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Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1967

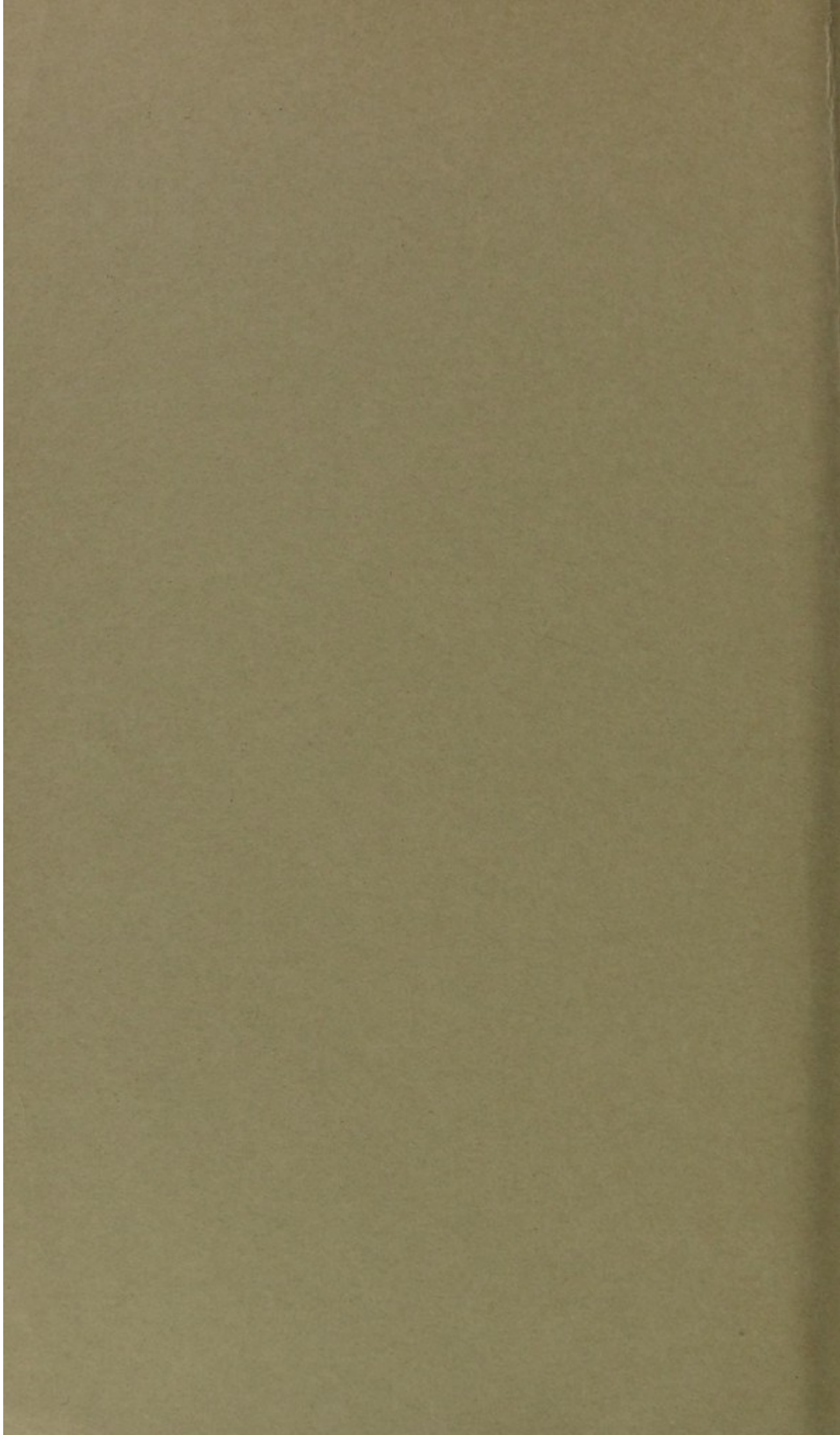
BY

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

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





Derbyshire County Council

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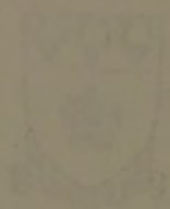
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COUNTY MEDICAL OFFICER OF HEALTH

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



Department of Education

ANNUAL REPORT

OF THE

STATE OF

NEW YORK

FOR THE YEAR

ENDING

JANUARY 31, 1900

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COUNTY HEALTH COMMITTEE

(As at 31st December, 1967)

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(Chairman)

ALDERMAN W. W. JOHNSON

(Vice-Chairman)

Aldermen

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J. CARTER

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A. F. T. WYATT

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J. FULLWOOD
Mrs. J. B. HARTLEY
A. J. HOUGH
W. H. LANDER
S. S. LEVICK

W. MCBAIN
Mrs. J. MCKEE
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A. SOUTHWELL
J. STEVENSON
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A. WEBBER
Mrs. V. WHEELER
J. WILLIAMSON

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J. BRAMLEY, Esq.
L. HEATH, Esq.
P. MATTHEWS, Esq.

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Dr. R. W. STEWART
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COUNCILLOR S. A. CLARKE
COUNCILLOR J. FULLWOOD
COUNCILLOR Mrs. J. B. HARTLEY
COUNCILLOR W. MCBAIN
COUNCILLOR Mrs. J. MCKEE
COUNCILLOR A. SOUTHWELL
COUNCILLOR Mrs. J. M. TUDOR

Co-opted Members

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CHAIRMAN OF CHESTERFIELD BOROUGH HEALTH AND WELFARE COMMITTEE
(L. HEATH Esq), Dr. W. BARBOUR AND Dr. J. A. STIRLING.

Co-opted Members in an Advisory Capacity

MEDICAL OFFICER OF HEALTH, CHESTERFIELD BOROUGH; THE MEDICAL
SUPERINTENDENTS OF : KINGSWAY HOSPITAL, ASTON HALL HOSPITAL AND
WHITTINGTON HALL; AND CONSULTANT PSYCHIATRISTS FROM : THE PASTURES
HOSPITAL, THE CHESTERFIELD AREA, ST. THOMAS'S HOSPITAL, STOCKPORT,
CRANAGE HALL AND MARY DENDY HOSPITALS, HOLMES CHAPEL.

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ALDERMAN W. W. JOHNSON

COUNCILLOR S. A. CLARKE
COUNCILLOR S. F. COLLINS
COUNCILLOR Mrs. J. MCKEE
COUNCILLOR A. SOUTHWELL
COUNCILLOR A. WEBBER

Child Minders Sub-Committee

ALDERMAN W. E. GARDNER

ALDERMAN W. W. JOHNSON

Local County Councillor as appropriate to each application.

Laundry Service Sub-Committee

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 ALDERMAN W. W. JOHNSON
 ALDERMAN A. F. T. WYATT

COUNCILLOR S. A. CLARKE
 COUNCILLOR S. F. COLLINS
 COUNCILLOR MRS. J. B. HARTLEY
 COUNCILLOR MRS. J. M. TUDOR
 COUNCILLOR MRS. V. WHEELER

Home Help Service Sub-Committee

ALDERMAN W. E. GARDNER
 ALDERMAN W. W. JOHNSON

COUNCILLOR A. J. HOUGH
 COUNCILLOR A. SOUTHWELL
 COUNCILLOR MRS. V. WHEELER

A Joint Medical Services Sub-Committee dealt initially with matters which were the joint concern of the Education Committee and the County Health Committee. At 31st December, 1967, its membership was as follows:—

Representing the County Health Committee

ALDERMAN W. E. GARDNER (*Chairman*)
 ALDERMAN W. W. JOHNSON
 COUNCILLOR S. A. CLARKE
 COUNCILLOR W. H. LANDER

Representing the Education Committee

ALDERMAN MRS. G. BUXTON
 ALDERMAN J. W. TRIPPETT
 COUNCILLOR R. D. BEARDSLEY
 COUNCILLOR MRS. L. A. LILLEY

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1967)

COUNCILLOR F. J. M. SHEPLEY

(*Chairman*)

COUNCILLOR E. C. PARTRIDGE

(*Vice-Chairman*)

Aldermen

MRS. A. M. BELFIELD

A. F. T. WYATT

Councillors

MRS. J. K. BAILEY
 W. H. BAKER
 H. S. BROMBY
 L. COATES
 J. P. GADSBY
 J. W. GADSBY
 T. S. HAMMOND
 S. S. LEVICK

J. MCKAY
 A. MORRIS
 J. M. MORGAN-OWEN
 J. A. SHUTTLEWORTH
 F. E. THOMPSON
 R. M. WATSON
 A. WEBBER
 W. H. WHITEHEAD

Milk Licences Sub-Committee

COUNCILLOR F. J. M. SHEPLEY

COUNCILLOR E. C. PARTRIDGE

Rural Water Supplies and Sewerage Acts Sub-Committee

ALDERMAN A. F. T. WYATT

COUNCILLOR J. P. GADSBY
 COUNCILLOR E. C. PARTRIDGE
 COUNCILLOR F. J. M. SHEPLEY
 COUNCILLOR F. E. THOMPSON
 COUNCILLOR W. H. WHITEHEAD

*To the Chairman and Members of the
Derbyshire County Council.*

Ladies and Gentlemen,

I have the honour to present the 78th Annual Report on the health of the County of Derby.

The **Birth Rate** and **Death Rate** from all causes per 1,000 of the population (which was estimated by the Registrar-General in mid-1967 to be 754,320) were respectively 16.6 and 11.2. (The corresponding rates for England and Wales (provisional) were 17.2 and 11.2). The falling national birth rate has reached its lowest level since 1960. The **Infant Mortality** rate was 17.53 deaths under one year of age per 1,000 live-births, compared with 17.25 last year. (The provisional figure for England and Wales was 18.3, which was the lowest figure ever recorded in this country). The Table on page 16 sets out the figures for Derbyshire since 1930; your attention is also drawn to the tables on page 17 relating to neo-natal and early neo-natal mortality, as well as to the comments on perinatal mortality. The late Professor W. C. W. Nixon, Professor of Obstetrics at University College Hospital, London, said "The first day of life is the most dangerous day, and there are more deaths then than between one and twenty-five years".

The **Maternal Mortality** rate was 0.15 per 1,000 live- and still-births, comparable with 0.44 last year. These two rates respectively represent two deaths and six deaths from this cause. The table on page 43 shows the mortality over the past seventeen years. (For England and Wales the rate was 0.20 (provisional)). The percentage of **Illegitimate Births** was 5.46. (The figures since 1964 have been 4.55; 4.95; 5.38 and 5.46).

There were 7,876 **deaths**, compared with 8,756 in the previous year.

Of the 7,876 **deaths**, 887 were certified as being due to **heart disease** and 1,190 as being due to **vascular lesions of the nervous system**. The number of deaths from **coronary disease**, including **angina pectoris**, has tended to increase during the past few years as the following figures show: 1,605 in 1964, 1,644 in 1965, 1,791 in 1966 and 1,787 in 1967, although it was only 942 in 1954.

I was much impressed by the following comments that appeared in the Preface to the 1st Edition of a book written by the late Paul

Wood, the eminent Cardiologist, on "Diseases of the Heart and Circulation":—

"In presenting this book I have attempted to maintain a proper balance between man and his instruments, between experienced opinion and statistics, between traditional views and the heterodox, between bedside medicine and special tests, between the practical and the academic; and so to link the past with the present."

In the interpretation of electro-cardiographic results it would be well to bear in mind this balanced view.

Life insurance statistics seem to indicate a relationship between obesity and mortality. Furthermore, mortality from coronary disease has risen substantially over recent years. Shakespeare, as always, shows himself to be a sensitive observer, for in *King Henry IV* he writes:—

"Make less thy body hence and more thy grace;
Leave gormandising; know the grave doth gape
For thee thrice wider than for other men."

Sir Ian Fraser, the distinguished surgeon, and former President of the British Medical Association, speaking at a recent conference in the Isle of Man on the hospital service, said:—

"We know the clinician is fallible but so is the computer. The former has the power to reason, but the final results are not always right; the computer has not got the power to reason or think, but it can remember and reproduce what has been put into it. Present medicine must be a reasonable and understanding combination of both . . . The laboratory can never take over completely but with our younger men putting so much faith into the machine they appear to neglect the patient."

"Someone has put it: 'We are giving years to life, but are we giving life to those extra years?'"

During the year there were 1,469 deaths which were certified as being due to **malignant disease**: the lesion was in the stomach in 195 patients, in the lung or bronchus in 347, in a breast in 152 and in the uterus in 43.

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 lung, 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
1959	34	250	284
1960	39	300	339
1961	29	267	296
1962	33	276	309
1963	27	296	323
1964	24	308	332
1965	29	335	364
1966	28	339	367
1967	18	347	365

The number of deaths from **bronchitis** in the administrative County in the year under review was 470 while last year it was 485.

The Health Consequences of Smoking.

Sir George Godber, the Chief Medical Officer of the Ministry of Health, attended a World Conference in New York, on "Smoking and Health", in September, 1967, at which a Report published by the U.S. Public Health Service during the summer was discussed. The evidence assembled in the Report is such a valuable addition to that already available that Sir George Godber thought it should be in the hands of all Medical Officers of Health of Local Health Authorities. The New York Conference elaborated some of the evidence in detail, but did not add greatly to it in substance. The conclusion was that "The message we need to put across is now more firmly and broadly based. We can say that any smoking of cigarettes has an immediate effect on physical capacity. Continuous cigarette smoking has an early effect in increasing morbidity which grows with time and the amount smoked and includes cardiovascular disease, chronic respiratory disease and cancer of other sites as well as of the lungs. It increases the frequency of premature death and the loss of working life in consequence".

Sir George has forwarded the text of a speech that he made at the Conference. It is excellent in content, but perhaps it is inappropriate that I should quote it *in extenso* here, but I thought you would be interested in the following paragraphs with which he concluded his address:—

"We must face the logical conclusions of all the evidence assembled in "The Health Consequences of Smoking". We don't want just to limit cigarette smoking: we want it to stop.

If we can't persuade a man to stop smoking, then we must do all we can to see he keeps to a cigar or pipe. We haven't got time to look for a safer cigarette—and spend twenty years proving it. What British doctors have done to save themselves they must try to get the rest of Britain to do—and more also.

The abolition of cigarette smoking could reduce Britain's death rate by a tenth and working time lost from sickness by much more. No other exercise in preventive medicine could do as much. With this P.H.S. report in our hands, it is time for the talking to stop”.

National Health Service (Family Planning) Act 1967.

In view of the additional responsibilities placed on County Councils under the Family Planning Act of 1967, I thought you would be interested in the following comment made by Mr. U Thant, the Secretary General of the United Nations:—

“One of the most interesting features of the change which we see taking place is the desire to look at the population problem, not simply in its strict economic aspects but rather in the broad perspective of human progress in modern societies, which increasingly recognises the need to provide the citizen with the means of controlling the size of his family”.

In the course of my reading, I came across some pertinent remarks on family planning delivered by Professor Lincoln H. Day, of Yale University, at a Symposium in Newhaven, Connecticut, in which I thought you might be interested:—

“... decisions made about child bearing, today, will greatly determine the kind of society we and our children live in, tomorrow. The full impact of child bearing occurs not at conception; not even at birth; but, rather steadily mounts as the child grows, becomes educated, seeks employment, sets up a separate household, and eventually becomes a parent himself... We must recognise that decisions about child bearing are responsive to what happens over the whole range of human experience; our living standards, our aspirations, our fears; our concepts of normal and abnormal, right and wrong. Moreover, decisions about child bearing take place over many years of a person's lifetime. They are subject to change...”

Health Centres.

Until recently Health Centres provided under Section 21 of the National Health Service Act, 1946, have not been very popular with the medical profession, particularly as they were required to pay an economic rent, which was a very large sum in certain instances (e.g. the Health Centre provided by the London County Council in Woodbury Down). Now the Minister has agreed to its being an allowable expense. Still a number of Family Doctors are worried that if they are required to work in Health Centres it might involve a degree of encroachment into their liberty of action. However, if

the majority of Doctors in a locality are desirous of working in a Health Centre, it is suggested that the County Council, if it meets with the approval of the Executive Council, should do all in its power to comply with their wishes. It certainly would have the advantage of bringing together under one roof the County Council's Medical, Dental, Nursing, Midwifery, Health Visiting and other Health Staff, as well as the Family Doctors, and, possibly General Dental Practitioners. This would be a step forward in integrating the two big branches of the National Health Service, outside the hospital sphere.

Some of us are awaiting anxiously the publication of the Green Paper in which it is understood the Ministry of Health will set out its views on the unification of the administration of the National Health Service. I am writing this introductory letter on the twentieth anniversary of the National Health Service, on which date Dr. David Owen, M.P., gave his views in an article in *The Times* on "Streamlining N.H.S. Administration". He concluded the article as follows: "One thing is certain, however much the administrative structure is changed unless attitudes change with it a truly unified service will remain a dream".

Once again I have to thank the respective Chairmen and Members of the County Health, Education and the Weights and Measures and Miscellaneous Services Committees for their support in obtaining improvements to the Health Services; the County Clerk and the Heads of Departments for their co-operation; and the members of my own Department for their loyal assistance and not least my Deputy, namely Dr. V. J. Woodward, the Principal Dental Officer, the Senior Medical Officers for Maternal & Child Welfare, Mental Health and School Health, the Supervisors of Health Visiting, Home Nursing and Midwifery, the Ambulance Officer, the Public Health Inspector, and the Chief Clerk, throughout a year in which a great deal of thought continued to be given to expanding services.

I am,

Your obedient Servant,

J. B. S. MORGAN,

County Medical Officer of Health.

*County Offices,
Matlock.
(Telephone No.: Matlock 3411).
5th July, 1968.*

**MEDICAL AND DENTAL STAFF OF THE
COUNTY HEALTH DEPARTMENT
(31st DECEMBER, 1967)**

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

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MEDICAL OFFICER FOR CHESTERFIELD BOROUGH

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C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

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MARY HUGHES, M.B., Ch.B. (Part-time)

D. J. HUNT, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)

BRIDGID J. HUNTER, M.B., B.Ch., B.A.O. (Part-time)

JOAN B. M. LEITH, M.B., B.Ch., B.A.O. (Chesterfield Borough)

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ELEANOR M. SINGER, M.Sc., L.R.C.P., M.R.C.S., D.C.H. (Part-time)

HELEN B. SPINK, M.R.C.S., L.R.C.P. (Part-time)

G. STOREY, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.

MONICA TISDALL, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)

TEISI URTSON, Med-Dip. (University of Tartu)

DENTAL STAFF

Chief Dental Officer: H. E. GRAY, L.D.S.*Dental Officers:* J. S. BENNETT, B.D.S.

MARGUERITE FORD, L.D.S.

A. HIRST, B.D.S., L.D.S.

A. Y. JADWAT, B.D.S. (Part-time)

SHEILA D. WELBOURN, B.D.S. (Part-time)

Chesterfield Borough:

C. C. GRANT, L.D.S., Senior Dental Officer.

M. E. J. COAD, L.D.S.

W. F. O'DALY, L.D.S. (Part-time)

BIRTH RATE, INFANT MORTALITY RATE AND DEATH
RATE DURING THE LAST SEVENTY-SEVEN YEARS

Year		Birth Rate per 1,000 of Population	Infant Mortality per 1,000 Births	Death Rate from all Causes per 1,000 of Population
1891 to 1900	WHOLE COUNTY England and Wales	33.7 29.9	147 153	17.1 18.3
1901 to 1910	WHOLE COUNTY England and Wales	28.5 27.1	126 128	14.1 15.3
1911 to 1920	WHOLE COUNTY England and Wales	24.07 21.90	99 100	12.66 13.85
1921 to 1930	WHOLE COUNTY England and Wales	19.73 18.36	70.7 71.7	10.92 12.14
1931 to 1940	WHOLE COUNTY England and Wales	15.7 14.93	56.7 58.6	11.31 12.26
1941 to 1950	WHOLE COUNTY England and Wales	18.25 17.02	41.99 42.88	10.94 11.72
1951 to 1960	WHOLE COUNTY England and Wales	15.43 15.82	26.20 24.80	11.70 11.62
1961*	WHOLE COUNTY England and Wales	16.08 17.6	19.93 21.4	12.83 11.9
1962*	WHOLE COUNTY England and Wales	16.94 18.0	21.60 21.7	12.80 11.9
1963*	WHOLE COUNTY England and Wales	17.11 18.2	19.26 21.1	12.31 12.2
1964*	WHOLE COUNTY England and Wales	17.29 18.5	17.74 19.9	12.15 11.3
1965*	WHOLE COUNTY England and Wales	17.31 18.1	17.20 19.0	11.68 11.5
1966*	WHOLE COUNTY England and Wales	16.92 17.7	17.25 19.0	12.29 11.7
1967*	Urban Districts Rural Districts WHOLE COUNTY England and Wales	16.6 16.5 16.6 17.2†	17.08 17.94 17.53 18.3†	11.2 11.3 11.2 11.2†

* See note on page 15

† Provisional

REPORT OF THE HEALTH OF DERBYSHIRE FOR THE YEAR 1967

In January, 1968, the Ministry of Health issued Circular 1/68 concerning the "Annual Report of the Medical Officer of Health for 1967". Relevant extracts from the first two paragraphs of the circular read as follows:—

"I am directed by the Minister of Health to refer to Regulation 5 (3) and Regulation 15 (5)* of the Public Health Officers Regulations, 1959, under which the Medical Officer of Health is required as soon as practicable after the 31st December in each year to make a report for that year to the Council, with copies to the Minister, dealing with the sanitary circumstances, sanitary administration and vital statistics of the area and containing, in addition to public health matters upon which he may consider it desirable to report, any information required by the Minister. I am to ask that the Council will give directions for the preparation as soon as possible of the Annual Report of the Medical Officer of Health for the year 1967. Where boundary changes took place during 1967, the Annual Report should, as far as possible relate to the new area and cover the whole year.

2. The Annual Report of the Medical Officer of Health is specially valuable as a source of information about the state of the public health of the area. In order that the Report for 1967 should be of the greatest value for this purpose the Minister suggests that, among other things, it should deal with the matters referred to in the following paragraphs . . ."

(The circular then gives particulars of certain points which should be covered in the annual report, including vital statistics, co-ordination of services, congenital defects and fluoridation of water supplies).

Regulation 5 of the Public Health Officers Regulations, 1959, which is mentioned above, reads as follows:—

"MEDICAL OFFICERS OF HEALTH OF COUNTIES.

Duties.

5. A medical officer of health of a county shall, in respect of the county for which he is appointed, in addition to any other duties which may be assigned to him by the county council, carry out the following duties:—

- (1) he shall inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the county and be prepared to advise the county council on any such matter; and for this purpose he shall visit the several county districts in the county as occasion may require, giving to the medical officer of health of each county district prior notice to his visit, so far as this may be practicable;
- (2) he shall perform all the duties imposed on a medical officer of health of a county by statute and by any orders, regulations or directions from time to time made or given by the Minister;
- (3) he shall as soon as practicable after the 31st day of December in each year make an annual report to the county council for the year ending on that date on the sanitary circumstances, the sanitary administration and the vital statistics of the County, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister, and furnish the Minister with as many copies of such reports as the Minister may from time to time require;
- (4) he shall furnish the Minister with one copy of any special report which he may make to the county council".

* (Regulation 15 (5), which is mentioned in the Ministry circular, is applicable to Medical Officers of Health of District Councils).

AREA, POPULATION AND RATEABLE VALUE

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 630,164 acres, 98,069 in Municipal Boroughs and Urban Districts and 532,095 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1967 was as follows:—

Municipal Boroughs	144,570
Urban Districts	236,220
Rural Districts	373,530
	<hr/>
Total Administrative County ..	754,320
	<hr/>

The rateable value of the Administrative County for the year 1967/68 for the County Rate purposes is £25,178,243, and a penny rate over the whole County is estimated to produce the sum of £99,541.

On 1st April, 1967, the boundary of the City of Sheffield was extended in accordance with the terms of the Sheffield Order, 1967. As far as Derbyshire is concerned, this resulted in a loss of 5,235 acres in the Chesterfield Rural District, and a gain of 5 acres in the Dronfield Urban District, and involved the transfer of approximately 33,000 of population.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS

Derbyshire includes the southern extremity of the Pennines, hills which are bounded to the south by the broad valley of the Trent and are penetrated deeply by that river's tributaries, the Derwent and Dove. The south of the County forms part of the English Midlands with a climate which though variable is rarely extreme. To the north, the hills, rising to over 2,000 feet in Kinder Scout, sometimes contribute to rigorous conditions in winter including a high rainfall and humidity.

The most densely populated part of the County is the eastern coalfield, where the collieries, coke ovens and blast furnaces have been progressively reduced in numbers in recent years, output now being concentrated in relatively few large concerns. Many other heavy industries, such as chemical production, iron foundries and engineering flourish on the coalfield and the textile and clothing industries provide employment for women, particularly since the war. Atmospheric pollution from the heavy industries, railways and burning waste heaps remains a problem though less severe than in former years. To the south of the coalfield, textile industries, notably hosiery and lace, with many light engineering concerns, are prominent in the area between Nottingham and Derby and many people

resident in this part of the County travel to work to offices and varied industries of these County Boroughs. The Derwent Valley played a prominent part in the development of the cotton and hosiery industries, which still flourish in several large factories, and the valley also contains dyeworks, foundries and wireworks. At Matlock, in the centre of the County, the County Council has its offices and the town is also a popular resort due to its spectacular scenery. In the south-west of the County a small coalfield has a well established pottery industry, while nearby on the Trent two groups of power stations have brought new problems of atmospheric pollution by dust and sulphur dioxide. In the north-west, beyond the spa and conference centre of Buxton, a group of manufacturing towns long dependent on the cotton industry have in recent years achieved a more diversified economy. Brake linings and other asbestos products, paper, brushes, clothing and electrical goods and canned foods are all made, often in former cotton mills, but bleaching and textile printing remain important.

The rural areas of the County support a flourishing agricultural economy and important market centres. Specialisation on milk production has resulted in milk and cheese factories. Mineral deposits are worked in many places, the limestone quarries including the largest in Europe. Works processing the minerals tend to produce dust, particularly in the case of cement works and lime kilns, but the lead smelters which were formerly notorious are no longer a problem. The mineral processing plants include several classed as "Refractories Industries" some of which may make workers liable to pulmonary disease. Away from the quarries the rural areas are noted for the fine landscape, which has attracted increasing numbers of visitors in recent years, assisted by the activities of the Peak Park Planning Board which administers Britain's first National Park.

VITAL STATISTICS

The Ministry of Health has asked for certain vital statistics to be presented in Annual Reports in a uniform manner, in order to facilitate ease of reference. The figures have therefore, been set out below on the lines suggested.

(NOTE: The birth and death rates for each County District and for the County as a whole for the years 1954 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. The comparability factors for the administrative County for the year 1967 are as follows:—for births: 0.99; for deaths: 1.09.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Live Births—Legitimate ..	6,339	5,737	12,076
—Illegitimate ..	353	345	698
<i>Total</i> ..	<u>6,692</u>	<u>6,082</u>	<u>12,774</u>
Live birth rate per 1,000 population			16.6
Illegitimate live births per cent of total live births ..			5.46
Stillbirths—Number			214
—Rate per 1,000 total live and still-births ..			16.47
Total live- and still-births			12,988
Infant deaths (deaths under one year)			224
Infant mortality rates—			
Total infant deaths per 1,000 total live-births ..			17.53
Legitimate infant deaths per 1,000 legitimate live-births			17.23
Illegitimate infant deaths per 1,000 illegitimate live-births			22.93
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births)			11.66
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births)			9.47
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live- and still-births) ..			25.79
Maternal mortality (including abortion)—			
Number of deaths			2
Rate per 1,000 total live- and still-births			0.15
Number of deaths from all causes			7,876
Death rate per 1,000 of the estimated population ..			11.2
Deaths from Cancer (all ages)			1,469
Death rate from Cancer			1.95

INFANT MORTALITY RATE

(Infants dying under one year per thousand live births)

<i>Year</i>	<i>Rate</i>
1930 ..	61.4
1940 ..	55.4
1950 ..	30.19
1960 ..	19.74
1961 ..	19.93
1962 ..	21.60
1963 ..	19.26
1964 ..	17.74
1965 ..	17.20
1966 ..	17.25
1967 ..	17.53*

*The rate for England and Wales in 1967 was 18.3 (provisional).

NEONATAL 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
1950	188	17.4
1955	210	20.3
1960	166	13.54
1961	179	14.56
1962	198	14.95
1963	161	12.16
1964	160	11.88
1965	153	11.25
1966	162	12.10
1967	149	11.66*

*The provisional figure for England and Wales is 12.5.

EARLY NEONATAL MORTALITY RATE

(Infants dying under one week per 1,000 live births)

Number of early neonatal deaths	121
Early neonatal mortality rate	9.47*

*The provisional figure for England and Wales is 10.8.

The following table provides an analysis of the causes of death of the 149 children who died during 1967 under four weeks of age, as well as of the 121 children who died under one week of age:—

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	17	20	37	14	14	28
Birth accident	10	6	16	8	6	14
Infections	11	10	21	2	5	7
Asphyxia	—	2	2	—	2	2
Prematurity	24	19	43	23	18	41
Congenital malformations and prematurity	1	1	2	1	1	2
Birth accidents and prematurity	7	1	8	6	1	7
Infections and prematurity	4	2	6	4	2	6
Haemolytic disease of New-born	6	2	8	6	2	8
Other	4	2	6	4	2	6
Totals	84	65	149	68	53	121

SUMMARY.—From the foregoing pages it can be seen that the infant mortality rate was 17.53 per 1,000, which represents 224 children who died under one year of age (compared with a rate of 18.3 (provisional) for England and Wales).

Of the 224 children, 149 died within four weeks, giving a neonatal death rate of 11.66 per 1,000. The majority of those infants (121) died within the first week, giving an early neonatal mortality rate of 9.47 per 1,000 live-births.

PERINATAL MORTALITY RATE

The perinatal mortality rate (i.e., still-births and deaths under one week combined, per 1,000 live-and still-births) for 1967 was 25.79 (The comparable (provisional) rate for England and Wales was 25.4).

(The term "perinatal 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 passage, or immediately following birth. The concept of perinatal 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).

