

[Report 1972] / Medical Officer of Health, Derbyshire County Council.

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Publication/Creation

1972

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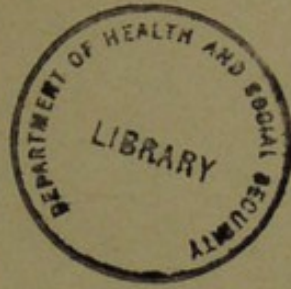
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Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1972

A. H. SNAITH

M.D., F.R.C.Path., D.P.H., F.F.C.M.

COUNTY MEDICAL OFFICER OF HEALTH



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(December, 1972)

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Castlefields,
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October, 1973

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

This is the eighty-third Annual Report of the health of the County of Derby and the last formal report to the County Council before the National Health Service reorganisation comes into operation in April, 1974.

In 1972 the birth rate for Derbyshire whilst comparable with that for England and Wales was lower than in recent years. The death rate per thousand of the estimated population was virtually the same as for the previous year. Despite these two facts there was some overall increase during the year of the County's estimated population. Whilst the stillbirth rate was slightly higher than in 1971, the infant, neo-natal, and peri-natal mortality rates were either lower or equal to the rates for the previous year.

1972 was the year in which the changes, preparations for which were referred to in the 1971 report, began to be put into effect. The developmental paediatric scheme for pre-school children was commenced in May and from that time a medical examination to assess their developmental progress was offered for all six-week old infants. At the end of the year it was noted that the attendance rate for the six-week old examination was 81.4%. At its commencement the scheme was operated by County departmental medical staff, but as the scheme developed general medical practitioners wishing to participate were increasingly employed. Both the County medical staff and the general medical practitioners attended appropriate training courses given by the consultant paediatricians at the Children's Hospital in Derby before undertaking the clinical work. By the end of 1972 over 70 general medical practitioners had expressed an interest in joining the scheme, and at the time of writing some 82 general medical practitioners have been trained of whom 69 have been appointed to assist in operating the scheme. Further examinations are being carried out at the age of 10 months and will be carried out also at 2 years and 4½ years.

The appointment scheme for immunisations was commenced in November and at the time of writing has been in operation a year. Initially there were some teething difficulties but these have all been of a minor character.

During the year referrals for free family planning under the County Council's scheme introduced in 1971 continued to increase rapidly. A family planning clinic staffed by one of the County Council's medical officers was also started at Long Eaton Clinic. Additional family planning facilities are being introduced at purpose-built County Council Clinics where such facilities are not

already available. A domiciliary visiting service has also been introduced recently. Considerable expansion of family planning services is still required in Derbyshire and it is to be hoped that this will be given high priority by the new Health Board.

By April 1972, the senior nursing management posts referred to in my report for 1971 had been filled. During the year Derbyshire County Council was approved as an authorised training centre for the National Certificate in District Nursing, and district nurse and practical work instructor training courses are now run regularly at the Darley Dale Training Centre.

Considerable progress was made in the implementation of nursing attachment schemes to general medical practitioners. No nursing attachment was made until the fullest discussion had taken place locally between all the parties concerned. The Marie Curie scheme for the provision of home nursing for cancer patients, over and above what the Health Department can provide, was made a going concern within the County during 1972. In addition, the demands upon the nursing aid loan scheme continued to increase.

The number of home confinements within the County continues to decrease and during 1972 only 11% of all notified births took place at home. However, the domiciliary midwifery service continued to attend an increasing number of early discharges from hospital confinement. It is pleasing to report increasing collaboration between the hospitals and the health department with respect to the provision of midwifery services.

A chiropody session was commenced at Bakewell during the year as it was fortunately possible to obtain the use of general practitioner purpose-built premises for consultations. This provided a much needed service in an area where the department had experienced considerable difficulty in finding suitable accommodation for a chiropody clinic. The Chief Chiropodist devoted a considerable amount of his energies towards the redeployment of staff so that more effective use could be made of their time and the result has been a substantial increase in output. This is a service which also needs expansion; the number of staff is still below the national average.

