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Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1958

BY

J. B. S. MORGAN
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.
COUNTY MEDICAL OFFICER OF HEALTH

HEANOR, DERBYSHIRE:
ARTHUR GAUNT & SONS (*PRINTERS*) LTD.

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COUNTY HEALTH COMMITTEE
(As at 31st December, 1958)

ALDERMAN MRS. E. HARRISON
(Chairman)

ALDERMAN MRS. F. E. SHIPLEY
(Vice-Chairman)

Aldermen

MRS. G. BUXTON.
N. GRATTON.
J. W. HALL.
MRS. D. M. SUTTON.
T. W. WARDLEY.
A. F. T. WYATT.

Councillors

N. B. BANKS.
J. CARTER.
G. W. COCKER
H. FISHER.
J. H. GREGORY.
J. HAWORTH.
MRS. B. IVINSON.
J. LOMAS.
C. J. MERREY.
C. V. MOORE.
MRS. E. G. REDFERN.
P. REVILL.
MRS. A. S. THICKETT.
J. H. THOMPSON.
H. T. TISDALE.
W. H. WHITEHEAD.
J. WILLIAMSON.
E. WRIGHT.
(Vacancy)

Co-opted Members

DR. E. D. FORSTER.
A. J. WILSON, ESQ., F.R.C.S.
T. ALLSOP, ESQ., O.B.E., J.P.
J. CLARKE, ESQ.
MRS. S. A. JERVIS.
MRS. M. H. SMITH.
MRS. D. M. ASHLEY.

Ambulance Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN T. W. WARDLEY.
ALDERMAN A. F. T. WYATT.
COUNCILLOR H. FISHER.
COUNCILLOR H. T. TISDALE.
COUNCILLOR W. H. WHITEHEAD.

Mental Health Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN MRS. G. BUXTON.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN T. W. WARDLEY.
COUNCILLOR N. B. BANKS.
COUNCILLOR H. FISHER.
COUNCILLOR MRS. E. G. REDFERN.

Staff Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN MRS. D. M. SUTTON.
COUNCILLOR N. B. BANKS.

Chesterfield Area Health Sub-Committee

Representing the County Council	*Representing Chesterfield Corporation*
ALDERMAN MRS. E. HARRISON.	ALDERMAN L. HEATH.
ALDERMAN MRS. F. E. SHIPLEY.	COUNCILLOR MRS. B. A. BRIGHTMORE.
ALDERMAN MRS. D. M. SUTTON.	COUNCILLOR R. H. BROOMHEAD.
COUNCILLOR N. B. BANKS.	COUNCILLOR MRS. A. COLLISHAW.
COUNCILLOR J .CARTER.	COUNCILLOR MRS. L. TIDESWELL.
MRS. S. A. JERVIS.	

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1958, its membership was as follows :—

Representing the County Health Committee.	*Representing the Education Committee.*
ALDERMAN MRS. E. HARRISON. (*Chairman*).	ALDERMAN MRS. G. BUXTON.
ALDERMAN MRS. F. E. SHIPLEY.	ALDERMAN MRS. O. EDEN.
ALDERMAN MRS. D. M. SUTTON.	ALDERMAN F. A. GENT.
COUNCILLOR N. B. BANKS.	ALDERMAN J. B. HANCOCK.

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1958)

ALDERMAN C. FEAKIN
(*Chairman*)

COUNCILLOR T. T. JENNINGS
(*Vice-Chairman*)

Aldermen

MRS. G. BUXTON.	MRS. D. M. SUTTON.
T. COLLEDGE	T. W. WARDLEY.
A. FOWLER.	C. WASS.
N. GRATTON.	A. F. T. WYATT.

Councillors

D. BARTON	F. W. ELDRIDGE.
P. B. BALEAN.	MRS. D. HARDMAN.
MRS. B. M. BASTAPLE.	A. E. HEESOM.
H. G. BOOTH.	J. H. HIGGINBOTTOM.
F. R. BOTT.	D. PRINCE.
G. W. COCKER.	J. J. SHEEHY.
MRS. S. DALLY.	

Milk Licences Sub-Committee.

ALDERMAN C. FEAKIN. COUNCILLOR T. T. JENNINGS.

Rural Water Supplies and Sewerage Act Sub-Committee.

ALDERMAN T. COLLEDGE.	COUNCILLOR H. G. BOOTH.
ALDERMAN C. FEAKIN.	COUNCILLOR F. W. ELDRIDGE.
ALDERMAN C. WASS.	COUNCILLOR T. T. JENNINGS.
	COUNCILLOR J. J. SHEEHY.

To the Chairman and Members of the
Derbyshire County Council.

Ladies and Gentlemen,

I have the honour to present the 69th Annual Report on the health of the County of Derby.

The Birth Rate and Death Rate from all causes per 1,000 of the estimated population (which is 724,600) were respectively 15.79 and 12.59, whereas the corresponding rates for England and Wales (provisional) were 16.4 and 11.7. The percentage of illegitimate births was 3.36, as compared with 3.48 in the previous year.

There were 8,078 deaths, whereas there were 7,637 in the previous year. Out of the 8,078 deaths, 1,493 were certified as being due to heart disease, 1,294 as being due to malignant disease, and 1,223 as being due to vascular lesions of the nervous system. In the case of the 1,294 deaths from malignant disease, the lesion was in the stomach in 219 patients ; in the lung or bronchus in 230 cases ; in a breast in 134 ; and in the uterus in 53.

The headings under which deaths were tabulated were changed in 1950, and consequently the individual figures prior to that year are not strictly comparable with those that have been provided subsequently. It is proposed, therefore to set out in the following table the deaths from respiratory tuberculosis and cancer of the lungs, for 1950 and subsequent years :—

Year	*Deaths from*		*Total*
	Respiratory Tuberculosis	*Malignant Neoplasm of lung or bronchus*	
1950 ..	154	141	295
1951 ..	119	157	276
1952 ..	110	167	277
1953 ..	113	165	278
1954 ..	80	165	245
1955 ..	74	173	247
1956 ..	51	233	284
1957 ..	51	210	261
1958 ..	46	230	276

The number of notifications and deaths from all forms of tuberculosis during the last ten years are set out in on page 34. From a perusal of the Table it will be seen that in the year under review 366 new cases were notified and fifty-one deaths recorded.

The infant mortality rate is 25.94 deaths under one year of age per thousand live births, which may be compared with a provisional figure of 22.6 for England and Wales (which is the lowest ever recorded in

this country). The Table on page 21 sets out the figures for Derbyshire since 1930. Your attention is also drawn to the Tables on pages 21 and 22 relating to neo-natal and perinatal mortality.

The maternal mortality rate was 0.51 per thousand live- and still-births. The figure for 1955 was 0.38, which was the lowest on record ; for 1956 it was 0.62 and for 1957, 0.51. Your attention is drawn to the Table on page 30 which shows the mortality over the last twenty-two years.

The number of deaths from coronary disease, including angina pectoris, was 1,213 in the year under review, compared with 1,008 in 1957, 1,069 in 1956, 962 in 1955, and 942 in 1954.

I am pleased to report there have been no notifications or deaths from diphtheria in Derbyshire during the year.

One of the best indexes for assessing the social progresss of a nation is the care it exercises over the welfare of the young, the old, and the handicapped. While work in good conditions is most important for a happy and healthy adult population, the inevitable question is raised, how does it spend its spare money ? Does it spend a disproportionate amount on ephemeral pleasures, or in preparation for war, rather than setting aside adequate amounts for the welfare of the young the old, and the handicapped ?

The Annual Report of the Ministry of Health for 1957, which was presented to Parliament in November, 1958 has a chapter on *Recent Trends in the Care and Treatment of Young Handicapped Children.* I hope I shall be forgiven for quoting passages from it in two parts of my Report, because it gives excellent guidance on what should be the aims of Derbyshire, not only from the stand-point of the Medical Profession and Educationalists but also of the County Council. Much of the comment comes within the realm of day to day professional advice and administration but other sections involve a sympathetic understanding on the part of the general public and its representatives. It must be realised, however, that quite an amount of what is suggested is already applied in this County, but here and there there is scope for further development.

Knowledge must preceed legislation, but even so it is better that they both should walk forward hand-in-hand, for it is frustrating if one is lagging much behind the other. The knowledge available in the Mental Health field is now ripe for application. The requirements of the Lunacy Act of 1890, however, are rather rigid, but they were eased by the Mental Treatment Act of 1930 which allowed of voluntary admissions and discharges from Mental Hospitals.

The proposed legislation in the new Mental Health Bill is even more flexible, as it gives greater opportunities for freedom to experiment, which is the way advances in knowledge are made. Some time,

however, will have to elapse before the minds of the professional staff, as well as the general public, will have been adjusted to take account of these opportunities.

Recently I heard a psychiatrist say that he had to be careful that his patients did not have treatment only by terminology ! If that is all the benefit they derived they would be better without it. Put in another way, terminology, if not accompanied by effective treatment, may be more of a hindrance than a help.

Occasionally mental patients can derive benefit by discussing their symptoms together ; a "recovered case" is sometimes able to give practical advice to another patient from his personal experience. Dr. Pentreath, of the Pastures Hospital, with some of his enthusiastic colleagues, have established clubs in one or two areas in the County which, I believe, will be of advantage from this point of view. It is clear that a degree of selection for membership will have to be exercised, because an occasional patient might stimulate rather than resolve a difficult situation.

A new era is dawning for mental health, but much tolerance and understanding will be required from the general public, the judiciary and the health workers if the patient is to have a square deal.

In circular 29/52 dated 19th August 1952, local authorities were asked to arrange for their Medical Officer of Health to prepare a special survey of the first five years' working of the local health services under the National Health Service for inclusion in the Annual Report, and this was done. The Minister of Health does not consider it necessary for a special survey on the same scale to be made covering the first ten years of the National Health Service, but he has intimated that he would be glad if Medical Officers of Health would include in their Reports a brief general review of the manner in which, during that period, the local health services have functioned in the wider setting of the National Health Service generally. Naturally there have been minor modifications since 1952, but in general the comments made in my Annual Report for that year still stand.

I think you may be interested in the following account that appeared in the *Tenby Observer and County News* on 15th August, 1958, when I was on holiday in Pembrokeshire (I have misplaced the notes I made but I believe it is on the whole a very fair report of what I said):-

"The value of good health cannot be assessed in pounds, shillings and pence," says Dr. J. B. Saunders Morgan, M.O.H. for Derbyshire, who addressed Tenby Rotary Club on Tuesday on "some random thoughts on the National Health Service."

Dr. Morgan, who at one time was in practice at Narberth, said that the Health Service was a terrific experiment which was much wider in its scope than anything tried by other countries in the world.

"By and large," he said, "it has been a great success. But that does not mean that it cannot be improved.

"I believe the vast majority of the general public that it serves and the personnel it employs do not abuse it ; that thinking people look upon it as a

piece of delicate 'Crown Derby' china which needs to be handled delicately if it is to be preserved."

Dr. Morgan went on to catalogue a number of things he thought needed attention.

"I will dilate a little on those that might be remedied sooner than later in its evolution," said the speaker. "Much has been said about its cost, but I would say that the value of good health cannot be assessed in pounds, shillings and pence. Politicians imposed the N.H.S. Act on the general public as well as the health workers not without good cause, but it is absurd, if the service is to develop to be continually trying to make it work on the figures suggested when it started in 1948, particularly when inflation has affected costs in every other sphere of activity."

Iron Curtain

"There will have to be greater opportunities for the general medical practitioner to work in the hospital sphere," continued Dr. Morgan. "The 'iron curtain' that seems to be erected between the workers in the hospital and those in the patient's home will have to be removed in some way. I think this could be attained more easily if the present tri-partite administration between hospital management committees, local executive councils and local authorities could be integrated. Unfortunately in many instances their boundaries are not co-terminus. To make them so would require the re-casting of local government."

"At present some patients who should be in hospital had to be treated at home, and other patients who would be more suitably treated at home were in hospital. If the general practitioner was allowed to work in both spheres this would not be so likely to occur, " thought Dr. Morgan.

The speaker referred to what he termed the terrific advances that had been made in enabling people to live longer by means of antibiotic drugs, improved surgery, immunisation against many diseases and environmental hygiene.

"But", said Dr. Morgan, "this has brought at the same time other problems — more and more people are living to old age. While special old people's homes are of value, old people like to live in their own homes if possible. In order for this to continue further development is required in the provision of the home-help service, meals-on-wheels, chiropody, and also a more kindly attitude by children towards their parents.

"One of the tenets of the British Medical Association is 'free choice of patient and free choice of doctor.' To enjoin one without the other would be intolerable," said Dr. Morgan.

"In the realm of medicine we are seeing an increasing number of legal actions against doctors for damages. In some instances, no doubt this is deserved but it can be over-done. In my view you do not get the best medical practice if a doctor is continually conscious of the sword of Damocles hanging over his head. In road accidents the motorist is not always at fault—so also in the development of disease the doctor is not always blame-worthy."

Patient's Responsibility

"There is always a beginning, and the beginnings of disease, which may be microscopic in nature, are not easy to recognise. The patient has a responsibility in this matter just as much as the doctor," said the M.O.H.

His final point concerned mental trouble, which he thought, should be regarded as merely one symptom of ill-health, and should not be stigmatised so frequently by having special hospitals for its treatment.

"So often in the past, patients have delayed having early treatment because of the stigma associated with it. It is my view that much of this could be removed if :—

"1. Patients were admitted to general hospitals in most instances rather than special mental hospitals.

"2. If certification was invoked only for the exceptional case where neither the relatives nor the patient were agreeable to admission to hospital.

"3. If the general public had a more enlightened and sympathetic attitude to mental trouble.

"4. If relatives sometimes did not place obstacles in the way of the return of patients from hospital to their homes.

"After all, it must be remembered that to segregate a patient from the community does not help him to live in it."

Dr. Morgan likened the Health Service to that of the co-partnership between employers and workers in the interests of efficiency.

"It would be wise, therefore, if the Ministry of Health, in promoting fresh legislation, were to take account not only of the views of the associations of local authorities, but also the various associations of health workers, and not least the British Medical Association.

"This will take time. It must be remembered that speed has no merit unless we are going in the right direction, otherwise we shall be going further away from our target. Although speed accomplishes much at times, it is at a price. The strain of modern life, due to the speed at which we are living, must be causing a great deal of damage to our nervous and cardio-vascular systems.

"It seems that we had better pause for a while for it seems pointless that we should be building bigger and bigger hospitals to accommodate more and more patients produced by a life that is going faster and faster.".

Once again I should like to take this opportunity of thanking (i) Ald. Mrs. E. Harrison, the Chairman of the County Health Committee, Ald. C. Feakin, the Chairman of the Weights and Measures and Miscellaneous Services Committee, and Ald. F. A. Gent, the Chairman of the Education Committee, for their support in obtaining the agreement of their respective Committees for implementing measures for improving the health of the people of Derbyshire ; (ii) the Clerk and Heads of Departments for their co-operation ; and (iii) all the members of my own Department for their assistance in trying to apply health principles, but not least Dr. Woodward, my Deputy, Mr. Gray, the Principal Dental Officer, the Senior Medical Officers, the Supervisors of Nursing and Health Visiting, the Ambulance Officer, the Public Health Inspector and the Chief Clerk.

I am,

Your obedient servant,

J. B. S. MORGAN,

County Medical Officer of Health.

County Offices,
Matlock.

(*Telephone No. Matlock* 3411)

16th *June*, 1959

MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT (31st DECEMBER, 1958)

COUNTY MEDICAL OFFICER OF HEALTH
J. B. S. MORGAN, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH
V. J. WOODWARD, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER FOR MATERNAL AND CHILD WELFARE
ISABEL M. McCULLOUGH, L.R.C.P. & S.I., D.C.H., D.R.C.O.G.

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH
MARGARET FYNNE, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.

SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH AND HEALTH EDUCATION:
JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H.

AREA MEDICAL OFFICER FOR CHESTERFIELD BOROUGH :
J. A. STIRLING, *D.S.C.*, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICERS :
W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H.
A. R. ROBERTSON, M.B., Ch.B., D.P.H.
F. D. F. STEEDE, M.B., B.Ch., B.A.O., D.P.H.
MARY SUTCLIFFE, M.A., M.B., B.Ch., D.P.H.
P. WEYMAN, L.R.C.P., L.R.C.S., L.R.F.P., & S., D.P.H.
C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

MATERNAL AND CHILD WELFARE MEDICAL OFFICERS :
SUZANNE BURTON BLACKBURN, M.B., B.S., D.R.C.O.G.
ETHEL A. BLAKE, M.B., B.Ch., B.A.O., L.M., D.R.C.O.G.
DOROTHY M. JACKSON, M.B., Ch.B.
TONIE FRANCES HAYNES, M.B., Ch.B.

ASSISTANT MATERNAL AND CHILD WELFARE MEDICAL OFFICERS :
M. ALLAN, M.B., Ch.B., D.P.H.
FRANCES G. BRILL, B.A., M.B., B.Ch., B.A.O.
MARY F. COONEY, M.B., B.Ch., B.A.O., D.C.H., D.P.H.
J. W. CRAWSHAW, M.B., Ch.B.
R. E. DEAN, L.R.C.P.S., L.R.F.P.S.
J. DUTHIE, M.B., Ch.B.
ANNA FRENKIEL, M.R.C.S., L.R.C.P., D.R.C.O.G.
WINIFRED GOW, M.B., Ch.B.
ALISON M. HAMILTON, M.B., Ch.B., D.P.H.
H. JAMES, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H. (Chesterfield B).
DOROTHEA KOFFMAN, M.D., D.P.H.
MARGARETE KUTTNER, M.D.
JOAN B. M. LEITH, M.B., Ch.B., D.P.H. (Chesterfield B.)
D. M. McCARTHY, L.R.C.S.I., L.R.C.P.I.
MARGARET J. NETTLESHIP, M.B., Ch.B., D.P.H.
G. J. O'CONNOR, M.B., B.Ch., B.A.O., N.U.I.
TEISI URTSON, Med.-Dip., (University of Tartu)
MARY T. VASS, L.R.C.P.I., L.R.C.S.I., L.M.

DENTAL STAFF :

Chief Dental Officer :
H. E. GRAY, L.D.S.

Dental Officers :
WILMA S. DRURY, L.D.S. (Part-time)
G. H. FREEMAN, (Dentist, 1921)
FLORA M. JACKSON, L.D.S. (Part-time)
DOROTHY LITTLAR, L.D.S. (Part-time)
ILSE B. MANN, L.D.S. (Part-time)
FRANK E. WELTON, L.D.S.
A. R. LITTLAR, L.D.S., (Senior Dental Officer, Chesterfield Borough)
ANNIE KEAN, L.D.S. (Chesterfield Borough).

BIRTH RATE, INFANT MORTALITY RATE AND DEATH RATE DURING THE LAST SIXTY-EIGHT YEARS.

Year		Birth Rate *per* 1,000 *of Population*	Infantile Mortality *per* 1,000 *Births*	Death Rate from all Causes *per* 1,000 *of Population*
1891 to 1900	WHOLE COUNTY	**33.7**	**147**	**17.1**
	England and Wales	29.9	153	18.3
1901 to 1910	WHOLE COUNTY	**28.5**	**126**	**14.1**
	England and Wales	27.1	128	15.3
1911 to 1920	WHOLE COUNTY	**24.07**	**99**	**12.66**
	England and Wales	21.90	100	13.85
1921 to 1930	WHOLE COUNTY	**19.73**	**70.7**	**10.92**
	England and Wales	18.36	71.7	12.14
1931 to 1940	WHOLE COUNTY	**15.71**	**56.7**	**11.31**
	England and Wales	14.93	58.6	12.26
1941 to 1945	WHOLE COUNTY	**18.21**	**45.6**	**10.94**
	England and Wales	16.04	49.8	11.92
1946	WHOLE COUNTY	**19.60**	**38.95**	**10.96**
	England and Wales	19.1	43.0	11.5
1947	WHOLE COUNTY	**20.89**	**42.81**	**11.26**
	England and Wales	20.5	41.0	12.0
1948	WHOLE COUNTY	**18.13**	**43.45**	**10.42**
	England and Wales	17.9	34.0	10.8
1949	WHOLE COUNTY	**17.01**	**36.5**	**10.93**
	England and Wales	16.7	32	11.7
1950	WHOLE COUNTY	**15.78**	**30.19**	**11.13**
	England and Wales	15.8	29.8	11.6
1951	WHOLE COUNTY	**15.21**	**28.83**	**11.67**
	England and Wales	15.5	29.6	12.5
1952	WHOLE COUNTY	**15.21**	**29.64**	**10.56**
	England and Wales	15.3	27.6	11.3
1953	WHOLE COUNTY	**15.41**	**28.79**	**10.20**
	England and Wales	15.5	26.8	11.4
1954*	WHOLE COUNTY	**14.86**	**28.03**	**11.55**
	England and Wales	15.2	25.5	11.3
1955*	WHOLE COUNTY	**14.66**	**29.14**	**11.67**
	England and Wales	15.0	24.9	11.7
1956*	WHOLE COUNTY	**15.34**	**24.15**	**12.29**
	England and Wales	15.6	23.7	11.7
1957*	WHOLE COUNTY	**15.76**	**24.33**	**12.13**
	England and Wales	16.1	23.1	11.5
1958*	Urban Districts ..	15.05	23.81	13.09
	Rural Districts ..	16.38	27.91	12.23
	WHOLE COUNTY	**15.79**	**25.94**	**12.59**
	England and Wales	16.4†	22.6†	11.7†

* See remarks at top of page 18. † Provisional.

REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1958

STATISTICS AND SOCIAL CONDITIONS

AREA AND POPULATION

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 635,456 acres, 98,065 in Municipal Boroughs and Urban Districts and 537,391 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1958 was as follows :—

Municipal Boroughs	139,030
Urban Districts	225,470
Rural Districts	360,100
Total Administrative County ..	724,600

RATEABLE VALUE

The rateable value of the Administrative County in April, 1958, for County Rate purposes was £8,029,517, and a penny rate over the whole County was estimated to produce the sum of £32,022.

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 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 trades provide the chief occupation. In this area, too, artificial silk manufacturers 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 on pages 16 and 17.

COUNTY OF DERBY. Year

TABLE GIVING BIRTH RATES AND DEATH RATES FROM SEVERAL CAUSES

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water).	POP Census 1931
(URBAN)			
ALFRETON	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,176	22,262
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., D.P.H.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., D.P.H.	4,294	14,205
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,808
BUXTON (Borough)	F. D. F. Steede, M.B., B.Ch., D.P.H.	6,337	16,884
CHESTERFIELD (Borough) ..	J. A. Stirling, M.B., Ch.B., D.P.H. ..	8,472	64,160
CLAY CROSS	J. R. Graham, M.B., Ch.B., D.P.H.	2,349	8,781
DRONFIELD	J. R. Graham, M.B., Ch.B., D.P.H.	3,452	6,388
GLOSSOP (Borough)	M. Sutcliffe, M.B., B.Ch., D.P.H. ..	3,323	20,001
HEANOR	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,417	22,482
ILKESTON (Borough)	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,017	33,164
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,599	16,596
NEW MILLS	M. Sutcliffe, M.B., B.Ch., D.P.H. ..	5,244	8,626
RIPLEY	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,415	17,713
STAVELEY	J. R. Graham, M.B., Ch.B., D.P.H.	6,504	17,845
SWADLINCOTE	M. Allan, M.B., Ch.B., D.P.H. ..	3,755	20,604
WHALEY BRIDGE	F. D. F. Steede, M.B., B.Ch., D.P.H.	3,479	4,860
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B. ..	4,016	4,855
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., D.P.H.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272
BELPER	W. J. Morrissey, M.B., B.Ch., D.P.H.	48,074	23,106
BLACKWELL	A. R. Robertson, M.B., Ch.B., D.P.H.	21,668	44,689
CHAPEL-EN-LE-FRITH ..	F. D. F. Steede, M.B., B.Ch., D.P.H.	103,393	18,449
CHESTERFIELD	J. R. Graham, M.B., Ch.B., D.P.H. ..	69,139	64,968
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,720
REPTON	M. Allan, M.B., Ch.B., D.P.H. ..	65,653	26,438
S.E. DERBYSHIRE	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,204	41,097
TOTALS OF RURAL DISTRICTS ..		537,391	267,400
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
TOTALS OF WHOLE COUNTY ..		635,456	607,691

* Rates adjusted to make allowance for sex and

Ended December 31st, 1958.

IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

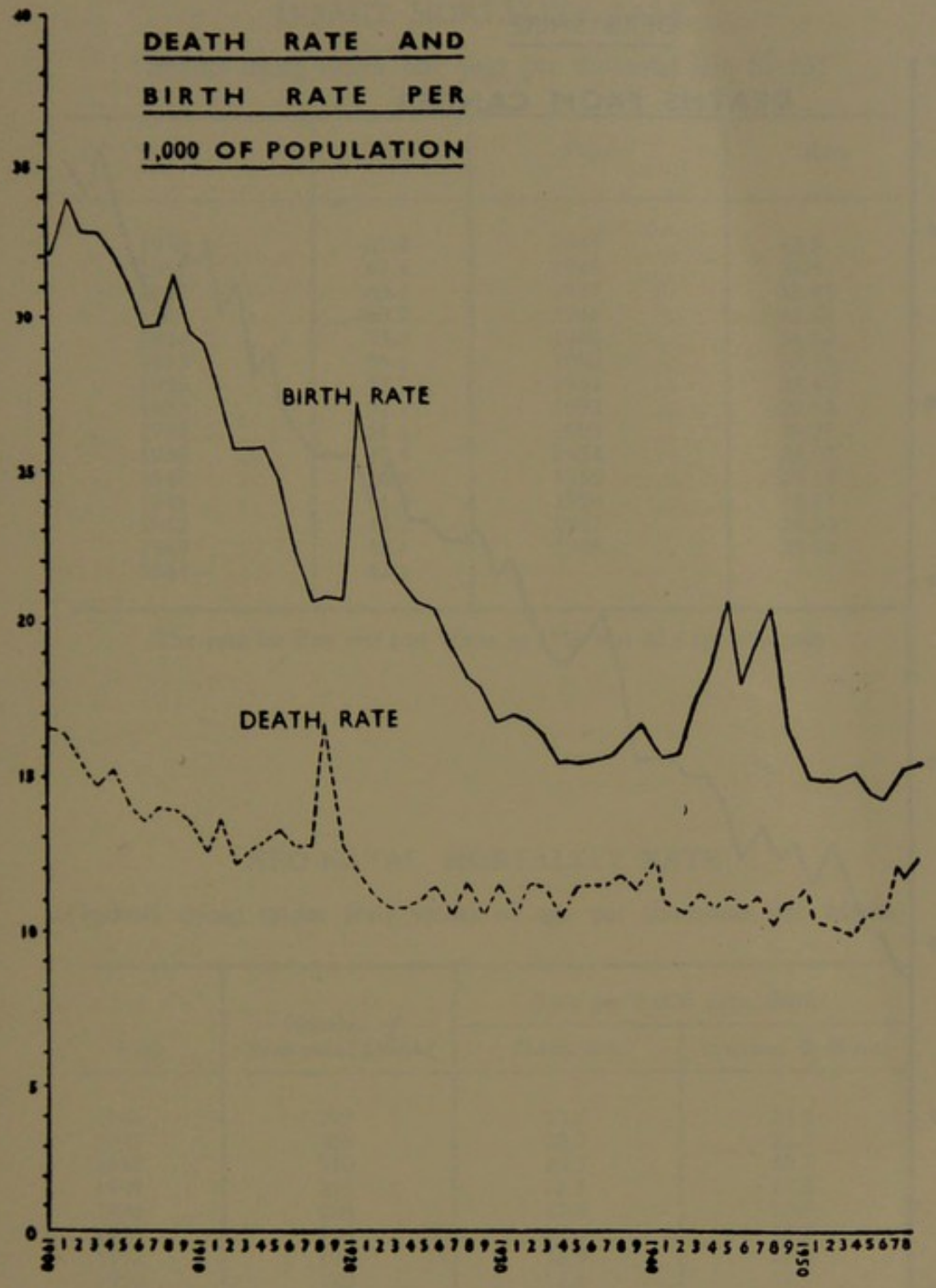
ULATION		Births (Live)	Deaths	*Annual Rate per 1,000 of Estimated Population**		Infant Death Rate per 1,000 Births	*Comparability Factors*	
Census 1951	Estimated Mid-1958			Birth Rate	Death Rate		for Births	for Deaths
23,385	23,190	340	238	13.34	12.11	17.64	0.91	1.18
5,439	5,510	80	85	14.95	13.11	37.49	1.03	0.85
3,356	3,550	51	79	15.08	13.13	—	1.05	0.59
15,714	15,750	209	243	13.14	13.27	9.57	0.99	0.86
10,817	11,640	205	135	17.61	15.19	39.02	1.00	1.31
19,568	19,250	299	295	16.15	14.25	26.75	1.04	0.93
68,558	67,460	993	815	14.13	12.68	26.17	0.96	1.05
8,553	9,450	157	95	15.45	12.36	31.84	0.93	1.23
7,627	9,500	191	106	17.89	14.28	15.71	0.89	1.28
18,004	17,430	289	313	17.07	13.11	27.68	1.03	0.73
24,406	23,990	343	274	14.01	14.16	23.32	0.98	1.24
33,677	34,890	574	348	16.29	12.87	17.42	0.99	1.29
28,641	30,620	435	324	14.07	12.17	18.38	0.99	1.15
17,756	18,330	235	184	13.07	9.94	17.02	1.02	0.99
8,475	8,500	136	120	16.96	13.97	29.41	1.06	0.99
18,192	17,980	264	165	14.68	10.46	30.29	1.00	1.14
17,945	17,510	314	209	17.58	16.11	28.66	0.98	1.35
20,907	19,710	280	226	14.06	13.41	35.70	0.99	1.17
5,365	5,280	73	64	14.24	12.60	13.69	1.03	1.04
4,893	4,960	73	68	15.16	14.12	13.69	1.03	1.03
361,278	364,500	5,541	4,377	15.05	13.09	23.81	0.99	1.09
12,019	11,740	160	117	15.13	10.56	18.74	1.11	1.06
19,282	18,740	268	245	15.73	12.03	26.11	1.10	0.92
28,193	29,950	434	337	15.21	11.48	27.64	1.05	1.02
43,112	43,370	759	439	16.97	12.75	39.51	0.97	1.26
19,006	18,540	250	237	15.10	12.65	32.00	1.12	0.99
75,745	94,200	1,698	884	16.76	12.95	31.21	0.93	1.38
19,072	19,340	324	181	16.92	11.04	27.77	1.01	1.18
31,570	36,940	577	404	15.93	11.15	24.26	1.02	1.02
75,893	87,280	1,549	857	16.86	12.17	20.65	0.95	1.24
323,892	360,100	6,019	3,701	16.38	12.23	27.91	0.98	1.19
361,278	364,500	5,541	4,377	15.05	13.09	23.81	0.99	1.09
685,170	724,600	11,560	8,078	15.79	12.59	25.94	0.99	1.13

age distribution of population, etc.—see remarks on page 18.