CONGENITAL ABNORMALITIES

During the year, 170 children have been notified to the Ministry of Health as having congenital abnormalities. Of these 37 were still-born and 22 died in the first week of life. Classifying each case according to the major deformity present they fell into the following categories:—

Central nervous system ..	52
Eye, ear	4
Alimentary system ..	30
Heart and great vessels ..	6
Respiratory System ..	3
Uro-genital system ..	7
Limbs	50
Other skeletal	—
Other systems	9
Other malformations ..	9
Total ..	170

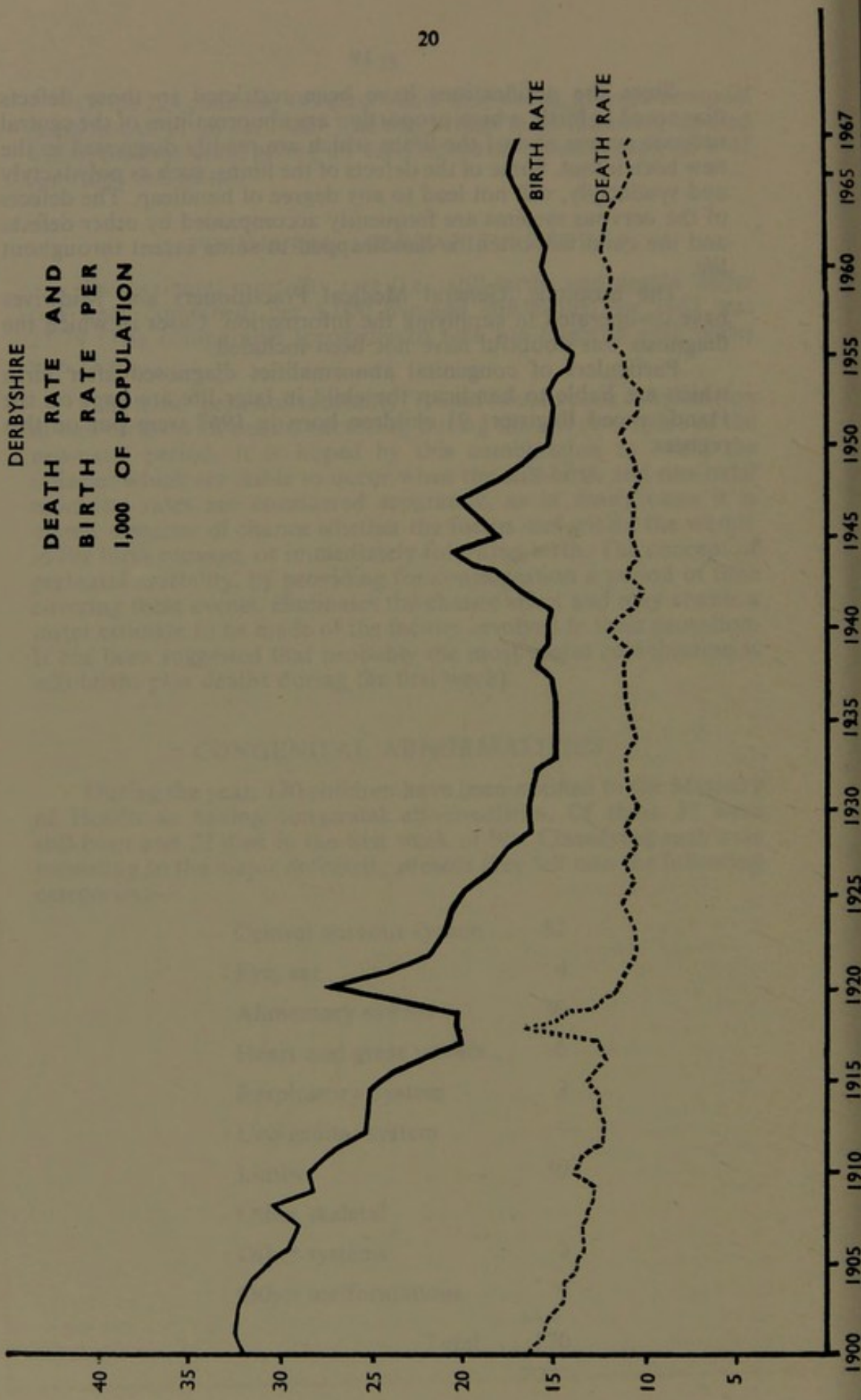
Since the notifications have been restricted to those defects diagnosed at birth, a high proportion are abnormalities of the central nervous system and of the limbs which are readily diagnosed in the new born infant. Some of the defects of the limbs, such as polydactyly and syndactyly, will not lead to any degree of handicap. The defects of the nervous systems are frequently accompanied by other defects and the child will often be handicapped to some extent throughout life.

The hospitals, General Medical Practitioners and Midwives have co-operated in supplying the information. Cases in which the diagnosis was doubtful have not been included.

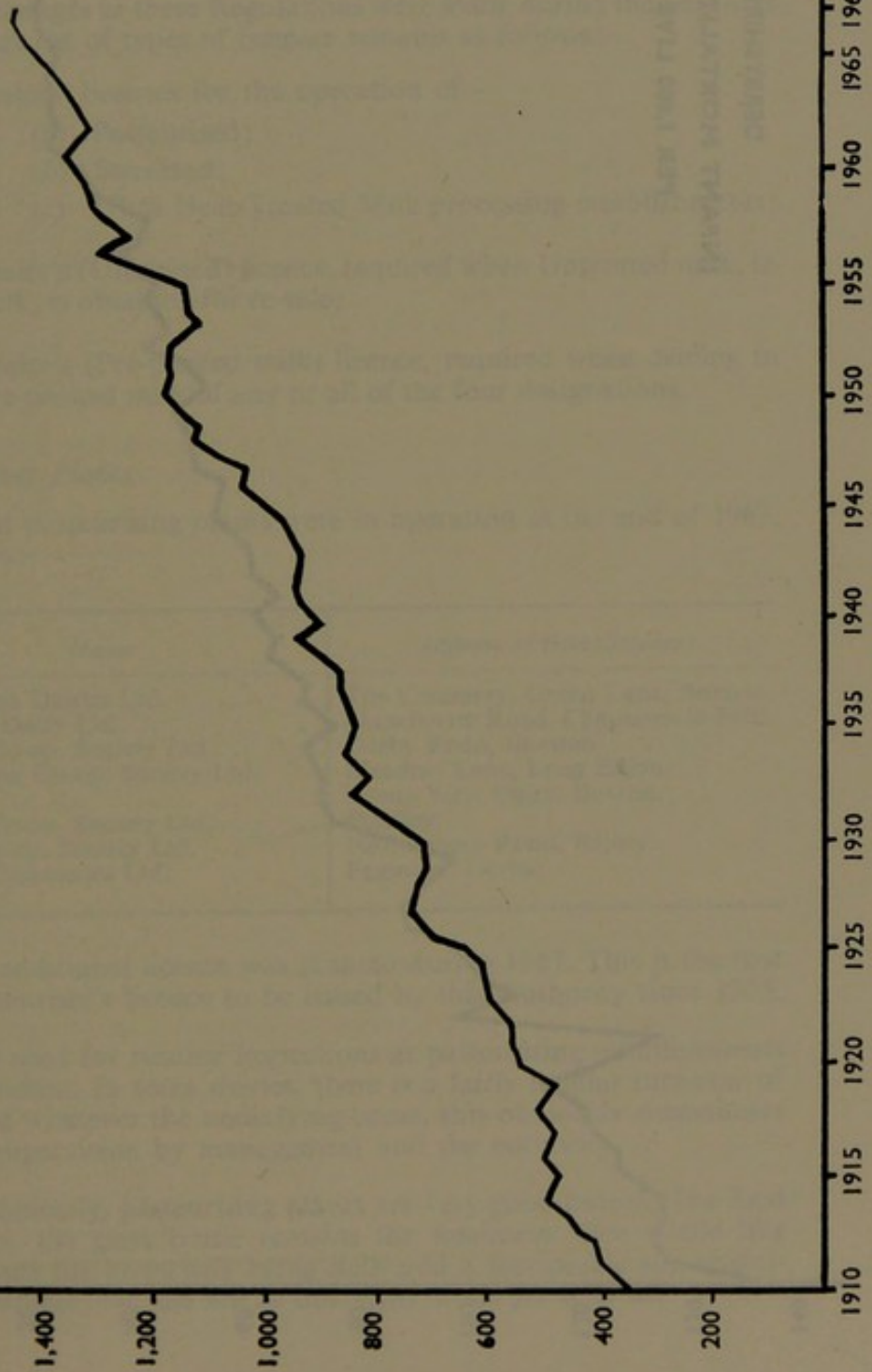
Particulars of congenital abnormalities diagnosed after birth which are liable to handicap the child in later life are kept on the Handicapped Register: 91 children born in 1967 were put on this register.



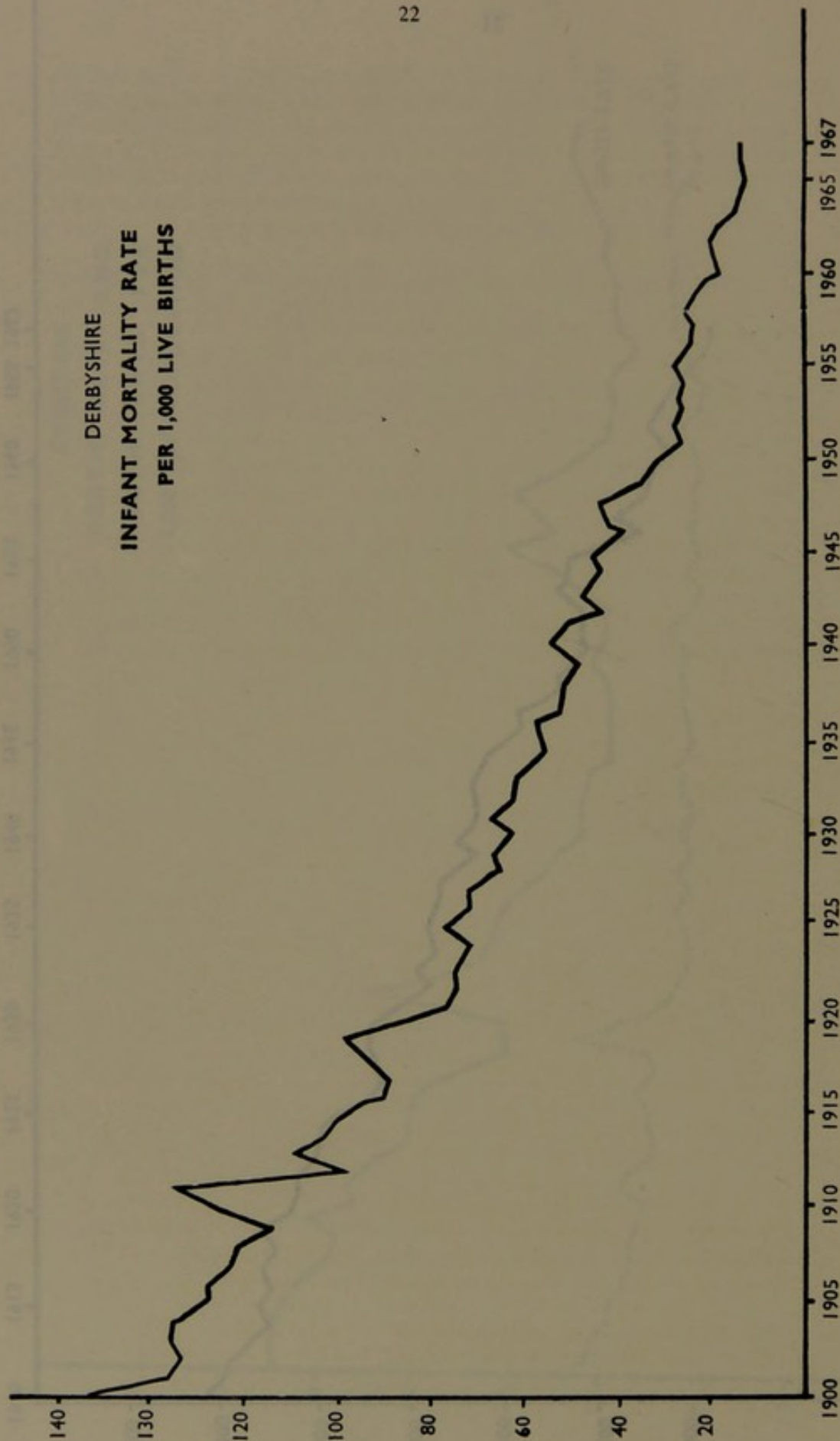
DERBYSHIRE
DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION



DEATHS FROM CANCER



DERBYSHIRE
INFANT MORTALITY RATE
PER 1,000 LIVE BIRTHS



DERBYSHIRE MON. CHANCE

INSPECTION AND SUPERVISION OF FOOD

The following Report has been provided by Mr. E. Rowley, the County Public Health Inspector:—

"MILK SUPPLY

The Milk (Special Designation) Regulations, 1963-5.

No changes in these Regulations were made during the year and the current list of types of licences remains as follows:-

- (i) dealers' licences for the operation of—
 - (a) Pasteurised;
 - (b) Sterilized;
 - (c) Ultra Heat Treated Milk processing establishments;
- (ii) dealer's (Untreated) licence, required when Untreated milk, in bulk, is obtained for re-sale;
- (iii) dealer's (Pre-packed milk) licence, required when dealing in pre-packed milk of any or all of the four designations.

Pasteurising Plants

Eight pasteurising plants were in operation at the end of 1967, as follows:-

<i>Name</i>	<i>Address of Establishment</i>
Buxton Spa Dairies Ltd.	The Creamery, Green Lane, Buxton.
Gisborne Dairy Ltd.	Manchester Road, Chapel-en-le-Frith.
Ilkeston Co-op. Society Ltd.	Derby Road, Ilkeston
Long Eaton Co-op. Society Ltd.	Meadow Lane, Long Eaton.
J. Payne	Sunny View Dairy, Buxton.
Pleasley Co-op. Society Ltd.	Pleasley.
Ripley Co-op. Society Ltd.	Nottingham Road, Ripley.
Unigate Creameries Ltd.	Egginton, Derby.

An additional licence was granted during 1967. This is the first new pasteuriser's licence to be issued by this Authority since 1955.

The need for routine inspections at pasteurising establishments is still evident. In some dairies, there is a fairly regular turnover of staff, and whatever the underlying cause, this obviously necessitates greater supervision by management and the authority.

Technically, pasteurising plants are very good indeed. The final container, the glass bottle remains the weakness. One would like to envisage the housewife being delivered a serviceable non-returnable container, but the era of this ideal is not yet with us.

The sampling figures for 1967 are given below. They can be regarded as satisfactory.

Grade of Milk	Satisfactory		Unsatisfactory		Total number of samples submitted
	M.B.	Phos.	M.B.	Phos.	
Pasteurised	135	145	1	1	146

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

(b) Ten samples were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 70°F. at the time of testing.

The phosphatase test failure was from a newly licensed plant and could be put down to inexperience. The methylene blue failure, at another plant was due to mis-handling of milk in the absence of the dairy manager on holiday.

Sterilizing Plant

The one licensed sterilizing dairy is operated satisfactorily by Ilkeston Co-operative Society Ltd. Twenty-one samples were taken, and all passed the statutory turbidity test.

Milk Dealers

The figures for the number of licences in force at the beginning and end of the year are as follows:

	As at	
	January 1st	December 31st
Dealers (Untreated) (bulk handling)		
milk—Licences	27	22
Dealers (Pre-packed milk) —		
Licences	984	919

It will be noted that there was a decrease of 5 Untreated and 65 “pre-packed” licences. Of the latter, 42 were transferred to Sheffield as a result of the boundary extension.

Inspection of dealers’ premises continued as in previous years. The general system remained unchanged. One new wholesaling dairy cold store was completed at Halfway early in 1967, but this was transferred to Sheffield due to the extension of the boundary of that City.

The policy of providing centralised distribution cold stores is one which the major dairy companies should surely follow as quickly as finances allow. In the absence of legislation it is not possible to insist on refrigerated storage at the retailers’ premises.

The sampling figures for 1967 are set out below:

<i>Grade of Milk</i>	<i>Satisfactory</i>		<i>Unsatisfactory</i>		<i>Total number of samples submitted</i>
	<i>M.B.</i>	<i>Phos.</i>	<i>M.B.</i>	<i>Phos.</i>	
Heat Treated Pasteurised	*933	1,019	22	1	1,020
	*65 Samples not tested for Methylene Blue as shade temperature exceeded 70°F.				
	<i>Turbidity</i>				
	<i>Satisfactory</i>		<i>Unsatisfactory</i>		
Sterilized	121		—		121
	<i>Colony Count</i>				
	<i>Satisfactory</i>		<i>Unsatisfactory</i>		
Ultra-Heat Treated	5		—		5
	<i>Methylene Blue</i>				
	<i>Satisfactory</i>		<i>Unsatisfactory</i>		
Raw Untreated	* 94		11		114

* Nine Samples not tested for Methylene Blue as shade temperature exceeded 70°F.

The number of methylene blue failures was slightly higher, from fewer samples, than in the previous year. There were 22 from 1,020 Pasteurised milk samples—2.2%, and 11 from 114 Untreated milk samples—9.7%. This increase can be said to be largely due to the warm weather of the 1967 summer months. No less than 21 of the total of 33 failures occurred during the months of June, July and August.

The phosphatase test failure was from a dealer buying his milk from outside the County. The Food and Drugs authority concerned were informed of the failure but investigation yielded no evidence of the cause. 75% of all samples were taken from 14 dairy sources, as against 17 sources in 1965 for the same percentage. Of these sources, only 4 were in the Administrative County area. The continuing tendency for trade concentration is well illustrated by these statistics.

Brucella abortus sampling and investigations by the local authorities in the County got under way during the year. This followed the meeting between the County Medical Officer of Health and the Medical Officers of Health of the various District Councils, mentioned in my last Report. Unfortunately, it came to a halt at

the end of the year, when the foot and mouth disease outbreak stopped all visits to farms. However, some progress has been made as evidenced by the following figures submitted by the District Medical Officers of Health:

Type of Sample	Total number taken	Ring Test		Culture		Guinea Pig	
		Positive	Negative	Positive	Negative	Positive	Negative
Bottle ..	66	12	53	—	16	—	6
Herd ..	391	80	295	19	71	24	19
Group	326	87	236	29	56	23	27
Individual	1,077	187	889	73	109	66	23
Total ..	1,860	366	1,473	121	252	113	75

No. of infected cows (a) sent for slaughter . . . 39

(b) isolated on farm . . . 56

As far as the County Council is concerned, 181 examinations were made of raw milk samples, of which 39 proved ring test positive. Of the latter, 7 were positive on culture test and 11 positive on guinea pig test. These cases were dealt with in accordance with established procedure. Notification is made to the producer, Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, and to the Medical Officer of Health of the District where the milk was produced. The latter has powers, under the Milk and Dairies (General) Regulations, 1959, to place restrictions upon the sale of such milk for human consumption."

FLUORIDATION OF PUBLIC WATER SUPPLIES

The Clerk of the County Council has kindly provided the following information :—

"In your Annual Report for 1966, it was mentioned that discussions had taken place between the North Derbyshire Water Board and the County Council concerning the fluoridation of the water supplies at Buxton. Following further investigations, it was found that fluoridation of the supplies to the Buxton area generally from the sources of supply at the Stanley Moor and Lightwood Reservoirs and the Stanley Moor Borehole, to raise the natural level of the fluorine in the water to one part per million, could be achieved by means of two plants. Agreement has been reached between the Board and the County Council for the fluoridation of these sources of supply, and the Board have obtained the approval in principle of the Minister of Health to the proposals. A formal Agreement is to be completed between the County Council and the Board.

In July 1965, the Derwent Valley Water Board decided to implement fluoridation by means of a plant at Heage Firs, to the south of the Ambergate Junction in the Board's aqueduct, following continued opposition from Nottingham City who had refused to agree to fluoridation at Bamford at the beginning of the aqueduct. The decision of the Derwent Valley Water Board enables the South Derbyshire Water Board to distribute fluoridated water, and a scheme has been prepared for the fluoridation of water supplied by the Board from Little Eaton, Homesford and Meadows, Belper and from the works of the Derwent Valley Water Board at Heage Firs near Ambergate. Discussions have taken place between officers of the County Council and the Board concerning the implementation of the scheme, but it will be necessary for the Board to enter into formal Agreements, not only with the County Council, but also with the Derby County Borough Council and the Leicester Corporation."

COUNTY DISTRICT COUNCILS' AREAS

LOCAL GOVERNMENT ACT, 1958.

Delegation of Functions

Under the provisions of Section 46 of the Local Government Act, 1958, the councils of any borough or urban district with a population of 60,000 or more became entitled to make a scheme for the delegation of certain health and welfare functions; further, county district councils not automatically entitled to make a delegation scheme could apply to the Minister of Health for his consent to do so and the Minister would consult the County Council on the application.

The functions to be included in a delegation scheme, insofar as the County Council's Health Services are concerned, are as follows—

- (a) Under Part III of the National Health Service Act, 1946 (as amended by the Mental Health Act, 1959)—health centres care of mothers and young children; midwifery; health visiting; home nursing; vaccination and immunisation; prevention of illness and after-care (apart from the care or after-care in residential accommodation of persons suffering from mental illness); and domestic help.
- (b) The registration and regulation of private day nurseries and child minders (under the Nurseries and Child Minders' (Regulation) Act, 1948).

The only county district council in the administrative county of Derbyshire entitled automatically to delegation was the Municipal Borough of Chesterfield, and "The Chesterfield Health and Welfare Services Delegation Scheme, 1960" came into operation on 1st November, 1960. A copy of this Scheme formed Appendix 1 to my Annual Report for 1960.

Three other district councils (Blackwell, Chesterfield, and South-East Derbyshire Rural District Councils) applied to the Minister for consent to make delegation schemes, but after considering the factors mentioned in their applications, as well as the County Council's observations, the Minister informed them that he was unable to consent to their applications.

The Chesterfield Borough Council also applied to the Minister for the delegation of the County Council's functions under Section 28 of the National Health Service Act (as amended by the Mental Health Act, 1959) so far as they relate to the care or after-care in residential accommodation of persons suffering from mental illness. The Minister can give his consent to the inclusion of these additional functions in a scheme of delegation only if he is satisfied after consultation with the County Council that there are "exceptional circumstances" justifying exercise of the functions by the borough council. The Minister came to the conclusion that no exceptional circumstances exist in the Borough of Chesterfield to justify the delegation of these additional functions.

It is open to the borough and district councils to apply again for the Minister's consent in 1968, or at an earlier date if the area of the borough or rural district is altered or their circumstances are otherwise affected by an order of the Minister of Housing and Local Government made in pursuance of a review by the Local Government Commission for England or by the County Council under the provisions of Section 28 of the Local Government Act, 1958.

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 consultation 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/School Medical Officer. The Table on page 29 shows the position on 31st December, 1967.

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 ..	9,550	} Yes	Whole-time	None
	Dronfield Urban ..	14,740			
	Staveley Urban ..	18,480			
	Chesterfield Rural ..	73,570			
		116,340			
2	Bolsover Urban ..	11,820	} Yes	8/11ths.	3/11ths.*
	Blackwell Rural ..	44,200			
	Clowne Rural ..	19,820			
		75,840			
3	Glossop Borough ..	19,480	} Yes	9/22nds.	13/22nds*
	New Mills Urban ..	8,760			
		28,240			
4	Buxton Borough ..	19,730	} Yes	7/11ths.	4/11ths*
	Whaley Bridge Urban	5,240			
	Chapel-en-le-Frith Rural ..	18,160			
		43,130			
5	Bakewell Urban ..	4,040	} No	Part-time	None
	Matlock Urban ..	19,560			
	Bakewell Rural ..	18,770			
		42,370			
6	Long Eaton Urban ..	32,430	} Yes	7/11ths.	4/11ths*
	S.E. Derbyshire Rural	106,320			
		138,750			
7	Swadlincote Urban ..	19,970	} Yes	8/11ths	3/11ths*
	Repton Rural ..	42,770			
		62,740			
8	Ilkeston Borough ..	35,340	} Yes	8/11ths	3/11ths*
	Alfreton Urban ..	22,650			
	Heanor Urban ..	24,270			
	Ripley Urban ..	17,780			
		100,040			
9	Ashbourne Urban ..	5,650	} Yes	6/11ths	5/11ths*
	Belper Urban ..	16,180			
	Wirksworth Urban ..	5,100			
	Ashbourne Rural ..	11,620			
	Belper Rural ..	38,300			
		76,850			
10	Chesterfield Borough	70,020	Yes	52%	48%‡

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

‡The Medical Officer of Health is also the Medical Officer for the purposes of "The Chesterfield Health and Welfare Services Delegation Scheme 1960", as well as the School Medical Officer for the Borough.

TABLE GIVING BIRTH RATES AND DEATHS FROM ALL CAUSES

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Areas in Acres (Land and Water)	PO
			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., B.A.O., D.P.H.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. (Retired 30/6/67) H. G. Watson, M.B., Ch.B. (from 16/8/67)	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,294	14,205
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,808
BUXTON (Borough)	H. E. Nutton, M.B., Ch.B., D.P.H.	6,337	16,884
CHESTERFIELD (Borough)	H. Bailey, M.B., Ch.B., D.P.H.	8,472	64,160
CLAY CROSS	D. P. Adams, M.B., Ch.B., D.P.H.	2,349	8,781
DRONFIELD	D. P. Adams, M.B., Ch.B., D.P.H.	3,456	6,388
GLOSSOP (Borough)	M. Sutcliffe, M.A., 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.A., 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	D. P. Adams, M.B., Ch.B., D.P.H.	6,504	17,845
SWADLINCOTE	A. F. Crowley, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.	3,755	20,604
WHALEY BRIDGE	H. E. Nutton, M.B., Ch.B., D.P.H.	3,479	4,860
WIRKSWORTH	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,016	4,855
TOTALS OF URBAN DISTRICTS ..		98,069	340,291
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., 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., B.A.O., 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	H. E. Nutton, M.B., Ch.B., D.P.H.	103,393	18,449
CHESTERFIELD	D. P. Adams, M.B., Ch.B., D.P.H.	63,904	64,968
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,720
REPTON	A. F. Crowley, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.	65,653	26,438
S. E. DERBYSHIRE	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,143	41,097
TOTALS OF RURAL DISTRICTS ..		532,095	267,400
TOTALS OF URBAN DISTRICTS ..		98,069	340,291
TOTALS OF WHOLE COUNTY ..		630,164	607,691

* Adjusted to make allowance for sex an

Ended 31st December, 1967.

IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY

POPULATION			Births (Live)	Deaths	Rate per 1,000 of Estimated Population*		Infant Death Rate per 1,000 Births	Comparability Factors	
Census 1951	Census 1961	Esti- mated Mid- 1967			Birth Rate	Death Rate		for Births	for Deaths
23,385	22,999	22,650	318	246	14.8	12.4	18.86	1.06	1.14
5,439	5,660	5,650	81	85	15.7	11.1	37.04	1.10	0.74
3,356	3,606	4,040	50	74	13.9	9.1	20.00	1.12	0.50
15,714	15,552	16,180	264	194	17.3	8.6	11.36	1.06	0.72
10,817	11,772	11,820	166	112	13.3	12.8	42.17	0.95	1.35
19,568	19,155	19,730	320	258	17.0	11.1	25.00	1.05	0.85
68,558	67,858	70,020	1,099	776	16.0	11.1	19.11	1.02	1.00
8,553	9,163	9,550	136	89	14.9	9.4	7.35	1.05	1.01
7,627	11,303	14,740	310	88	16.0	9.3	6.45	0.76	1.55
18,004	17,500	19,480	321	258	18.5	11.5	28.04	1.12	0.87
24,406	23,870	24,270	406	239	17.6	11.2	14.77	1.05	1.14
33,677	34,672	35,340	606	340	17.3	11.8	8.25	1.01	1.23
28,641	30,476	32,430	660	323	20.2	10.8	12.12	0.99	1.08
17,756	18,505	19,560	312	210	16.2	11.1	12.82	1.01	1.04
8,475	8,514	8,760	144	129	17.5	14.1	13.88	1.07	0.96
18,192	17,617	17,780	255	199	15.3	11.9	31.37	1.07	1.06
17,945	18,070	18,480	286	153	15.7	10.4	17.48	1.01	1.25
20,907	19,221	19,970	312	230	16.7	12.8	19.23	1.07	1.11
5,365	5,290	5,240	73	66	16.1	12.2	13.69	1.16	0.97
4,893	4,931	5,100	88	44	17.1	10.2	—	0.99	1.19
361,278	365,734	380,790	6,207	4,113	16.6	11.2	17.08	1.02	1.04
12,019	11,286	11,620	190	118	18.4	11.0	5.26	1.12	1.08
19,282	18,608	18,770	276	242	16.0	11.7	18.12	1.09	0.91
28,193	33,362	38,300	636	393	16.4	10.8	14.15	0.99	1.05
43,112	43,804	44,200	804	453	18.2	12.4	24.87	1.00	1.22
19,006	18,385	18,160	306	247	18.8	12.1	9.80	1.11	0.89
75,745	101,041	73,570	1,393	787	16.0	12.3	20.62	0.94	1.28
19,072	19,780	19,820	298	191	15.3	11.2	20.13	1.02	1.17
31,570	37,565	42,770	654	416	14.8	9.4	16.82	0.97	0.97
75,893	95,647	106,320	2,010	916	16.4	10.8	16.92	0.87	1.26
323,892	379,478	373,530	6,567	3,763	16.5	11.3	17.94	0.96	1.14
361,278	365,734	380,790	6,207	4,113	16.6	11.2	17.08	1.02	1.04
685,170	745,212	754,320	12,774	7,876	16.6	11.2	17.53	0.99	1.09

age distribution of population, etc.— see remarks on page 15.

GENERAL SANITARY ADMINISTRATION

Estimated Number of Houses:—

Municipal Boroughs and Urban

Districts	132,123
Rural Districts	123,626

	<i>Municipal Boroughs and Urban Districts</i>		<i>Rural Districts</i>	
	<i>No. on Register</i>	<i>In- spections made</i>	<i>No. on Register</i>	<i>In- spections made</i>
Bakehouses	105	458	33	82
Common Lodging Houses	3	6	—	—
Dairies	61	164	18	46
Factories and Workplaces	1,983	1,195	828	329
Houses Let in Lodgings	36	197	—	—
Ice Cream Premises—				
(a) Manufacturers	16	132	5	37
(b) Dealers	1,671	1,021	1,264	1,129
Market Stalls	626	5,701	19	447
Milk Distributors	471	459	324	201
Moveable Dwelling Sites	45	644	222	1,199
Offensive Trades	10	5	1	178
Outworkers	471	114	248	131
Preserved Food Stores	533	1,075	223	489
Offices, Shops and Railway Premises	3,566	3,230	1,792	1,688
Slaughterhouses—				
(a) Public Abattoirs	1	766	—	—
(b) Private	49	6,766	50	7,894
Knackers Yards	3	46	8	68

Water Supplies

No schemes of water supply have been considered by the Committee during the year.

The County is covered generally by Water Boards but in part of the south by a private company. The following reports from the two principal Boards cover the greater part of the area of the County.

South Derbyshire Water Board (*Report kindly submitted by Mr. I. G. Edwards, B.Sc., M.I.C.E., M.I.W.E., Engineer and Manager*):

	<i>No. of Houses</i>	<i>Estimated Population Involved</i>
No. of Houses connected to mains	117,724	353,378
No. of Houses supplied from standpipes on mains	—	—
No. of Houses not supplied from stand- pipes or mains	1,690	5,102
No. of connections made during year:—		
(a) existing houses	41	
(b) new houses	2,231	
(c) other premises	108	

Works carried out by the Board during the year, in addition to the normal extension of distribution mains, were as follows:

- Homesford Treatment Works and Pumping Station—Substantially Completed.
- 9" Main, Fritchley to Ambergate—Commenced, May, 1967.
—Completed, August, 1967.
- 6" Main, Hognaston to Kniveton—Commenced, July, 1967.
—Completed, October, 1967.
- 15" Main—Buckland Hollow-Sleetmoor Lane—
Commenced, September, 1967, not completed.
- Breamfield Lane Booster Station—Commenced, July, 1967.
—Substantially completed.

North Derbyshire Water Board (*Report kindly submitted by Mr. C. H Crombie, M.I.C.E., M.I.W.E., Engineer and Manager*):

	<i>No. of Houses</i>	<i>Estimated Population Involved</i>
No. of Houses connected to mains ..	97,000	308,800
No. of Houses supplied from standpipes on mains	16	49
No. of Houses not supplied from stand- pipes or mains	1,370	4,110
No. of connections made during year:—		
(a) existing houses		12
(b) new houses	2,056	
(c) other premises		28

The basic works of the Board's Manton Scheme were completed in 1967, i.e. proportioning tower and lowlift pumphouse, Lowton highlift pumphouse and Mosborough booster pumping station together with some 9 miles of 18" dia. main, 4 miles of 15" dia. main and 2½ miles of 12" dia. main.

Work will continue, on this scheme, in 1968 on the construction of the Lowtown treatment station and a 2 m.g. capacity service reservoir at Barlborough.

The supply to the Alton area of Ashover was improved by the installation of a booster pump unit at Stubben Edge and the laying of some 250 yards of 3" dia. main. Following complaints of Chlorophenolic tastes in the Ashover area an ultra violet disinfection unit was installed at Bathouse. Since the installation of the unit there has been no recurrence of the taste complaints.

In order to cater for large scale housing development in the Dronfield Area the Board is in the process of constructing a one million gallons capacity service reservoir at Holmesfield and the laying of some two miles of 12" dia. trunk main from Holmesfield to the Gosforth Valley area of Dronfield.

A distance of approximately 8 miles of distribution main for Housing Development schemes was laid during the year ended December, 1967.

Sewerage and Sewage Disposal

Five schemes of sewerage were considered and approved by the appropriate Committee during the year, as follows:

Authority submitting	Scheme	Estimated Cost
Ashbourne R.D.C.	Biggin-by-Hartington	£35,590
do.	Osmaston and Yeldersley (scheme submitted in 1960 now amended)	£28,014
Chapel-en-le-Frith R.D.C.	Bamford and Thornhill	£96,466
do.	Harpur Hill (extension)	£1,935
Repton R.D.C.	Cauldwell (completion)	£9,850

Information is given below of the position in the County with regard to sewerage and sewage disposal. Boroughs and Urban Districts have 99.0% of their houses connected to sewers, whilst Rural Districts have a corresponding figure of 92.7%.