The demands on the scheme for adaptations within the home for renal dialysis continued to increase and will continue to do so in future. Eleven cases were assisted with adaptations during the year, seven by modifications within the home and four by the provision of portakabins.

The Ashbourne Health Centre, accommodating six general medical practitioners was completed at the end of 1972 and opened in January, 1973. Towards the end of the year building commenced on a health centre for 12 general practitioners at Chesterfield. Conversions of existing clinic and surgery premises at Clowne and Tibshelf to provide two smaller health centres, each accommodating three doctors, have now been completed. Some 24 health centres have been built or are planned.

A further increase in health education activities also took place, greater use being made of the facilities provided for talks and the showing of films. The department's health education staff are being asked increasingly to partake in in-service training programmes for student nurses, teachers and social workers.

By the end of the year the South Derbyshire Water Board fluoridation scheme was nearing completion and was in fact completed during 1973. In addition, steady progress was made in the implementation of the North Derbyshire Water Board's scheme for fluoridating the Buxton public water supplies and this scheme was also completed during the following year. Discussions concerning other fluoridation schemes that will provide for other parts of the County also took place.

The total number (78) of new cases of tuberculosis notified was the same as for 1971 when an increase over the previous year's figures was noted. However, the number of respiratory cases notified was slightly more, the number of non-respiratory cases being correspondingly less. The preponderance of respiratory cases occurred in the age groups over 45 years of age, the age groups 55-64 years being the greatest single contributor (15 cases). Many more respiratory tuberculosis cases occurred in males than females, the sex difference being most marked in the 45-74 age groups.

Mr. Gray retired as Chief Dental Officer at the end of the year having served the County since 1947. I should like to record here my personal thanks to him for the assistance he gave me when I came to Derbyshire. Mr. Roger A. Heesterman, B.D.S., L.D.S.R.C.S. (Eng.) D.D.H., was appointed Chief Dental Officer from 1st. March 1973. My thanks are also due to Mr. Dilks and Miss Bakewell for preparing the bulk of this report during an exceptionally difficult time for all senior administrative staff. Finally I should like to thank Alderman Mrs. J. B. Hartley, Chairman of the Health Committee, for her constant support for the department and the staff.

A. H. SNAITH,
County Medical Officer of Health.

The first section is devoted to a general introduction to the subject of health education and the role of the health educator. The second section discusses the various methods of health education and the role of the health educator in each of these methods. The third section discusses the various types of health education and the role of the health educator in each of these types.

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PART I—GENERAL STATISTICS

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 619,002 acres, 98,074 in municipal boroughs and urban districts and 520,928 in rural districts.

The population of the administrative county as estimated by the Registrar-General at the middle of 1972 was as follows:-

Municipal Boroughs	148,630
Urban Districts	241,650
Rural Districts	277,400
Total administrative county	667,680

The rateable value on 1st April, 1972, was £24,769,415, and the product of a 1p rate, £238,127.

Vital Statistics

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Live births—legitimate ..	4,672	4,372	9,044
—illegitimate ..	312	322	634
Total ..	4,984	4,694	9,678

	<i>Derbyshire</i>	<i>Rates for England & Wales</i>
Live birth rate per 1,000 population ..	14.5	14.8
Illegitimate live births per cent of total live births	7	9
Stillbirths—Number	128	
—Rate per 1,000 total live and still births	13	12
Total live- and still-births	9,806	
Infant deaths (deaths under one year) ..	165	
Infant mortality rates—		
Total infant deaths per 1,000 total live-births	17	17
Legitimate infant deaths per 1,000 legitimate live-births	16	17
Illegitimate infant deaths per 1,000 illegitimate live-births	25	21

	<i>Derbyshire</i>	<i>Rates for England & Wales</i>
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births) ..	11	12
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births) ..	10	10
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live- and still-births).. ..	23	22
Maternal mortality (including abortion)—		
Number of deaths	2	
Rate per 1,000 total live- and still-births	0.20	0.15
Number of deaths from all causes	8,441	
Death rate per 1,000 of the estimated population	12.6	12.1
Deaths from cancer	1,563	
Death rate from cancer	2.32	2.43