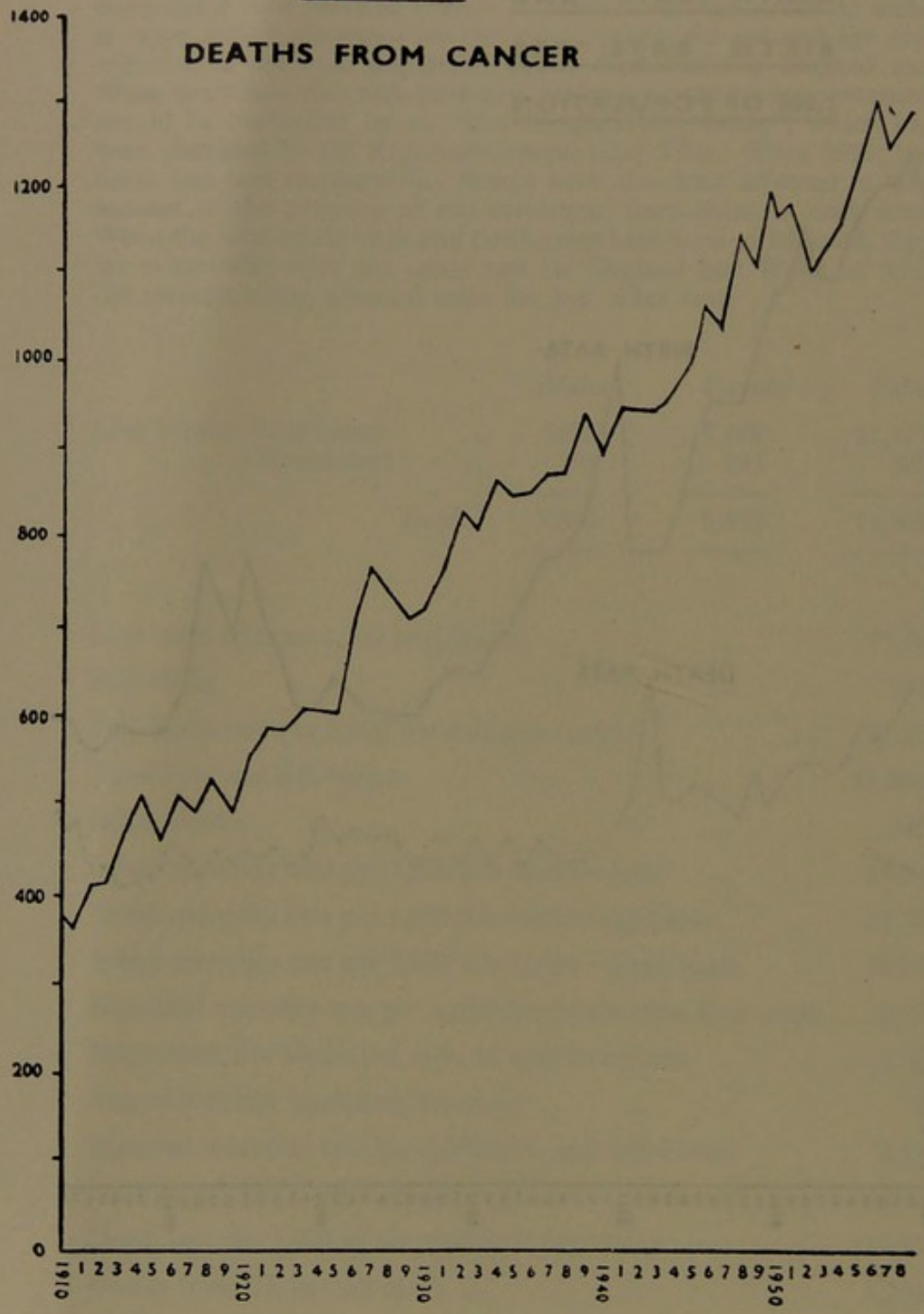
The birth and death rates for each County District and for the County as a whole for the years 1954 and onwards are not strictly comparable with previous years. The reason for this is that to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the areas concerned should be multiplied by an "area comparability factor", which has been provided by the Registrar-General since 1954. Since 1957, the death rate area comparability factors have also been adjusted to take account of the presence of any residential institutions in each area. When the local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rates for any other area.

	Males	*Females*	*Total*
Live births—Legitimate ..	5,683	5,488	11,171
—Illegitimate ..	204	185	389
Total	5,887	5,673	11,560

Live birth rate per 1,000 population	15.79
Still-births	301
Still-births rate per 1,000 live-and still-births	25.37
Total live- and still-births	11,861
Infant deaths	300
Infant mortality rate per 1,000 live-births—total	25.94
Infant mortality rate per 1,000 live births—legitimate ..	25.78
Infant mortality rate per 1,000 live births—illegitimate ..	30.84
Neo-natal mortality rate per 1,000 live births (first four weeks)	19.72
Illegitimate live births per cent. of total live births	3.36
Maternal deaths (including abortion)	6
Maternal mortality rate per 1,000 live- and still-births ..	0.51
Number of deaths from all causes	8,078
Death rate per 1,000 of the estimated population	12.59
Deaths from Cancer (all ages)	1,294
Death rate from Cancer..	2.01


DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION
BIRTH RATE
DEATH RATE
40
30
25
20
15
10
5
0
1900
1910
1920
1930
1940
1950

DERBYSHIRE


DEATHS FROM CANCER
1400
1200
1000
800
600
400
200
0
1910
1920
1930
1940
1950

INFANT MORTALITY RATE

(Infants dying under one year per thousand live births)

Year	*Rate*	*Year*	*Rate*
1930 ..	61.4	1945 ..	44.5
1931 ..	67.4	1946 ..	38.9
1932 ..	63.4	1947 ..	42.81
1933 ..	62.2	1948 ..	43.45
1934 ..	53.0	1949 ..	36.50
1935 ..	56.6	1950 ..	30.19
1936 ..	58.2	1951 ..	28.83
1937 ..	52.1	1952 ..	29.64
1938 ..	51.1	1953 ..	28.79
1939 ..	47.4	1954 ..	28.03
1940 ..	55.4	1955 ..	29.14
1941 ..	51.0	1956 ..	24.15
1942 ..	42.2	1957 ..	24.33
1943 ..	48.1	1958 ..	25.94
1944 ..	42.1		

The rate for England and Wales in 1958 was 22.6 (provisional)

NEO-NATAL MORTALITY RATE

(Infants dying under four weeks of age per thousand live births)

Year	*Number of Neo-natal Deaths*	*Rate per 1,000 Live Births*	
		Derbyshire	*England & Wales*
1946 ..	293	23.0	24.5
1947 ..	325	23.7	22.7
1948 ..	310	25.5	19.7
1949 ..	243	21.1	19.3
1950 ..	188	17.4	18.5
1951 ..	184	17.6	18.8
1952 ..	197	18.9	18.3
1953 ..	190	17.8	17.7
1954 ..	197	18.9	17.7
1955 ..	210	20.3	17.3
1956 ..	191	17.3	16.8
1957 ..	211	18.46	16.5
1958 ..	228	19.72	16.2*

* Provisional

The following Table analyses the causes of death of the 228 children who died during 1958 under four weeks of age, and also shows those who died in the first week :—

Causes of Death	*Number of Deaths under 4 weeks of age*			*Number of Deaths under one week*		
	Males	*Females*	*Total*	*Males*	*Females*	*Total*
Congenital malformations ..	30	18	48	22	17	39
Birth accidents	9	5	14	9	5	14
Infections	15	4	19	13	2	15
Asphyxia	13	13	26	13	13	26
Prematurity	48	22	70	47	22	69
Congenital Malformations and prematurity	4	5	9	4	5	9
Birth accidents & prematurity	8	4	12	8	4	12
Infections and prematurity ..	12	10	22	10	8	18
Haemolytic disease of New-born..	3	5	8	3	5	8
Totals ..	142	86	228	129	81	210

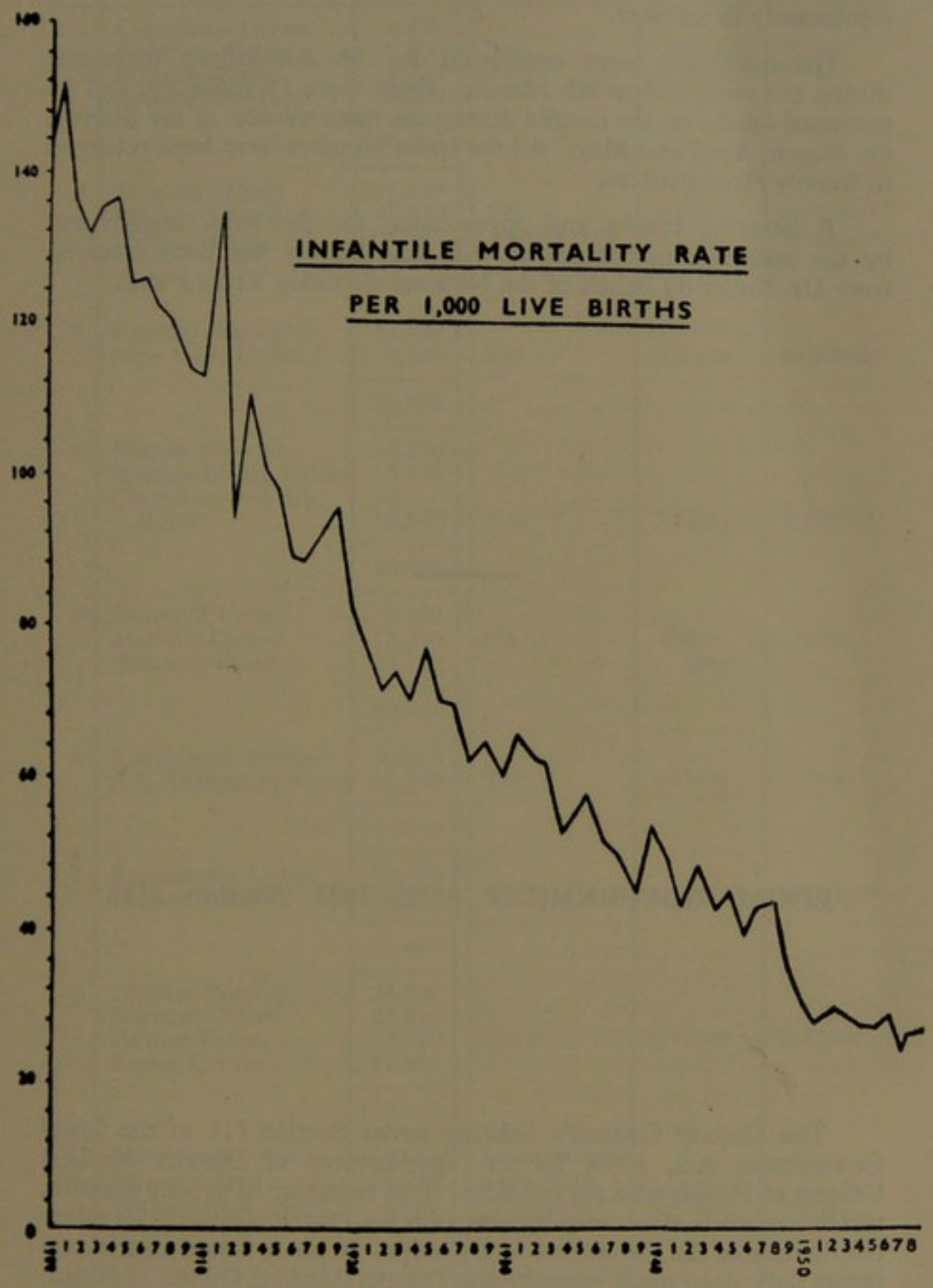
From the foregoing pages it will be seen that the infant mortality rate was 25.94 per 1,000, which represents 300 children who died under one year of age (compared with a rate of 22.6 (provisional) for England and Wales). Of the 300 children, 228 (76%) died within four weeks, giving a neo-natal death rate of 19.72 per 1,000 (compared with 16.2 (provisional) for the country). Further, 210 of these infants (70%) died within the first week.

Peri-Natal Mortality.

The term "peri-natal mortality" is used to connote a combination of still-births with deaths occurring during the whole or part of the neo-natal period. It is hoped by this combination to avoid the fallacies which are liable to occur when the still-birth and neo-natal mortality rates are considered separately, as in many cases it is merely a matter of chance whether the foetus dies within the womb, in the birth passages, or immediately following birth. The concept of peri-natal mortality, by providing for consideration a period of time covering these events, eliminates the chance effect and may enable a juster estimate to be made of the factors involved in their causation. It has been suggested that probably the most useful combination is still-births plus deaths during the first week. This basis has been used in calculating the peri-natal mortality rate for Derbyshire. The rate for 1958 was 43.0 per 1,000 live- and still-births (compared with a provisional figure of 35.1 for England and Wales).

Peri-Natal Mortality Survey

With the approval of the Committee our Midwives took part in a Peri-natal Survey which was carried out throughout the country under the auspices of the National Birthday Trust Fund. The aim of


INFANTILE MORTALITY RATE
PER 1,000 LIVE BIRTHS
140
120
100
80
60
40
20
0
1910
1920
1930
1940
1950

the Survey was to obtain information from which it is hoped to make possible a reduction in the still-births and neo-natal deaths which at present account for some 30,000 deaths yearly and are not decreasing significantly in number.

Questionnaires were completed for 96 domiciliary deliveries during the week 2nd to 9th March. There were 15 stillbirths and 13 neo-natal deaths on the district during the three months of the Survey, i.e. March, April and May. All the questionnaires have been returned to Survey Headquarters.

A letter of thanks and appreciation for the work carried out by the midwives in connection with this Survey has been received from Dr. Butler on behalf of the National Birthday Trust Fund.

LOCAL GOVERNMENT ACT, 1933 (Section 111).

The County Council's Scheme under Section 111 of the Local Government Act, 1933, for the appointment of District Medical Officers of Health who are restricted from engaging in private practice, which was made after consultations with the District Councils, involves the division of the County into ten groups. In many instances arrangements have been made whereby the District Medical Officer of Health also serves the County Council as an Assistant County Medical Officer or as an Assistant Maternal and Child Welfare Medical Officer/ School Medical Officer. The table on the opposite page indicates the position as at 31st December, 1958 :—

Area No.	*County Districts*	*Population*	*Whether Section 111 scheme is operative*	*Proportion of time of Medical Officer devoted to*	
				District Council work	*County Council work*
1	Clay Cross Urban ..	9,450	Yes	Whole-time	None
	Dronfield Urban ..	9,500			
	Staveley Urban ..	17,510			
	Chesterfield Rural ..	94,200			
		130,660			
2	Bolsover Urban ..	11,640	Yes	6/11ths.	5/11ths.*
	Blackwell Rural ..	43,370	*From* 1/4/59	8/11ths.	3/11ths.*
	Clowne Rural ..	19,340			
		74,350			
3	Glossop Borough ..	17,430	Yes	9/22nds.	13/22nds*
	New Mills Urban ..	8,500			
		25,930			
4	Buxton Borough ..	19,250	Yes	7/11ths.	4/11ths.*
	Whaley Bridge Urban	5,280			
	Chapel-en-le-Frith Rural	18,540			
		43,070			
5	Bakewell Urban ..	3,550	No.	Part-time.	None
	Matlock Urban ..	18,330			
	Bakewell Rural ..	18,740			
		40,620			
6	Long Eaton Urban	30,620	Yes	7/11ths	4/11ths*
	S.E. Derbyshire Rural	87,280			
		117,900			
7	Swadlincote Urban ..	19,710	Yes	8/11ths	3/11ths**
	Repton Rural ..	36,940			
		56,650			
8	Ilkeston Borough ..	34,890	Yes	8/11ths	3/11ths*
	Alfreton Urban ..	23,190			
	Heanor Urban ..	23,990			
	Ripley Urban ..	17,980			
		100,050			
9	Ashbourne Urban ..	5,510	In operation apart from Wirksworth Urban District	6/11ths	5/11ths*
	Belper Urban ..	15,750			
	Wirksworth Urban ..	4,960			
	Ashbourne Rural ..	11,740			
	Belper Rural ..	29,950			
		67,910			
10	Chesterfield Borough	67,460	Yes	52%	48%†

*Indicates that the Medical Officer of Health also acts as an Assistant County Medical Officer.

**Indicates that the Medical Officer of Health also acts as an Assistant M.&C.W. Medical Officer/School Medical Officer.

†Indicates that the Medical Officer of Health also acts as the Area Medical Officer

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

Twelve licences were issued to pasteurisers on the 1st January, 1958.

The County Health Inspector made 118 inspections at pasteurising establishments and submitted 156 samples for examination.

On 1st October, 1949, the Department became responsible for the licensing and supervision of all Pasteurising Establishments in the administrative County. The number of Pasteurising Licences in force on 31st December, 1949, was 19, but the numbers have gradually diminished until on the 31st December, 1958, only 12 premises are licensed, although the total gallonage of milk dealt with continues to rise as the "specified areas" restricted to "tuberculin-tested", "pasteurised", and "sterilised" grades are extended.

Sample results are summarised below :—

Grade of Milk	*Satisfactory*		*Unsatisfactory*		*Total number of samples submitted*
	M.B.	*Phos.*	*M.B.*	*Phos*	
Tuberculin Tested (Pasteurised)	46	60	—	—	60
Pasteurised	78	93	1	2	96

Note—(*a*) M.B.—Methylene Blue Test ; Phos.—Phosphatase Test.

(*b*) Fourteen samples of Tuberculin Tested (Pasteurised) Milk and fifteen samples of Pasteurised Milk were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 65° F. at the time of testing.

The reasons for the three sample failures may be worth mentioning. In the case of the Methylene Blue Test failure, "returned" bottled milk, intended for resale, was sampled in June, and, not unexpectedly, failed the test. Many small retailers are in the habit of keeping this type of milk for resale, and, of course, thereby run the risk of a visit by the sampling officer.

In the cases of the Phosphatase Test failures, both were from milk pasteurised by the holder process, and the evidence in each case seemed to point to under-pasteurisation. Until such time as automatic control for batch holder plants is required by regulation, it seems inevitable that these phosphatase test failures will occur.

Eighteen samples were examined for the presence of chlorates, and none were detected in any of the samples.

The following is a list of the pasteurising establishments for which licences were issued in 1958 :—

Name	*Address of Establishment*
Beswick, W.	South Street Dairy, Draycott.
Gisborne Dairy, Ltd.	Manchester Rd., Chapel-en-le-Frith
Hives, The Hon. J. W...	The Bendalls, Milton
Hutchings, Messrs. S., & Sons ..	175, Derby Road, Long Eaton
Ilkeston Co-op. Society, Ltd.	Oakwell Dairy, Derby Road, Ilkeston
Long Eaton Co-op. Society, Ltd. ..	Meadow Lane, Long Eaton.
Longden, A. V.	27 Hardwick Square, Buxton.
Morten, Messrs. R. B. & Son... ..	The Creamery, Green Lane, Buxton
Pleasley Co-op. Society, Ltd.	Pleasley, Mansfield.
Ripley Co-op. Society, Ltd.	Nottingham Road, Ripley.
Wheldon, F.	94 Breedon Street, Long Eaton.
Wilts. United Dairies, Ltd.	Eggington Junction, Derby.

Specified Areas.

Under the Food and Drugs Act 1955, sales of milk in a specified area are restricted to "Tuberculin Tested", "Pasteurised", and "Sterilised" grades of milk.

The Districts in the County already specified are as follows :—

	Date of operation
The Borough of Ilkeston. The Urban District of Long Eaton. The Parishes of Sandiacre and Stanton-by-Dale in S.E. Derbyshire Rural District.	1st November, 1952.
The Borough of Chesterfield. The Urban Districts of Bolsover, Clay Cross, Dronfield, Matlock, Staveley and Wirksworth. The Rural Districts of Blackwell and Chesterfield.	1st January, 1954.
The Urban District of Swadlincote S.E. Derbyshire Rural District (excluding the Parishes of Sandiacre and Stanton-by-Dale already specified).	1st October, 1954.
The Parishes of Catton, Castle Gresley, Cauldwell, Coton-in-the-Elms, Drakelow, Linton, Lullington, Netherseal, Overseal, Rosliston and Walton-upon-Trent, all in Repton Rural District.	6th December, 1955.
The Urban Districts of New Mills and Whaley Bridge.	1st October, 1956

It is estimated that out of a County population of 724,600 some 456,500 persons are now covered by these specified areas, or nearly

two-thirds. The corresponding geographical area covered is approximately one-third, i.e. about 220,000 acres of a total area of 635,456 acres.

During the year, the appropriate Committee expressed some concern over the apparent lack of progress in the specification of the remaining parts of the County. A Ministry reply said that delay had been due mainly to shortage of staff, but that surveys were then in progress. The Borough of Glossop has, in fact, been included in a specified area, mainly in Cheshire, with effect from April 6th, 1959, but no other additions have been indicated at the time of writing.

Dairy Water Supplies.

Three dairies use water from their own sources. Two have chlorination plants installed and the other uses the water for cleansing only. Two samples were taken during the year, both being satisfactory.

WATER SUPPLIES

Rural Water Supplies and Sewerage Act, 1944.

The following schemes of water supply have been submitted during the year for consideration by the Rural Water Supplies and Sewerage Act Sub-Committee :—

Authority submitting Scheme	Parish	Estimated Cost
Ashbourne R.D.C.	Ible	£5,750
Bakewell R.D.C.	Hathersage	£28,660

SEWERAGE AND SEWAGE DISPOSAL

The following schemes of sewerage and sewage disposal have been submitted to the Rural Water Supplies and Sewerage Act Sub-Committee during the year :—

Authority submitting Scheme	Parish	Estimated Cost
Ashbourne R.D.C.	Shirley	£10,064
Ashbourne R.D.C.	Kirk Ireton	£16,960
Ashbourne R.D.C.	Kniveton	£16,089
Clowne R.D.C.	Whitwell	£17,400
Repton R.D.C.	Eggington	£24,000

MIDWIVES ACTS, 1936-1951

The Midwives Acts are administered by the County Council as the supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1958 there were 178 Midwives on the County Roll—two were Midwives in independent practice ; five were Midwives working in private Nursing Homes ; seventy-two were Midwives working in Regional Hospital Board Hospitals and Maternity Homes ; and seventy were County Midwives and twenty-nine were County Home Nurse/Midwives.

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

	1953	1954	1955	1956	1957	1958
Records received :—						
Medical Help	506	432	433	411	352	738*
Stillbirths	92	135	119	118	129	137
Deaths of Children	55	56	68	54	71	67
Deaths of Mothers	1	4	1	2	1	2
Laying out the dead	13	17	13	27	15	15
Liability to be a source of infection	67	66	30	44	46	42
Notification of Artificial Feeding (within 14 days)..	427	474	610	623	741	874
Puerperal Pyrexia—Midwives' Cases	18	22	15	10	13	7
Ophthalmia Neonatorum— all cases	4	3	6	4	5	3

* It will be seen that in 1958 there was a substantial increase in the records received for Medical Help. It is thought that this is accounted for by the following circular letter which was sent by me on 31st January, 1958, to all Midwives practising in the administrative County :—

"Dear Madam,

On receiving the Midf. 2 Return Forms for 1957 it has become apparent that there is some misunderstanding of the requirements of Section 14 of the Midwives Act, 1951 relating to Medical Aid.

Midwives either in domiciliary practice or in institutions which do not have resident medical officers are statutorily required to complete a form calling in medical aid in any emergency. (See Rules 14 and 38 of Section E of the Central Midwives Board Rules). One copy of this form is kept by the nurse, one copy given to the General Practitioner and one copy sent to the Local Health Authority in each instance. This rule applies even in "Booked" cases where the General Practitioner has accepted responsibility to provide Maternity Medical Services.

This rule is largely formulated to protect the midwife and it is hoped that the appropriate forms will be filled in in all cases of emergency"

It will be observed from the above Table that there has been an increasing number of notifications of artificial feeding. In this connection your attention is drawn to a statement by Sir Truby King, the great New Zealand doctor who did so much to influence world opinion on the standards of child care : "The most loving act a mother can do is to nurse her child".

PUERPERAL PYREXIA

The Puerperal Pyrexia Regulations, 1951, require Puerperal Pyrexia to be regarded as a notifiable disease but with slight modifications, which include a revised definition of the condition. In effect the Regulations apply Sections 144, 145 and 146 of the Public Health Act, 1936, to Puerperal Pyrexia and at the same time amend Section 144. This means that Puerperal Pyrexia is defined as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38°Centigrade) or more has occurred within fourteen days after child birth or miscarriage".

The following Table shows the total number of cases of Puerperal Pyrexia notified to me over the past ten years and the case rate from this condition per 1,000 births.

Year	*No. of cases of Puerperal Pyrexia*	*No. of Live Births and Still Births in Whole County*	*Case rate per 1,000 Births*
1949 ..	28	11,852	2.36
1950 ..	24	11,295	2.12
1951 ..	21	10,846	1.94
1952 ..	36	10,623	3.39
1953 ..	54	11,272	4.79
1954 ..	44	10,391	4.23
1955 ..	23	10,351	2.22
1956 ..	25	11,021	2.27
1957 ..	21	11,721	1.79
1958 ..	18	11,861	1.52

MATERNAL MORTALITY

The maternal mortality rate for the whole County for the year 1958 was 0.51 per thousand live and still births. The following Table gives the maternal mortality rate in the County since 1939. (The figures up to and including the year 1947 exclude the Borough of Chesterfield).

Year	*Rate*	*Year*	*Rate*
1939	2.15	1949	1.01
1940	2.47	1950	1.44
1941	2.57	1951	1.028
1942	2.43	1952	0.749
1943	2.20	1953	0.55
1944	1.32	1954	0.75
1945	1.42	1955	0.38
1946	1.37	1956	0.62
1947	1.11	1957	0.51
1948	0.72	1958	0.51

(The Registrar-General makes available to local authorities annual statistics showing the number of deaths occurring in the County under various headings. Up to 1950 two of these headings

were entitled "Puerperal and Post-Abortion Sepsis" and "Other Maternal Causes" respectively. These statistics were used to estimate the maternal mortality rate per thousand live and still births. From 1950 deaths under the above headings have not been categorised in the Registrar's returns, but have been replaced by a single item entitled "Pregnancy, Childbirth, Abortion". For this reason the figures for 1950 and subsequently are not strictly comparable with the Maternal Mortality rates in earlier years).

OPHTHALMIA NEONATORUM

The incidence of Ophthalmia Neonatorum during the year 1958 and the results of treatment are set out in the following Table :—

Notified	*Cases Treated*		*Vision Un-Impaired*	*Vision Impaired*	*Total Blindness*	*No. of Deaths*
	At Home	*In Hospital*				
3	2	1	3	–	–	–

The number of cases and the results of treatment over the past twenty years, are expressed below in tabular form.

Year	*No. of Cases*	*Vision Unimpaired*	*Vision Impaired*	*Total Blindness*	*No. of Deaths*
1939	26	–	–	23	3
1940	17	17	–	–	–
1941	24	23	–	–	1
1942	29	29	–	–	–
1943	31	29	1	–	1
1944	23	22	–	–	1
1945	21	21	–	–	–
1946	14	13	–	–	1
1947	10	10	–	–	–
1948	6	6	–	–	–
1949	*7	6	–	–	–
1950	7	7	–	–	–
1951	7	7	–	–	–
1952	3	3	–	–	–
1953	4	4	–	–	–
1954	3	3	–	–	–
1955	6	6	–	–	–
1956	4	4	–	–	–
1957	5	5	–	–	–
1958	3	3	–	–	–

* Note—One case transferred out of area.

REGISTRATION OF NURSING HOMES

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the Weights and Measures and Miscellaneous Services Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1958, regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below :—

Name and Address of Nursing Home	*Accommodation approved*
Portlands Nursing Home, "Craiglands," The Park, Buxton	15 Medical Cases.
Derby House Nursing Home, Broad Walk, Buxton	28 Medical Cases.
Ednaston Lodge, St. Mary's Nursing Home, Ednaston	20 Medical and Surgical Cases.
Borrowash House, Borrowash, Derby ..	17 Unmarried Mothers.

TUBERCULOSIS.

New Cases and Deaths.

Due to the sustained efforts made in the prevention of this disease during the present century it has had a remarkable decline in its incidence. Local Authorities have played a major part in these efforts. The disease was made notifiable in 1912, and the first available figures of notifications for the County are those for 1914 when 869 pulmonary and 362 non-pulmonary cases were reported. The corresponding figures for 1958 are 314 respiratory, and 52 non-respiratory. It may be added that owing to better facilities for diagnosis existing to-day the 1958 figures shew the true picture more fully than the figures for 1914.

Considerable emphasis is now placed on tracing the source of infection. The examination of contacts enables many cases to be discovered at an earlier stage of the disease when treatment is more beneficial than was the case at the beginning of the campaign.

In previous annual reports attention has been drawn to the number of cases of pulmonary tuberculosis occurring in the older age groups in males and in 1958 approximately a third of the male cases reported occurred in the age groups 45 and over, whilst in females in the same

age groups the number is about 1/5th of the total cases. It is interesting to compare the figures for 1914 in the age group 45 and over with those of the year under review. They are as follows :—

	1914	1958
Males	64	100
Females	43	20

The following table shews the trend over the last 10 years :—

SUMMARY OF NEW CASES REPORTED FROM 1949 UNTIL 1958 INCLUSIVE

	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Respiratory										
Males ..	295	246	294	276	253	238	204	195	212	209
Females ..	196	180	170	212	169	153	110	126	119	105
Total ..	491	426	464	488	422	391	314	321	331	314
Non-Respiratory										
Males ..	52	49	36	32	23	30	34	23	25	18
Females ..	49	39	47	49	34	32	34	28	31	34
Total ..	101	88	83	81	57	62	68	51	56	52
Total Pul. and Non-Pul. ..	592	514	547	569	479	453	382	372	387	366

New cases of tuberculosis during 1958 either "notified" or coming to the knowledge of the Authority by other means, e.g., death returns from Local Registrars or the Registrar General.

Age Groups ..	0—	1—	2—	5—	10—	51—	20—	25—	35—	45—	55—	65—	75—	*Total All Ages*
Respiratory—														
Males	1	2	4	4	8	15	13	26	36	30	42	20	8	209
Females	–	–	5	1	7	13	13	29	17	5	8	6	1	105
Non-respiratory—														
Males	–	–	–	2	–	2	3	3	2	4	2	–	–	18
Females	–	–	2	1	2	3	2	10	6	3	3	2	–	34
Total ..	1	2	11	8	17	33	31	68	61	42	55	28	9	366

Deaths from Tuberculosis.

The decline in the number of deaths from this disease is even more remarkable than the fall in the number of notifications. Again, referring to 1914, the number of deaths from pulmonary tuberculosis was then recorded as 383, giving a death rate of 0.65 per thousand of the population. The corresponding figures for 1958 are 46 and 0.006 respectively. Many factors have a bearing on this matter, such as the

higher standard of living enjoyed by the vast majority, the discovery of cases at an earlier stage of the disease than occurred in years gone by, and the greatly improved methods of treatment which have been introduced in latter years.

There is little point in giving the figures over a long period of years but the following table gives details for the last five years, together with figures at five-yearly intervals back to 1944 :—

	1944	1949	1954	1955	1956	1957	1958
Respiratory	202	178	80	74	51	51	46
Non-respiratory ..	43	27	12	10	6	5	5
	245	205	92	84	57	56	51

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

	1944	1949	1954	1955	1956	1957	1958
Respiratory	0.32	0.26	0.11	0.11	0.08	0.07	0.006
Non-respiratory ..	0.07	0.04	0.02	0.02	0.01	0.01	0.001
	0.39	0.30	0.13	0.13	0.09	0.08	0.007

The provisional figure for England and Wales supplied by the Registrar-General for 1958 is 0.10 deaths per thousand of the home population.

The Table below shows the notifications and deaths in Derbyshire for the last ten years.

Year	*New Cases*	*Deaths*	*Year*	*New Cases*	*Deaths*
1949 ..	592	205	1954 ..	453	92
1950 ..	514	172	1955 ..	382	84
1951 ..	547	142	1956 ..	372	57
1952 ..	569	122	1957 ..	387	56
1953 ..	479	125	1958 ..	366	51

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

An interesting chapter in part II of the Report of the Ministry of Health for the year 1957 is devoted to "recent trends in the care and treatment of young handicapped children". The following excerpts include a reference to the desirability of maintaining a register in the Health Department of all handicapped children in the area from infancy onwards. Dr. McCullough, the Senior Medical Officer for Maternal and Child Welfare, in her report on page 50 gives some particulars of the infants on our register who are receiving special care, and refers to the liaison which exists in particular with the School Health Section having regard to the duties of the local education authority to ascertain the children who are likely to benefit from the provision of special educational treatment.