	Municipal Boroughs and Urban Districts		Rural Districts	
		Estimated Population Involved		Estimated Population Involved
No. of Houses:				
(a) Connected to sewers ..	130,801	377,004	125,519	379,923
(b) Not connected to sewers ..	1,390	3,941	9,946	27,450
No. of Connections made during year:				
(i) existing houses	12	—	155	—
(ii) new houses	1,974	—	2,022	—
(iii) other premises	47	—	9	—
No. of conversions of other closets to W.C.s	89	—	183	—

Some notes follow of improvements made, or in progress, in the various districts.

Chesterfield Borough. Alterations and additions to sewage works completed. Works now have capacity of 10.4 m.g.d. full treatment or 36 m.g.d. partial treatment.

Clay Cross U.D. Renewal and enlargement of Danesmoor works started.

Glossop Borough. 270 yds. new 9" foul sewer constructed. Plans for extending disposal works under consideration.

New Mills U.D. Various extensions for housing developments.

Ashbourne R.D. Sewer connections at Clifton completed. Extensions to Doveridge works completed.

Belper R.D. Sewerage schemes at Kirk Langley, Hazelwood and Windley commenced. One surface water scheme started and another completed at Duffield; also relaying of pumping main in the Burley Hill district commenced.

Chesterfield R.D. Works completed: Long Duckmanton sewer extensions and house connections; Wessington works storm overflow and fencing; Eckington works storm overflow and siphon washouts improvements. Work in progress: Westwood Brook sewerage scheme; Southern Area Composting Scheme.

Repton R.D. Castle Gresley relief sewer completed; Church Broughton, Foston and Scropton sewerage scheme commenced; Overseal grass plots commenced.

S.E. Derbyshire R.D. Stanley and West Hallam sewerage scheme commenced; Golden Brook (Breaston) flood prevention scheme almost completed.

Housing

Figures submitted by the District Councils show that there has been more work done in connection with housing. Although an additional 849 houses have been declared unfit, 1,062 have been demolished or closed, compared with 951 in the previous year. It seems clear, however, that financial pressures will inevitably slow down the programme. Indeed, recent announcements by the Ministry of Housing indicate more emphasis being placed on the saving of older houses, by means of improvement procedures. In 1967, the total of improvement grants fell in number, from 2,243 the previous year to 2,131. A point of interest is that the number of "discretionary" grants being made is falling steadily, and more "standard" grants taking their place.

A welcome note is seen in that for the first time one Rural District is taking action under the "improvement area" procedure provided by the 1964 Housing Act. A comparatively small area of 36 houses is involved.

SLUM CLEARANCE

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
Estimated No. of houses declared unfit, 1955-1967	7,275	7,234
Total No. of houses demolished or closed 1955 to 31/12/1967	5,748	5,415
During 1967:—		
Houses demolished—		
(a) in Clearance Areas	235	283
(b) not in Clearance Areas	157	128
Unfit houses closed	218	44
Unfit houses made fit and houses in which defects were remedied	2,061	561
Unfit houses in temporary use	32	1
Houses in Clearance Areas purchased	165	33

IMPROVEMENT GRANTS

	<i>No. approved for conversion or improvement (Housing Act 1958)</i>	<i>No. approved for improvement (Housing Act 1959) ('standard grants')</i>
Municipal Boroughs and Urban Districts	87	1,172
Rural Districts	134	738

IMPROVEMENT AREAS

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
(a) No. declared	2	1
(b) No. of houses in declared areas ..	303	36
(i) No. of improvable dwellings ..	87	20
(ii) No. of (i) above of tenanted improvable dwellings ..	30	11
(c) No. of houses lacking standard amenities	92	31
(d) No. of houses brought to full standard	19	—
reduced standard	—	—

NEW HOUSING

	<i>No. of new dwellings completed during 1967</i>	
	<i>by local authorities</i>	<i>by private enterprise</i>
Municipal Boroughs & Urban Districts ..	647	1,549
Rural Districts	610	1,451

Swimming Baths.

The following Table shows the number of swimming baths in the County, and the results of the investigations of the samples taken.

	<i>No. of Baths</i>		<i>Samples taken</i>	
	<i>Public</i>	<i>Private (Open to Public)</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>
Municipal Boroughs and Urban Districts	13	6	237	87
Rural Districts	2	4	6	4

Refuse Collection and Disposal

The bulk storage container system has been developed in both Buxton Borough and Chesterfield Borough. The paper sack method is also gaining ground slowly. A more recent improvement that of using either paper sacks or plastic sacks as liners to existing dustbins, is also being tried in one or two places. Generally speaking, however, the cost of these more hygienic systems is severely curtailing their use and expansion. The composting plant being installed by Chesterfield R.D.C. is now expected to be completed in 1968 due to unforeseen delays in construction. The extension to the Chesterfield Borough incineration plant is also due to be completed in 1968.

The table below gives details of present methods:—

	<i>Collection</i>		<i>Disposal</i>		
	<i>Direct Labour</i>	<i>Contract</i>	<i>No. of Controlled Tips</i>	<i>No. of Uncontrolled Tips</i>	<i>Destructor Works</i>
Municipal Boroughs and Urban Districts	20	—	21	2	1
Rural Districts	9	—	25	2	—

Meat Inspection

From information which has been provided by the District Councils, it appears the following animals were killed and inspected during the year:—

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
	<i>Number killed and Inspected</i>	<i>Number killed and Inspected</i>
Cattle, excluding cows ..	23,386	16,205
Cows	18,870	5,702
Calves	1,942	522
Sheep and Lambs	85,205	58,060
Pigs	52,956	22,569
Horses	—	—

Movable Dwellings

Figures below relating to licenced sites and caravans, show little change from year to year and this type of dweller can now be said to be under control in the County. The problems associated with gypsies and similar transient travellers are at present under active consideration at national and local levels.

	<i>Licensed Caravan Sites</i>				<i>Individual Licensed Vans</i>
	<i>Holiday</i>		<i>Residential</i>		
	<i>Sites</i>	<i>Vans</i>	<i>Sites</i>	<i>Vans</i>	
Municipal Boroughs and Urban Districts ..	9	141	24	382	24
Rural Districts	79	656	124	649	110

Offices, Shops and Railway Premises Act, 1963

The figures below indicate the work that has been done during the year. These and other statistics have to be rendered annually to the Ministry of Labour by local authorities.

REGISTRATIONS AND GENERAL INSPECTIONS

<i>Class of premises</i>	<i>No. of premises registered during the year</i>		<i>Total No. of registered premises at end of year</i>		<i>No. of registered premises receiving a general inspection during the year</i>	
	<i>M.Bs & U.Ds</i>	<i>R.Ds</i>	<i>M.Bs & U.Ds</i>	<i>R.Ds</i>	<i>M.Bs & U.Ds</i>	<i>R.Ds</i>
Offices	46	13	872	243	245	96
Retail Shops	96	62	2,258	1,222	759	748
Wholesale shops, and warehouses	9	7	95	39	32	23
Catering establishments open to the public, canteens	20	14	313	261	131	158
Fuel storage depots ..	—	1	28	27	11	6
Totals ..	171	97	3,566	1,792	1,178	1,031

PERSONS EMPLOYED IN REGISTERED PREMISES

Class of workplace	No. of persons employed	
	M.Bs & U.Ds	R.Ds
Offices	7,994	1,302
Retail shops	10,279	4,062
Wholesale departments, warehouses ..	1,115	339
Catering establishments open to the public ..	1,979	1,673
Canteens	121	44
Fuel storage depots	141	89
Total	21,629	7,509
Total Males	8,715	2,865
Total Females	12,914	4,644

Prevention of Atmospheric Pollution

County district councils have considerable powers under the provisions of the Clean Air Act, 1956, to control atmospheric pollution. Such provisions can be broadly divided into two parts, viz:—

- (a) general regulatory powers;
- (b) powers to establish smoke control areas.

District Councils may also make bye-laws requiring new buildings to have satisfactory arrangements for heating and cooking so as to prevent the emission of smoke.

Readings of deposit gauges, etc., in some of the districts are given below. In addition to those shewn, some other Councils are operating gauges but figures in respect of them have not been made available.

Station	Readings			
	Total Solids (Tons per sq. mile)		Sulphur Absorbed (Mg. per 100 sq. cms. per day)	
	Monthly		Daily average over each month	
	Highest	Lowest	Highest month	Lowest month
Bolsover U.D.C.				
Woodhouse Lane	40.86	8.65	—	—
Moor Lane	13.69	5.74	3.28	0.89
Cundy Road	—	—	2.02	0.58
Chesterfield Borough				
St. John's Road Depot	17.44	7.37	2.18	0.51
Sewage Works	16.02	6.39	1.97	0.50
Heanor U.D.C.				
Marlpool	16.33	4.26	—	—
Staveley U.D.C.				
Hartington Colliery	28.51	12.15	2.62	0.80
Staveley Works Canteen	26.58	13.81	—	—

The following is a summary of information supplied by some local authorities relating to atmospheric pollution:—

Alfreton U.D. Confirmation of No. 1 Smoke Control Order received from Ministry of Housing.

Chesterfield Borough. At the end of 1966 there were four Smoke Control Orders operative within the Borough covering a total area of 1,202 acres and involving some 5,017 premises.

During 1967 the survey was completed on a further area of approximately 198 acres, contiguous with the No. 2 and No 4 areas and containing 688 properties of which 675 are domestic dwellings. This was the subject of a Smoke Control Order made by the Borough Council on 3rd October, 1967 and which was confirmed by the Ministry of Housing and Local Government on the 12th January, 1968, the operative date to be 1st July, 1969.

The Borough Council participates in the National Survey of Atmospheric Pollution being undertaken by the Ministry of Technology, and maintains three daily volumetric recording instruments in selected parts of the Borough to monitor industrial, commercial and residential areas.

Glossop Borough. First two Smoke Control Areas confirmed by Ministry of Housing, to become operative on 1st July, 1968. Third area proceeding.

Heanor U.D. The No. 2 (Newlands) Smoke Control Order 1966 came into operation on the 1st August, 1967. The No. 3 (Aldreds Lane) Smoke Control Order 1967, was submitted to the Minister in August but has not yet been confirmed. The No. 1 (Marlpool Farm Estate) Smoke Control Order 1963, still remains deferred.

Wirksworth U.D. One quarry which was the subject of complaints of dust, etc., in previous years closed down, with subsequent reduction in dust nuisance. Problems from other quarries in the Council's area continue to arise, however, and are the subject of constant vigilance by the Public Health Department.

Belper R.D. SMOKE CONTROL AREAS—SECTION 11 CLEAN AIR ACT, 1956.—Towards the end of the year the Council made their first Smoke Control Order entitled the Belper Rural District (No. 1) (Shipley) Smoke Control Order, 1967, which covers 217 acres (approx.) of the parish of Shipley where it adjoins the Borough of Ilkeston's No. 3 Smoke Control Area. Operation of both Ilkeston and Belper Rural Orders are timed for the 1st October, 1969 so giving one continuous area.

SECTIONS 3 and 10.—Two applications only were received for "prior approval" under Section 3 of the Clean Air Act, 1956—both were approved. In addition chimney heights of 35' 0" and 40' 0" respectively were agreed to.

No legal proceedings were resorted to during the year, but the burning of rubber car tyres caused a serious nuisance on one occasion and the Council had to threaten action under Section 16. No further complaints have arisen since.

Blackwell R.D. A smoke control scheme covering the whole of the district and scheduled for completion in 20 years, was submitted to the Minister and approved by him, work to commence, it is hoped, in 1968.

A colliery spoilbank which has been burning for some 4½ years is kept well under control by water sprays and consolidation wherever possible.

The lead peroxide instrument at Langwith Junction has shown a steady increase since 1960, from an average of 1.4 Mg. to 1.86 Mg. and after investigation of pollutant sources and prevailing winds, it can only be assumed that the increase is a direct reflection of extensive council housing developments to the South and West of the gauge.

Chapel R.D. Gauge at Dove Holes showed an average deposit of 15.03 tons per sq. mile per month for period April, 1966, to March, 1967, compared with 28.9 tons monthly average over the preceding six months. For the same periods, readings from a gauge at Chapel-en-le-Frith were 10.75 and 10.42 tons per sq. mile per month, respectively. During the year two other gauges have been set up at

Tunstead near Wormhill, and at Greensides, Hartington Upper Quarter, following complaints of dust emission from industrial undertakings.

Chesterfield R.D. No. 10 Area is now at the Ministry of Housing awaiting confirmation and this will bring the number of premises in smoke control areas to 13,482.

S.E. Derbyshire R.D. Spondon Atmospheric Pollution Committee formed, consisting of representatives of H.M. Alkali Department, Local Authorities, Nationalised Industry and industrial concerns. The objects of the Committee are:

- (i) to discuss air pollution problems in the Spondon area;
- (ii) to investigate emissions resulting from operations at Spondon Generating Station, the Derby Sewage Works and British Celanese Limited.;
- (iii) to investigate any other source of pollution, including that caused by domestic fires and traffic;
- (iv) to make recommendations regarding the elimination or reduction of emissions and similar annoyances.

MIDWIVES ACTS, 1936-1951

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

Number of Midwives.—At the end of 1967 there were 198 Midwives on the County Roll—105 were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; 85 were County Midwives, and 8 were County Home Nurse/Midwives.

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

	1962	1963	1964	1965	1966	1967
Records received:—						
Medical Help	417	366	339	404	334	286
Stillbirths	105	92	85	72	66	72
Deaths of Children	51	51	35	45	45	38
Deaths of Mothers	—	1	1	—	—	1
Laying out the dead	—	—	—	—	—	—
Liability to be a source of infection	23	24	25	32	21	18
Puerperal Pyrexia—Midwives' Cases	6	7	7	9	2	7
Ophthalmia Neonatorum—All cases	4	1	8	3	2	2

Puerperal Pyrexia.

The Puerperal Pyrexia Regulations, 1951, require puerperal pyrexia to be regarded as a notifiable disease. 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 childbirth 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.

<i>Year</i>	<i>No. of cases of Puerperal Pyrexia</i>	<i>No. of Live Births and Still Births in Whole County</i>	<i>Case rate per 1,000 Births</i>
1958 ..	18	11,861	1·52
1959 ..	20	12,154	1·64
1960 ..	17	12,546	1·35
1961 ..	17	12,575	1·35
1962 ..	10	13,527	0·70
1963 ..	12	13,465	0·89
1964 ..	14	13,705	1·02
1965 ..	9	13,819	0·65
1966 ..	7	13,615	0·51
1967 ..	7	12,988	0·54

Maternal Mortality.

The Maternal Mortality rate for the whole County for the year 1967 was 0·15 per thousand live- and still-births. The following table gives the maternal mortality rate in the County for 1950, 1955 and yearly from 1960:

<i>Year</i>	<i>Rate</i>
1950	1·44
1955	0·38
1960	0·33
1961	0·32
1962	0·30
1963	0·30
1964	0·22
1965	0·072
1966	0·44
1967	0·15

A Summary of a Report on Confidential Enquiries into Maternal Deaths in England and Wales, 1958-1960, prepared by the Standing Maternity and Midwifery Advisory Committee for the Central Health

Services Council and the Minister of Health, dated April, 1964, has the following to say on the "Prevention of Maternal Deaths":—

"The greatest number of lives could be saved by better ante-natal care and a proper selection of cases for both home and hospital confinement. A programme which covers normal pregnancy but is flexible enough to allow for more frequent and, if necessary, more expert supervision is essential. The results of examinations must be assessed both individually and in relation to previous examinations, and where care is shared by several individuals, each must be aware of the findings of the other.

The real purpose of the enquiry is to discover ways and means by which the maternal mortality, which has fallen dramatically over the past 30 years, can be further reduced. This may be assisted by advance in knowledge but these reports have brought out the fact that the most important contributions could be made by the application of knowledge already available, the proper selection of cases for hospital confinement and better ante-natal care.

It is preferable to consider the proper selection of cases for home confinement than of the selection of cases for hospital. The wishes of the patient must of course be respected, but every effort must be made to persuade patients at special risk to accept hospital care.

The scope of ante-natal care has been progressively extended. Its object is to maintain the physical and mental health of the mother during pregnancy and to ensure that any suspected or proved abnormality is detected and treated without delay. In doing this the doctor, the midwife, the L.H.A. clinic and the hospital may all play a part and it is essential that the fullest co-operation is established between them all."

Ophthalmia Neonatorum.

During the year, two cases of ophthalmia neonatorum were notified. Both were treated in hospital and the vision was unimpaired in each case.

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 County Health Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1967 regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below:—

<i>Name and Address of Nursing Home</i>	<i>Accommodation approved</i>
Portland Nursing Home, "Craiglands", The Park, Buxton	17 Medical Cases.
Derby House Nursing Home, Broad Walk, Buxton	31 Medical Cases.
St. Mary's Nursing Home, Ednaston Lodge, Ednaston	22 Medical and Surgical Cases.
Cliff House Nursing Home, Cliff House Clowne, Nr. Chesterfield	9 Medical Cases.
Borrowash House, Borrowash, Derby ..	20 Unmarried Mothers.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948.

At the beginning of the year there were 20 registered child minders (176 places), and 19 day nurseries (320 places). During the year, 13 applicants were registered as child minders (105 places); 4 certificates of registration were surrendered and one transferred to Sheffield (40 places); and 2 additional places were approved for persons already registered; so that at the end of 1967 there were 28 child minders with 243 places. Twenty-four day nurseries (439 places) were registered; one (18 places) ceased to operate; 51 additional places were approved for persons already registered; bringing the number of day nurseries at the end of the year to 42, with 792 places.

THE NURSES AGENCIES ACT, 1957

This Act provides that "a person carrying on an agency for the supply of nurses shall, in carrying on that agency, only supply (a) registered nurses; (b) enrolled assistant nurses; (c) certified midwives; (d) such other classes of persons as may be prescribed".

Every person to whom a nurse is supplied by an agency is to be given a statement in writing of the qualifications of the person supplied, and such agencies are not to be carried on unless the selection of the person to be supplied for each particular case is made by or under the supervision of a registered nurse or a registered medical practitioner. The main provision of the Act affecting the County Council is that no person shall carry on an agency for the supply of nurses unless he is the holder of a licence issued by the local authority authorising him to do so. At the end of 1967, one nursing agency was operating under licence from this Authority.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT, 1967

On 31st July, 1967 the Ministry of Health issued Circular 15/67 concerning this Act, which received the Royal Assent on 28th June, 1967. The Act confers on local health authorities in England and Wales a general power, with the approval of the Minister of Health (and, when the Minister directs, imposes a duty on them), to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply (by prescription or directly) of contraceptive substances and appliances. The Circular pointed out that the Act "extends the existing powers of local health authorities in order to enable them to provide (or arrange for other bodies to provide) advice on contraception and supplies for any persons who need them on social grounds and not (as hitherto) only in medical cases, i.e. for women likely to suffer detriment to their health as a result of pregnancy. In so doing, the Act goes beyond the existing powers limited under Section 28 of the National Health Service Act, 1946 to the prevention of illness, and constitutes a new and entirely separate provision replacing the powers relating to family planning under that Section".

Paragraph 9 of the Circular states that: "The Minister hopes that the extension of existing powers conferred by the new Act will provide a stimulus to further action on the part of all authorities. He would be glad, therefore, if authorities would again review their family planning facilities and the arrangements made for publicising the places and times of family planning clinics, including the giving of information by health visitors, midwives, home nurses, social workers and others in the course of their daily work. The Minister hereby approves the making of arrangements under the National Health Service (Family Planning) Act by local health authorities and by authorities exercising delegated health powers to provide—whether directly or through a voluntary body—family planning advice, examinations, prescriptions and supplies to the public generally". The Circular indicated that the Minister hoped that local health authorities would continue to make use of the services of the Family Planning Association and similar voluntary organisations. It was also pointed out in the Circular that "Family planning advice and prescriptions may of course be obtained from general medical practitioners, and hospital authorities may also provide family planning advice and supplies as part of the general provision for medical care of their patients".

Prior to the issue of Circular 15/67, the County Council in operating their powers under the National Health Service Act, 1946, co-operated with the Derbyshire and Derby Branch of the Family Planning Association and made available, at agreed times, free of charge, the use of their clinics and made grants in respect of each family planning clinic set up by the Branch. After considering the Circular, the County Health Committee agreed in the exercise of their extended powers, to continue to make use of the Family Planning Association. It also agreed in principle to health visitors,

home nurses and midwives giving advice and information, as suggested in the Circular. The Family Planning Association intimated that they were willing to act as the County Council's agents in providing the service under the new Act, and not only to provide it from the Family Planning Clinics then in operation but to plan its extension from other Clinics. Consideration was given to the financial implications of a proposed programme of expansion. In view, however, of the National financial situation, it was agreed to defer temporarily the implementation of the arrangements under Circular 15/67. Nevertheless, it was agreed that officers be authorised to continue discussions with the Branch to extend the present service on the basis of the existing financial and accommodation arrangements.

<i>Family Planning Sessions at 31st December, 1967</i>	<i>Family Planning Sessions at 5th July, 1968</i>
ILKESTON : County Council Clinic, Albert Street. 1st, 3rd and 5th Thursday afternoons, 2.30—4.0 p.m.	Same
ALFRETON : County Council Clinic, Grange Street. Each Tuesday evening, 6.15—7.45 p.m.	Same
BUXTON : County Council Clinic, Bath Road. Each Tuesday evening 7.0—8.0 p.m.	Same
CHESTERFIELD : County Council Clinic, Brimington Road. Each Wednesday 2.0—4.30 p.m. & 6.0—7.30 p.m. 2nd & 4th Thursdays 2.0—4.0 p.m. & 6.0—7.0 p.m. 1st, 3rd & 5th Thursday a.m. (com- menced 7.9.67)	Since 5th February, 1968, approval for use as follows:—each Wednesday after- noon and evening; 1st, 3rd and 5th Thursdays a.m.; each Thursday after- noon; 2nd and 4th Thursday evenings.
DRONFIELD : County Council Clinic, The Grange. 1st, 2nd and 4th Tuesday evenings.	Same
DERBY : Green Street Clinic. Each Tuesday and Thursday 7.30— 8.30 p.m. and Fridays from 7.0 p.m.	Same
GLOSSOP : County Council Clinic, George Street. Each Wednesday evening 7.0—8.0 p.m.	New arrangements agreed, operative from 4th September, 1968:— 1st & 3rd Wednesday afternoons, 2nd, 4th & 5th Wednesday evenings.
MATLOCK : County Council Clinic, Lime Grove Walk. 1st & 3rd Monday evenings, 2nd & 4th Thursday mornings.	New arrangements agreed 18th June, 1968:—1st, 3rd & 5th Monday evenings and 2nd & 4th Thursday mornings.
ASHTON-UNDER-LYNE : The Clinic, Crickets Lane. Every Monday 7.0—8.0 p.m.	Same
BURTON-ON-TRENT : Infant Welfare Clinic, Cross St. Each Monday evening 6.0—8.0 p.m.	Same
CLOWNE : County Council Clinic. Commenced 8th November, 1967. Each Wednesday, 6 p.m.—8 p.m.	
STAVELEY : County Council Clinic, Lime Avenue. Commenced 3rd February, 1968. Each Saturday morning, 10 a.m.—12 noon.	Same

TUBERCULOSIS

New Cases and Deaths.—I have reported in previous years on the great strides that have been made in the prevention and treatment of tuberculosis. This disease, first made notifiable in 1912 and for which the first figures available are for 1914, has steadily declined, since that time, apart from the war years. Since the end of the last war, however, this decrease in the number of cases of tuberculosis and the number of deaths has rapidly become more marked. This has been due, of course, to many environmental factors, such as improved sanitation, housing and a general higher standard of living, coupled with the introduction of the National Health Service. It must be remembered that since the introduction of the new Service greater emphasis has been placed on early detection and prevention, and it must not be forgotten that Mass Miniature Radiography has played an important part in this progress.

The following table shows the number of new cases and deaths in 1914, thereafter at ten-yearly intervals to 1964, and subsequently at yearly intervals.

TUBERCULOSIS

	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>New Cases</i>	<i>Deaths</i>	<i>New Cases</i>	<i>Deaths</i>
1914	867	383	362	156
1924	829	359	338	117
1934	442	243	202	74
1944	432	202	163	43
1954	391	80	62	12
1964	171	24	26	2
1965	145	29	30	3
1966	106	28	29	4
1967	85	18	16	—

It will be seen that for the first time since records were kept, there has been no death from non-respiratory tuberculosis.

New Cases during 1967

The number of cases of tuberculosis notified during 1967, divided into the various age groups and also showing males and females separately as well as distinguishing between the Respiratory and Non-Respiratory forms of the disease, are shown in the following table:—

<i>Age Groups</i>	0	1	2	5	10	15	20	25	35	45	55	65	75	<i>Total All Ages</i>
<i>Respiratory—</i>														
Males	-	-	-	1	6	4	7	3	8	17	12	4	62
Females	-	-	-	-	1	5	4	3	4	2	2	2	23
<i>Non-Respiratory—</i>														
Males	-	-	1	-	-	-	1	1	-	1	-	-	4
Females	-	-	-	-	1	-	2	3	3	2	1	-	12
Total	-	-	1	1	8	9	14	10	15	22	15	6	101

The totals, not divided into age groups, are also shown for purposes of comparison in the following summary:—

SUMMARY OF NEW CASES FOR THE PAST EIGHT YEARS

	1960	1961	1962	1963	1964	1965	1966	1967
<i>Respiratory—</i>								
Males	175	144	97	104	113	90	73	62
Females	92	68	56	64	58	55	33	23
Totals	267	212	153	168	171	145	106	85
<i>Non-Respiratory—</i>								
Males	19	21	18	16	3	15	13	4
Females	16	29	22	18	23	15	16	12
Totals	35	50	40	34	26	30	29	16
Total—Pul. and Non-Pul.	302	262	193	202	197	175	135	101

Deaths from Tuberculosis.

The following Table gives details for the last five years:—

	1963	1964	1965	1966	1967
Respiratory	27	24	29	28	18
Non-respiratory	5	2	3	4	—
	<u>32</u>	<u>26</u>	<u>32</u>	<u>32</u>	<u>18</u>

The death rate per 1,000 of the population during each of the last five years is as follows:—

	1963	1964	1965	1966	1967
Respiratory	0·040	0·031	0·037	0·036	·023
Non-respiratory	0·007	0·003	0·004	0·005	—
	<u>0·047</u>	<u>0·034</u>	<u>0·041</u>	<u>0·041</u>	<u>0·023</u>

The provisional figure for England and Wales supplied by the Registrar General for 1967 is 0·042 deaths per thousand of the home population.

The Table below shows the notifications and deaths in Derbyshire for the last eighteen years:—

<i>Year</i>	<i>New Cases</i>	<i>Deaths</i>
1950	514	172
1951	547	142
1952	569	122
1953	479	125
1954	453	92
1955	382	84
1956	372	57
1957	387	56
1958	366	51
1959	307	39
1960	302	44
1961	262	37
1962	193	36
1963	202	32
1964	197	26
1965	175	32
1966	135	32
1967	101	18

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

ANTE-NATAL SCHEME

At the beginning of the year, facilities for Ante-Natal sessions were available at 25 County Council clinics. Owing to the lack of demand, no Ante-Natal sessions were held at the Buxton and Swadlincote Clinics. Following the alteration of boundaries, two Clinics (Frecheville and Hackenthorpe) were transferred to the City of Sheffield on 1st April 1967, and Chaddesden Clinic was transferred to Derby Borough on 1st April, 1968. All the Ante-Natal sessions throughout the Administrative County were conducted by County Council Medical Officers, with the exception of one, which was conducted 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.

Details of the Ante-natal Clinics (apart from the two which serve residents in Chesterfield Borough) are as follows:—

ALFRETON	..	County Council Clinic, Grange Street, Alfreton. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
ASHBOURNE	..	Ante-Natal Clinic, St. Oswald's Hospital, Ashbourne. Each Thursday, 1.30 p.m. to 4.15 p.m.
BELPER	..	County Council Clinic, The Cedars, Field Lane, Belper. 1st and 3rd Monday, 9 a.m. to 12.30 p.m.
BOLSOVER	..	County Council Clinic, Welbeck Road, Bolsover. Each Friday, 1.30 p.m. to 4.15 p.m.
BUXTON	..	County Council Clinic, Bath Road, Buxton. (Sessions suspended owing to lack of demand).
CHADDESSEN	†	County Council Clinic, Maine Drive, Chaddesden. Each Monday, 1.30 p.m. to 4.15 p.m.
CHESTERFIELD		County Council Clinic, Brimington Road, Chesterfield. Each Wednesday, 9 a.m. to 12.30 p.m. (for patients residing outside Chesterfield Borough).
CLAY CROSS	..	County Council Clinic, High Street, Clay Cross. Each Friday, 9 a.m. to 12.30 p.m.
CLOWNE	..	County Council Clinic, Creswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m.
DERBY	..	County Council Clinic, Cathedral Road, Derby. 2nd 3rd, 4th & 5th Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD	..	County Council Clinic, The Grange, Dronfield. Each Tuesday, 9 a.m. to 12.30 p.m.
ECKINGTON	..	County Council Clinic, Gosber Street, Eckington. 1st, 3rd and 5th Tuesday, 9 a.m. to 12.30 p.m.
FRECHEVILLE*	..	County Council Clinic, Fox Lane, Frecheville. 1st, 3rd and 5th Monday, 9 a.m. to 12.30 p.m.
GLOSSOP	..	County Council Clinic, George Street, Glossop. 2nd and 4th Monday, 9 a.m. to 12.30 p.m.
HACKENTHORPE*	..	County Council Clinic, Main Road, Hackenthorpe. 2nd 4th and 5th Thursday, 1.30 p.m. to 4.15 p.m.
HEANOR	..	County Council Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesday, 1.30 p.m. to 4.15 p.m.
ILKESTON	..	County Council Clinic, Albert Street, Ilkeston, each Monday, 2 p.m. to 4.15 p.m. and each Thursday, 9 a.m. to 12.30 p.m.
LONG EATON	..	County Council Clinic, 4 Nottingham Road, Long Eaton, Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
MATLOCK	..	County Council Clinic, Lime Grove Walk, Matlock. 1st Thursday, 9 a.m. to 12.30 p.m.
RIPLEY	..	County Council Clinic, Derby Road, Ripley. 2nd and 4th Friday, 1.30 p.m. to 4.15 p.m.
SHIREBROOK	..	County Council Clinic, Cliffe House, Church Drive, Shirebrook. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY	..	County Council Clinic, Lime Avenue, Staveley. Each Thursday 9 a.m. to 12.30 p.m.
SWADLINCOTE		County Council Clinic, Civic Centre, off Midland Road, Swadlincote. (Sessions suspended owing to lack of demand).

†Transferred to Derby Borough from 1st April, 1968.

*Transferred to City of Sheffield from 1st April, 1967.

The following are the number of sessions and attendances at all the Ante-Natal Clinics during 1967:—

Half-day Sessions	.. .. .	1,076
Number of New Cases	.. .. .	1,516
Total number of attendances	.. .. .	4,974
Post-natal visits	.. .. .	65

Chest Radiography in Pregnancy

In a communication dated 17th October, 1966, the Senior Medical Officer of the Sheffield Regional Hospital Board intimated that:- "On the recommendation of the Professional Advisory Committees concerned, the Board have agreed to issue the following advice about the use of chest radiography in pregnancy:- (i) No chest x-ray examination should be undertaken where the mother is known to have had a chest x-ray within the previous two years or to have had B.C.G. vaccination; (ii) All recent immigrants should be x-rayed routinely in pregnancy between the fourth and sixth months of pregnancy; (iii) If a non-immigrant mother requires an x-ray examination it should also be undertaken between the fourth and sixth months of pregnancy; (iv) The practice of routine chest x-rays should be continued in certain areas where the incidence of positive findings is known to be high. It is left to the discretion of the local Chest Physician, the Medical Officer of Health and the Obstetrician to decide whether the incidence of positive findings in an area justifies routine chest x-ray. When it is necessary for an expectant mother to have a chest x-ray the examination should not be carried out with the mass miniature techniques but a full size film with strict limitation of field size should be used". This information was transmitted to the appropriate County Council medical staff.

