidence of the efficacy of immunisation in bringing about a diminution in the incidence of the disease.

The year 1948 will be notable in the annals of Public Health, for on July 5th the National Health Service Act, 1946, came into operation. It is impossible at this stage to foresee clearly what the ultimate effect of this Act will be, but undoubtedly it will be considerable and far-reaching, as the Ministry of Health, through Regional Hospital Boards, Hospital Management Committees and Local Executive Councils, as well as Local Authorities, gradually implement their duties and exercise their powers.

It would seem opportune to review briefly the major steps taken by the State over the years to provide hospital and domiciliary medical treatment for various categories of persons, up to the passing of this Act :—

(1) Following the dissolution of the monasteries during the reign of Henry VIII, gradually a system of Poor Relief was evolved. (Incidentally, England was the first country in Europe to legislate for Poor Relief). Patients who came within the province of the Poor Law Acts were later eligible for certain types of hospital and medical treatment. This laboured, however, under one main disadvantage : that is, it involved an investigation of a person's financial circumstances by a Relieving Officer.

(2) Certain powers were granted to local authorities to establish infectious diseases hospitals, since the Public Health Act of 1875. Permissive powers were given to recover the cost of the treatment, but these were rarely exercised because it was felt that it was in the interests of the community that there should be no financial deterrent to the acceptance of any hospital treatment advised.

(3) Under the various Education Acts, commencing from the Education (Administrative Provisions) Act, 1907, school medical inspections were arranged, and certain types of clinic and hospital treatment were available. Recovery of the cost was required in the case of the latter in accordance with a financial scale, but where hardship would be caused it was provided free of charge. The Education Act of 1944 enabled, however, hospital treatment to be provided free to all children in attendance at schools maintained by a local education authority.

(4) The National Health Insurance Act, 1911, enabled domiciliary medical treatment as well as "sanatorium benefit" for tuberculosis patients to be available free of charge to all insured persons. Unfortunately, these facilities were not available to their dependents.



(5) Since 1916 the treatment of venereal diseases has been provided free of charge. While this was done mainly on account of the probable spread of the disease during the war, the arrangement has continued in operation ever since.

(6) The Maternity and Child Welfare Act, 1918, gave power to certain local authorities to provide ante-natal clinics and infant welfare centres and to pay Doctors for their services when called in to confinements by midwives. The cost of the latter had to be recovered unless, after investigation of the financial circumstances, hardship could be proved.

(7) In 1921 the "sanatorium benefit" ceased to be a benefit under the National Health Insurance Act, and County Councils and County Borough Councils were charged with the responsibility of providing facilities for the diagnosis and treatment of tuberculosis for the whole community, and not merely for insured persons.

(8) While "voluntary hospitals" have been in existence in this country at least since the twelfth century, the power to establish hospitals (outside the Poor Law) by local authorities was given in the Public Health Act, 1875, but it was not until the early years of this present century that the first general hospital was erected under that Act. While voluntary hospitals often asked for contributions from their patients, there was no enactment which required them to do so, whereas in the case of the local authorities' hospitals the law required recovery of the cost to be made unless financial hardship could be shown.

The National Health Service Act, 1946, has now provided powers which will enable the various Bodies charged with its operation to provide a free health service to all members of the household, regardless of their financial circumstances. This means that it is far more comprehensive in its scope than the total effect of all the other previous health enactments. It will take time for it to be fully operative, because obviously what was regarded as unsatisfactory on July 4th, 1948, could not be considered as entirely satisfactory on July 5th! Disease generally brings about increased expenditure in one form or another, and the Act will diminish its burden considerably, particularly if the bread-winner in a family is stricken down with illness. In a sense, the Act is a form of insurance to which everybody contributes towards hospitals, doctors, dentists, nurses, midwives, ambulances, etc., etc., and organised in such a way that ultimately a first-class service will be available for everybody. It is to be hoped that it will not flounder on account of abuse by the public which it is intended to serve, or by the personnel who are providing the service, because it is undoubtedly an Act that has been drafted along the right lines. One of the biggest difficulties of the present day is a lack of a proper sense of values. The general public ought not to object to paying if they obtain value for money, but it is important that regard should be had to ability, experience, qualifications and responsibility when payment is made to the



various officers providing the comprehensive service under the different parts of the Act. If this difficulty can be resolved, I feel sure that the Act will be the great success that it most certainly deserves to be.

I personally regretted the handing-over to the Sheffield Regional Hospital Board of seven institutions which were administered by my Department—namely, Walton Sanatorium, Bretby Hall Orthopædic Hospital, Makeney House Certified Institution, and Ashbourne, Ashgate, Darley Hall and Holbrook Maternity Homes—but this was due to my association either with their founding or their development. Advances in the medical field have been brought about generally by specialisation, which requires as a rule the provision of elaborate and often expensive apparatus. It was becoming obvious that voluntary hospitals were finding it increasingly difficult to influence their subscribers to contribute sufficiently large sums to keep pace with the advances in medical knowledge. It was inevitable, therefore, that the State should take over these hospitals, otherwise we should have witnessed the tragedy of knowing how to cure certain diseases but being unable to do so on account of financial stringency. Taking the long view, planning on a "regional" basis ought to bring about a more efficient and economical hospital service. For example, there have been instances of two bodies erecting institutions to serve the same purpose within a few miles of one another!

While the County Council has lost its powers to provide residential accommodation for the sick, it has now been given responsibility for providing an increased range of personal health services for patients residing in their own homes. While my Department continues to administer the following services which were the County Council's responsibility to provide before July 5th: (1) Maternity and Child Welfare; (2) Home Help Service; (3) Midwifery Service; (4) Care and After-Care for Tuberculosis; and (5) Ascertainment and supervision of Mental Defectives in the community; the scope of these personal services has now been extended to include: (a) a Home Nursing Service; (b) an Ambulance Service; (c) Care and After-Care for all types of illness; (d) the arrangements for the admission of patients to hospitals under the Lunacy and Mental Treatment Acts, and after their discharge their care in the community; and (e) the provision of Health Centres. Although, therefore, my Department has lost a large amount of institutional work to the Regional Hospital Boards, it has gained a great deal with respect to personal health services in patients' own homes. As a consequence, certain sections of the Department have had their activities curtailed, while other sections have had to be expanded; the over-all effect, however, has been if anything a slight increase of work.

The County Council's proposals for implementing their responsibilities are set out in the Appendix to this Report. Their preparation involved a great deal of intensive thought, as they had to be drafted and approved by the Ministry of Health in the relatively short time available between the arrival of the Ministry's



circulars of guidance and the "appointed day" for the Act's operation. The following is an example of the difficulties with which we had to contend: Prior to July 5th the County Council had no power to provide a Home Nursing Service. Voluntary District Nursing Associations were providing a home nursing service in certain parts, but approximately one-third of Derbyshire was uncovered. While the Nurses formerly employed by the District Nursing Associations formed an excellent nucleus, the numbers were far from adequate to provide a Home Nursing Service throughout the County. Fortunately, by a combination of factors, the County was covered reasonably well by the "appointed day," namely, by additional appointments (though these were few, due to the nation-wide shortage of nurses), by reconstituting the areas served, and by making the nurses as "mobile" as possible (*i.e.*, by granting car allowances). The County Health Committee approves this policy of car allowances because, (1) it is in the interests of the patient, as nursing aid arrives quicker; (2) it contributes to the health and convenience of nurses, particularly in bad weather and at night; and (3) it is cheaper to the Authority, because the nurses can perform more work. It was important that nurses who had been residing in an area for a considerable number of years should not be uprooted from their relatives or friends, but this limited the extent to which areas could be reconstituted to serve the third of the County that was previously uncovered for Home Nursing. The enlightened policy of the County Health Committee regarding car allowances, however, helped considerably to neutralise this difficulty.

The Act enables a great deal to be done that was not possible before. The financial barrier that intervened between much that was first-class in the medical and hospital sphere has now been removed, and it must be admitted that the opportunities that this Act provides of improving the health of the people are limitless. The legislators have done good work, even though the Act offers scope for amendment, and it is up to the health workers as well as the general public to make it a success.

I should like to take this opportunity of paying tribute to the diligent, efficient and loyal service so readily given by the staff of the Department during this most exceptional year. While certain sections of the work of the Department remained relatively unchanged, in others there was a complete re-orientation of



activity. It speaks well of those who had been doing one particular type of work for many years that they were able to adjust themselves to the altered conditions. The implementation of an Act that brought new benefits to the whole community must of necessity produce an upheaval in former practice, and it is to be hoped that a reasonable period will be allowed for matters to settle down and so enable the personnel to have time to give the general public the service that the Act envisages.

I have received considerable guidance and assistance from the Clerk of the Council during the planning stages of this Act, and I should like to express my gratitude to him as well as the Heads of Departments for their help in numerous ways during the year.

I should also like to thank the Chairmen of the County Health Committee and the Weights and Measures and Miscellaneous Services Committee in particular, as well as the members of the County Council, for their sympathetic co-operation in promoting and approving any measures which they thought would improve the health of the people of Derbyshire.

I am,

Your obedient Servant,

J. B. S. MORGAN,

*County Medical Officer of Health.*

*County Offices,  
St. Mary's Gate,  
Derby.  
November, 1949.*

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### APPENDICES.

A.—Council's Proposals under N.H.S. Act.

B.—Causes of Death in each District.



TABLE I.

**Birth Rate, Death Rate, Infantile Mortality Rate and Death Rates from  
Four Important Infectious Diseases during the last Fifty-eight Years.**

Year.		DEATH RATES PER 1,000 OF POPULATION.				Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births.
		Small Pox.	Diphtheria & Membranous Croup.	Typhoidal Fevers.	Whooping Cough			
1891 to 1900	WHOLE COUNTY..	<b>.028</b>	<b>.17</b>	<b>.16</b>	<b>.30</b>	<b>17.1</b>	<b>33.7</b>	<b>147</b>
	England and Wales..	.012	.27	.18	.36	18.3	29.9	153
1901 to 1910	WHOLE COUNTY..	<b>.004</b>	<b>.16</b>	<b>.08</b>	<b>.24</b>	<b>14.1</b>	<b>28.5</b>	<b>126</b>
	England and Wales..	.016	.17	.10	.27	15.3	27.1	128
1911 to 1920	WHOLE COUNTY..	—	<b>.16</b>	<b>.03</b>	<b>.16</b>	<b>12.66</b>	<b>24.07</b>	<b>99</b>
	England and Wales..	.000	.14	.03	.18	13.85	21.90	100
1921 to 1930	WHOLE COUNTY..	—	<b>.07</b>	<b>.01</b>	<b>.10</b>	<b>10.92</b>	<b>19.73</b>	<b>70.7</b>
	England and Wales..	.00	.08	.01	.11	12.14	18.36	71.7
1931 to 1940	WHOLE COUNTY..	—	<b>.07</b>	<b>.004</b>	<b>.04</b>	<b>11.31</b>	<b>15.71</b>	<b>56.7</b>
	England and Wales..	.00	.07	.003	.04	12.26	14.93	58.6
1941 to 1945	WHOLE COUNTY..	—	<b>.022</b>	<b>.00</b>	<b>.026</b>	<b>10.94</b>	<b>18.21</b>	<b>45.6</b>
	England and Wales..	.00	.038	.00	.032	11.92	16.04	49.8
1946	WHOLE COUNTY..	—	<b>.022</b>	<b>.001</b>	<b>.023</b>	<b>10.96</b>	<b>19.60</b>	<b>38.95</b>
	England and Wales..	.00	.01	.00	.02	11.5	19.1	43.0
1947	WHOLE COUNTY..	—	<b>.006</b>	—	<b>.026</b>	<b>11.26</b>	<b>20.89</b>	<b>42.81</b>
	England and Wales..	.00	.01	.00	.02	12.0	20.5	41.0
1948	Urban Districts ..	—	<b>.006</b>	—	<b>.011</b>	<b>11.01</b>	<b>18.56</b>	<b>47.44</b>
	Rural Districts ..	—	<b>.006</b>	—	<b>.019</b>	<b>9.75</b>	<b>17.65</b>	<b>38.71</b>
	WHOLE COUNTY ..	—	<b>.006</b>	—	<b>.015</b>	<b>10.42</b>	<b>18.13</b>	<b>43.45</b>
	England and Wales..	—	<b>.00</b>	<b>.00</b>	<b>.02</b>	<b>10.8</b>	<b>17.9</b>	<b>34.0</b>



## REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1948

### STATISTICS AND SOCIAL CONDITIONS.

#### AREA AND POPULATION.

The Administrative County of Derby comprises 29 Sanitary Districts, 4 of which are Municipal Boroughs, 16 Urban Districts and 9 Rural Districts.

The County has an area of 635,454 acres, 98,038 in Municipal Boroughs and Urban Districts and 537,416 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1948 was as follows:—

Municipal Boroughs ... ..	137,310
Urban Districts ... ..	218,250
Rural Districts ... ..	314,740
Total Administrative County ...	
	670,300

#### RATEABLE VALUE.

The rateable value of the Administrative County in April, 1948, for County Rate purposes was £3,475,794 and a Penny Rate over the whole County represents the sum of £13,777.

#### PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

The main industries which give the people of this county occupation, are coal mining carried on in the East and North-East and in a small area in the South-Western portion of the County, and agriculture, particularly in the Western and Central parts of the County. The staple industries in the extreme North-Western area adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the hosiery and lace trade provides the chief occupation. In this area, too, artificial silk manufactories absorb an appreciable portion of the population. In the Northern and North-Central areas the chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of "Refractories Industries," some of which are known to pre-dispose to pulmonary disease. In the extreme South-Western portion of the County, pottery manufacture is one of the prominent industries.

#### VITAL STATISTICS.

The Vital Statistics relating to each District in the County for the year under review are given in Table II, and the following are extracts from them, given in a form required by the Ministry of Health:—

		<i>Males.</i>	<i>Females.</i>	<i>Total</i>
Live Births	{	... 5,978	5,650	11,628
	{	... 273	251	524
Total ...		... 6,251	5,901	12,152



## COUNTY OF DERBY. YEAR

TABLE II.—TABLE GIVING BIRTH RATES AND DEATH RATES FROM SEVERAL

SANITARY DISTRICTS (URBAN).	MEDICAL OFFICER OF HEALTH.	Area in Acres (Land and water).	POPULA-	
			Census 1921.	Census 1931.
ALFRETON ... ..	S. O. Bingham, M.R.C.S., L.R.C.P. ...	5,176	21,201	22,262
ASHBOURNE ... ..	H. H. Hollick, M.R.C.S., L.R.C.P. ...	1,070	4,375	4,708
BAKEWELL ... ..	C. W. Evans, M.R.C.S., L.R.C.P. ...	3,061	3,064	3,028
BELPER ... ..	R. C. Allen, M.R.C.S., D.P.H. ...	4,294	13,474	14,205
BOLSOVER ... ..	A. H. Wear, M.D., B.S., D.P.H. ...	4,526	10,146	9,808
BUXTON (Borough) ...	G. Cochrane, M.B., D.P.H. ...	6,337	16,863	16,884
CHESTERFIELD (Borough)	J. A. Stirling, M.B., D.P.H. ...	8,472	61,232	64,160
CLAY CROSS ... ..	J. R. Graham, M.B., Ch.B., D.P.H. ...	2,349	8,846	8,781
DRONFIELD ... ..	J. R. Graham, M.B., Ch.B., D.P.H. ...	3,452	6,112	6,388
GLOSSOP (Borough) ...	F. Cockcroft, M.R.C.S., L.R.C.P., D.P.H.	3,323	21,048	20,001
HEANOR ... ..	P. H. J. Turton, M.D., D.P.H. ...	4,417	21,558	22,482
ILKESTON (Borough) ...	H. L. Barker, M.D., D.P.H. ...	3,017	32,520	33,164
LONG EATON ... ..	J. Moir, M.B., Ch.B. ...	3,559	23,050	23,321
MATLOCK ... ..	G. L. Meachim, M.B., Ch.B. ...	16,599	15,716	16,596
NEW MILLS ... ..	R. H. Titcombe, M.D., D.P.H. ...	5,209	8,490	8,551
RIPLEY ... ..	R. A. Ryan, L.R.C.P.I. ...	5,415	17,192	17,731
STAVELEY ... ..	J. R. Graham, M.B., Ch.B., D.P.H. ...	6,504	12,437	17,845
SWADLINCOTE ... ..	M. Allan, M.B., Ch.B., D.P.H. ...	3,755	20,211	20,604
WHALEY BRIDGE ... ..	F. G. Allan, L.R.C.P., L.R.C.S. ...	3,487	—	4,789
WIRKSWORTH ... ..	W. S. G. Christie, M.B., Ch.B. ...	4,016	4,521	4,855
URBAN DISTRICTS ...	... ..	98,038	322,056	340,145
(RURAL).				
ASHBOURNE ... ..	H. H. Hollick, M.R.C.S., L.R.C.P. ...	86,188	11,762	11,661
BAKEWELL ... ..	H. G. Watson, M.B., Ch.B. ...	85,643	19,521	19,272
BELPER ... ..	R. C. Allen, M.R.C.S., D.P.H. ...	48,074	21,545	23,106
BLACKWELL ... ..	A. H. Wear, M.D., B.S., D.P.H. ...	21,668	43,209	44,689
CHAPEL-EN-LE-FRITH ...	G. Cochrane, M.B., D.P.H. ...	103,418	22,705	18,770
CHESTERFIELD ... ..	J. R. Graham, M.B., Ch.B., D.P.H. ...	69,139	64,295	64,968
CLOWNE ... ..	A. H. Wear, M.D., B.S., D.P.H. ...	13,429	17,506	17,720
REPTON ... ..	M. Allan, M.B., Ch.B., D.P.H. ...	65,653	24,899	26,438
SHARDLOW ... ..	S. Hunt, M.R.C.S., L.R.C.P. ...	44,204	31,125	41,097
RURAL DISTRICTS ...	... ..	537,416	256,567	267,721
URBAN DISTRICTS ...	... ..	98,038	322,056	340,145
WHOLE COUNTY ... ..	... ..	635,454	578,623	607,866

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DERBYSHIRE COUNTY COUNCIL.

County Health Department.

Annual Report of the County Medical Officer of Health  
for the year 1948.

CORRIGENDUM. Page 13. The Death Rate for the  
Heanor Urban District should be 9.26 not  
19.26.

County Offices,  
Derby.

January, 1950.



DERBYSHIRE COUNTY COUNCIL

County Health Department

Annual Report of the County Medical Officer  
for the year 1944.

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CONTENTS, Page 13. The Death Rate for

Honor Upon District should be 8.1

19.25.

County Officer,  
Derby.

January, 1945.

ENDING DECEMBER 31ST, 1948.

CAUSES, IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

ESTIMATED 1948.	Births (Live).	Deaths.	ANNUAL RATES PER 1,000 OF ESTIMATED POPULATION.					Infant Death Rate per 1,000 Births.
			Birth Rate.	Death Rate (corrected).	Death Rate from Diarrhoeal Diseases (under 2 years).	Phthisis Death Rate.	Respira- tory Death Rate.	
22,710	418	240	18.40	10.57	.09	.17	1.32	52.63
5,190	120	59	23.12	11.37	—	.58	.38	58.34
3,180	50	30	15.72	9.43	—	—	.94	—
15,430	274	160	17.76	10.37	—	.26	.52	29.20
10,550	208	98	19.71	9.29	—	.47	.66	38.46
18,780	330	211	17.57	11.23	.05	.16	.90	48.48
67,430	1,222	727	18.12	10.78	.15	.43	1.26	58.92
8,312	175	81	21.05	9.74	.12	.24	2.52	45.71
7,290	117	78	16.05	10.70	—	.41	1.09	42.74
17,850	294	267	16.47	14.96	—	.28	1.40	37.41
24,190	484	224	20.01	19.26	.04	.37	.91	47.52
33,250	704	372	21.17	11.19	.06	.51	2.04	58.24
28,400	545	314	19.19	11.05	.14	.38	1.37	45.87
18,100	334	197	18.45	10.88	—	.27	1.10	20.96
8,367	160	122	19.12	14.58	.12	.24	1.67	25.00
17,980	298	185	16.57	10.29	.11	.05	1.00	50.34
17,580	318	182	18.09	10.35	.05	.22	1.08	56.60
20,970	388	255	18.50	12.16	.04	.38	1.19	51.54
5,151	73	57	14.17	11.06	—	.19	.77	27.40
4,850	86	55	17.73	11.34	—	.41	.62	11.36
355,560	6,598	3,914	18.56	11.01	.07	.33	1.23	47.44
11,560	206	109	17.82	9.43	—	.34	.60	24.27
19,310	316	215	16.36	11.13	—	.05	.88	25.32
27,800	450	282	16.19	10.14	.03	.14	.72	33.33
43,370	806	407	18.58	9.38	.16	.32	.99	52.11
18,850	281	192	14.91	10.18	—	.10	1.22	28.47
74,360	1,428	730	19.20	9.81	.04	.35	.97	37.12
18,580	321	163	17.28	8.77	.05	.16	.91	3.61
29,780	540	288	18.13	9.67	.10	.13	.94	51.85
71,130	1,206	683	16.95	9.60	.07	.39	.71	34.83
314,740	5,554	3,069	17.65	9.75	.06	.27	.88	38.71
355,560	6,598	3,914	18.56	11.01	.07	.33	1.23	47.44
670,300	12,152	6,983	18.13	10.42	.07	.30	1.06	43.45



Live Birth Rate per 1,000 of the estimated population	18.13
Number of Still Births ... ..	300
Rate of Still Births per 1,000 (total live and still) births	24.09
Number of Deaths ... ..	6,983
Death Rate per 1,000 of the estimated population ...	10.42

Deaths and Death Rates from Puerperal Causes:—

	<i>No. of Deaths.</i>	<i>Rate per 1,000 live and still Births.</i>
Puerperal and Post-abortion		
Sepsis ... ..	1	0.080
Other Maternal Causes ...	8	0.642
	—	—
Total ... ..	9	0.722
	—	—

Death Rate of Infants under 1 year of age:—

All infants (per 1,000 live births) ... ..	43.45
Legitimate infants (per 1,000 legitimate live births) ...	42.66
Illegitimate infants (per 1,000 illegitimate live births)	61.07

	<i>No. of Deaths.</i>	<i>Rate per 1,000 of estimated population.</i>
Deaths and Death Rate from:—		
Cancer (all ages) ... ..	1,151	1.72
Measles (all ages) ... ..	7	.010
Whooping Cough (all ages) ...	10	.015
Diarrhoea (under 2 years of age) ... ..	46	.069

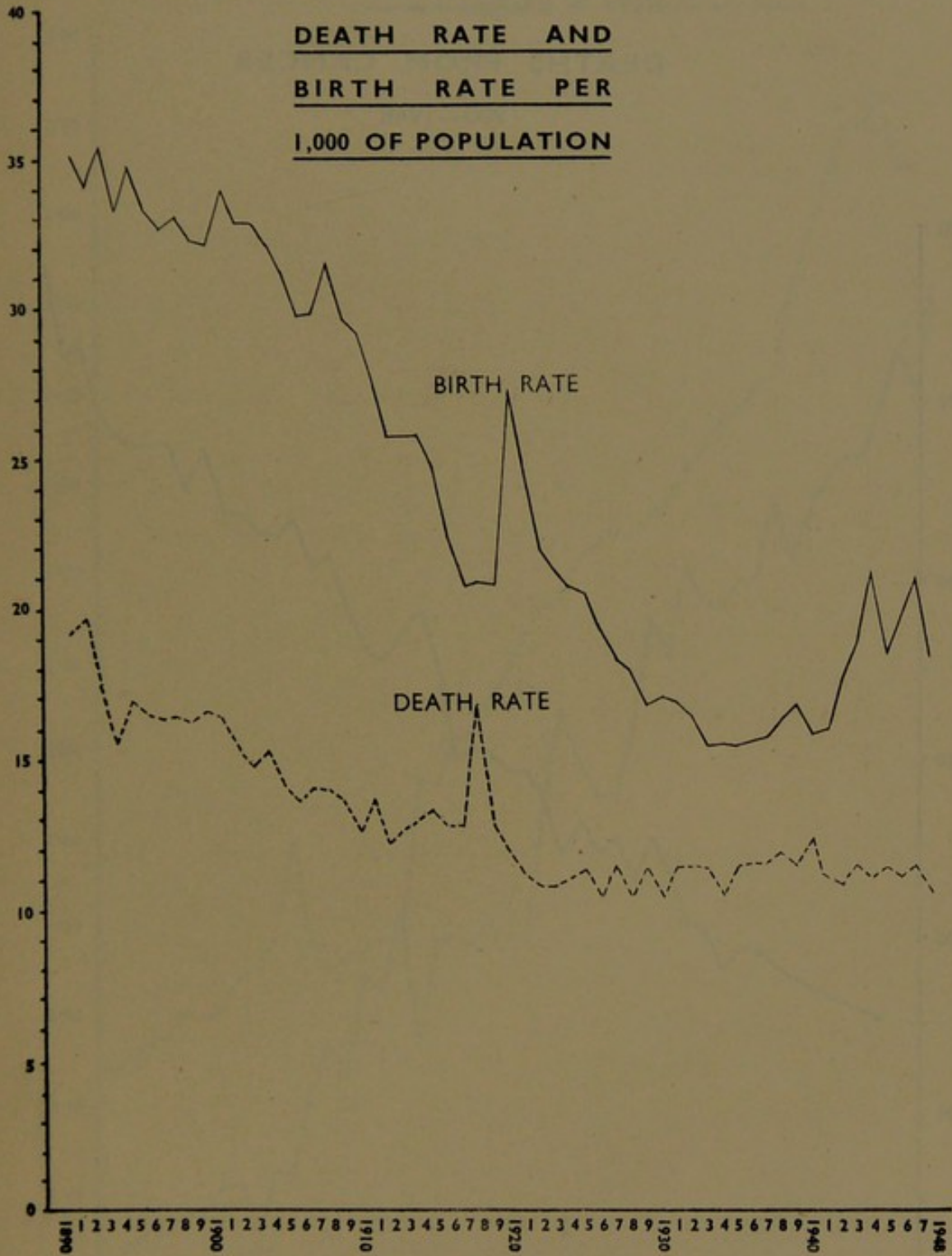
**Infantile Mortality.**—The infantile mortality rate for the year under review was 43.45 per 1,000 live births, compared with 42.81 in 1947 and 38.95 in 1946.

TABLE III.  
INFANTILE MORTALITY RATE.

(INFANTS DYING UNDER ONE YEAR, PER THOUSAND LIVE BIRTHS).

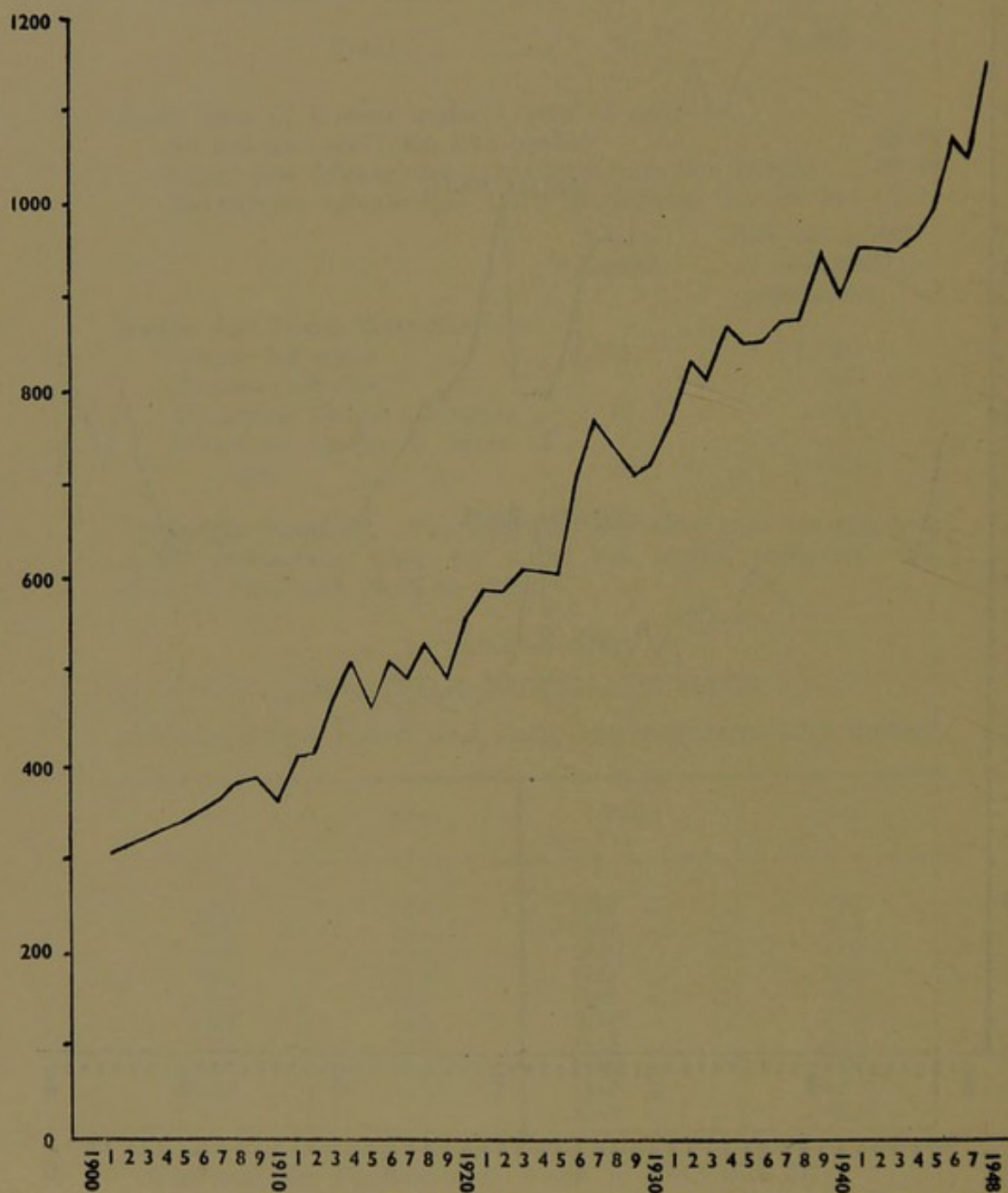
<i>Year.</i>	<i>Rate.</i>	<i>Year.</i>	<i>Rate.</i>
1930 ...	61.4	1939 ... ..	47.4
1931 ...	67.4	1940 ... ..	55.4
1932 ...	63.4	1941 ... ..	51.0
1933 ...	62.2	1942 ... ..	42.2
1934 ...	53.0	1943 ... ..	48.1
1935 ...	56.6	1944 ... ..	42.1
1936 ...	58.2	1945 ... ..	44.5
1937 ...	52.1	1946 ... ..	38.9
1938 ...	51.1	1947 ... ..	42.81
		1948 ... ..	43.45

The rate for England and Wales in 1948 was 34.