RECENT TRENDS IN THE CARE AND TREATMENT OF YOUNG HANDICAPPED CHILDREN

"During the past decade the physical health of the nation's children has improved out of all recognition. The steadily falling infantile mortality rates, however, have been paralleled by a falling mortality rate among congenitally deformed and weakly babies, so that many more of these now survive the dangers and stresses of the neonatal period. The child whose progress from birth to maturity has been interrupted, slowed down or deviated from its normal course, presents a serious challenge to the health and educational services. The resources of modern paediatrics, which have been mobilised to keep him alive, need now to be directed towards winning for him, first a childhood as near normal as possible, and later an acknowledged place in the community. His treatment is a problem of clinical and of social medicine, by reason of his individual disability and his family's involvement in his difficulties. It is no exaggeration to say that in the background of every handicapped child there is a handicapped family.

Whatever the child's original disability he inevitably suffers many deprivations which are the normal child's birthright ; deprivation of common experience, of companionship and of educational advantage. It is no longer possible to regard any disability as purely physical, intellectual or emotional, but rather as mainly one of these. It is true to say that every handicapped child suffers from multiple handicaps. There is no easy solution to his problem of social living. His care demands faith, hope, love and perseverence. The greater the child's deviation from normal development, the greater his need for informed, patient treatment and training, and—the difficulty must be squarely faced – for wise discipline. The greater the parents' ignorance and helplessness in coping with him, the more profound their feelings of grief and despair. . . . . .

During the past 10 years family doctors, hospital consultants and local health authority staff have achieved good working relations on behalf of the handicapped child. When his disability is obvious at birth, the child is quickly referred to the paediatrician or other appropriate consultant. In most cases the hospital consultant, with the family doctor's consent, sends a copy of his report to the medical officer of health, so that the re-

sources of the local authority may be mobilised on behalf of the child and his family. When the handicap, such as deafness, cerebral palsy or mental retardation, is not suspected until some time after birth, it is usually the family doctor to whom the worried parents first turn for advice, although occasionally it is the clinic medical officer of health or the health visitor who is first consulted. It is noteworthy that in the smaller centres, outside the big cities, relations between family doctors, consultants, medical officers and health visitors are particularly friendly and informal. Telephone consultations and personal discussions are frequent. Some consultants hold weekly ward rounds to which the local doctors have standing invitations to attend. In many areas consultants hold regular clinics in the local public health departments so that constant interchange of information is ensured. In the rare instances where co-operation is lacking, or in large cities where some overlapping of medical services still occur, it is not always possible for the family doctor, consultant and medical officer to maintain this close personal relationship. In these cases responsibility falls on the health visitor to make sure that the child's special needs are known to the medical officer of health.

Register

The desirability of maintaining in the health department a card index register of all handicapped children in the area from infancy onwards, is now generally acknowledged. To be effective the index should be a "live" one, scrutinised at regular intervals by a senior medical officer, so that he may not only satisfy himself regarding the child's progress and make sure that the child and his family are still receiving the necessary treatment, supervision and guidance, but also that constructive plans for the child's education and ultimate habilitation are in train. In some areas, the index register is regarded solely as a clerical record. But it should be more than this. Medical treatment may be adequate, the health visitor may be visiting regularly and all the correspondence may be meticulously filed, but unless the case records are periodically reviewed by a medical officer with special responsibility for handicapped children, vital decisions regarding the child's future welfare may be delayed.

Special Follow-up of Infants.

There is also a growing realisation of the usefulness of instituting special follow-up arrangements for babies, who although they appear normal at birth, are "at risk" by reason of unfavourable heredity or adverse experiences in the prenatal, perinatal or immediate postnatal period. Thus follow-up is considered desirable when the ante-natal or maternity records give a history of virus infection (such as rubella) or any untoward happening (such as excessive vomiting or uterine haemorrhage, or conditions requiring treatment by X-rays or drugs) in the first trimester of pregnancy ; or of toxaemia, diabetes or serious illness in the later months ; of premature or difficult labour ; of anoxia, haemolytic jaundice, convulsions or feeding difficulties in the neonatal period ; or of any severe setback in the first few months of life. When follow-up clinics are conducted by paediatricians or medical officers experienced in developmental testing and diagnosis, the earliest symptoms of cerebral palsy, blindness, deafness, epilepsy, general retardation and maladjustment can be recognized and appropriate treatment instituted at the earliest possible moment. In some areas these follow-up baby clinics are developing into special guidance clinics where all types of handicapped children are medically supervised, and where the parents are given help and advice regarding the child's day to day management and their own practical and emotional problems. Such clinics are already proving their value, especially when they are held regularly in one place, so that parents, family doctors, health visitors and other social workers know when, where and to whom they can turn for advice. In this work personal contacts are essential. The potentialities of these follow-up clinics with regard to research, are obvious.

During the last decade there has been general acceptance of the postulate that the young child passes through phases of maturation during which those parts of the central nervous system which are concerned with physical, intellectual and emotional development are most receptive to stimulation and learning. During this time children eagerly seek every opportunity to acquire visual, auditory and sensori-motor experience, as if they instinctively realise that if they do not profit while they can, it may soon be too late. These critical periods appear to vary for different functions and perhaps for individual children, but they seem to reach their zenith during the pre-school years, so that the child who has not learned by 4 or 5 years of age to move, see, hear and speak, to adjust himself to his environment, and to practice the rudiments of self-control, seldom learns to do these things so happily and spontaneously afterwards, but must acquire these skills and attitudes by slow, deliberate and sometimes painful effort.

Early correction of Physical Handicaps.

The whole aim of early ascertainment of the handicapped child is to facilitate correction of his deformity or defect by taking advantage of the plasticity of the infant central nervous system, and by striving to harness that tremendous natural urge to learn by experience and practice which characterises the first years of life.

Paediatric surgery has reached such a degree of safety that operative treatment not only of club foot and similar orthopaedic defects but also of hare lip and cleft palate is now started at the first weeks or months of life. When the child is given a functional palate before the age of 2½ years, he rarely needs speech therapy. The various strictures and atresias of the alimentary and excretory systems are treated with success at earlier and earlier ages. In the course of a single decade, surgical techniques for the repair of congenital heart lesions have reached such a high stage of efficiency that as one medical officer commented "Little cardiac cripples are taken into hospital, and perfectly normal, boisterous children come out". The design of artificial limbs for children with congenital malformations of the legs and arms continues to improve since it was realised that the optimum time to provide any prosthesis coincides with the time when the limb would be beginning to function if it were normal. The child is now given an artificial leg as soon as he makes efforts to pull himself to standing, and an artificial arm at the time when he begins to manipulate playthings and feeding utensils. These first artificial limbs are simple in structure, elaborations and refinements being added as the child's skill in using them increases. In this way the deformed child learns to use his new limb spontaneously and builds its shape, size, weight and mobility into his cortical "body image". just as the normal child does. Although constant renewals of the prosthesis are necessary to keep pace with the child's growth and with the excessive wear and tear which is the natural result of increased activity, the results are most satisfactory. During the long period of supervision from infancy to adolescence the limb-fitting surgeons and their assistants have ample opportunity to give guidance and encouragement to the parents. Children's clinics at the limb-fitting centres are rewarding places to visit. The children are happy and friendly and incredibly active, the parents hopeful and co-operative.

Although techniques for the treatment of paraplegia and the neurogenic bladder, resulting from spinal cord damage, continue to improve the hydrocephalus-spina-bifida group of congenital defects provides the most serious problem in paediatric surgery today. The case of the child with multiple visceral and skeletal defects also requires further research Although it may be true that a proportion of these children, however devotedly they may be cared for, will never be able to lead normal lives nevertheless many of them can be substantially improved. Vigorous efforts to salvage them are never wasted since their treatment adds greatly to medical knowledge.

Much still remains to be learned concerning the etiology of congenital abnormalities. The subject is receiving considerable attention in America and some isolated enquiries are in process in Britain, but there are few reliable figures available concerning the natural history of the various types. Since better understanding of etiology must come before effective preventive methods can be evolved, it would be valuable if a large-scale co-ordinated research could be carried out. . . . . .

Team Work

It is generally acknowledged that the effective care, treatment and ultimate habilitation of the young handicapped child is a question of organized team work. It is fashionable to speak of co-operation between the various professional "disciplines" concerned as if the mere recognition of the need for such co-ordination ensured its existence. Too often, however, for want of an acknowledged captain of the team, multiplicity of interests and lack of a common meeting place lead to fragmentation rather than fusion of care. In the service of the handicapped child himself, and to save his parents confusion, it is essential that one medical officer should be designated to act as leader, not to interfere with the professional work of his colleagues, but to keep the case files, mobilise the necessary community services, plan ahead and in full consultation with his colleagues, take ultimate responsibility. The designated medical officer needs to have considerable clinical experience, active interest in developmental paediatrics in all its aspects, and a special aptitude for parent guidance. This last is a most important qualification, since it demands the ability to advise and support the parents without intruding upon their privacy and individual susceptibilities.

In areas where case-finding is highest, it has been estimated that the proportion of young handicapped children is rather less than one per cent. of the total number of children under five years of age. Some of them have comparatively minor disabilities, some are so severely disabled that they will never be able to achieve complete independence, but all can be helped to lead happier and more useful lives. Whatever their handicap it is necessary to regard them first and foremost as growing children and, apart from their handicap, very ordinary little children, with the ordinary child's overriding need for a family and a home where he is accepted without question and loved for what he is."

ANTE-NATAL SCHEME

Ante-Natal Clinics.

Twenty-four Ante-Natal Clinics are maintained by the Authority : seven in Municipal Boroughs, twelve in Urban Districts and five in Rural Districts. Twenty-three of the Clinics are conducted by the County Council's Maternal and Child Welfare Medical Officers, and the remaining one by a Consultant Obstetrician provided by the Regional Hospital Board. A Health Visitor is in attendance at each Clinic, as well as one or more of the Authority's Domiciliary Midwives. No clinics are conducted under the Authority's arrangements by General Practitioners on their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for Syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

The Area Health Sub-Committee for Chesterfield, which is responsible to the County Health Committee for the day to day administration of the County Council's Health Service in the Borough, conducts two Ante-Natal Clinics, namely at Scarsdale Hospital and at a Clinic in Edmund Street.

Details of the Ante-natal Clinics conducted to serve the remainder of the administrative County are as follows :—

ALFRETON ..	County Clinic, Grange Street, Alfreton. Each Friday, 9 a.m. to 12.30 p.m., and 1.30 p.m. to 4 p.m.
ASHBOURNE ..	Ante-Natal Clinic, St. Oswald's Hospital, Ashbourne, Each Thursday, 9 a.m. to 12.30 p.m, and 1.30 p.m. to 4 p.m.
BELPER	County Clinic, The Cedars, Field Lane, Belper. 1st and 3rd Mondays, 9 a.m. to 12.30 p.m.
BOLSOVER ..	County Clinic, Welbeck Road, Bolsover. Each Friday, 1.30 p.m. to 4 p.m.
BUXTON	Child Welfare Centre, Bridge Street, Buxton. 1st and 3rd Tuesdays, 9 a.m. to 12.30 p.m.
CHESTERFIELD	Derbyshire County Council Ante-Natal Clinic, Scarsdale Hospital, Chesterfield. Each Wednesday, 9 a.m. to 12.30 p.m., and 1.30 p.m. to 4 p.m.
CLAY CROSS ..	County Clinic, High Street, Clay Cross. Each Friday, 9 a.m. to 12.30 p.m.
CLOWNE ..	County Clinic, Creswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m. and 2nd, 4th and 5th Thursday, 9 a.m. to 12.30 p.m.
DERBY	County Clinic, Cathedral Road, Derby. Each Tuesday, 9 a.m., to 12.30 p.m.
DRONFIELD ..	County Clinic, The Grange, Dronfield. Each Monday, 9 a.m. to 12.30 p.m.
ECKINGTON ..	Wesleyan School, Eckington. 1st and 3rd Thursdays, 9 a.m. to 12.30 p.m., and 1.30.p.m. to 4 p.m.
FRECHEVILLE ..	County Clinic, Fox Lane, Frecheville. 1st, 3rd and 5th Mondays, 9 a.m. to 12.30 p.m.
GLOSSOP ..	Municipal Buildings, Glossop. 2nd and 4th Mondays, 9 a.m. to 12.30 p.m.

HACKENTHORPE	County Clinic, Main Street, Hackenthorpe. 2nd, 4th and 5th Thursdays, 1.30 p.m. to 4 p.m.
HEANOR	County Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesdays, 1.30 p.m. to 4 p.m.
ILKESTON ..	County Clinic, Albert Street, Ilkeston. 2nd and 4th Monday, 2 p.m. to 4 p.m., and each Thursday, 9 a.m. to 12.30 p.m.
LONG EATON ..	County Clinic, 4, Nottingham Road, Long Eaton. Each Wednesday, 9 a.m. to 12.30 p.m., and 1.30 p.m. to 4 p.m.
MATLOCK ..	County Clinic, Dean Hill House, Causeway Lane, Matlock. 1st and 3rd Thursdays, 9 a.m. to 12.30 p.m.
RIPLEY	Cottage Hospital, Ripley. 2nd and 4th Fridays, 1.30 p.m. to 4 p.m.
SHIREBROOK ..	County Clinic, Cliff House, Church Drive, Shirebrook. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY ..	County Clinic, Lime Avenue, Staveley. 2nd and 4th Thursdays, 9 a.m. to 12.30 p.m., and 1.30 p.m. to 4 p.m.
SWADLINCOTE	County Clinic, Alexandra Road, Swadlincote. 2nd and 4th Tuesdays, 9 a.m. to 12.30 p.m.

The following are the number of sessions and attendances at these Clinics during 1958 :—

Half-day Sessions	1,310
Number of New Cases	3,149
Total number of attendances ..	14,162
Post-Natals visits	588

Routine X-Ray Examinations of Patients attending Ante-Natal Clinics.

All expectant mothers in the County may avail themselves of a routine chest x-ray during pregnancy, at the Mass Miniature Radiography Centre or Camera Unit most convenient to the Ante-Natal Clinic which they attend. Special ante-natal sessions are held at all the centres, appointments being made at the Chest Centre through the Maternal and Child Welfare Medical Officer in charge of the Ante-Natal Clinic.

Ante-Natal Care related to Toxaemia.

All Medical Officers conducting ante-natal clinics have received a copy of the Memorandum on ante-natal care related to Toxaemia and every effort has been made to implement the suggestions made in this Memorandum.

Supervision.—The importance of regular ante-natal care is impressed on all patients attending the ante-natal clinics. They are asked to attend every month up to the 30th week, every fortnight from 30th-36th week and every week, where possible, from the 36th -40th week. It is, however, difficult to evolve a "pattern of supervision" as many patients transfer to hospital ante-natal care if and when their application for a hospital bed is accepted.

Examination.—A routine medical examination is carried out at the patient's first visit to the Clinic. Arrangements have been

made with the Hospital Management Committee for chest x-ray examination of patients attending ante-natal clinics. Any abnormalities detected at these preliminary examinations are referred to the patient's General Practitioner or, with his approval, to the appropriate hospital Consultant. The blood pressure is recorded, the patient weighed and the urine tested at all subsequent visits. Midwives are asked to visit any patient requiring close observation during the interval between their attendances at the clinic.

Blood Testing.—All Medical Officers have been supplied with Sahli Haemoglobinometers so that haemoglobin estimations may be made. Ferrous sulphate tablets are supplied at the clinic. Patients not responding to this form of iron are referred to their own doctor for alternative treatment. A sample of blood is taken from all patients whose blood group has not already been typed. These samples are sent to the Sheffield Regional Blood Transfusion Service who report on the blood group, Rh factor and Kahn test in each case. Tests for antibodies are also carried out at 32nd-34th weeks on all Rh negative patients when requested by the Regional Blood Transfusion Service.

Ante-Natal Records.—Each patient attending the clinic receives a card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with her appointment card and particulars of her blood group. She is instructed to bring this envelope with her when attending for ante-natal examination whether at the General Practitioner's surgery or at hospital.

Follow-up Failures.—Cases who fail to attend the ante-natal clinic on the appointed day are followed up either by letter or by the domiciliary midwife. It is not possible to evolve a water-tight system as the local authority are not informed when patients are transferred to hospital for ante-natal care or are admitted to hospital or a maternity home for their confinement.

Health Education.

Each Ante-natal Clinic is staffed by a Doctor, a Health Visitor and a Midwife. The Health Visitor speaks to the patients either singly or in groups while the Midwife is with the Doctor. Nine Midwives attended a Mothercraft and Relaxation Course in 1958 and ten will be going on a course each year until all the Midwives have attended. Mothercraft and Relaxation classes run by Midwives and Health Visitors were started in the following clinics during the year under review :—Alfreton, Clowne; Long Eaton; Shirebrook; Swadlincote.

Arrangements for selecting women whose confinement in Hospital is recommended on medical or social grounds.

The provision of Hospital accommodation for maternity cases is the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients

desiring hospital or maternity home accommodation, Bed Bureaux have been set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are available at the Authority's ante-natal clinics, and these are passed to the respective Bed Bureaux.

Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available, providing arrangements are not left until the last moment. In most cases, however, applications are based on social need, and such cases are referred to this authority for a report on the home circumstances. In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a Hospital or Maternity Home bed.

In practice the scheme has worked smoothly and no changes are envisaged at the present time.

The following is an analysis of cases visited by Health Visitors for a report on the the home circumstances :—

DERBY BED BUREAU	
Suitable for home confinement	54
Hospital accommodation desirable but not essential	253
Home conditions unsuitable and hospital confinement necessary	628
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	51
CHESTERFIELD BED BUREAU	
Suitable for home confinement	53
Hospital accommodation desirable but not essential	217
Home conditions unsuitable and hospital confinement necessary	711
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	68
OTHER HOSPITALS OUTSIDE THE AREAS OF THE DERBY AND CHESTERFIELD BED BUREAUX	
Suitable for home confinement	1
Hospital accommodation desirable but not essential	82
Home conditions unsuitable and hospital confinement necessary	131
Miscellaneous visits (i.e. cancellations, miscarriages removals from district, etc.)	3

CHILD WELFARE CENTRES

During 1958 three new Infant Welfare Centres were opened in the County, namely, at Mastin Moor, Mickley and Wingerworth, bringing the total to ninety-five.

The number of sessions and attendances at the County Council Infant Welfare Centres during 1958 are set out below :—

Half-day sessions	4,304
Number of new cases under one year of age	7,170
Number of children who attended during the year and who were born in :—	
1958	6,468
1957	7,357
1956-53	4,835

Total number of children who attended during the year	18,660
Number of attendances by children who, at the date of attendance, were :—	
Under one year	88,668
One but under two	19,426
Two but under five	11,155
Total attendances during the year ..	119,249

CARE OF PREMATURE INFANTS

(i.e., Babies weighing 5½lbs. or less at birth).

Local Health Authorities are required by the Ministry of Health to provide statistics about premature babies. Since the inception of the National Health Service information has been obtained from hospitals regarding premature births and the survival of premature infants in hospitals, and from Local Health Authorities in respect of births at home or in Private Nursing Homes, together with information from both sources in respect of infants admitted to hospital after birth elsewhere. It was found by the Ministry of Health that this dual source of information gave rise to considerable inaccuracies and discrepancies in the returns, and as a consequence it was considered appropriate for the Local Health Authority, as the Authority ultimately responsible for the care of all infants in its area, whether born at home or in hospital, to assume responsibility for the collection and transmission of information in respect of all premature infants. Accordingly, from the beginning of 1953, the statistics provided by the Local Health Authority relate to hospital births as well as domiciliary and nursing home births, thus constituting a complete record of the occurrence of each premature birth (live and still) and of the survival of premature infants in the area of the Local Health Authority.

Statistics for the year 1958 are set out below :—

Number of premature live births notified (as adjusted by transfer notifications) :—	
(a) In Hospital	570
(b) At Home..	233
(c) In Private Nursing Homes	37
Total..	840
Number of premature still-births notified (as adjusted by transfer notifications) :—	
(a) In Hospital	134
(b) At Home	29
(c) In Private Nursing Homes	1
Total..	164

Of the 570 premature babies who were born in hospital sixty-one died within twenty-four hours of birth and 474 survived twenty-eight days.

Of the 233 born at home, fifty-six were transferred to hospital on or before the twenty-eighth day, and of the remainder ten died within twenty-four hours of birth and 164 survived twenty-eight days.

Of the thirty-seven born in Private Nursing Homes thirty-three survived twenty-eight days and three died within twenty-four hours.

The Council's Home Help Scheme is available for premature infants, provided the need is certified by the Doctor attending the case.

The Council has agreed to the provision of certain equipment for the domiciliary nursing of premature infants. No charge will be made for the loan of the equipment but if it is damaged, other than that which can be accounted for by fair wear and tear, the actual cost of repair or replacement will have to be paid.

The equipment will be issued in units and each unit will comprise the following articles :—

1. One Cot Set consisting of (*a*) One Cot, (*b*) Two Cot Ends, (*c*) Four Rails, (*d*) Four Lining Rods, (*e*) One Tray, (*f*) One Box, (*g*) One Key.
2. Two Cot Linings.
3. One Cot Mattress.
4. Four Cot Blankets.
5. One Feeding Bottle.
6. One Mucus Catheter.
7. Two Hot Water Bottles.
8. One Hot Water Bottle Cover.
9. One Mackintosh Sheet.
10. One Thermometer.
11. One set of Premature Infant Clothing comprising (*a*) Two Vests, (*b*) One Gown without hood, (*c*) Two Gowns with hood.

In the event of a Unit being required for a patient under the care of a doctor or midwife, the following should be approached as appropriate :—

Northern part of the County excluding the Borough of Chesterfield.

	Telephone Nos.
Miss M. Blackbird, Supervisor of Midwives, County Clinic, Brimington Road, Chesterfield. . .	Day—Chesterfield 2773. Night—Chesterfield 6288.

Southern part of the County.

Miss M. C. Jackson, Supervisor of Midwives, County Offices, Matlock.	Day—Derby 45934. Night—Duffield 2101.

Chesterfield Borough only.

Mrs. S. M. Street,
Supervisor of Midwives,
Town Hall, Chesterfield.

Day—Chesterfield 3232
Extn. 256.
Night—Ashover 284.

Supply of Extra Vitamins, etc.

The County Council has for many years supplied certain proprietory preparations at Infant Welfare Centres and Ante-Natal clinics at cost price. At Ante-Natal Clinics simple preparations of iron in tablet form (Tabs. Ferri. Sulphatis Co.) and also of calcium with vitamins (Tab. Calciferol Co.) are prescribed by the Clinic Medical Officers in suitable cases.

The list of preparations sold at Infant Welfare Centres which was published in my Annual Report for 1955 was re-considered at a meeting of the Department's Medical Officers held at Clowne Clinic in October, 1956, when particular attention was given to the possibility that excessive Vitamin D may be responsible for otherwise unexplained illness in babies. It is now thought that hypercalcaemia may be related to the excessive intake of Vitamin D. Some dried milks as well as some cereals are fortified, and if a baby takes Cod Liver Oil he may well be receiving something like 2,000 international units instead of the originally recommended 600 to 700. There are children who appear to be sensitive to Vitamin D and react unfavourably to this increased dosage.

As a result of the discussions between the Medical Staff it was agreed that Cod Liver Oil Emulsion be deleted from the approved list and that Lactogal be added. The revised list is now as follows :—

Virol.
Maltoline with Iron.
Colact.
Rose Hip Syrup.
Adexolin in Liquid Form.
Lactogal.

WELFARE FOODS SERVICE

The decline in the sales of National Dried Milk which had been noticed in 1957 continued to some extent during 1958, issues having fallen by about 16% at the end of the year. This falling off was confined to 'paid' issues, those against 'free' coupons being slightly higher in December, 1957 than in January, 1958. After making allowances for seasonal fluctuations, the uptake of Cod Liver Oil, Vitamin A & D tablets and Orange Juice remained at approximately the same level. There was no change in the price of either National Dried Milk or Orange Juice, the charges remaining at 2/4d. per tin and 5d. per bottle respectively.

The following figures show the issues of all Welfare Foods in the County area during the year :—

	National Dried Milk Tins	*Cod Liver Oil Bottles*	*Vitamin A. & D. Packets*	*Orange Juice Bottles*
Issued against coupons—				
(*a*) By stamps	200,387	–	–	282,993
(*b*) Free	4,684	41,702	32,098	1,151
Issued to—				
N.H.S. Hospitals ..	1,491	–	–	1,501
Day Nurseries	78	358	–	516
Issued at full price ..	3,352	–	–	–
Totals	209,992	42,060	32,098	286,161

Distribution at Mickley, Doe Lea and Whaley Bridge was transferred to the Infant Welfare Centres, and the County Council Distribution Centre in Derby was transferred from Bold Lane to the new County Council Clinic in Cathedral Road. New distribution centres were opened at Mastin Moor, Wingerworth, Darley Dale and Shardlow, the first three being at Infant Welfare Centres and the last at a shop. The voluntary centres at Ridgeway, Stanton-by-Bridge and Sudbury were closed as demand at these places was negligible. With these exceptions all centres continued as before.

The following table shows the numbers and types of distribution centres serving county residents :—

Location	*At Clinics or Infant Welfare Centres*	*At other Premises*
Chapel-en-le-Frith R.D. ..	2	6
Glossop Borough	2	–
New Mills U.D.	1	–
Whaley Bridge U.D.	1	1
Buxton Borough	1	1
Bakewell R.D.	4	9
Bakewell U.D.	1	1
Matlock U.D.	2	7
Wirksworth U.D.	1	1
Ashbourne R.D.	–	3
Ashbourne U.D.	1	1
Repton R.D.	3	10
Swadlincote U.D.	1	–
Chesterfield R.D.	20	1
Chesterfield Borough ..	7	1
Bolsover U.D.	2	–
Staveley U.D.	2	–
Clay Cross U.D.	1	–
Dronfield U.D.	1	1
Clowne R.D.	2	1
Blackwell R.D.	4	8
Alfreton U.D.	1	3
Belper R.D.	2	7
Belper U.D.	1	1
Derby Borough	1	–
South-East Derbyshire R.D.	12	2
Ripley U.D.	1	1
Heanor U.D.	1	–
Ilkeston Borough	3	–
Long Eaton U.D.	1	1
Totals ..	82	67

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

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

"The Dental care of expectant and nursing mothers and pre-school children was carried out in conjunction with that for the school children. Severe shortage of staff and the resultant impossibility of providing comprehensive services at the clinical centres, made it impracticable to have separate sessions for these patients.

The expectant and nursing mothers attended through the agency of the ante-natal clinics and nearly all the pre-school children were brought by the parents on account of toothache, except for a few referred for attention following periodical inspections at the Day Nurseries.

In spite of staff difficulties, a greater number of mothers were treated than in the previous year and about one-and-a-half times the amount of treatment carried out. This occupied a considerable part of the clinical time, as these patients, as a rule, required much more time devoted to them than the children. On the other hand about a hundred fewer pre-school children were treated. Treatment was chiefly for the relief of pain and in this connection general anaesthetics of nitrous oxide and oxygen were administered. Only a relatively small amount of conservative work was done.

It was noted, as in past years, that many of these young children had grossly carious dentitions and much time was spent on consultations, stressing the need for oral hygiene and the cutting down of the consumption of sweets and biscuits, especially between meals and before going to bed. Instructional posters were displayed and appropriate literature was freely available at all the clinics."

The following table gives the details of the work done, the figures in brackets representing that for 1957 :—

	Expectant and Nursing Mothers			*Pre-Schoo Children*		
	County	*Chesterfield Borough*	*Total*	*County*	*Chesterfield Borough*	*Total*
Number Examined	86	4	90(52)	678	164	842(949)
Number with defects	86	4	90 (51)	512	148	660(770)
Attendances ..	199	7	206(123)	699	288	987(1095)
Treated	66	4	70(44)	456	172	628(730)
Made Dentally fit..	21	4	25(14)	144	104	248(269)
Fillings	37	1	38(23)	27	34	61(77)
Extractions ..	234	3	237(142)	703	355	1058(1214)
General Anaesthetics	22	2	24(21)	222	154	376(411)
Silver Nitrate treatment	—	—	—(—)	257	40	297(477)
Dressings	2	—	2(9)	35	26	61(41)
Scalings	28	1	29(15)	—	5	5(1)
Full upper and lower dentures ..	4	2	6(4)	—	—	—
Partial upper and lower dentures ..	9	—	9(5)	—	—	—

ILLEGITIMATE CHILDREN

The following shows the way illegitimate children were cared for in the County during the year under review :—

1.	The number of illegitimate births known to the welfare Authority for the period 1/1/58 to 31/12/58.	163
	Number of Unmarried Mothers	160
	Number of Widows	2
	Number of Divorcees	1
2.	The number in which the mother and child :—	
	(*a*) Returned to live with mother's parents (of these three attended a Day Nursery in the County).	73
	(*b*) Returned to live with other relatives	6
	(*c*) Found or were helped to find lodgings where they could live together..	33
	(of these 31 were accommodated in Borrowash House Mother and Baby Home, and 2 in Part III accommodation at the Firs, Bakewell). ..	
	(*d*) Had to separate, the child going to the care of a Foster Mother	2
	the child going to a Residential Nursery ..	5
3.	The number of illegitimate children who had been or were being legally adopted	28
	(four of these children being adopted by relatives)	
4.	The number of mothers who have married since the birth of the child	5
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him	8
6.	The number of illegitimate children who have died during the year	3
	2 died within 4 days of birth.	

During the year 27 unmarried mothers included in the total of 163 were accommodated in Vernon Street Home, Derby, which is conducted by the Derby Diocesan Council for Moral Welfare. The County Council has an arrangement for the admission of unmarried mothers to this Home, 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. 32 mothers who could not be accommodated in Vernon Street went to homes outside the County.

From April 1948 to May 1950, this service was free, but in May 1950 the County Health Committee resolved that the Home should be requested to collect the sum of £1 1s. 0d. per week from each girl

accommodated where ever possible, in view of the fact that she would be in receipt of benefits from the Ministry of National Insurance or the National Assistance Board. As these benefits were increased to 50/- per week in February 1958, the amount collected from each girl was increased to 40/- per week, thus leaving her with 10/- pocket money per week.

REPORTS RECEIVED FROM MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

Reports from the Maternal and Child Welfare Medical Officers were included in this part of my Annual Report for the first time in 1952. This year I wrote to the Maternal and Child Welfare Medical Officers in the following terms :—

"As in previous years I am asking Maternal and Child Welfare Medical Officers on the staff of my Department to submit reports on their work during the past year. (Relevant excerpts may be quoted in my Annual Report.)

Medical Officers should report on the whole field of their work, including the following subjects :—

(1) General health and nutrition of the children, including the level of Mothercraft observed among the Mothers attending Infant Welfare Centres in the Area.

(2) Cleanliness and communicable diseases.

(3) Immunisation procedures :—

(i) diphtheria immunisation ;
(ii) whooping cough vaccination, etc. ;
(iii) poliomyelitis vaccination ;

(4) The role of the Medical Officer and Health Visitor in Health Education at Ante-natal Clinics or Infant Welfare Centres.

(5) Methods used at Ante-natal Clinics to follow up non-attenders and the measure of success obtained by these methods.

(6) The integration of clinic services with other aspects of the wider Health Service, with particular reference to the liaison between Hospitals, General Practitioners, and the Local Authorities.

Apart from the above, special comment on aspects in which Medical Officers are particularly interested would be welcomed. The following are examples :—

(*a*) Observations on the premature baby.
(*b*) The incidence of breast feeding.
(*c*) The early detection of special physical defects—blindness, aphasia, deafness, epilepsy, etc.
(*d*) The early detection of mental defects.
(*e*) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.
(*f*) Problem families and evidence of child neglect.
(*g*) Accidents at play and in the home.
(*h*) Incidence of anaemia in the ante-natal period, observations on relaxation and post-natal exercises where these have been advised.