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.

Local Authority Ante-Natal Clinics often share in the care of patients booked for hospital confinement on social grounds and who are not attending their general practitioner. This helps to relieve the hospital ante-natal clinics, and saves the patients travelling long distances.

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

Since 1957, the Maternal and Child Welfare Medical Officers have been supplied with Sahli Haemoglobinometers, so that haemoglobin estimations may be made. During 1965, consideration was given to replacing these with equipment permitting more accurate estimations. It was decided to provide the Medical Officers with MRC Grey Wedge Photometers.

Ferrous sulphate and ferrous gluconate tablets are supplied at the clinic. Patients not responding to these tablets 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 standard co-operation card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with 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 always informed when patients are transferred to hospital for ante-natal care or are admitted to hospital or a maternity home for their confinement.

Mothercraft and Relaxation Classes

By the end of 1967 classes were being held at the following County Council Clinics:—

Alfreton, Belper, Bolsover, Buxton, Chaddesden, Chapel-en-le-Frith, Chesterfield, Clay Cross, Clowne, Derby, Dronfield, Eckington, Glossop, Heanor, Hope, Ilkeston, Long Eaton, Matlock, New Mills, Ripley, Shirebrook, Staveley, Swadlincote, and Wirksworth.

These classes are usually conducted jointly by the Health Visitor for the area and one or more Midwives who have received special training in the technique of correct breathing, exercise and relaxation in pregnancy and child birth. Whilst each class varies slightly, the general procedure is as follows:—

Mothers are invited to attend a series of six-eight classes. The first class commences with a short introductory talk on the aims of the class and the proposed procedure. The Midwife then demonstrates the correct method of breathing and the approved exercises and supervises the mothers as they try to do them.

During this procedure the Health Visitor makes a cup of tea and the mother, the Midwife and the Health Visitor join in a discussion on various aspects of pregnancy, e.g. mental attitude of both parents; need for regular medical and dental supervision; welfare foods; maternity grants, etc.

At each succeeding class the Midwife instructs and supervises the exercises and these are followed by a talk, demonstration, or showing of a film strip. The class then terminates with a lively and helpful discussion when the mothers are urged to talk about their problems.

When more than six mothers attend, the class is divided into two groups, the Midwife taking one for exercises whilst the Health Visitor talks to the others: they then change over.

The following subjects are covered usually by the Midwife:

- (a) the preparation for the confinement;
- (b) the stages of labour and the normal delivery;
- (c) the administration of analgesia with demonstration of gas and oxygen and triline machines;
- (d) bathing the baby may be demonstrated either by the Midwife or the Health Visitor.

Talks or film strips by the Health Visitor include:—

- (i) diet and nutrition in pregnancy;
- (ii) general conduct in pregnancy including suitable clothing and footwear and care of the breasts;
- (iii) the preparations for the baby including layette, cot and pram;
- (iv) care of the baby including feeding;
- (v) the post-natal examination;
- (vi) the help available from Doctor, Midwife and Health Visitor and the benefits of attendance at the Infant Welfare Centre;
- (vii) any other subjects which may arise from the discussions.

All clinics where relaxation classes are held have been supplied with a film strip projector and have a variety of film strips available, including one showing a normal confinement.

Sound films have proved so popular, especially those showing the birth of a baby, that the Health Education Section now have three copies of "Childbirth Without Fear" and two copies of "My First Baby". Other films shown have dealt with breast feeding, nutrition, human reproduction, dental care, child development and home safety.

Two gramophone records in which Dr. Grantley Dick Read explains the principle of relaxation and conducts a normal confinement have also been very helpful in some cases.

It would appear that these classes are excellent media for group teaching and discussion. The mothers enjoy them and are sorry when they are finished.

The Midwives report that the mothers are more co-operative during labour and delivery and the incidence of uterine inertia has decreased.

The Health Visitors report that "getting to know" the mothers beforehand is invaluable at the primary visits, and as a consequence there is a greater likelihood of the mothers bringing their babies subsequently to the infant welfare centres.

A Health Visitor also attends the Derby City Hospital Antenatal sessions to talk to the mothers about help which the Local Authority can provide after the baby is born.

Special courses for midwives have been arranged by the Royal College of Midwives in Mothercraft and Relaxation, and up to the end of 1967, ninety-six Midwives have attended. Ten midwives are being sent each year until all the midwives have had an opportunity of attending.

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 appropriate Bed Bureau. Kingsmill Hospital, Mansfield, has also agreed to allocate six beds per month to patients living on the eastern fringe of the county.

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. Where insufficient beds are available for all applicants 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.

Consultant Obstetricians are arranging for an increasing number of patients to have "planned" early discharge from hospital i.e. at about 48 hours. In these cases the domiciliary midwife is notified and she reports to the hospital whether she considers the patient's home conditions are satisfactory. She also advises the mother on the preparations she should make for her return home. The midwife is notified when the patient is discharged from hospital.

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

	<i>Bed Bureaux</i>		<i>Other Hospitals</i>
	<i>Derby</i>	<i>Chesterfield</i>	
Suitable for home confinement	12	40	2
Hospital accommodation desirable but not essential	56	240	38
Home conditions unsuitable and hospital confinement necessary	39	426	94
Miscellaneous visits (i.e., cancellations miscarriages, removals from districts, etc.)	12	13	5

CHILD WELFARE CENTRES

During 1967, no new Child Welfare Centres were opened in the County, or in Chesterfield Borough, but the total was reduced to 105, owing to the transfer of five Child Welfare Centres to Sheffield Corporation on 1st April, 1967.

The number of sessions and attendances at the Child Welfare Centres during 1967 are set out below:—

Half-day sessions	4,839
Number of children who attended during the year and were born in:—	
1967	9,555
1966	10,605
1962/5	12,531
Total number of children who attended during the year	32,691
Total attendances during the year	195,433

CARE OF PREMATURE INFANTS

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

Local Health Authorities are required by the Ministry of Health to provide statistics about premature babies. They 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. The figures for 1967 are as follows:—

Number of premature live births notified (as adjusted by transfer notifications):—	
(a) In Hospital	637
(b) At Home or in a Nursing Home ..	72
Total ..	709

Number of premature still-births notified (as adjusted by transfer notifications):—	
(a) In Hospital	102
(b) At Home or in a Nursing Home ..	5
Total ..	107

Of the 637 premature babies who were born in hospital 33 died within twenty-four hours of birth and 580 survived twenty-eight days.

Of the 72 born at home or in a nursing home, eleven were transferred to hospital on or before the twenty-eighth day, and of the remainder, two died within twenty-four hours of birth, and 59 survived twenty-eight days.

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 and wear and tear, the actual cost of repair or replacement will have to be paid. The equipment is issued in units, each comprising a cot, including two cot linings; a mattress; four cot blankets; one feeding bottle; one mucus catheter; two hot water bottles; one hot water bottle cover; one mackintosh sheet; one thermometer; one set of premature infant's clothing (two vests, one gown without hood, and 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.

Mrs. E. M. Gilbert, Supervisor of Midwives, County Council Clinic, Bath Road, Buxton.	Day—Buxton 4451. Night—Buxton 2620.
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Southern part of the County

Miss P. Richards, Supervisor of Midwives, County Council Clinic, Cathedral Road, Derby.	Day—Derby 45934. Night—Horsley 517.
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Chesterfield Borough only.

Mrs. M. C. Rhodes, Supervisor of Midwives, Town Hall, Chesterfield.	Day—Chesterfield 77232, Extn. 256. Night—Chesterfield 2909.
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Phenylketonuria.

Phenylketonuria is an inherited metabolic disease, the basic fault appearing to be a deficiency of the enzyme normally responsible for the breakdown of phenylalanine absorbed in excess of the body's requirements. As a result, phenylalanine accumulates in the blood and is excreted in the urine with certain of its derivatives. A severe degree of mental deficiency is present in most cases, believed to be due to interference with the brain development occasioned by the high concentration of phenylalanine in the blood; there may be associated epileptic seizures and other physical stigmata. A few cases with normal or near normal intelligence have been recorded. The condition is rare and on the basis of present knowledge it is quite likely that in the county one child will be born with the condition, on the average, not more frequently than once in two years—in fact, it may not be as often as that. It is believed that the *early* detection and treatment of this condition with a special diet is beneficial and gives a reasonable chance of preventing, or mitigating, mental retardation. In any case, the patient is likely to be much more manageable, losing a troublesome restlessness; fits, if present cease; and eczema clears up. By means of a simple test of a baby's urine, it is possible to determine whether the child is likely to have this condition. Even though the incidence is so small, the possibility of the prevention or lessening of the mental retardation which may be associated with this condition, makes it important to ascertain these children. The Derbyshire Local Medical Committee was consulted and approved the introduction of phenylketonuria tests in Derbyshire under arrangements made by the County Health Committee, provided that the doctors of patients concerned are notified of any positive results.

In May, 1961, arrangements were made for Health Visitors to test the urine of all the babies in their areas, generally as soon as they reached three weeks of age. A Special Conference appointed by the Medical Research Council commenced in 1960 investigating various scientific and administrative questions in connection with the early diagnosis and treatment of phenylketonuria, and in their final Report published in 1963 they expressed the view that the fourth week of life is probably the optimum time for testing and that a test at the sixth week probably safely detects most cases. But, to avoid all possibility of doubt, the Report suggested that, where practicable, a system of two tests might be employed: one to be carried out about the 10th-14th day of life, and one later, at the discretion of the local authority concerned but preferably between the fourth and sixth week. The Health Visitors were requested to carry out these tests accordingly. In order to relieve the Health Visitors of some of the extra work involved, however, the Authority's domiciliary Midwives were asked to carry out the test on the tenth day on the urine of babies delivered by them at home, and to ensure that the result of the test is made known as soon as possible to the Health Visitor concerned.

I wrote the following letter to the County Council's medical and health visiting staff on 22nd April, 1965:

"Testing for Phenylketonuria after Infancy"

The following is a copy of a letter that appeared in the *British Medical Journal* on 17th April, 1965, over the signature of Sir Alan Moncrieff, the Chairman of the Medical Research Council's Working Party on Phenylketonuria:

"Sir,—While the scheme for the routine testing of urine of young babies for phenylpyruvic acid is proceeding reasonably well, there is evidence that this is not always carried out in routine urine testing of older children. Some hospital centres carry out the appropriate tests on routine samples of urine provided for tests for albumin and glucose, but this may only occur in selected clinics, usually in the general medical outpatient clinics or in the medical wards, and the practice is by no means universal, especially as fresh specimens are essential for the detection of the volatile phenylpyruvic acid. Certain categories of children are definitely at risk. These are children with eczema, fits, or mental retardation. Siblings of children known to have phenylketonuria should obviously be investigated, but they should have serum-phenylalanine estimations performed. Examination of urine for phenylpyruvic acid is too unreliable in this situation.

Perhaps one reason for neglecting to carry out tests in older children is the mistaken impression that nothing can be done for them. This is not a general experience. Some children after infancy will show a rise of 15 to 20 points in their intelligence quotients after they have been placed on a phenylalanine-restricted diet, and some do even better. This may lift them from being classified as unsuitable for education into the educationally sub-normal category. A few may even attend ordinary schools. All children in hospitals for the mentally handicapped, those attending training centres, and those in schools for the educationally sub-normal should have their urine tested, as this may lead to early detection of phenylketonuria in a younger sibling. In any scheme at any age some affected children may be missed, but clearly detection would be improved if as many children as possible are tested".

Perhaps the Medical Staff will kindly bear in mind his recommendations when they are carrying out their medical examinations, as well as the Health Visitors when an opportunity arises for them to examine the urine."

One positive reaction was obtained towards the end of 1961, and the child's General Medical Practitioner made the necessary arrangements for the patient to receive a full investigation in hospital. In 1962, a child was tested at $3\frac{1}{2}$ weeks of age and was found to be 'negative'. He was admitted to hospital in 1965, with phenylketonuria. It was understood from the Consultant Paediatrician that there were eight other children in the same family who were unaffected. There were no cases reported in the year under review.

WELFARE FOODS

Supply of Extra Vitamins, etc.

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

National Dried Milk, Vitamin A & D Tablets, Cod Liver Oil and Orange Juice are distributed by the Authority in accordance with its duties under the National Health Service. The foods are issued at County Council Clinics and Child Welfare Centres, supplemented as necessary by distribution through the medium of shops, by arrangement with the proprietors.

The prices and allocation of all Welfare Foods available at Child Welfare Centres are as follows:—

<i>Product</i>	<i>Price</i> s. d.	<i>Allocation</i>		
<i>Adexolin</i> (Small) ..	10	1 bottle per week	} Available to mothers of children under 5 years of age attending the Child Welfare Centre. The child's signed weight card must be produced before foods can be purchased. Cards must be signed by the Doctor or Health Visitor once each month for Infants under one year, and at least every three months for children between the ages of 1 and 5 years.	
(Large) ..	3 6			
<i>Ostermilk</i> ..	3 3	1-3 packets per week		
<i>Ovaltine</i> ..	2 4	1 tin per week		
<i>Rose Hip Syrup</i> ..	1 9	1 bottle per week		
<i>S.M.A.</i>	5 6	1-3 tins per week		
<i>Virol</i>	1 10	1 carton per week		
<i>Lactagol</i>	2 7	1 packet per week		} Available to expectant and nursing mothers on production of the Welfare Milk Token Book.
<i>Ovaltine</i>	2 4	1 tin per week		

<i>National Dried Milk</i> ..	2	4 & milk token	} Available to expectant and nursing mothers, children under 5 and handicapped children.
(1 to 2 tins per week)	4	0 at full price	
<i>Orange Juice</i> ..	1	6	
<i>Cod Liver Oil</i> ..	1	0	
<i>Vitamin A & D Tablets</i> ..	6		

The following table shows the issues of National Welfare Foods in the County Area in 1967:—

	<i>National Dried Milk Tins</i>	<i>Cod Liver Oil Bottles</i>	<i>Vitamin A. & D. Packets</i>	<i>Orange Juice Bottles</i>
Issued against coupons—				
(a) By stamps	740	—	—	—
(b) by cash	70,174	—	—	—
(c) free	2,170	717	167	3,559
Issued to:—				
N.H.S. Hospitals	770	87	—	152
Day Nurseries	57	330	—	562
Issued at full price:—	26,123	8,192	12,764	162,894
Totals	100,034	9,326	12,931	167,167

The number of types of distribution centres serving County residents are given below:—

<i>Location</i>	<i>At County Council Clinics or Child Welfare Centres</i>	<i>At Other Premises</i>
Chapel-en-le-Frith R.D. ..	5	5
Glossop Borough	2	—
New Mills U.D.	1	—
Whaley Bridge U.D.	1	—
Buxton Borough	3	—
Bakewell R.D.	5	8
Bakewell U.D.	1	1
Matlock U.D.	2	7
Wirksworth U.D.	1	1
Ashbourne R.D.	—	2
Ashbourne U.D.	1	1
Repton R.D.	4	12
Swadlincote U.D.	1	3
Chesterfield R.D.	16	4
Chesterfield Borough ..	9	—
Bolsover U.D.	2	—
Staveley U.D.	3	2
Clay Cross U.D.	1	—
Dronfield U.D.	2	1
Clowne R.D.	3	—
Blackwell R.D.	8	1
Alfreton U.D.	3	2
Belper R.D.	3	6
Belper U.D.	1	1
Derby Borough	1	—
South-East Derbyshire R.D. ..	14	3
Ripley U.D.	3	—
Heanor U.D.	2	1
Ilkeston Borough	3	—
Long Eaton U.D.	2	1
Totals	103	62

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

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

“Dental care for pre-school children and expectant mothers was carried out on the same scale as in previous years, with a slight increase in the number of initial inspections and re-check ups. The time devoted to them was the equivalent of 95 half day sessions, treatment being given in the course of the routine clinical work for school children, as and when required. Over 700 pre-school children had inspections, including those in attendance at the County Day Nurseries. The majority of the inspections followed requests by parents for periodical check-ups or treatment. Over 350 had courses of treatment, some a second course within the year. Conservative treatment and extraction work were about equal in amount, the conservative work, however, was appreciably greater than that of the previous year, this largely the result of the dental health work, whereby timely check-ups were made before the ravages of caries had become uncontrollable.

Expectant mothers made 45 attendances for fillings, extractions, gum treatments and the fitting of dentures.

Health Education was continued as in previous years. Parents attending with their children were interviewed and advice given on measures that can be taken at home to keep the teeth in good order, this supplemented with a varied selection of eye catching literature.

At ante-natal clinics, short talks were given periodically and occasional film shows of special interest and appeal to young mothers”.

ILLEGITIMATE CHILDREN

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

1. Number of illegitimate births known to the Welfare Authority for the period 1st January, 1967 to 31st December, 1967	405
Number of unmarried mothers	348
Number of married mothers	45
Number of widows	7
Number of divorcees	5
2. The number in which the mother and child:—	
(a) returned to live with mother's parents	156
(b) returned to live with relatives	19
(c) found or were helped to find lodgings where they could live together (of these 64 went to Borrowash House Mother and Baby Home and 3 to The Firs, Bakewell)	74

(d) living in their own homes	19
(e) had to separate (i) the child going to the care of a foster mother	5
(ii) the child going to a Residential Nursery	—
3. The number of illegitimate children who had been or were being legally adopted	50
4. The number of mothers who have married since the birth of the child	24
5. The number of mothers who, with their babies, are living with the father of the child, though not married to him	55
6. The number of illegitimate children who have died during the year	7
7. Still-births	6

During the year under review 57 unmarried mothers, included in the total of 405 were accommodated in various Mother and Baby Homes, for whom the financial responsibility was accepted by the Derbyshire County Council. The Homes are requested to collect £3 12s. 0d. per week from each girl accommodated, wherever possible, in view of the fact that she is in receipt of benefit from the Ministry of Social Security, which leaves her with 18/- per week "pocket money".

REPORTS RECEIVED FROM MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

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 Authority.
- (7) Exfoliative Cytology.

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., and their relation to children classified as "at risk".
- (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."

Dr. F. Eskin, Senior Medical Officer for Maternal and Child Welfare, reports as follows:—

"Neo-Natal Resuscitators

During 1967, all Midwives were equipped with Neo-Natal Resuscitator apparatuses, which include a portable oxygen supply. Although the occasions on which this apparatus may be needed are not frequent, in those cases where resuscitation is required, it must be given immediately. The newly born infant is thereby given the chance of survival because of the presence of such equipment at a domiciliary delivery. The most important factor in the provision of this equipment is that of immediate treatment. Time lost in taking the infant to a hospital where such equipment is kept may mean the difference between life and death. The Midwives have all been instructed in the use of the equipment.

New Central Midwives Board Regulations.

The Central Midwives Board have recently changed their rules in order to allow Midwives to use local anaesthetic solution should they so desire it, when performing the technique of episiotomy. All Midwives have been issued with ten m.l. disposable syringes and the recommended local anaesthetic solution.

Toddler Clinics

It has been the policy of the County Council to hold Toddlers' Clinics independent of Infant Welfare sessions. Children aged three years are invited to attend the sessions with their parents, where they are examined routinely and advice is available from Doctors experienced in child health. However, following the recent Sheldon Report it has been decided that Toddler Clinics as a separate entity are not advisable and the holding of such sessions in Derbyshire has now ceased. Toddlers, should their parents so desire it, are seen at normal Infant Welfare sessions.

Ante-Natal Clinics

Attendances at Ante-Natal Clinics have dropped during the year. Many General Practitioners are doing their own Ante-Natal Clinics, and patients prefer it if they can see their own Doctor throughout their pregnancy. This is understandable. It is a much more satisfactory arrangement if a family Doctor can follow his or her own patient through pregnancy to its ultimate conclusion.

Nurseries and Child Minders Regulation Act, 1948.

During 1967 the numbers of applications for the registration of Day Nurseries and Child Minders increased considerably. The number of Day Nurseries registered, i.e. Play Groups held in premises other than private houses, more than doubled from 19 in 1966 to 42 in 1967. There was an increase in the number of Child Minders, i.e. children minded for the purposes of Play Group activities, or while mothers are out working, from 20 in 1966 to 28 in 1967. The Play Groups in Derbyshire are all flourishing and there were many requests throughout the year for increases in the numbers of children attending the Play Group and the numbers of sessions that take place during the week. These Groups take second place to Nursery Classes in Schools, but the shortages of such Classes has given rise to the formation, by voluntary groups of parents, of Play Groups. It has been noted by Education experts including Headteachers that children who have had the opportunity of attending a Pre-School Play Group are much more inclined to settle at School and are thus able to take early advantage of all the facilities offered to them at School. Children who do not attend Play Groups often take many weeks to settle down in a completely new environment.

Congenital Abnormalities

During 1967, 170 children were born with congenital malformations, the majority of these were in the category of deformities of the central nervous system and deformities of limbs. 91 children born with congenital abnormalities have been placed on the handicapped register as these children have deformities which may well handicap them in leading a normal life.

Day Nurseries

Regular medical inspections are being carried out at all Derbyshire Day Nurseries. With a large age range of children in the Nursery, it is important that there is readily available medical advice and the Nursery Matrons all welcome this."

Dr. E. M. Bedford :

"The general health and nutrition of the children, including the level of mothercraft observed among the mothers attending the Infant Welfare Clinics is generally of a high standard. The exceptions are those noted in my report last year.

The standard of cleanliness is high and immunisation is readily accepted.

The role of the Medical Officer and Health Visitor in Health Education is one of the most important aspects of their work. The Health Visitors are now getting a great many enquiries about family-planning, when they go to visit new babies. Mothers and fathers are becoming very anxious to take advantage of the available facilities.

The number of women coming for Exfoliative Cytology have settled down to a smaller and relatively steady number at most clinics. The service is still very much appreciated by those who attend.

The Health Visitors continue to help and guide problem families, and a good deal of their time is now (in winter) being taken up by visits to the elderly—especially those living alone or stricken with influenza and unable to help themselves.”

Dr. E. M. M. Murphy:

“1. *General Health and Nutrition of Children*—very good on the whole. The level of mothercraft remains high.

2. *Cleanliness*—a high standard is maintained. I have not seen any communicable diseases.

3. Very few and sometimes no patients come now to the Saturday morning Polio Immunisation Clinic at Cathedral Road Clinic, Derby.

4. *Health Education at Ante-Natal and Infant Welfare Centres*. There is a good response from patients.

5. We have a very good record of attendances at my ante-natal clinics—very few default.

There has been a noticeable increase in the numbers of patients attending the Cathedral Road Ante-Natal Clinic and Chaddesden Ante-Natal Clinic in the last nine months.

6. I think the liaison between hospital, general practitioners and the local authority is very good.

7. There is a very good response to the cytology clinics. This service is working very well.

8. *The Premature Baby*—those I have seen during the year have done very well.

9. *Breast Feeding*—not many mothers do it.

10. *Special Physical Defects*—occasionally I see a child with knock-knees at the Clinic.

In the children's residential homes that I visit I do see evidence of mental retardation in many of the children.

There was a minor outbreak of scabies in one of these homes I visited during the year.

I don't think the prevalence of bronchitis is very great amongst the children I see.

I have seen no evidence of child neglect at the clinics.

I see the children of "problem families" mostly at the children's residential homes.

The incidence of anaemia at the Ante-Natal Clinics remains fairly high.

11. The Relaxation Classes are very popular and well attended. Post natal exercises are popular with the patients when required.

I would like to pay tribute to the excellent work done during the year by all health visitors and midwives with whom I have worked."

Dr. S. J. Harries :

"1. The general health and nutrition of children whom I have examined during the first four months of employment in N.E. Derbyshire has on the whole been good.

The standard of mothercraft is average with a few exceptions who are very poor and who seem incapable of benefiting from any advice or help offered.

It is unfortunate that we often do not see those children who need to be seen. The "good" mother attends regularly but the "below average" mother and those children of "problem families" tend not to be seen because the mother either cannot be bothered to bring her children to clinics or else in spite of advice from the Health Visitor she does not see the need to attend.

We are attempting to encourage such mothers to attend the clinics for the 3-year-olds; so far the response is poor.

2. Cleanliness is very good on the whole. I have not seen any communicable diseases over the past four months.

3. There is a good response and awareness of mothers to the need and aims of immunisation.

4. Both the Medical Officer and the Health Visitors play an important part in Health Education in all its aspects and mothers in the area seem very ready to ask questions and to take advice.

5. There are very, very few poor attenders. Those who see the need to book for ante-natal care early attend regularly. Those who attend only to acquire a "MAT. B1" form (that is, for a certificate for claiming National Insurance Maternity Benefit) will never be regular attenders! The midwives call repeatedly at their homes but with little success!

6. Liaison between Local Authorities and hospitals is good. Unfortunately there are a few general practitioners who seem resentful of Local Authority Medical Services, but the majority seem aware of our role.

7. Exfoliative cytology—women are becoming less apprehensive of this procedure and the response is still good.

The incidence of "positive" smears would appear to be about the national average.

Breast feeding.—I think that there is a slight increase in the number of mothers interested in this natural method of feeding their babies.

Anaemia in the pre-natal period.—The majority of mothers have a haemoglobin of between 70 - 80% on booking, indicating a true need for routine iron therapy. Those who do not respond to routine oral iron are referred back to their own general practitioners for full blood investigation and possible folic acid therapy."

NURSERY PROVISION FOR CHILDREN UNDER FIVE DAY NURSERIES

The Authority's four Day Nurseries at Chaddesden, Glossop, Ilkeston and Long Eaton, continued to operate satisfactorily throughout the year.

Student Training

During the year under review ten students from the County Day Nurseries completed a two-year course of training and all 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. 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 and Students from Glossop Day Nursery at 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 is £1 0s. 6d. per day, and the minimum charge 1/-d. per day. A reduction in the maximum charge may be made, having regard to the financial circumstances.

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

Medical Inspections

Each Nursery is visited once a 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 family doctor 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

All the day nurseries had their annual dental inspections in the course of the year and the condition of the children's teeth was found to be good. Of 130 examined, it was necessary to provide treatment for only 27 and for most of the cases it was of a minor nature, very few teeth required to be removed. The parents of the children in attendance at the nurseries were given leaflets or booklets on routine dental care and the special measures to be taken during pregnancy, this being a part of the County Dental Health Campaign.

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.

During the year the nursing and domestic staff at the Nurseries administered by the County Health Committee were x-rayed in groups by arrangement 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 at 31.12.67	49
Number of children admitted during 1967 ..	80
Number of children who have attended during 1967	109
Average number of children on the register during 1967	46.5
Average daily attendance—under 2 years ..	10.5
Average daily attendance—over 2 years	21.5

Attendance of the children has fluctuated, especially in June, July and August.

The common cold has accounted for more absenteeism this year, and there has been more notified infection—five cases of measles in June and one case of whooping cough in September. Although there were fifteen cases of chicken pox in October/November, it was a very mild infection, the children had very few spots, showed no sign of marked illness and they quickly recovered.

There was an increase of illness of staff, some being absent for long periods. There were three senior resignations in April/May but the nursery staff continued to work happily and great credit is due to their devotion to the children.

The temporary help provided in June was appreciated.

Three students entered and passed their N.N.E.B. examination in July, 1967. Two were appointed Staff Nursery Nurses here and one appointed Staff Nursery Nurse at Guy's Hospital.

Apart from minor repairs carried out promptly by the County Works Department there have been no major alterations or additions to the premises.

I regret the baby training of the Pupil Nurses from the Manor Hospital has terminated, due to the General Nursing Council decision that their training should include the nursing of sick children. In future the Pupil Nurses will attend the Children's Hospital.

It has been a great pleasure to have had the services of the Pupil Nurses, they have proved invaluable and Mr. Parker, the Chief Nursing Officer, has nothing but praise for the tuition given to them here.

We are always pleased to welcome the County Health Committee Members who have always shown great interest and have been most helpful.

The Chairman and Vice-Chairman have been very understanding towards hardship cases when assessing fees."

Glossop Day Nursery

"Number of children on the register 31st December, 1967	43
Number of children admitted during 1967	67
Number of children who have attended during 1967	109
Average number of children on the register during 1967	44
Average daily attendance under 2 years	11.6
Average daily attendance over 2 years	23.2

More children have attended the Nursery than the previous year. Parents seem to have only just accepted the increased charge for the daily fee made in April 1965.

Attendances have fluctuated throughout the year, due mainly to coughs and colds, staggered holidays, mothers having to stay off from work during school holidays, when there are other children in the family to be looked after of school age. Several parents are school teachers—which greatly reduces the attendances during school holidays.

Priority cases which have been dealt with are:—

15 unmarried mothers

16 parents separated

1 parents divorced

2 mothers in hospital

2 fathers detained during her Majesty's pleasure

1 retarded child

6 school teachers

Infectious Illnesses.

1 Measles January 1967

1 Jaundice in April and June 1967

1 Member of the Staff had Jaundice April 1967

1 Rubella December 1967

Equipment

Small industrial Kenwood Mixer received in March, which has proved to be most useful in the kitchen. A record player was received in December, which is appreciated very much by the children. New lino has been laid in the Baby Room and the Office: the staff and myself are very pleased with the improvement.

Staff

Two students entered for and passed the N.N.E.B. examination in July 1967. Three new students commenced nursery training 1st September, 1967. A new cook commenced duties 7th January 1967. All the staff have been most helpful with the running of the Nursery and the children we accommodate have been very happy with us.

It is a pleasure to take the Members of the County Health Committee round the Nursery when visits have been made. The staff and myself appreciate the interest shown.

The Assistant County Medical Officer of Health for Glossop continued to make her weekly visits to the Nursery, which the children enjoy."

Ilkeston Day Nursery

"Figures for 1967 are as follows:—

Number of children on register on 31.12.67 ..	51
Number of children admitted during 1967 ..	41
Number of children discharged during 1967 ..	48
Average number of children on register during 1967	62.5
Average daily attendance—under 2 years ..	14.09
Average daily attendance—over 2 years ..	31.71
Total average 45.8, compared to 43.5 in 1966.	

Infectious illnesses during the year were: Measles 24; Mumps 9; German Measles 2; Whooping Cough 2; Coughs and colds still accounting for the majority of absenteeism.

Priority cases still come under the headings, illegitimacy, widows, parents separated, restricted accommodation, i.e. caravans, inadequate flats.

Special cases: one child attended the nursery on the advice of a Paediatrician. The child appeared backward, spoke very little and later this child was noticed to be very short sighted, spectacles were provided, and there is improvement, both in development and speech, although the child has a lot of 'catching-up' to do.

Two children are attending because their mother is Spastic who with the best will in the world cannot cope with two lively young children under 5 years old.

Two are attending, in an effort to avoid a break in family life.

Two children are attending who live in Nottinghamshire: this is of course by special arrangement between the two authorities. One of the children's mothers is teaching in Derbyshire; the other training to become a teacher.

This year the staff and I have been very pleased with our Kenwood Major Food Mixer, with potato peeler attachment; also a supply of Gaydon plates and dishes for the children's use.

Staff Changes

The two students who sat their N.N.E.B. examination in July were successful. They left at the end of August to work in maternity units: one in Derby, the other in Nottingham.

At the beginning of November we were joined by a new nursery nurse, bringing our establishment to full strength. But at the end of November we lost a nursery nurse who wanted to re-join the Dr. Barnardo's organisation, this time to establish a Day Nursery in Birmingham. I believe this is one of the first in the Midland area. This vacancy has not yet been filled.

We continue to find visits from members of the County Health Committee most helpful, and we appreciate their efforts on our behalf.

I was fortunate in being delegate this year to the Annual Conference of Nursery Matrons, held in Scarborough. These gatherings are very enjoyable, because of the excellence of the speakers; also for meeting of colleagues in the field of child care.

May I add my personal thanks for the privilege of being allowed to attend Council Meetings of the National Association of Nursery Matrons.

My thanks too, to my own staff for their co-operation during the year."