DERBYSHIRE  
**DEATHS FROM CANCER**  
1900—1948

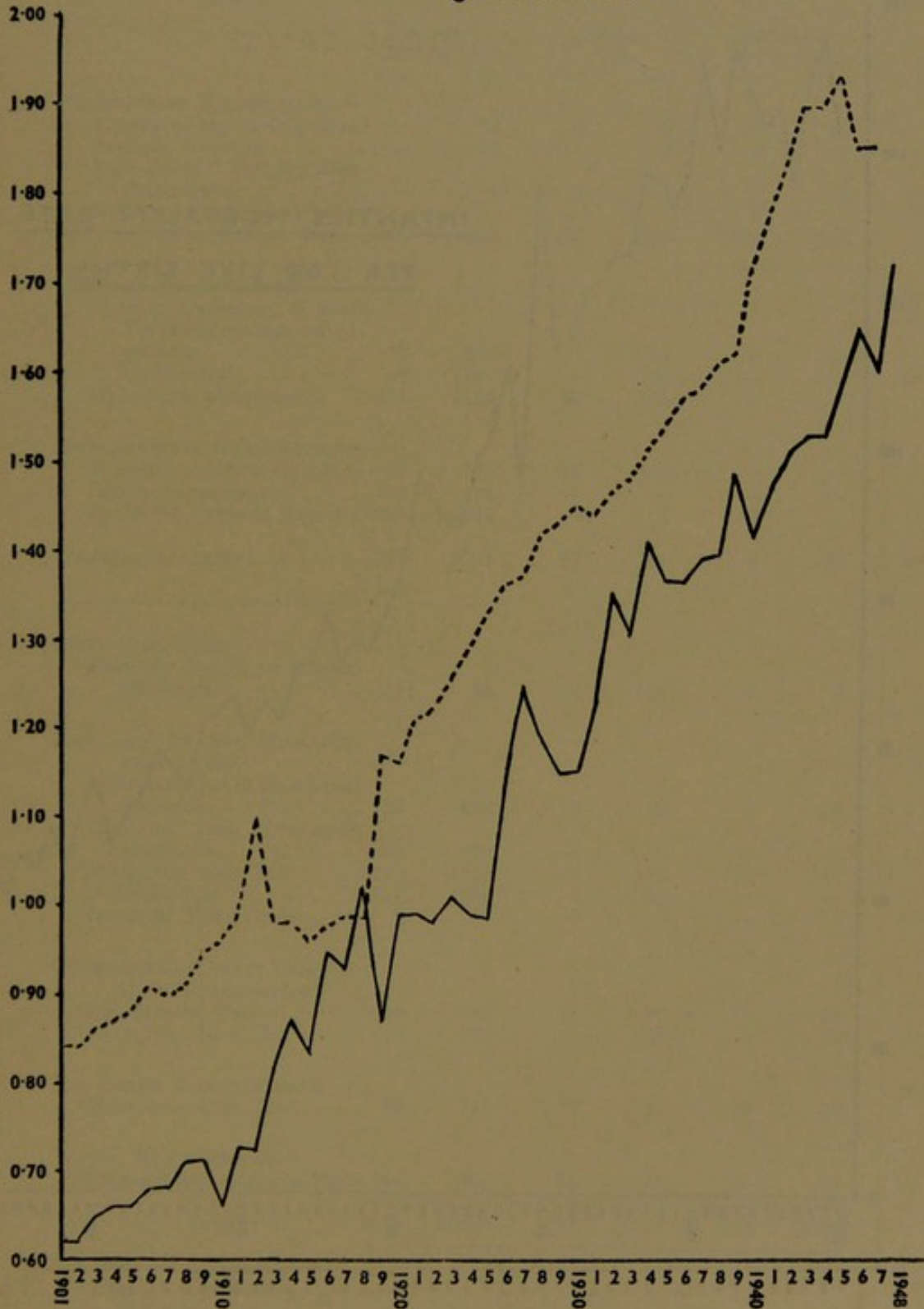


# CANCER

DEATHS PER 1,000 OF POPULATION

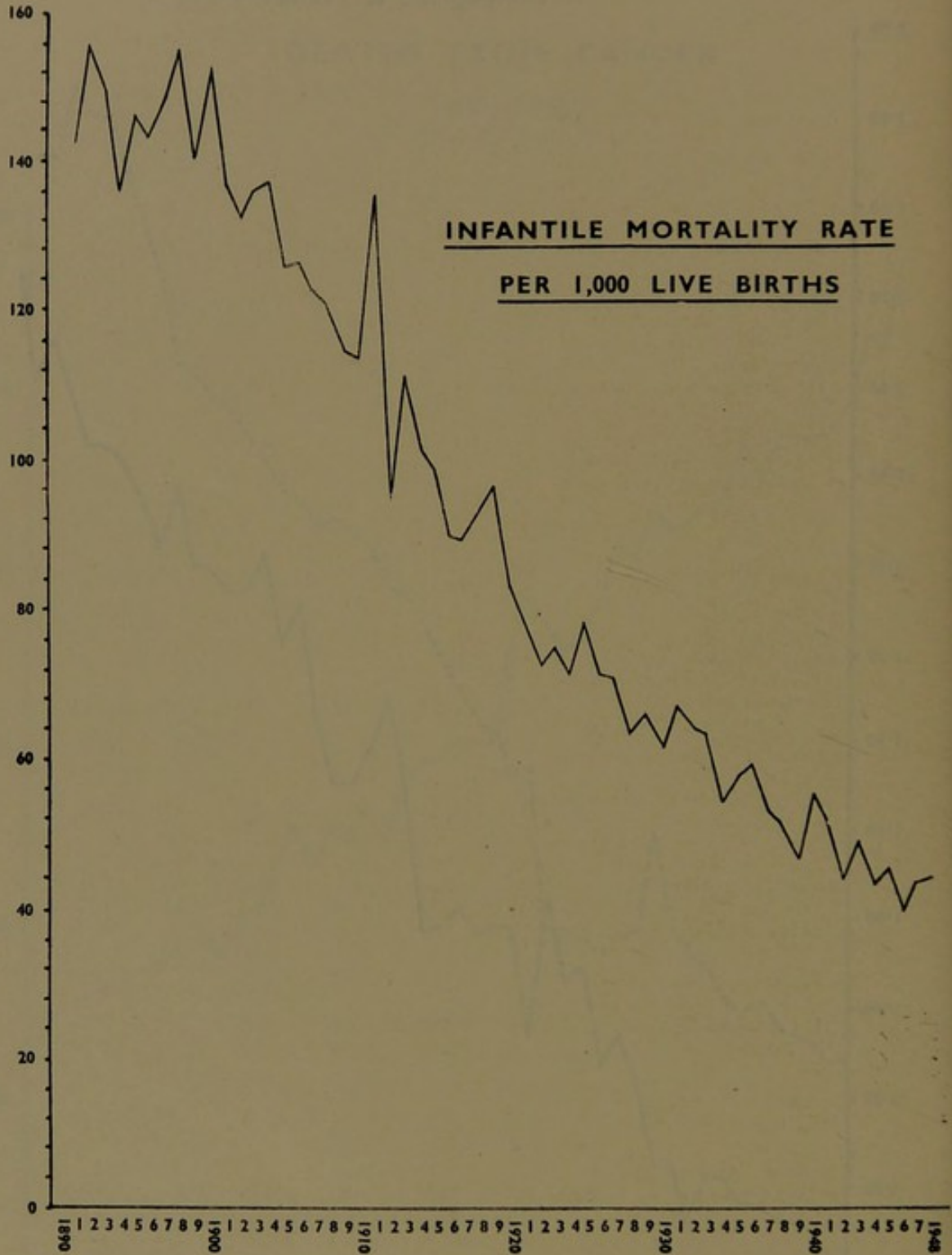
Derbyshire:- —————

England & Wales:- - - - -



THE FIGURES FOR ENGLAND & WALES FROM 1931 ONWARDS  
ARE TAKEN FROM THE REPORT OF THE MINISTRY OF  
HEALTH FOR THE YEAR ENDING 31st MARCH, 1948.





### COUNTY BACTERIOLOGICAL LABORATORY.

The following Table shows the number of examinations carried out in the County Laboratory during the year for the Administrative County and the County Boroughs of Derby and Burton-on-Trent :—

	<i>County of Derbyshire.</i>		<i>Derby C.B.</i>		<i>Burton-on-Trent C.B.</i>	
	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
<b>SEROLOGICAL EXAMINATIONS—</b>						
Enteric Group of Organisms	—	77	3	21	—	13
Brucella Abortus ... ..	—	16	—	5	2	2
Paul-Bunnell Test for Glandular Fever ... ..	—	6	1	2	1	3
Venereal Diseases—Wassermann and other tests...	702	4552	457	3496	161	706
<b>CULTURE EXAMINATIONS—</b>						
Enteric, Dysentery & Food Poisoning groups of organisms ... ..	40	185	1	51	1	12
C. Diphtheriae ... ..	44	1134	—	194	—	—
Hæmolytic Streptococci ...	431	1193	66	166	—	4
<b>MICROSCOPICAL EXAMINATIONS—</b>						
Vincent's Angina organisms	32	797	10	161	—	—
Ringworm parasites ...	102	44	—	—	—	—
Sputa for Tubercle Bacilli...	385	2632	—	7	—	1
CLINICAL SPECIMENS ... ..	362	1001	57	144	4	11
<b>BIOLOGICAL TEST—</b>						
Tubercle Bacilli in clinical specimens ... ..	15	45	29	134	4	4
<b>RAW AND GRADED MILK EXAMINATIONS—</b>						
Biological Test of unselected specimens ... ..	26	859	2	29	3	66
Biological Test of selected specimens ... ..	33	269	—	—	—	—
*Methylene Blue Test ...	1317	4327	10	10	13	141
Coliform Test ... ..	548	1206	6	11	—	—
*Bacterial Plate Count ...	6	29	—	—	—	—
<b>PASTEURISED &amp; HEAT TREATED MILK EXAMINATIONS—</b>						
*Phosphatase Test ... ..	43	682	1	58	3	85
*Methylene Blue Test ...	59	656	4	56	7	79
<b>ICE CREAM EXAMINATIONS—</b>						
*Methylene Blue Test ...	62	111	17	10	29	84
<b>WATER EXAMINATIONS—</b>						
*Coliform and Anærobe Tests	144	304	70	455	—	13
TOTALS ... ..	4351	20125	734	5010	228	1224

\* *Pos.* — *Unsatisfactory.*  
*Neg.* — *Satisfactory.*



## BIOLOGICAL TESTS FOR TUBERCLE BACILLI IN MILK.

During the year, 985 unselected samples of milk, including raw and graded milk taken in the Administrative County, Derby C.B. and Burton-on-Trent C.B. areas, were examined biologically for the presence of *B. tuberculosis*. 31 of these samples, or 3.14 per cent., were found to contain living tubercle bacilli, and capable of transmission.

## DISTRIBUTION OF VACCINE LYMPH AND OTHER PROPHYLACTIC REAGENTS.

NATIONAL HEALTH SERVICE ACT, 1946—SECTION 26.

The following Table shows the vaccine, etc., issued during 1948 in the Administrative Counties of Derbyshire and Nottinghamshire and the County Boroughs of Burton-on-Trent, Derby and Nottingham :—

	<i>Doses.</i>
Vaccine Lymph ... ..	9,901
Prophylactic Reagents for Diphtheria Immunisation—	
A. P. T. ... ..	8,170
T. A. F. ... ..	2,540
Measles Serum ... ..	27

## INCIDENCE OF C. DIPHTHERIÆ TYPES.

<i>Type.</i>	<i>Number of Cases.</i>
Mitis ... ..	3
Intermedius ... ..	8
Gravis ... ..	10
TOTAL ... ..	21

## VENEREAL DISEASES.

**Regulation 33B.**—This Regulation expired on 31st December, 1947, and on the 5th January the Minister of Health issued Circular 5/48, stating that it was important that Authorities should continue to do all they can to trace contacts of patients seeking treatment at Venereal Disease Clinics and to persuade those contacts to undertake treatment. This, in a sense, was a continuation of the practice where, in the past, the full requirements of the Regulation had not been made and where informal action was taken. Under the new scheme, patients attending Venereal Disease Clinics are to be persuaded by the Clinic Medical Officer to state the source of the infection and to name the contact. It is the Local Authority's

duty, after this, to get in touch with the contact and to endeavour to persuade him or her to visit a Specialist Clinic for diagnosis and treatment. It is made clear in the Ministry's circular that the name of the person giving information must not be disclosed to the contact whom he has named.

### INSPECTION AND SUPERVISION OF FOOD. MILK SUPPLY.

At the end of the year 255 Tuberculin Tested Licences were in force, an increase of 69 over the previous year. 32 of these producers previously held Accredited Licences. The number of Accredited Producers was 923. The following Table shows that the annual increase in the number of Tuberculin Tested producers is not only maintained, but increased.

179 herds are on the Ministry of Agriculture and Fisheries Roll of Attested Herds, and of this number 167 hold Tuberculin Tested Licences.

TABLE IV.

<i>Year.</i>	<i>Accredited.</i>	<i>Tuberculin Tested.</i>	<i>Total.</i>
1936 ... ..	795	7	802
1937 ... ..	818	5	823
1938 ... ..	900	18	918
1939 ... ..	1,004	19	1,023
1940 ... ..	1,034	22	1,056
1941 ... ..	1,021	21	1,042
1942 ... ..	1,014	26	1,040
1943 ... ..	1,050	43	1,093
1944 ... ..	1,017	75	1,092
1945 ... ..	1,020	109	1,129
1946 ... ..	996	139	1,135
1947 ... ..	971	186	1,157
1948 ... ..	923	255	1,178

The County Sanitary Inspectors and Sampling Officers took 5,139 samples of milk as shown in the following Table:—

TABLE V.

<i>Grade of Milk.</i>	<i>Satisfactory.</i>	<i>Unsatisfactory.</i>	<i>Total.</i>
Tuberculin Tested ... ..	522	88	610
Accredited ... ..	3,031	1,090	4,121
School Milk (Pasteurised) ...	177	40	217
School Milk (Undesignated) ...	29	19	48
Raw milk submitted to biological test for Tuberculosis ... ..	141	2	143



The sampling records of all graded producers are reviewed at the end of each year, and at the end of 1948 the re-issue of licences to 54 producers (two Tuberculin Tested and 52 Accredited) was refused by reason of consistently unsatisfactory sample results. Of these 54, the two Tuberculin Tested and 45 of the Accredited producers subsequently re-applied and were granted licences on reaching the required standard.

The Divisional Veterinary Inspector and his staff clinically examined 122,069 cows, and tuberculin tested 24,755 cows during the year.

28 cows were traced giving tuberculous milk following the taking of biological samples, and 59 cows were found to be giving tuberculous milk following routine veterinary examinations. The Ministry of Agriculture and Fisheries' Veterinary Inspectors were responsible for the slaughter of 251 cows under the Tuberculosis Order.

**Regulation 55G.**—All plants at which milk is pasteurised or heat-treated were visited regularly during the year and a total of 489 milk samples were taken and submitted to the Phosphatase and Methylene Blue tests. 16 samples failed the Methylene Blue reduction test and 25 failed the Phosphatase test.

### WATER SUPPLIES.

Many improvements and extensions to existing water supply schemes were carried out during the year, and approximately 20 miles of water mains were laid.

Among the more important improvement works were the following:—Chesterfield Borough—New pumping station at Hady Hill; Ilkeston Borough—Work in progress on the first half of a two-million gallons reservoir; Ashbourne Rural District—20,000 gallons reservoir at Haven Hill, and the work commenced on the 150,000 gallons reservoir for the Cubley regional water scheme; Chapel-en-le-Frith Rural District—Service tank of 7,000 gallons capacity provided.

### SEWERAGE AND SEWAGE DISPOSAL.

During the year many sewers were constructed to serve new housing estates, and other sewer extensions enabled local authorities to obtain the conversion of many privies and earth closets.

In the Blackwell Rural District the reconstruction of the Shirebrook Sewage Disposal Works is approaching completion, a scheme for the extension of the Glapwell and Palterton Joint Sewage Disposal Works has been submitted to the Ministry of Health, and a comprehensive survey of the South Normanton sewers is in progress with the view to the preparation of a scheme for a new trunk sewer.



The Chesterfield Borough Council carried out alterations at their Sewage Disposal Works at a cost of £1,582, by which it is claimed the capacity of the Works is increased by nearly 50 per cent.

Several areas in the county experience trouble with their sewers owing to land subsidence, and the Bolsover Urban Council has submitted a scheme to the Ministry of Health for the repair of the Carr Vale sewers following subsidence due to mining, and the Ilkeston Borough Council for the same reason relaid certain lengths of sewers in their area.

The Ministry of Health has approved the greater portion of the scheme submitted by the Wirksworth Urban Council for the extension of the Derby Road Sewage Disposal Works.

Schemes have been prepared for the sewerage of Clifton, Parwich, Hulland Ward and Brassington in the Ashbourne Rural District.

In the Shardlow Rural District tenders have been accepted for the improvement of the Littleover Sewage Disposal Works, and Ministry approval has been given to sewerage schemes for Barrow and Swarkestone, Elvaston and Morley, and to a joint scheme for Stanton-by-Bridge, Stanton-by-Dale, Sandiacre, Risley, Breaston and Draycott.

### RIVER POLLUTION.

252 visits of inspection were paid to sewage disposal works during the year by the County Sanitary Inspectors, and 213 samples of the effluents were taken and submitted for analysis. The laboratory results are expressed in the following categories :—

- Category A ... Effluents satisfactory in all respects.  
 Category B ... Effluents which seem to be well purified but which contain an excess of suspended matters.
- Category B.1 ... Where the excess is not marked.  
 Category B.2 ... Where there is a more noticeable excess of suspended solids.
- Category C ... Effluents which have not been sufficiently purified as indicated by presence of readily oxidisable organic matter.
- Category D ... Effluents which are inadequately purified and which also contain an excess of suspended matters.

The number of samples in each category is shown in the following table :—

A	B.1	B.2	C	D	TOTAL.
67	24	36	2	84	213



The results of all the effluent samples are sent to the local authorities concerned, together with the County Sanitary Inspector's observations on the condition and maintenance of the works. It was found that in many instances where unsatisfactory sample results were obtained the works were overloaded, due in many cases to post-war housing.

The various rivers and streams in the county were inspected at intervals.

The Notts. and Derby Coke and By-product Works at Pinxton discharges its effluent into the Erewash and, following representations, the Company installed four tanks with depressed outlets to intercept various oils, and modifications were made to the lagoons and to the banks of the river.

Pollution of the River Derwent due to the discharge of washing water from the Glebe Lead Mine at Eyam was investigated, and after a plant was installed, using lime and caustic starch, there was a considerable improvement in the effluent.

Following representations, improvements to the lagoon at the Pilsley Colliery were carried out, which resulted in a marked reduction in the pollution of the Locko Brook.

Complaints were received regarding the pollution of the Henmore Brook at Ashbourne. Following discussions with the officials of Messrs. Nestle's Milk Products Ltd., several modifications at the Factory were agreed upon. These included the diversion of the first water from the sterilisers and the factory drains to the sewage disposal plant. Baffles were fixed above the tops of the pans to collect any entrained milk in the condenser water.

#### **MIDWIVES ACTS, 1902-1936.**

The Midwives Acts are administered by the County Council as the Supervising Authority for the whole of the Administrative County including, since the 5th July, 1948, the Borough of Chesterfield.

**Number of Midwives.**—At the end of 1948 there were 236 midwives on the County Roll—26 were midwives in independent practice; 46 were District Nurse-Midwives; 81 were midwives working in Institutions; and 83 were County Midwives.



**Records Received.**—The following Table gives the records received, with the corresponding figures for previous years:—

	1942	1943	1944	1945	1946	1947	1948
<b>RECORDS RECEIVED—</b>							
Medical Help ... ..	2148	2044	1955	1565	1621	1603	1549
Still Births ... ..	123	119	119	113	121	100	108
Deaths of Children ... ..	96	89	102	83	78	83	62
Deaths of Mothers ... ..	3	5	3	—	3	4	—
Laying out the dead ... ..	26	46	25	25	25	13	29
Liability to be a source of infection ... ..	136	123	126	105	100	85	48
Notification of Artificial Feeding (within 14 days)	167	189	205	193	204	216	177
<i>Puerperal Pyrexia—</i>							
Midwives' Cases ... ..	28	20	30	33	24	23	7
<i>Ophthalmia Neonatorum—</i>							
ALL CASES ... ..	29	31	23	21	14	10	6

**Puerperal Pyrexia.**—The following Table shows the total number of cases of Puerperal Pyrexia notified to me during the year 1948 and the case rate from this condition per 1,000 births:—

<i>No. of Cases of Puerperal Pyrexia.</i>	<i>No. of Live Births and Still Births in Whole County.</i>	<i>Case rate per 1,000 Births.</i>
33	12,452	2.65

The number of cases admitted to hospitals under the County Council Puerperal Pyrexia Scheme up to July 5th, 1948, was as follows:—

Derbyshire Royal Infirmary ... ..	2
Jessop Hospital for Women ... ..	—
Derbyshire Hospital for Women... ..	2
Monsall Hospital, Manchester ... ..	—
Burton Isolation Hospital ... ..	—
Victoria Hospital and Dispensary, Worksop ... ..	—
Total ... ..	4



**Ophthalmia Neonatorum.**—The incidence of Ophthalmia Neonatorum during the year 1948 and the results of treatment are set out in the following Table :—

Notified.	Cases Treated.		Vision Unimpaired.	Vision Impaired.	Total Blindness.	No. of Deaths.
	At Home.	In Hospital.				
6	2	4	6	—	—	—

### Maternal Mortality.

The maternal mortality rate for the whole County for the year 1948 was 0.72 per thousand live and still births. The following Table gives the maternal mortality rate in the County since 1931. The figures up to and including the year 1947 exclude the Borough of Chesterfield.

TABLE VI.

Year.	Rate.	Year.	Rate.
1931 ...	4.55	1940 ... ..	2.47
1932 ...	4.00	1941 ... ..	2.57
1933 ...	4.34	1942 ... ..	2.43
1934 ...	4.51	1943 ... ..	2.20
1935 ...	4.51	1944 ... ..	1.32
1936 ...	3.27	1945 ... ..	1.42
1937 ...	3.89	1946 ... ..	1.37
1938 ...	3.65	1947 ... ..	1.11
1939 ...	2.15	1948 ... ..	0.72

### MATERNITY HOME ACCOMMODATION PROVIDED BY THE COUNTY COUNCIL.

The County Council, prior to the 5th July, 1948, had four Maternity Homes as follows :—

	<i>Maternity Beds.</i>			
Ashgate Lodge ... ..	...	...	...	24
Holbrook ... ..	...	...	...	20
Ashbourne ... ..	...	...	...	9
Darley Hall ... ..	...	...	...	20
				—
Total ... ..	...	...	...	73
				—

Provision had also been made for maternity accommodation at the following Public Assistance Institutions :—

	<i>Maternity Beds.</i>				
Ashbourne ... ..	...	...	...	...	2
Bakewell ... ..	...	...	...	...	3
Belper ... ..	...	...	...	...	18
Chapel-en-le-Frith ... ..	...	...	...	...	4
Chesterfield ... ..	...	...	...	...	24
Glossop ... ..	...	...	...	...	2
Shardlow ... ..	...	...	...	...	5
Total ... ..	...	...	...	...	58

On 5th July, 1948, these Maternity Homes and Institutions were transferred to Sheffield Regional Hospital Board under the National Health Service Act, 1946.

### TUBERCULOSIS SCHEME.

#### STATISTICS.

#### NOTIFICATIONS.

During the year 1948, 513 new cases of Tuberculosis were reported to the Authority, compared with 529 in 1947. This figure of 513 is made up of 408 pulmonary and 105 non-pulmonary cases. The total number of notifications (pulmonary and non-pulmonary), which reached a peak of 633 in 1941, has shown a continuous decrease from that time up to the present year. This is made clear in the graph on page 29. Details of the age groups, showing the numbers of males and females divided into respiratory and non-respiratory forms, are given in the following Tables :—

TABLE VII.  
NEW CASES OF TUBERCULOSIS REPORTED  
TO THE AUTHORITY DURING 1948.

<i>Age Periods</i>	0	1	2	5	10	15	20	25	35	45	55	65	75	<i>Total All Ages.</i>
Respiratory (Males) ...	4	2	2	7	2	17	32	55	32	50	31	13	4	251
Respiratory (Females) ...	3	2	4	3	4	30	26	45	17	7	8	8	—	157
Non-Respiratory— (Males) ...	2	2	11	15	9	3	2	3	2	3	3	—	—	55
Non-respiratory— (Females) ...	—	—	3	12	6	5	2	12	5	2	2	1	—	50
TOTAL ...	9	6	20	37	21	55	62	115	56	62	44	22	4	513



Details of the clinical types of cases notified are shown in the following Table :—

TABLE VIII.

Pulmonary	...	...	...	...	...	408
Non-pulmonary :—						
Glands	...	...	...	...	...	47
Meningitis	...	...	...	...	...	15
Bones and Joints	...	...	...	...	...	16
Abdominal	...	...	...	...	...	11
Genito-Urinary	...	...	...	...	...	1
Miliary	...	...	...	...	...	4
Lupus	...	...	...	...	...	1
Other Forms (unspecified)	...	...	...	...	...	10
						105
GRAND TOTAL	...	...	...	...	...	513

## DEATHS FROM TUBERCULOSIS.

The number of deaths occurring in the County during 1948, as recorded by the Registrar-General as attributable to tuberculosis, was 243 (204 pulmonary and 39 non-pulmonary). This compares with the figure of 242 for 1947. The general position is shown in the graph opposite page —.

The death rates per thousand of the population are as follows :—

Pulmonary	...	...	...	...	0.30
Non-Pulmonary	...	...	...	...	0.06
					0.36
Total	...	...	...	...	0.36

The figure for 1947 was also 0.36 per thousand of the population.

The Table below shows the notifications and deaths during the last 10 years.

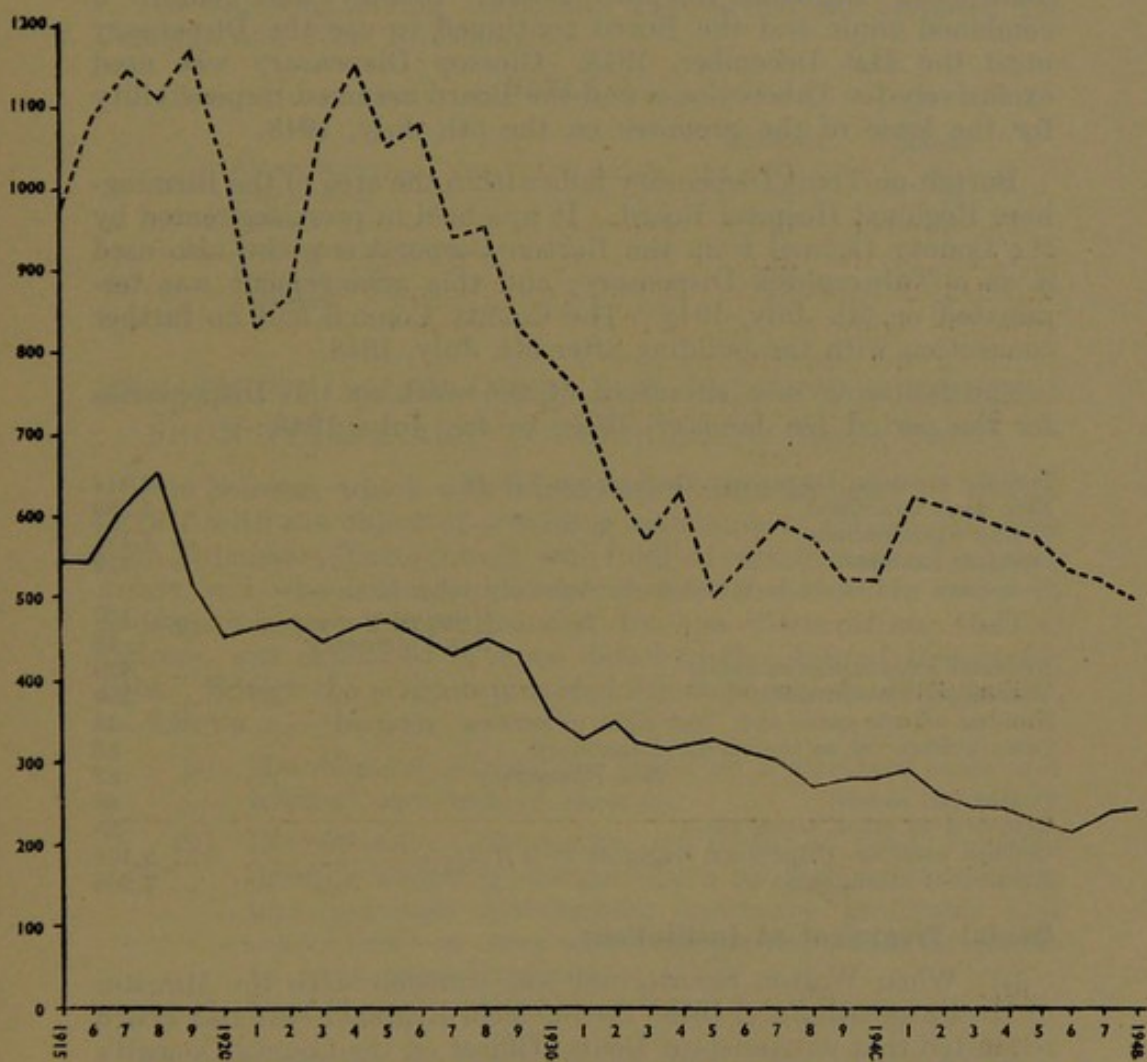
TABLE IX.