I am giving you early notice of the matter because I am anxious to receive your report not later than 5th January, 1959."

Dr. I. M. McCullough, Senior Medical Officer for Maternal and Child Welfare.

I asked Dr. McCullough to let me have a report, suitable for inclusion in my Annual Report, on the activities of the Maternal and Child Welfare Section of the County Health Department, which she has submitted as follows :—

"The overall attendance at Ante-Natal Clinics has remained much the same as last year. The demand for care in Local Authority Clinics varies from district to district and appears to depend on the local conditions. In several areas where there is a neighbouring maternity home attendances are poor, while in other areas the clinics are consistently busy. The parentcraft and relaxation classes being held at some of the clinics in the County are proving popular. Mothers welcome the opportunity to discuss even minor problems in an informal atmosphere with the midwife, health visitor and other mothers.

Infant Welfare Clinics continue to be well attended and there has been a considerable increase in the health education carried out at these clinics during the last year.

A register is kept at the Central Office of all children notified as handicapped by a medical officer, health visitor or midwife, or through information received from the hospital. These children are visited regularly to ensure that they are having adequate medical supervision and to give the parents help and guidance where special difficulties arise.

Fortunately, some children can be taken off the register after treatment. The following is a summary of the defects recorded in children under two years, i.e., children born in 1957 or 1958 :—

Mentally retarded	Mongols	7
	Others	4
Spina Bifida & Hydrocephalus ..		22
Talipes		7
Hare lip and/or cleft palate ..		15
Congenital orthopaedic defects ..		13
Other congenital defects		13
Other acquired defects		4
		85

Seven of these children have died since they were registered as handicapped.

Although this register is probably not yet complete it does focus attention on the prominent part congenital conditions play in the production of handicaps. Some of these conditions are amenable to treatment but in others little can be done to improve the condition except by helping the parents to cope with the handicap in the best possible way. When the child becomes two years old the School

Health Service are informed so that the necessary preliminary steps can be taken to ensure admission to a suitable school or training centre at the appropriate time."

Dr. S. B. Blackburn :—

"1. *Infant Welfare Clinics.*

(a) General health of infants seen was very satisfactory. The standard of nutrition and feeding is good on the whole, with early introduction of mixed feeding and adequate intake of accessory requirements.

The incidence of breast feeding varies with the area—being noticeably less frequent in the more industrial parts and relatively higher percentage of breast fed babies in the rural areas. The over-all incidence of breast feeding is not high.

The standard of mothercraft is reasonably good on the whole—again varying with the area.

(b) A high standard of cleanliness amongst those who attend the clinics—in three months I have only seen two really dirty children, most are kept scrupulously clean and the others are reasonably so.

I have seen only one possible case of a communicable disease in the past three months—an infant with a suspicious cough from a household of whooping cough.

(c) *Immunisation Programme.*

(i) *Whooping Cough and Diphtheria.* The vast majority of infants who are immunised attend their own doctor for this procedure. The proportion of immunised : unimmunised infants is not as great as is desirable—there is a steady proportion of mothers who promise to take their infants to their own doctors but who in actual fact let the matter slide.

(ii) *Poliomyelitis vaccination.* A high proportion of expectant mothers are being immunised but in spite of repeated notification and allowing for changes of clinic, etc., there are a number of defaulters for second injections in this group. The polio sessions are running smoothly. The number of applicants in the Buxton area is not great as many patients are attending their own doctors.

2. *Ante-Natal Clinics.*

(a) *The role of Medical Officer and Health Visitor in Health Education.*

At the majority of clinics general advice on health is given individually as the need arises. At those clinics where organised classes, e.g., in mothercraft, are held, there is considerable interest by the mothers and I think an extension of this would be valuable.

(b) Non-attenders at Ante-natal Clinics are contacted either by visit or letter from the Health Visitor or Midwife concerned. Most of the defaulters respond to these measures.

(c) I have found liaison between clinics and hospitals always pleasant. General Practitioners on the whole are co-operative.

(d) Relaxation classes have been very successful and popular."

Dr. E. A. Lois Blake :—

"1. The General health and nutrition of the children is maintained at a good standard.

In early infant feeding there is a tendency to change from one brand of food to another indiscriminately, especially if the baby shows any tendancy to regurgitate. Mothers are somewhat apprehensive in approaching the first stages of weaning their infants on to more solid foods. The printed diet sheet issued by the Health Department, on progressive stages in infant feeding will be a most helpful adjunct to present to these mothers.

During pregnancy 80% of the ante-natal patients are eager to breast feed their babies, but not more than 30% continue to do so successfully after the first two to three weeks of the neo-natal period.

2. *Immunisations.*

Diphtheria. I have found that parents are still averse to having their infants immunised against diphtheria, but preferring the single injection to cover protection against diphtheria, pertussis and tetanus, they attend their General Practitioner's surgeries for this.

Poliomyelitis. During the year, vaccination has been offered to all ante-natal patients at their initial attendance. In the larger clinics the majority of the younger patients have availed themselves of having the vaccination during their clinic attendances.

3. *Defects.* The following cases of note have been referred from Infant Welfare Clinics, through their family doctor, for investigation and treatment :—

1. Increasing hydrocephalus with signs of optic atrophy.
2. Neo-Natal Convulsions.
3. A possible case of Warren Tay-Sach's Disease (amaurotic family idiocy) in an infant visiting the area. This infant had not been medically examined since birth. She presented as showing lack of response and attachment to the parents. This was because of deafness. There was flaccidity present and signs of mental regression.

4. At Clowne Ante-natal Clinic, a series of six sessions in mothercraft and exercises in relaxation were conducted by the Health Visitor and midwives of three districts with successive small groups of selected ante-natal patients. These sessions have now been functioning long enough for beneficial results to be reported by the midwives and by patients delivered both at home and in hospital.

5. *Clinic Attendances.* In the two most recently built clinics in my area full attendances are maintained. In domiciliary bookings—as during the previous year non-attenders are followed up by a visit from the midwife who will be in attendance. Those applying for hospital delivery are asked to notify the clinic when they receive word to attend the hospital ante-natal clinic. These latter patients are invited to contact the County Clinic for any further advice they require.

6. The hospital service has been of great help in accepting and in reporting on cases needing referral."

Dr. T. F. Haynes :—

"1. *General Health and nutrition of the children, including the level of mothercraft, observed among the mothers attending Infant Welfare Centres.*

The nutrition of the children is on the whole good. A high proportion of mothers give their children the vitamin supplements in the form of either Cod Liver Oil or Adexolin, and Orange Juice or Delrosa. It is rather surprising, however, how many mothers do not understand the difference between these preparations, with the result that many babies are given Orange Juice and Delrosa, but no vitamin D supplement.

The general health of the children appears to vary with the age, size of family and the area in which they live. Thus the health of the 0 - 1 year age group is good, apart from a high proportion of upper respiratory infections found among the babies of families in which there are one or two toddlers.

There appears to be a high incidence of chronic upper respiratory infection, (including recurrent acute otitis media), with associated coughs amongst the 3½ - 5 age groups in some areas. It is possible that this apparent high rate of chronic upper respiratory infection in this age group is due to the fact that the mothers only bring toddlers to the clinic when there is something wrong and they need advice. The routine attendance of children between eighteen months and five years at the Infant Welfare Centres is very poor. I would like to see many more of these children attending regularly, because it seems to me that so much could be done during these years, by early diagnosis, to prevent the illnesses of the older child—particularly respiratory diseases.

2. *Cleanliness and communicable diseases.*

The standard of cleanliness among the children attending Infant Welfare Centres is high, apart from the known problem families.

I see few cases of communicable diseases in these clinics. The commonest problem is the child who is known to have been immunised against whooping cough, but develops a persistent cough and vomiting without whooping. He arrives in the infant clinic among all the un-immunised babies!

There have been several cases of measles and mumps at Chaddesden Day Nursery. These occurred mainly during November, All the children under 3 years of age were given gamma globulin intramuscularly, and no further cases of measles occurred in these children. A week later several cases were reported at Long Eaton. Gamma globulin was given to all the children under 3 years old in this nursery and no case of measles occurred in this age group.

3. *Immunisation Procedures.*

(*a*) *Diphtheria.*—Parents are very keen to have their children immunised, but most prefer, still, to have the triple prophylactic given by the General Practitioners. This is more marked in some areas than others.

(*b*) *Whooping Cough.*—There has been a good response to the advice given to parents to have their babies immunised early (2½ months) against whooping cough, using the single whooping cough vaccine. Many, however, still prefer to wait until 4 - 6 months and have the triple vaccine given by the General Practitioner.

(*c*) *Poliomyelitis Immunisation.*— Many expectant mothers continue to ask for poliomyelitis vaccination and this is given either at the ante-natal clinic or at one of the other clinics held for this purpose. Some of the mothers are sent by their General Practitioners for vaccination only.

(*d*) *Smallpox vaccination.*—The number of children, among those attending Infant Welfare Centres, who have been vaccinated is low. There seems to be a widespread antagonism towards vaccination against smallpox, and many mothers believe this disease to be non-existent in this country.

4. *Role of the Medical Officer and Health Visitor in Health Education at Ante-natal Clinics and Infant Welfare Centres.*

The major work of both Medical Officer and Health Visitor in these clinics is Health Education—both incidental and deliberate. I find that while the work of the Health Visitor in the clinic lends itself very well to group discussion and teaching, the work of the doctor lends itself better to individual education by discussion of personal questions and problems.

5. *Methods used for follow-up of non-attenders at Ante-natal Clinics and the measure of success obtained by these methods.*

The methods used to follow-up these patients include visiting of the home by either the Midwife or Health Visitor. In cases where this is not possible contact is made by letter. Patients are encouraged, when possible, to let the clinic know if they are unable to attend and why. This is most often done by contact through the Midwives who let the clinic know. More rarely patients spontaneously telephone the clinic.

Through these methods it is possible to have, successfully, the whereabouts of almost all non-attenders, and be assured that they are seen by somebody.

6. *Integration of clinic services with other aspects of the wider Health Service.*

This is a problem which I feel bristles with difficulties. On the whole it is easy to maintain liaison with the hospital service, although I would welcome more and detailed reports from hospitals on children who have been seen there, either as out-patients or in-patients, and who subsequently attend the Infant Welfare Centres. In some areas these are available, and are of very great value in preventing the General Practitioner, hospital and clinic talking at cross purposes to the same patient.

It is not quite as easy to keep in contact with the General Practitioners. Most of the difficulties arise over obstetric work, and take

root from the fact that one patient is being seen by two medical practitioners who have very little opportunity for discussion of the particular case. When it is possible to make contact, either on the telephone, or by meeting the General Practitioner, the difficulties become less obvious."

Dr. D. M. Jackson :—

"The standard of mothercraft among those attending Infant Welfare Centres is high, the children being, with very few exceptions, well-nourished, clean and healthy.

The incidence of breast-feeding varies in different areas being as high as ever in some places and notably low in areas without a resident Health Visitor.

Poliomyelitis vaccination is being readily accepted though the sessions are becoming more difficult to control with the variety of vaccines to be given to individuals at the same clinic.

Diphtheria immunisation is largely carried out by the General Practitioners but where it is undertaken at the clinic, mothers are not anxious to embark on eight monthly injections,—two for diphtheria, three for whooping cough and three for tetanus with polio vaccination also to be considered, making 11 in all.

In the ante-natal clinics the follow-up of non-attenders is easier and more effective in those attended by local midwives and serving a district which is reasonably compact so that it is covered mainly by the Health Visitor at the Clinic and only one or two others in close touch with the clinic.

The Hospitals in the County are extremely co-operative and helpful in most respects and invariably willing to accept emergencies.

Unfortunately the ante-natal record card is no longer returned to the clinic with information regarding the confinement. I doubt if I have received one filled up in the last six months, either from Hospital, Maternity Home or Midwife, although each patient is provided with one giving details of ante-natal progress, enclosed in an envelope addressed to the clinic and asking for details of the confinement to be filled up.

Possibly we ask for too much information regarding normal confinements as it is in cases involving any abnormality that the information is so very useful for reference in future pregnancies."

NURSERY PROVISION FOR CHILDREN UNDER FIVE

DAY NURSERIES

The Authority's five Day Nurseries at Chaddesden, Glossop, Ilkeston (two), and Long Eaton, continue to operate satisfactorily, and no major changes took place.

Student Training.

During the year under review fourteen students from the County Day Nurseries completed a two-year course of training and thirteen were successful in gaining the Certificate of the National Nursery Examination Board.

The Students received courses of Further Education, and attended a training centre for this purpose on two days per week. While in the Nursery they are, of course, continually under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health has laid down that students in training shall not rank as full members of the staff, but three student places shall be regarded as equivalent to one full-time member. Students from Chaddesden Day Nursery attend a course of Further Education at Derby, while those from Glossop attend a course at the Training Centre in Southall Street, Manchester. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Nursery Training Centre in Nottingham.

Charges to Parents.

The maximum charge to parents was 6/6d. per day, and the minimum charge 3/- per day. The scale of charges to decide when a reduction in the maximum shall be made was as follows :—

	Net weekly earnings of parent and spouse (if any)						*Charges per day*	
	£	s.	d.		£	s. d.	s.	d.
Not exceeding					8	0 0	3	0
	8	0	1	to	9	0 0	5	0
	9	0	1	to	10	0 0	5	6
	10	0	1	to	11	0 0	6	0
Exceeding					11	0 0	6	6

Where the net weekly earnings are less than £12, the charge for a second child to be 1/- per day less than the assessed charge for the first child, subject to a minimum of 3/- per day for each child.

The Chairman and Vice-Chairman are authorised to deal with any cases of hardship.

Medical Inspections.

Each Nursery is visited once each month by one of the Authority's Medical Officers. During these visits all new admissions are examined and any other children who have been under recent medical treatment or about whom the mother wishes special advice. Regular attenders are examined about once every six months. It is thus possible to detect defects in their early stages and with the co-operation of the general practitioner to secure early treatment. Special inspections are made in the case of infectious disease and the nurseries are also visited from time to time by Medical members of the Central Office staff and by the Superintendent Health Visitor.

Dental Inspections.

Mr. Gray, the Chief Dental Officer, has reported that attention was given to the children attending the Day Nurseries at Chaddesden, Ilkeston, Glossop and Long Eaton during the year ; 146 were examined and only 8 required to have treatment, and that mostly of a minor nature. The average ages were between three and four years and it was pleasing to find that the majority of the dentitions were absolutely perfect.

Protection of Children against Tuberculosis—Ministry of Health Circular 64/50.

In accordance with the recommendations of the Joint Tuberculosis Council contained in the above Circular, all the staffs of Day Nurseries are subject to an x-ray examination of the chest before appointment and annually thereafter. This is laid down in the conditions of service set out in the application forms signed by all candidates for nursing posts in the County Nurseries, while a similar form agreeing to an initial and annual x-ray is signed by domestic staff before appointment.

This is a valuable step in the prevention of the spread of the disease by adults who regularly come into contact with organised groups of children.

During the year, nursing and domestic staffs at the five Nurseries administered by the County Health Committee were x-rayed in groups by arrangements with the Mass Miniature Radiography Units operating in or near Derbyshire. Our thanks are due to the Directors of these Units for their ready co-operation.

Matrons' Reports.

The following reports have been received from the Matrons of the Day Nurseries :—

Chaddesden Day Nursery.

" Number of children on the register, January 1958	45
Number of children admitted during 1958	42
Number of children who have attended in 1958	87
Average number of children on the register during 1958	43
Average daily attendance under two years	6
Average daily attendance two-five years	26
Waiting list, 31st December 1958	17

Attendances have been good during the year. The health of the children has been good. The only obvious drop in attendance was during an outbreak of infectious diseases in November. There were :—

10 cases of measles
8 cases of mumps
1 case of chicken pox

It is interesting to note that Dr. Haynes injected all the children under 2 years of age with Gamma Globulin and not one of these children suffered from the above infections.

The Nursery facilities continue to be useful to the community, great appreciation is shown by parents for the care given to their children. Quite a number of children have been temporarily cared for during a mother's confinement period. Three children were cared for temporarily because mothers had nervous breakdowns ; these were admitted through the mother's own doctor, the result for the child and mother was good.

Working conditions in the kitchen have been improved since the installation of the electric fan in January 1958. The walls are drier and the decorations preserved. The wash bowls erected in the toddlers' bathroom are greatly appreciated. Besides being used for washing facilities they provide running water for water play.

I cannot speak too highly of the Nursery S taff, they are efficien and happy, consequently we have happy and contented children

The Works Department have dealt promptly with requisitions made and the workmen carry out their duties with the minimum disturbance to the staff and children.

I am always pleased to welcome members of the County Health Committee. They take a keen interest in the welfare of the children and staff. Their visits in 1958 have been enjoyed by all and we all look forward to further visits."

Whitfield Day Nursery, Glossop.

" Children on Register, December 31st 1958	39
Children admitted during 1958	50
Number of Children who have attended in 1958	89
Average daily attendance under two years	8.3
Average daily attendance two to five years	16.4

Children have attended regularly, absent only when mother or some member of the family is ill or changing jobs. Occasionally babies are absent because of colds or teething troubles. We have no waiting list ; names and particulars are taken upon application for a place, and within a few days admitted. Since our numbers are down there is always a place vacant. We have had no infectious diseases during the year of any kind.

We have had many improvements during the year. Workmen were here most of the time from June onwards, when old window frames were taken out and replaced by new ones. Children were moved from one room to another whilst joiners hammered and plasterers did their jobs. When this work was completed the painters came in.

A canopy has been fixed over the gas cooker in the kitchen together with an electric fan to take away the steam and odour of cooking.

A new larger type central heating boiler has been installed together with extra guarded radiators and the boiler house has been encased in plastic. We have also an electric booster to send heat into the far (Education) Classroom.

At first the heat produced in cold weather was inadequate but since receiving instructions from the heating engineers, that the boiler needs frequent attention by extra stoking, temperatures have risen to 70°F., and even to 68°F. in the far classroom—which makes the place warm and comfortable.

One of our students was successful in the examination of the N.N.E.B. in September, 1958.

Numbers of children attending the Nursery have been low since September post-holiday period, this, I believe to be due to a number of reasons. Quite a change in employment also happened at this time and within a week of Christmas holidays, a firm made a two-shift working day which was unsuitable for mothers. At Christmas there was also redundancy when a number of people lost their jobs.

We have two Students less than in previous years, but there have not been any applications.

In this nursery children are admitted for an odd day or alternate days since fees were raised in April 1957, to accommodate people attending hospital clinics or any family reason where it would be impossible to take children along with them.

Supplies of provisions and Greengrocery supplies are very satisfactory. Meat supplies since the change at the end of the year have been of very good quality and very satisfactory.

The County Health Authority's regard for the maintainance of supplies of food and materials needed for the smooth running of the Nursery is appreciated."

Station Road Day Nursery, Ilkeston.

"At the commencement of January, 1958, the nursery register stood at 35. Throughout the year, the average in the register has been 28, and the number on the register on December 31st, 1958 was 30. There have been 32 admissions, including one re-admission and 38 children discharged. During the year 57 children have attended the nursery.

With regard to daily attendances on average :— under 2 years : 8.975 as compared with 6.4 last year ; over 2 years : 9.775 this year and 11.4 last year. This gives a total daily average of 18.75 making an increase of 0.95.

These figures show an increase in attendances for the under 2 years, while the drop in the over 2 years age group, is, I feel, due

to the fact that the children can go to school in the nursery class from 4 years to 4 years and eight months. This means they have a shorter period in the nursery here in this area. However, I feel, that the drop in attendances has halted, and we have reached our lowest ebb since the last fee increase.

There is some indication that the scheme introduced by the County Health Committee last November may prove very useful. During Christmas the nursery helped 2 mothers who had their children in the nursery for one week only, and we now have two children in the nursery on the 5½ hour part-time rate. The nursery has also accepted a child on compassionate priority grounds, the mother having to enter hospital for an operation.

The pattern of attendances has been much the same as in previous years ; colds playing the biggest part in non-attendance. At the beginning of the year we had one isolated case of Gastro-enteritis, and later in the year one mild case of Scarlet Fever. These two cases of infection were all the nursery had during the year. At those times all the usual precautions were taken.

During the later part of the year the nursery has been decorated outside completely and partially inside. The colours look most attractive Unfortunately the rooms not decorated look more depressing by comparison. Repairs to the property have been kept well in hand by County Works Department. The grounds have also been attended to ; the trees at the front of the nursery have been kept in check from getting too big, so as to keep the nursery as light as possible, and not over-shadowed by thick foliage.

I am grateful for the electric light which has been put up over the front door, this is a great help on cold, dark, winter mornings and evenings. Our nursery clock, iron, ironing board have been replaced this year ; also staff knives, and children's beakers. A new dinner waggon has replaced the old one issued to the nursery during the war years. The Cook has been pleased with the replacement of her cooking scales.

One student sat her N.N.E.B. examination and was successful—she left the nursery at the end of August, and her vacancy has been filled.

At the end of October my Nursery Assistant left after being at the nursery for 7 years. During November the death occurred of my Warden, after a long and trying illness. This means at the end of December we are 2 members of staff short.

I have been pleased to receive members of the County Health Committee during 1958, and hope for further interest in 1959.

On reviewing the year's work, I feel that although progress has been slow, we have at least maintained the attendances of last year, even to a slight increase, and I sincerely hope this increase may continue, so that the nursery may still be a useful amenity in this area."

Whitworth Road Day Nursery, Ilkeston.

"The past year has been quite satisfactory, having a slight increase (which should improve) upon the previous year, 1957. The number on the Register has averaged 48 (16 children under 2 years, and 32 children over 2 years), whilst the average number attending has been 35 children (12 children under 2 years and 23 children over 2 years).

For the first time for years there has been short time and redundancy for fathers, which has meant mothers seeking employment. On the other hand work has fluctuated more, 2 firms have closed down but there are hopes of 2 more taking over; there has also been seasonal shortage of work in the hosiery and upholstery trades, which has meant children attending less frequently for short periods.

The following analysis of figures show that we have had more individual children attending during 1958.

Number of children on Register, January 1958	43
Number of children admitted, 1958 (11 re-admissions)	52
Individual children	95
Number of children left during 1958 (9 school)	47
Number of children now on register	48
Average daily attendance, under 2 years 12; over 2 years 23;	35
Average number of children on Register	48

The nursery still serves a useful purpose in helping some families with difficulties which are not necessarily economic. Doctors have recommended parents to apply in some cases, helping mothers to recuperate or go to hospital. One of two things may happen in this district owing to the possible closure of some of the Pits, mothers may have to seek employment or families may leave the district.

We have had very little infection, apart from the cold and Bronchitis. We have had one epidemic of measles which affected 20 children. The nursery blankets, mattresses and pillows were sent to be stoved.

The staff have all worked very well together during the year, although at the time of writing one or two staff changes are to take place.

We have had four visits from members of the County Health Committee ; we are always pleased to see Committee members and do appreciate the interest which they show in the Nursery children and the staff work.

The decorators have nearly finished decorating the nursery inside and outside and we are delighted with the result. The colours are bright and cheerful and the whole place looks a fitting setting for children. The "electricity" has been re-wired and everything is now presenting a "care-d" for appearance in the nurseries and staff section. The new ironing board is very much appreciated.

4 students sat for their N.N.E.B. and 3 were successful in passing their examination.".

Long Eaton Day Nursery.

" Number of children on the register on 31st December, 1958	53
Number of children admitted during 1958	48
Number of children who have attended in 1958	93
Average number of children on the register during 1958	52
Average daily attendance under two years	13.2
Average daily attendance two - five years	24.6

The daily attendance of children at the nursery was much the same as last year. The usual reasons for absences were childish ailments and sometimes sickness of parents, when children were also kept at home, and, of course, school holidays.

I have had several priority cases during the year : three mothers who had to go into hospital for operation ; one when mother had to go into hospital for a rest before having another baby and one little boy I had to admit at very short notice because his father was sent to prison.

During November and December there were fifteen cases of measles in the two to five age group. All the usual precautions were taken, and all contacts under two years of age were inoculated with Gamma Globulin by Dr. Haynes. There were also six cases of mumps and one of chicken-pox.

The nursery was painted inside and outside except for the toddlers' room and bathroom.

We have had no additional outdoor equipment during the year, though a number of small educational toys were received. Two new rugs have been provided, one for the Staff Room and one for the Office. Also a pair of steps, and a wall brush, ten new tables and twelve small chairs. All these items have been greatly appreciated.

Several visits have been made during the year by the County Health Committee. These visitors are always very welcome and they show a keen interest in children and staff.

Four students sat for the N.N.E.B. examination in July and all four were successful. They are all now working with children in one capacity or another. Four new students were appointed on the 1st September, 1958."

Admission of Derbyshire Children to Nottinghamshire Day Nurseries.

Several years ago an agreement was reached with the Nottinghamshire County Council, whereby children residing on the eastern border of Derbyshire could attend Nottinghamshire Day Nurseries, the

difference between the charge to the parent and the cost per child-day being met by the Derbyshire County Council.

Admission of Derbyshire Children to Sheffield Day Nurseries.

It has been agreed in principle that Derbyshire children be allowed to attend Sheffield Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. All cases are referred to the Chairman of the County Health Committee for approval after the actual assessment of the cost to the County Council has been ascertained by the Sheffield Authority.

Training of Pupil Assistant Nurses.

The arrangement continued during the year whereby Pupil Assistant Nurses employed by the Derby Area No.1 Hospital Management Committee work for a period of six or eight weeks at one of the Day Nurseries to gain experience. The Management Committee supplied their services free of charge, and the Derbyshire County Council provided their meals.

Courses and Conferences.

The Matron of the Glossop Day Nursery attended a Nursery Matrons' Course which was held at the Nursery Training Centre in Manchester, from the 4th to 13th June, 1958, and the Matron of the Long Eaton Day Nursery attended a Study Day for Nursery Matrons and Course Tutors which was held in the Cowdray Hall, London, on 23rd October, 1958. The Warden of the Glossop Day Nursery attended a Wardens' Refresher Course which was held at the Nursery Training Centre, Manchester, from the 10th to 21st March, 1958.

The National Association of Nursery Matrons held its Annual Conference in Brighton from the 21st to 23rd March, 1958, and the Matron of the Chaddesden Day Nursery was allowed to attend.

MIDWIFERY SERVICE

(Section 23)

General arrangements for the Service.

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the whole of the administrative County, including Chesterfield. The Area Medical Officer, assisted by a Maternal and Child Welfare Medical Officer and one non-medical Supervisor of Midwives, supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer of Health. The remainder of the County is administered from the central office in Matlock, and the County Medical Officer is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Maternal and Child Welfare Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternal and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—again, of course, under the general direction of the County Medical Officer of Health.

Regarding the midwives employed by the County Council, it has not been possible in all areas to divorce Midwifery completely from Home Nursing. This is partly due to the qualifications and grading of nurses transferred from Nursing Associations in 1948 and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy. The travelling would then be excessive, bearing in mind the number of cases a midwife is expected to attend. The divorce of Midwifery from Nome Hursing is a desirable aim, but I do not think that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table :—

	Number of Midwives on the staff at the end of						
	1952	1953	1954	1955	1956	1957	1958
County Midwives	73	71	69	72	71	72	70
Home Nurse Midwives . .	35	35	32	30	30	29	29

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including Analgesia apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report sixty-five Midwives out of a total of seventy, and twenty-eight Home Nurse Midwives out of a total of twenty-nine are using motor cars.

The areas covered by County Midwives and Home Nurse Midwives have been drawn having regard to (1) the amount of work performed ; (2) the convenience of patients ; (3) the situation of the Midwives' residences ; and (4) the "mobility" of Midwives.

It has been estimated that each Midwife can undertake approxmately sixty-six cases per annum, and it has been stated that one Midwife is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation, that her duties shall include ante-natal care, attendance at the confinement and nursing of the mother and baby for a minimum of fourteen days during the lying-in period.

At the end of 1958 there were 178 Midwives on the County Roll—two were Midwives in independent practice ; five were Midwives working in private Nursing Homes ; 72 were Midwives working in Regional Hospital Board Hospitals and Maternity Homes ; seventy were County Council Midwives ; and twenty-nine were County Council Home Nurse/Midwives.

Uniform.

All Midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing.

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either directly to the County Council for occupation by a Midwife, or to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

Statistics.

The following Table sets out certain relevant figures regarding the Midwifery Service for the years 1952 to 1958 :—

	1952	1953	1954	1955	1956	1957	1958
Numbers of cases attended by Midwives employed by the Authority :							
(i) As Midwives	2,918	2,938	3,047	3,039	3,349	3,430	3,500
(ii) As Maternity Nurses ..	1,561	1,510	1,385	1,352	1,402	1,351	1,248
Total ..	4,479	4,448	4,432	4,391	4,751	4,781	4,748
Number of cases in which Gas and Air was administered	2,192	2,501	2,667	2,611	2,651	639	374
Number of cases in which Pethidine was administered							
(i) When acting as a Midwife	579	900	1,185	1,297	1,693	1,954	1,927
(ii) When acting as a Maternity Nurse	598	488	479	826	704	795	707
Number of cases in which Trilene was administered :							
(i) When acting as a Midwife	–	–	–	–	323	2,237	2,477
(ii) When acting as a Maternity Nurse	–	–	–	–	130	755	791

Gas and Air Analgesia.

The number of Midwives in practice in the County at the end of the year who were qualified to administer Gas and Air Analgesia in accordance with the requirements of the Central Midwives Board, was as follows :—

Domiciliary Midwives	98
Employed in Homes and Hospitals in the National Health Service	64
Employed in Nursing Homes or Maternity Homes not in the National Health Service	5

The number of cases where gas and air analgesia was administered by Midwives in domiciliary practice during the year 1958 was 374.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction on 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 the patient as well as to the Midwife.

Pethidine.

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950, authorising Midwives who have notified their intention to practise to the Local Supervising Authority to be in possession of and to administer medicinal opium, tincture of opium, and pethidine, all Midwives were issued with Dangerous Drugs Books, and arrangements were made for the issue of pethidine from the Central Office. The numbers of cases in which pethidine was administered since these Regulations came into force are set out below :—

1951	.. ..	877
1952	.. ..	1,190
1953	.. ..	1,399
1954	.. ..	1,665
1955	.. ..	2,135
1956	.. ..	2,397
1957	.. ..	2,749
1958	.. ..	2,634

Trichloroethylene B.P. (Trilene).

All midwives employed by the County Council have been instructed in the use of, and provided with, Trilene Inhalers, as an alternative method of inhalational analgesia to Gas and Air. The Inhalers are of a type approved by the Central Midwives Board for use by midwives, the same conditions being enjoined regarding the medical examination and the presence of a "second person" as with Gas and Air analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year 1958 was 3,268.

Relaxation.

Midwives in Derbyshire have been sent for many years by the County Council on refresher courses run by the Royal College of Midwives. Latterly the courses have included lectures on relaxation. Gas and Air analgesia, trilene analgesia, pethidine, and other drugs, as well as relaxation exercises, are all methods designed to reduce suffering during childbirth, and while it is important that the wishes of patients should be respected it is advisable that whether one or more of these methods should be used in a particular case be left to the discretion of the doctor or midwife, who have the expert knowledge to assess the medical condition at the time.

Intra-Gastric Oxygen.

As a pilot scheme, twelve midwives (six in the north and six in the south of the County) were issued with apparatus for the administration of intra-gastric oxygen to infants requiring immediate resuscitation after birth. It was realised that this equipment would not be required very frequently but would be a valuable asset in cases of extreme emergency.

During the year these resuscitators were used ten times. Nine of the infants responded satisfactorily within a few minutes. On the tenth occasion the oxygen was administered to an infant who had collapsed when one week old. This child did not respond to treatment and died almost immediately.

Refresher Courses.

The County Council's proposals under Section 23 of the National Health Service Act provide for sending Midwives on Post Certificate Courses at suitable intervals. Up to 1955 seven Midwives were sent annually to Courses arranged by the Royal College of Midwives, fees and expenses being paid by the Authority. In addition, the Supervisors of Midwives attend in rotation the annual post-certificate courses conducted by the Association of Supervisors of Midwives.