Derbyshire compared with England and Wales

Year		Birth Rate per 1,000 population	Death Rate per 1,000 population	Infant Mortality Rate per 1,000 live births	Neonatal Mortality Rate per 1,000 live births	Stillbirths per 1,000 total live and still births	Maternal Mortality Rate per 1,000 total live and still births
1891	DERBYSHIRE	35.1	18.9	142	†	†	†
	England & Wales	31.4	20.2	149			
1900	DERBYSHIRE	32.18	16.65	152	†	†	†
	England & Wales	28.9	18.3	154			
1910	DERBYSHIRE	28.9	12.6	113	†	†	†
	England & Wales	24.8	13.4	106			
1920	DERBYSHIRE	27.31	11.67	83.16	†	†	†
	England & Wales	25.4	12.4	80.0			
1930	DERBYSHIRE	16.92	10.15	61.4	†	†	†
	England & Wales	16.3	11.4	60.0			
1940	DERBYSHIRE	15.54	12.24	55.43	†	†	†
	England & Wales	14.6	14.3	55.0			
1950	DERBYSHIRE	15.78	11.3	30.19	†	†	†
	England & Wales	15.8	11.6	29.8			
1960	DERBYSHIRE	16.21	12.11	19.74	13.54	22.64	0.33
	England & Wales	17.1	11.5	21.9	15.6	19.8	0.4
1965	DERBYSHIRE	17.31	11.68	17.20	11.25	15.88	0.07
	England & Wales	18.1	11.5	19.0	13.0	15.8	0.3
1969	DERBYSHIRE	15.9	12.5	18	11	14	0.19
	England & Wales	16.3	11.9	18	12	13.2	0.2
1970	DERBYSHIRE	15.6	12.5	17	11	13	0.19
	England & Wales	16.0	11.7	18	12	13	0.18
1971	DERBYSHIRE	15.9	12.5	19	13	12	0.28
	England & Wales	16.0	11.6	18	12	12	0.17
1972	DERBYSHIRE	14.5	12.6	17	11	13	0.20
	England & Wales	14.8	12.1	17	12	12	0.15

Since 1954 the rates for the administrative county have been adjusted for age and sex and are, therefore, comparable with those for England and Wales.

† Figures not available.

Information relating to Sanitary Districts —

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Areas in Acres (Land and Water)
(URBAN)		
ALFRETON .. ..	.. P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,172
ASHBOURNE .. ..	.. W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	1,070
BAKEWELL .. ..	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	3,061
BELPER .. ..	.. W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,293
BOLSOVER .. ..	.. P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,528
BUXTON (Borough) ..	.. H. E. Nutten, M.B., Ch.B., D.P.H. ..	6,338
CHESTERFIELD (Borough)	.. H. Bailey, M.B., Ch.B., D.P.H. ..	8,477
CLAY CROSS .. ..	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	2,348
DRONFIELD .. ..	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	3,457
GLOSSOP (Borough) ..	.. H. E. Nutten, M.B., Ch.B., D.P.H.	3,323
HEANOR .. ..	.. P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,420
ILKESTON (Borough) ..	.. P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,018
LONG EATON .. ..	.. C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559
MATLOCK .. ..	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	16,598
NEW MILLS .. ..	.. H. E. Nutten, M.B., Ch.B., D.P.H.	5,244
RIPLEY .. ..	.. P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,414
STAVELEY .. ..	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	6,504
SWADLINCOTE .. ..	.. A. F. Crowley, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.	3,760
WHALEY BRIDGE .. ..	.. H. E. Nutten, M.B., Ch.B., D.P.H. ..	3,479
WIRKSWORTH .. ..	.. W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,011
TOTALS OF URBAN DISTRICTS ..		98,074
(RURAL)		
ASHBOURNE .. ..	.. W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	86,188
BAKEWELL .. ..	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	85,644
BELPER .. ..	.. W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	46,277
BLACKWELL .. ..	.. P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	21,666
CHAPEL-EN-LE-FRITH ..	.. H. E. Nutten, M.B., Ch.B., D.P.H. ..	103,391
CHESTERFIELD .. ..	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	63,908
CLOWNE .. ..	.. P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	13,424
REPTON .. ..	.. A. F. Crowley, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.	64,237
S. E. DERBYSHIRE ..	.. C. G. Woolgrove, M.B., Ch.B., D.P.H.	36,193
TOTALS OF RURAL DISTRICTS ..		520,928
TOTALS OF URBAN DISTRICTS ..		98,074
TOTALS OF WHOLE COUNTY ..		619,002