Year.	New Cases.	Deaths.	Year.	New Cases.	Deaths.
1939	523	272	1944	595	245
1940	527	280	1945	581	227
1941	633	295	1946	542	222
1942	621	259	1947	529	242
1943	612	244	1948	513	243

TUBERCULOSIS

NOTIFICATION OF ALL FORMS  
OF TUBERCULOSIS -----

DEATHS FROM ALL FORMS  
OF TUBERCULOSIS \_\_\_\_\_





## DIAGNOSIS AND TREATMENT.

With the coming into operation of the National Health Service Act on 5th July, 1948, responsibility for the diagnosis and treatment of Tuberculosis within the Administrative County was transferred to the Regional Hospital Boards.

Walton Sanatorium, the Bretby Hall Orthopaedic Hospital and the Dispensaries at Alfreton, Chesterfield, Derby, Ilkeston, Long Eaton and Matlock come within the area of the Sheffield Regional Hospital Board. The Alfreton, Chesterfield, Derby and Ilkeston Dispensaries were held in "combined clinics" and the Board has continued to hold these Dispensaries in these premises. Long Eaton Dispensary is used exclusively for Tuberculosis, and therefore the whole building was transferred to the Board.

Chinley and Glossop Dispensaries come within the area of the Manchester Regional Hospital Board. Chinley was held in a combined clinic and the Board continued to use the Dispensary until the 31st December, 1948. Glossop Dispensary was used exclusively for Tuberculosis, and the Board assumed responsibility for the lease of the premises on the 5th July, 1948.

Burton-on-Trent Dispensary falls within the area of the Birmingham Regional Hospital Board. It was held in premises rented by the County Council from the Burton Corporation, who also used it as a Tuberculosis Dispensary, and this arrangement was terminated on 5th July, 1948. The County Council had no further connection with the building after 5th July, 1948.

The following is a summary of the work at the Dispensaries for the period 1st January, 1948, to 4th July, 1948:—

Definite cases on Dispensary Register on 1/1/48	...	...	...	...	3,114
New cases examined	...	...	...	...	1,289
X-Ray examinations	...	...	...	...	4,191
Contacts examined	...	...	...	...	739
New cases and contacts found to be definitely tuberculous—					
			Pulmonary	...	170
			Non-Pulmonary	...	19
Artificial Pneumothorax refills	...	...	...	...	830
Pneumoperitoneum refills	...	...	...	...	300
Number of new cases and "lost sight of persons" returned	...	...	...	...	18
Cases written off as recovered—Pulmonary	...	...	...	...	36
			Non-Pulmonary	...	47
Deaths (all causes)	...	...	...	...	86
Removed to other areas, etc.	...	...	...	...	50
Definite cases on Dispensary Registers on 4/7/48	...	...	...	...	3,102
Number of attendances	...	...	...	...	7,206

**Dental Treatment at Institutions.**

(i) When Walton Sanatorium was transferred to the Minister of Health on 5th July, 1948, the Sheffield Regional Hospital Board requested that an Assistant Dental Officer on the County Council's staff should continue to attend on one day a month until such time as the Board could make alternative arrangements. At the time of writing this Report this practice still obtains, but the Chesterfield Hospital Management Committee is endeavouring to appoint a Dental Officer.



The following dental treatment was performed during the year :—

Attendances ... ..	161
Extractions ... ..	72
Fillings ... ..	36
Scalings and Dressings ... ..	18
Number made Dentally Fit ...	39
Dentures ... ..	3

(ii) Bretby Hall Orthopaedic Hospital was visited by a Dental Officer on the County Council's staff until November, 1948, when the Officer resigned. Owing to the shortage of Dental Staff, however, the Sheffield Regional Hospital Board was informed that it would not be possible to arrange for another Dental Officer on the Council's staff to visit this Institution.

The following dental treatment was carried out between 1st January and 25th November :—

TABLE X.

	<i>Children.</i>	<i>Adults.</i>
Attendances ... ..	60	41
Extractions ... ..	79	9
Fillings ... ..	31	29
Scalings and Dressings ... ..	—	2
Dentally Fit ... ..	39	14
Dentures ... ..	—	10

#### TREATMENT ALLOWANCES FOR PERSONS SUFFERING FROM PULMONARY TUBERCULOSIS (Memo. 266/T).

This Scheme, which was introduced by the Ministry of Health in 1943 with the object of providing assistance to persons suffering from Pulmonary Tuberculosis, who fulfilled certain medical requirements and who had to give up remunerative work in order to undergo treatment recommended by the Tuberculosis Medical Officers, was explained in some detail in the Annual Report for 1944. Briefly the scheme provided for three classes of payment, as follows :—

- (i) Maintenance Allowances based on a standard scale and without any test of means.
- (ii) Discretionary Allowances, on proof of need, towards meeting standing charges—such as high rent or rates, hire purchase instalments, insurance premiums and school fees—in cases where the patient would be unable to meet these liabilities.
- (iii) Special payments to meet special circumstances.

With the coming into force on 5th July, 1948, of the National Assistance Act, the payment of these allowances ceased to be the responsibility of the County Council. Under the Act allowances are payable by the National Assistance Board to persons who have suffered a loss of income in order to undergo treatment for respiratory tuberculosis.



The following is a summary of the cases dealt with during the period 1st January, 1948, to 4th July, 1948.

TABLE XI.

Number of persons in receipt of allowances on 1st January, 1948	...	145
Number of cases pending investigation on 1st January, 1948	... ..	14
Number of applications received during the period	... ..	71
Number of new cases granted allowances during the period	... ..	67
Number of applications disallowed or grants discontinued	... ..	80
Number of persons in receipt of allowances on 4th July, 1948	... ..	134
Number of applications pending investigation on 4th July, 1948	... ..	16

#### DISCRETIONARY ALLOWANCES.

Grants were made in 29 cases to enable payments to be maintained on life assurance premiums and hire purchase agreements in respect of furniture.

#### SPECIAL PAYMENTS.

Payments, in the form of pocket money, were granted to four patients who were undergoing approved treatment in an Institution and who had no income, and travelling expenses of near relatives visiting patients in the Sanatorium were granted in 14 cases.

#### EXPENDITURE ON THE SCHEME.

The expenditure during the period 1st January, 1948, to 4th July, 1948, which is repayable to the County Council by the Ministry of Health, was as follows:—

			£
Maintenance Allowances	... ..	2,958	
Discretionary Allowances	... ..	253	
Special Payments	... ..	56	
			<hr/>
Total	... ..	£3,267	

#### BLIND PERSONS ACTS, 1920 AND 1938.

During the period 1st January, 1948, to 5th July, 1948, 48 persons were registered as blind and, in addition, five persons, who were already registered as blind, transferred into the county from other areas.

42 blind persons were reported as having died, 10 transferred to other areas, and four were certified as being no longer blind within the meaning of the Blind Persons Acts.

On July 5th, 1948, there were 973 blind persons on the register.

The total cost of domiciliary financial assistance granted by the County Council during the period 1/4/48 to 4/7/48 was £5,939, and on 4/7/48 there were 611 blind persons in receipt of such assistance.



The Blind Persons Acts Committee ceased to be responsible for the welfare of the blind on July 5th, 1948, on which date their duties were transferred to the County Welfare Committee. While the County Welfare Officer keeps the Register of Blind Persons I, as Medical Adviser to the Committee, make arrangements for the necessary medical examinations. It should be pointed out, however, that the confidential records leading up to certification are retained by me.

The Sections to which reference is made in the headings to the following parts of this Report relate to the National Health Service Act, 1946.

## CARE OF MOTHERS AND YOUNG CHILDREN

### (Section 22).

#### Ante-Natal Scheme.

Seventeen Ante-Natal Clinics, 14 in Urban Districts and three, in Rural Districts, were maintained by the Council prior to the 5th July, 1948. On this date the following Clinics were transferred from the Municipal Boroughs :—

Buxton	(1) ...	The Clinic, Bridge Street, Buxton.
Chesterfield	(2) ...	(a) Edmund Street Clinic, Newbold Moor, Chesterfield.
		(b) The Maternity Home, Chesterfield.
Glossop	(1) ...	Municipal Buildings, Glossop.
Ilkeston	(1) ...	The Clinic, Albert Street, Ilkeston.

The following are the numbers of sessions and attendances at these Clinics during 1948 :—

Half-day Sessions	...	...	...	...	1,215
First visits	...	...	...	...	4,108
Subsequent visits	...	...	...	...	19,407
Post-Natal visits	...	...	...	...	411
					23,926

**Blood Testing.**—Following a discussion with a Medical Officer of the Ministry of Health, arrangements were made in February, 1947, for the collection of blood from patients at Ante-Natal Clinics so that a presumptive Kahn, ABO typing, and a Rhesus test could be carried out by the Regional Transfusion Officer at Sheffield.

If the presumptive Kahn test proves positive, then it can be confirmed by performing another serological examination, that is, a Wasserman test, by the County Pathologist to exclude definitely syphilis.



The advantage of the Rhesus typing is that it will avoid the risk of transfusing the mother with Rh. incompatible blood which might lead to a severe, if not fatal, reaction. Sometimes an incompatible transfusion will sensitise the mother, and this might lead to the development of erythroblastosis foetalis, which is a haemolytic disease in the newborn. If the Rh. typing is carried out, the possibility of this occurring will be recognised in advance, and so remedial action may prevent a neo-natal death.

ABO typing is advisable before a blood transfusion takes place whatever the sex, and if a female, whether pregnant or not, in order that the appropriate blood group donor might be selected for the recipient. If these steps are not taken, unpleasant complications might develop.

The arrangements provide not only for Rh. typing, and for serum tests for syphilis, but also for ABO typing, which means in effect that three pieces of preventive medical work have been combined without splitting the blood sample or making a second vene-puncture.

#### INFANT WELFARE CENTRES.

At the end of 1948 there were 73 Infant Welfare Centres maintained by the Council, 10 in the Municipal Boroughs, 24 in Urban Districts and 39 in Rural Districts.

A Health Visitor attends each Centre, which is generally under the supervision of a Doctor.

There are also seven Voluntary Infant Welfare Centres situated in rural areas.

During the year under review, new Infant Welfare Centres were opened at the Congregational Church, Calow, and the Evacuee Hall, Westfield Crescent, Mosborough. Four voluntary Infant Welfare Centres, situated at Ambergate, Heage, Holymoorside and Mickleover respectively, were transferred to the County Council during the year.

#### MEDICAL TREATMENT OF CHILDREN UNDER FIVE YEARS OF AGE.

The number of children who received treatment during the year under arrangements made by the Authority was as follows :—

Eye conditions	...	...	...	140
Orthopaedic treatment :—				
In-patient	...	...	...	10
Out-patient	...	...	...	812
Sunray treatment	...	...	...	57
Speech Therapy	...	...	...	6



## CLEANLINESS OF MOTHERS AND YOUNG CHILDREN.

All the Health Visitors have been instructed to impress on expectant mothers the importance of cleanliness and freedom from vermin, to include the examination of children's heads as part of their work both in homes and clinics when dealing with children under five, and to concentrate on those homes known to be in most need of help. A return of the work done in 1948 is shown in the Table below. It will be seen that, although 71 children under five years of age have been reported to be verminous or having had nits in the hair, it has not been found necessary to arrange for the cleansing of these children by Local Sanitary Authorities or by Health Visitors. It will also be seen that 60 were reported quite clean by the end of the year.

TABLE XII.

1. Number of visits paid by Health Visitors relating to cleanliness of children under 5 years	...	...	...	...	...	178
2. Number of visits paid by Health Visitors relating to cleanliness of mothers of children under 5	...	...	...	...	...	20
3. Number of children under 5 years found to be verminous	...	...	...	...	...	55
4. Number of children under 5 years with nits in hair	...	...	...	...	...	16
5. Number of children under 5 years having been found to be verminous or having had nits in hair during the year who were reported clean by the end of December, 1948	...	...	...	...	...	60
6. Number of children cleansed by Local Sanitary Authority	...	...	...	...	...	—
7. Number of children cleansed by Health Visitor in the presence of mothers	...	...	...	...	...	—
8. Applications for Lethane or D.D.T. Emulsion	...	...	...	...	...	82
9. Number of Derbac Combs loaned to mothers	...	...	...	...	...	18
10. Detailed instructions and advice relating to cleansing given to mothers of children under 5	...	...	...	...	...	85
11. Number of talks on personal hygiene given at Infant Welfare Centres	...	...	...	...	...	53

## CARE OF PREMATURE INFANTS

(i.e., Babies weighing  $5\frac{1}{2}$  lbs. or less at birth).

The total number of premature babies notified during 1948 was 705; the mothers of 702 of these cases normally resided in Derbyshire; 187 were born in hospital outside the Administrative County; and 518 were born in Derbyshire (330 at home and 188 in hospital). Of the 330 who were born at home, 266 were nursed entirely at home, 33 died during the first twenty-four hours and 263 survived at the end of the month. Of the 375 born in hospital 28 died during the first twenty-four hours and 305 survived at the end of one month.

The Council's Home and Domestic Help Scheme is available to include Premature Infants provided the need is certified by the doctor attending the case.



## DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN.

The following arrangements have been made for the dental care of expectant and nursing mothers and pre-school children, so far as the present limited dental staff permits :—

At her first attendance at an ante-natal clinic every expectant mother is informed that she may receive a dental examination and free dental treatment by a Dental Officer on the Council's staff at the nearest dental clinic. Expectant mothers who for any reason have not received a dental examination under this arrangement, and nursing mothers up to nine months following their confinements, may be referred for dental treatment by the Maternity and Child Welfare Medical Officer. As part of the treatment, dentures are provided, replaced or repaired, free of charge. (The Authority may, however, recover the cost of replacement or repair of any dental appliance supplied as part of the Authority's dental service if it is determined that the replacement or repair is necessitated by lack of care on the part of the person supplied).

Pre-school children attending infant welfare centres are referred to the Dental Officer by the M. & C.W. Medical Officer if dental treatment is thought to be necessary. Orthodontic treatment and the provision of suitable corrective appliances is available through the dental service so far as the limited staff allows, and the remarks made above regarding charges apply as in the case of expectant and nursing mothers.

Mr. Gray, the Senior Dental Officer, has provided the following report :—

“In consequence of the statutory duty of providing comprehensive dental treatment for the priority classes, the dental work now deals with three sections of the community :—

- (a) Expectant and Nursing Mothers,
- (b) Pre-School Children,
- (c) School Children,

of which the last is the most important from the point of view of the large numbers to be dealt with, the great amount of treatment required and the fact that it is chiefly in this class that the foundation is laid for dental fitness in later life. This category has been more fully dealt with in the Annual Report of the County School Medical Officer for 1948, and the remainder of this report is confined to categories (a) and (b).

The provision of an efficient dental service in the County has been made difficult in the year under review by the continued drift of the dental staff to other fields of dentistry. During the year, the services of three whole-time officers and one part-time officer were lost by the resignations of Miss E. Grant, Mr. R. Taylor



and Mr. J. Donnison, and the death of Mr. A. L. Hodgkinson. At the time of leaving the staff, Miss Grant had served as a whole-time officer for 18 years. The death of Mr. Hodgkinson, after a period of illness, was a further grievous blow to the dental service. Mr. Hodgkinson became a part-time dental officer to the Borough of Ilkeston in 1923 and a whole-time officer in 1933, continuing in that capacity until his death. Of a quiet manner, he was a conscientious and efficient officer and did much to enhance the reputation of the dental service in Ilkeston. To offset the losses somewhat, one whole-time officer, Miss M. G. Mills, joined the dental department in the Borough of Chesterfield. At the end of December, 1948, therefore, the staff numbered eight whole-time and two part-time officers, the establishment providing for the equivalent of 15 whole-time officers. Even this figure would have to be increased to provide the comprehensive service demanded of modern dentistry. Further loss of staff will occur shortly, when Mr. G. K. Catchpole (whole-time officer) and Mr. G. E. Jackson (part-time officer) relinquish their appointments in March and February, 1949, respectively, while several others are contemplating changes in the near future. The loss of staff, added to the losses of the previous year, has resulted in the closing down of eight of the dental clinics (incorporating 10 surgeries), and this figure will be augmented by the closure of three more clinics in 1949, following upon the resignations already noted. Efforts at recruitment of an adequate staff have been unsuccessful. Remuneration is the main difficulty.

The dental service is, therefore, very incomplete. It will be appreciated from consideration of the above that the County Council is unable to provide a comprehensive dental service and that many defective conditions must go unrelieved.

As the dental officer sees it, large numbers of the youth of to-day are growing up in a state of chronic bacterial infection and will be partially or wholly edentulous by the time they reach adult life.

#### (a) EXPECTANT AND NURSING MOTHERS.

137 expectant and nursing mothers received treatment. Most of these cases required multiple extractions, the gross caries and the unhealthy gum conditions ruling out conservative measures. 21 dentures were constructed and one patient had an existing denture remodelled. In connection with the treatment of these patients, it should be noted that the average time required to complete the necessary treatment for each case is equal to that required for the treatment of 12 to 15 school children.

#### (b) PRE-SCHOOL CHILDREN.

952 attendances were made by 690 children under school age, chiefly for the relief of toothache. The majority of these attendances were in the nature of casual attendances (*i.e.*, not by appoint-



ment), and as far as possible they were fitted into the routine arrangements and treated with the school children. In some instances these children were under 2 years of age and required multiple extractions."

#### NURSERY PROVISION FOR CHILDREN UNDER FIVE.

Throughout the year the Day Nurseries, established by the County Council at Long Eaton in 1942 and Chaddesden in 1943, continued to operate successfully.

Under the provisions of the National Health Service Act, Day Nurseries established by Glossop and Ilkeston Borough Councils passed under the control of the County Council as a Local Health Authority from July 5th, 1948. These nurseries are the Whitworth Day Nursery for 60 children at Glossop, and the Whitfield Road and Station Road Nurseries for 50 and 35 children respectively, at Ilkeston. The transfer was effected smoothly and the nurseries have continued to give an uninterrupted service. With the agreement of the Ministry of Health, however, the accommodation at Glossop has been reduced from sixty to fifty. The three nurseries taken over were already approved by the Ministry for the training of nursery students, and training courses were in fact being carried on at Ilkeston. Endeavours were made for the training to commence at Glossop, but this had not been possible up to the end of the year.

Training courses were started for the first time at Chaddesden and Long Eaton on September 1st, 1948.

Early in the year consideration was given to the need for nursery provision in other areas of the County :—

(i) In the case of Langley Mill, it was learned from the Ministry of Labour that the Nottinghamshire County Council Nursery at Eastwood had an average attendance of only 20, while it had been built to accommodate between 40 and 60 children.

The Maternity and Child Welfare Committee, in March, agreed to the County Council accepting financial responsibility for Derbyshire cases in the Eastwood Nursery. The Ministry of Labour having agreed that such a scheme would meet the needs of the area, an arrangement was made with the Nottinghamshire County Council for Derbyshire cases to be admitted from August, 1948.

(ii) In the case of New Mills, however, a survey was made in the area following a suggestion that a nursery be provided, and as a result the Regional Office of the Ministry of Labour wrote in May to say that it had been decided not to go ahead with the idea.



(iii) In Chaddesden, Glossop, Ilkeston and Long Eaton, the waiting lists of the existing nurseries continued to increase, and the question of providing additional facilities in those areas was considered. The Ministry of Labour agreed that further nurseries were needed in each case, and the County Health Committee resolved in December of the year under review to provide a fifty-place hatted nursery in each of the four areas mentioned. It was decided, therefore, to seek the approval of the Minister of Health to proposals.

The following Table summarises the existing and proposed accommodation :—

NURSERY ACCOMMODATION.						
<i>Number of Places</i>	...	...	<i>Present.</i>	<i>Proposed.</i>	<i>Final Total.</i>	
Chaddesden	...	...	40	50	90	
Glossop	...	...	50	50	100	
Ilkeston	...	...	85	50	135	
Long Eaton	...	...	50	50	100	
TOTAL	...	...	225	200	425	

#### DAY NURSERIES.

(i) LONG EATON DAY NURSERY. The average number of children on the register throughout the year was 56.3 and the average daily attendance was 44.7. The average number of mothers of children in the Nursery was 53.1, all fully employed.

(ii) CHADDESSEN DAY NURSERY. The average number of children on the register throughout the year was 47.2, and the average daily attendance was 35.6. The average number of mothers of children making use of the Nursery was 43.2, of whom 32.9 were fully employed, and 10.3 were in part-time employment or not at work. Wherever the mother was not at work, there were special grounds for the child's admittance in each case.

(iii) STATION ROAD DAY NURSERY occupies a detached two-storey house at 132, Station Road, Ilkeston, and accommodates 35 children. The average number of children on the register for the last six months of the year was 39.2, the average attendance being 31. The average number of mothers making use of the Nursery, from July, was 37, of whom 32.7 were fully employed and 4.3 were in part-time employment.

(iv) WHITWORTH ROAD DAY NURSERY accommodates 50 children, and occupies a pre-fabricated building off Whitworth Road, Ilkeston. The average number of children on the register



in the half year under review was 52, and the average daily attendance 43.7. The average number of mothers of children in the Nursery was 51, of whom 50.8 were fully employed, the remainder being in part-time employment.

(v) WHITFIELD DAY NURSERY accommodates 50 children in a single-storey, stone, detached building in Victoria Street, Glossop. Prior to being converted to its present use in December, 1942, it was an Infant's School. The average number of children on the register during the last six months of the year was 51.7 and the average daily attendance 42.4. The average number of mothers of children in the Nursery was 50.7, of whom 50.4 were fully employed, the remainder being in part-time employment,

### ILLEGITIMATE CHILDREN, 1948.

The following Table shows the way in which illegitimate children were cared for in the County during the year under review, and includes Chesterfield cases occurring after July 5th, 1948.

TABLE XIII.

1. The number of illegitimate births known to the Welfare Authority for the period 1/1/48—31/12/48	...	...	...	...	...	...	...	181
(a) Single Mothers	...	...	...	...	...	...	...	145
(b) Married Mothers	...	...	...	...	...	...	...	31
(c) Widows	...	...	...	...	...	...	...	3
(d) Divorced	...	...	...	...	...	...	...	2
2. The number in which the mother and child:—								
(a) Returned to live with mother's parents	...	...	...	...	...	...	...	75
(b) Returned to live with other relatives	...	...	...	...	...	...	...	2
(c) Found or were helped to find lodgings where they could live together	...	...	...	...	...	...	...	1
(d) Had to separate, the baby going to a Children's Home	...	...	...	...	...	...	...	4
(One of these children was removed from the care of the mother by a Court Order).								
3. The number of illegitimate children who had been or were being legally adopted	...	...	...	...	...	...	...	74
4. The number of mothers who have married since the birth of the child...								10
5. The number of mothers who, with their babies, are living with the father of the child, though not married to him	...	...	...	...	...	...	...	11
6. The number of mothers in domestic service who have the baby with them	...	...	...	...	...	...	...	1
7. The number of neo-natal deaths	...	...	...	...	...	...	...	1
8. The number of other deaths of illegitimate children	...	...	...	...	...	...	...	2

During the year, 24 mothers included in the total of 181 were temporarily accommodated at two Homes conducted by the Derby Diocesan Council for Moral Welfare: 11 were accommodated at Magdalene Home, Chesterfield, before their confinements only; three went to Vernon Street Home, Derby, before their confinements only; and 10 went to Vernon Street Home, Derby, before their confinements and returned there temporarily with their babies. The County Council has an arrangement for the admission of unmarried mothers to both these Homes, the mothers usually



being resident for a month before the birth of the child. They are then transferred to one of the Maternity Homes for their confinements and, where necessary, return to the Home usually for a further two months, making a total stay of approximately three months.

In April, 1948, the Maternity and Child Welfare Committee reviewed the former practice of recovering the cost from the parent of the child in accordance with a financial scale, and as from that month such a charge was discontinued and the service has been free. In this County, under the Adoption of Children Act, the Education Committee has acted as Guardian ad Litem until, with the coming into force of the Children Act on July 5th, this duty was transferred to the Children's Officer.

TABLE XIV.

Adoptions of illegitimate children arranged by the Education Department...	208
(a) Illegitimate children born and adopted in Derbyshire :—	
1. Born of single mothers ... ..	126
2. Born of married mothers ... ..	23
3. Born of widows ... ..	1
(b) Illegitimate children born elsewhere but adopted in Derbyshire :—	
1. Born of single mothers ... ..	51
2. Born of married mothers ... ..	6
3. Born of widows ... ..	1

### MIDWIFERY SERVICE

#### (Section 23).

Prior to the "appointed day," the greater part of Derbyshire was covered by the direct employment of Midwives, either by the County Council or the Chesterfield Borough Council, the latter being a Local Supervising Authority under the Midwives Acts as well as the County Council. Roughly a third of the County was covered under agency arrangements with certain District Nursing Associations. After consultation with the County Nursing Association the following points emerged :—

- (i) The County Council was already covering roughly two-thirds of the County by the direct employment of Midwives.
- (ii) Approximately a third of the County had never had a Home Nursing Service from a District Nursing Association.

Under the Act, Home Nursing as well as Domiciliary Midwifery became the responsibility of the County Council, and in view of all the circumstances, it was considered preferable to employ the Nurses and Midwives directly.

Under the Act, the County Council became the Local Supervising Authority for the whole of the Administrative County. As a consequence, the Chesterfield Borough Council ceased to be a Local Supervising Authority for Midwifery, but the County Health



## KEY.

<i>Area.</i>	<i>Establishment of County Midwives,</i>
1	2
2	3
3	3
4	4
5	2
5a	1
6	2
7	5
8	2
9	4
10	2
11	2
12	4
13	1
14	5
15	1
16	1
17	1
17a	1
18	2
19	1
20	3
21	1
22	1
23	1
24	2
25	3
26	1
27	2
28	2
29	1
30	2
31	1
32	2
33	1
34	9
Relief Midwives	8



# COUNTY OF DERBY

Issued on the instructions of the Derbyshire County Council

1st APRIL, 1936.



## REFERENCE

- County Boundary ... .. Shewn thus ---
- Borough & Urban District Boundaries .. .. ———
- Rural District Boundaries ... .. - - - - -
- Parish Boundaries ... .. . . .

NOTE: This Plan is based upon the Ordnance Survey Map with the sanction of the Director of the Survey Office.



Committee set up an Area Health Sub-Committee for Chesterfield, which was helpful in that it made use of local knowledge and experience and, therefore, assisted in the smooth transfer of functions.

Your attention is drawn to the map on page 43 showing the areas in which the Midwives are employed. The hatched areas were, before the "appointed day," covered by District Nursing Associations, who acted as agents for the County Council in respect of Midwifery. The areas are drawn in such a way that they have regard (i) to the amount of work performed; (ii) the convenience of patients; (iii) the situations of the Midwives' residences; and (iv) the "mobility" of Midwives.

At the end of 1948, there were 236 Midwives on the County Roll—83 were County Council Midwives; 46 were County Council Home Nurse/Midwives; 81 were Midwives working in Institutions; and 26 were Midwives in independent practice.

#### GAS AND AIR ANALGESIA.

The number of midwives in practice in the County qualified to administer analgesics is as follows:—

(1) Domiciliary	...	...	118
(2) In Institutions	...	...	29

The number of cases where analgesics were administered by midwives in domiciliary practice during the year 1948 was 1,344.

Facilities are provided to enable domiciliary midwives practising in the area to attend courses of instruction in the administration of analgesics in institutions approved by the Central Midwives' Board.

In all cases where gas and air analgesia is administered by a midwife in domiciliary practice, "a second person" must be present, who is acceptable to both the patient as well as the midwife. A fee of one guinea per case is paid to persons who undertake this duty.

#### HEALTH VISITING

##### (Section 24).

All the health visiting services in the County are carried out directly by the Authority and no agency arrangements with other bodies are in force. Nearly all of the Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as County School Medical Officer. A great deal of their work for the County Health Committee has already been referred to in Section 22, as a substantial part of the care of mothers and young children is in their hands. Apart from the Superintendent Health Visitor, the establishment provides for the employment of 68 Health Visitors, who would also act as School Nurses. At the end of 1948, 52 Health Visitors were employed.



A summary of the work done is appended below.

1. MATERNITY AND CHILD WELFARE.

(a) Ante-Natal Clinics :—					
Number of Sessions	...	...	...	...	1,215
Attendances :—					
Ante-Natal	...	...	...	...	23,515
Post-Natal	...	...	...	...	411
					23,926
(b) Visits to Homes :—					
Expectant Mothers :—					
First Visits	...	...	...	...	1,784
Subsequent Visits	...	...	...	...	781
					2,565
Infants :—					
First Visits	...	...	...	...	9,185
Other Visits (under 1 year)	...	...	...	...	20,631
Visits to Children (1 to 5 years)	...	...	...	...	43,833
					73,649
(c) Infant Welfare Centres :—					
Number of Sessions	...	...	...	...	3,355
Attendances :—					
Expectant Mothers	...	...	...	...	260
Infants under 1 year	...	...	...	...	70,735
Children over 1 year	...	...	...	...	28,120
					99,115
(d) Child Life Protection Visits	...	...	...	...	206
(e) Boarded-out Visits	...	...	...	...	1,408
(f) Mothercraft—Number of Lectures	...	...	...	...	62

2. TUBERCULOSIS DISPENSARIES.

Number of Sessions attended	...	...	...	...	1,103
Number of Visits to Homes	...	...	...	...	3,062

3. MISCELLANEOUS VISITS ... .. 1,358

## HOME NURSING SERVICE

### (Section 25).

Prior to July 5th, 1948, no general powers had been granted to County Councils for the provision of Home Nursing Service, although the Public Assistance Committee had made grants to various District Nursing Associations for the home nursing of patients in receipt of Poor Law Relief, and the Tuberculosis Committee had paid for the nursing of certain bedridden cases of tuberculosis.