The Minister of Health has, however, given approval under Section 30 of the Midwives Act, 1951, to rules made by the Central Midwives Board. This was contained in Statutory Instrument 1955, No. 120, which came into operation on the 1st February, 1955. Section "G" of the Rules dealing with refresher Courses for Midwives is to be obligatory from the 1st January, 1958, after which date Midwives will be required to attend Refresher Courses every five years. In order that all Midwives shall be brought into line it was arranged to send thirty-two Midwives during 1955, thirty-two during 1956, thirty-two during 1957, and the balance during 1958.

Training of Pupil Midwives.

Arrangements were made with the Sheffield Regional Hospital Board for the training of Pupil Midwives in the Chesterfield area. The arrangements provided for the Regional Hospital Board paying : (1) the pupil Midwives' salaries ; and (2) £3 3s. 0d. per week to the Midwife for providing board and lodging for each pupil ; while the County Council pays £20 per annum to the Midwifery Teacher.

The Midwife in the Maternity Service.

The Royal College of Midwives have issued a Memorandum on Policy, and it was thought that the following excerpts from it might prove of interest:—

"*The Midwife in the Maternity Service.*

The Royal College of Midwives believes that if the best possible care is to be given to the mothers and babies of the country the Maternity Service must continue to be based on the provision of an adequate number of well-educated, well-trained and experienced midwives. At the same time the College welcomes the provision, under the National Health Service Act 1946, for maternity medical services to be given by general practitioner obstetricians, and for the attendance of consultant obstetricians, should the need arise.

The midwife today is trained to be 'the practitioner of normal midwifery' (Report of the Working Party on Midwives, para. 102), and as a member of the obstetric team she should be given a share in the planning and organisation of the Service. Only thus will the mother and baby be best served and the best type of midwife find sufficient scope within the Service.

The function of the midwife should be substantially the same whether she is engaged in institutional or domiciliary practice, and in the following paragraphs we have outlined what we believe should be the scope of her work.

The Responsibility of the Midwife.

1. *Ante-Natal Care.*

The responsibilities of the midwife for the clinical care of the expectant mother are determined by the Rules of the Central Midwives Board.

The routine ante-natal care of the expectant mother should be recognised as the duty of the midwife in association with the doctor, who is responsible for the general medical care and attendance when need arises.

We believe it is of vital importance for the midwife to continue to exercise her clinical skill, including the ante-natal examination of women attending Local Authority clinics or other centres. Many doctors are now undertaking ante-natal care in their own surgeries, but this does not absolve the domiciliary midwife from taking the full share of responsibility. In hospital practice, where the obstetricians attend every ante-natal clinic, we consider it essential that there should also be ante-natal sessions conducted by midwives.

The midwife has always been a teacher of individual mothers, but today she is taking a much larger part in the ante-natal teaching of groups of mothers, and we are glad that her resposibility for this important work is increasing and will increase in the future.

Classes for the mothers in ante-natal clinics should be organised by the midwife in co-operation with other members of the health team. The midwife herself should give the teaching on the physiology of labour and the preparations for it, the use of inhalational analgesics, the preparations for the baby, and breast feeding. Provided she has

had the appropriate experience, the midwife may, and often does, give instruction on relaxation and ante-natal exercises to small groups of mothers.

In our opinion, the assessment of the suitability of the home conditions for confinement should be made by the midwife in consultation, where necessary, with the patient's own doctor.

2. *Care during Labour.*

Every mother should be under the constant care of a midwife during the whole of her labour. Although a doctor may be present for part of the time, the midwife should continue to take full responsibility for the majority of normal deliveries. She can administer inhalational analgesics and, under the Dangerous Drugs Acts, she can give certain pain-relieving drugs. It is thus within her power, and it is her duty, to give the mother adequate relief from pain during labour.

3. *Post-Natal Care.*

The responsibility of the midwife for the care of the mother and baby is a very important one. They should, if possible, be looked after during the post-natal period by the same midwifery team who cared for them throughout pregnancy and labour. We deplore the practice in some hospitals of sending the mother and baby home, or to other premises, within a few days of confinement since this makes it impossible to give them continuity of care.

The care of mothers and babies should remain the resposibility of midwives for at least twenty-eight days. It is the duty of the midwife to encourage the mother to attend for a post-natal examination and to make the necessary appointment.

We are strongly of the opinion that premature babies should be nursed by midwives."

HEALTH VISITING

(Section 24)

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. The Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of the 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. Including the Superintendent Health Visitor and Deputy Superintendent Health Visitor, the establishment provides for the employment of seventy Health Visitors, who also act as School Nurses.

A Health Visitor's duties are many and varied and in this County includes School Nursing. She attends Infant Welfare Centres, Ante-Natal Clinics, Immunisation and School Clinics, and as her name implies has access to the homes of the families in her area. Very rarely in these days is her help refused. Her work, however, is chiefly advisory and her aim is to be the friend of the family whom any member can approach for help on questions of health, both mental and physical. She is more concerned with the prevention of illness than the cure and it is in this aspect of her work than any new methods of furthering health education are invaluable. A Deputy Superintendent Health Visitor was appointed in August of the year under review and she has spent much time in teaching and encouraging the Health Visitors in this important sphere.

Apart from the 160 talks given at Infant Welfare Centres and Ante-Natal Clinics by Health Visitors, 16 talks were given to Senior Girls at schools and 10 to Voluntary Organisations.

There is still a national shortage of Health Visitors and it has not been possible to obtain the numbers required in this County ; at the end of 1958 sixty Health Visitors and two School Nurses were employed in an authorised establishment of seventy, although double this number is needed for the work required.

Training of Health Visitors.

In view of the shortage of candidates to the Health Visiting branch of the nursing profession, a scheme is in operation whereby State Registered Nurses under thirty-five years of age who hold the certificate of the Central Midwives Board or the first certificate under the new Central Midwives Board's rules, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly these conditions provide for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid three-quarters of the minimum of the Health Visitor's salary for the first twelve months. Of this period, approximately nine months will be spent as a student and the remainder as Health Visitor on the County Council's staff. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training.

One student completed her course of training and one commenced under this scheme during the year under review.

In all there are thirteen Health Visitors in this County who were trained under this scheme since 1949, and none have left the County Council's service when their contract expired.

The Chronic Sick and Infirm.

The Clerk of the County Council reported the receipt of circular 14/57, dated 7th October, 1957, to the County Health Committee on

28th October, 1957. The Minister of Health referred to a survey he had conducted, through his officers, of the facilities available to the chronic sick, particularly the aged chronic sick and infirm. This survey covered both the hospital services and the services provided by local authorities, either as local health authority or as the authority responsible for the residential service for those in need of care and attention under Part III of the National Assistance Act. It is proposed now to deal with these services which the County Council provide as a local health authority. The following is a relevant exerpt from circular 14/57 :—

"12. It is often necessary for the hospital (geriatric) almoner, in association with the geriatric physician, to obtain an assessment of the social need for admission of a patient to hospital. In some areas domiciliary visitors of the local authority (e.g. a health visitor or a social worker) are used to provide reports on the home circumstances on which this assessment is based. These Officers in many cases have previous experience and knowledge of the person concerned, and it appears to the Minister that the local authority domiciliary services can when they are used in this way make a valuable contribution towards getting elderly persons who need hospital treatment admitted in the right order of priority. He strongly recommends arrangements on these lines to the consideration of other local authorities, in conjunction with the hospitals concerned and the doctors in general practice in the area. In a few areas one of the authority's health visitors has been specifically attached part-time to a hospital geriatric department for the purpose of providing this social assessment of applicants for admission, an arrangement which appears to the Minister to have much to commend it. Whether general or specialised local authority visiting officers are engaged in this work it is clearly essential that there should be close co-operation and understanding between them and the local general practitioner.

13. Another point which was brought out by the survey and to which the attention of hospitals has been drawn is the importance of their notifying (with the consent of the patient) medical officers of health in good time before discharging patients, particularly those living alone who will require help if they are to carry on satisfactorily on first returning home, so that any requisite domiciliary services may be laid on at once. In areas in which one of the local authority's health visitors has been specially associated with the hospital, it has been found convenient for her to act also as the liaison officer for this purpose.

14. As regard the domiciliary health services, the survey indicates that in most areas they are adequate though, in general, under heavy pressure but that in some areas they are too thinly spread to provide an adequate standard of service. The Minister hopes that, as financial and other circumstances permit, deficiencies will be made good where they exist. It must be borne in mind that these services prevent a heavier burden being thrown on more expensive residential services.

In this connection the Minister would invite the attention of local authorities to the analysis of the hospital population on a night in 1951 as set out in paragraph 84 of Part 1 of the Guillebaud Report, and in particular to the statements that "For all types of hospital and in relation to their numbers in the total adult population, the single, widowed and divorced make about double the demand on hospital accommodation compared with married people" and "about two-thirds of all the hospital beds in the country occupied by those over 65 are taken by the single, widowed and divorced". The significance of these statements as an indication of the need for strengthening the domiciliary services for the elderly, particularly those who are solitary, will not be lost. Authorities will no doubt wish to con-

sider how far they can through these services prevent or delay the onset of infirmities by arranging for ageing persons to be visited and given suitable advice.

15. As Authorities will know there has been in the last few years a great increase in the proportion of the time devoted by the home help service to the care of the aged, as the value of the contribution which this service can make to help them to continue to live in their own homes has been increasingly recognised. As the experience of progressive authorities has shown, the value of this service can be still further enhanced if it is imaginatively planned, with due regard, for example, to the times at which the old person most needs assistance (maybe evening attendance) and to the type of help most required which may extend beyond purely domestic help with cleaning and the preparation of meals to such things as friendly guidance in personal matters and in some cases to help with the toilet and in hygiene. A point which emerges from the survey is the importance of avoiding in the case of the elderly frequent changes of home helps or any interruption in the continuity of the service.

16. The survey reinforced one point which has long been recognised, the great importance of complete co-ordination and integration of all the local authority domiciliary services. In a number of areas the degree of co-ordination achieved still leaves much to be desired. The Minister hopes that local authorities will continue to address themselves to this problem which experience in many areas has shown can be successfully solved where there is willingness to find the right solution. It is frequently a matter of securing right departmental and personal relationships, no more and no less."

As regards paragraph 15 of the Ministry's circular, the work of the Home Help Service is dealt with in this Report commencing on page 107.

As regards the assessment of the social need for admission of a a patient to hospital, this has been done, when requested, by Health Visitors on the staff of the County Health Department for several years. As an example of the procedure that is adopted the following is a copy of the letter and questionnaire that is used for patients seeking admission to the Scarsdale Hospital, Chesterfield.

(Similar forms are used with slight modification for the other hospitals).

During 1958, the Health Visitors provided 500 reports under this scheme.

"Dear Madam,

ADMISSION OF CHRONIC SICK AND SENILE PATIENTS TO HOSPITAL

Patient's Name :

Address :

Diagnosis :

I have received a communication from the Hospital Authorities regarding the admission of the above named patient to Scarsdale Hospital, Chesterfield.

The Senior Administrative Medical Officer of the Sheffield Regional Hospital Board has stressed the difficulty which is being experienced by most hospitals in providing adequate accommodation for such patients, and the Local Health Authorities have agreed to investigate home surroundings to ensure that the patients in greatest need are admitted first. I shall be pleased, therefore, if you will visit the above address for this purpose I would draw your attention to the following points :—

(*a*) I should like you to visit as soon as possible and complete the attached form of report. You should telephone its contents *immediately* to the Welfare Officer, Scarsdale Hospital, Chesterfield, (telephone Chesterfield 7271). You should then send the written report *to me* so that I may take any action necessary through my Department, and I shall arrange for a copy to be sent straight away to the Welfare Officer in confirmation of your telephoned message to her.

(*b*) You should inform the relatives and friends that the admission of the patient will be made on the understanding that on his/her recovery immediate arrangements will be made for his/her return home ;

(*c*) Where, in your opinion, the services of a Home Help or Home Nurse are desirable (either pending a patient's admission to hospital or instead of such admission), you should mention this in your report ; and

(*d*) In some cases action may be necessary to safeguard the patient's property and effects while in hospital, when the County Council has certain responsibilities . In such cases I should be glad if you would let me know the position.

Yours faithfully, "

"*CHESTERFIELD HOSPITAL MANAGEMENT COMMITTEE*
PRIVATE AND CONFIDENTIAL. SCARSDALE HOSPITAL
Telephone 7271.

GERIATRIC WAITING LIST

Patient's Name Age

Address Doctor

Diagnosis

What is the main reason for asking for admission ?

If the Patient is living alone

1. Who is caring for him or her at present ?
   How often does this person come to the patient ?
   Does the patient seem to be well cared for ?
   Is it alright to leave the patient alone at night ?
2. Are there any relations living near ?
   Do they visit the patient often ?
   If not, is there any particular reason ?
   Has the patient any friends who visit often ?
   Is the house clean ?
3. Is the District Nurse in attendance ?
   If so, how often does she come ?
4. Is a Home Help in attendance ?
   If so, how often does she come?
   If there is not a Home Help could the patient be kept at home if such help were provided ?
5. Is patient tenant of the house ?
   If so, is there anyone who would look after it and the patient's property while he or she is in hospital ?
6. What relations has the patient got ?
   Where are they living now ? (State whether there are any who might be in a position to take the patient if necessary when he or she is discharged from hospital.)

If patient is living with relatives or has relatives, friends or sub-tenants living with him or her

1. How many occupants in the house ?
   What is their relationship to the patient ?
2. Who is actually looking after the patient ?
   Does he or she go out to work ?
   Does the patient seem to be well cared for ?
3. Does the patient get on well with the rest of the household ?
   Or is the patient's position difficult ?
   If so, why ?
4. How many bedrooms in the house ?
   Where does the patient sleep ?
5. Does the patient put a financial burden on the family ?

1. Is the patient (*a*) incontinent ?
   (*b*) ambulant ?
   (*c*) bedridden ?
2. Does the patient need a lot of nursing care ?
   If so, why ?
   Do you consider this an urgent case ?

General Remarks

Form to be returned to : Welfare Officer, Scarsdale Hospital, Chesterfield"

STATISTICS RELATING TO MATERNAL AND CHILD WELFARE

Statistics regarding the Authority's Maternal and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this report (Appendix 1).

Certain facts are extracted for use in the Department, but appear likely to be of general interest and are set out in convenient form, in the Table on pages 76 and 77, for easy reference. The headings under which the statistics appear are self-explanatory and give a summary of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. (It will be appreciated that all the figures are based on the number of notified births, which varies slightly from the number of registered births provided by the Registrar-General).

MATERNAL AND CHILD WELFARE.

1.	Ante-Natal Clinics—	
	Number of sessions	1,310
	New Cases	3,149
	Ante-Natal attendances	14,162
	Post-Natal attendances	588
2.	Visits to Homes—	
	Number of children under five years of age visited during year	43,741
	Expectant mothers :—	
	First visits	2,804
	Total visits	3,903
	Children under one year of age :—	
	First visits	10,550
	Total visits	29,885
	Children age one year and under two years :—	
	Total visits	16,237
	Children age two but under five years :—	
	Total visits	32,177
	Tuberculous Households :—	
	Total visits	2,830
	Other cases :—	
	Total visits	7,396
	Total number of families or households visited by Health Visitors	38,574
3.	Infant Welfare Centres :—	
	Number of sessions	4,304
	Number of new cases :—	
	Under one year of age	7,170

	1952	1953	1954	1955	1956	1957	1958
NUMBER OF NOTIFIED BIRTHS :							
Live Births	10,387	11,039	10,122	10,130	10,769	10,946	10,991
Still Births	236	233	269	221	250	274	298
Total Births	10,623	11,272	10,391	10,351	11,019	11,220	11,289
DOMICILIARY MIDWIFERY.							
L.H.A. Midwives—Number of cases attended : as Midwives	2,918	2,938	3,047	3,039	3,349	3,430	3,500
as Maternity Nurses ..	1,561	1,510	1,385	1,352	1,402	1,351	1,228
Total ..	4,479	4,448	4,432	4,391	4,751	4,781	4,748
Midwives in private practice, number of cases attended : As Midwives	17	2	9	1	2	–	–
As Maternity Nurses ..	22	20	8	16	3	5	–
Total ..	39	22	17	17	5	5	–
Domiciliary Cases—Grand Total	4,518	4,470	4,449	4,408	4,756	4,786	4,748

Number of Domiciliary Cases attended as a percentage of all notified births	42.5	39.65	42.8	42.4	43.16	42.66	42.05
ANALGESIA.							
Number of cases in which inhalational analgesics were administered by L.H.A. Midwives in Domiciliary practice	2,192	2,501	2,667	2,611	3,104	3,631	3,642
Number of cases of Analgesia as a percentage of domiciliary births	48.5	55.95	59.9	59.46	65.3	75.86	76.7
ANTE-NATAL CLINICS.							
Number of L.H.A. Clinics	23	22	22	23	23	24	24
Number of new cases attending during the year ..	4,467	4,183	3,976	3,777	3,837	3,349	3,149
Number of new ante-natal cases as a percentage of all notified births	42.0	37.1	38.3	36.5	34.8	29.85	27.89
POST-NATAL CLINICS.							
Number of new cases attending during the year (including post-natal cases at Ante-natal Clinics) ..	409	394	487	514	559	506	485
Number of new post-natal cases as a percentage of all notified births	3.8	3.49	4.68	4.97	5.07	4.51	4.29
INFANT WELFARE CENTRES.							
Number of L.H.A. Centres	86	85	85	86	88	92	95
Number of Voluntary Centres	3	3	3	3	2	2	2
Number of children who first attended an Infant Welfare Centre during the year (under one year) ..	6,115	6,374	6,995	6,245	6,663	7,069	7,294
Number of first attendances of children under one year of age at I.W.C.s as a percentage of notified live births	58.87	57.74	69.17	60.3	61.87	63.00	66.36

Number of children who attended during the year and who were born in :—		
1957	6,468	
1956	7,357	
1955-52	4,835	
Total number of children who attended during the year		18,660
Number of attendances made by children who, at the date of attendance were —		
Under one year		88,668
One but under two		19,426
Two but under five		11,155
Total attendances during the year		119,249
4. Mothercraft—Number of Lectures		160

HOME NURSING SERVICE
(Section 25)

This service has been in operation for 10 years and its value to the community is now so well known and appreciated that little comment is necessary. The administration is very similar to that of the midwifery service which is described earlier in the report. The day to day running of the service in the Borough of Chesterfield is under the control of the Area Medical Officer assisted by a Superintendent of Home Nurses. In the remainder of the County the administration is from the County Offices in Matlock, and the County Medical Officer is assisted by his Deputy as well as by two Nursing Superintendents, who are also Supervisors of Midwives. The service continued in 1958 much on the same general lines which were adopted when it came into operation in 1948. Many of the nurses who prior to that date had been employed by voluntary Nursing Associations, joined the staff of the County Council, and the majority of them are still with the Authority, and they, together with nurses who have been appointed since that time, are rendering excellent service. When vacancies occur the circumstances in the area concerned are reviewed to see if any changes are desirable. The following table shows the staffing position at the end of each year since the inception of the service

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Full-time—											
Home Nurse Midwives	44	43	38	37	35	35	32	30	30	29	29
Home Nurses ..	81	91	104	99	99	99	103	108	112	112	114
Total	125	134	142	136	134	134	135	138	142	141	143
Part-time ..	2	–	2	3	2	–	–	–	–	–	–
TOTAL full-time and part-time ..	127	134	144	139	136	134	135	138	142	141	143

During 1958 the nurses attended 16,906 patients and the number of visits paid was 395,707 : these figures are a little higher than those for the previous year. 35 per cent of the patients attended were over 65 years of age at the time of the first visit, and 2 per cent were under 5 years of age ; 21 per cent had more than 24 visits paid to them by the nurses.

In Appendix I to this report a copy of the Annual Return to the Ministry of Health is set out, giving details of the services provided by the Authority, and in Part I, Section 6, is an analysis of the type of work the nurses are now called upon to carry out, showing the number of cases and visits made to medical, surgical, infectious diseases, tuberculosis, maternal complications and others.

The home nursing service does much to relieve the pressure on hospital beds. It has been reported that nursing in the home, when possible, is far more acceptable to the majority of patients than treatment in hospital, particularly in the case of the elderly and young children, as they seem to progress more favourably in familiar surroundings. Furthermore, it is often found possible to discharge patients from hospital sooner than might otherwise be the case as the home nurse is able to continue the treatment under the care of the patient's own doctor. The provision of nursing aids through the County Council's Care and After-care service is also proving very helpful in this connection.

Chemotherapy is now widely used in domiciliary treatment and the home nurses are called upon to administer injections for a variety of diseases under the direction of the patients' own doctor. The number of patients visited for this purpose during the year was 4,837, involving 145,778 special visits.

The County Council has realised the advantage to all concerned of nurses using cars in connection with their duties, and it is their policy to grant car allowances to these Officers. The number using cars at the time of writing is 120 out of 143 nurses. Many nurses take advantage of the County Council's scheme for granting loans towards the purchase of cars.

Local Housing Authorities have again been helpful in renting houses on their Housing Estates for occupation by home nurses, thus enabling the nurses to reside where there is a concentration of population.

The principle of enabling nurses to attend Post Certificate or Refresher Courses every 5 years has been continued, and in addition to this, for the second year in succession, a limited number of nurses have been allowed to attend special Courses on Mental Health. This type of Course is felt to be important in view of the changing attitude towards mental illness. There can be no doubt that money spent on these Courses is well worth-while as they are made aware of the latest advances in treatment.

VACCINATION AND IMMUNISATION

(Section 26)

In recent years considerable advances have been made in the various forms of vaccination and immunisation. It appears that the general public are becoming more willing to take advantage of the facilities now provided.

Diphtheria

The Ministry of Health, in a Circular dated the 6th January, 1959, addressed to Local Authorities in England, has stated that it "has not done any national or regional press or poster advertising during 1958 because it was thought that as Authorities have been so fully engaged with polio vaccination such advertising might at the time of its appearance prove to be an embarrassment to them". However, it is pleasing to report that the steady, though slight, increase in the number of persons given immunisation against diphtheria which has occurred over the last few years, has continued in 1958, as the following table shews :—

Immunisation against Diphtheria.

	Primary	*Booster*
1952.. ..	7,488	6,748
1953.. ..	6,730	4,727
1954.. ..	7,531	5,862
1955.. ..	7,677	8,028
1956.. ..	8,314	5,831
1957.. ..	8,577	6,570
1958.. ..	8,975	4,536

It is gratifying to report, for the third year in succession, that there has been no notification or death from this disease recorded in the County.

The following table gives details of the children who completed a course of immunisation or received a reinforcing dose during 1958 in the form required by the Ministry of Health :—

DIPHTHERIA IMMUNISATION RETURN FOR THE YEAR ENDED 31st DECEMBER, 1958

	AGE at date of final injection (as regards A) or of reinforcing injection (as regards B)			
	Under 1	1 *to* 4	5 *to* 14	*Total*
A. NUMBER OF CHILDREN WHO COMPLETED A FULL COURSE OF PRIMARY IMMUNISATION IN THE AUTHORITY'S AREA (including temporary residents) TOTAL FOR THE YEAR	5,857	1,657	1,459	8,973
B. NUMBER OF CHILDREN WHO RECEIVED A SECONDARY (REINFORCING) INJECTION (i.e., subsequently to primary immunisation at an earlier age). TOTAL FOR THE YEAR	—	357	4,179	4,536

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 31st December, 1958.

IMMUNISATION IN RELATION TO CHILD POPULATION

Number of children at 31st December, 1958, whe had completed a course of Immunisation at any time before that date (i.e. at any time between 1st January, 1944 and 31st December, 1958.

Age at 31.12.58 i.e. Born in Year	Under 1 1958	1—4 1954–1957	5—9 1949–1953	10—14 1944–1948	Under 15 Total
Last complete course of injections (whether primary or booster) A. 1954–1958 ..	5,857	20,901	25,638	13,645	66,041
B. 1944–1953 ..	..	..	23,668	34,997	58,665
C. Estimated mid-year child population	11,400	42,800	117,000		171,200
Immunity Index 100A/C	51.4%	48.8%	33.6%		38.6%

The Immunity Index is rising steadily, particularly in the younger age groups.

Whilst in recent years there has been a considerable reduction in the number of persons suffering from certain infectious diseases there can be little doubt that immunisation against diphtheria has

played a very important part in reducing the incidence and mortality from that disease. The position was put very clearly by Sir John Charles, the Chief Medical Officer of the Ministry of Health, when in 1957 he stated :—

"You will be glad to know that since 1940 some 12½ million children have been immunised against diphtheria, and that the incidence of this disease has fallen from a yearly average of 58,000 cases and 2,800 deaths (1930-39) to fifty-one cases and eight deaths in 1956. This news will be particularly gratifying to Medical Officers of Health and their staffs and to family doctors, on whom much of the burden of inducing parents to have their children immunised has fallen and will continue to fall, and I should like to congratulate them."

The following figures for England and Wales have been given by the Ministry of Health, and shew that the disease is happily being eliminated from our midst :—

Year	*Deaths*	*Corrected Notifications*
1948	156	3,575
1949	84	1,890
1950	49	962
1951	33	664
1952	32	376
1953	23	266
1954	9	176
1955	13	155
1956	8	53
1957	6	37

The total of deaths in 1957 includes 2 "late effects" deaths, i.e., those occurring more than a year after the acute episode ; in 1951, 1952, 1953, 1954, 1955 and 1956, these numbered 3, 9, 3, 1, 1, and 5 respectively.

Whooping Cough ; Tetanus.

On 31st July, 1957, the Minister of Health gave formal authority to the Derbyshire County Council "to include in its approved arrangements under Section 26 of the Act, arrangements for offering to persons in its area, (a) immunisation against whooping cough ; (b) immunisation against tetanus". (The County Council already had an approved scheme for immunisation against diphtheria).

The following is a copy of a letter addressed by the Ministry of Health to the Clerk of the County Council, dated 31st July, 1957, which accompanied the formal authority mentioned above :—

"Sir,

National Health Service Act, 1946
Section 26. Vaccination and Immunisation

I am directed by the Minister of Health to refer to your letter of 22nd January, 1957, and to forward his formal authority for the provision by the Council of immunisation against whooping cough and tetanus.

The Minister assumes that the County Medical Officer of Health will be responsible for deciding what antigen(s) are to be used and that the antigen(s) will be made available to general practitioners on request and, also, that when making arrangements for offering immunisation against whooping cough and tetanus consideration will be given to the views contained in the Minister's circular letter to local health authorities of 4th July, 1957 (Circular 8/57.). The Authority should make its own arrangements for the purchase of suitable vaccines."

The following are relevant excerpts from Circular 8/57 :—

"1. I am directed by the Minister of Health to state that he has received advice from the Central Health Services Council on the procedure which can be recommended for immunisation against diphtheria and whooping cough under the National Health Service Act. This advice has been given following the publication of a Report by the Committee of the Medical Research Council on inoculation procedures and neurological lesions (Lancet 1956 ii 1223).

2. The Medical Research Council Report, which is based on statistical evidence, shows that inoculation with certain of the prophylactics used against diphtheria or whooping cough involves some risk of provoking paralysis due to poliomyelitis. The risk varies according to the time of year and the type of prophylactic used, being greatest in the second and third quarters of the year and when a combined alum precipitated diphtheria and whooping cough vaccine is used. The risk is less at other times of the year and minimal when an alum free diphtheria toxoid or a plain whooping cough vaccine is used singly. The advice which the Minister has received from the Central Health Services Council is in the following terms :

(i) Non-alum precipitated antigens should be recommended for use by local health authorities and practitioners against diphtheria.

(ii) There is a risk of provoking poliomyelitis in using antigens in combination. Some of these risks have been measured, others such as might occur in using combined whooping cough and tetanus antigens or combined diphtheria and tetanus antigens have not yet been measured. Antigens should, in general, preferably be used separately though the advantages of this must be weighed against the psychological dangers of giving frequent injections to the child.

(iii) If non-alum precipitated antigens are used singly they may be used throughout the year, subject to the discretion of the medical officer of health. . . . . "

Combined Antigens

6. Supplies of combined antigens have not been issued to local health authorities, but most authorities have proposals approved by the Minister which enable them to make arrangements for combined immunisation against diphtheria and whooping cough and sometimes also tetanus under Section 26 of the Act. Materials for the purpose are obtained by the authorities from the manufacturers. In view of the advice which he has now received, the Minister recommends that where a local health authority consider it expedient to use non-alum-containing combined diphtheria and whooping cough antigens, they should pay special regard to the prevalence of poliomyelitis infection in the locality and to the period of highest risk of provocation as demonstrated in the report of the Medical Research Council and mentioned in paragraph 2 above.

7. It is not at this stage possible, in advance of further knowledge, to give any guidance on the use of tetanus antigens in combination with diphtheria or whooping cough antigens. . . . . "

In view of the responsibility placed upon me as County Medical Officer of Health in the Ministry of Health's letter of approval, where it is indicated that I have to give consideration to the views expressed in the Ministry's Circular 8/57, I feel that as far as the medical staff who work directly under me are concerned, it will be expedient that non-alum precipated antigens be given singly at County Council Clinics, rather than in combination, and it would have the merit that "they may be used throughout the year, subject to the discretion of the medical officer of health."

Small Pox.

The same general remarks regarding diphtheria immunisation apply in the case of small pox vaccination, and whilst no cases have been reported in the County, and no major outbreaks have occurred nationally, it is important that the vaccination rate should be high as otherwise there is a possibility that if the disease is introduced into the Country, a major epidemic may occur.

As will be seen from the following table the number of primary vaccinations has risen steadily, but very slightly, in recent years :—

Vaccination against Small Pox

	Vaccination	*Re-vaccination*
1952.. ..	1,612	729
1953.. ..	1,939	795
1954.. ..	1,815	568
1955.. ..	1,816	476
1956.. ..	2,276	564
1957.. ..	2,833	656
1958.. ..	3,541	715

The following is a copy of the Annual Return for the year ended 31st December, 1958, which was submitted to the Ministry of Health, relating to the vaccination position.

I. NUMBER OF PERSONS VACCINATED (or RE-VACCINATED) DURING PERIOD.

Age at date of Vaccination	*Under* 1	1	2 *to* 4	5 *to* 14	15 *or over*	TOTAL
Number Vaccinated	2,646	198	179	154	364	3,541
Number Re-vaccinated	6	3	15	35	656	715

II. NUMBER OF CASES SPECIALLY REPORTED DURING PERIOD.

None.

Since 1st October, 1958, the following are the numbers of persons immunised:—

	PRIMARY		*BOOSTER*	
	General Practitioners	*Medical Officers of the Derbyshire County Council*	*General Practitioners*	*Medical Officers of the Derbyshire County Council*
DIPHTHERIA				
0–4 years	444	81	23	6
5–14 years	36	216	282	595
Total	480	297	305	601
DIPHTHERIA-TETANUS PERTUSSIS				
0–4 years	697	–	2	–
5–14 years	32	–	8	–
Total	729	–	10	–
DIPHTHERIA-PERTUSSIS				
0–4 years	576	–	1	–
5–14 years	9	–	11	–
Total	585	–	12	–
DIPHTHERIA-TETANUS				
0–4 years	3	–	–	–
5-14 years	1	–	–	–
Total	4	–	–	–
WHOOPING COUGH				
0–4 years	37	9	2	–
5–14 years	1	–	–	–
Total	38	9	2	–
PERTUSSIS-TETANUS				
0–4 years	12	–	–	–
5–14 years	–	–	–	–
Total	12	–	–	–
TETANUS				
0–4 years	3	–	–	–
5–14 years	15	–	–	–
15 years or over ..	2	–	–	–
Total	20	–	–	–
SMALLPOX				
Under 1 year	659	58	2	–
1 year	25	19	1	–
2–4 years ..	56	4	2	–
5–14 years ..	42	2	12	–
15 years or over	61	–	96	27
Total	843	83	113	27
Grand Total ..	2,711	389	442	628

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis.