* Adjusted to make allowance for sex

Year ended 31st December, 1972.

Estimated Population Mid-1972	Births (Live)	Deaths	Rate per 1,000 of Estimated Population*		Infant Death Rate per 1,000 Births	Comparability Factors	
			Birth Rate	Death Rate		for Births	for Deaths
21,620	302	251	14.0	11.6	20	1.07	1.02
5,650	93	99	16.5	17.5	43	1.13	0.63
4,320	43	68	10.0	15.7	23	1.30	0.51
16,680	247	262	14.8	15.7	16	1.01	0.70
10,860	155	136	14.3	12.5	13	1.06	1.05
19,900	252	307	12.7	15.4	16	1.07	0.83
69,970	932	946	13.3	13.5	25	1.03	0.92
9,720	154	124	15.8	12.8	13	1.01	0.95
18,850	386	133	20.5	7.1	18	0.79	1.60
24,690	439	325	7.8	13.2	11	0.99	1.05
24,330	407	303	16.7	12.5	12	0.98	1.07
34,070	501	431	14.7	12.7	28	1.02	1.11
33,690	535	400	15.9	11.9	15	0.96	1.09
20,320	268	219	13.2	10.8	4	0.91	1.06
9,260	166	128	17.9	13.8	30	0.97	1.00
17,920	240	260	13.4	14.5	17	1.01	0.94
17,550	231	231	13.2	13.2	17	1.07	1.08
20,500	328	271	16.00	13.2	18	1.00	1.06
5,240	65	64	12.4	12.2	15	1.20	0.98
5,140	97	61	18.9	11.9	10	1.06	1.03
390,280	5,841	5,019	15.0	12.9	18	1.00	0.99
11,970	159	127	13.3	10.6	13	1.13	1.11
18,580	239	252	12.9	13.6	8	1.16	0.86
24,940	310	287	12.7	11.5	10	1.09	0.98
42,060	590	539	14.0	12.8	25	1.11	1.13
18,840	248	256	13.2	13.6	20	1.07	0.92
69,070	1,009	768	14.6	11.1	13	1.05	1.15
19,050	263	251	13.8	13.2	27	1.07	0.92
32,480	439	450	13.5	13.9	11	1.06	0.91
40,410	580	492	14.4	12.2	10	1.00	0.98
277,400	3,837	3,422	13.8	12.3	15	1.07	1.01
390,280	5,841	5,019	15.0	12.9	18	1.00	0.99
667,680	9,678	8,441	14.5	12.6	17	1.03	1.00

and age of population, etc.

Table of deaths during the year 1972 in each of the Sanitary Districts, classified according to diseases.