Long Eaton Day Nursery

"Number of children on the Register on 31st December, 1967	54
Number of children admitted during 1967	50
	+3 Re-admitted
Number of children who have attended during 1967	90
Average number of children on the register during 1967	56
Average daily attendance—under 2 years	9
Average daily attendance—over 2 years	31

During the early part of the year the attendances were not too good, the reason for this being the usual coughs and colds and minor winter ailments of both parents and children. Infectious diseases also accounted for absences. These included 14 cases of measles, 4 rubella, 9 chickenpox and 9 mumps. During Spring and early Summer the attendances improved and for the remainder of the year were very good.

Three students sat for and passed the N.N.E.B. examination. One of these is now at a teachers training college, and the other two work as nannies, one with a family in Jersey. One of our first year students terminated her training in September and resigned from the Nursery.

The vacant Nursery Nurse post was filled on the 17th April.

The red letter day in 1967 was of course for us 22nd February, when we moved into our new premises. Every member of staff very willingly agreed to come on duty on Saturday February 20th to help with the removal. Work commenced at 8.30 a.m. and continued all the morning, and part of the afternoon before the New Nursery was ready to receive the children as usual on Monday morning. I wish here to pay a tribute to everybody for the cheerful way in which they worked in packing up before moving, and the removal itself. When the children arrived on the Monday morning they found their Nursery and all their toys laid out in the usual way. They were, of course, excited at first but soon settled into their usual routine, enjoying and making full use of all the modern amenities.

All the staff and myself have found great pleasure working with the children in our new and pleasant building. Members of the Health Committee continued to visit us at intervals during the year."

Reciprocal arrangements with other Authorities

As a general principle the County Health Committee has decided that payment be made for all Derbyshire children who attend other Authorities' Day Nurseries or vice-versa; that the home-address be taken into account in deciding which nursery is appropriate; and that a charge be made in accordance with the Derbyshire scale of assessment.

Derbyshire children on the eastern border of the County may attend Nottinghamshire Day Nurseries and vice-versa, the difference between the charge to the parent and the cost per child-day being met by the appropriate Authority. At the end of the year two Derbyshire children were attending Nottinghamshire Day Nurseries, and two Nottinghamshire children were attending a Derbyshire Day Nursery.

Children living near to the northern border of Derbyshire may attend Sheffield Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. At the end of the year 2 Derbyshire parents were taking advantage of this arrangement.

At the end of the year, twelve children from the County Council's area were attending Derby Borough Day Nurseries.

Training of Pupil Assistant Nurses

The arrangement terminated during the year whereby Pupil Assistant Nurses employed by the Derby Area No. 1 Hospital Management Committee worked 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.

Conference

The National Association of Nursery Matrons held its Annual Conference at Scarborough on 11th and 12th March, 1967, and the Matron of the Ilkeston 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

Borough 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 of Health 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—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 Home Nursing 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:—

	<i>Number of Midwives on the Staff at the end of</i>						
	1961	1962	1963	1964	1965	1966	1967
County Midwives ..	78	82	80	84	92	84	85
Home Nurse Midwives ..	26	25	21	14	14	13	8

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, eighty-four Midwives out of a total of eighty-five and all the eight Home Nurse-Midwives 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 approximately 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 ten days during the lying-in period.

At the end of 1967 there were 198 Midwives on the County Roll; 105 were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; eighty-five were County Council Midwives and eight were County Council Home Nurse/Midwives.

The Hon. Secretary of the Derbyshire Local Medical Committee wrote the following letter to me on the 7th October, 1966:—

“At the Local Medical Committee meeting yesterday we discussed, inter-alia, the relationship between midwives and general practice. It was suggested that midwives might attend at the family doctors own ante-natal sessions. This would be of great assistance to general practitioner obstetricians, and the Committee would welcome the Health Committee’s approval of this arrangement”.

This was placed before the County Health Committee on the 31st October, 1966, when the Committee passed the following Minute:—

“9252. *Midwifery Service—Relationship between Midwives and General Medical Practitioners.* The County Medical Officer of Health reported correspondence received from (i) the Secretary of the Derbyshire Local Medical Committee, and (ii) a General Medical Practitioner in Killamarsh, requesting the County Council to give consideration to the question of the attendance of Domiciliary Midwives at the Family Doctors’ own ante-natal sessions. The observations of the Supervisors of Midwives were submitted, which indicated that this arrangement was, at the present time, being carried out successfully in certain areas. It was Resolved to agree to the attendance of Domiciliary Midwives at General Medical Practitioners’ ante-natal sessions where this is practicable, and providing it is not detrimental to the services that the County Council is required to provide”.

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 1961 to 1967.

	1961	1962	1963	1964	1965	1966	1967
Numbers of cases attended by Midwives employed by the Authority:							
(i) As Midwives	3,346	3,544	5,028	4,781	4,188	3,980	3,332
(ii) As Maternity Nurses	1,361	1,714	—	—	—	—	—
Total	4,707	5,258	5,028	4,781	4,188	3,980	3,332
Number of cases in which Gas and Air was administered	375	247	195	149	183	10	—
Number of cases in which nitrous oxide and oxygen was administered	—	—	—	—	—	517	468
Number of cases in which Pethidine was administered:							
(i) When acting as a Midwife	1,954	1,972	3,150	3,048	2,706	2,403	2,528
(ii) When acting as a Maternity Nurse	857	1,042	—	—	—	—	—
Number of cases in which Trilene was administered:							
(i) When acting as a Midwife	2,618	2,879	4,096	3,952	3,370	2,795	2,468
(ii) When acting as a Maternity Nurse	1,097	1,382	—	—	—	—	—

Inhalational Analgesia

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

Domiciliary Midwives	93
Employed in Homes and Hospitals in the National Health Service	100
Employed in Nursing Homes or Maternity Homes not in the National Health Service	—

The number of cases in which nitrous oxide and oxygen was administered by Midwives in domiciliary practice during the year 1967 was 468.

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.

The Central Midwives Board regards the administration by a midwife, acting as such, of Inhalational Analgesics during labour as treatment within her province, provided that:—

“The patient has at some time during the pregnancy been examined by a registered medical practitioner who has signed a certificate that he finds no contra-indication to the administration of the analgesic by a midwife and, if any illness which required medical attention subsequently developed during pregnancy, the midwife obtained confirmation from a medical practitioner that the certificate remained valid”.

In all cases where nitrous oxide and oxygen 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.

Following the publication of a paper on "The Hazards of Gas and Air in Obstetrics" in "Anaesthesia", the Central Midwives Board in 1963 reviewed their policy with regard to the administration of inhalational analgesics by midwives, with particular reference to the possible approval of nitrous oxide and oxygen apparatuses for use by midwives on their own responsibility to replace the nitrous oxide and air machines then in general use. The Medical Research Council recommended that a mixture of 50% nitrous oxide and 50% oxygen was safe for use as an analgesic by unsupervised midwives. In May, 1965, the Central Midwives Board gave particulars of a prototype apparatus produced by the British Oxygen Co. under the name of "Entonox" which delivered a constant mixture of 50% nitrous oxide and 50% oxygen. This machine had been subjected to field trials and the Central Midwives Board gave approval for its use by midwives on their own responsibility provided they have received the appropriate instruction.

Entonox machines were issued to all the County Council's Midwives and Home Nurse/Midwives during 1966 in place of gas-and-air machines.

Sir Arnold Walker, F.R.C.S., F.R.C.O.G., who until recently was the Chairman of the Central Midwives Board, is reported in *The Medical Officer* to have stated, when he delivered the third Dame Juliet Rhys Williams Memorial Lecture at the Royal College of Surgeons, on 18th May, 1967: "Gas and air, regarded for many years as completely safe, was now considered potentially dangerous to the unborn child, and he hoped it would soon be replaced by premixed gas and oxygen".

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 number of cases in which pethidine was administered during 1967 was 2,528.

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 Oxygen. 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 Oxygen Analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year was 2,468.

Refresher Courses

Since 1st February, 1955 all midwives have attended a Refresher Course as laid down under Section "G" of the Rules of the Central Midwives Board. Under this arrangement midwives will continue to be sent at regular intervals. In addition, the Supervisors of Midwives attend in rotation the annual Post-Certificate Courses conducted by the Association of Supervisors of Midwives.

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 £30 per annum to the Midwifery Teacher.

The Royal College of Midwives — Statement of Policy on the Maternity Service

It is thought that the following "Statement of Policy on the Maternity Service" issued by the Royal College of Midwives in 1964, might prove of interest. In the introduction to the statement the College states "The Maternity Service of Great Britain is facing a grave crisis, owing to the rising birth rate, the increasing demand for hospital confinement, and the overall shortage of practising midwives. This problem is of concern to everyone, and it must be solved if mothers and babies are to have the best possible care. The Council of the Royal College of Midwives, as the professional organisation representing midwives, has drawn up this statement in the hope that it may contribute towards the solution of a very difficult problem".

"The Maternity Service

The College believes that the maternity service should be regarded as one service, although it is administered by three different authorities. If this principle is fully accepted by everybody, the barriers of the tripartite administration can be broken down, and real unity achieved.

The Midwife

It is essential that the maternity service of the future should be adequately staffed by well-trained midwives. They must be capable, at all levels, of taking their full share of responsibility, with their medical colleagues, for the care of the parturient woman and her child from early pregnancy until the end of the puerperium.

The midwife has been recognised for many years as a teacher of mothercraft, either to individuals or groups of mothers. In view of the present demand from young people for knowledge to enable them better to undertake their responsibilities as parents, greater emphasis should be given to this aspect of the midwife's training and practice.

The college welcomes the suggestion that the midwife should be in attendance for twenty-eight days following confinement. This would give a satisfactory service to the mothers and babies, as continuity of care and guidance would be ensured, though daily visits during the latter part of this time would be unnecessary.

Place of Confinement

Until the demand for additional maternity beds is satisfied, the beds available must be used to the best advantage. Hospital confinement must be planned for those women with adverse medical, obstetric or social conditions. Those with good domestic circumstances, for whom a home confinement is considered suitable, should be encouraged to make use of the excellent domiciliary service which is available for them. Many women prefer to be at home for their confinement, but there are some who have not had this experience and do not realise what is provided.

They should never be given the impression that if they have their baby at home they will receive a second-best service.

In some parts of the country there are insufficient beds to allow all women who need hospital confinement to remain in hospital for the normal period of ten days. In these areas it is at present necessary for some mothers with suitable home conditions to go home early.

The College believes that early discharge schemes should only be regarded as temporary emergency measures, to make it possible to provide beds now for all women who really need them, both for ante-natal care and delivery.

Careful planning and organization is essential, and the women must be prepared beforehand for the possibility that they may go home early if all goes well.

If possible they should be discharged within the first 48 hours after confinement, so that continuity of care by the domiciliary midwife can be maintained. Other mothers, particularly those with bad home conditions, should remain in hospital for ten days.

The Domiciliary Service

At the present time over a quarter of a million births take place at home that is 34 per cent of all births. In addition to this, approximately 20 per cent of mothers delivered in hospital receive most of their post-natal care at home, so that it is obvious that the domiciliary service is an absolutely essential part of the maternity service.

It must be maintained at the highest possible level of efficiency, the midwives being provided with the most up-to-date equipment, and car transport. There should be sufficient staff to enable them to give their individual attention to women in labour.

Domiciliary midwives must be supported not only by general practitioner-obstetricians, with whom they work in close co-operation, but also by efficient and readily available emergency obstetric and paediatric services. The Home-Help service also needs considerable expansion to provide adequate domestic help for mothers delivered at home or discharged early from hospital. In these circumstances the domiciliary service can offer, for normal cases, a service as safe and efficient as that provided by the hospital, with the added advantage to the mother of her home surroundings.

The Hospital Service

If the maternity hospitals are to withstand the increasing pressure placed upon them steps must be taken at once to recruit more midwives and to retain existing staff. Prospects of promotion in the midwifery profession are at present limited and the ten-year hospital plan, by abolishing over 150 independent maternity hospitals and replacing them by maternity units of district general hospitals, will diminish rather than improve these prospects. A profession with so few first-grade administrative posts will never attract or keep leaders.

The College believes that all but the smallest units, whether or not they are training schools, should be administered by midwifery matrons, and not by the matrons of the general hospitals to which they are attached.

Midwives should be given more opportunities to take courses in administration to prepare themselves for these posts, and consideration should be given to providing a special administrative course for midwives. This should be in addition to the Midwife Teachers' Diploma, which at present is the only post-graduate midwifery qualification available.

Salaries and Conditions of Service for Midwives

If the maternity service is to be adequately staffed by midwives it is essential that the value to the community of their professional skill and the heavy responsibilities they undertake, should be fully recognised in their salary and status. The College believes that this has not yet been achieved and that salaries in both the hospital and the domiciliary field must be made more attractive.

Conditions of service, particularly with regard to arrangements for off-duty and night duty rotas must be improved. This applies as much to the domiciliary as to the hospital service.

All midwives should have sufficient clerical and auxiliary help to free them from extraneous tasks so that their knowledge and skill may be devoted to the immediate care of the mother and child, and to the teaching of the mother, the junior staff and the pupil-midwife.

Conclusion

These are challenging and exciting days and much research work is being done to evolve the best possible maternity service for the country. The Royal College of Midwives will always endeavour to be progressive in its thinking, and thereby make its full contribution towards this end."

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 their work for the County Health Committee has already been referred to (under Section 22) as a substantial part of the care of mothers and young children is in their hands.

The Health Visitor's duties in this County include school nursing, attendance at ante-natal, relaxation, mothercraft, cytology, infant and child welfare, tuberculosis, immunisation and vaccination clinics, T.B. visiting, care of the aged, the sub-normal and handicapped child, hearing assessments, and home visits to children up to the age of 5 years. Lectures are given on home nursing and child care, talks and films to Women's Institutes, Young Wives' Groups, Young People's Clubs and Parentcraft classes. Some of these classes are held for young people taking the Duke of Edinburgh Award. The school children are shown films and given talks on personal hygiene, junior mothercraft, home nursing and general health education.

Health Visitors are in frequent touch with the hospitals, either directly through the hospital almoner or by receiving written details

of cases when they are discharged from hospital. In this way they are kept informed of any cases requiring their special supervision and help.

In order to enable Health Visitors and School Nurses to make the best use of their time, especially as there is a shortage of Health Visitors, the Authority agreed to grant travelling allowances to all Health Visitors and School Nurses for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to those wishing to obtain loans for this purpose. At the end of the year under review sixty-six Health Visitors out of a total of seventy-one, and all the three School Nurses were using motor cars.

During 1967 ten Health Visitors were appointed, including five Student Health Visitors, who were sponsored by the County Council under the scheme for the training of Health Visitors, which is described below, and who qualified during the year under review. One Health Visitor retired and four Health Visitors resigned.

In-Service Training of Health Visitors

Interest in In-Service training was maintained and twelve Health Visitors attended the Study Day organised by the Health Visitors' Association in Leicester.

During the year twelve Health Visitors have completed the Hearing Assessment Course arranged for Health Visitors by the Department of Audiology at the Manchester University. There are now 40 Health Visitors employed by the County Council who have completed this Course.

Two Health Visitors each week have attended the Hydrocephalus and Spina Bifida Clinic at Sheffield.

Training of Health Visitors

In view of the shortage of candidates to this branch of the nursing profession, a scheme is in operation whereby State Registered Nurses who hold at least the first certificate under the Central Board's rules, or have had three months obstetric training, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly the scheme provides for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid the minimum of the Health Visitor's salary during the training period. 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. In all, forty-six Health Visitors have trained under the scheme since 1949. Eight Health Visitors commenced training in October in the year under review.

In some instances Student Health Visitors are employed as Temporary School Nurses during the year prior to commencing their training. This has a two-fold advantage: (a) It has proved to be an asset to the Student as she is given an insight into the work of the Health Visitor; (b) it also helps to cover the school work in vacant areas.

Attachment or Liaison Schemes between Family Doctors, and Health Visitors and Home Nurses

On 18th September, 1967, a questionnaire was sent out by the Ministry of Health to a sample of local health authorities, of which Derbyshire was one, seeking their co-operation in providing the Department with information about co-operation between family doctors and local health authority nursing staff, excluding the domiciliary midwifery service. The questionnaire and the replies are too long for inclusion in this Report. However, in giving replies it was thought that if I included the final paragraph of the transcription of the shorthand notes made by Mr. Dilks, the Chief Clerk of the Health Department, of three meetings with the appropriate nursing staff, that would give some indication of the line that was being taken:—

12th June, 1967 (This meeting was attended by 22 Health Visitors, 42 Home Nurses, 3 Home Nurse/Midwives, and 20 Midwives):—

Dr. Morgan said that he was all for a degree of attachment but some of the Nurses have fixed appointments and he would not like them to be just responsible for acting as receptionists or telephonists. A degree of attachment is possible, however. They had heard this afternoon that where a practice is well organised this can be fitted in. There might be "emergencies" when the association might break down but on the whole something could be done. Dr. Morgan was all for them working together as a team—the Family Doctors and the Nurses with the different skills they possess. If they worked as a team it could only be beneficial but it must not interfere with the fixed appointments or any urgent calls they had to attend to as part of their County Council duties. But if they could pull together the results would be far better.

14th June, 1967 (This meeting was attended by 18 Health Visitors, 36 Home Nurses, 2 Home Nurse/Midwives, and 21 Midwives):—

Dr. Morgan summarised by saying that clearly there were pockets of "attachment" and it does seem as though this may be increasing. He thought this was a personal thing, but if they could have some fixed arrangements to share one another's problems over patients and to consult one with another, he was sure that was a good thing in principle. He said he was doing his best to foster this attitude but he did not want to impose it on them—they all had their own particular problems and he did not think it would be fair to give "an instruction" from the Central Office, but he would like to "gently persuade you if it is at all possible towards this."

19th June, 1967 (This meeting was attended by 19 Health Visitors, 32 Home Nurses, 5 Home Nurse/Midwives, and 21 Midwives):—

Dr. Morgan said—"You can tell from your colleagues' remarks that some of them have been able to arrange 'attachment schemes' that do work. It may be that some of the family doctors are co-operative, but

when it works, it works well! The Ministry favour these attachment schemes. They are pressing Medical Officers of Health to foster them. I am trying to engender a team spirit—search your hearts to see if you are doing all you can!”

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 I).

Certain facts are extracted for use in the Department, but as they are likely to be of general interest they are set out in the table on pages 85 and 86, 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 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	1,076	
New Cases	1,516	
Ante-Natal attendances	4,974	
Post-Natal attendances	65	
2. Visits to Homes—		
Number of children under five years of age visited during year	50,316	
Children under one year of age—		
Cases visited	13,246	
Children age one year and under two years—		
Cases visited	12,752	
Children age two but under five years—		
Cases visited	24,338	
Tuberculosis Households—		
Cases visited	433	
Other cases visited	8,299	
3. Infant Welfare Centres—		
Number of sessions	4,839	
Number of children who attended during the year and who were born in—		
1967	9,555	
1966	10,605	
1965-62	12,531	
Total number of children who attended during the year	32,691	
Total attendances during the year	195,433	

	1960	1961	1962	1963	1964	1965	1966	1967
NUMBER OF NOTIFIED BIRTHS :								
Live Births	12,908	12,975	13,954	14,042	14,366	14,444	14,267	11,611
Still Births	291	281	289	226	244	226	238	213
Total Births	13,199	13,256	14,243	14,268	14,610	14,670	14,505	11,824

DOMICILIARY MIDWIFERY :

L.H.A. Midwives—Number of cases attended:								
as Midwives	3,705	3,346	3,544	5,028	4,781	4,188	3,980	3,332
as Maternity Nurses	1,246	1,361	1,714	—	—	—	—	—
Total	4,951	4,707	5,258	5,028	4,781	4,188	3,980	3,332

Midwives in private practice—Number of cases attended:

as Midwives	..	..	..	..	..	..	..	..
as Maternity Nurses	..	..	..	..	..	..	..	..
Total	..	..	..	..	..	..	..	..
Domiciliary Cases—Grand Total	4,951	4,707	5,258	5,028	4,781	4,188	3,980	3,332

	1960	1961	1962	1963	1964	1965	1966	1967
Number of Domiciliary Cases attended as a percentage of all notified births	37.51	35.5	36.91	35.24	32.69	28.54	27.44	28.17

ANALGESIA

Number of cases in which inhalational analgesics were administered by L.H.A. Midwives in Domiciliary practice

Number of cases of Analgesia as a percentage of domiciliary births	4,239	4,090	4,508	4,291	4,101	3,553	3,344	2,936
	85.61	84.77	85.73	85.34	85.77	84.83	84.00	88.11

ANTE-NATAL CLINICS

Number of L.H.A. Clinics
 Number of new cases attending during the year
 Number of new ante-natal cases as a percentage of all notified births

Number of L.H.A. Clinics	25	25	25	25	25	23	23	19
Number of new cases attending during the year	2,732	2,229	2,065	1,962	2,043	2,073	1,857	1,516
Number of new ante-natal cases as a percentage of all notified births	20.69	16.8	14.49	13.75	13.98	14.13	12.8	12.82

POST-NATAL CLINICS:

Number of cases attending during the year (including post-natal cases at Ante-natal Clinics)
 Number of new post-natal cases as a percentage of all notified births

Number of cases attending during the year (including post-natal cases at Ante-natal Clinics)	470	399	308	279	213	179	111	65
Number of new post-natal cases as a percentage of all notified births	3.56	3.09	2.06	1.95	1.46	1.22	.76	.54

INFANT WELFARE CENTRES:

Number of L.H.A. Centres
 Number of Voluntary Centres
 Number of children who first attended an Infant Welfare Centre during the year (under one year)
 Number of first attendances of children under one year of age at I.W.Cs. as a percentage of notified live births

Number of L.H.A. Centres	98	101	103	107	110	110	110	105
Number of Voluntary Centres	2	2	3	3	2	2	2	2
Number of children who first attended an Infant Welfare Centre during the year (under one year)	9,205	9,589	10,451	7,663	9,818	10,106	10,055	9,555
Number of first attendances of children under one year of age at I.W.Cs. as a percentage of notified live births	71.31	72.34	73.37	54.57	67.2	69.96	70.47	80.81

HOME NURSING SERVICE

(Section 25)

This service has now been in operation for nineteen years and its value to the community is so well-known and appreciated that little comment is necessary. Much of the nurses' time is taken up in nursing the elderly. Their services also do much to relieve the pressure on hospital beds. It has been found that nursing in the home, when possible, is far more acceptable to the majority of patients than treatment in hospital, particularly with the elderly and young children, as they seem to progress more favourably in familiar surroundings.

The County Council, through their Care-and-After-Care Service, provide a large number of nursing aids which prove very helpful in the nursing of patients in their homes.

In the interests of the service, when vacancies for nurses occur, the circumstances of the area are reviewed to see if any changes are desirable.

The following table gives some indication of the staffing position since 1961:—

	1961	1962	1963	1964	1965	1966	1967
Full-time—							
Home Nurse-Midwives	26	25	21	14	14	13	8
Home Nurses	115	127	128	133	136	137	138
Total	141	152	149	147	150	150	146
Part-time	—	—	—	—	—	1	—
TOTAL full-time and part-time	141	152	149	147	150	151	146

During 1967 the nurses attended 9,845 patients and the number of visits paid was 369,866; 53.6% of the patients attended were over sixty-five years of age at the time of the first visit, and 2.7% were under five years of age.

The County Council has realized 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 139 out of 146 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 people.

VACCINATION AND IMMUNISATION (Section 26)

During the year under review, the Authority's services provided immunisation facilities against diphtheria, poliomyelitis, smallpox, tetanus and whooping cough. These prophylactics are available at all the County Council's Clinics, or if patients desire, they can be administered by their own Medical Practitioners to whom the County Council makes available the appropriate antigens.

The question of vaccination and immunisation is never lost sight of when the Department's Health Education programme is considered. Meetings are arranged with the County Council's medical staff from time to time, when aspects of immunisation programmes which are of current interest are discussed and problems are brought forward.

Tetanus The subject of immunisation against tetanus has become increasingly important on account of the frequency of road accidents in which infection by this organism may be an important factor. The subject was dealt with at some length in my annual reports for 1964 and 1966.

If everybody had received a primary course of immunisation against tetanus which had been maintained by subsequent injections at suitable intervals, then all that would be necessary in the case of serious injury where tetanus was feared would be a further dose of tetanus toxoid with, of course, the usual surgical treatment of the injured area.

Diphtheria, Pertussis (Whooping Cough), Tetanus and Poliomyelitis

The following is a copy of the return submitted to the Ministry of Health in respect of the immunisations of persons under the age of 16 against diphtheria, pertussis, tetanus and poliomyelitis, during 1967:—

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1967

TABLE 1—Completed Primary Courses—Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1967	1966	1965	1964	1960-63		
1. Quadruple DTPP ..	—	1	—	—	—	—	1
2. Triple DTP	3,902	5,805	442	163	290	102	10,704
3. Diphtheria/Pertussis ..	—	2	—	1	1	—	4
4. Diphtheria/Tetanus ..	144	42	16	19	272	279	772
5. Diphtheria	4	3	5	—	4	2	18
6. Pertussis	—	1	—	—	—	—	1
7. Tetanus	1	4	2	3	55	461	526
8. Salk	—	—	—	—	—	—	—
9. Sabin	2,763	7,110	1,108	334	731	337	12,383
10. Lines 1+2+3+4+5 (Diphtheria)	4,050	5,853	463	183	567	383	11,499
11. Lines 1+2+3+6 (Whooping Cough)	3,902	5,809	442	164	291	102	10,710
12. Lines 1+2+4+7 (Tetanus)	4,047	5,852	460	185	617	842	12,003
13. Lines 1+8+9 (Polio) ..	2,763	7,111	1,108	334	731	337	12,384

TABLE 2—Reinforcing Doses—Number of persons under age 16.

Type of vaccine or dose	Year of birth					Others under age 16	Total
	1967	1966	1965	1964	1960-63		
1. Quadruple DTPP ..	—	1	4	—	1	—	6
2. Triple DTP ..	20	942	2,207	515	2,657	244	6,585
3. Diphtheria/Pertussis ..	—	—	—	1	26	4	31
4. Diphtheria/Tetanus ..	8	100	319	129	3,086	642	4,284
5. Diphtheria ..	—	2	2	2	53	27	86
6. Pertussis ..	—	—	—	—	—	—	—
7. Tetanus ..	—	4	6	9	82	312	413
8. Salk ..	—	—	—	—	—	—	—
9. Sabin ..	28	368	730	281	7,776	468	9,651
10. Lines 1+2+3+4+5 (Diphtheria) ..	28	1,045	2,532	647	5,823	917	10,992
11. Lines 1+2+3+6 (Whooping Cough) ..	20	943	2,211	516	2,684	248	6,622
12. Lines 1+2+4+7 (Tetanus) ..	28	1,047	2,536	653	5,826	1,198	11,288
13. Lines 1+8+9 (Polio) ..	28	369	734	281	7,777	468	9,657

Smallpox

The following table is given in the form in which it is sent to the Ministry of Health and shows the number of persons under the age of 16 who have been vaccinated against smallpox during 1967:—

Age at date of vaccination	Number vaccinated	Number re-vaccinated
0-3 months ..	72	—
3-6 months ..	114	—
6-9 months ..	67	—
9-12 months ..	148	—
1 year ..	1,799	—
2-4 years ..	2,689	78
5-15 years ..	374	239
TOTAL ..	5,263	317

No case of smallpox occurred in the County during 1967.

In recent years controversy has arisen as to the desirability of early vaccination and whether this is an essential weapon in combating the disease. I would recommend, however that every child be vaccinated before the age of two years as at that period complications

are less serious than in adolescence and adult life. However, the position is not so simple as might be imagined and for a contrary view, I would refer to the British Medical Journal for January 10th 1964, where there is an excellent review of the position by Prof. C. W. Dixon entitled "Smallpox Control and Magical Thinking in 1962".

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

In my report for 1961. I devoted some five-and-a-half pages to discussing B.C.G., which has now become an established practice. Briefly, there are two schemes for vaccination against tuberculosis: first, the contact scheme which is carried out by Chest Physicians through the Chest Clinics; and second the routine vaccination of school children between their 13th and 14th birthdays (subject to parental consent). Details of the work carried out under the two schemes are given below:—

		<i>Contact Scheme</i>	<i>School Children and Students</i>
No. skin tested	.. ..	954	6,573
No. found positive	.. ..	216	1,173
No. found negative	.. ..	670	5,286
No. vaccinated	.. ..	423	5,231

Yellow Fever

Persons who propose to travel to certain countries are required to possess an International Certificate of Vaccination against Yellow Fever as a condition of entry. The County Council's Clinic at Cathedral Road, Derby, has been designated by the Ministry of Health as one of the 47 Centres in the Country available for giving this form of vaccination, and since the scheme came into operation on 1st July, 1960, a medical officer of the County Council's staff has attended this Clinic each Monday morning to vaccinate intending travellers. A charge of £1 1s. 0d. is made for each vaccination performed. During the year 250 persons were vaccinated against yellow fever and provided with International Certificates.

AMBULANCE SERVICE

(Section 27)

Structure and Organisation

During the year the Administrative County was served by a wholly directly operated Service from:—

- (a) four Main Stations with radio control and one Sub-Station all of which were manned throughout the 24 hours; and
- (b) eight Sub-Stations manned from 8 a.m. to midnight daily.

In respect of the Stations manned for 16 hours daily, night cover was afforded by standby arrangements augmented by the Main Stations' resources, with the exception of Glossop where night cover was given by the Stalybridge Ambulance Station operated by the Cheshire County Council.

During the year, further extensions of the London-Yorkshire Motorway (M.1) were opened to the public, i.e. stretches of motorway from Pinxton to Barlborough and from Barlborough to Swallow Nest which opened on the 25th October, and 21st December respectively. This means the whole of the M.1 Motorway running through Derbyshire is now completed and comprises a total distance of approximately 33 miles from where it enters the County from Leicestershire to where it leaves the County for the West Riding of Yorkshire, but there is an intervening distance of approximately 11½ miles which runs through Nottinghamshire near our common boundary. Discussions have taken place with officers of both the Nottinghamshire and West Riding of Yorkshire Ambulance Services to determine the control procedure as well as the policy regarding ambulance service coverage of the motorway. Further exercises were carried out during the year in conjunction with the Police and Fire Services on stretches of motorway prior to their being opened to the public.

The Superintendents of the Main Stations continued to supervise the Day Stations within their own telephone area during the absence of the Day Station Superintendents for short periods.

The following procedure is adopted for calling an ambulance:—

(a) *Urgent Calls*

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

(b) *Non-urgent Calls*

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

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

The arrangements, which were made at the inception of the Service, whereby the New Mills Ambulance Station gave ambulance cover to the Disley area on behalf of the Cheshire County Council throughout the 24 hours, were continued. Similar reciprocal arrangements in force since the "appointed day" with other neighbouring authorities along the whole of the County boundary were continued, in the interests of economy and efficiency.

As in the past, all long distance journeys outside the County were dealt with centrally. 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 were continued during the year.

The following is a list of addresses and telephone numbers of the County Council's Ambulance Stations at the time of writing this Report.

Addresses and Telephone Numbers of Ambulance Stations.

<i>Ambulance Station</i>	<i>Telephone Numbers</i>		<i>Address</i>
	8 a.m. - midnight	midnight - 8 a.m.	
Main Station *MICKLEOVER	Derby 53916	Derby 53916	Station Road, Mickleover, Derby.
Sub-Stations Ashbourne	Ashbourne 3236		Park Avenue, Ashbourne.
Long Eaton	Long Eaton 5151		Briar Gate, Long Eaton.
Swadlincote	Swadlincote 7041		Civic Centre, Off Midland Road, Swadlincote.
Main Station *RIPLEY	Ripley 2175	Ripley 2175	Ivy Grove, Ripley.
Sub-Stations Ilkeston	Ilkeston 3401		Manners Avenue, Ilkeston.
Matlock	Matlock 2291		Sherwood Road, Matlock.
Main Station *BUXTON	Buxton 2012	Buxton 2012	Park Road, Buxton.
Sub-Stations New Mills	New Mills 3333		Park Road, New Mills.
Bakewell	Bakewell 2551		Baslow Road, Bakewell.
Glossop	Glossop 3101		Chapel Street, Glossop.
Main Station *CHESTERFIELD	At all times		Old Road, Ashgate, Chesterfield.
Sub Station **Eckington	Chesterfield 6282		Castle Hill, Eckington.