## KEY.

<i>Area No.</i>	<i>Provisional Establishment of Nurses or Nurse/Midwives.</i>
1	4
2	3
3	5
4	5
5	2
6	3
7	4
8	5
9	4
10	2
11	6
12	2
13	4
14	2
15	8
16	3
17	7
18	2
19	1
20 & 23	10
21	5
22	1
24	1
25	1
26	1
27	1
28	2
29	6
30 & 31	7
32	8
33	2
34	2
35	3
36	3
37	6
38	12
Relief Nurses in the North of the County	3
Relief Nurses in the South of the County	3



# COUNTY OF DERBY

Issued on the instructions of the Derbyshire County Council

1st APRIL, 1936.



## REFERENCE

- County Boundary . . . . . Shown thus --- --- ---
- Borough & Urban District Boundaries . . . . . —————
- Rural District Boundaries . . . . . - - - - -
- Parish Boundaries . . . . . - - - - -

Note: This Plan is based upon the Ordnance Survey Map with the sanction of the Secretary of State for the Home Office.



Buxton Borough Council, according to the 1947 Annual Report of the Medical Officer of Health, contributed to the Local District Nursing Association £20 for home nursing. In this connection,

Section 178 of the Public Health Act, 1936, states as follows:—

“The County Council or Local Authority may contribute by way of annual subscriptions towards the support and maintenance of any Association for providing Nurses.”

Apart from these relatively small items, as far as can be ascertained, no financial arrangements had been made by Local Authorities or the County Council with District Nursing Associations for home nursing.

Out of a total number of 88 District Nursing Associations in this County, 76 were affiliated to the County Nursing Association, but a substantial portion of the county, mainly in rural areas, was not covered for home nursing. Furthermore, in a number of instances, the District Nurses also undertook midwifery. It is desirable that domiciliary midwifery should be divorced from Home Nursing as soon as practicable because of the possible danger of spreading infection from general nursing cases to women in child-birth. Up to the present it has not been possible to arrange this because of the need to recruit staff from persons who, previous to July 5th, 1948, undertook combined district nursing and midwifery duties. One hundred and three Nurses or Nurse/Midwives employed by Nursing Associations were offered employment with the County Council from 5th July, 1948, at salaries in accordance with the existing terms of employment, or in accordance with the recommendations of the Nurses Salaries Committee, whichever was higher. Ninety-three of these nurses accepted employment with the County Council. A provisional establishment of 149 Home Nurses has been fixed, and steps have been taken to recruit the nurses up to that figure. On the 31st December, 1948, there were 44 Home Nurse/Midwives and 81 Home Nurses employed full-time and two Home Nurses employed part-time.

The map on page 47 shows the areas covered by Home Nurses and the areas covered by Home Nurse/Midwives, the latter serving in the hatched portion. Table XV. gives a summary of the work carried out by Nurses from the 5th July, 1948, to 31st December, 1948.



TABLE XV.

SUMMARY OF ACTIVITIES OF HOME NURSES AND NURSE/MIDWIVES  
FOR PERIOD 5TH JULY, 1948, TO 31ST DECEMBER, 1948.

Number of cases on the books on first day of period ... .. 1,160

ANALYSIS OF NEW CASES NURSED DURING THE PERIOD :—

Medical ... ..	3,224
Surgical ... ..	1,823
Tuberculosis ... ..	54
Midwifery ... ..	452
Maternity ... ..	170
Miscarriages and abortions ... ..	48
Number of maternity cases nursed after discharge from hospital before 14th day ... ..	34
<b>TOTAL ... ..</b>	<b>5,805</b>

ANALYSIS OF VISITS PAID :—

General Nursing ... ..	109,604
Observation ... ..	2,325
Tuberculosis ... ..	1,053
Casual ... ..	6,174
<b>TOTAL ... ..</b>	<b>119,156</b>
Midwifery ... ..	8,750
Maternity ... ..	3,554
Ante-Natal ... ..	4,110
Post-Natal ... ..	665
Attendance at Ante-Natal Clinics ... ..	789
<b>TOTAL ... ..</b>	<b>17,868</b>

PARTICULARS OF NEW MIDWIFERY AND MATERNITY CASES :—

	<i>Midwifery.</i>	<i>Maternity.</i>	<i>Totals.</i>
Number of cases booked during period ... ..	632	207	839
Number of cancellations ... ..	53	13	66
Number of calls to emergency cases ... ..	34	—	34
Live Births ... ..	576	199	775
Still Births ... ..	13	9	22
Number of Miscarriages or Abortions ... ..	42	—	42
Number of Deaths of Mothers ... ..	—	3	3
Number of Deaths of Infants ... ..	—	7	7
Number of cases sent to Hospital ... ..	27	25	52
Number of Puerperal Pyrexia Cases... ..	3	2	5
Number of cases in which forceps were used... ..	15	22	37
Number of cases in which Gas and Air Analgesia was administered ... ..	82	—	82

NUMBER OF MEDICAL AID FORMS :—

During Pregnancy ... ..	22
During Labour ... ..	105
During Puerperium ... ..	21
For Infant ... ..	17
<b>TOTAL ... ..</b>	<b>165</b>



## VACCINATION AND IMMUNISATION AGAINST DIPHTHERIA

### (Section 26).

#### IMMUNISATION.

The responsibility placed upon the County Welfare Authority from 1st January, 1946, for the immunisation of infants and children under school age was superseded from 5th July, 1948, by the duty placed upon the Local Health Authority to make arrangements with medical practitioners for the immunisation against diphtheria of all persons in the area.

While children should be immunised at or about the age of one year, if this has not been carried out it should be performed subsequently. It is also desirable, even if immunisation has been done in infancy, that a reinforcing dose be given at the age of four or five years, when school life begins, and again at the age of about ten years.

The administrative steps taken to give effect to the Authority's proposals include—

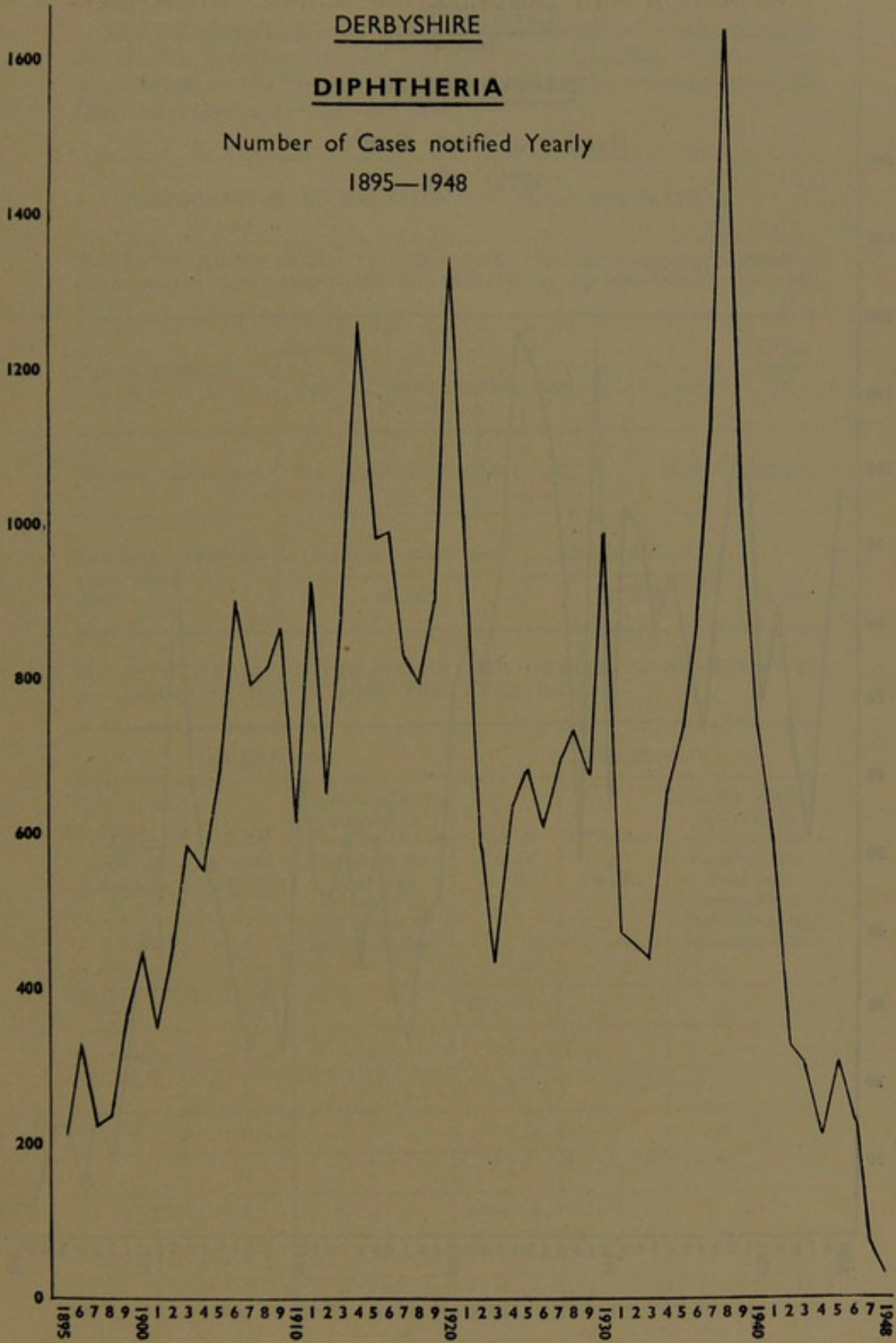
- (1) An invitation to all medical practitioners practising in the Administrative County to participate in the scheme ;
- (2) A request to midwives to advise parents of the desirability of seeking advice regarding immunisation when their children attain the age of eight months ;
- (3) A request to Health Visitors to take every opportunity to publicise and stress the importance of the scheme. In particular, they have been told that they have the duty of implementing the "First Birthday Card" scheme. Parents are informed that it is for them to decide whether they wish their own Doctor, or one of the Authority's Medical Officers, to carry out the immunisation ;
- (4) A request to the Authority's Medical Officers to supplement the services of the general medical practitioners by carrying out immunisation at infant welfare and minor ailment clinics, as well as in schools. The facilities at the clinics are available upon request whenever the Medical Officer is in attendance ;
- (5) An invitation to School Teachers to co-operate by obtaining parental consents for reinforcing injections to be given (or for primary immunisation to be carried out if necessary) in the case of school children. These children may be immunised at school, or at a reasonably accessible clinic.

Each Health Visitor is required to submit quarterly returns showing the number of children in her area who have attained the age of one year during the quarter, and also the number of children whose parents have been approached by her concerning diphtheria immunisation. A summary of these returns is given in the following Table :—

DERBYSHIRE

DIPHTHERIA

Number of Cases notified Yearly  
1895—1948





DERBYSHIREDIPHTHERIA

Number of Yearly Deaths  
1895—1948

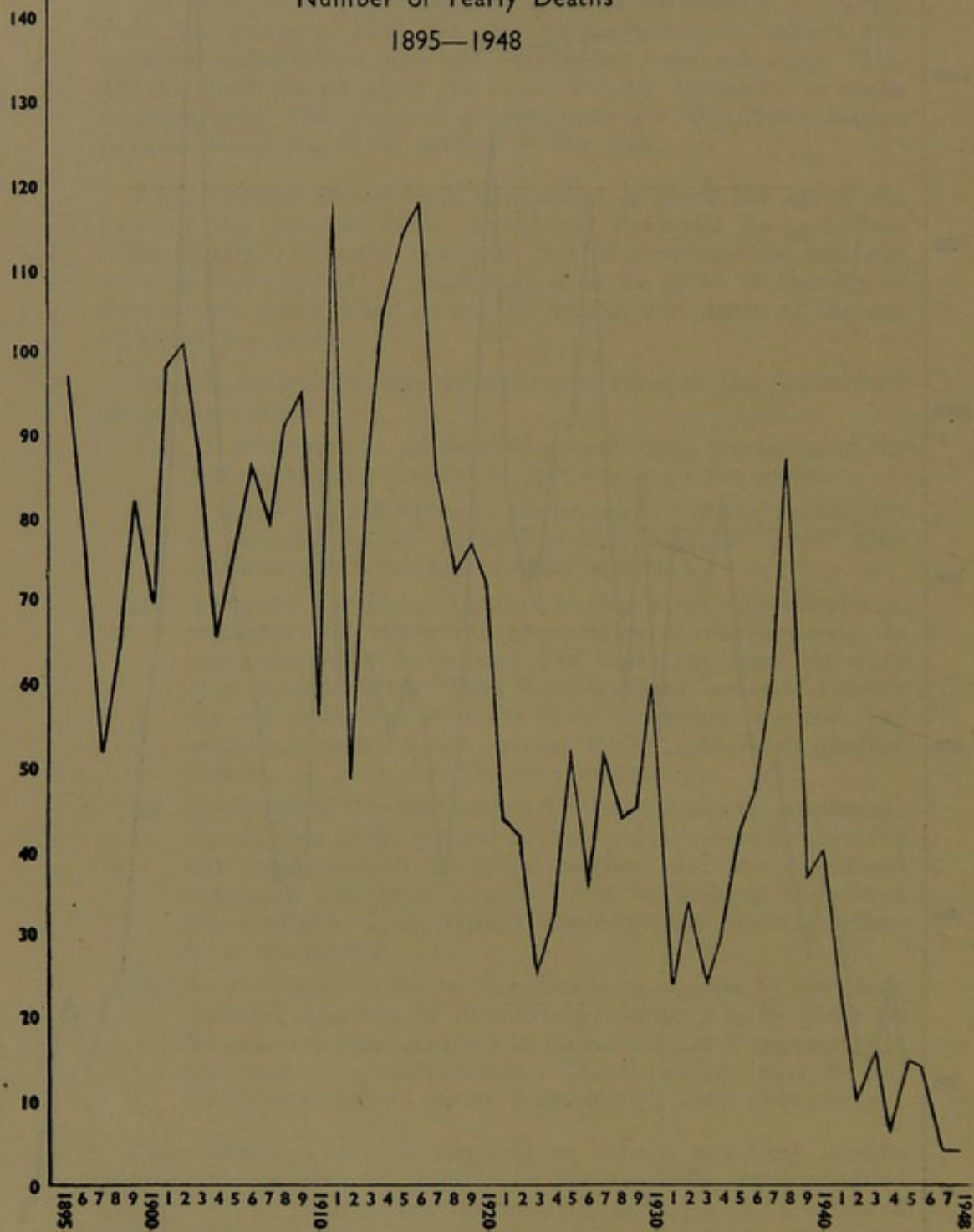


TABLE XVI.

The following is a copy of the return submitted to the Ministry of Health relating to the immunisation position in the child population at the end of 1948, and showing the number of deaths from diphtheria during the year :—

## I. IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of Children at 31st December, 1948, who had completed a course of Immunisation at any time before that date (*i.e.*, at any time since 1st January, 1934).

Age at 31/12/48, <i>i.e.</i> , Born in Year ...	Under 1 1948	1 1947	2 1946	3 1945	4 1944	5 to 9 1939-1943	10 to 14 1934-1938	TOTAL under 15
Number Immunised	301	6147	7096	7089	8404	37,340	34,781	101,158
Estimated mid-year child population 1948 ... ..	Children under five					Children 5—14		151,648
	59,742					91,906		

## II. DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION DURING THE YEAR 1948.

NOTIFICATIONS.			DEATHS.		
<i>Age at date of Notification.</i>	<i>Number of cases Notified.</i>	<i>Number of cases included in preceding column in which the child had completed a full course of Immunisation.</i>	<i>Age at date of Death.</i>	<i>Number of Deaths.</i>	<i>Number of cases included in preceding column in which the child had completed a full course of Immunisation.</i>
Under 1 ...	—	—	Under 1...	—	—
1 ...	—	—	1 ...	—	—
2 ...	3	—	2 ...	1	—
3 ...	2	—	3 ...	—	—
4 ...	3	1	4 ...	1	—
5 to 9...	5	—	5 to 9...	1	—
10 to 14...	8	3	10 to 14...	—	—
TOTALS ...	21	4	TOTALS ...	3	—



The following Table gives details of the number of children who have completed a course of immunisation in the various sanitary districts in the County up to the end of 1948.

TABLE XVII.

NUMBER OF CHILDREN WHO HAD COMPLETED A COURSE OF IMMUNISATION BEFORE 31/12/48.

	Under	1	2	3	4	Total	5—9	10—14	Total	Total
	1						0 - 4	Born		
	1948	Born	Born	Born	Born	incl.	1939—1943	1934—1938	5 - 14	
<b>Urban Districts.</b>										
Alfreton .. ..	8	94	126	154	683	1065	1800	1433	3233	4298
Ashbourne .. ..	15	82	37	29	29	192	1025	365	1390	1582
Bakewell .. ..	1	61	34	18	34	148	195	170	365	513
Belper .. ..	—	101	106	48	115	370	664	—	664	1034
Bolsover .. ..	7	150	182	200	208	747	828	788	1616	2363
Buxton (Boro') ..	4	128	129	132	162	555	1086	892	1978	2533
Chesterfield (Boro')	5	257	764	686	916	2628	3466	3525	6991	9619
Clay Cross .. ..	1	97	81	79	48	306	591	408	999	1305
Dronfield .. ..	4	97	26	53	44	224	300	225	525	749
Glossop (Boro') ..	10	216	186	124	173	709	957	982	1939	2648
Heanor .. ..	16	288	361	339	451	1455	1584	1644	3228	4683
Ilkeston (Boro') ..	—	263	380	334	399	1376	1759	1932	3691	5067
Long Eaton .. ..	1	137	229	248	310	925	1126	1303	2429	3354
Matlock .. ..	6	170	155	122	183	636	809	974	1783	2419
New Mills .. ..	2	48	61	53	83	247	318	377	695	942
Ripley .. ..	6	202	278	287	242	1015	963	1462	2425	3440
Staveley .. ..	1	30	57	121	46	255	563	711	1274	1529
Swadlincote .. ..	2	80	229	204	197	712	1176	890	2066	2778
Whaley Bridge .. ..	—	75	48	109	97	329	362	246	608	937
Wirksworth .. ..	—	178	162	80	71	491	401	264	665	1156
<b>Rural Districts.</b>										
Ashbourne .. ..	73	587	327	183	78	1248	1900	284	2184	3432
Bakewell .. ..	6	108	116	115	152	497	811	1064	1875	2372
Belper .. ..	25	495	482	479	560	2041	1413	1335	2748	4789
Blackwell .. ..	13	588	792	797	823	3013	3142	3093	6235	9248
Chapel-en-le-Frith ..	8	79	30	64	45	226	339	178	517	743
Chesterfield .. ..	52	521	553	698	632	2456	2756	3137	5893	8349
Clowne .. ..	6	184	247	408	500	1345	1418	1390	2808	4153
Repton .. ..	5	168	184	187	261	805	1111	1483	2594	3399
Shardlow .. ..	24	663	734	738	862	3021	4477	4226	8703	11724
	301	6147	7096	7089	8404	29037	37340	34781	72121	101158
Percentage Immunised ..						48.6			78.46	
										Total under 15 .. 66.7%



## VACCINATION.

The Act has placed upon the County Council as a Local Health Authority the duty of making arrangements for the vaccination against small-pox of persons in the area of the Authority. Whilst the Act has not made it compulsory for such persons to submit to vaccination, it is desirable that publicity be given to the facilities available, and in particular that parents be encouraged to seek vaccination for their children, preferably prior to their attaining the age of twelve months. After the birth of a child has occurred, Midwives and Welfare Centre Staff advise the mother to see that the infant is vaccinated when it reaches the right age for the inoculation. Health Visitors (who are required to visit and follow-up all notified births) advise parents personally when the child reaches about three months of age of the importance of vaccination and the facilities for obtaining it.

All medical practitioners practising in the area of the Authority have been invited to participate in the arrangements for vaccination, and have been informed where they may obtain the necessary lymph. Parents are, therefore, advised, if they desire their children to be vaccinated free of cost, to consult their private Doctor, if he is providing services under the National Health Service Act.

Generally, the above-mentioned provision will probably be adequate, but it may be necessary to supplement it by arranging for the Authority's Medical Officers to carry out vaccination at infant welfare centres or clinics, and, if there was a heavy demand, it might become necessary to hold special *ad hoc* vaccination sessions. In the event of an outbreak of small-pox, in order to meet the public demand for possible "large scale" vaccination, special arrangements would be made under which all the Authority's Medical Officers and available Medical Practitioners would undertake the work. If necessary, the Authority would arrange for the provision of emergency vaccination stations and for the medical staffing of them. The public would be advised about vaccination (or re-vaccination) as a precaution, and fully informed of all the facilities available, including the services of the family doctor. Arrangements would be co-ordinated with the County District Councils responsible under the Public Health Act for the control of infectious disease.

## AMBULANCE SERVICE

### (Section 27).

#### STRUCTURE AND ORGANISATION.

By the "appointed day," 16 Ambulance Stations were established, 11 of which were directly operated, and the remaining five by agents acting on behalf of the County Council.

Only two Stations, namely, Derby and Chesterfield, were manned throughout the 24 hours, and they were operated under agency arrangements, the former from July 5th and the latter from August 10th.



The remaining 14 Ambulance Stations were manned only during the day-time, but Driver/Attendants were on stand-by duty at their homes at night. In order to ensure the use of one telephone number for each Station at all times, external extensions from the respective Ambulance Stations were installed at certain drivers' houses, providing they lived in reasonable proximity to the Ambulance Station.

In order to avoid delay, the area allotted to each Station for the receipt of emergency calls was based on telephone exchange districts. As these districts are not co-terminous with Local Government boundaries, reciprocal arrangements were made where necessary with adjoining Local Health Authorities for dealing with emergency calls.

The following procedure is adopted for calling an ambulance :—

(a) URGENT CALLS.

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the Telephone Exchange Operator and ask for "Ambulance." The caller should be automatically put through to the appropriate Ambulance Station, when the call would be accepted and dealt with regardless of whom the caller might be.

(b) NON-URGENT CALLS.

If a patient is suffering from a non-urgent condition, an ambulance or other form of suitable transport would be provided, as appropriate, on the authority of a doctor, dentist, nurse or midwife, providing, of course, the patient cannot be reasonably required to travel by public transport.

The Council has kept all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the Police, the Fire Service, and Telephone Authorities in or serving the County, informed of the addresses and telephone numbers of Ambulance Stations in the County and the method of calling an ambulance.

Control Centres, to which all calls would be directed from specific areas in the County, were not set up, as each Station operated independently. Co-ordination of vehicle movement, however, was achieved, where possible, by close liaison of adjacent Stations, and in the case of long-distance journeys by advising the Central Office of all requests received.

In the interests of economy, agreements were arranged with the Sheffield County Borough, Nottingham County Council and Burton-on-Trent County Borough for the transport of Derbyshire patients from certain fringe areas in the County to places in their respective areas.



#### AGENCY ARRANGEMENTS.

The Ambulance Station at Chesterfield, operated by agents on behalf of the County Council from the 5th July, became directly operated on the 10th October, 1948.

Of the remaining four Stations operated by agents, fixed charges have been agreed in the case of three, together with reimbursement of certain expenditure, and fixed rates per mile in the case of the fourth.

#### HOSPITAL CAR SERVICE.

Arrangements have been made for the use of the Hospital Car Service as required. Due to the notice required by that Service for the provision of a Hospital Car Service car, it has been found more practicable to utilise that Service principally for long-distance journeys. At the same time, this arrangement enables us to conserve our own resources for dealing with local work.

#### CONVEYANCE OF MENTAL PATIENTS.

In accordance with circular 100/47, arrangements were made with the Derby No. 3 Hospital Management Committee for a sitting-case car to be located at the Pastures Hospital, Mickleover, for the specific purpose of conveying mental patients to and from that Hospital. The Hospital Management Committee provides drivers and attendants as required, and the County Council reimburses the Committee their wages when employed for this purpose.

The transportation of mental patients falling outside the scope of this arrangement is dealt with by the ambulance transport located at other Ambulance Stations in the County.

#### INFECTIOUS DISEASES.

All cases of infectious diseases requiring ambulance transport are dealt with through the general Ambulance Service, and no specific vehicles are set aside for this purpose.

No ambulances are located at fever hospitals. Personnel have been instructed in the transportation of such patients, the disinfection of ambulance bedding, equipment and vehicles.

It is intended that ambulance personnel be immunised against diphtheria, and vaccinated against small-pox. In the case of the latter, arrangements will be made for a number to be vaccinated each year at a rate which will provide for the vaccination of all personnel every five years. This will ensure that there are always recently-vaccinated personnel available for dealing with any small-pox cases which might arise.



## CONVEYANCE OF PATIENTS BY RAIL.

It will be noted from the proposals that "where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some other way involving special arrangements with the railway undertaking the Local Health Authority propose to arrange accordingly." Such arrangements were instituted where practicable in the interests of economy as well as to conserve the ambulance resources for local emergency work.

## PERSONNEL.

On the 5th July, twelve ambulance drivers were transferred to the County Council from District Councils. The strength was augmented by the County Council engaging suitable personnel.

In view of the housing shortage, it was necessary to engage candidates who were living near to the Ambulance Stations. Whilst every endeavour was made to engage men with both driving and first aid qualifications, in order that drivers and attendants could be interchangeable in their duties, it was found necessary to employ, in a number of instances, personnel with only one of these qualifications, which, in the majority of cases, was driving. Such persons were encouraged to obtain, as early as possible, one of the recognised First Aid Certificates, and many have done so.

Table showing the establishment and strength of Ambulance Personnel at Directly Operated Stations on the 31st December, 1948 :—

TABLE XVIII.

AMBULANCE STATION.	ESTABLISHMENT.		STRENGTH.	
	<i>Station Superintendents.</i>	<i>Driver Attendants.</i>	<i>Station Superintendents.</i>	<i>Driver Attendants.</i>
Alfreton ... ..	1	7	1	6
Ashbourne ... ..	1	6	1	4
Bakewell ... ..	1	6	1	3
Bolsover ... ..	1	6	1	6
Buxton ... ..	1	12	1	7
Chesterfield ... ..	1	24	1	23
Glossop ... ..	1	9	1	6
Heanor ... ..	1	6	1	4
Ilkeston ... ..	1	12	1	2
Long Eaton ... ..	1	12	1	9
Matlock ... ..	1	6	1	4
Swadlincote ... ..	1	7	1	5
TOTALS ... ..	12	113	12	79



## VEHICLES.

The vehicles which, prior to the 5th July, 1948, were operated by District Councils and Joint Hospital Boards, comprised ten different makes, many of which were very old. A number of these ambulances, which included the converted A.R.P. type, were consequently dilapidated and in a state of disrepair. Many of the ambulances taken over from the Joint Hospital Boards, although having covered only a small mileage, were of such an age that difficulties were experienced in obtaining spare parts. Of the 39 ambulances transferred to the County Council, 27 were 10 or more years old, and one of these, it is believed, was purchased in 1918.

## VEHICLE ESTABLISHMENT.

The following establishment of vehicles was operated from the 5th July, 1948, having regard to the vehicles and accommodation available at that date. It was found necessary, however, to vary this in the light of experience.

## (a) DIRECTLY OPERATED AMBULANCE STATIONS.

<i>Location.</i>	<i>Number of Ambulances.</i>	<i>Number of Cars.</i>
Alfreton ... ..	2	1
Ashbourne ... ..	2	-
Bakewell ... ..	2	-
Bolsover ... ..	2	-
Buxton ... ..	4	1
Glossop ... ..	3	1
Heanor ... ..	2	-
Ilkeston ... ..	4	1
Long Eaton ... ..	4	1
Matlock ... ..	2	-
Swadlincote ... ..	2	1
<b>TOTALS</b> ... ..	<b>29</b>	<b>6</b>

## (b) AMBULANCE STATIONS OPERATED UNDER AGENCY ARRANGEMENTS.

<i>Location.</i>	<i>Number of Ambulances.</i>	<i>Number of Cars.</i>
Chesterfield ... ..	5	2
Derby ... ..	6	-
Belper ... ..	1	2
Eyam ... ..	2	-
New Mills ... ..	2	-
<b>TOTALS</b> ... ..	<b>16</b>	<b>4</b>



## PROVISION OF NEW VEHICLES.

The following orders were placed on the dates shown for the supply of new vehicles.

	<i>Date Ordered.</i>
6 Bedford ambulances ... ..	26 /2 /48
3 ex-W.D. Austin ambulances ... ..	5 /3 /48
6 Austin 16 h.p. saloon cars ... ..	26 /6 /48
14 Bedford ambulances ... ..	17 /9 /48

The three Austin ex-W.D. ambulances and the six Austin cars were delivered before the 31st December, 1948.

## STATISTICS.

The following Table shows the respective mileages of ambulances and sitting-case cars directly operated by the County Council, and by agents operating on behalf of the County Council.

TABLE XIX.

1948	AMBULANCES.			CARS.			TOTALS.		
	<i>Total Cases.</i>	<i>Emergency Cases.</i>	<i>Mileage.</i>	<i>Total Cases.</i>	<i>Emergency Cases.</i>	<i>Mileage.</i>	<i>Total Cases.</i>	<i>Emergency Cases.</i>	<i>Mileage.</i>
July ...	2,206	602	38,382	753	24	7,987	2,959	626	46,369
August ...	2,751	718	44,200	1,072	35	14,337	3,823	753	58,537
September	3,175	727	47,355	1,209	33	16,950	4,384	760	64,305
October ...	3,773	789	54,339	1,385	50	17,842	5,158	839	72,181
November	4,583	902	65,063	1,454	45	18,685	6,037	947	83,748
December	4,665	784	63,765	1,319	34	19,093	5,984	818	82,858
TOTALS ...	21,153	4,522	313,104	7,192	221	94,894	28,345	4,743	407,998

From the above Table it will be observed that, apart from the month of November, there was a steady monthly increase in the total number of cases conveyed, culminating in nearly a 100 per cent. increase on the figure for July.