CAUSES OF DEATH	URBAN DISTRICTS													RURAL DISTRICTS								GRAND TOTALS													
	ALFRETON	ASHBOURNE	BAKEWELL	BELPER	BOLSOVER	BUXTON Borough	CHESTERFIELD Bor.	CLAY CROSS	DRONFIELD	GLOSSOP Borough	HEANOR	ILKESTON Borough	LONG Eaton	MATLOCK	NEW MILLS	RIPLEY	STAVELEY	SWADLINCOTE	WHALEY BRIDGE	WIRKS WORTH	TOTAL—Urban		ASHBOURNE	BAKEWELL	BELPER	BELPER	BLACKWELL	CHAPEL-EN-LE-FRAITH	CHESTERFIELD	CLOWNE	REPTON	S.E. DERBYSHIRE	TOTAL—Rurals		
Cholera	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Typhoid Fever		
Bacillary dysentery and amoebiasis		
Enteritis and other diarrhoeal diseases		
Tuberculosis of respiratory system		
Late effects of Resp. T.B		
Other tuberculosis		
Plague		
Diphtheria	
Whooping Cough	
Streptococcal sore throat and scarlet fever	
Meningococcal infection	
Acute poliomyelitis	
Smallpox	
Measles	
Typhus and other rickettsioses	
Malaria	
Syphilis and its sequelae	
All other infective and parasitic diseases	
Malignant neoplasm—buccal cavity and pharynx .. .	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Malignant neoplasm—Oesophagus
Malignant neoplasm—Stomach
Malignant neoplasm—Intestine
Malignant neoplasm—Larynx
Malignant neoplasm—Lung, bronchus
Malignant neoplasm—Breast
Malignant neoplasm—Uterus
Malignant neoplasm—Prostate
Leukaemia
Other malignant neoplasms, including neoplasm of lymphatic and haematopoietic tissue
	13	2	1	13	7	14	35	1	6	10	16	16	29	9	6	14	12	11	4	3	222	8	13	9	20	11	36	8	22	34	161	383			