Whilst the powers for providing and carrying out this form of vaccination are given under Section 28 of the National Health Service Act (Prevention of illness, Care and After Care), for the purpose of this Report it is convenient to deal with it under the general section on Vaccination and Immunisation. This type of vaccination falls under two headings, namely (1) the Contact Scheme ; (2) the Schoolchildren Scheme.

(1) *The Contact Scheme* is carried out by Chest Physicians who wish to use it on their own medical responsibility for contacts of cases of pulmonary tuberculosis and is generally confined to children. The Scheme came into operation in 1950 when the Ministry of Health made available supplies of vaccine. The number of cases vaccinated has risen from 38 in 1950 to 694 in 1958. The detailed figures for the last two years are given below:—

Chest Physician and Clinic	*Year* 1957			*Year* 1958		
	No. skin tested	*No. Negative*	*No. vaccinated with* B.C.G.	*No. skin tested*	*No. Negative*	*No. vaccinated with* B.C.G.
Dr. H. M. Brown's Area						
Derby and Long Eaton Chest Clinics ..	160	132	182	126	106	151*
Dr. T. A. Blyton's Area						
Chesterfield	1522	629	232	1830	736	186
Alfreton	168	114	78	53	37	19
Matlock Chest Clinics	22	6	5	56	11	13
Dr. M. B. Paul ..						
†Burton Chest Clinic ..	–	–	–	27	7	15
Dr. F. H. W. Tozer ..						
Ilkeston Chest Clinic	–	–	–	345	241	240
Dr. H. Midgley Turner						
†Sheffield Chest Clinic	23	10	5	59	31	26
Dr. E. R. Smith						
†Stockport Chest Clinic	22	14	8	25	16	14
Dr. E. Ratner						
†Ashton-under-Lyne Chest Clinic ..	16	14	5	10	4	3
Derbyshire Cases Vaccinated in Nottingham ..	13	13	15	11	11	27
Total ..	1946	932	530	2542	1200	694

* This includes 45 newly born babies who were not skin tested.

† Whilst these Chest Clinics are situated outside the Administrative County they serve parts of Derbyshire and these figures only refer to Derbyshire residents.

(2) *The Schoolchildren Scheme* provides for the B.C.G. vaccination of children between their thirteenth and fourteenth birthdays (subject to parental consent). This age group was chosen by the Ministry of Health because it enables the great majority of children to be vaccinated in what is their penultimate year at school, and to leave school with such protection as the vaccine affords.

Briefly, the procedure is to skin test the pupils and the negative reactors are then vaccinated with B.C.G. The Ministry of Health supplies on request the material for skin testing and the actual B.C.G.

In 1958 the Ministry introduced a new form of vaccine which is known as "Freeze Dried" and which has technical advantages over the original fluid vaccine. The School Medical Officers carry out the work and as it is an expanding scheme the County Council has authorised the appointment of three additional Medical Officers. It is essential that they should be trained in the technique of the procedure and the County Health Committee has sanctioned them to attend approved Courses of instruction.

The Scheme came into operation, to a limited extent, towards the end of 1957 and it is intended that it should gradually cover the whole of the County as staff becomes available. However, poliomyelitis vaccination has occupied much of the School Medical Officers' time and consequently the scheme has not expanded as much as one would like.

Details of the work carried out in 1957 and 1958 are given below :—

Year	*No. of schools at which skin testing and* B.C.G. *were carried out*	*NUMBER OF CHILDREN*			
		Offered skin testing and B.C.G.	*Skin tested*	*Tuberculin negative*	*Vaccinated with* B.C.G.
1957	6	584	442	330	329
1958	29	3,098	2,065	1,564	1,542

Children who are tuberculin positive are, of course, not offered vaccination as they are already deemed to have a degree of immunity.

Under the two schemes a total of 2,236 persons were given B.C.G. in 1958.

Poliomyelitis.

Since 1956 a gradually expanding scheme for providing vaccination against poliomyelitis has been in operation in this country. Originally vaccination was made available for children born between 1947 and 1954 inclusive, and the only vaccine to be used was of British manufacture. At the end of 1956 the Minister of Health intimated that it was hoped that during 1957 regular supplies of the vaccine

would become available to enable all the children already registered to receive two injections. At first only medical officers employed by local health authorities were authorised to give the injections, but in 1957 General Medical Practitioners were invited to take part, and the scope of the scheme was widened to include children born in 1955 and 1956. In November, 1957, it was announced that more British vaccine would become available and that it would be supplemented by "Salk" vaccine manufactured in Canada and U.S.A. The imported vaccine would be required to pass in this country the same safety and other tests as were applied to the British vaccines. In view of the anticipated increase in supplies, the offer of vaccination was extended to include children born in 1943-1956 inclusive, those born in 1957 who had reached the age of six months, and expectant mothers. Vaccination was made available for General Medical Practitioners and local authority ambulance staff (as being specially exposed to infection), and to the families of those two groups. Further, the staff at hospitals where poliomyelitis cases are treated during the infectious stage were made eligible for vaccination, together with their families.

In view of the considerable amount of work involved in implementing the scheme, the Ministry of Education on 19th November, 1957, issued Administrative Memorandum No. 561, in which it was stated that the Minister of Education was "confident that local education authorities will co-operate closely with local health authorities in the arrangements for school children. He also hopes that they will collaborate in any measures for giving priority to the work of vaccination, if necessary, by deferring some of the normal and less urgent work of the School Health Service." In his latest Report on "The Health of the School Child", the Chief Medical Officer of the Ministry of Education, commenting on the fact that "the number of children eligible has been increased", remarks that "it may be assumed that the Medical Officers of the Local Authorities will be busily engaged on this work during the early part of 1958 at the sacrifice of a certain amount of inspection of school children. Vaccination must clearly have priority." I would say that the Derbyshire Education Authority is always mindful of the health and welfare of the children under its care and readily co-operate in promoting measures designed to lessen the incidence of disease.

Actually, during 1947 only small supplies of British vaccine were made available and no Salk vaccine was received in this country ; nevertheless, the extension of the scheme suggested by the Ministry in November, 1957, came into operation as far as possible in December of that year. It will be appreciated that difficulties have arisen from time to time in the production of vaccine both in this country and on the other side of the Atlantic, for various reasons, so that sometimes expected supplies have failed to materialise. In May, 1958, the Ministry announced that it had been "decided that, again as a temporary measure, Salk vaccine from the same sources which has been tested and licensed for use in the country of origin should be made available for use in this country without further testing . . . . Parents of children eligible

for vaccination and other persons in the priority groups who have indicated readiness to accept Salk vaccine which has been tested in this country should be given an opportunity of refusing Salk vaccine not so tested if they prefer to wait for vaccination with other vaccine at a later date . . . . Supplies of British vaccine are likely to be very small over the next four months . . . . ." Thus in May of 1958 the position was reached in which parents and others were to be given the following options—the unfettered choice whether the vaccination should be performed by their own General Medical Practitioner or by a medical officer on the County Council's staff ; and the choice of three types of vaccine, namely (i) that of British manfacture which had passed the British tests (which was in very limited supply) ; (ii) Salk vaccine that had passed the British tests as well as tests in the country of origin (which was not plentiful) ; or (iii) Salk vaccine that had passed the tests in the country of origin but had not been tested in Britain (which was the most plentiful of the three types).

The Ministry at this time circulated a "statement by the Medical Research Council on the current position 29th April, 1958" concerning vaccines against poliomyelitis. It was pointed out that the Medical Research Council believed that the three vaccines under consideration could be placed in the following order of safety—"(a) vaccine made according to the British formula that has successfully passed British safety tests; (b) imported vaccine from America and Canada that has successfully passed safety tests in the country of origin and also British safety tests ; (c) imported vaccine from the same sources that has successfully passed safety tests and been licenced for issue in the country of origin". The M.R.C. went on to say that "after carefully weighing all the available evidence bearing on this complex problem, the Council are satisfied that the risk of producing paralytic poliomyelitis by injecting any one of these three vaccines is very slight and that a person inoculated with any one of them is substantially less likely to contract paralytic poliomyelitis than if he is left uninoculated. Nevertheless, no vaccine can be guaranteed to be wholly free from risk, and the preference should always be for the safest known vaccine. The Council reaffirmed their view that British-type vaccine which has successfully passed British safety tests is the safest poliomyelitis vaccine known; that the only justifiable permanent policy is to use every endeavour to produce this in such quantities as to meet all the needs of this country ; and that any policy which has recourse to less safe vaccines should, however slight the risk, only be regarded as temporary".

The Ministry also issued to General Medical Practitioners, through Executive Councils, some information and advice of the Medical Research Council to assist General Practitioners in advising parents of children and others who are eligible for vaccination. It was pointed out that "in 1957, before the first supplies of imported Salk vaccine which has been tested in this country were made available the Medical Research Council advised the Government that the slightly greater risk of using this vaccine should be weighed against the risk of leaving substantial numbers of children unvaccinated during the summer

of 1958. In the opinion of the Council there was then, and still is, no doubt that in this balance of risks that of leaving children unvaccinated is unquestionably the greater.

After further careful consideration the Council has now advised that with Salk vaccine not tested in this country but tested and licenced for use in the country of origin, as with Salk vaccine tested by the Medical Research Council, the balance of these risks is sufficiently in favour of using the vaccine."

In September the Ministry issued circulars concerning the Government's decision to extend the scheme to include further groups and third injections. Broadly speaking, the plan was to be implemented in the following phases :— (i) the completion of the vaccination of all those registered in the existing priority groups and the raising of the acceptance rate among those groups as high as possible ; (ii) vaccination of those born in 1933 to 1942; (iii) vaccination of a wider range of hospital staff, i.e., all who came into contact with patients ; medical students ; and the families of those groups ; (iv) third injections.

The following is an extract from the Ministry's circular on this point :—

> "On general biological grounds it is assumed that a third dose of poliomyelitis vaccine will re-inforce and prolong the degree of immunity given by two injections. The Medical Research Council has reported a good antibody response in children to a third injection given twenty months after the second, and that further evidence may well show that a good response is obtained after an even longer interval. Pending the results of further investigations it is proposed that third injections should in all cases be offered not less than seven months after the second."

The Joint Committee on Poliomyelitis recommended that vaccinations with two injections should take precedence over third injections, and that third injections should be offered to persons who had already had two in approximately the same order in which they were given their earlier injections.

The Ministry's circular of September stated that "for some months ahead it is unlikely that the required amount of British vaccine will be available" and added that "As there can be no guarantee of any particular batch of vaccine passing its tests . . . . . it would seem prudent for definite appointments for vaccination to be made only to the extent that it is known that the necessary vaccine will be in stock on the date of the appointment."

A practical point was that unfortunately it is not possible to buy American and Canadian vaccine in smaller quantities than 9 or 10 c.c. vials, (whereas British vaccine is in 1 c.c. ampoules as well as 10 c.c. vials. Since any container from which vaccine has been withdrawn should be discarded within 24 hours of such withdrawal, in order to avoid waste it is necessary for groups of patients to be vaccinated. This, of course, is a difficulty which affects the General Medical Practitioners rather than the Council's Clinics.

By the end of 1957, 16,666 Derbyshire patients had received two injections, and a further 1,820 had been given their first injection ; there were 16,868 awaiting vaccination.

On 31st December, 1958, 66,231 had received two injections ; of these 383 had had their third injection ; 8,235 had been given one injection and 11,875 were awaiting vaccination.

AMBULANCE SERVICE

(Section 27)

Structure and Organisation.

During the year the County continued to be served by 14 Ambulance Stations, four of which, namely, Buxton, Chesterfield, Mickleover and Ripley, were manned throughout the 24 hours ; the remaining 10 were manned during the day time from 7 a.m. - 7 p.m. In the case of the latter, with the exception of Bolsover and Glossop, night cover was afforded by personnel on stand-by duty at their homes between the hours of 7 p.m. and 7 a.m., augmented, as necessary, by the resources of the 4 Main Stations. In connection with Bolsover and Glossop, as in the previous year, night cover was provided respectively by the Main Station at Chesterfield, under the control of the County Council, and Stalybridge Ambulance Station, operated by the Cheshire County Council.

It will be observed from the Table of Establishment of Personnel that a senior driver has now been included at each of the Day Stations ; this is a promotion from the establishment of driver/attendants which

has been reduced accordingly. The purpose of this arrangement was to ensure that, as far as practicable, the Day Stations were supervised locally at all times. This new appointment does not affect the arrangement whereby the Superintendents of the 24-hour Stations are responsible for the Day Stations in their area, supported by four Shift Leaders working on a rota, in the absence of the Day Station Superintendents. It is considered that the application of this principle is most important from the standpoint of co-ordination of journeys which results in efficiency and economy, as the majority of the ambulances whether at Day Stations or at Main Stations are now equipped with radio-telephony controlled by the Main Stations.

The following procedure is adopted for calling an ambulance :

"*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" when the caller would be automatically put through to the appropriate ambulance station and the call would be accepted and dealt with regardless of whom the caller may be.

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, as well as a hospital or any other institution for the sick, providing, of course, the patient cannot reasonably be required to travel by public transport. All doctors, dentists, nurses, midwives, hospitals and institutions in the Administrative County have already been made aware of these arrangements."

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 the Ambulance Stations in the County and the method of calling an ambulance. The following is an up-to-date list of addresses and telephone numbers of the County Council's Ambulance Stations, which was revised on the 30th June, 1958.

Addresses and Telephone Numbers of Ambulance Stations.

Ambulance Station	*Telephone Number*		*Address*
	7 a.m. – 7 p.m.	7 p.m. – 7 a.m.	
Main Station			
*MICKLEOVER	Derby 53916		Station Road, Mickleover, Derby.
Sub-Stations			
Ashbourne ..	Ashbourne 441		Green Road, Ashbourne.
Ilkeston	Ilkeston 936	Derby 53916	Manor House, Manners Road, Ilkeston.
Long Eaton ..	Long Eaton 1055		Old Hall Depot, The Green, Long Eaton.
Swadlincote ..	Swadlincote 7041		Darklands Road, Swadlincote.
Main Station			
*RIPLEY ..	Ripley 75		Ivy Grove, Ripley.
Sub-Stations			
Heanor	Langley Mill 3141	Ripley 75	Wilmot Street, Heanor.
Matlock	Matlock 706		Town Hall, Bank Road, Matlock.
Main Station			
*CHESTERFIELD	Chesterfield 6282	Chesterfield 6282	Ashgate, Chesterfield.
Sub-Station			
Bolsover	Bolsover 2121		Church Street, Bolsover.
Main Station			
*BUXTON ..	Buxton 2012		Park Road, Buxton.
Sub-Stations			
New Mills ..	New Mills 3333	Buxton 2012	Hague Bar Road, New Mills.
Bakewell ..	Bakewell 393		Baslow Road, Bakewell.
Glossop	Glossop 3101	Stalybridge 2650	Talbot House, Talbot Road, Glossop.

* Equipped for radio control.

NOTE : For all emergency cases, call the Telephone Exchange and ask Operator for "AMBULANCE".

During the year the Council continued the arrangements whereby (a) the Derbyshire Ambulance Service gave full cover to the Disley area in Cheshire ; and (b) Sheffield County Borough conveyed Derbyshire patients from the "fringe" area in the County adjacent to the Borough boundary to Hospitals in Sheffield. Similarly the reciprocal arrangements with neighbouring Authorities remained in force. Wherever possible, co-ordination of ambulance journeys was effected, not only within the Derbyshire Ambulance Service itself, but also with other Authorities, particularly those contiguous to the County. In order to reduce the amount of detailed accounting in respect of journeys undertaken on behalf of other Authorities, the arrangements with certain neighbouring Authorities to waive charges was continued during the year. As in the past all long distance journeys outside the County were dealt with centrally.

Hospital Car Service

This Supplementary Service was not used, as the sitting case vehicles in the Ambulance Service were able to cope adequately with requests received.

Conveyance of Mental Patients.

No change was made in connection with the transportation of mental patients. The Mickleover Ambulance Station, which is located approximately one mile from the Pastures Hospital, conveyed mental patients to and from that Hospital ; under this arrangement full advantage was taken of the use of specially trained nurses from the Hospital, for escort purposes. The remaining Ambulance Stations in the County dealt with the transportation of mental patients outside the scope of this arrangement.

Conveyance of Patients by Rail.

The advantages of ambulance/rail/ambulance transport, particularly in respect of long distance journeys, are becoming more appreciated by Doctors and Hospital staffs. This is borne out by the steady increase in the number of patients travelling by that means. It is interesting to note that during the year under review 304 rail journeys were made compared with 226 during 1957. The excellent services rendered by members of the local Divisions of the British Red Cross and St. John's Ambulance Brigade, who acted as escorts, sometimes at comparatively short notice, cannot be over stressed and the British Transport Commission was again most co-operative in connection with reservations for patients.

Infectious Diseases.

As in the past, no special vehicles were set aside for this purpose and all cases of infectious disease requiring ambulance transport were conveyed by the general ambulance service. All ambulance personnel are familiar with the procedure for the disinfection of ambulances and equipment. In connection with the transportation of patients suffering, or suspected of suffering, from smallpox, special equipment is held at each of the Main Stations to deal with any cases which might arise.

All ambulance personnel, under the conditions of appointment, are required to agree to vaccination against smallpox at such intervals as may be determined by the County Medical Officer of Health and the following Table shows the number of Ambulance personnel vaccinated during the past five years, in accordance with the policy instituted in 1951 for this to be carried out biennially.

Year	*Smallpox Vaccinations*
1954	42
1955	81
1956	88
1957	94
1958	94

Major Accidents.

As in the past, a supply of emergency equipment has been held at each of the Main Stations for the purpose of dealing with any major accident which might arise. Instructions to Ambulance Station Superintendents on this subject are reviewed from time to time, having regard to reports on experiences of major incidents in other parts of the country.

Although, fortunately, no such incident occurred in the County, the Buxton Ambulance Station staff were called out to a train accident at Chinley Station on the 8th March, 1958, when, I am pleased to report, the casualties were few and not serious. On this occasion the co-ordination of the emergency services was found to function efficiently.

Premises.

Although no new buildings were actually completed or under construction during the year, the Council actively pursued the question of the acquisition of sites for new Ambulance Stations to replace those in the County which are inadequate for housing the personnel or vehicles. In some instances vehicles have to be parked at night in the open or garaged in premises at a fair distance away from the Ambulance Station.

Whilst the purchase of the sites was not necessarily completed by the end of the year, satisfactory negotiations took place in respect of the proposed new Ambulance Stations at Eckington, Ilkeston, New Mills and Swadlincote and authority has now been received for the work to commence in 1959.

Telecommunications.

Reference was made in my report for 1957 to difficulties which had arisen due to interference mainly at the Ripley Ambulance Station and to a lesser degree at Mickleover. Bad reception, on the other hand was experienced from time to time in the Buxton area due to faults occurring in the land line from the remotely controlled fixed station at the Cat and Fiddle.

In respect of Ripley and Mickleover, following discussions with the G.P.O. and the suppliers of the equipment, when various alternatives were considered, including the practicability of a change in frequency, the matter was reported at some length to the County Health Committee who, subject to the approval of the Home Office and the Chief Constable, authorised tests from the County Police mast at Alport Height.

The tests were carried out on reversed frequency working on the 10th September and undoubtedly, there was not only comparative freedom from interference in respect of those Stations, but the coverage was appreciably increased ; although, on the other hand, the Buxton Ambulance Station experienced some difficulty in transmitting due to the strong signals which were being relayed from Alport Height.

It is, however, intended to operate this system of a remotely controlled fixed station with reciprocal frequency working for a trial period in 1959 in order to ensure that the proposed scheme would be satisfactory.

With regard to the Buxton area, two alternatives are still being considered, namely, full reciprocal frequency working, or the use of that method only when there is a failure in the land line between the Ambulance Station and Fixed Station at the Cat and Fiddle. The choice will be made after the trial at Alport Height.

The following table shows the number of mobile equipments which were operating under the respective fixed stations on the 31st December, 1958.

Controlling Base Station	*Sub-Station*	*Number of Mobile Equipments*
Buxton	.. .. ..	7
	Bakewell	3
	New Mills ..	2
	Glossop	2
Chesterfield ..	.. .. ..	9
	Bolsover	2
Mickleover	.. .. ..	8
	Ashbourne ..	2
	Ilkeston	3
	Long Eaton ..	2
	Swadlincote ..	3
Ripley	.. .. ..	6
	Heanor	2
	Matlock	3
	Total ..	54

Whilst the foregoing figures are similar to those which appeared in my Report of last year, the Council has authorised the purchase of 5 additional mobile equipments to be installed in the new ambulances to be delivered before the 31st March, 1959.

There is no doubt that radio-telephony has been invaluable on numerous occasions, particularly when dealing with emergency calls, as it provides a medium through which mobiles can contact their base either to seek further assistance or, where necessary, to pass useful information to the Hospital which is to receive the casualty.

Occasionally a degree of economy may be achieved by the use of radio-telephony, the extent of which, however, cannot be categorically assessed, but undoubtedly it gives at times a more expeditious and therefore more efficient service.

Personnel.

Safe Driving Awards.

The following table shows the results of the 1958 competition, together with those of the previous five years :—

Year	Entered	Not Eligible	Disqualified	Diploma	5 Year Medal	Bar to 5 Year Medal	10 Year Medal	Bar to 10 Year Medal	15 Year Brooch	Bar to 15 Year Brooch	Exemptions	20 Year Brooch
1953	120	6	24	65	16	3	–	1	1	–	4	—
1954	114	3	29	53	11	15	–	2	–	–	1	—
1955	121	2	20	64	10	22	–	2	–	1	–	—
1956	185	5	31	110	7	29	–	1	–	2	–	—
1957	171	7	44	76	3	28	1	1	1	2	8	—
1958	182	3	50	78	6	27	6	4	–	2	5	1

The total number of accidents during the year was 173 compared with 165 for 1957 ; this represents an increase of 4.8 per cent over the previous year despite the fact that on the 19th August, 1957, a circular letter was issued to all Station Superintendents drawing attention to the accident rate in the Service and indicating some of the principle causes of accidents.

The majority of the Station Superintendents have attended a short course at the Police Driving School and they were requested to advise all drivers under their supervision on the various aspects of safe driving.

When considering the accident rate, however, it must be borne in mind that the definition of "accident" as laid down by the Royal Society for the Prevention of Accidents is strictly applied and that approximately 40 per cent of the accidents do not occur on the public highway but on rough tracks to isolated farms and in hospital grounds, where often there is congestion. In addition, of course, the difficult topography of the County, particularly during severe weather, presents further hazards.

Whilst there is an increase of six in the number of personnel disqualified from safe driving awards in 1958, compared with the previous year, this represents a percentage of 25.7 of the total number entered compared with 27.4 in 1957.

Every accident, no matter how trivial, is reported and investigated ; in all instances where accidents are attributable to carelessness or negligence on the part of our driver consideration is given to appropriate disciplinary action being taken.

Establishment.

The following table shows the authorised establishment of ambulance personnel :—

Ambulance Station	*Station Superintendent*	*Shift Leaders*	*Senior Drivers*	*Driver Attendants*	*Female Clerks*
Ashbourne	1	–	1	5	–
Bolsover	1	–	1	9	–
Buxton	1	4	–	24	–
Bakewell	1	–	1	6	–
Chesterfield	1	4	–	29	1
Glossop	1	–	1	6	–
Heanor	1	–	1	5	–
Ilkeston	1	–	1	7	–
Long Eaton	1	–	1	7	–
Matlock	1	–	1	7	–
Mickleover	1	4	–	24	–
New Mills	1	–	1	5	–
Ripley	1	4	–	28	–
Swadlincote	1	–	1	5	–
Totals	14	16	10	167	1

Vehicles.

During the year the following new replacement vehicles were ordered :—

Five Bedford/Lomas Ambulances on the J type Chassis.

The following vehicles were operational on the 31st December, 1958 :

Location	*Number of Ambulances*	*Number of Light Ambulances*	*Number of Cars*
Ashbourne	2	1	–
Bakewell	3	1	1
Bolsover	3	1	–
Buxton	6	2	1
Chesterfield	7	3	1
Glossop	2	1	1
Heanor	2	–	1
Ilkeston	3	1	–
Long Eaton ..	3	1	1
Matlock	3	1	–
Mickleover	6	2	1
New Mills	3	–	–
Ripley	6	3	2
Swadlincote	2	1	1
Pool	5	–	–
Totals ..	56	18	10

The following table shows the development of the service over the past ten years :—

Month	*Average Daily Mileage*									
	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
January ..	2,676	3,560	4,100	3,901	4,234	4,193	4,233	4,328	4,344	4,431
February ..	3,021	3,556	4,115	3,929	4,316	4,348	4,460	4,583	4,207	4,043
March ..	3,297	3,716	4,132	3,874	4,390	4,571	4,498	4,525	4,114	4,366
April	2,999	3,440	4,091	3,856	4,174	4,319	4,342	4,349	4,161	4,361
May	2,973	3,900	4,135	4,129	4,167	4,450	4,527	4,330	4,471	4,359
June	3,018	4,039	4,356	3,710	4,215	4,376	4,534	4,247	4,078	4,356
July	3,204	3,890	4,262	4,113	4,401	4,363	4,454	4,196	4,414	4,347
August ..	3,346	3,639	3,895	3,792	4,044	4,071	4,441	4,012	4,082	4,146
September ..	3,496	3,669	3,716	4,122	4,492	4,333	4,649	4,137	4,207	4,475
October ..	3,453	3,901	3,890	4,203	4,557	4,316	4,455	4,442	4,175	4,515
November ..	3,547	4,081	3,906	4,018	4,549	4,448	4,565	4,382	4,289	4,370
December ..	3,257	3,743	3,554	3,946	4,050	4,183	4,186	3,831	3,952	4,233

The following table shows the average number of miles travelled per patient over the past 10 years. :—

Year	*Miles*
1949	13.3
1950	11.8
1951	11.0
1952	9.3
1953	8.7
1954	8.4
1955	8.2
1956	7.8
1957	8.0
1958	7.8

During the year the total number of patients conveyed compared with 1957 showed an increase of 6.26 per cent, whilst the increase in the mileage was 3.01 per cent.

As pointed out in previous Reports, the difference in the two figures is mainly due to (a) the additional patients conveyed in the same vehicle, where appropriate, and (b) the extra mileage in picking them up or returning them to their homes.

The following Table shows the number of patients conveyed and the mileages covered by Ambulances, Light Ambulances and Sitting Case Cars during the year.

1958	*Cars*			*Light Ambulances*			*Ambulances*			*Totals*		
	Accident or Emergency	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*
January	17	1,746	15,963	70	3,079	25,406	852	12,916	95,983	939	17,741	137,352
February ..	24	1,659	14,087	71	2,953	22,487	797	10,040	76,632	892	14,652	113,206
March	18	1,548	15,373	79	3,654	29,081	784	12,126	90,877	881	17,328	135,331
April	6	1,093	10,934	73	4,031	33,158	796	11,492	86,742	875	16,616	130,834
May	21	1,586	14,359	61	4,368	33,870	836	11,575	86,904	918	17,529	135,133
June	15	1,595	13,169	64	4,148	32,798	821	11,022	84,701	900	16,765	130,668
July	18	1,942	16,645	75	3,723	29,198	766	12,124	88,927	859	17,789	134,770
August	15	1,462	13,606	66	3,543	28,746	842	11,367	86,173	923	16,372	128,525
September ..	15	1,495	14,922	61	4,096	34,312	900	11,789	85,009	976	17,380	134,243
October	15	1,655	15,602	62	4,152	34,176	843	12,401	90,199	920	18,208	139,977
November ..	23	1,442	13,181	53	3,706	31,017	757	11,312	86,895	833	16,460	131,093
December ..	15	1,473	12,345	64	3,913	29,445	861	11,832	89,451	940	17,218	131,241
Totals	202	18,696	170,186	799	45,366	363,694	9,855	139,996	1,048,493	10,856	204,058	1,582,373

PREVENTION OF ILLNESS — CARE AND AFTER CARE

(Section 28)

The County Council as a Local Health Authority may, with the approval of the Minister of Health, make arrangements for the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons. The powers, under this section, therefore, extend over a wide field, and are inter-related with the hospital and specialist, and general practitioner services provided respectively under parts II and IV of the National Health Service Act, as well as the many other enactments administered by the County Council, and the District Councils. A close liaison is maintained with the appropriate hospitals, the County Welfare Officer as well as Medical Officers of Health of Sanitary Districts in carrying out the manifold powers and duties which constitute modern social medicine. For example, when a patient requires admission to hospital, particularly if it is for a long stay, a report is requested from a Health Visitor to help the Hospital staff to determine the priority for admission, the County Welfare Officer is informed, in appropriate cases, as he has duties under the National Assistance Act for safeguarding a person's effects while he is in hospital ; the Children's Officer is informed where help is required in arranging for the care of children ; while the Home Nurse, the Home Help and the Health Visitor, are contacted in suitable cases as their assistance may facilitate the early return of the patient to his home, thus helping to relieve the pressure on hospital beds. Furthermore, patients are often happier at home amid familiar surroundings.

All the Home Nurses are provided with a stock of sick room equipment, which is thus readily available for loan to patients when nursed in their own homes. Special bedsteads, mattresses, commodes, and wheel chairs (both self-propelled and push types) are also loaned on a temporary basis. Special walking aids are provided to help cripples, usually children, to learn or re-learn to walk. All these articles are loaned free of charge. The Council's service is becoming more widely known and further stocks of all these articles are purchased from time to time to meet the increasing demand. There is every reason to believe that sick room equipment and articles mentioned above add to the comfort of patients and are much appreciated.

In addition, the Council has for a number of years made a grant to the British Red Cross Society, in consideration of the assistance provided through their Medical Loan Scheme to Derbyshire residents.

In the event of a person suffering from a permanent or semi-permanent disability, wheel chairs of various kinds, including those that are motor propelled, may be provided through the Hospital and Specialist Service.

Blindness and Partially-Sightedness.

The County Council is responsible for the welfare of the Blind and Partially Sighted, and the service is under the direct control of the County Welfare Committee.

All applicants for registration as Blind or Partially Sighted Persons are required to be medically examined, and for some years a standard form of medical report and certificate (Form B.D.8), which was introduced by the Ministry of Health, has been in general use throughout the country. Wherever possible Ophthalmologists of Consultant status are asked to examine applicants and complete the Form. As these Forms contain medical information which is of a confidential nature, the examinations are arranged through the County Health Department. With the written consent of the person concerned, particulars on broad lines are transmitted to the County Welfare Officer for registration, classification, and follow-up purposes.

During the year 243 Forms B.D.8 were received in respect of new applicants for registration ; of this number 209 were registered Blind or Partially Sighted, and 34 were certified Not Blind or Partially Sighted. In a number of instances persons are re-examined at intervals of time or when treatment has been carried out ; 41 such examinations were arranged and further Forms B.D.8 completed.

Analysis of the re-examinations reveal the following information :—

Category	Blind remaining Blind..	5
„	Partially Sighted remaining Partially Sighted ..	4
„	Partially Sighted to Blind	18
„	Blind to Partially Sighted	3
„	Blind to Not Blind	3
„	Not Blind to Blind	2
„	Not Blind to Partially Sighted	–
„	Partially Sighted to Not Blind	4
„	Not Blind remaining Not Blind	2
		41

In the following table the newly registered Blind and Partially Sighted Persons are classified on broad lines and the number of

persons recommended (*a*) no treatment, and (*b*) treatment, are indicated, together with the number which on "follow-up" action, have received treatment :—

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of Disability				
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*	*Total*
(i) Number of Cases registered during the year in respect of which Section F of forms B.D.8 recommends :—					
(*a*) No Treatment ..	25	5	—	56	86
(*b*) Treatment (Medical, Surgical, or Optical)	57	23	—	45	125
(ii) Number of cases in (i) (*b*) above which on follow-up action have received treatment	39	11	—	20	70

B. OPHTHALMIA NEONATORUM

(i) Total number of cases notified during the year 3

(ii) Number of cases in which

(*a*) Vision lost .. .. –

(*b*) Vision impaired .. .. –

(*c*) Treatment continuing at end of year .. .. –

The incidence of this disease has in recent years been small, and modern methods of treatment usually prevent loss or impairment of vision.