The increase of emergency calls for December as compared with July amounts to about 30 per cent.



## PREVENTION OF ILLNESS—CARE AND AFTER CARE

### (Section 28).

Schemes for the prevention and after care of tuberculosis have been in operation for a number of years, and it has been, therefore, a relatively simple matter to implement the responsibilities placed upon the Authority under the Act, as it merely meant continuing or extending the existing arrangements.

A proportion of the salaries of the Tuberculosis Medical Officers, who are under contract with the Regional Hospital Boards, will be paid for by the County Council in view of the time they spend on care and after care.

Under the Public Health (Tuberculosis) Regulations, 1930, which are still in operation, it is the responsibility of District Medical Officers of Health to forward to the County Medical Officer, each week, details of the cases of tuberculosis notified by general practitioners. From this information, a register of all cases in the County is kept in the Central Office. Health Visitors are informed each week of all new cases so that they may visit and give appropriate advice to the patient and relatives. Particulars of all notified cases are also forwarded to the Tuberculosis Officers with a view (i) to arrangements being made for the treatment of patients; and (ii) their care in the community while awaiting admissions to Sanatoria. Regarding (ii), the Tuberculosis Officer's recommendations would be accepted concerning any services that come within the range of the Authority's "Care and After Care" scheme.

### EXTRA NOURISHMENT.

It has been the practice in the past for milk and cod liver oil to be supplied to patients suffering from tuberculosis, free of cost, on the recommendation of the Tuberculosis Officer, provided that the family income fell below a certain level. From the 5th July, the Authority has continued this form of after care. In view, however, of similar proposals being made by the Assistance Board, it has been decided that patients will be granted extra nourishment only when they are not eligible for a grant for this purpose from the Assistance Board. It is a fundamental principle that duplicate expenditure for the same service should not be made from Public Funds. The number of persons granted extra nourishment in 1948 was 262, compared with 212 the previous year.

### SHELTERS.

These are loaned free of charge to patients suffering from tuberculosis, on the recommendation of the Tuberculosis Medical Officer.

Number of Shelters sold during the year	...	Nil
Number in use at the end of the year	...	27
Sets of bed and bedding supplied	...	Nil
Shelters available but not in use	...	9



Care and after care of patients generally, apart from those suffering from tuberculosis, mental illness and mental deficiency, and who are not in hospital, is a new responsibility placed on the County Council. As it is a new scheme, it is still in process of evolution. Co-operation with Hospital Medical Officers and Private Practitioners has already been started, and contact with patients in respect of their needs has also been made in many cases through Health Visitors and Home Nurses. Arrangements for the admission of persons who are not in need of medical or nursing treatment to convalescent homes have been deferred pending agreement between the Associations of Local Authorities and the Ministry of Health. The responsibility for arranging for the admission of patients, who are still in need of medical and nursing treatment, to convalescent homes rests with Regional Hospital Boards through Hospital Management Committees. The provision of nursing equipment is usually carried out through the Home Nursing Service. A great deal of equipment was purchased from District Nursing Associations for loan to patients, but this has been supplemented by equipment owned by the British Red Cross Society, to which Society the County Council makes a grant in consideration of their assistance and co-operation in the matter.

### **HOME HELP AND DOMESTIC HELP SCHEME**

#### **(Section 29).**

A limited Home Help Service has been in operation in this County for several years, but a Home Help Organiser was appointed at the end of 1947 in an endeavour to extend the facilities available. With the coming into force of the Act it was envisaged that the number of Home Helps enrolled would be raised to 50, but this number has not been reached. Recruitment has been only fair, due to some extent to the illness of the Organiser, who has been off duty for this reason from early in October.

There were 31 part-time Home Helps on the Council's Roll at the end of the year, compared with five at the end of 1947; 152 cases were provided with the service of a Home Help, compared with 13 during the previous year.

### **MENTAL HEALTH SERVICE.**

#### **(Section 51).**

During the first six months of 1948, the Mental Deficiency Acts in this County were administered by the Mental Deficiency Acts Committee, but from the "appointed day" the Mental Health work under the Lunacy and Mental Treatment Acts, as well as the work under the Mental Deficiency Acts, which is the responsibility of a Local Health Authority, was administered by the County Health Committee. A Mental Health Sub-Committee was appointed. Details are given in the Appendix to this Report.



## STAFF.

The Mental Health work is under the control of the County Medical Officer.

Eleven Medical Officers with special experience in mental deficiency have been appointed to act as Certifying Officers under the Mental Deficiency Acts.

A Senior Mental Health Social Worker, three Mental Health Social Workers and sixteen Duly Authorised Officers have been appointed. The three Mental Health Social Workers are concerned mainly with the supervision, care and after care of mental defectives, while the Duly Authorised Officers, who are also Welfare Officers on the staff of the County Welfare Committee, are estimated to be employed one-third of their time on mental health work under the Lunacy and Mental Treatment Acts, functioning from ten centres in the County. They can be contacted on the telephone or at the addresses shown on the following list throughout the 24 hours of the day:—

LIST OF DULY AUTHORISED OFFICERS UNDER THE LUNACY AND  
MENTAL TREATMENT ACTS.

## PARISHES, ETC.

Glossop Borough  
New Mills Urban District  
Whaley Bridge Urban District  
Chapel-en-le-Frith Rural District  
Buxton Borough

## Chesterfield Borough

Bakewell Rural District  
Bakewell Urban District  
Matlock Urban District

Dronfield Urban District  
Clay Cross Urban District  
Shirland and Higham  
Temple Normanton Unstone  
Holmesfield Barlow  
Brampton Walton  
Brimington Calow  
Wingerworth Hasland  
Ashover Tupton  
Pilsley Morton  
Brackenfield Stretton  
Wessington Tibshelf  
Blackwell

## DULY AUTHORISED OFFICERS.

H. Broadbent,  
Divisional Welfare Offices,  
Ellison Street,  
Glossop.  
Tel. Glossop 74.

H. Allen,  
Divisional Welfare Offices,  
Newbold Road,  
Chesterfield.  
Tel. Office : Chesterfield 3206/7.

L. Bennett,  
3, Baslow Road,  
Bakewell.  
Tel. Office : Bakewell 161.  
Home : Gt. Longstone 22.

W. Johnson,  
Divisional Welfare Offices,  
Newbold Road,  
Chesterfield.  
Tel. Office : Chesterfield 3206/7.  
Home : Holmewood 257.



## PARISHES, ETC.

Eckington  
Killamarsh  
Clowne  
Staveley Urban District

Whitwell  
Scarliffe  
Pleasley  
Ault Hucknall  
Bolsover Urban District  
Sutton-cum-Duckmanton  
North Wingfield

Pinxton  
Pentrich  
South Normanton  
Alfreton Urban District  
Ripley Urban District  
Heanor Urban District

Ashbourne Urban District  
Ashbourne Rural District  
Belper Rural District  
(excepting the parishes of  
Shipley, Mapperley and Pentrich)  
Belper Urban District  
Little Eaton  
Wirksworth Urban District

Ilkeston Borough  
Mapperley  
Stanley  
Dale Abbey  
Stanton-by Dale  
Sandiacre  
Breaston  
Long Eaton Urban District  
Draycott and Church Wilne

Littleover  
Elvaston  
Barrow-on-Trent  
Aston  
Melbourne  
Spondon  
Chaddesden  
Repton Rural District  
Swadlincote Urban District  
Sinfin and Arleston  
Alvaston and Boulton  
Shardlow and Great Wilne

## DULY AUTHORISED OFFICERS.

W. Woods,  
Parish Council Office,  
Eckington.  
Tel. Office : Eckington 157.  
Home : Eckington 144.

W. E. Wadsworth,  
Cliff House,  
Shirebrook.  
Tel. Office : Shirebrook 270.  
Home : Shirebrook 251.

A. C. Hall,  
Central Chambers,  
High Street,  
Alfreton.  
Tel. Office : Alfreton 125.  
Home : Leabrooks 261.

E. R. Jackson,  
Nunsfield House,  
Boulton Lane,  
Alvaston, Derby.  
Tel. Office : Derby 59333.  
Home : Derby 4383.

H. Bishop,  
Rutland Chambers,  
Lord Haddon Road,  
Ilkeston.  
Tel. Office : Ilkeston 492.  
Home : Long Eaton 380.

C. R. Smith,  
Nunsfield House,  
Boulton Lane,  
Alvaston, Derby.  
Tel. Office : Derby 59333.  
Home : Repton 338.

### OCCUPATION CENTRES.

The Occupation Centre at St. Mary's Schools, Hallcroft Road, Ilkeston, had an average of about 30 patients on the register during the year, the staff being as follows:—

Supervisor : Miss E. M. Martin.

Trained at the Nottingham Centre for one year.  
Arrangements were made for Miss Martin to attend a Refresher Course for Supervisors of Occupation Centres in London in 1949.

Assistant Supervisor : Mrs. Spiby, a mental nurse with the R.M.P.A. Certificate.

One Guide Help.

Six patients attended the Derby Borough Occupation Centre and arrangements have been made for a new Centre to be opened in Chesterfield early in 1949.

### CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS AND HOSPITAL MANAGEMENT COMMITTEES.

An attempt has been made to co-ordinate the Authority's arrangements with those of the two Regional Hospital Boards and the various Hospital Management Committees, and, through the co-operation received, the arrangements have worked reasonably well bearing in mind the shortage of Institutional accommodation. Arrangements have been made for the supervision of all mental defectives on Licence or on holiday leave from Institutions, periodic reports being forwarded to the Medical Superintendents. The Duly Authorised Officers regularly visit and report on the home conditions of patients in Mental Hospitals about to be allowed leave of absence on trial under Section 55 of the Lunacy Act, or about to be boarded out under Section 57. Reports are also sent to the various Hospital Management Committees concerning the progress of the patients while at home.

### VOLUNTARY ASSOCIATIONS.

No duties have been delegated to Voluntary Associations in this County.



## TRAINING OF MENTAL HEALTH WORKERS.

Arrangements were made for the Senior Mental Health Social Worker and one of the Duly Authorised Officers to attend a Residential Course on Mental Health at Sheffield University during 1949.

## WORK UNDERTAKEN IN THE COMMUNITY.

### (a) UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

A considerable amount of care and after care of mental defectives has been carried out by the Mental Health Social Workers, such as visiting patients and parents in their homes, giving advice concerning recreation and occupation, interviewing employers and officials regarding suitable work, and also attending the various Petty Sessional and other Courts. In short, helping patients wherever possible before, rather than after, getting into social trouble.

747 mental defectives were under statutory supervision and 500 under voluntary supervision, all of whom were visited regularly by the Social Workers. The reports are filed on the patients' dossiers, so that up-to-date information is readily available in the Central Office.

### (b) UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

During the period from July 5th to December 31st, 1948, 388 patients were admitted to Mental Hospitals, Orders being obtained by the Duly Authorised Officers in respect of 245 patients as shown in the following Table:—

LUNACY ACT, 1890.	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Summary Reception Orders (Sec. 16)...	52	94	146
Duly Authorised Officers' Three-day Orders (Sec. 20) ... ..	18	24	42
Justices' 14-day Orders (Sec. 21 (1)) ...	23	19	42
MENTAL TREATMENT ACT, 1930.			
Temporary Patients (Sec. 5) ... ..	5	10	15
	<hr/> 98	<hr/> 147	<hr/> 245
	<hr/>	<hr/>	<hr/>

Information and advice is also given by these Officers to the relatives and friends of patients admitted voluntarily to Mental Hospitals.



## (c) UNDER THE MENTAL DEFICIENCY ACTS, 1913-1938.

The following Table gives the numbers of mental defectives in the County on January 1st, 1949, and details of the number of cases reported and dealt with during the year 1948 —

## I. PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1949.

## 1. Particulars of Mental Defectives ascertained to be "Subject to be dealt with":—

	M.	F.	T.
(a) Under Guardianship (under Order)			
Under 16 years of age ... ..	—	—	—
Aged 16 years and over ... ..	2	3	5
(b) In "places of safety" ... ..	—	2	2
(c) Under Statutory Supervision (excluding cases on Licence)			
Under 16 years of age ... ..	102	93	195
Aged 16 years and over ... ..	264	288	552
(d) Action not yet taken under any one of the above headings ... ..	—	—	—
Number of cases included in (a) to (d) above awaiting removal to an Institution...	52	30	82
2. Number of Mental Defectives not at present "Subject to be dealt with," but for whom the Local Health Authority may subsequently become liable ... ..	257	243	500
Of whom under Voluntary Supervision			
Under 16 years of age ... ..	17	14	31
Aged 16 years and over ... ..	240	229	469

## 3. Number of Mental Defectives Receiving Training:

(a) In day-training centres			
Under 16 years of age ... ..	9	8	17
Aged 16 years and over ... ..	9	7	16
(b) At home ... ..	—	—	—
<b>TOTAL ...</b>	<b>18</b>	<b>15</b>	<b>33</b>

## II. PARTICULARS OF MENTAL DEFECTIVES ASCERTAINED DURING THE YEAR 1948.

## 1. Ascertainment.

	M.	F.	T.
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):—			
(i) Under Section 57 (3) ... ..	31	33	64
(ii) Under Section 57 (5) ... ..	3	1	4
(b) Other cases reported during 1948 and ascertained to be "Subject to be dealt with"...	14	20	34
Total cases ascertained to be "Subject to be dealt with" during the year ... ..	48	54	102
(c) Other cases reported during 1948 who are not at present "Subject to be dealt with," but for whom the Local Health Authority may subsequently become liable ... ..	14	19	33
<b>TOTAL NUMBER OF CASES REPORTED DURING THE YEAR ... ..</b>	<b>62</b>	<b>73</b>	<b>135</b>



## 2. Disposal Of Cases reported during the year.

	M.	F.	T.
(a) Cases ascertained to be "Subject to be dealt with"—			
(i) Admitted to Institutions (by Order)...	3	2	5
(ii) Placed under Guardianship (by Order)...	—	—	—
(iii) Taken to "places of safety" ... ..	—	4	4
(iv) Placed under Statutory Supervision...	43	47	90
(v) Died or removed from area ... ..	2	1	3
(vi) Action not yet taken ... ..	—	—	—
 (b) Cases not present "Subject to be dealt with"			
(i) Placed under Voluntary Supervision...	14	19	33
(ii) Found not to be defective ... ..	4	1	5
(iii) Died or removed from area ... ..	—	—	—
(iv) Action not yet taken ... ..	—	—	—
 TOTAL ...	66	74	140

## III. NUMBER OF MENTAL DEFECTIVES UNDER COMMUNITY CARE, INCLUDING VOLUNTARY SUPERVISION OR IN "PLACES OF SAFETY" ON 1ST JANUARY, 1948, WHO HAVE CEASED TO BE UNDER COMMUNITY CARE OR IN "PLACES OF SAFETY" DURING 1948.

	M.	F.	T.
(a) Admitted to Institutions ... ..	7	5	12
(b) Ceased to be under care ... ..	24	25	49
(c) Died or removed from area ... ..	23	26	49
 TOTAL ...	54	56	110

## IV. OF THE TOTAL NUMBER OF MENTAL DEFECTIVES KNOWN TO THE LOCAL HEALTH AUTHORITY.

(a) Number who have given birth to children during 1948:		
(i) After marriage ... ..		2
(ii) While unmarried... ..		3
 (b) Number who have married during 1948 ...	Males.	Females.
	2	9

**CHESTERFIELD AREA HEALTH SUB-COMMITTEE.**

The County Health Committee decided to form an Area Health Sub-Committee for the Municipal Borough of Chesterfield in view of its population and its experience as a Maternity and Child Welfare Authority, as well as a Local Supervising Authority under the Midwives Acts. The functions of the Sub-Committee are briefly as follows :—

- (a) To manage (subject to the direction and control of the County Health Committee) the day-to-day administration within its area of the following Services under the Act of 1946 :—
- (i) The care, including dental care, of expectant and nursing mothers and of young children (S.22).
  - (ii) Midwifery (S.23).
  - (iii) Health Visiting (S.24).
  - (iv) Home Nursing (S.25).
  - (v) Vaccination and Immunisation (S.26).
  - (vi) Arrangements for the prevention of illness, care and after care, excluding venereal disease, mental illness and mental defectiveness (S.28).
  - (vii) Domestic help (S.29).
  - (viii) Health education.
  - (ix) Health Centres (S.21).



TABLE XX.

## Cases of Notifiable Diseases notified during 1948

as reported by the Local Medical Officers of Health,  
(Civilians only)

Urban Districts.	Tuberculosis		Small-Pox.	Scarlet Fever	Diphtheria	Typhoid Fever.	Puerperal Pyrexia.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmonary.	Other.									
Alfreton ...	14	4	—	86	1	—	—	—	4	—	—
Ashbourne ...	2	3	—	26	—	—	1	—	9	—	—
Bakewell ...	3	1	—	4	—	—	1	—	1	—	—
Belper ...	5	4	—	26	2	—	—	—	—	—	—
Bolsover ...	5	—	—	62	—	—	1	—	2	—	—
Buxton (Boro') ...	11	5	—	17	1	1	1	—	3	—	—
Chesterfield (Boro') ...	44	7	—	183	8	—	21	3	30	—	—
Clay Cross ...	4	—	—	16	—	—	—	1	—	—	—
Dronfield ...	2	2	—	11	1	—	1	—	—	—	—
Glossop (Boro') ...	12	3	—	44	—	—	—	—	—	—	—
Heanor ...	23	7	—	47	—	—	3	2	15	1	—
Ilkeston (Boro') ...	32	2	—	51	—	—	1	1	7	1	—
Long Eaton ...	25	3	—	95	—	—	—	—	7	—	—
Matlock ...	15	6	—	31	1	—	1	—	—	—	—
New Mills ...	5	2	—	7	1	—	3	1	—	—	—
Ripley ...	12	4	—	48	1	—	2	1	9	1	—
Staveley ...	4	2	—	47	1	—	—	1	1	—	—
Swadlincote ...	8	1	—	40	2	—	—	—	—	—	—
Whaley Bridge ...	5	—	—	7	1	—	—	—	1	—	—
Wirksworth ...	3	—	—	—	—	—	—	—	—	—	—
<i>Urban Districts</i> ...	234	56	—	848	20	1	36	10	89	3	—
Rural Districts.	Tuberculosis		Small-Pox.	Scarlet Fever.	Diphtheria	Typhoid Fever.	Puerperal Pyrexia.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmonary.	Other.									
Ashbourne ...	1	5	—	34	1	—	—	—	10	—	—
Bakewell ...	9	6	—	51	1	—	—	2	7	—	—
Belper ...	17	7	—	19	—	—	2	1	4	—	—
Blackwell ...	29	4	—	67	—	—	—	—	9	—	—
Chapel-en-le-Frith ...	14	4	—	17	2	—	—	1	2	1	—
Chesterfield ...	38	7	—	201	9	1	1	3	29	2	—
Clowne ...	13	4	—	37	1	—	1	—	7	—	—
Repton ...	19	7	—	43	1	—	1	—	2	—	—
Shardlow ...	42	8	—	112	1	—	1	—	16	—	—
<i>Rural Districts</i> ...	182	52	—	581	16	1	6	7	86	3	—
<i>Urban Districts</i> ...	234	56	—	848	20	1	36	10	89	3	—
<i>Whole County</i> ...	416	108	—	1429	36	2	42	17	175	6	—



**DERBYSHIRE COUNTY COUNCIL.**

**NATIONAL HEALTH SERVICE ACT, 1946.**

The County Council's proposals for carrying out their duties or powers as a Local Health Authority under Sections 22 to 29 inclusive in Part III, and under Section 51 in Part V, of the Act.

**CARE OF MOTHERS AND YOUNG CHILDREN  
(Section 22).**

**Proposals Approved by the Minister of Health  
on 27th May, 1948.**

**PART I.**

**GENERAL STATISTICAL DATA.**

- 1.—Total mid-1946 population of Authority's area ... 648,460
- 2.—Total mid-1946 number of children under five in  
Authority's area ... .. 53,310
- 3.—Number of registered live births in Authority's area:—

		<i>TOTAL.</i>	<i>Legitimate.</i>	<i>Illegitimate.</i>
<i>Births:</i> (a)	1945 ...	11,393	10,574	819
	(b) 1946 ...	12,710	12,011	699

**EXISTING SERVICE.**

At the present time the County Council provides 17 ante-natal clinics, which are located at the addresses indicated in Appendix "A" at which advice is given to expectant mothers by three whole-time and two part-time Maternity and Child Welfare Medical Officers, who have had special post-graduate experience in obstetrics.

In addition to the above, a total of five Ante-Natal Clinics are provided in the County by the Municipal Boroughs at the addresses shown in Appendix "B." The Boroughs of Buxton, Glossop and Ilkeston provide one Clinic each staffed by part-time Consultant Obstetricians; the Borough of Chesterfield provides two Clinics in which the work is done by one of the Authority's whole-time Medical Officers.

Patients are referred to the ante-natal clinics by County and Municipal Midwives, Midwives in independent practice and District Nurse/Midwives, as well as General Medical Practitioners, although some patients attend on their own accord.



Apart from the usual ante-natal examinations conducted at these clinics, arrangements have been made with the Regional Blood Transfusion Service for specimens of blood to be collected so that the Rhesus Factor can be determined and the Kahn test and, if necessary, the Wassermann reaction, carried out.

The County Council has already trained 59 out of a total establishment of 75 County Midwives in the administration of Gas and Air Analgesia, and patients can be medically examined at ante-natal clinics free of charge, so that it can be decided whether they are fit to receive this form of analgesia.

Patients are periodically examined at ante-natal clinics, and in the event of an abnormality developing they are referred to the out-patient department of a hospital with a view, if necessary, to in-patient treatment being arranged.

The following articles are available at County Council ante-natal clinics free of charge or at reduced cost according to the financial circumstances of the patient :—Maternity outfits, elastic stockings, surgical appliances, etc., ostocalcium and fersolate tablets.

Where necessary, expectant and nursing mothers are referred to County Dental Clinics for extractions, conservative treatment, or the provision of artificial dentures, as required.

#### NURSING MOTHERS AND YOUNG CHILDREN.

The County Council provides 57 Infant Welfare Centres at which advice is available for nursing mothers and young children. The Maternity and Child Welfare Officers mentioned above, as well as Medical Officers appointed primarily as Assistant School Medical Officers and one retired General Practitioner, attend at these Centres. In addition to the medical staff, Health Visitors are in attendance at the Centres at each session.

In addition to the general medical advice given, patients can be referred for eye examination, as well as orthopædic and dental treatment, etc., while nursing mothers may obtain welfare foods at cost price or at reduced prices, according to the means of the family.

The four Municipal Boroughs conduct eight Child Welfare Centres in accordance with the details set out under Paragraph D below.

As far as is known, there are seven Infant Welfare Centres conducted by voluntary organisations, and the County Council has arrangements by which grants of £10 or £15 a year are made, according to the number of patients attending and provided records are kept in conformity with those at Infant Welfare Centres conducted by the Council.



A.—ANTE-NATAL CLINICS.	County Council.	Other Welfare Authorities.			
		Buxton.	Chesterfield.	Glossop.	Ilkeston.
(i) Number of Clinic premises ... ..	17	1	2	1	1
(ii) Number of expectant mothers who attended in 1946...	4,115	33	1,261	287	579
(iii) Number of sessions held weekly (average half-day sessions ... ..)	16	$\frac{1}{2}$	5	1	1

## B.—POST-NATAL CLINICS.

There are no post-natal clinics as such provided by the County Council, but cases are seen post-natally at Ante-Natal Clinics. 131 women attended for post-natal examination during the year 1946. In the Borough of Buxton three women attended the Ante-Natal Clinic for post-natal examination during 1946. In the other three Municipal Boroughs there are four Post-Natal Clinics as detailed below.

	County Council.	Other Welfare Authorities.			
		Buxton.	Chesterfield.	Glossop.	Ilkeston.
(i) Number of Clinics	—	—	2	1	1
(ii) Number of sessions held weekly ...	—	—	2	1	$\frac{1}{2}$

## C.—IF ARRANGEMENTS ARE MADE WITH GENERAL PRACTITIONERS.

No arrangements have been made apart from the Municipal Borough of Buxton where General Practitioners may carry out ante-natal or post-natal examinations, although no such examinations were made during the year 1946.

D.—CHILD WELFARE CLINICS.	County Council.	Other Welfare Authorities.			
		Buxton.	Chesterfield.	Glossop.	Ilkeston.
(i) Number of Clinics—					
(a) (provided by Council at the end of 1946) ...	57	1	3	2	2
(b) (by Voluntary Associations receiving grants from the Council in 1946) ...	7	—	—	—	—
(ii) Number of sessions weekly—					
(a) Council's Clinics (average half-day weekly sessions) ...	53	2	7	$2\frac{1}{2}$	2
(b) Voluntary Clinics (average half-day weekly sessions) ...	$4\frac{1}{2}$	—	—	—	—



E.—DAY NURSERIES.	County Council.	Other Welfare Authorities.			
		Buxton.	Chesterfield.	Glossop.	Ilkeston.
(i) Number ... ..	2	—	—	1	2
(ii) Number of places for children ... ..	90	—	—	60	85
F.—RESIDENTIAL NURSERIES PROVIDED UNDER MATERNITY AND CHILD WELFARE POWERS.					
(i) Number ... ..	—	—	—	—	—
(ii) Number of places for children ... ..	—	—	—	—	—
G.—MOTHER AND BABY'S HOMES.					
(SEE PART II, A.3.).					
(i) Number ... ..	2				
(ii) Accommodation—					
(a) Mothers ... ..	18				
(b) Babies ... ..	9				
(iii) Number of maternity beds, if any ... ..	—				
H.—DENTAL TREATMENT GIVEN IN 1946.					
(i) To expectant and nursing mothers :—					
Number of patients who attended for treatment...	43	4	—	25	6
Number of fillings	39	—	—	—	—
Number of extractions ... ..	100	—	—	—	—
Number of scalings	6	—	—	—	—
Number of dentures supplied ... ..	20	—	—	—	—
(ii) To children under five :—					
Number of attendances ... ..	558	—	—	—	—
Number treated ... ..	416	20	91	16	108
Extractions ... ..	364	—	—	—	—
Teeth conserved ... ..	787	—	—	—	—

In the event of a radiograph being required to be taken, special consideration would be given for the necessary arrangements at the most appropriate clinic or hospital.

## PART II.

### DESCRIPTION OF THE SERVICE WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY.

#### A.—1.—GENERAL ARRANGEMENTS.

It is intended that the existing Service should be co-ordinated and supplemented in order to provide as efficient a service as is practicable. In this connection progress has already been made towards the establishment of four new Infant Welfare Centres.

The main administrative organisation of the Health Department will continue to operate from the Central Office at Derby although, naturally, certain matters will be dealt with locally by the appropriate Officers at Health Centres, Ante-Natal, Post-Natal and other



Clinics, as well as Child Welfare Centres as the case may be. The County Medical Officer of Health, assisted by the Deputy County Medical Officer and an Assistant County Medical Officer, will supervise and control the administrative organisation. The ante-natal and post-natal work at Clinics, as well as that at Infant Welfare Centres, will be carried out by the existing medical staff, which will be supplemented if necessary.

## 2.—JOINT ARRANGEMENTS WITH OTHER LOCAL HEALTH AUTHORITIES.

It is not considered necessary to have any joint arrangements with other health authorities, but it is proposed that such arrangements shall be made if in the light of experience or by reason of changing circumstances the Council come to the conclusion that the efficiency of the service in any part of the County so requires.

## 3.—ARRANGEMENTS WITH VOLUNTARY ORGANISATIONS.

It is proposed to continue the arrangements for the admission of unmarried mothers and their babies to hostels established at Magdalen House, Chesterfield, and 10, Vernon Street, Derby, conducted by the Derby and Derbyshire Diocesan Council for Moral Welfare Work, and in suitable cases to make similar arrangements for the care of expectant and nursing mothers and young children with other voluntary organisations if and when the need arises.

It is proposed by the appointed day to arrange for an Infant Welfare Centre to continue to serve, in a not less adequate manner than now, the needs of each of the seven areas hitherto served by a voluntary Infant Welfare Centre. This provision will be made either directly by the Council (in which event the Council will if necessary seek to secure the use of the premises and staff of the voluntary centres) or by arranging for the voluntary organisations now providing the centres to continue to do so for the time being.

## 4.—LIAISON WITH OTHER BODIES.

The co-ordination of arrangements for the care of mothers and young children with the hospital and specialist services will be discussed with the Regional Hospital Boards before the appointed day, together with the question of joint appointments of medical staff where this would appear to be desirable and a suitable basis of remuneration agreed. The services of Specialist Obstetricians and Pædiatricians will be sought from the Regional Hospital Board or otherwise so that consultative sessions may be arranged as required at Ante-Natal Clinics and Child Welfare Centres.



B.—PARTICULAR ARRANGEMENTS WHICH IT IS PROPOSED TO OPERATE ON THE APPOINTED DAY.

1.—CLINICS (INCLUDING CLINICS PROVIDED BY VOLUNTARY ORGANISATIONS).

(a) No. of Ante-Natal Clinics	...	...	...	23
No. of Ante-Natal Sessions to be held each week				24½
(b) No. of Post-Natal Clinics	...	...	...	4
(c) No. of Infant Welfare Centres :—				
Existing County Council Centres	...	...	...	57
Existing Centres in Municipal Boroughs	...	...	...	8
New Infant Welfare Centres	...	...	...	4
Infant Welfare Centres provided in lieu of those at present conducted by voluntary organisations	...	...	...	7
				—76
No. of Infant Welfare Sessions to be held each week	...	...	...	76

2.—CARE OF PREMATURE INFANTS.

The arrangements to be made for the care of premature infants will follow, as far as is practicable, those recommended by the Minister of Health in Circular 20/44 dated March 22nd, 1944.

Where a premature infant is discharged from hospital to its own home the closest liaison will be maintained between the Authority and the Hospital in order that the appropriate Officer can follow up the case immediately.

3.—DENTAL CARE.

(i) The County Council already provides dental treatment for pre-school children who attend Infant Welfare Centres, and for expectant mothers who attend ante-natal clinics, as well as for nursing mothers until four months have elapsed since the date of their confinements.