*Manned throughout the 24 hours and equipped for radio control.

**Manned throughout the 24 hours. Apart from the requisitioning of ambulance transport, the Telephone No. of this Station is Eckington 2391.

NOTES : (a) For all emergency cases, call the Telephone Exchange and ask Operator for "AMBULANCE".

(b) In all cases of difficulty in contacting a Sub-Station manned only from 8 a.m. to midnight contact should be made, where necessary, with the appropriate Main Station indicated above.

Conveyance of Mentally Disordered 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.

During the year the Mickleover and Matlock Ambulance Stations provided transport for the conveyance of patients to and from the Special Care Unit at Belper.

Conveyance of patients by Rail

The conveyance of patients by ambulance/rail/ambulance transport is now generally accepted as the recognised method for long distance journeys. The number of rail journeys undertaken during the year under review was 129 compared with 180 the previous year. The staff of British Railways, as well as other Local Health Authorities, have been most co-operative in connection with the transportation of patients under these arrangements. Similarly the British Red Cross Society and the St. John Ambulance Brigade have been most helpful in providing escorts.

Infectious Diseases

As in the past, no special vehicles were set aside for this purpose and all cases of infectious diseases 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. As hitherto, the special equipment for dealing with cases of smallpox or suspected smallpox is held at each Main Station in the County.

During the year, however, the Regional Liaison Committee of Local Health Authorities and the Sheffield Regional Hospital Board agreed that the transportation of all cases (or suspected cases) of Smallpox arising in the North of the Region be dealt with by the Sheffield Ambulance Service and in the South of the Region by the Leicestershire Ambulance Service.

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:—

<i>Year</i>	<i>Smallpox Vaccinations</i>			
1963	93
1964	126
1965	97
1966	159
1967	93

Major Accidents

The procedure for dealing with major accidents is reviewed from time to time and amended instructions issued due to changed circumstances either within the Police, Fire and Ambulance Services or the Hospital Organisation, as well as in the light of experiences reported on major incidents in other parts of the country.

As already indicated, combined exercises with the Police and Fire Services have taken place on the M.1 motorway prior to its being opened to the public, and while such exercises have been mainly for instructional purposes on motorway procedure, they have been useful also from the standpoint of dealing with major incidents.

Ministry of Health Circular L.H.A.L. 11/66.

An appropriate instruction was issued to Station Superintendents during the year concerning sudden illness in the home following the receipt of Ministry of Health Circular L.H.A.L. 11/66, and consultations with the Local Executive Council.

Telecommunications

(a) Equipment

Provision was made in the estimates for the financial year 1967/68 to cover the purchase of additional equipment to be installed at Idle Hill in Cheshire and an Ultra High Frequency (U.H.F.) link to the remotely controlled base station at the Cat and Fiddle, and thence by a land line to the Ambulance Control in Buxton in order to improve radio telephony communications in the north-west of the County. An order was placed to cover the cost of equipment and the work involved, but the installation had not been completed by the end of the year under review.

(b) Communications with Hospitals

In 1962 and 1964 multi-channel transmitters/receivers were installed at the Derbyshire Royal Infirmary and the Nottingham General Hospital Casualty Departments respectively to provide a means of direct communication between hospital doctors and ambulance personnel whilst accident cases are being conveyed.

This arrangement was extended to the Mansfield and District General Hospital where similar equipment was installed during the year.

The following table indicates the number of mobile equipments operating under the respective fixed stations on 31st December, 1967.

<i>Controlling Base Stations</i>	<i>Sub-Station</i>	<i>Number of Mobile Equipments</i>
Buxton .. ..	.. ..	9
	<i>Bakewell</i>	5
	<i>Glossop</i>	4
	<i>New Mills</i>	5
Chesterfield ..	.. ..	12
	<i>Eckington</i>	12
Mickleover ..	.. ..	10
	<i>Ashbourne</i>	4
	<i>Long Eaton</i>	6
	<i>Swadlincote</i>	6
Ripley .. ..	.. ..	12
	<i>Ilkeston</i>	5
	<i>Matlock</i>	6
	Total ..	96

Premises

The new Ambulance Station at Matlock was occupied as from 4th September, 1967 and, as previously reported, comprised an administrative block and garage accommodation for seven vehicles, including one Welfare vehicle for the transportation of the physically handicapped. The Station is of traditional construction and materials.

The new Ambulance Station which was in the course of erection at Glossop was not completed by 31st December, but came into operation on 18th March, 1968.

Personnel

(a) Safe Driving Awards

The following table shows the results of the 1967 competition of the Royal Society for the Prevention of Accidents, 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	20 Year Brooch	Bar to 20 Year Brooch	25 Year Brooch	Bar to 25 Year Brooch	Exemptions
1962	215	6	34	88	14	41	3	17	—	2	—	2	—	—	9
1963	222	6	41	77	15	41	6	19	4	1	1	1	—	—	10
1964	217	9	33	78	10	45	6	17	6	5	—	1	—	—	7
1965	202	6	31	64	14	41	9	18	1	9	—	1	—	—	8
1966	227	10	34	74	4	56	3	25	1	8	1	1	1	—	9
1967	242	5	26	108	5	43	9	23	4	10	—	1	—	1	7

The total number of accidents in which Ambulance Service Vehicles were involved during the year was 148 compared with 152 for 1966.

When considering the accident rate it must be borne in mind that the rules laid down by the Royal Society for the Prevention of Accidents are strictly applied and that every accident, no matter how trivial, is reported and investigated.

The high standard of finish of the modern ambulance bodywork may easily be damaged by the slightest accident and, therefore, the standard of driving and care of vehicles must at all times be of the highest order to preserve the condition of the vehicles.

(b) Training

During the year the County Health Committee agreed in principle to set up their own training school for ambulance personnel on the lines indicated in the report of the Working Party on Ambulance Training and Equipment (Part I—Training). The implementation of this was, however, deferred pending the appointment of a Training Officer by the County Council on the staff of the Establishment and Organisation and Methods Officer.

In the meantime ambulance personnel attended experimental basic courses in Cheshire, Staffordshire and Surrey.

In the light of more recent communications received in connection with the establishing of training schools, it may be necessary for the decision of the County Health Committee to be reviewed.

(c) *Establishment*

The following table shows the authorised establishment of ambulance personnel as at the 31st December, 1967:—

Ambulance Station	Station Superintendents	Shift Leaders	Senior Drivers	Driver/Attendants			Total
				Rotary Shift Workers	Alternating Shift Workers	Day Workers	
Ashbourne	1	—	1	—	8	—	10
Bakewell	1	—	1	—	9	—	11
Buxton	1	5	—	24	—	—	30
Chesterfield	1	5	—	24	—	7	37
Eckington	1	5	—	24	—	1	31
Glossop	1	—	1	—	9	—	11
Ilkeston	1	—	1	—	10	—	12
Long Eaton	1	—	1	—	10	—	12
Matlock	1	—	1	—	11	—	13
Mickleover	1	5	—	24	—	4	34
New Mills	1	—	1	—	9	—	11
Ripley	1	5	—	24	—	8	38
Swadlincote	1	—	1	—	10	—	12
TOTAL	13	25	8	120	76	20	262

Vehicles

During the year under review the following vehicles were ordered:—

- Six Bedford/Lomas Hawson Easy Access Ambulances (2/4 stretcher type) on the J.1 chassis.
- Two Bedford/Lomas Hawson Easy Access Dual Purpose Ambulances on the J.1. chassis.
- Seven Bedford/Lomas Junior Dual Purpose Light Ambulances on the C.A.L. chassis.

The following vehicles were operational on 31st December, 1967:—

Location	Number of Ambulances	Number of Light Ambulances	Number of Cars
Ashbourne	3	1	—
Bakewell	3	2	—
Buxton	6	3	—
Chesterfield	9	3	—
Eckington	7	5	—
Glossop	3	1	—
Ilkeston	4	1	—
Long Eaton	4	2	—
Matlock	3	3	—
Mickleover	7	3	1
New Mills	4	1	—
Ripley	8	4	—
Swadlincote	4	2	—
Totals	65	31	1

(a) daily mileage travelled; (b) number of patients conveyed per day; and (c) mileage per patient:

compared with similar figures for the corresponding months of the previous three years: N.B. Figures for the conveyance of Mentally handicapped children to the Special Care Unit at Belper were included for the first time in the figures for November, 1965, so that statistics since that date are not strictly comparable with those prior to that date.

Month	1964			1965			1966			1967		
	Average Daily Mileage	Average Daily Patients	Average Miles per Patient	Average Daily Mileage	Average Daily Patients	Average Miles per Patient	Average Daily Mileage	Average Daily Patients	Average Miles per Patient	Average Daily Mileage	Average Daily Patients	Average Miles per Patient
January	5,258	704	7.3	5,358	727	7.3	5,446	747	7.3	5,744	808	7.1
February	5,231	708	7.4	5,501	782	7.0	5,688	783	7.2	5,856	821	7.1
March	4,884	638	7.7	5,826	824	7.1	5,875	816	7.2	5,699	794	7.2
April	5,465	737	7.4	5,184	719	7.2	5,375	731	7.3	5,472	769	7.1
May	5,184	658	7.9	5,331	753	7.1	5,571	775	7.2	5,751	818	7.0
June	5,540	760	7.3	5,452	750	7.3	5,770	814	7.1	5,898	823	7.2
July	5,432	742	7.3	5,308	742	7.2	5,525	734	7.5	5,547	759	7.3
August	4,844	642	7.5	5,108	686	7.4	5,188	692	7.5	5,322	725	7.3
September	5,477	748	7.3	5,550	755	7.3	5,651	778	7.3	5,650	822	6.9
October	5,402	749	7.2	5,361	731	7.3	5,397	756	7.1	5,670	820	6.9
November	5,534	771	7.2	5,690	815	7.0	5,805	837	6.9	5,907	885	6.7
December	5,206	713	7.3	5,408	744	7.3	5,264	713	7.4	5,185	728	7.1
Averages for the year	5,206	714	7.4	5,404	749	7.2	5,481	753	7.3	5,565	778	7.2

The following table shows the number of patients conveyed by Ambulance Stations and the mileage covered by Ambulances, Light Ambulances and Sitting Case Cars during the year 1967.

1966	Cars			Light Ambulances			Ambulances			Totals		
	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage
Buxton ..	—	—	—	20	4,798	51,597	542	12,442	101,357	562	17,240	152,954
Chesterfield ..	—	—	—	13	12,167	75,193	1,129	40,377	185,651	1,142	52,544	260,844
Eckington ..	—	244	3,232	9	10,339	107,909	513	20,145	149,324	522	30,728	260,465
Mickleover ..	3	2,128	21,210	63	10,560	76,368	1,071	27,510	168,216	1,137	40,198	265,794
Ripley ..	—	—	—	13	11,165	106,922	622	25,945	231,990	635	37,110	338,912
Ashbourne ..	—	—	—	2	2,092	22,082	246	4,725	46,980	248	6,817	69,062
Bakewell ..	—	—	—	9	4,469	53,662	250	3,769	41,714	259	8,238	95,376
Glossop ..	—	—	—	6	2,913	18,676	290	9,051	46,145	296	11,964	64,821
Ilkeston ..	—	—	—	13	3,751	24,266	289	12,045	64,194	302	15,796	88,460
Long Eaton ..	—	—	—	14	4,216	31,334	292	13,206	77,773	306	17,422	109,107
Matlock ..	—	—	—	5	5,509	62,839	236	7,950	61,367	241	13,459	124,206
New Mills ..	—	—	—	3	2,344	18,651	238	11,334	66,280	241	13,678	84,931
Swadlincote ..	—	—	—	4	5,825	40,925	269	16,638	75,330	273	22,463	116,255
TOTALS ..	3	2,372	24,442	174	80,148	690,424	5,987	205,137	1,316,321	6,164	287,657	2,031,187

NOTE:— The above figures do not include the respective details for patients conveyed by the Mickleover and Matlock Ambulance Stations to and from the Special Care Unit at Belper.

The following Table shows the number of patients conveyed and the mileage covered monthly by Ambulances, Light Ambulances and Sitting Case Cars during the year 1967.

1967	Cars			Light Ambulances			Ambulances			Totals		
	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage
January	—	341	4,061	20	6,911	59,367	460	17,294	111,943	480	24,546	175,371
February	—	214	2,204	11	6,127	56,593	418	16,189	102,844	429	22,530	161,641
March	—	163	1,869	4	5,884	56,071	526	18,121	116,292	530	24,168	174,232
April	—	164	1,627	21	6,325	54,900	494	16,176	105,119	515	22,665	161,646
May	1	210	2,382	13	7,071	60,287	528	17,678	112,627	542	24,959	175,296
June	—	203	2,090	18	7,180	59,245	522	17,854	112,784	540	25,237	174,119
July	1	187	2,071	15	6,377	57,643	582	16,669	110,124	598	23,233	169,838
August	—	144	1,952	18	6,832	59,634	522	15,501	103,392	540	22,477	164,978
September	—	224	1,770	12	6,856	57,430	593	17,164	107,653	605	24,244	166,853
October	—	150	1,397	13	7,250	60,010	472	17,742	112,590	485	25,142	173,997
November	—	194	1,352	13	7,309	57,846	448	18,608	115,042	461	26,111	174,240
December	1	178	1,667	16	6,026	51,398	422	16,141	105,911	439	22,345	158,976
TOTALS	3	2,372	24,442	174	80,148	690,424	5,987	205,137	1,316,321	6,164	287,657	2,031,187

**PREVENTION OF ILLNESS — CARE AND AFTER CARE
(Section 28)**

The services provided under Section 28 are now well established. They consist mainly of dealing with the prevention of illness, and the Care and After-Care of persons suffering from physical or mental illness. They deal especially with handicapped persons, and with the provision of sick room equipment and special facilities, such as hospital type bedsteads, sponge rubber mattresses and wheelchairs. 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.

Blindness and Partially-Sightedness

The welfare of the blind and partially sighted is, of course, controlled by the County Welfare Committee, but all applicants for registration have to be medically examined by an approved Ophthalmic Specialist and these applicants are dealt with by my Department. During the year 273 forms of report were received in respect of new applicants for registration. Of this number 250 were registered as blind or partially sighted, and 23 were certified as not blind or partially sighted.

Cataract, Glaucoma and Retrolental Fibroplasia

The following Table indicates the incidence of Cataract and Glaucoma in various age groups during the past ten years:—

		Under 50	50—60	60—70	70—	Total
Cataract . .	1958	3	3	9	67	82
	1959	3	1	5	61	70
	1960	4	2	9	53	68
	1961	2	5	9	43	59
	1962	3	2	4	65	74
	1963	1	2	6	63	72
	1964	1	2	9	62	74
	1965	2	5	16	93	116
	1966	2	4	7	52	65
	1967	1	2	6	68	77
Glaucoma . .	1958	—	3	8	17	28
	1959	—	—	4	12	16
	1960	1	2	8	25	36
	1961	1	—	2	14	17
	1962	—	1	5	21	27
	1963	—	1	6	10	17
	1964	—	1	6	27	34
	1965	—	4	5	17	26
	1966	—	1	6	18	25
	1967	1	—	2	16	19

Particular reference is made to these three conditions. Cataract and Glaucoma are of increasing importance because they are conditions which are found more frequently in the elderly, and as people are living longer a higher proportion are at risk. Retrolental Fibroplasia has apparently disappeared as suddenly as it arose some years ago. Six cases occurred up to 1960, one in 1961, none during the next five years, but there was one case during 1967.

Chiropody

The history of a chiropody service administered by Local Health Authorities was dealt with fully in my Annual Report for 1964.

At the end of 1967, 28 Clinics were equipped for chiropody and 19 Chiropodists—4 full-time and 15 part-time—were being employed. The establishment for Chiropodists, in terms of whole time officers, is 15.

CHIROPODY TREATMENT CARRIED OUT DURING 1967.

	<i>Elderly</i>		<i>Physically Handicapped</i>		<i>Expectant Mothers</i>		<i>No. of Sessions</i>
	<i>Patients</i>	<i>Treatments</i>	<i>Patients</i>	<i>Treatments</i>	<i>Patients</i>	<i>Treatments</i>	
Treatment at Clinics	5,844	21,679	204	764	6	12	3,232
Domiciliary Treatment	362	1,169	14	31	—	—	—

The following Table shows the Chiropody sessions which are being conducted at the time of writing this report:—

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
ALFRETON Grange Street ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. Wednesday and Friday— 2.00 p.m. to 5.00 p.m.	Mrs. A. White Miss C. Wigston
ASHBOURNE St. Oswald's Hospital ..	1st and 3rd Mondays of the month— 9.30 a.m. to 12.30 p.m.	Mr. T. E. Martin

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
BELPER Field Lane ..	Monday— 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. Alternate Wednesdays— 1.30 p.m. to 4.30 p.m.	Mrs. M. D. Bewley
BOLSOVER Welbeck Road ..	Thursday— 9.30 a.m. to 12.30 p.m. 1.45 p.m. to 4.45 p.m. Monday— 9.30 a.m. to 12.30 p.m.	Mr. J. B. Hewitt Mr. G. H. R. Holland
BUXTON Bath Road ..	Monday, Tuesday, Wednesday, Thursday, Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.00 a.m. to 12 noon	Miss B. M. H. Wyse
CHAPEL-EN-LE- FRITH Eccles Road ..	Monday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. S. Fletcher
CHESTERFIELD Brimington Road	Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m.	Mr. J. B. Hewitt Mr. R. S. Withington
CHINLEY Lower Lane ..	Friday— 9.30 a.m. to 12.30 p.m.	Mr. S. Fletcher
CLAY CROSS High Street ..	Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 2.00 p.m. to 5.00 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. A. Roberts Mr. G. H. R. Holland
CLOWNE Creswell Road ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.00 a.m. to 12.00 noon	Mr. J. B. Hewitt Mr. D. A. H. Laister
DERBY Cathedral Road ..	Wednesday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mrs. C. I. Beattie
DRONFIELD The Grange ..	Monday— 9.30 a.m. to 12.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mrs. C. J. Wheen

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
ECKINGTON Gosber Street ..	Friday— 9.30 a.m. to 12.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. C. J. Wheen Mr. J. B. Hewitt
GLOSSOP George Street	Monday— 10.00 a.m. to 1.00 p.m. Wednesday— 9.00 a.m. to 12 noon	Mr. K. Horrox
HEANOR Wilmot Street ..	Wednesday— 1.30 p.m. to 4.30 p.m. Friday— 1.30 p.m. to 4.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. A. White
HOPE Edale Road ..	4th Tuesday— 9.45 a.m. to 12.45 p.m. 2nd Monday— 1.45 p.m. to 4.45 p.m.	Mr. S. Fletcher
ILKESTON Albert Street ..	Monday— 9.30 a.m. to 12.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. 2nd and 4th Wednesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Mr. C. A. Bewley Mr. C. Ward
LONG EATON 4 Nottingham Road	Alternate Mondays— 9.30 a.m. to 12.30 p.m. Alternate Mondays— 9.30 a.m. to 12.30 p.m. Each Monday— 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mr. Q. J. Beattie Mr. C. Ward
MATLOCK Lime Grove Walk	Tuesday— 1.30 p.m. to 4.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Miss C. Wigston
NEW MILLS High Lea Hall ..	Tuesday— 9.00 a.m. to 12 noon 1.30 p.m. to 4.30 p.m. Wednesday— 9.00 a.m. to 12 noon	Mrs. I. Greenhalgh

<i>Clinic</i>	<i>Time of Opening</i>	<i>Chiropodist</i>
RIPLEY Derby Road ..	Thursday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Mr. C. Ward
STAVELEY Lime Avenue ..	Wednesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Monday— 1.30 p.m. to 4.30 p.m.	Mr. J. B. Hewitt Mr. G. H. R. Holland
SHIREBROOK Cliffe House, Church Drive	Thursday— 2.00 p.m. to 5.00 p.m.	Mr. A. Ward
SWADLINCOTE Civic Centre, Off Midland Road	Wednesday— 9.00 a.m. to 12 noon Friday— 9.00 a.m. to 12 noon	Mrs. M. K. Archer
TIDESWELL County Youth Centre, Commercial Road.	1st Wednesday— 1.30 p.m. to 4.30 p.m.	Mr. S. Fletcher
WHALEY BRIDGE 16 Market Street	Monday— 1.30 p.m. to 4.30 p.m.	Mr. S. Fletcher
WIRKSWORTH Church Street ..	Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. D. Nolan

Exfoliative Cytology

This matter was dealt with at length in my Annual Report for 1966. I think it will be useful, however, to recall that I wrote to Health Visitors in charge of County Council Clinics in April, 1965 (and sent copies for information to the Council's Medical Staff and the Health Visitors who are not in charge of Clinics) intimating that the County Council had agreed that the following statement should be displayed at all County Council Clinics, and that Health Visitors should draw the attention of persons attending the Clinics to it:—

"EXFOLIATIVE CYTOLOGY

Commonly called Smear Tests for cancer of the neck of the womb.

Derbyshire County Council accepts the value of exfoliative cytology in the early diagnosis of cancer of the cervix of the uterus, and on the 29th June, 1964, the County Health Committee agreed to some of their

medical staff collecting smears for cytological examination at certain County Council Clinics, and these facilities are now available at:—*

Alfreton	Frecheville
Ashbourne	Glossop
Belper	Hackenthorpe
Bolsover	Heanor
Chaddesden	Ilkeston
Chesterfield	Long Eaton
Clay Cross	Matlock
Clowne	Ripley
Derby (Cathedral Road)	Shirebrook
Dronfield	Staveley
Eckington	Swadlincote

*Since this was written, facilities have been provided at Buxton, Hope and Wirksworth Clinics, but as a result of boundary revisions the Clinics at Frecheville and Hackenthorpe were transferred to Sheffield City on 1st April, 1967, and Chaddesden Clinic to Derby Borough on 1st April, 1968.

The County Medical Officer of Health has consulted with the Local Medical Committee and it has been agreed that the patient's own doctor should have the opportunity of deciding whether to collect the smears himself or to let this be done by one of the medical officers employed at a County Council Clinic.

This is a service involving the co-operation of general practitioners, local health authorities, and the Regional Hospital Boards, the last being responsible for the examination of the smears when taken.

Full particulars of the County Council's provision were sent to all general medical practitioners in Derbyshire by the County Medical Officer of Health on the 9th October, 1964."

During 1967, 5,121 cytology smears were taken at the County Council's Clinics (which included 513 taken at Clinics conducted by the Chesterfield Delegate Authority).

Adaptations of homes to install Artificial Kidney Machines

At the beginning of the year under review a request was received for the County Council to contribute towards the cost of adaptations of a house in connection with the proposed installation of a renal dialysis unit. The authority agreed that, subject to the approval of the Minister of Health being obtained to an arrangement under Section 28 (1) of the National Health Service Act, 1946, approval be given to a contribution of 50% towards the cost of any necessary adaptations to the house. The Minister gave approval to "the Council's making arrangements under Section 28 of the National Health Service Act, 1946, to defray, or contribute towards any expenses incurred by, or for the benefit of, persons suffering from such illness (other than by payment direct to such persons) in carrying out any works or adaptations in their homes, or the provision of any additional facilities, required for the purpose of installation of renal dialysis equipment".

However, on 4th January, 1968 the Ministry of Health issued Circular 2/68 in which reference was made to the gradually increasing use of artificial kidney machines in patients' homes in the treatment of chronic renal failure. It pointed out that "The treatment involves

new and difficult techniques and, whether it is undertaken in hospital or in the home, it has to be based on hospitals with full supporting facilities". The Circular indicated that in order to remove the necessity for individual application and approval in each case, "the Minister has now decided to issue a general approval . . . Accordingly he hereby approves the making of arrangements by your Council for the adaptation of any dwelling or the provision of any additional facilities which may be necessary for installing equipment for intermittent haemodialysis for the use of a person suffering from illness. The Minister approves also the making by the Council of such charges (if any) for this service as the Council considers reasonable having regard to the means of any such person".

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 three Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time:—

Sheffield Regional Hospital Board:
Nottingham Area No. 2 Unit, based on Nottingham.
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.

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.

Chest and Heart Association (formerly the 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 sixty years and has done good work in the campaign against tuberculosis. In January, 1959, the title of the Association was changed to correspond with the widening scope of their work in the field of chest and heart diseases.

Chest Clinics

This branch of the service is under the control of the Regional Hospital Boards, the Chest Physicians being Officers of the Boards. Nevertheless the County Council pays a proportion of their salaries in respect of the Care and After Care work undertaken by these Officers.

Incontinence Pads

The Ministry of Health, in a circular dated 29th July, 1963, commended to Local Health Authorities the provision of incontinence pads under Section 28 of the National Health Service Act, 1946; this Authority, however, had been providing them under the Act since 1961, mostly at the request of General Medical Practitioners or the County Council's Home Nurses.

These pads have supplied a long-felt want to patients suffering from incontinence, and are also a great relief in easing the burden of looking after them in their own homes. Requests for them have been received in increasing numbers. Particulars of the number of pads supplied are as follows:—

1962	..	3,900
1963	..	6,200
1964	..	11,100
1965	..	21,384
1966	..	45,228
1967	..	68,580

My attention has not been drawn to any problems of disposal.

Protective Pants and Interliners

As a result of a request from the Multiple Sclerosis Society, Manchester Branch, the County Health Committee in May, 1964, agreed to provide, where necessary, a type of incontinence pad which takes the form of "Protective Pants" and "Interliners", and in the year under review 130 pairs of these pants and 41,280 interliners have been supplied to patients (compared with 69 pairs of pants and 14,180 interliners during 1966).

HEALTH EDUCATION

I have received the following report from Dr. Julia M. D. Corrigan, on the activities in Health Education during the year:—

"Certain aspects of health education come to the fore-front of the national mind from time to time and receive a great deal of publicity and press interest. When such publicity is favourable it is a great help as in 'drug addiction' and a great hindrance as in 'smoking and lung cancer'. Whilst we in Derbyshire feel that publicity on the dangers of addiction should be given, particularly to young people, and this we have done, we feel that much of the 'back-bone' work of a health education service passes unnoticed. Our staff continue with what must be the routine work of preparing mothers-to-be for the coming of their children and for their welfare. Relaxation classes for expectant mothers and talks to them and their husbands were held in our twenty-seven main clinics, when courses of approximately seven talks and filmshows were given by the health visitors plus advice from the midwives.

We have spent much of our resource during the year on providing extra films and equipment to give a more modern and up-to-date approach to these very receptive new parents. It was decided that each clinic that had a 16 m.m. sound projector, nineteen in all, should be given the opportunity of having more films which could be held permanently by the staff, thus enabling greater freedom in the construction of their health education activities. This has been much appreciated by the staff and has brought nearly to an end much of the anxiety about postal delay. It has also brought about greater interest from the schools, where many health visitors have arranged courses for girls and boys on health, hygiene and safety. One school became so interested in mothercraft that the whole school became involved in the making of 16 m.m. child care film. The project was supervised by the local health visitor but the script, the filming and all the technical work was done by the children. A local mother 'lent' her baby for the bathing scenes and the whole project has been such a great success that the school are hoping to tackle another health education film next year.

This is the type of involvement attitude which we feel brings about much more positive and long-lasting success in the promotion of health than the spectacular and well publicised 'one occasion only' attack on the health and social problems which face us, such as drug addiction.

The following is a brief résumé of some of our activities and work:—

Exhibitions and Displays. The regular monthly supply of posters to the Health Visitors on our monthly topic gives them a basis for their peg-board and table displays and demonstrations, which are an important feature of our main clinics. These provide a never-ending fascination for the variety of approach and difference that the common poster provokes makes for vastly different displays on the basic topic throughout the County. The small child welfare centres in the village church hall are not forgotten and the health visitors conducting these clinics have small folding peg boards which are easily carried in their cars and quickly assembled.

Larger exhibitions are built, by Mr. Bartle, the Assistant Health Education Officer, on request, and are shown mainly in public libraries, schools, public buildings and at various field and local carnival or agricultural shows. The following are some of the exhibitions mounted during the year:—

April, 1967	Home Safety Exhibition for Long Eaton Home Safety Committee in the Public Library.
May, 1967	Dental Health Exhibition to support the visit of the General Dental Council Exhibition Caravan to the County Show, Elvaston.
June, 1967	Be Safe at Home and Work Exhibition at the Works of Ferodo Ltd., for Chapel-en-le-Frith, Home Safety Committee.

- June, 1967 Home Safety Exhibition for All Saints' Church, Matlock, Garden Fete.
- June, 1967 Flame Resistant and Safe Clothing Exhibition at Ilkeston Trades Fare for Ilkeston Home Safety Committee.
- July, 1967 Home Safety Exhibition for Shirebrook Comprehensive School Open Day.
- July, 1967 Home Safety Exhibition for local Gala Day for Dronfield Home Safety Committee.
- August, 1967 Exhibition for Kingsway Hospital Show.
- September, 1967 Home Safety Exhibition at Pleasley for Blackwell Home Safety Committee.
- October, 1967 Buy for Safety Exhibition for Buxton Home Safety Committee for their 'Buy for Safety Week'.
- November, 1967 Ambulance Service and Emergency Resuscitation Exhibition for County Ambulance Service at Careers Week Convention at Buxton.
- December, 1967 Home Safety Exhibition for Matlock Home Safety Committee in Matlock Town Hall.

Posters and Leaflets. The following are the monthly topics which we have covered during 1967 when our usual policy was continued of distributing posters to our Health Visitors, a number of General Practitioners, old people's clubs, some schools, factories, day nurseries and several youth clubs:—

Jan. — Measles	July — Holiday Safety
Feb. — Hypothermia	Aug. — Dieting
Mar. — Eggs and Nutrition	Sep. — Smoking and Lung Cancer
April — Immunisations	Oct. — Fireworks Safety
May — Dental Health	Nov. — First Aid
June — Food Hygiene	Dec. — Christmas Safety

These monthly topics are supported by leaflets and quantities of 'specialised' leaflets are available for the Child Welfare Clinics.

On the occasions when no suitable poster has been found to cover our 'monthly topic' the Assistant Health Education Officer has designed the following posters and these have been produced for us by a firm of local printers:—

Cold Can Kill
Prevent it if Possible—Measles
How to Spot It —Measles
Warm and Safe
Fight Germs by Degrees
Protect Your Child—Fit a Fireguard

In-Service Training. We have continued with our scheme of newly appointed health visitors being given instruction in the handling and simple maintenance of the sound projectors by the Assistant Health Education Officer. This has proved a 'great time and expense saver'.

Films of particular interest to staff have been obtained from time to time and the special meetings which were arranged to show these have been much appreciated.

Dr. Corrigan the Senior School Medical Officer, chaired a number of conventions including ones on 'careers' and also sat on the panels of teach-ins on 'the problems of drugs and drug addiction'. These latter functions led to our obtaining two films 'Drugs and the Nervous System' and 'Narcotics: The Decision' plus quantities of publications and leaflets. The Education Department was advised of them and samples of leaflets were made available for distribution to Head Teachers. Schools were asked to request further supplies of leaflets if they so desired and were advised that the films the Health Department owned could be shown if it was felt necessary. The films have been widely used in the six months we have owned them, mainly by adult groups such as Parent Teacher Associations, Church groups, Womens' Institutes, etc., and have been shown only under medical supervision. We feel in Derbyshire that a balance should be made between young people being made aware of the dangers of addiction and the arousing of an unhealthy interest in the subject.

The Assistant Health Education Officer has continued the project commenced last year of regular visits to the Home Help Training Centre to give talks on Home Safety to the Home Helps attending Courses. He has also continued his work at the School Meals Training Centre of showing one of the emergency resuscitation films and giving a practical demonstration on the 'ambu-manikin' to the Schools Meals staff attending courses. The School Meals Service specially requested that this same film and demonstration be given to their schools meals supervisors and the Assistant Health Education Officer attended eighteen meetings throughout the County for this purpose.

The Assistant Health Education Officer has now become a 'regular visitor' to a number of Old Age Pensioners organisations for giving short talks and showing some of our films. He has also progressed on similar lines with a number of voluntary organisations throughout the County. During 1967 he made seventy-four visits to these various establishments to give talks and show films and give demonstrations.