Benign neoplasms and neoplasms of unspecified nature	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	22	-	-	-	-	-	-	2	6	28	
Diabetes mellitus	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2	6	84
Avitaminoses and other nutritional deficiency diseases	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	34	84
Other endocrine, nutritional and metabolic diseases	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Asaemias	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of blood & blood forming organs	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental disorders	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Multiple sclerosis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other diseases of nervous system & sense organs	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Active rheumatic fever	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chronic rheumatic heart disease	7	1	3	1	3	4	6	7	4	1	1	2	4	1	2	4	1	64	2	3	2	3	2	15	4	3	45	109
Hypertensive disease	1	1	1	1	1	10	6	5	7	1	9	6	6	1	9	6	6	87	2	3	2	3	2	14	3	3	12	44
Ischaemic heart disease	61	22	17	76	40	216	26	36	97	81	94	109	50	32	72	51	81	25	1296	30	69	84	140	67	188	49	105	120
Other forms of heart disease	17	7	2	5	6	19	35	4	5	14	17	20	14	8	3	10	7	3	1	211	6	16	14	29	23	29	16	31
Cerebrovascular disease	30	22	15	49	18	79	147	23	15	60	32	53	42	42	19	32	24	34	11	755	21	39	40	75	40	123	39	54
Other diseases of the circulatory system	10	14	2	30	10	11	49	5	-	6	13	20	22	8	14	10	15	3	4	256	12	14	20	35	11	49	10	19
Influenza	2	1	-	-	-	5	1	-	1	1	2	3	1	1	1	1	2	2	22	2	2	5	1	3	6	5	1	2
Pneumonia	20	7	13	15	11	6	65	12	9	22	16	34	25	16	7	17	21	18	2	337	9	19	15	36	12	51	23	69
Bronchitis and emphysema	10	3	-	14	7	14	53	7	5	17	16	36	14	9	10	13	16	25	4	278	3	6	9	29	12	30	19	21
Asthma	7	-	-	-	-	1	-	-	-	1	1	1	-	-	1	1	-	-	6	-	-	-	1	3	-	3	1	
Other diseases of the respiratory system	2	3	2	4	4	13	2	4	2	5	8	7	4	2	2	3	1	1	74	2	1	3	15	5	16	8	7	
Peptic ulcer	2	-	-	-	-	2	6	-	-	3	1	6	1	1	1	-	-	-	25	-	-	2	3	4	1	3	2	
Appendicitis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	
Intestinal obstruction and hernia	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30	1	-	-	1	3	1	2	3	
Cirrhosis of liver	1	-	-	-	-	3	-	-	1	-	1	1	-	-	1	1	-	-	7	-	1	1	1	1	1	1	1	
Other diseases of the digestive system	2	2	1	2	1	7	-	1	4	3	2	8	-	2	3	3	2	2	46	2	-	3	4	6	7	5	9	
Nephritis and nephrosis	1	-	-	-	-	1	1	1	1	5	1	2	1	-	2	1	2	-	26	-	3	2	4	1	3	-	1	
Hyperplasia of prostate	1	-	-	-	-	1	4	-	-	2	1	-	-	-	-	-	-	-	11	2	-	1	-	-	2	1		
Other diseases of the genito-urinary system	3	2	-	-	-	2	6	1	1	-	6	5	1	-	1	-	-	-	33	2	-	1	1	3	2	-	3	
Abortion	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other complications of pregnancy, childbirth and puerperium	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	1	
Diseases of the skin and subcutaneous tissue	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	
Diseases of the musculo-skeletal system and connective tissue	1	3	-	-	-	2	3	-	2	2	1	4	3	1	4	2	1	2	15	-	-	3	2	3	2	7	2	
Congenital anomalies	1	1	-	-	-	1	1	2	1	1	2	4	3	-	3	1	3	1	27	1	-	2	3	-	1	1	2	
Birth injury, difficult labour and other anoxic and hypoxic conditions	1	-	-	-	-	1	9	-	2	2	1	2	1	-	1	-	-	-	21	-	1	-	3	3	5	-	1	
Other causes of perinatal mortality	1	-	-	-	-	3	1	1	1	1	-	-	-	-	-	-	-	-	13	-	3	-	3	-	5	-	1	
Symptoms and ill-defined conditions	2	3	2	2	3	2	10	1	6	5	10	10	-	-	3	3	-	-	68	1	6	6	2	3	10	2	8	
Motor vehicle accidents	4	-	2	3	1	4	29	66	7	2	9	6	4	3	1	6	4	4	95	2	5	5	13	1	21	6	8	
All other accidents	1	-	-	-	-	1	1	1	1	2	2	2	6	2	2	5	2	4	30	2	1	4	6	3	1	1	2	
Suicide and self inflicted injuries	1	-	-	-	-	4	-	-	-	1	1	1	1	1	1	1	1	1	11	-	-	-	-	-	-	2	1	
All other external causes	251	99	68	262	136	307	946	124	133	325	303	431	400	219	128	260	231	271	61	5019	127	252	287	539	256	768	251	
TOTAL — ALL CAUSES	1282	441	1524	1333	1243	3253	3034	4002	2191	1282	2602	2312	27164	61	5019	127	252	287	539	256	768	251	450	492	3422	8441		

PART II—CARE OF MOTHERS AND YOUNG CHILDREN

Ante-natal care

During the year, 625 sessions were held. All were conducted by County Council medical staff, except one which was attended by a consultant obstetrician provided by the Regional Hospital Board. One or more of the authority's midwives and a health visitor are present at each clinic. The number of women who attended for ante-natal examinations was 997, and 107 attended for post-natal examination.

A routine medical examination is carried out at the patient's first visit to the clinic and any abnormalities detected are referred to the patient's general medical practitioner, or, with his approval, to an appropriate hospital consultant. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as tests for syphilis, may be performed. Haemoglobin estimations are also made. Ferrous fumarate and ferrous gluconate tablets are available at the clinics, and patients not responding to these are referred to their own doctor for alternative treatment. Midwives are asked to visit any patient requiring close observation during the interval between her attendances at the clinic. All these facilities are available to both married and unmarried mothers.

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.

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.

Mothercraft and relaxation classes

Mothercraft and relaxation classes are held as needed at all the main clinics. Usually they are conducted 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 childbirth.

Number of women who attended during 1972 ..	1,838
Total number of attendances	8,963

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. Kings Mill 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 usually sufficient to ensure that a bed is made available. In most cases, however, applications are based on social need, and such cases are referred to this authority for a report by a domiciliary midwife on the home circumstances.