It is intended, in view of the harm caused by oral disease, to extend these arrangements as soon as practicable to include provision for (a) a dentist to examine every expectant mother following her first attendance at an Ante-Natal Clinic; (b) for dental treatment to be available to expectant mothers, as well as nursing mothers for nine months following their confinements.

It is proposed that there should be a periodical examination of young children attending Infant Welfare Centres, including those in Day Nurseries, up to the time they come under the care of the School Dental Service, and to provide such treatment as is necessary.



Special attention will be paid to conservative treatment.

(ii) Owing to the shortage of dentists it is not anticipated that the staff employed on this work in the first year will exceed the following :—

(a) Full-time ... Nil.

(b) Part-time ... 1.—Number of officers : 24 (approx.).  
2.—Equivalent in terms of full-time officers : 4 (approx.).

(iii) Number of sessions to be held each week : 44 (approx.).

(iv) It is proposed that where dentures are recommended by one of the Authority's Dentists, they should be provided, replaced or repaired. All forms of dental treatment, including dentures, where necessary, will be provided by the Authority's dental officers. All dentures will be made in the Authority's own dental workshop, or by mechanics to the profession, or, if the dental officer concerned is a part-time officer of the Authority, by any mechanic employed by him in his private practice.

#### 4.—SUPPLY OF WELFARE FOODS.

The Council propose to distribute on behalf of the Ministry of Food, those welfare foods which are included in the Government's Welfare Food Scheme, and to arrange for other welfare foods to be supplied where the welfare of expectant or nursing mothers or young children so requires.

#### 5.—PROVISION OF MATERNITY OUTFITS.

Maternity Outfits will be provided for all expectant mothers who require them.

#### 6.—NURSERY PROVISION.

(a) *Day Nurseries.*—The County Council has established Day Nurseries at Chaddesden, near Derby, and Long Eaton. It is intended to continue these two nurseries, as well as those established at Ilkeston (2) and Glossop (1), as long as there is an adequate demand.

(b) *Residential Nurseries.*—The establishment of Residential Nurseries will be reviewed in the light of future conditions. If it is decided to establish a residential nursery regard will be had to the provisions of the Children Act, 1948.

(c) It is not intended to make arrangements for the care of children during the day time only by providing daily guardians or creches in Infant Welfare Centres.



### 7.—CARE OF UNMARRIED MOTHERS AND THEIR CHILDREN.

As described in A.3 above, arrangements have been made for the care of unmarried mothers and their babies. Generally, an unmarried mother is admitted approximately one month before the expected date of delivery, and after her confinement in the Maternity Unit she returns to the Hostel for approximately two

months. These arrangements are subject to review in special circumstances. The Council will, by the appointed day or as soon after as may be, arrange for the non-institutional care and supervision of unmarried mothers by the appointment either directly or by arrangement with voluntary organisations, of a welfare officer, or otherwise.

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### PART III. DEVELOPMENT PLAN.

Until such time as it is decided where Health Centres shall be located and they are built and equipped, Ante-Natal and Post-Natal Clinics and Child Welfare Centres will be conducted in existing premises.

The Service which will operate from the Appointed Day is expected to meet the needs of the County, but the need for additional clinics and centres will be kept under review and these will be provided where a need is shown to exist and suitable premises are available.

Consideration will be given to establishing further Day Nurseries and to instituting Residential Nurseries where there is a proved need for these services. In particular consultations will take place with the Regional Officer of the Ministry of Labour and the Derbyshire Education Committee.

It is proposed that the services of "General Practitioner Obstetricians" be enlisted gradually to supplement the work of the medical staff employed by the Authority at Ante-Natal Clinics.

It is contemplated that each Ante-Natal Clinic will be associated with a Maternity Hospital, but this will take some time to implement as it will require consultation with the appropriate Regional Hospital Board or Hospital Management Committee.



## Appendices "A" and "B."

## Proposals for the care of Mothers and Young Children under Section 22.

## APPENDIX "A."

## Addresses of Existing County Ante-Natal Clinics.

<i>Clinic.</i>	<i>Address.</i>
ASHBOURNE ...	Maternity Home, Wirksworth Road, Ashbourne.
ALFRETON ...	School Clinic, Grange Street, Alfreton.
BELPER ...	The Cedars, Field Lane, Belper.
BOLSOVER ...	School Clinic, Welbeck Road, Bolsover.
CLAY CROSS ...	School Clinic, High Street, Clay Cross.
CHESTERFIELD ...	The Maternity Home, Chesterfield.
DERBY ...	School Clinic, Walker Lane, Derby.
ECKINGTON ...	Wesleyan School, Eckington.
FRECHEVILLE ...	School Clinic, Fox Lane, Frecheville.
HEANOR ...	School Clinic, Wilmot Street, Heanor.
LONG EATON ...	School Clinic, 4, Nottingham Road, Long Eaton.
MATLOCK ...	School Clinic, Dean Hill House, Causeway Lane, Matlock.
NEW MILLS ...	High Lea Hall, New Mills.
RIPLEY ...	The Cottage Hospital, Ripley.
SHIREBROOK ...	Cliff House, Church Hill, Shirebrook.
STAVELEY ...	School Clinic, Lime Avenue, Staveley.
SWADLINCOTE ...	School Clinic, Alexandra Road, Swadlincote.

## APPENDIX "B."

## Addresses of Existing Clinics provided by Welfare Authorities other than the County Council.

<i>Borough.</i>	
BUXTON ...	Bridge Street Buxton.
CHESTERFIELD ...	(1) Chesterfield Maternity Home. (2) Edmund Street, Chesterfield.
GLOSSOP ...	Municipal Buildings, Glossop.
ILKESTON ...	Albert Street, Ilkeston.

## MIDWIVES SERVICE

(Service 23).

Proposals Approved by the Minister of Health  
on 11th June, 1948.

## PART I.

## STATISTICAL DATA.

Total number of domiciliary births in the Authority's area :—  
(a) 1945, 11,393 : (b) 1946, 12,710.



## EXISTING SERVICE.

The Derbyshire County Council is the Local Supervising Authority under the Midwives Acts for the whole of the Administrative County apart from the Borough of Chesterfield, which is also a Local Supervising Authority.

The County Council has an establishment of two non-medical Supervisors of Midwives and 75 whole-time County Midwives, and in addition has an arrangement with certain District Nursing Associations for carrying out midwifery on its behalf. The Borough of Chesterfield employs one non-medical Supervisor of Midwives and nine whole-time Municipal Midwives, but has no arrangements with voluntary District Nursing Associations.

The following gives information in tabular form concerning the number of domiciliary midwives practising in the County and the number of cases dealt with by them during 1946 :—

	<i>Mid- wives.</i>	<i>Cases dealt with.</i>
(a) Employed directly by the County Council	75	4,429
(b) Employed by Chesterfield Corporation...	9	616
(c) Employed by District Nursing Associations with whom the County Council has arrangements ... ..	35	1,125
(d) Employed by other District Nursing Asso- ciations ... ..	27	820
(e) Independent Midwives practising in the County ... ..	37*	702
	<hr style="width: 100%; border: none; border-top: 1px solid black; margin-bottom: 5px;"/> 183	<hr style="width: 100%; border: none; border-top: 1px solid black; margin-bottom: 5px;"/> 7,692

[\* Of these 37, two are resident in the Borough of Chesterfield and nine, although practising in the County, reside outside the County.]

The figures of Midwives employed exclude two Supervisors of Midwives employed by the County Council and one by the Chesterfield Corporation.

Three lists are appended giving the following information concerning the existing service :—

## APPENDIX 1.

The areas of the County served by County Midwives, and Municipal Midwives in the Borough of Chesterfield, and the areas covered by District Nursing Associations with whom the County Council has arrangements for the performance of midwifery work.



## APPENDIX 2.

The areas served by the District Nursing Associations with whom the County Council has no arrangements. These areas will overlap certain areas in No. 1.

## APPENDIX 3.

The places in which midwives in independent practice reside.

In view of the importance of making domiciliary midwives as mobile as possible, the County Council has agreed to grant travelling allowances to midwives for the use of motor cars. In point of fact, out of an establishment of two non-medical Supervisors of Midwives and 75 County Midwives, the two Supervisors and 57 of the County Midwives have at the present time motor cars, and one midwife has an auto-cycle.

It is understood that the Chesterfield Corporation midwives do not possess motor cars, but the District Nursing Associations have provided 23 cars and two auto-cycles for the use of their nurse/midwives.

**PART II.****DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.**

## GENERAL ADMINISTRATIVE ARRANGEMENTS.

1.—The Authority has decided after consultation with the County Nursing Association that the Service should be run directly by the County Council and that such nurses as are now employed by Nursing Associations, as well as selected midwives in independent practice, should be offered employment.

2.—The County Council will continue to employ 75 midwives already on their establishment, the nine Chesterfield Municipal Midwives, and in addition such of the 62 midwives employed by District Nursing Associations who are prepared to transfer to the service of the County Council. The Council will also offer terms of employment to such of the independent midwives as they may select. Any deficiency in the number to be employed under the Development Plan will be made good as and when possible by further appointments, the re-arrangement of existing areas and duties, and if necessary the employment of part-time midwives.

3.—It is not proposed to make arrangements with voluntary organisations, but consultations will take place with Hospital Management Committees in the area, when they are appointed, to see if it is practicable to utilise midwives or pupil midwives appointed by those Committees in the Authority's Domiciliary Midwifery Service, as these Officers may require experience on the district as part of their training.



4.—It is not intended to make any joint arrangements with another Local Health Authority, but the matter will be reviewed in the light of altered conditions.

#### **ARRANGEMENTS FOR THE SUPERVISION OF MIDWIVES.**

Midwives would be under the control and supervision of the County Medical Officer of Health, assisted by the Deputy County Medical Officer, an Assistant County Medical Officer, and three or four non-medical Supervisors of Midwives, the latter also acting as Supervisors of Home Nursing in appropriate areas of the County.

#### **TRANSPORT.**

The Authority proposes to extend its existing arrangements of granting allowances to the domiciliary midwifery staff who will be employed on the appointed day, as this will enable the officers to make the best use of their time and to transport equipment, including analgesia apparatus, etc., to their patients. In order to encourage and assist midwives to have motor car transport, the County Council has a scheme at the present time for granting loans subject to certain conditions including the limitation of the amount and the method of repayment. It is proposed to continue these arrangements after the appointed day, but the position will be reviewed from time to time in the light of altered circumstances.

#### **ANALGESIA.**

The County Council has already decided that as soon as possible all County Midwives should be trained in the administration of Gas and Air Analgesia. In point of fact, 59 midwives have already been trained, and have been provided with the apparatus.

Likewise the Chesterfield Corporation employs nine midwives, four of whom have been trained in this form of analgesia, but have not yet been provided with the apparatus.

In the past arrangements have been made for facilities for training to be provided at the Jessop Hospital, Sheffield, for County and Chesterfield Municipal Midwives. It is proposed that these arrangements should continue, but it may be necessary to consult Hospital Management Committees in the area, when they are established, to see if it would be more practicable and suitable for the training to be provided at one or more of their Hospitals.

Arrangements will be made for the training of all midwives employed in the service in the administration of any other methods of inducing analgesia which may be developed and approved.

### **PART III.**

#### **DEVELOPMENT PLAN.**

On the basis of 7,692 cases per annum, it is anticipated that it will be necessary to employ approximately 150 midwives, but the number would be kept continuously under review as it is dependent on the birth rate and the number of births which will



take place in institutions. As indicated in Part II, sub-paragraph 2, it is proposed to recruit additional midwives as and when available, to make up deficiencies on the appointed day.

If it is found that this number of midwives for which provision is made in the preceding Part of the proposals is inadequate, additional midwives will be employed as needed and as they can be secured.

In order to make the Service as efficient as possible, it is proposed to send midwives on Post-Certificate Courses at suitable intervals.

#### APPENDIX 1.

THE AREAS OF THE COUNTY SERVED BY COUNTY MIDWIVES AND THE MUNICIPAL MIDWIVES IN THE BOROUGH OF CHESTERFIELD, AND THE AREAS COVERED BY DISTRICT NURSING ASSOCIATIONS WITH WHOM THE COUNTY COUNCIL HAS ARRANGEMENTS FOR THE PERFORMANCE OF MIDWIFERY WORK.

##### (a) COUNTY COUNCIL MIDWIVES.

<i>Area Number.</i>	<i>Area.</i>	<i>County Midwives.</i>
1	Hayfield and New Mills Urban ... ..	1—S.C.M.
2	Bolsover U. and Hillstown ... ..	1—S.R.N., S.C.M. 2—S.C.M.
3	Clay Cross U., Stretton, Pilsley, Morton, Ault Hucknall (part) ... ..	2—S.R.N., S.C.M. 1—S.C.M.
4	Alfreton U., Shirland & Higham, Pentrich, Stonebrook ... ..	4—S.C.M.
5	Tibshelf, Blackwell, South Normanton ... ..	1—S.R.N., S.C.M. 1—S.C.M.
5a	Pinxton ... ..	1—S.R.N., S.C.M.
6	Morley, Little Eaton, Breadsall, Chaddesden, Spondon ... ..	2—S.C.M.
7	Swadlincote Urban, Woodville, Bretby ... ..	2—S.R.N., S.C.M. 3—S.C.M.
8	Hackenthorpe, Intake, Killamarsh, Beighton (except Frecheville) ... ..	2—S.R.N., S.C.M.
9	Barlborough, Clowne, Whitwell, Elmton ... ..	1—S.R.N., S.C.M. 3—S.C.M.
10	Calow, Sutton - cum - Duckmanton, Hasland, Temple Normanton, Heath, Ault Hucknall (part), Arkwright Town, Grassmoor, Holme-wood, Pleasley, New Houghton, Stoney Houghton, Brimington ... ..	2—S.C.M.
11	Glossop Borough ... ..	2—S.C.M.
12	Ilkeston, Shipley, Cotmanhay ... ..	1—S.R.N., S.C.M. 3—S.C.M.
13	West Hallam, Stanley, Stanton-by-Dale, Mapperley, Dale Abbey ... ..	1—S.C.M.
14	Long Eaton Urban ... ..	3—S.R.N., S.C.M. 2—S.C.M.
15	Melbourne, Stanton-by-Bridge, Repton, Newton Solney, Willington ... ..	1—S.C.M.
16	Drakelow, Castle Gresley, Linton, Overseal, Caldwell, Rosliston, Walton-on-Trent, Catton, Lullington, Coton-in-the-Elms, Nether-seal ... ..	1—S.C.M.



<i>Area Number.</i>	<i>Area.</i>	<i>County Midwives.</i>
17	Kniveton, Atlow, Mappleton, Offcote & Underwood, Bradley, Hulland, Clifton, Yeldersley, Osmaston, Snelston, Edlaston, Shirley, Norbury, Yeaveley, Rodsley, Ashbourne...	1—S.C.M.
17a	Thorpe, Hartington Town Quarter, Hartington Nether Quarter, Eaton & Alsop, Parwich, Ballidon, Fenny Bentley, Newton Grange, Tissington, Lea Hall, Bradbourne ...	1—S.C.M.
18	Dronfield Urban, Holmesfield, Coal Aston ...	1—S.R.N., S.C.M.
19	Hope Woodlands, Hope, Edale, Castleton, Peak Forest, Bradwell, Hazelbadge, Little Hucklow, Tideswell, Wheston, Litton, Wormhill, Peak Dale, Green Fairfield, Blackwell, Great Hucklow ... ..	1—S.R.N., S.C.M.
20	Buxton Borough, Hartington Upper Quarter, Hartington Middle Quarter, King Sterndale, Chelmorton, Flagg, Taddington, Brushfield, Monyash ... ..	1—S.R.N., S.C.M.
21	Bakewell Urban, Over Haddon, Nether Haddon, Youlgreave, Harthill, Rowsley, Middleton and Smerrill, Edensor, Pilsley, Beeley, Chatsworth ... ..	1—S.R.N., S.C.M.
22	Wirksworth Urban, Hopton, Callow, Brassington, Carsington, Hognaston, Kirk Ireton, Biggin, Idridgehay, Ashleyhay, Alderwasley	1—S.C.M.
23	Brailsford, Mercaston, Ravensdale Park, Weston Underwood, Hollington, Kirk Langley, Kedlaston, Quarndon, Allestree, Darley Abbey, Mackworth, Mickleover ... ..	1—S.C.M.
24	Findern, Twyford, Sinfin, Sinfin Moor, Alvaston and Allenton, Elvaston, Shardlow ...	1—S.R.N., S.C.M. 1—S.C.M.
25	Ripley U. (except Heage), comprising Waingroves, Peasehill, Green Hillocks, Ripley, Butterley, Hartshay, Marehay, Hammer-smith ... ..	3—S.R.N., S.C.M.
26	Sandiacre, Risley ... ..	1—S.C.M.
27	Heanor Urban ... ..	2—S.C.M.
28	Draycott, Wilne, Breaston, Ockbrook, Borrowash, Hopwell ... ..	1—S.R.N., S.C.M. 1—S.C.M.
29	Marston Montgomery, Cubley, Hungry Bentley, Alkmonton, Boylestone, Doveridge, Sudbury, Somersal Herbert, Foston & Scropton, Church Broughton, Hatton, Hoon, Sutton-on-the-Hill, Marston-on-Dove, Osliston, Thurvaston, Trussley, Longford, Dalbury Lees, Radbourne, Barton Blount ...	1—S.C.M.
30	Belper Urban, Shottle & Postern, Hazelwood, Windley, Hulland Ward, Turnditch, Holbrook ... ..	1—S.R.N., S.C.M.
31	Whaley Bridge U., Chinley, Buxworth, Brownside, Chapel-en-le-Frith ... ..	1—S.R.N., S.C.M.
32	Eckington, Renishaw, Mosborough, Marsh Lane, Troway, Ridgeway, Halfway, Spinkhill ...	1—S.R.N., S.C.M. 1—S.C.M.
33	Darley Dale, Two Dales, Rowsley, Winster, Elton, Gratton, Birchover, Wensley, South Darley, Oker, Stanton, Cross Green, Aldwark, Snitterton, Grange Mill, Ible ...	1—S.R.N., S.C.M.

Three Relief Midwives.

Five Vacancies.



APPENDIX I—*continued.*

(b) CHESTERFIELD CORPORATION MIDWIVES.—Nine.

(c) DISTRICT NURSING ASSOCIATIONS WITH WHOM THE COUNTY COUNCIL HAS ARRANGEMENTS FOR MIDWIFERY:—

<i>Area Number.</i>	<i>Area.</i>	<i>Name of Association.</i>	<i>Nurses.</i>
1	Ashover ... ..	Ashover ... ..	1—S.C.M.
2	Bamford, Derwent, Ashop- ton, Thornhill, Brough, Shatton ... ..	Bamford ... ..	1—S.C.M.
3	Calver, Curbar, Froggatt, Baslow, Stoney Middle- ton ... ..	Calver ... ..	1—S.C.M.
4	Charlesworth, Chisworth, Gamesly ... ..	Charlesworth ... ..	1—S.C.M.
5	Chellaston, Aston-on-Trent, Weston - on - Trent, Barrow-on-Trent and Swarkestone ... ..	Chellaston & Bar- row-on-Trent ... ..	1—S.C.M.
6	Crich, Dethick, Lea and Holloway ... ..	Crich ... ..	1—S.C.M.
8	Duffield ... ..	Duffield ... ..	1—S.C.M.
10	Etwall, Egginton, Ash, Hil- ton, Bearwoodcote ... ..	Etwall ... ..	No Midwife. County Midwife covers at present.
11	Eyam Woodlands, Nether Padley, Grindlow, Foo- low, Eyam, Stoke ... ..	Eyam ... ..	1—S.C.M.
12	Frecheville ... ..	Frecheville ... ..	1—S.R.N., S.C.M. 1—S.C.M.
13	Abney, Abney Grange, Pad- ley, Hathersage, Out- seats, Offerton, Highlow	Hathersage ... ..	1—S.C.M.
14	Heage, Ambergate, Nether Heage, Bullbridge, Saw Mills ... ..	Heage and Am- bergate ... ..	1—S.R.N., S.C.M.
15	Holymoorside, Barlow, Old Brampton, Walton ... ..	Holymoorside and Walton ... ..	1—S.R.N., S.C.M.
16	Horsley, Kilburn & Cox- bench ... ..	Horsley, Kilburn and Coxbench ... ..	1—S.C.M.
18	Littleover ... ..	Littleover ... ..	1—S.R.N., S.C.M.
19	Longstone, Great Long- stone, Ashford, Sheldon, Rowland, Hassop, Ward- low ... ..	Longstone and Ashford ... ..	1—S.R.N., S.C.M.
20	Matlock, Matlock Bath, Cromford, Bonsall, Scar- thin, Tansley ... ..	Matlock ... ..	2—S.R.N., S.C.M.
21	North Wingfield ... ..	North Wingfield... ..	1—S.R.N., S.C.M.
22	Shirebrook, Langwith Junc- tion ... ..	Shirebrook and Langwith Junc- tion ... ..	4—S.R.N., S.C.M.



<i>Area Number.</i>	<i>Area.</i>	<i>Name of Association.</i>	<i>Nurses.</i>
23	Smalley & Horsley Woodhouse ... ..	Smalley & Horsley Woodhouse ...	1—S.R.N., S.C.M.
24	South Wingfield, Oakerthorpe, Wessington, Brackenfield, Wingfield Park, Moorwood Moor...	South Wingfield & District ...	1—S.R.N., S.C.M.
25	Staveley, Barrow Hill, Duckmanton (part), Poolsbrook, Hollingwood	Staveley & District ... ..	2—S.R.N., S.C.M. 2—S.C.M.
26	Ticknall, Ingleby, Calke, Smisby, Hartshorn, Derby Hills, Foremark ...	Ticknall ... ..	1 — S.C.M., but County Midwives have frequently covered this area for midwifery.
27	New Tupton, Old Tupton, Wingerworth ... ..	Tupton & Wingerworth ... ..	1—S.R.N., S.C.M.
29	Glapwell, Ault Hucknall (part) ... ..	Glapwell Colliery	1—S.C.M.
30	Seacroft (except Hills-town) ... ..	Langwith & District ... ..	1—S.R.N., S.C.M.

**APPENDIX 2.**

## DISTRICT NURSING ASSOCIATIONS WITH WHOM THE COUNTY COUNCIL HAS NO ARRANGEMENTS.

<i>Area Number.</i>	<i>Area.</i>	<i>Nurses.</i>
1	Whaley Bridge, Fernilee, Furness Vale ...	1—S.R.N., S.C.M.
2	Chinley, Brownside, Buxsworth, Whitehough, Barrowclough ... ..	1—S.C.M.
3	Buxton & Fairfield ... ..	3—S.R.N., S.C.M.
4	Harpur Hill, Hindlow, King Sterndale, Cowdale, Ladmanlow ... ..	1—S.C.M.
5	Tideswell, Litton, Litton Mills, Cressbrook, Weston, Miller's Dale ... ..	1 Assistant Nurse.
6	Edensor, Pilsley, Chatsworth, Calton Lees ...	1—S.C.M.
7	Brimington & Calow ... ..	1—S.R.N., S.C.M. 1—S.C.M.
8	Belper and Milford ... ..	3—S.R.N., S.C.M.
9	Swanwick & Sleetmoor ... ..	1—S.C.M.
10	Pinxton ... ..	1—S.C.M.
11	Shipley & Cotmanhay ... ..	1—S.R.N., S.C.M.
12	Langley Mill & Aldercar ... ..	1—S.C.M.
13	Little Eaton, Breadsall, Morley ... ..	1—S.R.N., S.C.M.
14	Allestree ... ..	1—S.R.N., S.C.M., H.V.
15	Spondon ... ..	1—S.R.N., S.C.M.
16	Mickleover ... ..	1—S.R.N., S.C.M.
17	Hatton & Hoon ... ..	1—S.R.N., S.C.M.
18	Brailsford ... ..	1—S.R.N., S.C.M.
19	Darley Dale ... ..	2—S.R.N., S.C.M.
20	Holbrook ... ..	1—S.C.M.
21	Holmesfield ... ..	1 Nurse.

## APPENDIX 3.

## THE PLACES IN WHICH MIDWIVES IN INDEPENDENT PRACTICE RESIDE.

<i>Place of Residence.</i>	<i>Number of Midwives.</i>	<i>Place of Residence.</i>	<i>Number of Midwives.</i>
Dronfield ... ..	1	Lower Pilsley ... ..	1
Bakewell ... ..	1	Shirebrook ... ..	1
Heanor ... ..	1	Stanton ... ..	1
Brimington ... ..	1	Morton ... ..	1
Furness Vale ... ..	1	Ilkeston ... ..	1
Buxton ... ..	2	Littleover ... ..	1
Staveley ... ..	2	Eckington ... ..	1
Great Barlow ... ..	1	Taddington ... ..	1
Ambergate ... ..	1	Pinxton ... ..	1
Cromford ... ..	1	Glossop ... ..	1
Pilsley ... ..	1	New Mills ... ..	2
Hatton ... ..	1		

**HEALTH VISITING**  
(Section 24).

**Proposals Approved by the Minister of Health**  
**on 18th May, 1948.**

**PART I.**

STATISTICAL DATA.

- 1.—Area in square miles of Local Health Authority's Area :—  
992.9 sq. miles.
- 2.—Total mid-1946 population : 648,460.
- 3.—Number of births in 1946 : 12,710.

EXISTING SERVICE.

(i) The present establishment of Health Visitors is as follows :—

(a) COUNTY COUNCIL :—

- 1 Superintendent Health Visitor ;
- 51 Health Visitors who are also School Nurses, Tuberculosis Visitors, and Child Life Protection Visitors ; and
- 1 Tuberculosis Visitor.

(b) MUNICIPAL BOROUGHS :—

(i) CHESTERFIELD :—

- 1 Chief Health Visitor ;
- 6 Health Visitors, who are also School Nurses and Child Life Protection Visitors.

(ii) ILKESTON :—

- 1 Senior Health Visitor ;
- 3 Health Visitors, who are also School Nurses.

(iii) BUXTON :—

- 2 Health Visitors, who are also School Nurses.



*(iv)* GLOSSOP :—

2 Health Visitors, who are also School Nurses.

Apart from one Health Visitor, who acts purely as a Tuberculosis Dispensary Nurse and Tuberculosis Visitor in Chesterfield, all the Health Visitors employed by the County Council also act as School Nurses, Tuberculosis Visitors, Visitors for children boarded-out by the Public Assistance and Education Committees, and Child Life Protection Visitors.

The Health Visitors employed in the Boroughs also act as School Nurses, Child Life Protection Visitors, as well as Visitors for children boarded-out by the Education Committee.

*(ii)* Neither the County Council nor the Municipal Boroughs employ at the present time Health Visitors through the agency of other bodies.

**PART II.****DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.**

## GENERAL ADMINISTRATIVE ARRANGEMENTS.

1.—It is proposed that the existing Health Visitors be employed for the purpose of giving advice as to the care of young children, persons suffering from illness, and expectant or nursing mothers, and as to the measures necessary to prevent the spread of infection. They would also serve as School Nurses. They would be under the control and supervision of the County Medical Officer of Health, who is also the County School Medical Officer, assisted by the Deputy County Medical Officer, an Assistant County Medical Officer, and the Superintendent Health Visitor.

2.—All the 68 Health Visitors referred to in Part I will be employed on the appointed day and the equivalent of approximately 34 whole-time officers will be engaged on Health Visiting alone.

3.—The Authority do not propose at this stage to make any arrangements with voluntary organisations for the employment of Health Visitors, but this would be reconsidered in the light of changing circumstances.

4.—It is not considered necessary to make joint arrangements with another Local Authority for Health Visiting, but this would be reviewed in the light of altered circumstances.

## TRANSPORT.

The Authority proposes to extend its existing arrangements of granting car allowances to the Health Visiting staff who are able to drive cars, and who will be employed on the appointed day, as this will enable the Officers to make the best use of their time.



In order to encourage and assist Health Visitors to have motor-car transport, the County Council has a scheme at the present time for granting loans, subject to certain conditions, including the limitation of the amount and the method of repayment. It is proposed to continue this arrangement after the appointed day, but the position will be reviewed from time to time in the light of altered circumstances.

### **PART III.**

#### **DEVELOPMENT PLAN.**

Additional Health Visitors will be employed as they can be secured. The Authority appreciates that an immediate expansion of the Health Visiting Service is not possible because of the general shortage of suitably trained personnel, but it is thought that recruits may be attracted to embark on a career to obtain the Health Visitor's Certificate if the Authority arranges courses under favourable conditions. It may take some years before an adequate number of Health Visitors can be appointed to meet the needs of the area, but in the meantime if facilities are granted to enable the existing Health Visitors to use motor-cars they will not only be able to see their patients more frequently but will be able to cover possibly wider areas, and so meet to some extent the deficiencies in the number of staff available.

In order to make the Service as efficient as possible, it is proposed to send Health Visitors on Post-Certificate Courses at suitable intervals.

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### **HOME NURSING** (Section 25).

#### **Proposals Approved by the Minister of Health on 11th June, 1948.**

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### **PART I.**

- 1.—Area in square miles of Local Health Authority's area :—  
992.9 square miles.
- 2.—Total mid-1946 population : 648,460.

General Nursing is provided by 88 District Nursing Associations who employ 115 nurses, who attended approximately 8,996 general nursing cases and delivered 1,945 midwifery cases in the year ended 31st March, 1947. If each nurse did midwifery and general nursing, then this would work out at an average of 17 midwifery cases and 78 general cases per nurse per year. In point of fact, a few nurses do midwifery only, and some general nursing only, but the greater number do both.



A list is appended indicating the District Nursing Associations and the staff they employ. There are certain parts of the County, particularly in rural areas, which are not served for general nursing by any District Nursing Association.

## PART II.

### DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.

#### GENERAL ADMINISTRATIVE ARRANGEMENTS.

1.—The Authority has decided after consultation with the County Nursing Association that the Service should be run directly by the County Council, and that such nurses as are now employed by Nursing Associations should be offered employment.

It is proposed to adopt a suitable relief system and that nurses be provided with telephones, so that their services might be readily available for calls during the day or night.