Dental Health. We had yet another very successful visit by the General Dental Council Exhibition Caravan to the County Show at Elvaston on the new late Spring Bank Holiday. The Fruit Producer's Council again supplied free of charge, a quantity of apples for distribution and we again supplemented these by providing another 1,000 apples. The Caravan certainly is one of the more popular exhibits at this Show judging from the brisk business we conducted in the giving out of apples and leaflets on dental health.

A particularly useful idea was initiated by Mr. Hirst, one of the School Dental Officers with the support of Mr. Bennett one of his colleagues from an adjoining area. The schools in these areas were asked to participate in a dental health poster competition during the Autumn Term. The competition was divided into three groups: primary, junior and secondary. Each group had its own major prize of an electric toothbrush and two runners-up prizes of portable electric toothbrushes. Tubes of toothpaste were given as a consolation to those not winning a major prize but submitting a poster. The winning poster in each group are to be printed by a firm of local printers, they are to be distributed throughout the County during the month of June, 1968 as the posters for that month's health education topic. Much publicity was given by local and national press to the prize-winning posters and they even appeared on television. We certainly felt this proved a most valuable and successful project and created much interest.

Smoking and Lung Cancer. Our usual policy was continued of informing the schools, via the Education Departments Monthly Bulletin to schools, of the material available, e.g., leaflets, posters, films and tape-recordings. Visits to schools on their request, were made by the Senior Medical Officer for School Health and the Assistant Health Education Officer to give talks and show films.

Last year's Home Safety 'bus poster was repeated this year with another designed by the Assistant Health Education Officer. This poster, as well as depicting home accidents, invited people to write to the County Health Department to obtain a booklet on Home Safety hints. Thirty-six people actually made the effort to do this after leaving the bus and a number of these were children! These posters were made available free of charge to the local home safety committees for them to make arrangements with their local 'bus operators. The 'bus poster project has proved, we feel, popular, useful and easy to organise and will now be part of the 'set' work of the Service and the Home Safety Committees.

Much effort has been channelled into the publicising of safe medicine cabinets and we circulated the home safety committees with the details of such cabinets. One such cabinet is now produced by the County Welfare Department.

The subject of guards on cookers was another problem which has greatly exercised our thoughts and we eventually obtained, instead of guards, samples of various handle-less saucepans. This obviously does away with the need for our constant warnings on the need for pan handles to be turned inwards or for the purchase of sometimes difficult to obtain cooker-guards."

The following are reports on some of the activities of the various local Home Safety Committees during 1967:—

Alfreton and Ripley. Mrs. Sherras showed a number of gadgets to help old or infirm people—articles may be borrowed from Red Cross. Leaflets obtained from Red Cross giving lists of gadgets and prices.

These were distributed to O.A.P. organisations: Supplied number of clubs and individuals with posters, booklets and leaflets. Purchased 2,000 leaflets in Hindu and Indian on Oil Heaters for distribution. National Home Safety Conference in London—out of 17 childrens' posters exhibited at the Conference, 3 from Alfreton and Ripley were exhibited. Address by Fire Officer D. Robson on "Oil Heaters". Purchased 500 certificates for Competitions by Children. Purchased 6,000 serviettes for distribution to O.A.Ps. and other organisations at Xmas. Renewal of advertisements on Public Transport.

Blackwell—CAMPAIGNS—About the House Campaign: Bookmarks and Posters distributed through the District. Prevention of Drowning Accidents: Distribution of Water Safety Code and leaflets. Calor Gas—Playing Safe: Distribution by Committee Members of leaflets.

FIREWORKS CAMPAIGN : (a) Home Office Circular was distributed to members relating to licensing of premises and sale of fireworks. (b) Distribution of 150 posters and 2,000 leaflets in the District. (c) 3,000 Home Safety serviettes distributed.

STOP ACCIDENTS TO THE ELDERLY : Distribution of posters and leaflets to Old People's Clubs.

POISONING CAMPAIGN : Distribution of posters and leaflets, also certain posters to schools (i.e. wallcharts) with lecture notes. Home Safety propaganda received from other sources has been widely circulated e.g. 3,500 E.M.E.B. leaflets relating to the correct use of fuses. Home Safety posters have been carried on Salvage Trailers of the Blackwell Rural District Council.

HOME SAFETY DISPLAYS : Open Day, Shirebrook Comprehensive School, by Local Committee, Derbyshire County Council and Derbyshire Fire Service; Verney Institute Pleasley, by Local Committee, Derbyshire County Council and Derbyshire Fire Service; Scarliffe Mothers' Union—Small displays and talk by Secretary and Chairman.

Buxton. Support was given to the Anti-Poison Campaign by distributing paper bags provided by the Derbyshire County Council Health Committee, augmented by leaflets and posters distributed to the chemists' shops and the provision of book marks in the Public Library. A "Safety in the Home" Competition was organised in conjunction with Chapel-en-le-Frith R.D.C. Home Safety Committee, publicity being given in the local paper and by the distribution of competition forms throughout the schools in the district. 738 people took part in the competition and 3,630 entries were received. The winning entry received a £10 prize which was presented at a meeting held at the County Clinic, Bath Road, Buxton. Two lectures were presented to outside organisations by representatives of the Home Safety Committee. A successful "Buy for Safety Campaign" was held in the entrance hall of the Buxton Public Library during the period October 23rd to October 28th, when members of the

Committee were present to answer queries and to distribute publicity materials. A number of trades-people including the local Chamber of Trade and Commerce supported the campaign by purchasing and displaying publicity material themselves. Use was made of the notice boards at the entrances to the Town Hall for the display of posters on home safety matters. A number of Christmas table napkins were distributed for use at childrens parties. The napkins carried home safety slogans with a seasonal design. The Buxton Hospital continued to co-operate by providing information on the home accidents treated at the hospital during the year.

Chapel-en-le-Frith. Posters have been distributed in factories and on village notice boards. Lectures and film shows have been given to ladies' and men's organisations and some fifteen talks were given during the year. The Committee in co-operation with Buxton held a most successful Newspaper Competition. Thousands of entries were received and three of the four prize winners were residents of the Rural Districts. The response to the Competition was greater than in previous years. EXHIBITION. The major event of the year was a "Be safe at Home and at Work" Exhibition held at the works of Ferodo Limited in Chapel-en-le-Frith on the occasion of the factory Open Day. The stage in the Ferodo canteen and the whole of one side of the Canteen was occupied by exhibits and there was a continuous film show during the course of the afternoon. Some three thousand visitors to Ferodo saw the display. SCHOOL'S POSTER COMPETITION. The Committee arranged essay competitions in Schools and also a School's Poster Competition in Home Safety. BROWNIES. The Committee gave training to Brownies for the Safety in the Home Badge. POISONS DISPLAY. The Committee's own poisons display was exhibited in a local Chemist's shop.

Chesterfield. The Committee have displayed posters supplied by the Derbyshire County Council in 'buses in the rural district. The Committee examined an "Aspro" Safety Medicine Cabinet with a special locking device and this cabinet is now available for purchase by the public. The Committee purchased a quantity of leaflets and booklets in connection with RoSPA's "About the Home" campaign and these were distributed to certain schools and old people's clubs.

In support of RoSPA's "Out of Doors" campaign various bookmarks were distributed to libraries; suitable pamphlets were sent to Doctor's surgeries and a supply of "Spot the Accident Risks" was sent to junior schools. Lists giving information on the repair and servicing of electric blankets were sent to clinics. Reference was made at a meeting of the Committee to the number of children who suffered from the effects of eating fungi and seeds from plants and trees which were of a poisonous nature, and the Committee decided to ask RoSPA to consider producing pamphlets on this. A supply of posters on fungi and dangerous fruits was purchased for distribution to schools at the appropriate time of the year. A considerable number of home safety handkerchiefs and games were obtained for sale to any person requiring same at Christmas. The Committee's

Home Safety Handbook was again produced and a considerable number of copies of this had already been distributed to the public.

Clowne. With the co-operation of local newsagents the Committee arranged for the distribution of home safety leaflets with daily newspapers. A competition "Spot the Accident Risk" was organised in local junior schools. Water Safety posters were obtained for display at Creswell Swimming Baths. Supplies of a Calor Gas Safety Booklet were obtained for distribution to Calor Gas suppliers in the district. Copies of the Home Office Circular entitled "Fireworks and the Shopkeeper" were sent to all retailers of fireworks in the Committee's area. Literature on the various aspects of safety in the home were obtained throughout the year for local distribution.

Dronfield. On 15th July, 1967 when the Dronfield Gala Day was being celebrated, the Home Safety together with the Road Safety Committee had a joint effort to make people aware of the need for care. A marquee was fixed in Cliffe Park, Dronfield, pots and pans of the safety type, inflammable attire and a continuous safety film drew attention to the public of the need for safety measures in the home. Bookmarks with different hints were given to the visitors. The Fire Service had their safety caravan here. In October competitions were held for school children: different pictures for three age groups depicted wrong actions, etc., and the seniors had to differentiate between the right and wrong articles and things to do, also they had to give a reason for their answers. The oldest pupils in the school had a list of safety measures from which they had to choose the best eight. Nine hundred and ninety one certificates were issued and prizes for the best three in each class. On 1st November, 1967 an "open night" was held with films and a talk by a Fire Prevention Officer. Twelve flashing lights are in operation in the district for elderly people, these being serviced by two male members of the Committee, and we know of one instance where this has saved a person's life who was rushed to hospital.

Glossop. There has been a strong campaign about the fencing of mill lodges, which was taken up by the press; and throughout the year a great deal of publicity material has been circulated to schools. A Home Safety Guessing Competition in Schools was organized, the prizes being H.S. hankies for the children. Representation of the Gas and Electricity Boards on the Committee, was initiated with very helpful results.

Heanor. It was of note that the Heanor Home Safety Committee was inaugurated ten years in April.

Local doctors joined in with display material in their waiting rooms. Various exhibitions were carried out displaying gadgets for disabled people. Press emphasis was given to overloading of electric circuits. A great amount of propaganda in the way of leaflets etc. has been distributed through the schools; 3,000 serviettes were distributed among schools and old people's teas. Advertising took place throughout the year on ten Midland General Omnibuses.

Ilkeston. The Ilkeston Home Safety Committee was inaugurated on 18th November, 1966. 15,000 leaflets were distributed on the many aspects of Home Safety. Through the good offices of Dr. P. Weyman, who, kindly gave leaflets, campaigns were organised in schools, old people's organisations, and for the general public on the following matters: Electricity; Fire; Burns and Scalds; Poisons; Water Safety; Falls; Gas; Oil Heaters; Inflammable Materials; Medicines; Home Tidyness; Baby Care. In connection with the Domestic Science Course held at the Hallcroft Schools, talks were given by the East Midlands Electricity Board, East Midlands Gas Board and the Derbyshire Fire Service. Talks were also given by members of the Committee on Home Safety to Red Cross Cadets, St. John Cadets, Old People's Organisations and many other such gatherings. On 27th April a talk was given by Mrs. B. Marshman, S.R.N., of the Ilkeston General Hospital, on Home Accidents received into hospitals, which proved to be of tremendous value in-so-far that she was asked to give this talk to other organisations. In connection with the Ilkeston Exhibition and Trades Fair assistance was given to the County Health Department with their stall on Home Safety by members and their respective organisations. The Mobile Exhibition Van of the Derbyshire Fire Service also took part. Advertising was arranged in the Midland General Omnibus Company's local service by roof panels. Flashing lights for old and lonely people was considered to be most important and whilst the committee had a limited supply it was thought that this matter should be brought up at a meeting of the Welfare Committee who could supply these free of charge. An article in a Sunday newspaper on the TV Razor Trick selling at 5/- was thought to reveal a hazard contrary to Home Safety and it was agreed that this matter should go to higher level: as the result of this it was withdrawn from sale. The question of 'gadgets' for the use of old and infirm persons was gone into, when it was felt such knowledge should be in the hands of this committee for information. The secretary said he had been to quite a number of tradesmen in the town with little success, the greatest trouble being that to get a complete list you would have to go into several different shops. Hand Rails in new houses was a subject of discussion, since most new houses did not have such rails which was considered to be important particularly in the instance of old people. With the help of the County Health Department and the manufacturers of fireworks, we were able to distribute posters, etc., to schools on the danger of fireworks. Help was also sought from the Ilkeston Chamber of Trade asking their members to withhold sales to children under the age of 14 years. Glass milk bottles was a matter brought up in committee when the Chairman felt cartons may take the place of bottles and thus help to relieve the danger from broken glass. The secretary was asked to write to the Ilkeston and Northern Dairies and replies were received noting the matter sympathetically but pointing out that it was a difficult matter to "changeover as easy as that". However they did say this matter would be looked into. Water Safety caused great concern in the committee in view of the death of two children in Ilkeston, and it was felt after long consider-

ation that little short of teaching children to swim at an early age, and making them aware of the dangers of water, together with continual publicity on this matter, there was no other answer. It is interesting to note that the Ilkeston Home Safety Committee are planning a "Why did they Drown" campaign in the Borough of Ilkeston when it is hoped to bring all forces to bear. The journal "Hearing" was distributed to members of the committee and to the members of the Hard of Hearing Club, which contained an article of importance to those who were deaf. Several times during the year discussion on flame-resistant fabric took place and this was followed up with press publicity, distribution of leaflets on this subject and samples of material.

Long Eaton. The principal event organised during 1967 was a Home Safety Exhibition held at the Public Library. Exhibitors were the County Fire Service, St. John Ambulance Brigade, Long Eaton Home Safety Committee, Derbyshire Home Safety Committee, Gas and Electricity Undertakings. One outstanding feature was the excellent demonstration of artificial respiration and cardiac massage given by the St. John Ambulance Brigade. This was supported by a loop film on artificial respiration which ran continuously as long as the exhibition was open. The Committee also accepted the design of a safety medicine chest produced by the County Welfare Dept. at the Chesterfield Workshop for the Handicapped. The Committee placed these on offer to the public at 25s. 0d. each and a number have already been sold. During the latter part of the year, the Committee considered the question of plastic bags being left on doorsteps by rag collectors and the danger to children if they placed the bags over their heads. It was decided to ask the local Council to approach the Ministry of Housing and Local Government with a view to the adoption of bye-laws to prevent this practice.

Matlock. Throughout the year posters, leaflets bookmarks, etc., have been distributed through the usual channels. A notice board was erected on the bus station site. A publicity stand was placed on display at the fete organised by representatives of All Saints' Church, in June. Students at the Matlock College of Education included a tableau concerning fire hazards, in their Rag-week procession in May. Matlock and Wirksworth Committees have shared the cost of the display of roof panels in the North Western Road, Car Company's 'Buses. The Silver Service 'Bus Co., also display similar publicity panels free of charge. Talks, supplemented by the showing of slides, were given to the Committee by a representative of the E.M. Electricity Board and Mr. Bartle. Publicity articles have appeared in the local press in the form of letters to the Editor. Printers blocks were purchased from R.O.S.P.A. depicting Home Safety strips appropriate for each of the four seasons. These appear in conjunction with press articles. Press publicity has been encouraged wherever possible. The Committee have continued to receive statistics of local accidents from the Whitworth Hospital. The representatives at the quarterly group meetings have supported the action proposed to be taken to

ask the Minister of Health to encourage Secretaries of Regional Hospital Boards to supply periodical statistics to assist with propaganda. A five-day Exhibition was held at the beginning of December in the Town Hall, which included about a dozen principal display units. Two were provided by the Road Safety Committee. Children from some of the junior secondary and grammar schools attended in organised parties to see films and hear talks on Home Safety. An open meeting, to which the public were invited, was held on Saturday afternoon, the 2nd December. Speakers were Mr. W. E. Pitts, former Chief Constable of Derbyshire and the Chairman of the Home Safety Committee. The Chairman of the Matlock Urban District Council took the Chair.

Swadlincote. The Swadlincote Home Safety Committee meets regularly at the Council Offices, when matters relating to home hazards are discussed and any items requiring action dealt with locally or passed to the North Midland Area No. 4 Home Safety Committee for consideration and, if necessary, reference to RoSPA. During the year the Committee mainly confined its activities to publicity. Posters and leaflets highlighting certain aspects of danger in the home, together with appropriate advice on how to minimise these dangers, were distributed to schools, homes and shops.

Wirksworth. MEDICINE CABINETS. Faults found. Makers informed and agreed to incorporate safer locking device in new models. OLD PEOPLE'S FLATS. Large fire instruction notices supplied. OVEN SAFEGUARDS. Report sent to RoSPA who agreed to raise subject at next National Home Safety Committee Meeting. POISONOUS PLANTS. Talk given by local Pharmacist. PUBLICITY PANELS. Local coach owners contacted and 24 copies forwarded for display in their coaches. ORNAMENTAL PADDLING POOLS IN GARDENS. *Matlock Mercury* and *Derbyshire Evening News* were asked to publish a warning to parents on the danger to children of uncovered pools in own gardens and in parks. Warning was published. HOME ACCIDENTS IN WIRKSWORTH. Local Doctors asked to submit quarterly report of accidents in the home that require their attention. Non-FIRE RESISTANT FABRICS. Local press asked to publish a warning on danger of rays of sun filtering through glass objects placed on window sills thereby causing curtains to be set alight. Readers were advised to buy fire resistant fabrics. FIREWORKS. Good planning and circulation to schools, shops, etc., is thought to be the reason for no accidents being reported.

Statistics of Films Shown During 1967

Films	Infant Welfare Clinics	Ante-Natal Clinics	Relaxation and Mothercraft Classes	Parent Craft Classes	Schools	Voluntary Organisations	Waiting Room	Others	Audience Numbers
He Acts His Age ..	-	-	12	-	9	6	-	-	552
Terrible Twos and Trusting Threes ..	-	-	12	1	8	3	-	-	726
Frustrating Fours and Fascinating Fives ..	-	-	6	-	7	5	-	-	646
From Sociable Six to Noisy Nine ..	-	-	1	-	5	9	-	2	530
From Ten to Twelve ..	-	-	-	-	-	8	-	3	495
The Teens ..	-	-	-	-	-	8	-	2	402
Childhood the Right of Every Child ..	-	-	5	-	-	8	-	-	278
Food for Freddie ..	3	-	12	-	9	12	-	9	562
Nutrition in Pregnancy ..	-	-	86	-	2	-	-	2	1,304
Tailored for Timothy ..	-	-	71	-	13	4	-	2	2,365
Nothing to Eat But Food ..	-	-	15	-	23	4	-	3	2,498
Simple Nutrition ..	-	-	9	-	6	4	-	3	946
Something You Didn't Eat ..	-	-	23	-	14	9	-	2	954
What to Eat ..	-	-	16	-	14	11	-	4	1,746
Kitchen Magic ..	-	-	10	1	11	17	-	2	1,134
You and Your Food ..	-	-	9	-	10	7	-	2	826
Childbirth Without Fear ..	-	-	68	-	20	10	-	1	1,842
My First Baby ..	-	-	118	-	21	2	-	4	3,664
To Janet a Son ..	-	-	60	35	29	12	-	2	4,809
Breast Feeding ..	-	-	43	34	2	-	-	-	359
Human Reproduction ..	-	-	28	-	19	10	-	4	1,402
Learning to Live ..	-	-	12	9	22	-	-	5	1,512
Story of Menstruation ..	-	-	-	2	58	15	-	2	2,685
The Best of Yourself ..	-	-	-	-	35	9	-	-	1,103
Your Body During Adolescence ..	-	-	-	-	20	6	-	-	509
Girl to Woman ..	-	-	-	-	37	12	-	1	1,883
Boy to Man ..	-	-	-	-	33	4	-	-	394
Innocent Party ..	-	-	-	1	33	-	-	-	1,996
4 Million Teenagers ..	-	-	-	-	22	2	-	1	783
Birds, Bees and Storks ..	-	-	8	-	18	4	-	3	1,838

Films	Infant Welfare Clinics	Ante-Natal Clinics	Relaxation and Mothercraft Classes	Parent Craft Classes	Schools	Voluntary Organisations	Waiting Room	Others	Audience Numbers
Jenny Comes Home	1	1	24	1	1	1	1	1	227
Arming me from Fear	1	1	12	1	1	1	1	1	71
Their First Year	1	1	39	1	14	5	1	1	1,821
Your Children Walking	2	1	4	1	7	5	4	2	643
Care of the Feet	5	1	7	1	12	14	1	3	1,470
Your Feet	1	1	6	1	24	12	1	2	2,136
Your Skin	1	1	5	1	27	19	1	1	2,211
Your Hair and Scalp	2	1	4	1	29	7	1	2	2,254
Your Children's Eyes	3	1	4	1	13	6	1	2	1,178
You and Your Eyes	3	1	6	1	15	6	1	2	1,230
Your Children's Ears	4	1	6	1	20	7	1	1	2,046
You and Your Ears	3	1	7	1	21	7	1	2	2,112
You the Human Animal	3	1	1	1	33	14	1	3	3,246
You and Your Five Senses	2	1	1	1	30	12	1	1	3,013
You The Living Machine	1	1	1	1	29	10	1	1	2,918
You and Your Sense of Touch	1	1	1	1	18	5	1	1	1,423
You and Your Sense of Smell and Taste	1	1	1	1	17	4	1	1	1,300
Room for Hygiene	6	1	12	1	22	21	1	4	2,241
By Whose Hand	7	1	10	1	20	18	1	19	3,100
Most Precious Gift	7	1	15	1	25	19	1	6	3,490
How to Catch a Cold	2	1	1	1	20	4	1	1	1,823
Sleepy Heads	1	1	1	1	31	4	1	2	4,749
Balance is Life	1	1	1	1	8	12	1	2	896
Giuseppina	1	1	1	1	11	12	1	5	925
Mikhaili	1	1	1	1	9	20	1	1	1,628
Talking About Kitchens	2	1	8	1	8	9	1	7	431
Peak County	1	1	1	1	12	28	1	2	8,624
Champion of Freedom	1	1	1	1	6	9	1	2	735
Journey Forward	1	1	7	1	5	1	1	2	330
Out Shopping	1	1	7	1	12	27	1	4	2,777

Films	Infant Welfare Clinics	Ante-Natal Clinics	Relaxation and Mothercraft Classes	Parent Craft Classes	Schools	Voluntary Organisations	Waiting Room	Others	Audience Numbers
This is your Lung	-	-	4	-	20	8	-	6	2,439
Virginian Venture	-	-	3	-	11	9	-	5	1,936
No Smoking	-	-	-	-	15	10	-	4	2,006
The Smoking Machine	1	-	-	-	19	7	-	3	1,952
The Drag	-	-	2	-	12	6	-	2	1,650
Accidents Don't Happen	8	-	-	-	18	9	-	8	2,230
Human Factor	-	-	2	-	12	13	-	4	1,762
Fabrics and Fireguards	15	-	9	-	12	21	-	7	2,438
Life of Reilly	-	-	2	-	10	16	1	6	1,835
Playing with Fire	12	-	-	-	11	13	-	4	1,956
How to Have an Accident in the Home	3	-	12	-	38	20	7	9	4,651
That They May Live	12	-	15	9	32	76	8	34	9,148
Emergency Resuscitation Part I	1	-	4	-	24	18	2	22	4,388
Emergency Resuscitation Part II	1	-	2	-	23	16	2	17	3,823
Dead Easy	7	-	11	4	26	25	4	13	3,408
I'm No Fool Having Fun	5	-	-	-	24	21	-	6	2,935
I'm No Fool with Fire	8	-	-	-	29	19	-	6	3,454
I'm No Fool in Water	3	-	-	-	19	12	-	5	2,738
Breath of Life	-	-	-	-	3	3	-	3	97
Pulse of Life	-	-	-	-	3	2	-	3	94
The Nature of Fire	-	-	-	-	1	4	-	2	131
No Toothache for Eskimos	9	-	-	-	38	12	-	6	3,890
No Toothache for Noddy	10	-	-	-	39	12	-	7	3,950
Let's Keep our Teeth	-	-	6	-	27	13	-	-	3,833
Where There's a Will	-	-	-	-	53	9	-	4	3,633
Tooth in Time	-	-	26	-	14	5	-	5	1,723
Teeth are to Keep	1	-	-	-	55	11	-	3	3,866
Johnny and the D.K. Robot	6	-	-	-	36	12	-	2	2,484
Ever Yours...	-	-	-	-	31	8	-	2	2,025
Why Dentistry	-	-	20	-	25	6	-	1	1,633

Films	Infant Welfare Clinics	Ante-Natal Clinics	Relaxation and Mothercraft Classes	Parent Craft Classes	Schools	Voluntary Organisations	Waiting Room	Others	Audience Numbers
One of them is Brett	-	-	-	-	4	7	-	3	330
Shafesbury's Children	-	-	-	-	3	6	-	2	301
Simple Hand Puppets	-	-	-	-	7	9	-	4	1,276
Time and Two Women	-	-	4	-	-	7	1	2	271
Mental Illness	-	-	-	-	6	17	-	6	2,125
Drugs and the Nervous System	-	-	-	-	24	13	-	5	575
Narcotics: The Decision	-	-	-	-	18	12	-	4	515
Specially Hired Films	-	-	-	-	2	-	-	30	280

Lectures, Talks, Filmstrips, Flannelgraphs During 1967

Home Nursing and First Aid	-	-	-	-	2	6	-	2	206
Dental Health	1	-	6	-	53	2	-	1	1,850
Feet	-	-	-	-	4	-	-	1	178
Child Welfare	7	-	137	2	31	14	-	1	2,099
Ante and Post Natal	-	-	99	-	1	2	-	-	798
Old Age	-	-	-	-	1	1	-	-	40
Home and Holiday, Safety	3	-	8	1	4	5	-	39	1,171
Social, Health and Welfare Services	-	-	10	-	8	5	-	7	728
Food Hygiene	-	-	1	-	3	2	-	1	247
Infectious Diseases	4	-	1	1	7	2	-	1	209
Nutrition	-	-	41	1	4	1	-	-	472
Sex Education	-	-	2	-	30	2	-	-	771
Personal Hygiene	-	-	-	-	29	1	-	-	900
Cancer and Smoking and Lung Cancer	-	-	2	-	24	1	1	1	484
Drugs	-	-	-	-	2	2	-	-	116
Space Biology	-	-	-	-	1	-	-	-	50

HOME HELP SERVICE (Section 29)

General Administrative Arrangements

The Home Help Service, outside the Borough of Chesterfield, is under the day-to-day control of the County Home Help Organiser, supervised by the appropriate Medical staff. At the end of the year under review there were one Deputy Home Help Organiser, six Area Organisers and five Assistant Area Organisers. In addition Chesterfield Borough has an Area Organiser.

Further expansion of the service has continued during the year. More Home Helps have been appointed and it has been possible to provide help for more people and for longer periods.

The progress of the scheme during recent years is indicated in the following figures:—

	1963	1964	1965	1966	1967
Home Helps	508	599	679	768	803
Cases Served	3,177	3,609	4,179	4,428	4,639
Area Home Help Organisers	7	7	7	7	7
Assistant Area Home Help Organisers	—	—	3	4	5

It is interesting to see the gradually increasing number of elderly people who have benefited from the Home Help service during recent years, as shown by the following figures (which do not include Chesterfield):—

Year	No. of Old Persons assisted
1953	297
1954	460
1955	580
1960	1,504
1961	1,752
1962	2,071
1963	2,309
1964	2,697
1965	3,178
1966	3,799
1967	3,913

Availability of the Service

The Area Home Help Organisers may be contacted at the following places:—

- (1) *North-West of the County*—Mrs. Sweeney—Glossop Clinic, Tel. Glossop 4213. 10.30 a.m.-12 noon.
- (2) *North of the County*—Miss Haythornthwaite—Dronfield Clinic. Tel. Dronfield 4527—10.30 a.m.—12 noon.

- (3) *North-East of the County*—Mrs. Brown—Clay Cross Clinic, Tel. Clay Cross 3131—10.30 a.m.—12 noon.
- (4) *Centre of the County*—Mrs. Ellis—Ripley Clinic, Tel. Ripley 2320—10.30 a.m. - 12 noon.
- (5) *South-East of the County*—Mrs. Holmes—Ilkeston Clinic, Tel. Ilkeston 3347—10.30 a.m.-12 noon.
- (6) *South of the County*—Miss Bracegirdle—Derby Clinic, Tel. Derby 44543—10.30 a.m.-12 noon.

Particulars of the Service are also available from the local Health Visitor (a map and names, telephone numbers and addresses of Health Visitors are given on page 66 of the County Council's Health Services Hand Book); the local County Council Clinic or Centre (these are listed under "Districts Separately" in the Hand Book commencing on page 183); or from the County Medical Officer of Health, County Offices, Matlock (telephone number Matlock 3411).

Residents in Chesterfield Borough may obtain information from the Health Department, Town Hall, Chesterfield (telephone, Chesterfield 77232).

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 4s. 11½d. per hour. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay are also paid.

Home Helps are supplied with nylon overalls.

An additional three days holiday each year is allowed to Home Helps after five years service and a further three days holiday after twelve years service.

Employment of Relations

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 Area Home Help Organiser should recommend the number of hours to be worked, which in any case should not exceed forty per week.

Rules of Assessment

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

Home Help Training Centre

Dean Hill House, Causeway Lane, Matlock, was opened on the 10th October, 1966, for full-time use as a training centre for Derbyshire County Council Home Helps under the supervision of Mrs. N. Hakim, the County Home Help Organiser, assisted by a qualified domestic science tutor paid on a sessional basis.

Home Helps were collected daily, Monday to Friday, from their own homes in groups of 16 for each course of two weeks duration.

Dean Hill House is a stone house set in pleasant grounds on a slight hill overlooking part of Matlock. Every effort is made to keep the atmosphere of a house rather than an "institution".

MENTAL HEALTH SERVICE

Training Centres.

Parkwood, Alfreton. The year 1967 saw a very important addition to the mental health establishments in the opening of Parkwood, the Mental Health Centre in Alfreton Park, Alfreton. The opening ceremony was performed by the Minister of Health, the Rt. Hon. Kenneth Robinson, M.P., on 19th September, 1967.

At this Mental Health Centre the following are included:-

Parkwood Adult Training Centre, with places for 130 trainees has facilities for teaching gardening and horticulture. Work skills of many kinds can also be taught and provision has been made for Further Education and Social Training;

Parkwood Junior Training Centre, with places for 80 trainees up to the age of 16 years. This centre is well equipped, has six classrooms, and two specially equipped rooms—one being for domestic science and the other for manual training.

A large hall is provided which includes a climbing frame and other physical education equipment. Adjacent to the Junior Centre is an outdoor play area, with swings, whirling platform, and climbing frame, which leads to an Adventure Playground with a Tree-house and many other attractions for the young;

Parkwood Adult Hostel, with places for 22 adult residents of 16 years and over. During 1967 only male residents were admitted but it is to be used as a mixed hostel in 1968.

Places in these establishments are being rapidly filled and there is no doubt that Parkwood will soon become one of the County's centres of great activity in this field.

Spondon Junior Training Centre. In September, 1967, the Junior Centre, which was housed in the Methodist Chapel at Spondon, was transferred to premises shared with the Youth Service, formerly the Church of England School, in Moira Road, Woodville. It is now known as the **Woodville Junior Training Centre.**

Training. The methods of training followed in all our centres continued on activity-training lines throughout the year, and many visits by trainees were made to new places of interest. The results of these methods are again encouraging and there is no doubt that there is a definite improvement, even if small, in the self-confidence and social competence of the majority of the trainees attending the centres.

Open Days and Sales of Work. These took place at all Centres at various times during the year and demonstrated to the public the progress made by the trainees in a variety of skills.

Seaside Holiday. The County Council arranged a week's holiday at a Holiday Camp in Rhyl and a large party was taken under the charge of the Senior Organiser for Training Centres.

The party included Trainees from all the Centres, as well as adults attending Craft Instruction Classes. The appropriate Training Centre staff went with these trainees.

In addition parties with their own nurses went from Whittington Hall, and Ridgeway Hospitals.

The weather was reasonably good and many outings were arranged through the beautiful North Wales scenery. The Zoo at Chester was again a popular visit. There is no doubt that this holiday was of great educational value—particularly to the adults.

The trainees provided much of their own entertainment and the singing and acting in their concert was of a good standard.

Some trainees and staff suffered illness which somewhat spoiled their holiday.

Special Care Units. A Special care unit with 30 places was opened at Norbriggs House, Mastin Moor, Staveley, in June 1967 and was half filled by the end of the year.