C. CATARACT, GLAUCOMA AND RETROLENTAL FIBROPLASIA

The Ministry has asked that particular reference should be made to cataract and glaucoma in old people and retrolental fibroplasia in premature infants.

Statistics with regard to cataract and glaucoma prior to 1953 are not readily available, but the following table shows the number of persons suffering from these diseases who were registered as Blind or Partially Sighted in the years 1953 to 1958 which clearly indicates that these diseases are more prevalent in the upper age groups.

		Under 50	50–60	60–70	70–	Total
Cataract	..1953	14	5	32	126	177
	1954	10	9	22	145	186
	1955	1	5	19	110	135
	1956	4	6	18	94	122
	1957	2	3	10	99	114
	1958	3	3	9	67	82
Glaucoma ..	1953	1	1	7	11	20
	1954	–	3	3	8	14
	1955	1	1	5	14	21
	1956	1	2	5	23	31
	1957	1	–	1	11	13
	1958	–	3	8	17	28

It is pleasing to see that the number of persons registered as Blind or Partially Sighted, due to cataract, is decreasing. Two factors may play a part in this decrease, namely : (1) possibly people are seeking medical advice and treatment earlier than formerly, and (2) surgical treatment may now be carried out at an earlier stage in the development of the condition than was the case in the past, thus preventing blindness occurring. However it would seem that there is a natural reluctance for the elderely to undergo operative treatment.

With regard to retrolental fibroplasia, this is a condition which it has been suggested may be due to an excessive amount of oxygen being administered in cases of prematurity, which, most unfortunately results in Blindness. In this County the incidence has been small, only six cases having been reported, three in 1952, two in 1955, one in 1956 and none since.

D. INCIDENCE OF BLINDNESS

The following table shows the incidence of Blindness in age groups from 1943 to 1958. It will be seen that generally speaking Blindness is an affliction of the more elderly and is much more prevalent in the females over sixty-five years of age than in the males of the corresponding age group. It must be realised, however, that women on the whole live longer than men.

Incidence of Blindness in Age Groups from 1943 to 1958

Year Ended 31st Dec.	Under 5			Aged 5 to 16			Aged 17 to 64			Aged 65 and over			All Ages		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1943	2	1	3	8	7	15	270	212	482	269	332	601	549	552	1,101
1944	2	1	3	9	5	14	267	194	461	282	326	608	560	526	1,086
1945	1	–	1	9	4	13	278	194	472	255	298	553	453	496	1,039
1946	1	–	1	11	7	18	258	158	416	259	322	581	529	487	1,016
1947	3	–	3	11	7	18	254	163	417	242	304	546	510	474	984
1948	3	1	4	10	7	17	256	169	425	234	293	527	503	470	973
1949	4	1	5	12	4	16	227	167	394	266	321	587	509	493	1,002
1950	4	4	8	16	5	21	226	181	407	295	377	672	541	567	1,108
1951	3	2	5	15	6	21	233	187	420	305	401	706	556	596	1,152
1952	3	1	4	16	7	23	239	204	443	331	422	753	589	634	1,223
1953	3	2	5	18	6	24	235	203	438	349	470	819	605	681	1,286
1954	4	4	8	21	4	25	238	202	440	360	546	906	623	756	1,379
1955	5	4	9	19	6	25	233	208	441	373	578	951	630	796	1,426
1956	5	6	11	18	5	23	252	212	464	379	631	1010	654	854	1,508
1957	2	4	6	17	9	26	243	207	450	364	647	1011	626	867	1,493
1958	–	2	2	20	9	29	245	197	442	380	666	1046	645	874	1,519

Mass Radiography.

The Regional Hospital Boards provide the Mass Radiography service, and whilst there is not a Unit based in the County, nevertheless the following four Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time :—

Sheffield Regional Hospital Board.

Nottingham Area No.2 Unit, based on Nottingham.

South Yorkshire Area Unit, based on Doncaster.

Sheffield Area Unit, based on Sheffield.

Manchester Regional Hospital Board.

Unit No. 3, based on Stockport.

In addition there are static Units in Nottingham and Sheffield to which cases may be referred.

Close liaison has been established between the Medical Directors of the Units, District Medical Officers and my department. This is particularly the case when the Units carry out specific investigations with a view to tracing sources of infections e.g., in schools.

The following surveys were carried out in Derbyshire during the year :—

Unit.	*Number of Surveys.*
Nottingham Area No.2	6
South Yorkshire Area	1
Sheffield Area	1
Stockport Area	2

There is no doubt that Mass Radiography brings to light many chest conditions at a much earlier stage than would otherwise be the case and when treatment can often be more effective.

Occupational Therapy for Patients suffering from Tuberculosis

By agreement with the County Welfare Committee the Craft Instructors of the Welfare Department give instruction to tuberculosis patients on the recommendation of a Chest Physician. The County Health Committee has agreed to accept financial responsibility for the appropriate portion of the salaries and travelling expenses of the Craft Instructors.

National Association for the Prevention of Tuberculosis

The County Council has for some years made an annual grant to this Association. It is a voluntary body which has been in existence for some 60 years and has done good work in the campaign against the disease. The Association has now extended its scope to include diseases of the chest and heart, but its chief aim remains, as it always has been, the prevention of tuberculosis.

Village Settlements.

The demand in this County for accommodation in these Settlements continues to be small. On the 31st December, 1958, there were two male patients in Sherwood Village Settlement, one of whom has the tenancy of a house in the settlement ; and one female patient in Papworth Village Settlement.

Chest Clinics.

This branch of the service is under the control of the Regional Hospital Boards, the Chest Physicians being officers of the Boards. Never-the-less the County Council pays a proportion of their salaries in respect of the Care and After Care work undertaken by these Officers.

In July 1958, the Chest Clinic held in the County Clinic, Brimington Road, Chesterfield, was transferred to premises in Marsden Street, Chesterfield, which has been provided by the Sheffield Regional Hospital Board, thus freeing the ground floor at the Brimington Road Clinic for other County purposes.

Health Education.

During past years the medical, dental and nursing staff have taken advantage of the opportunities which arise every day in the course of their duties at clinics or during visits to homes to give advice and information on health matters. The "exhibition service" of the Central Council for Health Education has been of use at times in displaying health education topics and a variety of posters including those made available by the Ministry of Health have been exhibited. Special attention has been paid to accidents in the home as well as on the roads. Mothercraft talks have been given at the clinics. Advice has been tendered concerning the various forms of immunisation which have become increasingly available in recent years. "Visual aids", which

are of value in widening the scope of teaching techniques, range from relatively simple and inexpensive materials, such as posters, leaflets, flannelgraphs, etc., to those that are rather more complicated and costly, such as film strip projectors, film strips, and sound film projectors and films. Since 1955, the County Council have purchased 3 film strip projectors more than 40 film strips, and two 16mm. sound-film projectors. Consideration has been given by the Authority to the need for appointing an Officer who would be responsible for co-ordinating the various aspects of a health education programme and it was decided that the Senior Medical Officer for the School Health Service should devote a fair proportion of time to this duty. Dr. Julia Corrigan was appointed to this post and commenced duty on the 3rd November, 1958. Miss Matthews, the Deputy Superintendent Health Visitor, who took up duty on 1st August, 1958, is also keenly interested in this aspect of the work. It is anticipated that in my next Annual Report comments will be made on the expansion which should undoubtedly take place in this field.

HOME HELP SERVICE

(Section 29)

General Administrative Arrangements.

In accordance with a decision of the County Health Committee to expand this service, two Area Home Help Organisers were appointed to assist the County Home Help Organiser ; they commenced duty on 23rd June and 1st July, 1958, respectively. This led to the appointment of more Home Helps, and consequently the service has been made available to more people and for longer periods.

During 1958 the Authority also approved the appointment of two additional Area Home Help Organisers to take effect during the coming financial year, 1959/60, and extra money was placed in the Estimates to enable a further necessary expansion of the service to take place. The progress of the scheme during the last three years can be seen from the following figures :—

	1956	1957	1958
Home Helps employed	118	151	204
Cases served	1,122	1,279	1,426
Home Help Organisers employed ..	2	2	4

As regards paragraph 15 of the Ministry of Health's circular 14/57, quoted on page 72 of this Report, it is interesting to see the gradually increasing number of elderly people who have benefited from the Home Help service in this county during recent years, as shown by the following figures :—

Year	*No. of Old Persons assisted*
1952	192
1953	297
1954	460
1955	580
1956	672
1957	796
1958	911

Availability of Service

Particulars of the service are obtainable from the local Health Visitor (a map and names, telephone numbers and addresses of Health Visitors are given on page 27 of the County Council's Health Services Handbook), local County Council Clinic or Centre (these are listed under "Districts Separately" in the Handbook commencing on page 105), or from the County Medical Officer of Health, County Offices, Matlock (Telephone number Matlock 3411). Area Organisers can be contacted direct in any case of emergency at the following places :—

(1) *South of the County*—Miss Bracegirdle - Derby Clinic
Tel. Derby 45934—9 a.m. - 10 a.m. daily.

(2) *North of the County*—Miss Priestley—County Offices
Tel. Matlock 3411—9 a.m. - 10 a.m. daily.

The service is available in various cases, of which the following are examples :—

(*a*) Maternity.
(*b*) Where a housewife falls sick or must have an operation.
(*c*) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.
(*d*) Where elderly people are infirm, or one of whom suddenly falls ill.
(*e*) Where several members of a household are ill at the same time.
(*f*) Where a doctor requests that a Home Help is necessary to help with a premature infant.
(*g*) Tuberculosis.

The last named presents particular difficulties in spite of the fact that Home Helps attending cases of tuberculosis are paid an additional wage of 2d. per hour ; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel.

The following recommendations of a committee of medical officers of Local Health Authorities and Chest Physicians of wide experience working in the area of the Manchester Regional Hospital Board are regarded as being most useful in dealing with this difficult problem :—

(1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.

(2) Home Helps for this work could be drawn from three groups :

(*a*) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.

(*b*) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.

(*c*) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above, i.e. that they are over forty years of age and do not have young children of their own.

(3) The precautions against infection will vary according to the type of persons employed. Home Helps with arrested tuberculosis (Group 2 (*a*) above) would, of course be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group 2 (*b*) above) would also be under the close examination and supervision of the Chest Physician.

Ordinary Home Helps (group 2 (*c*)) should be radiographed on appointment and subsequently at six monthly intervals.

It is desirable to transfer the Helps at intervals to other types of cases, so as not to use them exclusively for tuberculosis households.

(4) Home Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such employment.

(5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.

(6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Conditions for Home Helps.

The present hourly rate for Home Helps is 3/1½d. per hour. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay is also paid.

Overalls.

It was agreed to provide Home Helps with maroon nylon overalls and a supply was obtained towards the end of the year.

Laundry Facilities.

The question of providing laundry facilities for the elderly and sick residing in their own homes has been considered. To ascertain the need for such a service, whether for foul linen or a comprehensive service, circular letters were sent out to General Medical Practitioners, Home Nurses and Home Helps and their replies were summarised. It is hoped that some move can be made to provide such a service during the coming year, but there are a number of difficulties yet to be overcome.

Employment of Relatives.

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee has made a rule that a relative may be employed only on the authorisation of the Chairman and the Vice-Chairman. A condition of approval is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Health Visitor for the Area should recommend the number of hours to be worked, which in any case should not exceed forty-four per week.

Rules of Assessment.

Recovery of the cost (or part of the cost) of providing Home Helps, is made in accordance with a suitable scale of assessment.

MENTAL HEALTH SERVICE

(Sections 28 and 51)

It is thought that the following excerpt from page 221 of Part II of the Report of the Ministry of Health for the year 1957 will be of interest :—

"*Mentally Handicapped Children*

Perhaps the most encouraging, as it is the most recent development in social paediatrics, is the growing recognition among public health medical officers and paediatricians of the need to provide care and training for young mentally handicapped children, and help and guidance for their parents. A large number of mongols and brain-injured children, who would formerly have died soon after birth, now survive the hazards of the neonatal period and live into adult life. Mentally handicapped children form no homogenous group. They present a medley of pathological conditions which cry aloud for expert paediatric investigation. Many of them suffer from multiple physical handicaps. All of them by reason of their mental and emotional retardation are particularly dependent upon affectionate, individual handling and care. There can be no doubt that the inevitable deprivations associated with institutionalism bear particularly heavily on these immature children, so that many of them must function at a lower level, physically, mentally and emotionally as a result of removal from home. The difficulties, conflicts and sufferings of their parents, first in caring for them and later in coming to a decision to part with them, can only be fully appreciated by those whose duty it is to visit

the families in their own homes. Nevertheless, several encouraging trends are evident. Following the example of University College Hospital, some local authorities in London and elsewhere operate special advisory clinics for young mentally handicapped children. The clinics are held in ordinary welfare centres and staffed by doctors experienced in developmental testing and parent counselling. Here the mothers may come and discuss their difficulties with the clinic doctor and with their own health visitor. Mothers of mentally handicapped children often feel painfully isolated. Here they may meet other mothers coping with similar problems. In some cases admission to a day nursery is possible. Home helps and baby sitters are provided to allow the mother an occasional outing. Temporary admission of the handicapped child to hospital to afford the family a period of relief can also be arranged. In these ways mothers are encouraged in their natural desire to keep their children at home as long as possible. If eventually it becomes necessary to refer them for institutional care, the parents are given counsel and support in making the decision.

Training Centres

A second most promising trend in community care is the provision of training or occupation centres for very young children, conducted more or less on day nursery lines. Sheffield has pioneered in this way, making use of two day nurseries which became available, complete with staff ; but many other authorities have organized nursery groups in their ordinary occupation centres. The parents, while gratefully accepting the relief afforded them during the day, are glad to welcome the children home in the evening. In some areas the authorities are still hampered by lack of suitable premises and inadequate playing space, but everywhere there is recognition of the importance of this work for the young children and the need to expand as soon as circumstances allow and staff becomes available. In most areas the children in the training centre are now given the benefit of periodic medical inspection, with the result that their defects of eyes, ears, and teeth, are more quickly treated, with noticeable good effect to their general health and progress. Hospital paediatricians are also finding that these children are most rewarding to investigate and follow-up."

The following is a Report which I wrote on the Mental Health Service on July 5th, 1957 :—

"The Mental Health Services in this country, as well as other countries, leave much to be desired. We are living in an evolving Universe and perhaps it will take many generations before some of the present practices can be rectified. The fact that a Royal Commission has been asked to report on the law relating to mental illness and mental deficiency and has taken roughly three years to consider the matter is an indication of the complexity of the problem. Much of what the Royal Commission recommends needs new legislation. On the other hand, many pointers are given that even in the present legislative set-up, improvements can be made. It will probably take many years before the attitude of the public generally can be changed to mental illness and mental deficiency, but I believe that much can be done even now by improving co-ordination and liaison. (*See Royal Commission Report para.* 690 - 693).

I would respectfully suggest—(although the County Clerk is respossible for Committee arrangements)—that consideration might be given to the Medical Superintendents (or their nominated deputies) of the Pastures Hospital, Kingsway Hospital, Aston Hall Hospital, and Whittington Hall Hospital, being co-opted on the County Health Committee's Mental Health Sub-Committee, or that they be asked to attend in an "advisory capacity".

From a preliminary reading of the Royal Commission's Report, it is clear that many more mental welfare officers will have to be employed than in the past. (*See Royal Commission Report para.* 723). The greater number

of the Duly Authorised Officers that came over to the staff of my Department in 1948 were trained as "Relieving Officers" but they continued part-time on the staff of the County Welfare Department as Welfare Officers or Welfare Assistants. I gather from Mr. Chambers, the County Welfare Officer, that some of the ladies who are at present trained at Nottingham University as Social Workers would be more suitable for the welfare duties now required in the Welfare Department. I would suggest, therefore, that the ten Welfare Officers and five Welfare Assistants (all of whom act as Duly Authorised Officers under the Lunacy Acts, on the staff of my Department) should become whole-time Mental Welfare Officers (the designation which is suggested by the Royal Commission), together with the three Mental Health Social Workers already on the staff of the County Health Department who are doing only mental deficiency work.

This would mean a total of 18 Mental Welfare Officers, who should include in their duties both mental illness and mental deficiency.

New appointments which will be needed in due course should be made from officers who are properly trained in this field, but regarding the existing officers, I think arrangements should be made for a course of theoretical and practical instruction from the Medical staffs of The Pastures, Kingsway, Aston Hall and Whittington Hall, as well as from the County Council's medical staff.

If this is agreed to, I would suggest that, as out-patient clinics are conducted by the Psychiatrists at the Chesterfield Royal Hospital as well as the Derbyshire Royal Infirmary, rotas should be arranged for the Mental Welfare Officers to attend those clinics, as well as to attend case conferences at the parent hospitals. (I suggest rotas because obviously it would be inexpedient to remove the Mental Welfare Officers from their districts all at one particular time).

Undoubtedly the mental health field will undergo a great deal of expansion, and it is impossible to forecast precisely what may happen or what duties may be placed upon local health authorities under any new legislation, but as a first step I think it would be wise for your Committee to give serious consideration to the above suggestions."

As a result of this Report, in due course it was decided, with effect from 1st April, 1958 ;

(1) that the separation of the Mental Health and Welfare Services be approved in principle, and joint appointments of Duly Authorised Officers/Welfare Officer be discontinued ;

(2) that the establishment of the County Health Department be increased by the appointment in the first instance of 9 Mental Health Officers, which was later increased to 15 ;

(3) that the three existing posts of Mental Health Social Worker and the 15 part-time posts of Duly Authorised Officer be deleted from the establishment ;

(4) that future appointments of Mental Health Officers be made from those who are properly trained and qualified ; that courses of training be provided for existing Officers ; that arrangements be made for the Mental Health Officers to attend out-patient clinics at the Chesterfield Royal Hospital and the Derbyshire Royal Infirmary ; and that there should be case conferences at the parent Hospital on a rota ;

(5) that the respective Medical Superintendents, or their nominated deputies, of the Pastures Hospital, Kingsway Hospital, Aston

Hall Hospital and Whittington Hall Hospital, be invited to attend future meetings of the Mental Health Sub-Committee in an advisory capacity.

I asked Dr. Margaret Fynne, the Senior Medical Officer for Mental Health, to let me have a Report, suitable for inclusion in my Annual Report, on the activities of the Mental Health Section of the County Health Department, which she has submitted as follows :—

"This year has seen further changes in the Mental Health field. Monthly meetings of the Mental Health Sub-Committee were well attended and all members were anxious that the development and expansion of the Service should provide the best service that was possible for the people, and it was decided to have a building programme. The Medical Superintendents of the Mental Deficiency and Mental Treatment Hospitals were regular in their attendance as co-opted members, and the Committee were helped also by their advice and guidance.

Personnel.

From 1st April, 1958, to the establishment was added :—

One Assistant Senior Medical Officer of Mental Health (a post which it has not yet been possible to fill due to lack of suitable candidates in this field.)

Nine Mental Health Officers ;

Four Craft Instructors ;

Three Assistant Supervisors (two for "Ashbrook" and one for "Stanton Vale") ;

One Supervisor for Chinley ;

Extra Clerical staff.

These nine Mental Health Officers combined the duties laid down by law under the Mental Deficiency and Mental Treatment Acts, and also carried out pre-care and after-care. With only nine Officers it was quite impossible to lay on an ideal service. The recruitment of suitable Officers was difficult—due to the shortage of manpower in this field—but the Service carried on thanks to the help of the Welfare Committee, who allowed the Welfare Officers who were Duly Authorised Officers, to assist. These Officers helped out on rota at week-ends and also carried out the duties of a Duly Authorised Officer in areas where no Mental Health Officer had yet taken up duty. In case of illness of a Mental Health Officer they also stepped into the breach. In fact without their help, given freely and without hesitation, the Service could not have carried on.

The Ambulance Service too has helped my field staff. If a Mental Health Officer is not in his office a message can be left with the Ambulance Station in his district and this is passed on to the Officer when he contacts the Ambulance Station at stated times during the day—this enables the Mental Health Officer to carry out his normal working duties and at the same time not neglect any urgent calls.

Future Recruitment.

(1) *Personnel*—In December 1958 the Salaries and Establishments Committee recommended that for the year starting 1st April 1959, six more Mental Health Officers should be added to the establishment and four more Craft Instructors ; six additional Assistant Supervisors were added to the establishment of the Ashbrook, Stanton Vale and Spondon Training Centres.

(2) *Trainee Scheme*—A trainee scheme for the recruitment of Training Centre staff was also approved.

Training Centres.

There are three full-time Training Centres—one rented at Spondon which it is hoped to replace in the future with a new building in South Derbyshire. A modern, permanent Centre at Ilkeston—Stanton Vale—which was opened in January 1958 and has places for 60 children, cost £19,000 with a further £1,700 for furniture. This Centre serves a wide area and there is a constant demand for places. Another new permanent Training Centre was erected in Chesterfield—Ashbrook—which has 70 places. The general contractors were Vic Hallam Ltd., and the building cost £23,500 with a further £1,700 for furniture.

These two training Centres are run on modern lines and emphasis is laid on training and a variety of subjects are covered which include laundry, ironing, cooking, domestic science in all its aspects, gardening, crafts, simple numbers in use of money, etc., dancing and a variety of other activities. In the Ashbrook Centre is held once a week, the Pastures Social Club for ex-patients.

It was also decided to abolish the two part-time Centres at Chinley and Buxton and to establish a four-day week Centre in the County Clinic at Chinley, although the premises are really not suitable for the purpose.

The County Council has agreed that the posts of Assistant Home Teacher should be abolished and that Assistant Supervisors of the Centres should take their place, and that a Supervisor for Chinley Centre should be added to the Establishment. In September, 1958 the Centre started at Chinley and the staff from there serve the Matlock Centre one day a week.

Introduction of Group Classes and Domiciliary Occupational Therapy.

For the first time group classes and domiciliary visiting by Craft Instructors was carried out. These Craft Instructors also did pre- and after-care treatment for the mentally ill patients—some of whom were attending the Psychiatric Clinics, and others who had been discharged from the Mental Treatment Hospitals. This service has been greatly appreciated and appears to serve a very useful purpose in more ways than one.

Procedure for Admission to Hospital.

In the Mental Treatment Hospitals there are now three types of patient : the one under Order ; the voluntary ; and the non-statutory. Most of the patients in the Mental Deficiency Hospitals go in as voluntary patients—only the odd few go under Order—but we already have come across some of the problems which occur. For example, the Court places a mentally deficient patient in a mental deficiency hospital on probation as a voluntary patient ; the patient walks out of the hospital and we have no power to take him back, although we feel he is in need of training.

Conclusion.

The picture in the field of Mental Health is changing and these patients are being given a new deal. More and more emphasis is being laid on community care and the general public will need to be educated to accept this new idea and outlook on the mentally ill patient. In fact their whole outlook will have to be changed.

To me, the future and variety in the work in the field of Mental Health appears to be a vast and progressive one. It promises a different life with hope to these handicapped people, and it offers a challenge to a Local Authority for progressive planning and a broadness of vision.

The Minister of Health said at the end of his Opening Speech on the introduction of the Mental Health Bill ; "On the Statute Book it will mark a notable chapter in the history of our social progress and reflect credit on the Parliament which enacts it. It will associate us, in our sphere, with those who toil in this human and challenging cause to illumine the dark corridors of the mind with reason restored and hope reborn".

It will be seen from the foregoing that we are already putting into force some of the changes recommended by the Royal Commission Report relating to the law on Mental Illness and Mental Deficiency which was published in May, 1957."

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

As in previous years, cordial relations and close co-operation have been maintained with the various Regional Hospital Boards and Hospital Management Committees. Mental Health Officers have continued to visit mental defectives on licence or on holiday leave from Institutions. Periodical progress reports are forwarded to the Medical Superintendents concerned. Where necessary, suitable places of work are found by Mental Health Officers for a number of the cases on licence from Institutions. A number of patients after working satisfactorily on licence for about one year are released from Order but still remain under voluntary supervision by the Mental Health Officers.

Under the National Health Service Act, the responsibility for patients on licence or on holiday leave from Institutions rests with the various Hospital Management Committees, but since many Institutions do not employ their own Social Workers, arrangements are made with the Medical Superintendents of Mental Deficiency Hospitals to have the work done by officers of the Local Health Authority. Also on behalf of the Management Committees of the various Mental Hospitals, arrangements have been made for the Mental Health Officers to visit the homes of patients due to be allowed leave of absence on trial under Section 55 of the Lunacy Act, 1890, or about to be boarded out under Section 37, and regular reports are forwarded to the Medical Superintendents.

With the co-operation of Derby No. 3 Hospital Management Committee and the Hospital Management Committees of other Mental Hospitals, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, for the conveyance of patients to those hospitals.

Voluntary Associations.

The National Association for Mental Health.

This Association is of assistance in arranging courses of instruction in mental deficiency which are attended by Medical Officers of the Council with a view to their being approved as Certifying Officers under the Mental Deficiency Acts.

Arrangements have also been made with the Association for different trainees to work at the Chesterfield Training Centre for periods of six weeks as part of the training required for the Diploma in Mental Health granted by the Association.

The Association is also instrumental in arranging temporary accommodation in urgent cases.

The Guardianship Society, Brighton.

Three mental defectives subject to Guardianship Orders live near the South Coast and are under the supervision of the Guardianship Society.

Work undertaken in the Community.

(*a*) *Under Section* 28 *of the National Health Service Act*, 1946.

The work of the Mental Health Officers is chiefly concerned with the care and after-care of mental defectives under the Mental Deficiency Acts. 973 cases under statutory supervision and 553 cases under voluntary supervision were visited during 1958 in their homes bi-monthly or quarterly, but more frequent visits are made if required Much helpful advice is given in regard to the completion of forms for the National Assistance Board, the National Insurance offices and other public departments. A continuous record of each case is kept in the Central Office, compiled from the detailed reports of the Social Workers on their visits.

(*b*) *Under the Lunacy and Mental Treatment Acts*, 1890-1930.

During the year 1958, as shown in the following tables, 1,972 patients were admitted to Mental Hospitals and in respect of 489 of these, Orders were obtained by Mental Health Officers. Also advice and information were given to patients and relatives in the case of a number of patients admitted voluntarily under the Mental Treatment Acts. It is noteworthy that 75% of the cases admitted to Mental Hospitals during the year were admitted voluntarily without the stigma of certification, and it is encouraging that more and more people are realising that mental illness is similar to many other illnesses in that early treatment can bring about complete recovery.

During the period 1st January, 1958, to 31st December, 1958, the following numbers of patients were admitted to Mental Hospitals :

	Males	*Females*	*Total*
Pastures Hospital, Mickleover	658	813	1,471
Kingsway Hospital, Derby	79	145	224
Middlewood Hospital, Sheffield	4	16	20
Scarsdale Hospital, Chesterfield	61	27	88
St. Thomas' Hospital, Stockport	8	10	18
Mapperley Hospital, Nottingham	9	17	26
The Coppice Hospital, Nottingham	2	–	2
Winwick Hospital, Near Warrington	1	–	1
Andressey Hospital, Burton-on-Trent	2	3	5
St. Matthew's Hospital, Burntwood	1	10	11
Parkside Hospital, Macclesfield	42	57	99
The Retreat, York	1	–	1
Prestwich Hospital, Prestwich	1	–	1
St. Edward's Hospital, Cheddleton, Near Leek ..	1	–	1
Ollersett View, New Mills	–	1	1
Horton Hospital, Epsom	–	1	1
Cheadle Royal Hospital, Cheadle	–	1	1
Springfield Hospital, Crumpsall, ...	–	1	1
	870	1,102	1,972

These patients were admitted in the circumstances set out below :—

	Males	*Females*	*Total*
Lunacy Act, 1890			
Summary Reception Orders (Sec. 16)	68	74	142
Duly Authorised Officers 3-day Orders (Sec. 20)..	101	72	173
Justices' 14-day Orders (Sec. 21)	62	104	166
Mental Treatment Act, 1930			
Temporary Patients (Sec. 5)	3	5	8
Voluntary Patients	622	795	1,417
Non-statutory Patients	14	52	66
	870	1,102	1,972

(*c*) *Under the Mental Deficiency Acts*, 1913–1938,

Guardianship,

The cases under Guardianship Orders are visited by a Medical Officer with a special experience in mental deficiency as well as regularly by Mental Health Officers.

Admissions to Hospitals for Mental Defectives.

The following table shows the number of patients admitted to Hospitals for Mental Defectives during the year 1958 :—

Under age 16		*Over age 16*		*Total*		*Total cases*
M.	*F.*	*M.*	*F.*	*M.*	*F.*	
15	5	33	26	48	31	79

Cases urgently awaiting admission to Hospitals for Mental Defectives, 31st December, 1958.

Area	*Under 16*		*Over 16*		*Total*		
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*T.*
Manchester Regional Hospital Board area (Population 69,000)	6	2	1	2	7	4	11
Sheffield Regional Hospital Board Area .. (Population 655,600)	20	26	19	26	39	52	91
Whole County	26	28	20	28	46	56	102

The urgent waiting list has been as follows during the last few years :—

1953	1954	1955	1956	1957	1958
151	177	170	112	98	102

In addition to these cases on the urgent waiting list there is a number of other mental defectives awaiting admission to Hospitals when beds can be provided by the Regional Hospital Boards. Any of these may become urgent at any time owing to the death or illness of aged parents, etc.

Short Term Stay.

In order to afford some measure of relief to harassed parents of mental defectives awaiting admission to Hospitals, four beds have been reserved by the Sheffield Regional Hospital Board for short-term stay and during the year, sixty-eight cases were admitted for periods of three to eight weeks. This has been greatly appreciated by the parents who have been able to take a holiday or have a rest from the continual care of the defective child.

Cases dealt with during 1958.

The following table gives details of the number of mental defectives reported and dealt with during the year 1958 and also shows the number of mental defectives "ascertained" in the County on the 1st January, 1959 :—

MENTAL DEFICIENCY ACTS, 1913-1938

Name of Local Health Authority : Derbyshire.