Nurses will be under the control and supervision of the County Medical Officer of Health, assisted by the Deputy County Medical Officer and an Assistant County Medical Officer, and three or four non-medical Supervisors of Nurses, the latter also acting as Supervisors of Midwives in appropriate areas of the County.

2.—The County Council will employ such of the nurses employed by District Nursing Associations as are prepared to transfer to the service of the County Council. Any deficiency in the number to be employed under the Development Plan will be made good as and when possible by further appointments, the re-arrangement of existing areas and duties, and if necessary the employment of part-time nurses.

The County Council will take steps to secure that nurses are available for attendance on all persons within their area who require nursing in their own homes.

3.—It is not proposed to make arrangements with voluntary organisations, but consultations will take place with Hospital Management Committees in the area, when they are appointed, to see if it is practicable to utilise Nurses, Assistant Nurses or Student-Nurses employed by those Committees for the Authority's own Nursing Service, as these Officers may require experience on the district as part of their training.

4.—It is not contemplated that any joint arrangements will be required with another Local Health Authority, but the matter will be reviewed in the light of altered circumstances.



**TRANSPORT.**

The Authority proposes to extend its existing arrangement of granting allowances to domiciliary midwifery staff to home nursing staff who will be employed on the appointed day, as this will enable officers to make the best use of their time and to transport any necessary equipment to their patients. In order to encourage and assist nurses to have motor-car transport, the Authority proposes granting loans subject to certain conditions, including the limitation of the amount and the method of repayment, but the exact terms will be reviewed from time to time in the light of altered conditions.

**PART III.****DEVELOPMENT PLAN.**

It is evident that the whole of the area will not be adequately served on the appointed day. It is estimated that the needs of the area will require the equivalent of the service of approximately 160 nurses engaged in general nursing and suitably located in the County. The number will be kept continuously under review to meet the demand arising from a free service. As indicated in Part II, sub-paragraph 2, it is proposed to recruit additional nurses as and when available to make up the deficiencies on the appointed day.

In the sparsely inhabited areas it will be necessary to combine general nursing with midwifery, if the personnel are suitably qualified, in view of the national shortage of midwives and nurses. As far as possible, however, it is intended that general nursing should be divorced from midwifery in view of the possibility of the spread of infection from general nursing cases to women in child-birth.

It is preferable that the nurses should be engaged in a whole-time capacity, but if difficulty is experienced in recruiting such staff consideration will be given to the employment of part-time nurses, and in the more populous areas to the employment of male nurses; the services of the latter, however, would be used for nursing appropriate male patients.

While it is desirable that fully qualified nurses should be employed, this may not be possible, when consideration will be given to the appointment of Assistant Nurses who would work under the supervision of State Registered Nurses.

In order that the Service should be as efficient as possible, it is proposed to send Nurses on Post-Certificate Courses at suitable intervals.



**THE AREAS OF THE COUNTY SERVED FOR GENERAL NURSING BY  
DISTRICT NURSING ASSOCIATIONS.**

<i>Area Number.</i>	<i>Name of Association.</i>	<i>Nurses.</i>
3	Alfreton Ward ... ..	1 Assistant Nurse.
1	Allestree ... ..	1 Nurse Midwife.
4	Ashbourne ... ..	1 Nurse, S.R.N.
2	Ashover ... ..	1 Nurse, S.C.M.
5	Bamford ... ..	1 Nurse, S.C.M.
6	Beighton and Hackenthorpe ... ..	1 Nurse, S.R.N.
7	Belper and Milford ... ..	3 Nurse Midwives.
72	Bolsover ... ..	1 Nurse Midwife.
8	Brailsford, Mackworth and Kirk Langley ... ..	1 Nurse Midwife.
9	Breaston ... ..	1 Nurse, S.R.N.
11	Brimington and Calow ... ..	2 Nurse Midwives.
12	Buxton and Fairfield ... ..	2 Nurse Midwives.
14	Chapel-en-le-Frith and Dove Holes... ..	1 Nurse.
15	Charlesworth and District ... ..	1 Midwife, S.C.M.
16	Chellaston and Barrow-on-Trent ... ..	1 Midwife, S.C.M.
17	Chinley, Buxworth and District ... ..	1 Nurse Midwife.
18	Clay Cross ... ..	1 Nurse, S.R.N.
19	Codnor Park, Ironville and District... ..	1 Nurse.
21	Crich ... ..	1 Midwife, S.C.M.
22	Darley Dale and Rowsley ... ..	2 Nurse Midwives.
86	Denby ... ..	—
10	Draycott and Wilne ... ..	1 Nurse.
23	Duffield ... ..	1 Midwife, S.C.M.
24	Eckington, Mosborough and Renishaw	1 Nurse.
25	Edensor and District... ..	1 Midwife.
20	Elmton and Creswell ... ..	1 Nurse, S.R.N.
26	Etwall and District ... ..	—
27	Frecheville ... ..	1 Nurse, S.R.N. 1 Nurse/Midwife, S.C.M.
28	Glapwell ... ..	1 Midwife.
29	Glossop ... ..	—
30	Grassmoor ... ..	1 Assistant Nurse.
13	Harpur Hill and District ... ..	1 Midwife.
31	Hathersage ... ..	1 Midwife, S.C.M.
32	Heage and Ambergate ... ..	1 Nurse/Midwife, S.R.N., S.C.M.
33	Heanor ... ..	1 Nurse, S.R.N.
34	Heath and Holmewood ... ..	1 Nurse, S.R.N.
87	Holbrook ... ..	1 Midwife.
35	Holmesfield ... ..	1 Nurse.
36	Ho'lymoorside and Walton ... ..	1 Nurse/Midwife, S.R.N., S.C.M.
37	Horsley, Kilburn and Coxbench ... ..	1 Midwife, S.C.M.
38	Ilkeston ... ..	2 Nurses.

<i>Area Number.</i>	<i>Name of Association.</i>	<i>Nurses.</i>
73	Killamarsh ... ..	... 1 Nurse.
39	Langley Mill and Aldercar ...	... 1 Midwife.
40	Langwith and District ...	... 1 Nurse /Midwife, S.R.N., S.C.M. 2 Midwives, S.C.M.
41	Little Eaton ... ..	... 1 Nurse /Midwife, S.R.N.
42	Littleover ... ..	... 1 Nurse /Midwife, S.R.N., S.C.M.
43	Longstone and Ashford ...	... 1 Nurse /Midwife, S.R.N., S.C.M.
44	Matlock ... ..	... 2 Nurse /Midwives, S.R.N., S.C.M
45	Melbourne ... ..	... 1 Nurse.
46	Mickleover ... ..	... 1 Nurse /Midwife.
47	New Mills ... ..	... 1 Nurse /Midwife.
48	North Wingfield ... ..	... 1 Nurse /Midwife.
49	Ockbrook and Borrowash ...	... 1 Nurse.
50	Pilsley ... ..	... 1 Nurs .
51	Pinxton ... ..	... 1 Midwife.
88	Repton ... ..	—
52	Riddings and Pye Bridge ...	... 1 Nurse.
53	Seals and District ... ..	... 1 Nurse /Midwife.
54	Shipley and Cotmanhay ...	... 1 Nurse /Midwife.
55	Shirebrook and Langwith Junction...	4 Nurse /Midwives, S.R.N., S.C.M.
56	Smalley and Horsley Woodhouse ...	1 Nurse /Midwife, S.R.N., S.C.M.
57	Somercotes District ... ..	... 1 Nurse.
58	South Wingfield and District ...	... 1 Nurse, S.R.N., S.C.M.
59	Spondon ... ..	... 1 Nurse /Midwife.
60	Staveley and District ...	... 2 Midwives, S.C.M. 2 Nurse /Midwives, S.R.N., S.C.M.
61	Stonebroom and Morton ...	... 1 Nurse, S.R.N.
62	Sudbury and Somersal Herbert ...	... 1 Nurse, S.R.N.
63	Swanwick ... ..	... 1 Midwife.
64	Tibshelf and Newton... ..	... 1 Nurse, S.R.N.
65	Ticknall ... ..	... 1 Midwife, S.C.M.
66	Tideswell and District ... ..	... 1 Nurse.
67	Tupton and Wingerworth ...	... 1 Nurse /Midwife, S.R.N., S.C.M.
68	Turnditch and Wind'ey ...	... 1 Nurse.
69	Valleys ... ..	... 1 Nurse.
70	Whaley Bridge and Furness Vale ...	1 Nurse /Midwife.
71	Whitwell ... ..	... 1 Nurse, S.R.N.
84	Calver ... ..	... 1 Midwife, S.C.M.
80	Eyam ... ..	... 1 Midwife, S.C.M.
74	Hatton ... ..	... 1 Nurse /Midwife, S.R.N., S.C.M.
77	Doveridge ... ..	... 1 Midwife, S.C.M.
78	Dronfield ... ..	... 1 Nurse, S.R.N.
83	Bakewell ... ..	... 1 Assistant Nurse.
82	Ripley (Done by Nightingale Home)	1 Nurse, S.R.N. (Nightingale Home).
81	Chaddesden (Done by Nightingale Home)	... 2 Nurses (Nightingale Home).
75	Long Eaton ... ..	... 4 Nurses.
79	Sandiacre ... ..	... 1 Nurse.
76	Swadlincote ... ..	... 2 Nurses.
85	Chesterfield Borough ...	... 7 Nurses, S.R.N., <i>plus</i> 4 Nurses, S.C.M.



## VACCINATION AND IMMUNISATION

(Section 26).

Proposals Approved by the Minister of Health  
on 8th May, 1948.

## PART I.

## STATISTICAL DATA.

District.	Mid-1946 Population.	Mid-1946 Child Population.		Number of Registered Live Births.	
		(a) Under 5.	(b) Ages 5-15.	(a) 1945.	(b) 1946.
		<b>NON-COUNTY BOROUGHES.</b>			
Buxton ... ..	18,300	1,330	2,410	301	301
Chesterfield ... ..	66,300	5,430	9,220	1,192	1,391
Glossop ... ..	17,740	1,190	2,170	228	334
Ilkeston ... ..	31,790	2,700	4,690	576	670
<b>URBAN DISTRICTS.</b>					
Alfreton ... ..	21,950	1,820	2,980	405	416
Ashbourne ... ..	4,800	371	670	89	112
Bakewell ... ..	3,280	220	410	38	35
Belper ... ..	14,650	1,110	1,860	210	296
Bolsover ... ..	10,390	1,030	1,650	214	211
Clay Cross ... ..	7,968	719	1,120	169	170
Dronfield ... ..	6,969	557	930	148	115
Heanor ... ..	23,270	1,910	2,950	377	440
Long Eaton ... ..	27,190	2,150	3,790	458	521
Matlock ... ..	16,890	1,330	2,400	268	323
New Mill ... ..	8,070	567	1,030	120	131
Ripley ... ..	17,490	1,560	2,440	311	367
Staveley ... ..	17,260	1,540	2,560	323	323
Swadlincote ... ..	20,610	1,780	2,760	372	447
Whaley Bridge ... ..	5,000	363	630	65	77
Wirksworth ... ..	4,643	384	660	83	73
<b>RURAL DISTRICTS.</b>					
Ashbourne ... ..	10,990	869	1,660	178	197
Bakewell ... ..	18,810	1,320	2,540	261	316
Belper ... ..	27,190	2,120	3,710	432	488
Blackwell ... ..	42,550	4,090	6,400	903	906
Chapel-en-le-Frith ... ..	18,600	1,300	2,520	268	281
Chesterfield ... ..	72,550	5,790	11,080	1,326	1,483
Clowne ... ..	17,980	1,660	2,840	347	368
Repton ... ..	27,480	2,280	4,200	465	566
Shardlow ... ..	67,750	5,820	9,620	1,266	1,352
<b>WHOLE COUNTY ... ..</b>	<b>648,460</b>	<b>53,310</b>	<b>91,900</b>	<b>11,393</b>	<b>12,710</b>



## STATISTICAL DATA—continued.

District.	Estimated percentage of mid-1946 children immunised against Diphtheria up to 31/12/46.		Estimated No. of vaccinations against Small-pox and immunisations against Diphtheria of children aged 0-15 likely to be undertaken in year to 31st March, 1949.	
	(a) Under 5.	(b) Ages 5-15.	(a) Vaccinations.	(b) Immunisations.
<b>NON COUNTY BOROUGHES.</b>				
Buxton ... ..	42	72	175	179
Chesterfield ... ..	45	75	260	1,323
Glossop ... ..	50	86	62	137
Ilkeston ... ..	50	80	130	580
<b>URBAN DISTRICTS.</b>				
Alfreton ... ..	77	90	21	236
Ashbourne ... ..	25	80	52	278
Bakewell ... ..	96	50	13	30
Belper ... ..	37	73	53	155
Bolsover ... ..	59	56	52	221
Clay Cross ... ..	80	87	36	166
Dronfield ... ..	54	53	32	110
Heanor ... ..	70	94	82	421
Long Eaton ... ..	41	65	54	374
Matlock ... ..	49	35	88	167
New Mills ... ..	31	67	4	87
Ripley ... ..	57	90	84	306
Staveley ... ..	38	64	70	154
Swadlincote ... ..	50	75	72	220
Whaley Bridge ... ..	83	82	43	58
Wirksworth ... ..	86	95	13	109
<b>RURAL DISTRICTS.</b>				
Ashbourne ... ..	88	52	105	151
Bakewell ... ..	93	53	100	112
Belper ... ..	65	84	108	278
Blackwell ... ..	54	51	81	731
Chapel-en-le-Frith ... ..	50	80	57	26
Chesterfield ... ..	41	46	354	2,078
Clowne ... ..	62	51	18	457
Repton ... ..	76	82	100	269
Shardlow ... ..	49	79	407	1,281
<b>WHOLE COUNTY ... ..</b>	<b>54</b>	<b>71</b>	<b>2,726</b>	<b>10,694</b>

## PART II.

## DIPHTHERIA IMMUNISATION.

## A.—CHILDREN UNDER FIVE.

1.—All medical practitioners practising within the area of the Authority will be invited to undertake diphtheria immunisation of patients in their respective practices on the terms to be settled by the Minister.

It is intended that in order that as many infants and young children as possible should receive immunisation, a birthday card would be sent to the parents of all infants on attaining the age of one year, pointing out that immunisation facilities are available through their own private doctor, or on demand at Clinics staffed by the Authority's Medical Officers.

*Ad hoc* sessions could be held at the latter Clinics, or on school premises as appropriate.

Such sessional facilities will be provided as to make them as readily accessible as possible to persons living in any part of the Authority's area, and will be made available with adequate frequency and at convenient times to meet local requirements.

2.—The co-operation of Health Visitors, Midwives, Teachers, etc., will be sought in pointing out to parents the importance of having their children immunised at the earliest age possible, and in making known the facilities available.

Health Visitors in particular will be charged with this responsibility as regards children under school age in their respective districts of duty, for collecting forms of consent from the parents, and for keeping such note with regard to these children as will enable them to carry out this part of their work systematically.

3.—Steps will be taken to make known the facilities for immunisation by advertising in the local Press, by the display of posters in public places, clinics, health centres, etc., in which an indication will be made not only of the advantages of immunisation but the means of getting it carried out. The Authority will issue a form to parents giving them the option of having their children inoculated either by their own doctor or at the Local Authority's Clinic.

4.—Full use will be made of material made available by the Minister for nation-wide publicity, as well as local propaganda by advertising in the Press, cinemas, etc., while use will also be made of material and advice from the Central Council for Health Education.



#### B.—CHILDREN OF SCHOOL AGE.

The arrangements set out in (A) above will also cover children of school age and would include arrangements for giving reinforcing injections to children primarily immunised in infancy.

Arrangements will also be made for such injections to be given as required at any time throughout the period of school life.

#### C.—RECORDS AND PAYMENT OF FEES.

All medical practitioners and medical officers participating in the immunisation arrangements will be furnished with the necessary standard forms for record purposes as recommended by the Minister, so that the approved payment can be made and records kept in such a manner as will provide the Minister with the necessary returns.

#### D.—MEDICAL ARRANGEMENTS.

In addition to notifying all medical practitioners participating in the arrangements that immunisation may be carried out by them at their own surgeries, Health Centres if they practise through such a Centre, or in the patient's own home, the Authority's own Medical Officers will be asked to carry out immunisation, as well as District Medical Officers of Health, by arrangement with their employing authorities, the latter acting in effect as agents of the County Medical Officer of Health. These Officers will carry out immunisation at Infant Welfare Centres, Clinics or Health Centres.

### SMALLPOX.

#### A.—INFANT VACCINATION.

It is intended that all medical practitioners practising within the area of the Authority should be invited to participate in the arrangements for the vaccination of patients against smallpox. In the case of infants this should be done, if possible, before the child attains the age of twelve months. Facilities will be provided for vaccination either in the patients' own homes, in the doctors' surgeries, or at Health Centres for the doctors practising from such Centres. Parents will be given the opportunity of either having the vaccination performed by their own doctor, by one of the Authority's Medical Officers or the District Medical Officer of Health. The last named would be available by arrangement with the employing authority, and would be acting in effect as an agent of the County Medical Officer of Health. Special *ad hoc* vaccination sessions will be held at Infant Welfare Centres, Clinics or Health Centres when justified by the demand. This arrangement is necessary as a certain amount of notice is required in order to obtain the Lymph.



The Authority will expressly urge Midwives and Health Visitors in particular, and all other persons whose duties afford them appropriate opportunity, to encourage infant vaccination; and will make administrative arrangements with a view to relating the action taken towards securing vaccination to the registration of births.

The Authorities will keep the public constantly informed of the facilities provided for free vaccination.

The Authority will adopt such measures of health education in the matter of infant vaccination as may be appropriate, and will have regard in this respect to such advice as may be given by the Minister.

#### B.—RECORDS AND PAYMENT OF FEES.

The arrangements set out under diphtheria immunisation would apply.

#### C.—ARRANGEMENTS IN THE EVENT OF AN OUTBREAK OF SMALLPOX.

In the event of an outbreak of smallpox, in order to meet the public demand for possible large-scale vaccination, special arrangements would be made under which all the Authority's Medical Officers and available Medical Practitioners would undertake this work.

If necessary the Authority would arrange for the provision of emergency vaccination stations and for the medical staffing of them. The public would be advised about vaccination (or re-vaccination) as a precaution, and fully informed of all the facilities available, including the services of the family doctor. Arrangements would be co-ordinated with the County District Councils responsible under the Public Health Act, for the control of infectious disease.

#### D.—MEDICAL ARRANGEMENTS.

The arrangements set out in diphtheria immunisation would apply.



**AMBULANCE SERVICES**  
(Section 27).

**Proposals Approved by the Minister of Health  
on 7th May, 1948.**

**PART I.**

- 1.—Total mid-1946 population of Derbyshire : 648,460.
- 2.—Area of the Administrative County of Derby : 992.9 square miles.
- 3.—Particulars of existing services.
  - (i) See Appendix "A," in which the necessary information has been tabulated in two sub-divisions.
    - (a) Services operated by local authorities and Joint Hospital Boards.
    - (b) Services operated by voluntary associations and private owners.
  - (ii) Services *in italics* in Appendix "A" deal with infectious diseases only.

**PART II.**

**A.—CO-ORDINATION OF EXISTING SERVICES.**

- (1) (a) Arrangements will be made with the following voluntary operators for the use of their services :—  
[*The reference in brackets is to the appropriate serial in Appendix "A" in which details of the service will be found.*]

Derby Joint Committee of British Red Cross and St. John Amb. Brigade (Part B (8)).

Chesterfield Joint Ambulance Service (Part B (1)).  
New Mills Motor Ambulance Committee (Part B (2)).

Peak District Ambulance Service (Part B (3)).  
Messrs. Joseph Allen & Sons, Belper (Part B (6)).  
The Hospital Car Service.

- (b) **JOINT HOSPITAL BOARDS.**—It is not considered possible to integrate the infectious diseases ambulance service with the normal service by the appointed day. It is proposed, therefore, to make arrangements with the Hospital Management Committee, who will succeed the present Joint Hospital Boards, under which the ambulances at present owned by the Joint Boards will continue to be located at the Isolation Hospitals and operated as at present. This arrangement will be a temporary one and will be terminated as soon as premises and personnel become available to enable a transfer to be made.



## (c) DETAILS OF ARRANGEMENTS WITH VOLUNTARY BODIES.

- (i) The voluntary services will be asked to provide a 24-hour service, but where circumstances warrant it the service will be on call only during the night.
  - (ii) The arrangements will include provision for augmentation of personnel as required, for augmentation and interchange of ambulances, and for the delimiting of areas to be served, so that the services operated by voluntary bodies can be co-ordinated with services directly maintained.
  - (iii) The basis of payment will be negotiated in each case and will provide for repayment either in whole or in part of the approved expenditure.
  - (iv) Each service will be asked to operate under Regulations to be made by the County Council.
- (2) All Ambulance Services operated by local authorities will be operated directly by the County Council with such assistance as can be afforded by the local authorities and after appropriate consultation with them.

[See Appendix "A," Part "A," Nos. 1-15 and 22.]

- (3) The Council do not intend to enter into agency arrangements with the undermentioned voluntary bodies or private individuals, but the possibility of utilising the vehicles of these services in the Council's scheme has not been excluded :—

Home Service Ambulance Committee, Creswell (Part B (9)).

Stonebroom & District Ambulance Committee (Part B (5)).

Sandiacre, Risley & Breaston Ambulance Service (Part B (3)).

Mr. G. Rimington, Mill Green, Staveley -Part B (7)).

#### B.—REDISTRIBUTION AND AUGMENTATION OF EXISTING RESOURCES.

Pending the submission of proposals for the development of the service, such temporary redistribution of vehicles and staff will be made as may be necessary in the light of experience.

C.—CONSULTATIONS have taken place with Sheffield County Borough, Burton-on-Trent County Borough and the Leicestershire, Nottinghamshire, Cheshire and Staffordshire County Councils.



(1) *Sheffield County Borough*.—Agreement in principle to co-operate along the following lines has been reached with the County Borough. The Sheffield Ambulance Services will provide an ambulance service only to the Sheffield Hospitals in the following areas: Urban District of Dronfield, Parishes of Killamarsh, Eckington, Beighton, Unstone and Holmesfield. Patients in this area for admission to the Chesterfield hospitals will be moved by the Chesterfield Joint Ambulance Service. The Sheffield Ambulance Service will provide primary cover for accidents in this area, and the Chesterfield Joint Ambulance Service will provide secondary cover.

(2) Reciprocal arrangements will be made with the above named adjoining authorities to provide mutual aid on the borders of Derbyshire. In the case of the County Borough of Derby, a suggestion that the Corporation should provide an ambulance service within a radius of five miles of the Borough has not been accepted, because the County Council prefer to enter into an arrangement with the Derby and District Joint Ambulance Committee to provide a service for a much wider area in South Derbyshire. The Council will enter into a mutual aid arrangement with the Corporation.

#### D.—STAFF.

(1) An Ambulance Officer and Clerical Staff will be appointed on the staff of the County Medical Officer to assist in the organisation and supervision of the ambulance service.

(2) The voluntary organisations will be asked to continue to employ the staff as indicated in Appendix "A."

(3) The whole-time staff of the service, which will be directly operated by the County Council, will be augmented to the standard of two driver-attendants per ambulance as soon as possible.

(4) The Council will make arrangements for securing that, as far as possible, (i) all ambulance drivers and attendants shall hold the First Aid Certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association, or such other first aid qualification as may be approved or prescribed by the Minister of Health ;

(ii) All such drivers and attendants shall be so trained as to be interchangeable in their duties.

#### E.—MAINTENANCE AND SERVICING.

No variation of the existing arrangements is contemplated at this stage. All commercial garages at present responsible for service arrangements of ambulances will be asked to ensure that first priority is given to ambulance repair.



**F.—CONVEYANCE OF PATIENTS BY RAILWAY.**

Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking, the Local Health Authority propose to arrange accordingly.

**G.—CALL OUT ARRANGEMENTS.**

The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County informed of the action to be taken to call an ambulance.

**DEVELOPMENT PLAN.**

The submission of proposals under this head has been deferred until a decision has been arrived at whether or not to combine, wholly or partially, the Ambulance Service with the Fire Service. If it becomes necessary to augment the service during the interim period, not more than five additional ambulances and 10 additional sitting-case cars will be provided, and not more than 100 whole-time driver-attendants or their equivalent in part-time paid staff, additional to those provided for under paragraph D will be employed, either by the Council direct or by the Voluntary Organisations.

The arrangements with the Voluntary Bodies will be reviewed when the Development Plan is submitted.



The first part of the report deals with the general situation of the country. It is noted that the population is increasing rapidly and that the standard of living is low. The government is trying to improve the situation by building roads and schools.

Year	Population (in thousands)	GDP (in millions of dollars)	Literacy rate (%)
1950	10,000	1,000	15
1955	12,000	1,200	20
1960	15,000	1,500	25
1965	18,000	1,800	30
1970	22,000	2,200	35
1975	27,000	2,700	40
1980	33,000	3,300	45
1985	40,000	4,000	50
1990	48,000	4,800	55
1995	57,000	5,700	60



## PROPOSALS FOR AN

## PART

## (3) PARTICULARS OF

Note.—Services in *Italics* deal only

Name of Ambulance Service Operators.	A. District Served.	B. No., Type and carrying capacity of Ambulance.	C. Sitting Case Cars.	D. Other Vehicles.
<b>A.—LOCAL AUTHORITIES AND JOINT HOSPITAL BOARDS.</b>				
(1) BUXTON CORPORATION.	40 miles radius from Buxton.	2 Ford V.8, 30 h.p. Talbot 20,9 h.p.	2 — 2 —	— —
	Buxton Borough only.	1 <i>Armstrong</i> , 20 h.p.	1	
(2) CHESTERFIELD CORPORATION.	Chesterfield Borough.  Chesterfield R.D.  Clay Cross U.D.  Staveley U.D.	2 Austin, 23.5 h.p.  Austin, 23.5 h.p.	2  2	1 Police Van, used as Auxiliary Ambulance if necessary.
		2 <i>Austin</i> , 20 h.p. <i>Ford</i> , 15 h.p.	1 1	
(3) GLOSSOP CORPORATION.	Glossop Borough (and removals to outside Hospitals if necessary).	1 Austin, 20 h.p.	2 —	—
		1 <i>Austin</i> , 22.4 h.p.		

## AMBULANCE SERVICE.

## I.

## EXISTING AMBULANCE SERVICES.

with cases of Infectious Disease.