Conferences and Courses. Two trainee students successfully completed 2-year courses leading to the Diploma for Teachers of Mentally Handicapped Children, (held at the Leeds College of Commerce). An adult instructor successfully completed a one year course at Birmingham, obtaining a Diploma for Teachers of Mentally Handicapped Adults. They were all appointed to work in Training Centres.

Two trainee students were accepted for the 2-year course at Leeds College of Commerce and one Assistant Supervisor from an Adult Training Centre for a one-year course at Hull College of Technology.

Two Mental Welfare Officers obtained the Certificate in Social Work, one after a two-year course at the Nottingham Regional College of Technology and the other after a one-year course at the Manchester College of Commerce. A Mental Welfare Officer was accepted for the two year course for the Certificate in Social Work at Sheffield College of Technology and a Senior Mental Welfare Officer

began a one-year course in psychiatric social work at the University of Manchester.

The Senior Medical Officer for Mental Health attended a conference in London on the report of the Williams Committee on the staffing of residential establishments.

Nine members of the junior and adult training centres' staff attended a week's refresher course held in Bristol under the auspices of the National Association for Mental Health. Three Junior Centre staff and two Mental Welfare Officers attended the Annual Conference of the Federation of Associations of Mental Health Workers held at Blackpool in April, 1967.

Many day and evening conferences and lectures were attended by members of the junior and adult training centres' staffs. Four evening meetings of the training centres' staffs were held at various training centres during the year and speakers were invited to talk on mental subnormality and appropriate films were shown. These meetings promote good staff relationships, permit an exchange of knowledge and training 'know how' between centres, and help the staff by teaching them more about the problems of subnormality and how to deal with them. The attendances at these meetings averages fifty.

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 Welfare Officers have continued to visit the mentally handicapped and reports on home circumstances are submitted to Hospitals in respect of patients on leave from Hospitals.

Most of the visiting of the mentally ill, the subnormal and severely subnormal patients is now carried out on an informal basis. Efforts are now made to find work for some of the patients who have been discharged from Hospital to the community; others are attending craft instruction classes and Adult Training Centres.

Under the National Health Service Act, the responsibility for mentally subnormal and severely subnormal patients on leave from hospitals rests with the various Hospital Management Committees, but since many of the Hospitals do not employ their own Social Workers, arrangements are made with the Medical Superintendents to have the work done by Officers of the Local Health Authority.

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.

Work Undertaken in the Community

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

The work of the Mental Welfare Officers is chiefly concerned with the care and after-care of the mentally handicapped. The Officers visit the patients 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 Ministry of Social Security and other public departments.

(b) *Under the Mental Health Act, 1959. Admission to Hospitals.*

During the year, as shown in the following table, 1,488 admissions were made to Mental Hospitals and in respect of 317 of these, Orders were obtained by the Mental Welfare Officers. Also, advice and information was given to patients and relatives in the case of a number of patients admitted informally under the Mental Health Act.

Admissions to Hospitals for the Mentally Ill.

During the period 1st January, 1967, to 31st December, 1967, the number of admissions to hospitals for the mentally ill was as follows:—

<i>Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Pastures Hospital, Mickleover	310	403	713
Kingsway Hospital, Derby	116	205	321
Parkside Hospital, Macclesfield	31	63	94
Scarsdale Hospital, Chesterfield	44	47	91
Walton Hospital, Chesterfield	76	99	175
St. Thomas' Hospital, Macclesfield	15	41	56
Mapperley Hospital, Nottingham	7	14	21
Ashton General Hospital, Ashton-under-Lyne	—	2	2
The Coppice Hospital, Nottingham	1	5	6
Cheadle Royal Hospital, Cheshire	—	2	2
Kings Mill Hospital, Mansfield	—	2	2
St. Matthew's Hospital, Burntwood, Lichfield	2	—	2
Rauceby Hospital, Sleaford, Lincs.	3	—	3
	605	883	1,488

These were admitted in the circumstances set out below:—

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Mental Health Act, 1959			
Informal Admissions (Section 5)	476	693	1,169
Admissions for observation (Section 25)	47	102	149
Admissions for treatment (Section 26)	2	8	10
Emergency Admissions for observation (Section 29)	78	80	158
Removal to Hospital of persons serving sentence of imprisonment (Section 72)	2	—	2
	605	883	1,488

Many cases originally admitted under Section 29 of the Mental Health Act have been re-admitted, some on several occasions during the year for further treatment after a short stay in hospital.

(c) *Cases under Guardianship*

No cases were under guardianship during 1967.

Admissions to Hospitals for the Mentally Subnormal

The following table shows the number of patients admitted during the year:—

	<i>Under Age 16</i>		<i>Over Age 16</i>		<i>Total</i>		<i>Total Cases</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Informal Admissions	—	—	5	9	5	9	14
Admissions Under Order:							
Section 25	—	—	2	—	2	—	2
Section 26	—	—	1	—	1	—	1
Section 60	—	—	—	1	—	1	1
	—	—	8	10	8	10	18

At 31st December, 1967, there were in the County 29 cases urgently awaiting admission to Hospitals for the Mentally Subnormal. There are many others, as shown in Part II of the following tables for whom, although they are not in urgent need of hospital care, a bed may become urgently required at any time owing to the death or illness of aged parents or other sudden emergency.

Short Term Stay.

In order to afford some measure of relief to harassed parents of mentally subnormal patients, during the year 147 cases were admitted to National Health Service Hospitals, 7 to Local Authority residential accommodation, and 4 to accommodation provided by vountary organisations. This has enabled such parents to have a holiday or a break from the continual care of the patient. Other periods of short term care have been arranged on account of the mother of a mentally subnormal person herself being admitted to hospital.

MENTAL HEALTH STATISTICS FOR 1967
Part I. Number of persons under Local Health Authority care at 31st December 1967

	Mentally Ill				Elderly Mentally Infirm*		Psychopathic				Subnormal				Severely Subnormal				Total
	Under 16		16 & over		M.	F.	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		(19)
1. Total number	1	1	348	500	53	118	1	2	40	25	19	170	198	214	161	337	312	2,525	
2. Attending training centres (See Appendix)	-	-	9	3	1	-	-	-	1	-	16	14	63	56	155	111	154	125	708
3. Awaiting entry to training centres (See Appendix)	-	-	18	5	1	-	-	-	1	2	5	13	8	25	17	4	1	100	
4. Receiving home training	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	2	4	10	
5. Awaiting home training	-	-	-	-	-	-	-	-	-	-	-	1	4	-	-	-	-	5	
6. Resident in L.A. home/hostel	-	-	-	-	-	-	-	-	-	3	-	2	-	10	8	10	7	40	
7. Awaiting residence in L.A. home/hostel	-	-	4	2	4	4	-	-	-	3	-	3	3	3	3	-	20	56	
8. Resident at L.A. expense in other homes/hostels	-	-	-	-	-	1	-	-	-	-	-	2	-	-	2	1	2	8	
9. Resident at L.A. expense by boarding out in private household	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	2	
10. Attending day hospitals	-	-	10	25	5	10	-	-	-	-	-	1	4	-	-	-	1	2	58
11. Receiving home visits and not included in lines 2-10 (a) suitable to attend a training centre	-	-	-	-	-	-	-	-	-	1	-	24	27	2	4	58	62	178	
(b) Others	1	1	111	467	46	107	1	2	39	24	6	66	97	30	26	117	115	1,456	

*The elderly mentally infirm included in this form are only those who receive services or are in accommodation provided under the National Health Service Act, 1946. Those who reside in accommodation provided under the National Assistance Act, 1948, are not included.

	Male	Female
12. Number of children under age 16 attending training centres who have not been included in item 2 because they do not come within the categories covered in columns (1) to (18)	2	Nil
13. Number of persons included in item 6 who reside in accommodation provided under the National Assistance Act, 1948	Nil	Nil

- Notes :
1. Figures refer only to those persons who are the Authority's own responsibility, including those attending a centre or resident in a hostel belonging to another authority or voluntary or private organisation.
 2. Persons resident in accommodation provided under the National Assistance Act, 1948, are included if they are mentally ill, psychopathic, subnormal or severely subnormal.
 3. As it is possible for persons to be included in more than one of the categories listed, item 1 may be a total of the figures in items 2-11, but is intended to be the total number of persons under care at the end of the year.
 4. Persons awaiting hospital treatment who are included in Part II below are also included in this table.

APPENDIX to the preceding Table.

	Mentally Ill		Elderly Mentally Infirm		Psychopathic		Subnormal		Severely Subnormal		Total				
	Under 16		Over 16		Under 16		Over 16		Under 16			Over 16			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.		
(2) Attending:															
Training Centres	-	-	-	-	-	-	1	-	58	49	105	90	147	112	600
Craft Classes	-	-	1	-	-	-	-	1	1	6	-	-	3	9	20
Special Care Units	-	-	-	-	-	-	-	1	-	-	47	18	3	1	70
Voluntary or Private Organisations	-	-	-	-	-	-	-	3	4	1	3	3	1	3	18
	-	-	9	3	-	-	1	-	63	56	155	111	154	125	708
(3) Awaiting Entry:															
Training Centres	-	-	1	-	-	-	1	-	10	7	4	7	2	-	56
Special Care Units	-	-	-	-	-	-	-	2	3	1	21	10	2	1	44
	-	-	18	5	-	-	-	2	4	3	25	17	4	1	100

Part II. Number of patients awaiting entry to hospital or admitted for temporary residential care.

	Mentally III			Elderly Mental Infirm			Psychopathic			Subnormal			Severely subnormal			Total			
	Under 16		16 & over	Under 16		16 & over	Under 16		16 & over	Under 16		16 & over	Under 16		16 & over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.		
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year:	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) In urgent need of hospital care ..	-	-	1	-	1	12	-	-	-	-	-	-	-	-	12	3	9	5	43
(b) Not in urgent need of hospital care ..	-	-	-	-	2	7	-	-	-	-	-	2	18	31	27	12	110	162	371
(c) Total	-	-	1	-	3	19	-	-	-	-	-	2	18	31	39	15	119	167	414
2. Number of admissions for temporary residential care (e.g. to relieve the family)—	-	-	-	3	6	15	-	-	-	-	-	3	8	10	79	23	51	32	230
(a) To N.H.S. hospitals	-	-	-	-	8	30	-	-	-	-	-	-	1	-	1	3	-	1	44
(b) To L.A. residential accommodation ..	-	-	1	-	-	-	-	-	-	-	-	-	-	-	5	1	-	-	7
(c) Elsewhere	-	-	-	-	14	45	-	-	-	-	-	3	9	10	85	27	51	33	281
(d) Total	-	-	1	3	14	45	-	-	-	-	-	3	9	10	85	27	51	33	281

Note: Persons shown in item 1 above are also included in the figures of persons under L.H.A. care in Part I.

Part III. Number of patients referred to Local Health Authority during year ended 31st December 1967

Referred by	Mentally Ill						Psychopathic						Subnormal						Severely Subnormal						Total
	Under 16			16 & over			Under 16			16 & over			Under 16			16 & over			Under 16			16 & over			
	M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		M.	F.		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)		(25)
(a) General practitioners	2	4	399	612	-	-	15	4	-	-	2	2	1	1	-	-	-	-	-	-	-	-	-	-	-
(b) Hospitals, on discharge from in-patient treatment	1	1	240	313	-	-	3	6	-	-	2	4	1	2	2	2	-	-	-	-	-	-	-	-	-
(c) Hospitals, after or during out-patient or day treatment	1	3	170	267	-	-	1	9	12	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(d) Local education authorities	1	-	5	3	-	-	2	-	-	8	4	30	43	46	1	1	-	-	-	-	-	-	-	-	-
(e) Police and courts	-	-	47	23	-	-	12	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(f) Other sources	-	2	133	180	-	-	21	3	-	-	8	12	7	5	6	5	-	-	-	-	-	-	-	-	-
(g) Total	5	10	944	1,398	-	1	62	28	8	4	58	48	53	54	9	8	-	-	-	-	-	-	-	-	-

Note : Only one referral is recorded for one patient unless the local authority ceased to provide services after one referral and before the next.

LOCAL HEALTH STATISTICS FOR 1967

BIRTHS

Part A. 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, adjusted by any notifications transferred in or out of the area.

	Adjusted Live Births	Adjusted Stillbirths	Total Adjusted Births
1. Domiciliary ..	3,425	23	3,448
2. Institutional ..	8,186	190	8,376
3. Total	11,611	213	11,824

Part B. PREMATURE BIRTHS

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Premature live births												Premature stillbirths	
	Born in hospital				Born at home or in a nursing home									
	Total births	Died			Total births	Died			Total births	Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
1 2lb 3oz. or less	32	18	7	—	—	—	—	—	2	1	—	—	22	1
2 Over 2lb 3oz. up to including 3lb 4oz.	32	6	1	—	—	—	—	—	2	—	1	—	23	—
3 Over 3lb 4oz. up to and including 4lb 6oz.	115	3	7	—	5	—	—	—	4	—	1	—	36	3
4 Over 4lb 6oz. up to and including 4lb 15oz.	146	4	3	—	7	1	—	—	3	—	—	—	5	—
5 Over 4lb 15oz. up to and including 5lb 8oz.	312	2	5	1	49	—	—	—	—	—	—	—	16	1
6 Total	637	33	23	1	61	1	—	—	11	1	2	—	102	5

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

CLINIC SERVICES

Part A. ANTE-NATAL AND POST-NATAL CLINICS

Number of women in attendance (see Note 1)		Number of sessions held by (See Note 2)				Total number of sessions in columns 3-6
For ante-natal examination	For post-natal examination	Medical officers	Midwives	G.P's employed on a sessional basis (see Note 3)	Hospital medical staff	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1,516	65	816	224	—	36	1,076

- NOTES: 1. Cols. (1) and (2) should not include women in attendance at sessions held by their own general practitioners.
 2. The actual number of sessions is required not sessions equated to half-days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
 3. Col. (5) should not include sessions held by general practitioners for their own patients.
 4. Figures should include those relating to Clinics provided by Voluntary Organisations.

Part B. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	1,297
		(b)	Domiciliary booked	461
		(c)	Total	1,758
2	Total number of attendances during the year			8,805

Part C. CHILD WELFARE CENTRES

Number of children who attended during the year				Number of sessions held by (See Note 1)				Total number of sessions in columns (5)-(8)	Number of children referred elsewhere (see note 3)	Number of children on "at risk" register at end of year (see note 4)
Born in 1967	Born in 1966	Born in 1962-1965	Total	Medical Officers	Health visitors	G.P's employed on a sessional basis (see Note 2)	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
9,555	10,605	12,531	32,691	1,559	3,280	—	—	4,839	177	8,422

- NOTES: 1. The actual number of sessions is required not sessions equated to half days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
 2. Column 7 should not include sessions held by general practitioners for their own patients.
 3. Column 10 should include only children who were referred for special treatment or advice as a result of a medical examination: either to a general practitioner or direct to a specialist, for special diagnosis and/or treatment. This does not include the child found to have a temperature or a cold or some minor condition, whose mother is advised that this warrants a visit to the family doctor. Each referral of the same child for different conditions on different occasions should be counted.
 4. An "at risk" register is that commonly used in schemes for the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in the mother, etc. All children on the register should be counted, regardless of whether they attend the centre.
 5. Figures should include those relating to Centres provided by Voluntary Organisations.

Part D. PREMISES

	Purpose built (1)	Adapted (2)	Occupied on a sessional basis (3)	Total (4)
Number of premises in use at end of year for services shown in parts A-C overleaf	21	6	80	107

NOTES: 1. A premise should be counted once only, regardless of whether it is used for more than one purpose. Premises provided by Voluntary Organisations should be included.

2. A list giving the names and addresses of any premises (a) opened and (b) closed during the year should be set out below:—

Premises opened:

County Council Clinic, Wirksworth (purpose built).

Child Welfare Centre, Little Eaton Congregational Church Hall (occupied on a sessional basis).

Child Welfare Centre, Brimington New Methodist Church (occupied on a sessional basis).

Premises closed:-

Wirksworth (premises adjoining Cinema) (occupied on a sessional basis).

Little Eaton Co-operative Society Hut (occupied on a sessional basis)

Brimington Trinity Methodist Chapel (occupied on a sessional basis).

HEALTH VISITING, HOME NURSING AND HOME HELP**Part A. HEALTH VISITING**

	Cases visited by health visitors	Number of cases
1	Children born in 1967	13,246
2	Children born in 1966	12,752
3	Children born in 1962-65	24,338
4	Total number of children in lines 1-3	50,316
5	Persons aged 65 or over	3,454
6	Number included in line 5 who were visited at the special request of a G.P. or hospital	1,038
7	Mentally disordered persons	110
8	Number included in line 7 who were visited at the special request of a G.P. or hospital	47
9	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	355
10	Number included in line 9 who were visited at the special request of a G.P. or hospital	183
11	Number of tuberculous households visited	433
12	Number of households visited on account of other infectious diseases	37
13	Number of tuberculous households visited by tuberculosis visitors	—

NOTES: 1. The list of cases is not comprehensive and other cases which are visited should not be included in the table.

2. If a case is appropriate to more than one line it should be included in all appropriate lines.

3. Figures should include cases visited by voluntary organisations acting as agents of the Authority.

4. In the case of tuberculous households, or other infectious diseases, households only should be counted.

5. No adult case should be included unless some advice or service is given.

Part B. HOME NURSING

1	Total number of persons nursed during the year	9,845
2	Number of persons who were aged under 5 at first visit during the year	270
3	Number of persons who were aged 65 or over at first visit during the year	5,281

NOTE: Figures should include those for voluntary organisations acting as agents of the Authority.

Part C. HOME HELP SERVICE

	Home help to households for persons					Total (6)
	aged 65 or over on first visit during the year (1)	aged under 65 on first visit during the year				
		Chronic sick and tuberculous (2)	Mentally disordered (3)	Maternity (4)	Others (5)	
Number of cases	3,983	316	10	271	170	4,750

NOTE: All cases should be counted, even if help began in the preceding year. No case should be counted more than once, even if help ceased and recommenced during the year.

Part D. DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1967

Number of domiciliary confinements attended by midwives under N.H.S. arrangements			Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day (4)
Doctor not booked (1)	Doctor booked (2)	Total (3)	
76	3,256	3,332	3,872

NOTES: 1. This table relates to women delivered, and not, in the case of multiple births, to infants.
2. Cases appropriate to column (4) should not be entered in the other columns.

DAY NURSERIES, DAILY MINDERS AND REGISTERED NURSING HOMES**Part A. DAY NURSERIES**

	Number at end of year (1)	Number of approved places (2)	Average daily attendance (3)	Number of children on register at end of year (4)
Nurseries maintained by the Authority or by voluntary organisations under Section 22 of N.H.S. Act, 1946	4	205	154	201

NOTE: The names and addresses of any day nurseries (a) opened (b) closed during the year should be shown overleaf.

Part B. DAILY MINDERS AND REGISTERED NURSERIES

	Nurseries and Child Minders Regulation Act, 1948			National Health Service Act, 1946 Section 22
	Premises registered at end of year		Daily minders registered at end of year (3)	Daily minders receiving fees from the Authority at end of year (4)
	Factory (1)	Other nurseries (2)		
1 Number	—	48	29	—
2 Number of places (Cols. (1) and (2)) and number of children minded at end of year (Cols. 3 and 4)	—	908	246	—

NOTE: If premises are closed on 31st December, figures should be based on the latest date when they were open.

Part C. REGISTRATION OF NURSING HOMES UNDER SECTIONS 187 to 194 OF PUBLIC HEALTH ACT, 1936 AS AMENDED BY THE NURSING HOMES ACT, 1963.

	Number of Homes (1)	Number of beds provided		
		Maternity (2)	Other (3)	Total (4)
1 Homes registered during year	1	—	9	9
2 Homes whose registrations were withdrawn during year	1	—	7	7
3 Homes on the register at end of year	6	20	85	105

Names of Councils of County Districts to which the Powers and Duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936.

Chesterfield Corporation	} The Powers and duties of the County Council for the respective Areas.
Glossop „	
Ilkeston „	

Names and addresses of day nurseries opened or closed during the year.

- (a) Opened None.
(b) Closed None.

MOTHER AND BABY HOMES**Part A.**

Name and address of home	Provided by (Local Authority or name of voluntary organisation)
St. Joseph's Home, Borrowash House, Borrowash, Derby.	Catholic Children's Society, R.C. Diocese of Nottingham.

Part B.

		Number of cases admitted during year (1)	Number of beds at end of year (2)	Average duration of stay (days) (3)
1	Ante-natal	74	7	42
2	Post-natal	3	9	48
3	Shelter	—	—	—
4	Total	77	16	90

5	Number of cots	12	6	Number of cases included above for which Authority accepted financial responsibility	5
---	----------------	----	---	--	---

NOTE: Cases which extend over more than one category in col. (1) should be included in the category which applied at the time of admittance. The length of stay of such cases should be broken down for purposes of col. (3).

Part D. (To be completed on only one form for each Authority)

Number of cases for which the Authority accepted financial responsibility but which were sent to homes outside the area	69
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DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A. ATTENDANCES AND TREATMENT

Number of Visits for Treatment During Year

	Children 0-4 (incl.)		Expectant and Nursing Mothers	
*First Visit	1.	372	13.	18
Subsequent Visits	2.	261	14.	27
Total Visits		633		45
Number of Additional Courses of Treatment other than the First Course commenced during year	3.	74	15.	—
Treatment provided during the year— Number of Fillings	4.	200	16.	28
Teeth Filled	5.	184	17.	26
Teeth Extracted	6.	288	18.	27
General Anaesthetics given	7.	168	19.	1
Emergency Visits by Patients	8.	134	20.	1
Patients X-Rayed	9.	—	21.	3
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	10.	89	22.	12
Teeth Otherwise Conserved	11.	826		
Teeth Root Filled			23.	—
Inlays			24.	1
Crowns			25.	—
Number of Courses of Treatment Completed during the Year	12.	395	26.	11

Part B. PROSTHETICS

Patients Supplied with F.U. or F.L. (First Time)	27.	1
Patients Supplied with Other Dentures	28.	1
Number of Dentures Supplied	29.	3

Part C. ANAESTHETICS

General Anaesthetics Administered by Dental Officers	30.	12
--	-----	----

Part D. INSPECTIONS

	Children 0-4 (incl.)	Expectant and Nursing Mothers
* Number of Patients given First Inspections During Year	A. 707	D. 20
Number of Patients in A and D above who required Treatment	B. 435	E. 19
Number of Patients in B and E above who were Offered Treatment	C. 410	F. 19

Part E. SESSIONS

**Number of Dental Officer Sessions (i.e. Equivalent
Complete Half Days) Devoted to Maternity and
Child Welfare Patients:**

For Treatment	G.	95
For Health Education	H. Not	** apportionable

* The apparent drop in these numbers is due to the new scheme of documentation, pre-school children who would be 5 years of age by the end of 1967 being recorded as school children.

** Health Education work goes on all the time. All parents attending with children are interviewed, advice is given which is supplemented with appropriate literature.

Part B - ENGLISH

1	1. The first part of the paper is compulsory. It consists of 10 questions. You must answer all of them.
2	2. The second part of the paper is optional. It consists of 10 questions. You must answer any 5 of them.

Part C - MATHEMATICS

1	1. The first part of the paper is compulsory. It consists of 10 questions. You must answer all of them.
2	2. The second part of the paper is optional. It consists of 10 questions. You must answer any 5 of them.

Part D - SCIENCE

1	1. The first part of the paper is compulsory. It consists of 10 questions. You must answer all of them.
2	2. The second part of the paper is optional. It consists of 10 questions. You must answer any 5 of them.

Part E - HISTORY

1	1. The first part of the paper is compulsory. It consists of 10 questions. You must answer all of them.
2	2. The second part of the paper is optional. It consists of 10 questions. You must answer any 5 of them.

Part F - GEOGRAPHY

1	1. The first part of the paper is compulsory. It consists of 10 questions. You must answer all of them.
2	2. The second part of the paper is optional. It consists of 10 questions. You must answer any 5 of them.

The total marks for the examination are 100. The marks for each part are as follows:

Part B - English	40
Part C - Mathematics	40
Part D - Science	40
Part E - History	40
Part F - Geography	40

APPENDIX II

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COUNTY OF DERBY

A statement of the sanitary districts, classified according to the causes of death from various causes

DEATHS FROM VARIOUS CAUSES		DISTRICTS	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100
101	102	103	104
105	106	107	108
109	110	111	112
113	114	115	116
117	118	119	120
121	122	123	124
125	126	127	128
129	130	131	132
133	134	135	136
137	138	139	140
141	142	143	144
145	146	147	148
149	150	151	152
153	154	155	156
157	158	159	160
161	162	163	164
165	166	167	168
169	170	171	172
173	174	175	176
177	178	179	180
181	182	183	184
185	186	187	188
189	190	191	192
193	194	195	196
197	198	199	200

COUNTY OF DERBY

APPENDIX III.

DEATHS FROM VARIOUS CAUSES

YEAR	DEATHS FROM VARIOUS CAUSES																														Death Rate from all Causes, per 1,000 of population*							
	Tuberculous, Respiratory	Tuberculous, 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	Alukaemia	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	Uter 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
1950 ..	154	18	25	-	10	2	10	2	26	224	141	113	73	646	34	63	1,039	716	198	1,433	354	65	204	448	72	63	40	117	56	16	76	857	60	178	81	6	7,620	11.13
1951 ..	119	23	19	-	4	4	4	3	18	218	157	111	65	629	30	59	1,056	835	191	1,522	314	238	284	496	70	79	40	117	66	11	77	841	77	159	71	2	8,009	11.67
1952 ..	110	12	17	-	4	4	6	1	18	202	167	107	43	668	21	73	1,027	825	145	1,428	299	24	251	342	72	70	23	109	54	8	63	687	58	218	73	5	7,234	10.56
1953 ..	113	12	11	-	6	2	3	3	22	199	166	104	46	600	40	48	936	850	162	1,340	336	76	264	382	75	61	27	85	42	6	71	692	62	150	66	2	7,060	10.20
1954 ..	80	12	21	-	3	4	3	-	20	207	165	100	54	614	29	53	1,083	942	173	1,428	372	35	274	402	73	80	36	97	74	8	82	763	80	185	84	2	7,638	11.55
1955 ..	74	10	19	1	2	1	6	3	19	205	173	124	58	590	32	65	1,104	962	143	1,431	434	41	282	383	72	80	33	95	68	4	83	763	77	162	88	2	7,689	11.67
1956 ..	51	6	14	-	1	2	1	-	12	205	233	132	63	681	29	52	1,094	1,069	197	1,371	417	26	316	398	73	81	27	84	58	7	86	666	80	193	74	1	7,800	12.29
1957 ..	51	5	16	-	-	3	2	-	7	198	210	122	55	663	43	59	1,231	1,008	158	1,189	454	102	287	376	93	58	24	80	30	6	76	662	55	204	102	8	7,637	12.13
1958 ..	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	12.59
1959 ..	34	5	8	-	-	6	-	1	14	206	250	123	58	714	44	55	1,159	1,190	126	1,170	422	84	322	466	77	63	36	65	42	5	91	659	94	183	78	6	7,856	12.22
1960 ..	39	5	7	-	-	-	-	1	10	215	300	134	60	682	40	61	1,121	1,308	145	1,133	415	15	374	434	81	65	40	79	47	4	74	615	96	201	72	4	7,877	12.11
1961 ..	29	8	15	-	2	2	-	-	13	216	267	141	58	640	38	67	1,176	1,312	144	1,191	446	178	469	538	111	70	47	62	43	4	88	606	119	188	72	2	8,362	12.83
1962 ..	33	3	11	-	-	2	-	-	15	201	276	140	60	675	36	61	1,238	1,520	138	1,153	440	56	455	491	124	90	39	67	29	4	99	609	99	190	80	4	8,438	12.80
1963 ..	27	5	11	-	-	1	-	6	8	201	296	149	58	660	47	66	1,182	1,504	151	1,156	453	12	449	533	108	70	29	68	30	4	67	586	112	122	70	3	8,344	12.31
1964 ..	24	2	9	-	1	5	-	1	14	186	308	143	67	756	43	72	1,213	1,605	120	1,024	416	30	436	538	95	77	44	58	39	3	59	568	97	160	83	3	8,299	12.15
1965 ..	29	3	8	-	-	2	-	2	10	210	335	140	61	727	48	76	1,293	1,644	161	971	423	4	403	510	98	56	34	52	43	1	79	546	112	187	67	5	8,340	11.68
1966 ..	28	4	8	2	1	2	-	3	15	226	339	117	54	751	44	76	1,323	1,791	121	1,024	437	76	494	485	100	50	33	41	34	6	74	600	116	213	65	3	8,756	12.29
1967 ..	18	-	13	-	-	2	-	3	12	195	347	152	43	732	41	69	1,190	1,787	111	776	405	6	347	470	64	50	33	56	20	2	72	497	114	185	61	3	7,876	11.2

* Adjusted from 1954 onwards having regard to the "area comparability factor" provided by the Registrar-General (see note on page 15).

COUNTY OF DERBY

DEATHS FROM VARIOUS CAUSES

Year	Smallpox	Diphtheria	Scarlet Fever	Measles	Whooping Cough	Consumption	Diarrhoea	Cholera	Typhoid	Other Zymotic	Other Zymotic	Other Zymotic	Total
1861	100	100	100	100	100	100	100	100	100	100	100	100	1000
1862	110	110	110	110	110	110	110	110	110	110	110	110	1100
1863	120	120	120	120	120	120	120	120	120	120	120	120	1200
1864	130	130	130	130	130	130	130	130	130	130	130	130	1300
1865	140	140	140	140	140	140	140	140	140	140	140	140	1400
1866	150	150	150	150	150	150	150	150	150	150	150	150	1500
1867	160	160	160	160	160	160	160	160	160	160	160	160	1600
1868	170	170	170	170	170	170	170	170	170	170	170	170	1700
1869	180	180	180	180	180	180	180	180	180	180	180	180	1800
1870	190	190	190	190	190	190	190	190	190	190	190	190	1900
1871	200	200	200	200	200	200	200	200	200	200	200	200	2000
1872	210	210	210	210	210	210	210	210	210	210	210	210	2100
1873	220	220	220	220	220	220	220	220	220	220	220	220	2200
1874	230	230	230	230	230	230	230	230	230	230	230	230	2300
1875	240	240	240	240	240	240	240	240	240	240	240	240	2400
1876	250	250	250	250	250	250	250	250	250	250	250	250	2500
1877	260	260	260	260	260	260	260	260	260	260	260	260	2600
1878	270	270	270	270	270	270	270	270	270	270	270	270	2700
1879	280	280	280	280	280	280	280	280	280	280	280	280	2800
1880	290	290	290	290	290	290	290	290	290	290	290	290	2900
1881	300	300	300	300	300	300	300	300	300	300	300	300	3000
1882	310	310	310	310	310	310	310	310	310	310	310	310	3100
1883	320	320	320	320	320	320	320	320	320	320	320	320	3200
1884	330	330	330	330	330	330	330	330	330	330	330	330	3300
1885	340	340	340	340	340	340	340	340	340	340	340	340	3400
1886	350	350	350	350	350	350	350	350	350	350	350	350	3500
1887	360	360	360	360	360	360	360	360	360	360	360	360	3600
1888	370	370	370	370	370	370	370	370	370	370	370	370	3700
1889	380	380	380	380	380	380	380	380	380	380	380	380	3800
1890	390	390	390	390	390	390	390	390	390	390	390	390	3900
1891	400	400	400	400	400	400	400	400	400	400	400	400	4000
1892	410	410	410	410	410	410	410	410	410	410	410	410	4100
1893	420	420	420	420	420	420	420	420	420	420	420	420	4200
1894	430	430	430	430	430	430	430	430	430	430	430	430	4300
1895	440	440	440	440	440	440	440	440	440	440	440	440	4400
1896	450	450	450	450	450	450	450	450	450	450	450	450	4500
1897	460	460	460	460	460	460	460	460	460	460	460	460	4600
1898	470	470	470	470	470	470	470	470	470	470	470	470	4700
1899	480	480	480	480	480	480	480	480	480	480	480	480	4800
1900	490	490	490	490	490	490	490	490	490	490	490	490	4900

Source: Registrar General's Office, England and Wales, Registrar General's Statistical Tables, Vol. 1, Part 1, 1900.