	During 1958				*Total cases on Authority's registers as at 1st January*, 1959			
	Under age 16		*Aged 16 and over*		*Under age 16*		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
1. *Particulars of cases reported during* 1958 :—								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	32	28	–	–	–	–	–	–
(2) On leaving special schools	–	–	11	4	–	–	–	–
(3) On leaving ordinary schools	–	–	–	–	–	–	–	–
(ii) Police or by Courts ..	–	1	10	9	–	–	–	–
(iii) Other Sources	3	10	13	28	–	–	–	–
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground.. ..	13	14	38	43	–	–	–	–
(c) Cases reported but not regarded as defectives by 31st December and thus excluded from (a) or (b)	2	1	14	14	–	–	–	–
(d) Cases reported in which action was incomplete at 31st December, 1958 and are thus excluded from (a) or (b) ..	2	–	5	4	–	–	–	–
Total number of cases reported during the year :—	52	54	91	102	–	–	–	–

	During 1958				*Total cases on Authority's registers as at 1st January, 1959*			
	Under age 16		*Aged 16 and over*		*Under age 16*		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
2. *Disposal of cases.*								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Statutory Supervision ..	30	38	23	33	196	161	291	325
(ii) Placed under Guardianship	–	–	–	–	–	–	2	2
(iii) Taken to "Places of Safety"	–	–	–	–	1	–	–	–
(iv) Admitted to Hospitals ..	4	1	10	7	39	14	272	328
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Voluntary Supervision ..	13	14	36	43	11	14	258	270
(ii) Action unnecessary ..	–	–	2	–	–	–	–	–
(c) Cases reported at 1(a) or (b) above who removed from the area or died before disposal was arranged	1	–	1	1	–	–	–	–
Total of item 2	48	53	72	84	247	189	823	925
3. *Classification of defectives in the Community on* 1.1.59								
(a) Cases included in item 2 (a) (i) to (iii) above in need of Institutional care :—								
(1) In urgent need of hospital care :—								
(i) "cot and chair" cases	–	–	–	–	8	12	1	–
(ii) ambulant low grade cases	–	–	–	–	15	14	5	9
(iii) medium grade cases	–	–	–	–	2	2	9	12
(iv) high grade cases ..	–	–	–	–	1	–	5	7
(2) Not in urgent need of hospital care :—								
(i) "cot and chair" cases	–	–	–	–	1	1	1	2
(ii) ambulant low grade cases	–	–	–	–	9	9	13	12
(iii) medium grade cases	–	–	–	–	7	2	20	19
(iv) high grade cases ..	–	–	–	–	3	–	7	9
Total of item 3 (a) ..	–	–	–	–	46	40	61	70

	Under age 16		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*
3. *Classification of defectives in the Community on* 1.1.59 (*continued*)				
(b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) overleaf, number considered suitable for :—				
(i) occupation centre	100	73	19	15
(ii) industrial centre..	–	–	98	110
(iii) home training	13	6	49	68
Total of item 3 (b)	113	79	166	193
(c) Of the cases included in item 3 (b) numberreceiving training on 1.1.59:—				
(i) in occupation centre (including Voluntary Centres)	88	66	21	18
(ii) in industrial centre	–	–	1	1
(iii) from a home teacher in groups	2	1	38	28
(vi) from a home teacher at home (not in groups)	1	–	01	01
Total of item 3 (c)	91	67	70	57

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1958, who have ceased to be under any of these forms of care during 1958.

	M.	*F.*	*T.*
(a) Ceased to be under care	3	6	9
(b) Died, removed from area, or lost sight of ..	23	30	53
Total	26	36	62

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care.

(a) Number who have given birth to children while unmarried during 1958 1

	Males	*Females*
(*b*) Number who have married during 1958 ..	4	11

6. Number of mental defectives for whom short term care was arranged by the local health authority during 1958 and admitted to National Health Service Hospitals :—

Under age 16		*Age 16 and over*	
M.	*F.*	*M.*	*F.*
24	19	11	14

APPENDIX I.

NATIONAL HEALTH SERVICE ACT, 1946

LOCAL HEALTH SERVICES

PART I.

RETURN RELATING TO SERVICES PROVIDED BY OR ON BEHALF OF THE COUNCIL AS LOCAL HEALTH AUTHORITY AND OF THE WORK DONE DURING THE YEAR 1958

1. Births.

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936, or Section 255 of the Public Health (London) Act, 1936, and the number as adjusted by any notifications transferred in or out of the area :—

(1)	Live Births		Stillbirths		Totals	
	Actual (2)	Adjusted (3)	Actual (4)	Adjusted (5)	Actual (6)	Adjusted (7)
(a) Domiciliary ..	4,717	4,716	77	77	4,794	4,793
(b) Institutional ..	5,300	6,274	139	221	5,439	6,495

2. Ante-Natal and Post-Natal Clinics.

NOTES : A list giving the names and addresses of any clinics (*a*) discontinued and (*b*) started during the year should be attached.

Clinics provided by another Local Health Authority and used by agreement or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority should *not* be included, but a separate note should be attached showing the number of such clinics used by mothers resident in the Authority's area and the number of sessions held *per month* and if readily available, statistics as in columns (4) to (6) in respect of these women.

In col. 5 enter in respect of ante-natal examinations women who had *not* previously attended any clinic of the Local Health Authority during current pregnancy, and in respect of post natal examinations women who had *not* previously attended any post-natal clinic of the Local Health Authority after last confinement.

(1)	Number of premises* in use at end of year (whether held at Child Welfare Centres or eleswhere) (2)	Average number of sessions held per month‡ during year‡ (3)		Number of women in attendance (4)	(5)	Total number of attendances during the year (6)	
		Medical Officers Sessions	Mid-wives Sessions †	Number of women who attended during year	Number of new cases included in col. (4)	Medical Officers Sessions	Midwives Sessions†
L.H.A. Clinics:	24	109	—				
(*a*) For ante-natal examination	24	109	—	4,383	3,149	14,162	—
(*b*) For post-natal examination	—	—	—	515	485	588	—
Clinics provided by Vol. Org.:							
(*c*) For ante-natal examination	—	—	—	—	—	—	—
(*d*) For post-natal examination	—	—	—	—	—	—	—

†Where no Medical Officer is present or available.

*Premises used both for ante-natal and post-natal work, whether in the same or different clinic sessions. should be counted as clinics for ante-natal examination, but their number should also be shown separately in the boxes.

‡Sessions in which both ante-natal and post-natal work is done should be counted as ante-natal sessions but their number should also be shown separately in the boxes.

3. Child Welfare Centres.

NOTES : A list giving the names and addresses of any centres (*a*) discontinued and (*b*) started during the year should be attached.

Centres provided by another Local Health Authority and used by agreement, or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority, should *not* be included, but a separate note should be attached showing the number of such centres used by children resident in the Authority's area and the number of sessions held *per month*, also, if readily available, statistics as in columns (4)-(12) in respect of these children.

Attendances by mothers for the purpose of obtaining welfare foods, etc. only should not be included in the Table.

Attendances at specialist clinics or for special treatment, e.g., orthopaedic clinics, sunlight treatment, etc. should not be included in the Table.

Centres provided by : (1)	Number of centres provided at end of year (2)	Number of Child Welfare sessions now held per month at centres in col. (2) (3)	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age (4)	Number of children who attended during the year and who were born in : 1958 (5)	1957 (6)	1956-53 (7)	Total Number of children who attended during the year (8)	Number of attendances during the year made by children who at the date of attendance were : Under 1 year (9)	1 but under 2 (10)	2 but under 5 (11)	Total attendances during the year (12)
(*a*) L.H.A. ..	*95	359	7,170	6,468	7,357	4,835	18,660	88,668	19,426	11,155	119,240
(*b*) Vol. Org. ..	2	6	124	116	126	43	585	1,624	338	63	2,025

* 3 New Infant-Welfare Clinics opened during 1958 (Mastin Moor, Mickley and Wingerworth.)

4. Dental Care of Expectant and Nursing Mothers and Children under School Age.

1. (*a*) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service :—
   (1) Senior Dental Officer 0.1
   (2) Dental Officers 0.53

   (*b*) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service .. .. Nil

   (*c*) Number of dental clinics in operation at end of year 13

   (*d*) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year 44* (Chesterfield Borough)

   (*e*) Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year .. .. Nil

* None specifically set aside in remainder of County for expectant and nursing mothers and pre-school children).

2. **Dental Treatment Return.**

A. NUMBERS PROVIDED WITH DENTAL CARE :

(1)	Examined (2)	Needing Treatment (3)	Treated (4)	Made Dentally Fit (5)
Expectant and Nursing Mothers	90	90	70	25
Children under Five	842	660	628	248

B. FORMS OF DENTAL TREATMENT PROVIDED :

(1)	Scalings and Gum Treatment (2)	Fillings (3)	Silver Nitrate Treatment (4)	Crowns or Inlays (5)	Extractions (6)	General Anaesthetics (7)	Dentures Provided: Full Upper or Lower (8)	Dentures Provided: Partial Upper or Lower (9)	Radiographs (10)
Expectant and Nursing Mothers	29	38	—	—	237	24	6	9	—
Children under five	5	64	297	—	1,053	376	—	—	—

5. Health Visiting and Tuberculosis Visiting.

A. Visiting.

	HEALTH VISITORS										TUBERCULOSIS VISITORS
	Number of children under 5 years of age visited during year	Expectant mothers*		Children under 1 year of age†		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuberculous Households‡	Other cases§	Total number of families or households visited by Health Visitors	Total visits paid to tuberculous households¶
		First visits	Total visits ‖	First visits	Total visits ‖	Total visits ‖	Total visits ‖	Total visits ‖	Total visits ‖		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(*a*) L.H.A	43,741	2,804	3,903	10,550	29,885	16,237	32,177	2,830	7,396	38,574	—
			676		2,912	1,602	2,537	436	397		—
(*b*) Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

*These figures should not include visits paid by a midwife-health visitor who is to attend the confinement as a midwife or maternity nurse.
The "first visit" to an expectant mother is the first visit paid by a health visitor during any one pregnancy.

†The "first visit" to a child under 1 year old is the first visit paid by a health visitor of this Local Health Authority after the birth of the child.

‡This heading relates to visits made by health visitors not employed solely on tuberculosis work (as to which see col. (12)).

§"Other cases" should include visits for such purposes as reporting on still-births and infant deaths, infectious disease, care of old people, hospital after-care, etc.

‖ "No access" visits should be shown in the boxes. They should be excluded from the totals which are to relate to effective visits only. In the case of a family containing more than one person with whom the health visitor is concerned, the number of effective visits to be recorded is the number of persons to whom the visitor gives effective consideration on the occasion of a visit to the household. The number of "no access" visits is the number of persons to whom a visit was intended but not made effectively owing to failure to contact the person or a responsible representative.

¶This heading relates to visits made by health visitors and tuberculosis visitors employed solely on tuberculosis work.

B. Clinics.

(*a*) Total number of attendances made by health visitors at local health authority clinic sessions during the year 6,531

(*b*) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year .. .. —

6. Home Nursing.

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuberculosis (5)	Maternal Complications (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year* (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year* (10)	Patients included in (2)-(7) who have had more than 24 visits during the year* (11)
Number of cases attended by Home Nurses during the year :— (*a*) L.H.A. ..	11,306	3,306	40	386	86	1,782	16,906	6,006	429	3,597
(*b*) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	—
Number of visits paid by Home Nurses during the year :— (*c*) L.H.A. ..	292,455	62,060	552	14,612	923	25,105	395,707	220,847	3,470	233,116
(*d*) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	—

* The number of visits paid to the special classes of patients in columns (9), (10) and (11) should be shown under items (c) and (d) as appropriate.

7. Domestic Help.

(i) Number of Domestic Help Organisers employed at the end of the year :—

(*a*) Whole-time 4

(*b*) Part-time .. .. Nil.

(ii) Number of Domestic Helps employed at the end of the year :—

(*a*) Whole-time 82

(*b*) Part-time 122

(iii) Number of cases where domestic help was provided during the year*:—

	Total	Cases included in previous col. in which help began prior to 1958
(*a*) Maternity (including expectant mothers)	192	9
(*b*) Tuberculosis	–	—
(*c*) Chronic sick including aged and infirm	1,081	592
(*d*) Others	153	46

*A case should be counted only once, even if help ceased and recommenced during the year. All cases should be counted, even if help began in the preceding year.

8. Distribution of Welfare Foods.

Number and type of distribution points at end of year :—

(*a*) Maternity and child welfare centres.. 89

(*b*) Others 67

9. Day Nurseries (including 24-hour Nurseries) as at end of year.

NOTE : A list giving the names and addresses of any Day Nurseries (*a*) opened, (*b*) closed during the year should be attached.

(1)	Number (2)	Number of approved places		Number of children on the register at the end of the year		Average daily attendance during the year	
		Under 2 (3)	2–5 (4)	Under 2 (5)	2–5 (6)	Under 2 (7)	2–5 (8)
(*a*) Nurseries maintained by the Council	5	91	134	67	145	48.6	99.9
(*b*) Nurseries maintained by Voluntary Organisations by arrangement with the Council under Section 22 of the Act	—	—	—	—	—	—	—

10. Daily Minders receiving fees from the Authority under Section 22 of the National Health Service Act, 1946, at end of year.

(*a*) Number of minders .. .. .. Nil.

(*b*) Number of children cared for .. .. Nil.

11. Mother and Baby Homes—(i.e. Homes or hostels for unmarried mothers and their babies).

Name and Address of Home or Hostel	Number of beds				Number of admissions (ignoring re-admissions after confinement) during the year	Number of admissions in col. (6) for which the authority was responsible	Average length of stay	
	Total beds (excluding maternity and labour and cots)	*Maternity (excluding labour and isolation)	Labour beds	Cots			Ante natal	Post natal †
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(*a*) Provided by the Authority :—		N	I	L				
(*b*) Provided or used by Voluntary Organisations with which the Authority make arrangements under Section 22 (1) or to which the Authority make payment under Section 22 (5):—		N	I	L				

(*c*) Number of cases sent by the Authority during the year to homes other than those mentioned in (*a*) and (*b*) above, payment being made on an *ad hoc* basis :—

(1) Expectant Mothers	60
(2) Post-Natal Cases	61

*A separate form M.C.W. 96a, should be furnished for each institution with *maternity* beds included in the above table.

†Exclusive of the lying-in period.

Immediate information should be sent to the Principal Medical Officer for the Region and addressed to him at the Ministry of Health, Savile Row, W.1, of every occurrence in any of these institutions of :—

(*a*) DEATH ;
(*b*) OPHTHALMIA NEONATORUM, PEMPHIGUS AND *INFECTIVE GASTRO-ENTERITIS* ; AND
(*c*) AN OUTBREAK OF OTHER INFECTIOUS DISEASES.

12. Illegitimate Children (with special reference to Circular 2866).

(i) Do the Authority employ a Social Worker for the purpose of Circular 2866

(*a*) themselves ?	No
(*b*) in combination with another Local Health Authority ?	No

(ii) If not, what arrangements are made for this work to be undertaken ? The Superintendent Health Visitor has been specially deputed to keep illegitimate children under particular observation.

PART II.

MIDWIVES ACT, 1951.

RETURN BY LOCAL SUPERVISING AUTHORITY.

1. Midwives.

NOTE : Midwives engaged in both domiciliary and institutional practice should be included in the capacity in which they are mainly employed.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year.		
	Domiciliary Midwives	Midwives in Institutions	Total
(*a*) Midwives employed by the Authority	99	–	99
(*b*) Midwives employed by Voluntary Organisations—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	–	–	–
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	–	–	–
(*c*) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	–	–	–
(ii) Otherwise	–	72	72
(*d*) Midwives in Private Practice (including Midwives employed in Nursing Homes)	2	5	7
Totals	101	77	178

2. Deliveries Attended by Midwives.

NOTES: This table relates to *women* delivered, not in the case of multiple births, to infants.

Where midwives are engaged in both domiciliary and institutional practice, cases attended by them should be separated into domiciliary or institutional.

Where institutional midwives are employed by a Hospital Management Committee or Board of Governors responsible for several institutions situated in the areas of more than one Local Supervising Authority, the cases attended by them should be included in the return of the Authority in whose area the cases are located.

Domiciliary cases attended by midwives (cols. (2)-(6)) should *not* include cases delivered in institutions but attended by domiciliary midwives on discharge and before the 14th day. This information should be provided at item (e).

(1)	Number of deliveries attended by Midwives in the area during the year					
	Domiciliary Cases					
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child (2)	Doctor not present at time of delivery of child (3)	Doctor present at time of delivery of child (either the booked Doctor or another) (4)	Doctor not present at time of delivery of child (5)	Totals (6)	Cases in Institutions (7)
(a) Midwives employed by the Authority ..	20	728	1,228	2,772	4,748	—
(b) Midwives employed by Voluntary Organisations—						
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ..	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act ..	—	—	—	—	—	3,935
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	—	—	—	—	—	374
TOTALS ..	20	728	1,228	2,772	4,748	4,309

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day, 2,366.

(f) **Breast Feeding.**

Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day, 3,868.

3. Medical Aid under Section 14 (1) of the Midwives Act, 1951.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, by a Midwife, whether a fee was payable by the Local Health Authority or not :—

(*a*) Domiciliary cases :—

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ..	393
(ii) Others	177
Total	570
(*b*) Cases in Institutions	409

4. Administration of Inhalational Analgesics.

(1) **Institutional Midwives.**

Number of **Institutional** Midwives in practice in the area at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board :—

(*a*) Employed in homes and hospitals in the National Health Service	64
(*b*) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	5

(2) **Domiciliary Midwives.**

NOTE : The information asked for item (*d*) in columns (3)-(10) should be supplied where available.

(1)	Number of **domiciliary** midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (2)	Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were administered by midwives in **domiciliary** practice during the year:-				Number of cases in which pethidine was administered by midwives in **domiciliary** practice during the year :—	
				When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child
		Gas and air (3)	"Trilene" (4)	Gas and air (5)	"Trilene" (6)	Gas and air (7)	"Trilene" (8)	(9)	(10)
(*a*) Domiciliary Midwives employed directly by Local Health Authority	98	99	99	151	791	223	2,477	707	1,927
(*b*) Domiciliary Midwives employed under Section 23 by voluntary organisations as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
(*c*) Domiciliary Midwives employed under Section 23 by hospital authorities as agents of Local Health Authority	—	—	—	—	—	—	—	—	—
(*d*) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority	1	1	—	—	—	—	—	—	—
Totals	99	100	99	151	791	223	2,477	707	1,927

PART III.

RETURN OF WORK DONE BY THE AUTHORITY UNDER :—

1. Nurseries and Child-minders Regulation Act, 1948.

	Number registered at end of year	†Number of children provided for
Premises :		
(*a*) Factory	Nil.	Nil.
(*b*) Other nurseries	Nil.	Nil.
Daily Minders	Nil.	Nil.

† *i.e.*, number of children to whom the registrations relate.

2. Registration of Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936).

	Number of Homes	Number of beds provided for		
		Maternity	Others	Totals
Homes first registered during year ..	—	—	—	—
Homes whose registrations were withdrawn during year	2	—	—	—
Homes on the register at end of year	4	17	63	80

Names of the Councils of any County Districts to which the powers and duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936, and particulars of the powers delegated.

Chesterfield Corporation
Glossop ,,
Ilkeston ,,
} The powers and duties of the County Council for the respective areas.

PART IV.

PREMATURE BIRTHS

NOTES : This section covers live births and still-births of 5½ lbs. or less at birth.

Births in an ambulance or in the street should be listed under the place to which the case is immediately transferred.

1. Number of Premature Live Births Notified (as adjusted by any notifications transferred in or out of the area).

(*a*)	In hospital	570
(*b*)	At home	233
*(*c*)	In private nursing homes	37
	Total	840

2. Number of Premature Still-Births Notified (as adjusted by any notifications transferred in or out of the area).

(*a*)	In hospital	134
(*b*)	At home	29
*(*c*)	In private nursing homes	1
	Total	164

*"Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

NOTE: The totals in the table below should correspond with the appropriate figures in items 1 and 2 above, e.g. the sum of the totals in cols. (5) and (8) of the table should correspond with item 1 (*b*) above.

Weight at birth	PREMATURE LIVE BIRTHS															Premature Still-births		
	†Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in hospital	Born at home	Born in nursing home.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(*a*) 3 lb. 4 oz. or less (1,500 gms. or less)	80	37	27	14	5	9	9	3	3	3	1	2	1	1	–	75	18	1
(*b*) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	92	12	72	10	1	8	18	1	16	4	–	3	2	–	2	25	7	–
(*c*) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	122	6	111	19	–	18	11	–	10	7	1	6	–	–	–	13	1	–
(*d*) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	276	6	264	134	4	129	18	3	14	19	–	19	1	–	1	21	3	–
Totals	570	61	474	177	10	164	56	7	43	33	2	30	4	1	3	134	29	1

†The group under this heading will include cases which may be born in one hospital and transferred to another.

PART V.

STAFF RETURN.

NURSING STAFF EMPLOYED AT THE END OF THE YEAR BY THE AUTHORITY, AND BY VOLUNTARY ORGANISATIONS AND HOSPITALS UNDER ARRANGEMENTS WITH THE AUTHORITY FOR SERVICES UNDER PART III OF THE N.H.S. ACT.

NOTES: Where a nurse is engaged in more than one service (e.g. a superintendent nursing officer or a home nurse-midwife) she should be shown as part-time in *each* of the services in which she is engaged, and should be given the whole-time equivalent of her work in *each* of these services in the columns provided.

A health visitor (or home nurse or midwife) who also does school nursing duties should be shown as part-time, together with the whole-time equivalent of her work after deduction of time spent in school nursing duties. Nurses employed solely as whole-time school nurses whether or not holding the health visitor's certificate, should not be included anywhere in this return.

1. Health Visiting, Tuberculosis Visiting, Clinic Duties, Care and After-Care.

	Administrative and Supervisory Nursing Staff (excluding Health Visitor Tutors)			Health Visitors except those in Cols. (8)-(10)			Tuberculosis Visitors†			Other Nurses		
(1)	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6) (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9) (10)	Whole-time (11)	Part-time (12)	Equiv. Whole-time of (12) (13)
(*a*) Local Health Authority ..	—	4	2.2	—	56	39.2	—	—	—	—	—	—
				—	—		—	—				
(*b*) Voluntary Organisation ..	—	—	—	—	—	—	—	—	—	—	—	—
				—	—		—	—				

*Health Visitors and Tuberculosis Visitors acting as such by virtue of a dispensation given under Regulation 5 of the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, should be included and also shown separately in the boxes.

†This relates to health visitors and tuberculosis visitors employed solely on tuberculosis work.

2. Domiciliary Midwifery.

(A).

(1)	Administrative and Supervisory Nursing Staff			Domiciliary Midwives		
	Whole-time* (2)	Part-time* (3)	Equivalent Whole-time of (3) (4)	Whole-time† (5)	Part-time† (6)	Equivalent Whole-time of (6) (7)
(a) Local Health Authority ..	— / —	3 / 3	1.5	70 / 3	29 / —	15
(b) Voluntary Organisations ..	— / —	— / —	—	— / —	— / —	—
(c) H.M.C. or B.G.				— / —	— / —	—

*Non-Medical Supervisors of Midwives should be included and also shown separately in the boxes.

†Midwives approved as teachers should be included and also shown separately in the boxes.

(B). Pupil Midwives.

Number of pupils who have completed their district training in the area during the year as part of a Part II Midwifery course taken :—

(i) Wholly on the district .. .. .. —

(ii) Partly on the district 12

3. Home Nursing.

(1)	Administrative and Supervisory Nursing Staff			State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)			Enrolled Assistant Nurses			Student Home Nurses		
	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6)* (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9)* (10)	Whole-time* (11)	Part-time* (12)	Equiv. Whole-time of(12)* (13)
(a) Local Health Authority ..	1	2	1	106	25	13	7	4	2	—	—	—
				—	—	—	—	—	—	—	—	—
(b) Voluntary Organisation ..	—	—	—	—	—	—	—	—	—	—	—	—
				—	—	—	—	—	—	—	—	—

*Male nurses should be included and also shown separately in the boxes.

4. Nurses Engaged on Combined Duties.

NOTE: A nurse should be counted once only in this section. If part of her duties relates to health visiting, home nursing, or midwifery, she will also have been counted in one or more of sections 1, 2 and 3 above.

Number of nurses engaged in :

(*a*)	Health visiting and school nursing only ..	58
(*b*)	Home nursing and midwifery only	29
(*c*)	Health visiting, home nursing and midwifery only	—
(*d*)	Health visiting, home nursing, school nursing and midwifery only	—
(*e*)	Other combinations (please specify)	—

5. Administrative Nursing Staff (excluding Health Visitor Tutors).

Actual number of nurses whose duties in the services in 1, 2 and 3 above are :—

(*a*)	wholly administrative and supervisory	5
(*b*)	partly administrative and supervisory	3

6. Total Staff.

Actual number of nursing staff represented in the tables under 1, 2 and 3 above, including administrative nursing staff but **excluding** students and pupils whose employment in these three services is :—

(*a*)	Whole-time	276
(*b*)	Part-time	—

7. Nursery Staff—Day Nurseries.

		Matrons		Deputy Matrons		Other Staff—Excluding Domestics					
	Nursery Supervisors †	State Registered i.e. S.R.N., R.S.C.N. or R.F.N.	Others	State Registered i.e. S.R.N., R.S.C.N. or R.F.N.	Others	S.R.N.'s R.S.C.Ns R.F.N's	S.E.AN's	Nursery Nurses	Wardens	Nursery Assistants and other staff (excluding domestics)	Nursery Students
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(*a*) L.H.A.	— / —	3	2	1	3	—	2	8	4	10	29
(*b*) Vol. Org.*	— / —	—	—	—	—	—	—	—	—	—	—

†The number of part-time Supervisors should be included and also shown in the boxes.

*Refers to staff employed by Voluntary organisations providing a day nursery service by arrangement with the Local Health Authority under Section 22 of the Act.

8. Vacancies.

Number of vacancies for nursing staff at the end of the year (i.e. additional staff which the Authority would employ immediately if available) expressed in terms of the equivalent of whole-time staff under each heading :—

(*a*)	Health Visitors	10
(*b*)	Tuberculosis Visitors	—
(*c*)	Domiciliary Midwives	5
(*d*)	Home Nurses	1
(*e*)	Day Nursery Staff (specify grades).	4*

* 1 Warden 2 Nursery Assistants 1 Student.

COUNTY OF DERBY

Table of Deaths during the year 1958 in each of the Sanitary Districts, Classified according to Diseases.

APPENDIX II.

DISTRICTS	DEATHS FROM VARIOUS CAUSES																																				
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases.	Other Circulatory Diseases.	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes
(URBAN)																																					
ALFRETON	–	–	–	–	–	–	–	–	–	6	7	3	3	31	–	1	34	41	5	39	7	1	7	9	5	3	2	2	2	–	1	20	1	7	1	–	238
ASHBOURNE	–	–	–	–	–	–	–	–	–	1	2	3	1	7	–	–	18	18	1	12	6	–	6	5	–	–	–	–	–	2	2	–	1	–	–	85
BAKEWELL	–	–	1	–	–	–	–	–	–	2	1	2	–	4	1	1	14	3	1	21	7	–	1	9	1	–	–	1	–	–	8	–	1	–	–	79
BELPER	3	–	1	–	–	–	–	–	–	4	7	4	1	18	1	3	49	35	3	28	23	–	13	5	2	4	1	2	3	–	–	20	3	4	3	2	243
BOLSOVER	–	–	–	–	–	–	–	–	1	3	2	6	5	17	1	1	57	65	7	63	5	–	6	4	–	2	1	2	3	–	3	19	2	5	1	–	295
BUXTON (Borough) ..	3	–	–	–	–	–	–	–	–	6	9	7	2	20	1	1	57	66	7	63	5	–	6	4	–	2	1	2	3	–	3	19	2	5	1	–	295
CHESTERFIELD (Bor'gh)	6	1	–	–	–	–	–	–	1	21	31	10	5	60	1	7	111	109	22	123	30	2	65	63	11	7	–	3	4	3	8	62	13	25	10	1	815
CLAY CROSS	–	–	–	–	–	–	–	–	–	5	3	–	–	7	–	–	15	20	–	14	4	1	8	4	2	–	–	–	1	–	–	6	–	4	1	–	95
DRONFIELD	1	–	1	–	–	–	–	–	–	2	2	2	2	9	1	–	14	18	1	23	5	1	–	7	2	–	–	–	–	–	2	8	1	4	1	–	106
GLOSSOP (Borough) ..	2	–	–	–	–	–	–	–	–	10	11	2	1	21	–	5	59	52	1	51	7	1	14	19	1	1	–	13	1	–	1	29	1	6	3	–	313
HEANOR	1	–	–	–	–	–	–	–	1	7	5	2	2	24	–	4	42	38	9	37	19	–	11	12	5	3	1	5	1	–	1	23	2	8	5	1	274
ILKESTON (Borough) ..	2	–	–	–	–	–	–	–	1	13	9	4	3	24	1	2	63	48	2	58	15	4	16	26	2	1	3	6	2	1	6	22	7	6	1	–	348
LONG EATON	2	2	–	–	–	–	–	1	–	11	8	5	4	25	2	3	56	50	7	49	14	1	14	15	3	2	1	2	2	–	2	33	4	4	2	–	324
MATLOCK	1	–	–	–	–	–	–	–	–	3	9	4	–	13	–	–	39	18	4	41	11	–	5	13	1	1	2	–	2	–	–	10	2	1	4	–	184
NEW MILLS	1	–	–	–	–	–	–	–	–	2	3	2	–	11	1	–	25	12	2	15	19	1	1	7	–	–	–	1	–	–	3	12	–	2	–	–	120
RIPLEY	1	–	–	–	–	–	–	–	–	3	1	5	2	14	3	2	19	34	1	24	8	1	10	7	3	–	1	3	–	–	1	14	2	3	3	–	165
STAVELEY	2	–	1	–	–	–	–	1	1	7	7	3	1	17	–	–	21	28	2	30	12	–	12	14	4	3	1	3	–	–	3	17	2	6	3	–	200
SWADLINCOTE	1	–	–	–	–	–	–	–	1	10	1	5	2	27	1	1	29	22	8	41	10	1	14	15	–	1	–	4	1	–	2	19	4	3	3	–	226
WHALEY BRIDGE ..	–	–	–	–	–	–	–	–	–	2	–	1	1	5	–	–	16	14	–	8	1	1	2	3	–	1	–	–	–	–	1	3	1	2	2	–	64
WIRKSWORTH	–	1	–	–	–	–	–	–	–	4	1	1	2	2	–	–	13	10	–	13	6	–	5	3	–	–	–	–	1	–	–	5	–	1	–	–	68
URBAN DISTRICTS ..	26	4	4	–	–	–	2	–	5	122	119	75	34	356	14	31	708	661	77	704	216	16	217	249	45	29	14	48	25	4	38	341	47	99	43	4	4,377
(RURAL)																																					
ASHBOURNE	1	–	–	–	–	–	–	–	–	2	2	5	–	8	–	–	26	16	2	21	10	–	2	2	1	–	–	1	–	–	–	10	3	4	1	–	117
BAKEWELL	2	–	–	–	–	–	–	–	1	2	4	–	–	19	1	–	39	35	6	47	7	1	7	20	2	–	2	1	–	–	2	20	4	6	5	1	245
BELPER	3	–	1	–	–	–	–	–	1	15	10	3	1	28	3	2	57	61	10	39	22	4	11	7	1	2	2	3	–	2	9	29	5	4	3	–	337
BLACKWELL	4	–	–	–	–	1	–	–	–	11	5	8	4	35	–	3	64	47	4	72	16	8	33	37	4	1	3	6	4	1	5	44	4	7	2	–	439
CHAPEL-EN-LE-FRITH	–	–	1	–	–	–	–	–	1	2	7	3	–	19	2	2	41	33	3	46	16	3	6	13	2	1	2	4	1	–	–	21	3	3	1	–	237
CHESTERFIELD ..	6	–	–	–	1	–	–	–	1	23	34	13	8	78	2	5	104	139	18	133	46	5	47	48	2	5	1	6	6	–	13	72	15	36	12	–	884
CLOWNE	–	1	–	–	–	–	–	–	–	8	4	2	–	14	–	1	20	24	2	43	11	1	6	12	3	2	–	2	–	–	5	10	2	8	–	–	181
REPTON	1	–	1	–	–	–	–	–	–	6	8	8	–	33	2	5	56	68	13	64	30	1	17	16	2	7	2	3	2	–	6	29	10	10	3	–	404
S.E. DERBYSHIRE ..	3	–	1	–	–	–	–	–	–	28	32	13	6	68	1	6	106	129	34	155	34	5	35	51	4	14	3	8	7	–	11	59	13	18	11	–	857
RURAL DISTRICTS ..	20	1	4	–	1	1	–	–	5	97	111	59	19	302	11	24	515	552	92	620	192	28	164	206	26	40	16	31	22	2	52	294	59	96	38	1	3,701
URBAN DISTRICTS ..	26	4	4	–	–	–	2	–	5	122	119	75	34	356	14	31	708	661	77	704	216	16	217	249	45	29	14	48	25	4	38	341	47	99	43	4	4,377
WHOLE COUNTY ..	46	5	8	–	1	1	2	–	10	219	230	134	53	658	25	55	1,223	1,213	169	1,324	408	44	381	455	71	69	30	79	47	6	90	635	106	195	81	5	8,078