E. Ambulance Stations and by whom controlled.	F. Servicing and Maintenance.	G. Staff.	H. No. of Calls.	I. Total Mileage.
Market Street, Buxton. M.O.H., Peak Build- ings, Buxton.	By local garage.	2 Full-time Drivers.	584	18,486
<i>Isolation Hospital, Ashwood Dale, Bux- ton. M.O.H., Buxton.</i>		1 <i>Part-time Driver, who is also Caretaker at the Hospital.</i>	140	1,010
County Police Station, New Beetwell Street, Chesterfield. (This Service, by arrange- ment with the Chesterfield Joint Ambulance Service, deals with Street Accidents).	By County Police Personnel.	5 Part-time Police Drivers. 4 Part-time Police Attendants. 1 Inspector and 2 Sgts. on supervisory duties (part-time). 2 Police Constables on maintenance (part- time).	2,806 (in 1946).	14,751
<i>Penmore Isolation Hos- pital, Hasland, Nr. Chesterfield.</i>	<i>By local garage.</i>	2 <i>Part-time Drivers.</i>	100	1,590
County Police Station, Glossop.	By arrangement with private gar- age.	3 Part-time Police Drivers.	573	7,503
<i>Borough Yard, Surrey Street, Glossop.</i>	Accounts paid by Glossop Corp. Maintained by Driver.	1 <i>Driver from Borough Surveyor's staff, the Sanitary Inspector and Matron at Isolation Hospital, equivalent to 1 full-time Driver al- ways on call.</i>	19 (Year to 31/3/47).	229



Name of Ambulance Service Operators.	A. District Served.	B. No., Type and carrying capacity of Ambulance.		C. Sitting Case Cars.	D. Other Vehicles.	
(4) ILKESTON CORPORATION.	Ilkeston Borough (and journeys to and from Hospitals in Derby, Chesterfield, Nottingham and Beeston).	2	Bedford, 28 h.p.	2	—	
		1	Wolseley, 25 h.p.	2	—	
(5) BLACKWELL R.D.C.	Blackwell Rural District.	1	Austin (2 ton).	2	—	
(6) ALFRETON U.D.C.	Alfreton Urban District.	2	Bedford, 27 h.p.	4	—	
				Ford, 30 h.p.	2	—
(7) ASHBOURNE U.D.C.	10 miles radius from Ashbourne.	1	Bedford, 28 h.p. (for all cases except Infectious Cases).	2	—	
(8) BOLSOVER U.D.C.	Bolsover Urban District (by special arrangement parts of Staveley U.D. and Blackwell R.D.).	1	Morris, 17 h.p. (for all cases except Infectious Diseases).	2	—	
(9) DRONFIELD U.D.C.	Dronfield Urban District and surrounding area. No restriction on calls.	1	Bedford, 26.3 h.p. (all cases except Infectious Diseases).	2	—	
(10) HEANOR U.D.C.	Heanor Urban District.	2	Austin, 16.4 h.p.	2	—	
				Austin, 26.8 h.p.	2	—
	Parishes of Smalley and Shipley (Belper R.D.). Mutual aid with Eastwood U.D.C., Notts.					
(11) LONG EATON U.D.C.	Long Eaton Urban District.	4	Armstrong, 20 h.p.	2	—	
				Wolseley, 25 h.p.	2	—
				Morris, 25 h.p. Ford.	2	—

E. Ambulance Stations and by whom controlled.	F. Servicing and Maintenance.	G. Staff.	H. No. of Calls.	I. Total Mileage.
Manor House, Manners Road, Ilkeston.	Maintenance by full- time Driver.	1 Full-time Driver and 1 Reserve Driver who is half-time Caretaker at Manor House.	1,021	12,484
<i>Medical Officer of Health, Manor House, Ilkeston.</i>			55	1,048
N.F.S. Station, Mansfield.	One of the N.F.S. personnel, who drives the Ambu- lance.	2 N.F.S. Drivers act on alternate days when not on N.F.S. duty.	202 (Year to 31/3/47).	5,787
Omnibus Stand, Alfreton.	By local garage.	1 Full-time and 1 part- time Driver. (The second Ambu- lance is used as a reserve when the first is being repaired).	662	17,790
Old Fire Station, Ash- bourne U.D.C. Surveyor, King Street, Ashbourne.	Serviced by private garage. Maintenance by Driver.	1 Driver (from Survey- or's Dept.) on duty during day. During night 2 retained Driv- ers are on call. Attendants (if re- quired) arranged by Surveyor's Dept.	158 (in 1946).	4,016
Church Street, Bolsover.	Maintenance by Driver.	1 Full-time Driver on call 24 hours. Relief Driver available.	284	5,729
Opposite Manor House, High Street, Dronfield.	Maintenance by U.D.C. workmen.	3 Part-time Drivers— Staff drawn from available U.D.C. staff. Equivalent to 1 full-time driver. 1 Part-time Attendant.	53	853
Market Place, Heanor.	Maintenance by U.D.C.'s Motor Mechanic.	1 Full-time Driver dur- ing day-time. 3 Part-time Drivers. U.D.C.'s Motor Me- chanic acts as day- time Relief Driver. At all other times, rota of U.D.C. Workmen, equivalent to 1 full- time driver.	861 (in 1945).	13,104
The Hall Depot, Derby Road, Long Eaton. U.D.C. Surveyor, Town Hall, Long Eaton.	Maintenance by Drivers.	3 Full-time Drivers cover day-time. 1 of the drivers on call and 1 relief driver on call during night-time.	3,080	32,777



Name of Ambulance Service Operators.	A. District Served.	B. No., Type and carrying capacity of Ambulance.		C. Sitting Case Cars.	D. Other Vehicles.
(12) MATLOCK U.D.C.	Matlock Urban District. Part Bakewell R. District. Part Belper R.D. Mutual aid with Bakewell Urban District.	1	Ford V.8, 30 h.p. (All cases except Infectious Diseases).	2	—
(13) RIPLEY U.D.C.	Ripley Urban District.	2	Bedford, 26.3 h.p.	2	—
			Ford V.8, 30 h.p. (All cases except Infectious Diseases).	2	
(14) SWADLINCOTE DIST. U.D.C.	5 miles radius from Swadlincote.	2	Austin, 28 h.p. Austin, 23.9 h.p.	2 1	— —
(15) WIRKSWORTH U.D.C.	Wirksworth Urban District (outside only when other ambulances not available.)	1	Ford, 22 h.p.	2	—
(16) BELPER JOINT HOSPITAL BOARD.	Alfreton, Ashbourne, Belper, Heanor, Ripley and Wirksworth U.D.'s; Belper R.D.	1	Austin, 16 h.p.	2	—
(17) HADDON JOINT HOSPITAL BOARD.	Bakewell U.D., Matlock U.D., Bakewell R.D.	1	Morris Commercial 25.01 h.p.	2	—
(18) HIGH PEAK JOINT HOSPITAL BOARD.	Chapel-en-le-Frith R.D., New Mills U.D., Whaley Bridge U.D.	1	Ford, 24 h.p.	2	—

E. Ambulance Stations and by whom controlled.	F. Servicing and Maintenance.	G. Staff.	H. No. of Calls.	I. Total Mileage.
Town Hall, Matlock. Water Engineer, Town Hall, Matlock.	Maintenance by Driver. Servicing by private garage.	1 Part - time Driver during day-time. 1 part-time driver em- ployed on U.D.C. work during day-time on call during night-time.	423	13,041
Park Road, Ripley (at private garage con- trolled by U.D.C. Surveyor, Town Hall, Ripley).	By arrangement with private garage.	Garage proprietor pro- vides a driver night and day.  (The Ford Ambulance has canvas body and is only used in emer- gency).	358	5,960
U.D.C. Depot, Dark- lands Road, Swad- lincote, or 67, High Street, Swadlincote. (1 Ambulance only).	Maintenance by Drivers at Council Depot, Swadlin- cote.	2 Full-time Driver/At- tendants during day time. Alternate stand- by duty during night time.	357 (1 vehicle only from 15/8/46— 31/3/47).	5,341
Coldwell Street, Wirksworth.	Maintenance by Driver.	1 Part-time Driver (em- ployed as Cemetery Caretaker), on call 24 hours per day.	28	575
<i>Isolation Hospital, Heage, Nr. Belper.</i>	<i>Maintenance by Driver. Repairs by local garage.</i>	<i>2 Part-time Drivers. One also employed as Hospi- tal Engineer and the other as Hospital Han- dyman. Both do alter- nate week-end duty.</i>	233 (Year to 31/3/47).	3,014
<i>Isolation Hospital, Monyash Road, Bakewell.</i>	<i>Maintenance by Driver.</i>	<i>1 Part-time Driver, who is also Porter and Gar- dener at the Hospital. Relief Driver provided by local garage.</i>	71	1,695
<i>Isolation Hospital, Chinley.</i>	<i>Maintenance by Driver.</i>	<i>1 Part-time Driver, who is also Engineer and Porter at the Hospital.</i>	26	1,113



Name of Ambulance Service Operators.	A. District Served.	B. No., Type and carrying capacity of Ambulance.		C. Sitting Case Cars.	D. Other Vehicles.
(19) NORTH DERBYSHIRE JOINT HOSPITAL BOARD.	Bolsover and the following Parishes in Blackwell R.D., Shirebrook, Scarcliffe and Glapwell.	1 <i>Rolls-Royce, 49 h.p.</i>	1	—	—
	Clay Cross U.D. Parishes in Chesterfield R.D., Morton, Shirland & Higham, Ashover, Tupton, North Wingfield and Heath (Holmewood); Blackwell R.D., Blackwell, Pinxton, and South Normanton.	1 <i>Bedford, 26.3 h.p.</i>	2	—	—
	Dronfield Urban District. Parishes of Unstone and Holmesfield in Chesterfield R.D.	1 <i>Bedford, 27 h.p.</i>	1	—	—
	Staveley Urban District, Clowne Rural Dist., Parishes of Beighton, Eekington, and Killamarsh in Chesterfield R.D.	1 <i>Chevrolet</i>	1	—	—
(20) REPTON JOINT HOSPITAL BOARD.	Swadlincote U.D., Ashbourne R.D., Repton R.D.	1 <i>Commer, 20.9 h.p.</i>	2	—	—
(21) SHARDLOW JOINT HOSPITAL BOARD.	Shardlow R.D., Long Eaton U.D.	1 <i>Morris, 25 h.p.</i>	2	—	—

E. Ambulance Stations and by whom controlled.	F. Servicing and Maintenance.	G. Staff.	H. No. of Calls.	I. Total Mileage.
<i>Isolation Hospital, Langwith, Nr. Chesterfield.</i>	<i>Maintenance by Driver. Repairs by local garage.</i>	<i>1 Part-time Driver, who is also Gardener-Hand- yman at the Hospital. Mutual stand-by ar- rangement with Driver at Morton Hospital. A Nurse from Hospital acts as Attendant.</i>	87	1,752
<i>Isolation Hospital, Morton.</i>	<i>Maintenance by Driver. Repairs by local garage.</i>	<i>1 Part-time Driver, who is also Gardener-Hand- yman at the Hospital. Mutual stand-by ar- rangement with Driver at Langwith Hospital A Nurse from the Hos- pital acts as Attendant.</i>	150	2,070
<i>Isolation Hospital, Dronfield.</i>	<i>Maintenance by Driver. Repairs by local garage.</i>	<i>1 Part-time Driver, who is also Gardener-Hand- yman at the Hospital. Mutual stand-by ar- rangement with Driver at Mastin Moor Hospi- tal. A Nurse from the Hospital acts as Attendant.</i>	72	1,199
<i>Isolation Hospital, Mastin Moor, Nr. Chesterfield.</i>	<i>Maintenance by Driver. Repairs by local garage.</i>	<i>1 Part-time Driver, who is also Gardener-Hand- yman at the Hospital. Mutual stand-by ar- rangement with Driver at Dronfield Hospital. A Nurse from the Hos- pital acts as Attendant.</i>	256	2,926
<i>Isolation Hospital, Sandypits Lane, Etwall.</i>	<i>Maintenance and Repairs by local garage.</i>	<i>1 Part-time Driver, who is also Resident Care- taker and Boiler Atten- dant at the Hospital. A Nurse from the Hos- pital acts as Attendant.</i>	47 (Year to 31/3/47).	1,257
<i>Isolation Hospital, Draycott, Near Derby.</i>	<i>Maintenance and Repairs by local garage.</i>	<i>1 Part-time Driver, who is also Resident Gar- dener at the Hospital.</i>	135 (Year to 31/3/47).	1,666



Name of Ambulance Service Operators.	A. District Served.	B. No., Type and carrying capacity of Ambulance.		C. Sitting Case Cars.	D. Other Vehicles.
(22) BAKEWELL R. & URBAN DISTRICT JOINT AMBULANCE COMMITTEE.	Bakewell Urban and Rural Districts.	1	Bedford, 27 h.p. (No infectious diseases carried).	2	—
B.—VOLUNTARY ASSOCIATIONS AND PRIVATE OWNERS.					
(1) CHESTERFIELD JOINT AMBULANCE SERVICE (comprising Chesterfield Royal Hospital and British Red Cross Society).	Chesterfield Borough and North Derbyshire.	3	Austin, 26.9 h.p. Packard, 32.5 h.p. Austin, 24 h.p. (Street Accident and Infectious Diseases cases excluded).	4 3- 2	—
				2 Ford 10 Prefect Type.	—
(2) NEW MILLS MOTOR AMBULANCE COMM. (Appointed by British Red Cross Society, St. John Ambulance Brigade, New Mills U. D. C., Whaley Bridge U.D.C., Chapel-en-le-Frith R.D.C.).	New Mills U.D., Whaley Bridge U.D., Chapel-en-le-Frith R.D. (Parishes of Chinley, Buxworth and Brownsidè, Hayfield, Charlesworth & Chisworth).	2	Daimler, 20 h.p. Austin, 20 h.p.  (All cases except Infectious Diseases).	2 2	—
(3) PEAK DISTRICT AMBULANCE SERVICE.	Bakewell R.D., Chapel-en-le-Frith R.D. (except the Parishes of Chinley, Hayfield, Chisworth and Charlesworth).	3	Ford V.8, 30 h.p. Ford V.8, 30 h.p. Ford V.8, 30 h.p.	3 2 4	—
(4) SANDIACRE, RISLEY AND BREASTON AMBULANCE SERVICE.	Parishes of Sandiacre, Risley and Breaston in Shardlow R. District.	1	Bedford, 27 h.p.	2	—

E. Ambulance Stations and by whom controlled.	F. Servicing and Maintenance.	G. Staff.	H. No. of Calls.	I. Total Mileage.
Castle Hotel, Bakewell.	McEwan's Garage, Matlock Street, Bakewell.	2 Part-time Drivers.	130	3,703
The Drill Hall, Ashgate Road, Chesterfield.  1 at the Royal Hospi- tal, Chesterfield, and 1 at The Drill Hall, Ashgate Road, Ches- terfield.	Maintenance by Drivers. Major repairs by Red Cross Service De- pot, Littleover, Derby.  Do.	1 Full-time Secretary. 1 Full-time Head Driver. 8 Full-time Drivers. 1 Full-time Attendant. (The drivers are all qualified First - Aid Attendants). 1 Full-time Telephonist (Clerk).  2 Part-time Women Drivers.	Service Commenced 19th May, 1947.  —  —	—  —
Rock Garage, New Mills.	Maintenance by local garage.	2 Full-time Drivers.	1,163 (Year 1946).	21,545 1946).
Water Lane, Eyam, via Sheffield.	—	3 Part-time Drivers and 2 Auxiliary Drivers on call. 3 Attendants, one of whom is always on call.	504	15,975
31, Derby Road, Risley.	Maintained by Driver.	1 Part-time Driver.	483 (Year 1946).	8,595 1946).



Name of Ambulance Service Operators.	A. District Served.	B. No., Type and carrying capacity of Ambulance.		C. Sitting Case Cars.	D. Other Vehicles.
(5) STONEBROOM AND DISTRICT AMBULANCE COMMITTEE.	Clay Cross U.D., Chesterfield R.D. (Parishes of Shirland & Higham, Morton, Pilsley, Stretton and Brackenfield).	1	Ford, 24 h.p.	2	—
(6) MESSRS. JOSEPH ALLEN & SONS, 52, BRIDGE ST., BELPER.	Belper U.D., Belper R.D.	1	Humber, 24 h.p.	2	9 Private Hire Cars at the Garage.
(7) MR. G. RIMMINGTON, MILL GREEN, STAVELEY.	Staveley and District.	1	Morris Commercial, 15.9 h.p. (Year 1928).	2	2 Private Hire CARS at the Garage.
(8) DERBY JOINT COMMITTEE OF BRITISH RED CROSS SOCIETY AND ST. JOHN AMBULANCE BRIGADE.	Radius of 10 miles outside Derby Borough Boundary. (Longer journeys by arrangement). At present this Com- mittee also serves Derby Borough.	6	Bedford, 27 h.p. Chevrolet, 30 h.p. Austin, 24 h.p. Dodge, 30 h.p. Morris, 14 h.p. Austin, 27 h.p.  (All cases other than Infectious Diseases).	3 4 4 1 1 4 4	— (The Dodge Ambu- lance is convert- ible for for sitting cases).
(9) HOME SERVICE AMBULANCE COMMITTEE,	10 miles radius of Creswell.	1	Austin, 27.9 h.p. (1943). (No infectious diseases carried).	4	—

E. Ambulance Stations and by whom controlled.	F. Servicing and Maintenance.	G. Staff.	H. No. of Calls	I. Total Mileage
Morton Colliery, Morton.	Repairs by local garage.	4 Part-time Drivers and 1 Attendant (all employed by Morton Colliery).	127	2,470
Field Lane Garage, Belper.	By Drivers at the garage.	3 Part-time Drivers.	415	13,920
Mill Green Garage, Staveley.	By Drivers at the garage.	3 Part-time Drivers available. 1 S.J.A. Nurse available. 1 Part-time Attendant.	260	5,200
146, Burton Road, Derby.	Running repairs by Drivers. Other repairs by Red Cross Society Workshop, The Old Hall, Burton Road, Littleover, Nr. Derby.	1 Full-time Secretary. 1 Full-time Manager (who supervises the drivers, the repairs to the vehicles, and acts as Relief Driver if necessary). 3 Full-time Drivers. 1 Full-time Driver /Care- taker (who is resident).	3,655 (Year 1946).	53,515 (Year 1946).
Creswell Colliery Institute, Garage.	At the garage.	1 Part-time Driver (nor- mally employed as a surface labourer at the Colliery).	430 (Year 1946).	11,771 (Year 1946).



**PREVENTION OF ILLNESS, CARE AND AFTER CARE**  
(Section 28).

**Proposals Approved by the Minister of Health**  
**on 13th May, 1948.**

**PART I.**

**A.—TUBERCULOSIS.**

The Authority proposes to make arrangements for the purpose of preventing tuberculosis, and the care and after care of patients suffering from the disease, and in this connection to exercise its powers in relation to health education.

Although the Authority has not, up to the present, established workshops for ex-patients needing sheltered employment, hostel accommodation and village settlements, it is proposed to give consideration to their establishment if the need arises. Facilities are available at the present time for the admission of patients to village settlements provided by other local authorities or voluntary bodies, and it is proposed that these arrangements should continue unless and until there is a sufficient number of patients to justify the establishment of a village settlement by the Authority.

As some parts of the County are highly industrialised consideration will be given, if it is regarded that there is a sufficient number of patients, to the establishment of special accommodation for convalescents who are well enough to be discharged from hospital and to work during the day, but need night accommodation where they can be kept under observation for a period.

Such care and after care Committees (including representatives of voluntary bodies) will be set up as may be considered necessary for the efficient carrying out of the service in all parts of the County.

The functions of the Care and After Care Organisation of the Authority would be to :—

- (i) Secure the social and physical welfare of patients and their families, which is vital to the effective treatment and control of tuberculosis.
- (ii) Help in the solution of the special problems of the tuberculous household, and so facilitate treatment by relieving anxiety.
- (iii) Safeguard the restored patient against relapse and preserve the health of the family, which is exposed to special risk.

It is intended that assistance be provided in a variety of ways, for example :—

- (a) By supplying or lending beds and bedding to enable the patient to sleep alone.



- (b) Providing nursing requisites or sputum flasks.
- (c) Helping the family to find better housing accommodation.
- (d) Making arrangements for the boarding-out with relatives or otherwise of children of infected parents.
- (e) Helping to provide extra nourishment or clothing, and so on.

As the Authority will be concerned with the domestic and economic welfare of the patient's family, it is intended to do what is possible to help the patient and his dependants to obtain any financial support available, whether under social security legislation or through voluntary organisations.

It is proposed to work in the closest co-operation with local industrialists, trade union officials and voluntary organisations, in order to help suitable patients to obtain the benefits of the arrangements made by the Ministry of Labour and National Service under the Disabled Persons Employment Act where these are appropriate.

It is contemplated there will be a need for joint appointments on an agreed basis between the Regional Hospital Board and the Authority of Medical Specialists who will be responsible for the treatment of tuberculosis under the National Health Service Act, as they should be closely associated with the care and after care of the tuberculous, since they alone have the knowledge of the individual case without which it is impossible for those concerned in its care and after care to give effective help. It will be unnecessary, however, to make joint arrangements in the case of those in whole-time hospital appointments. The executive responsibility for the care and after care arrangements will rest with the Authority's Medical Officer of Health. As far as practicable, all social workers who visit the tuberculous in their homes, and who are on the staff of the Authority, will spend part of their time in the Dispensaries, working with the Medical Specialists who will be appointed jointly by the Regional Hospital Board and the Authority. In this way the closest link would be forged between the diagnostic and curative work at the hospital or dispensary, and the preventative and care measures in the patient's home, and so provide effective treatment and also secure the patient's confidence and confidentiality of his medical records.

#### B.—MENTAL ILLNESS OR DEFECTIVENESS.

The County Medical Officer of Health will be responsible for the organisation and control of the Mental Health Service administration, but there will be a Medical Officer on his staff who will advise on Mental Health matters and who will, under the County Medical Officer, undertake the medical direction of the Mental Health Social Workers to be appointed from the existing Mental Deficiency Inquiry Officers and a number of suitable Relieving Officers.



Discussions will take place with Regional Hospital Boards or Management Committees concerning after care work, and for the joint use of Specialist Medical Officers for consultation with general practitioners in the certification of patients under the Lunacy and Mental Treatment Acts.

Consideration will be given to the establishment of Occupation Centres, and, in areas where this is not possible, to the appointment of home teachers for teaching defectives at home.

It is proposed to make use of ambulances and sitting-case cars in the Authority's Ambulance Service and to discuss with Regional Hospital Boards or Hospital Management Committees the possibility of using, under certain circumstances, their non-medical staff and ambulances.

For fuller details of care and after care arrangements, reference should be made to the proposals given in reply to the information required in Circular 100/47.

#### C.—OTHER TYPES OF ILLNESS OR ILLNESS GENERALLY.

Every effort will be made to provide care and after care for persons suffering from illness of whom information is received from hospitals or otherwise, by Midwives, District Nurses and Health Visitors as appropriate. Schemes for the prevention of illness will be put into force in accordance with any advice or directions given by the Minister of Health from time to time. The Authority will endeavour to arrange for patients recovering from illness to be admitted to Convalescent Homes (other than those within the hospital service) where the County Medical Officer is satisfied that they are in need of convalescence not requiring medical or nursing treatment. The arrangements made by the Authority in this respect will be such as will lie outside the scope of the hospital and specialist services and of the provisions of Part III of the National Assistance Act.

The Authority will continue to co-operate in every way possible with Medical Officers of Treatment Centres, by following up persons under treatment for venereal disease or known or believed to be a source of venereal infection. This will be done through health visitors or other appropriate staff.

In connection with its arrangements under Section 28, the Authority will seek to develop health education in its area by all appropriate means.

#### D.—PROVISION OF NURSING EQUIPMENT AND APPARATUS.

The Authority proposes to give consideration to the purchase of sick room equipment to be stored at suitable centres for supplying on loan to patients attended by domiciliary [midwives and nurses, and those being nursed at home by their relatives or friends.



**DOMESTIC HELP**

(Section 29).

**Proposals Approved by the Minister of Health  
on 20th May, 1948.****PART I.****STATISTICAL DATA.**

- 1.—Area in square miles of Local Authority's Area : 992.9 square miles.
- 2.—Mid-1946 population : 648,460.

**EXISTING SERVICE.**

The County Council has been operating, with little success, a Home Help Service for many years. At one time there were as many as 15 part-time Home Helps enrolled, but at the present time the number has decreased to four. The Home Help scheme for giving assistance to women during their confinements was extended in April, 1945, to cover various kinds of cases, of which the following are examples :—

- (a) Where a housewife falls sick or must have an operation.
- (b) Where a wife is suddenly called away to see her husband in hospital and arrangements have to be made to look after the children.
- (c) Where elderly people who are infirm, or one of whom suddenly falls ill.
- (d) Where several members are ill at the same time.
- (e) Where a doctor certifies that a Home Help is required to nurse premature infants.

An approach was made in 1946 to the Women's Voluntary Service, Women's Guilds and other similar organisations for assistance in the running of the scheme. In spite of approximately 200 organisations being approached, not a single Home Help had volunteered through these channels. There are, however, at the present time four part-time Home Helps employed, but their services have been obtained through Health Visitors or County Councillors.

The County Council has now agreed to Home and Domestic Helps being paid 2/- an hour up to 44 hours weekly, plus travelling expenses.

Chesterfield Borough Council operate a Home Help Service and have six women registered as part-time Home Helps. Since its inception in December, 1946, until October, 1947, 26 cases have been attended.



**PART II.****DESCRIPTION OF THE SERVICE WHICH WILL OPERATE ON THE APPOINTED DAY.****GENERAL ADMINISTRATIVE ARRANGEMENTS.**

1.—The County Council has agreed to the employment of an Organiser who has recently taken up duty. The Authority proposes that on the appointed day her employment should continue, and that she should be responsible for the organisation and supervision of the service under the general direction of the County Medical Officer of Health. The County Council has also agreed to a car allowance being granted to the Organiser, as this will enable her to visit homes applying for assistance as well as the work in progress, and utilise her staff to the best advantage. It may be possible to arrange for the Organiser to collect any charge, after assessment by the County Accountant's Department.

The arrangements for providing domestic help for households are intended to cover as far as practicable any help required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age within the meaning of the Education Act, 1944. It is intended that recovery of the cost of providing a Home Help will be made in accordance with a suitable basis of assessment of means.

As it may aid recruitment, it is intended that an outdoor, as well as an indoor uniform, be provided for domestic helps. It is not contemplated that helpers should be sent into households where tuberculosis or other infectious diseases are present, without the consent of the Medical Officer of Health.

2.—It will obviously not be possible or necessary to establish as complete a service in Rural as Urban areas. In the first instance it is proposed to make intensive efforts to add to the 24 part-time helps already recruited for service in the urban parts of the County—outside Chesterfield Borough—on the appointed day. If the Authority is unable to establish as full a service as is required in rural areas, consideration will be given to seeking the assistance of voluntary bodies, such as the National Federation of Women's Institutes, in organising the service based on voluntary help or on mutual neighbour-to-neighbour agreements for reciprocal help.

3.—It is not considered necessary to have any joint arrangements with other Health Authorities, but this would be reconsidered in the light of changing circumstances.

**PART III.****DEVELOPMENT PLAN.**

The Authority proposes to progressively recruit additional Home Helps in an endeavour to meet the demand, using among other means those suggested in paragraph 54 of the Minister's Circular 118/47, the immediate aim being—if the demand so requires—to bring the total number of helps up to the equivalent of 50 whole-time helps for service in the urban parts of the County as soon as may be after the appointed day.



**MENTAL HEALTH SERVICE**

(Section 51).

**Proposals Approved by the Minister of Health  
on 9th April, 1948.****PART I.**

## STATISTICAL DATA.

The mid-1946 population of the area is 648,460.

(a) Number of patients at present chargeable to the Local Authority under the Lunacy and Mental Treatment Acts	...	...	...	...	...	1,511
(b) Number of patients dealt with under those Acts by the Relieving Officers of the area during the year ended December 1st, 1946	...	...	...	...	...	566
(c) Number of defectives ascertained as subject to be dealt with under the Mental Deficiency Acts during 1946	...	...	...	...	...	31
Number of patients under Statutory Supervision...	669					
On Licence at home from Institutions	...	...	...	...	...	46
Under Voluntary Supervision, but for whom the Local Authority may subsequently become liable...	809					
						1,524

(d) Number of persons reported to the Local Authority as mentally defective :—

During the year	1944	...	...	...	39
„ „ „	1945	...	...	...	25
„ „ „	1946	...	...	...	12



**PART II.**  
**PROPOSALS.**

**A.—GENERAL.**

1.—The establishment of a Sub-Committee will be considered by the Authority's Health Committee in conjunction with the administrative arrangements for the discharge of the Authority's duties generally under Part III of the Act.

The County Medical Officer of Health will be responsible for the organisation and control of the mental health service administration, but there will be a Medical Officer on his staff who will advise on mental health matters and who will, under the County Medical Officer, undertake the medical direction of the Mental Health Social Workers. It is contemplated that he will also be employed as one of the Approved Medical Practitioners for the purpose of giving certificates of mental defect to accompany Petitions for Orders under the Mental Deficiency Acts.

**B.—MEDICAL.**

2.—The Medical Officer referred to in the preceding paragraph will be employed for such part of his time as may be necessary, with deputies who will be called upon in his absence. While General Medical Practitioners are usually called in for certifying patients under the Lunacy and Mental Treatment Acts, it is proposed to arrange for the joint user of appropriate Specialist Medical Officers of the Regional Hospital Boards to be available for consultation with General Practitioners in cases of difficulty.

**C.—NON-MEDICAL.**

3.—It is estimated that it will be necessary to employ as a minimum the equivalent of eight whole-time non-medical persons for the discharge of the functions of the Authority relating to mental treatment and mental deficiency, one of whom will act as Senior Mental Health Social Worker. This number would be subject to revision in the light of experience. This staff will include the present Mental Deficiency Officer, the Senior Mental Deficiency Inquiry Officer and two Mental Deficiency Inquiry Officers, and such number of suitable Relieving Officers as it may be found necessary to transfer, while consideration will be given to the appointment of qualified psychiatric social workers.

It is proposed to discuss with the Regional Hospital Boards how assistance can be given in the after care work of patients discharged or on trial from Mental Hospitals, or boarded-out, or who are attending a clinic primarily the responsibility of the hospital. Similarly, if patients are discharged to the area of another Authority or are discharged from a hospital in another area to this County, reciprocal arrangements with regard to visiting will be made. It is also proposed to make arrangements with the Regional Hospital Boards relating to the visitation of patients on Licence from Mental Deficiency Institutions.



4.—It is proposed that all the non-medical persons shall be designated duly authorised officers except where the officer would not be suitably employed in such a capacity. They will operate from centres at Derby and Chesterfield and other places where they are locally resident. In order to secure an adequate distribution of authorised officers it may be necessary to arrange for some of the authorised officers to combine this work with other duties under the Local Health Authority.

5.—The Authority are at the present time taking the necessary steps to open at an early date an Occupation Centre at Ilkeston and are giving consideration to the establishment of another Centre at Clay Cross. Consideration will be given, provided suitable premises are available, to the establishment of further Occupation Centres or Industrial Centres. Arrangements have been made for a certain number of mental defectives to be accommodated in the Occupation Centre administered by Derby County Borough, and consideration will be given to arranging terms for the establishment of similar facilities with neighbouring authorities such as Sheffield, Burton-on-Trent and Nottinghamshire. In areas where it would not be convenient for patients to attend Occupation Centres, consideration will be given to the appointment of Home Teachers for the training of defectives at home.

#### D.—AMBULANCE SERVICE.

6.—It is proposed to make use of ambulances and sitting-case cars provided by the Authority in its Ambulance Service, although where it would be more convenient, use would be made, if practicable, of an ambulance based on the institution or hospital to which the patient is to be admitted. It is proposed to have consultations at the earliest possible date with the appropriate Regional Hospital Board or Hospital Management Committee concerning the possibility of making use of ambulances and trained staff at Mental Institutions, as the assistance of staff may be desirable in the removal of persons of unsound mind or difficult mental defectives to Institutions.



The first part of the report is devoted to a description of the general conditions of the country, and to a statement of the results of the various expeditions which have been made since the discovery of the gold fields. It is found that the country is well adapted for agriculture, and that the soil is fertile. The climate is also very favorable, and the water is pure and abundant. The gold fields are situated in a region which is well adapted for mining, and the results of the various expeditions have been very successful. It is found that the gold is of a high quality, and that the quantity of gold which can be obtained is very large. The report also contains a description of the various minerals which are found in the country, and a statement of the results of the various experiments which have been made to determine their value.

The second part of the report is devoted to a description of the various minerals which are found in the country, and a statement of the results of the various experiments which have been made to determine their value. It is found that the country is rich in various minerals, and that the results of the various experiments have been very successful. It is found that the various minerals which are found in the country are of a high quality, and that the quantity of each mineral which can be obtained is very large. The report also contains a description of the various methods which have been used to extract the minerals from the ground, and a statement of the results of the various experiments which have been made to determine the value of each method.

The third part of the report is devoted to a description of the various methods which have been used to extract the minerals from the ground, and a statement of the results of the various experiments which have been made to determine the value of each method. It is found that the various methods which have been used to extract the minerals from the ground are of a high quality, and that the results of the various experiments have been very successful. It is found that the various methods which have been used to extract the minerals from the ground are of a high quality, and that the results of the various experiments have been very successful. The report also contains a description of the various methods which have been used to transport the minerals from the mines to the market, and a statement of the results of the various experiments which have been made to determine the value of each method.