Child health clinics

At the end of the year there were 107 child health clinics. The number of sessions and attendances during 1972 are set out below:-

Half-day sessions	4,410
Number of children who attended during the year and were born in:	
1972	6,917
1971	7,182
1967-1970	6,630
Total number of children who attended during the year	20,729

Under the Developmental Paediatric Screening Scheme, 4,720 babies became eligible for an examination at the sixth week of their life, and 3,841 of these attended for examination (81.38%).

Care of premature infants

Local health authorities are required by the Department of Health and Social Security to provide statistics about premature babies (i.e. those weighing 5½ lbs. or less at birth). 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 1972 are as follows:-

Number of premature live births notified (as adjusted by transfer notifications):-	
(a) In hospital	463
(b) At home or in a nursing home	61
	<hr/>
Total	524
	<hr/>

Number of premature still-births notified (as adjusted by transfer notifications):-

(a) In hospital	68
(b) At home or in a nursing home ..	—
	<hr/>
Total ..	68
	<hr/>

Of the 463 premature babies who were born in hospital, 39 died within twenty-four hours of birth and 406 survived twenty-eight days. Of the 61 born at home or in a nursing home, 17 transferred to hospital on or before the twenty-eighth day; 5 died within twenty-four hours of birth, and 53 survived twenty-eight days.

Congenital abnormalities

During the year, 167 children have been notified to the Department of Health and Social Security as having congenital abnormalities. Of these 26 were still-born and 15 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 ..	40
Eye, ear	2
Alimentary system ..	19
Heart and great vessels ..	9
Respiratory system ..	—
Uro-genital system ..	18
Limbs	61
Other skeletal	3
Other systems	7
Other malformations ..	8
	<hr/>
Total ..	167
	<hr/>

Register of handicapped children

Records are kept of handicapped children, as well as those who are in groups thought to be "at risk" of developing handicapping conditions, including those discovered to have congenital abnormalities. During the year, 153 children born in 1972 were placed on the handicapped register.

Dental care of expectant and nursing mothers and pre-school children

Mr. Roger Heesterman, the Chief Dental Officer, has provided the following report:-

"A slight increase in staff during the course of the year enabled the total work done for expectant mothers to be almost doubled compared with 1971 and that for pre-school children to increase slightly. As in previous years, treatment was integrated with that for school children so as to make the maximum use of the time available.

Seventy-nine expectant mothers were examined and seventy-six were found to require treatment. During the 181 visits made, 47 patients had their treatment completed and overall 132 teeth were filled and 106 extracted, necessitating the fitting of dentures to ten patients. Despite the apparent picture given by these figures there was a great emphasis on conservative treatment and the treatment of periodontal (gum) disorders, 61 patients having calculus removed from around their teeth.

For the first time over one thousand (1,019) pre-school children were inspected, but regrettably 642 (63%) were found to require treatment. This is a slightly higher proportion than in 1971, but this slight worsening in the prevalence of dental caries should be reversed over the next few years as the benefit from the adjustment of the fluoride levels of the water supply in the county begins to have its effect.

Conservative treatment again predominated with 680 fillings being inserted, but unfortunately 476 teeth could not be conserved and had to be extracted, 174 general anaesthetics being administered for this purpose. Of the total visits made, 63 were in an emergency.

In all, 577 courses of treatment were completed during the year. This is a substantial increase over 1971 and was managed during almost one-third fewer patient visits. This increase was due to much hard work by all members of staff together with a large increase in the productivity of those members whose clinics were re-equipped during the year with modern ergonomically designed equipment.

Dental health education continued as in past years with talks to parents and their children, as this is still the most effective way of promoting good dental health. Selections of literature were issued for use at home and children continued to receive gift packets containing a toothbrush, toothpaste and a coloured beaker with an inscribed dental health message. Our continued thanks go to those health visitors and staff of the health education department who gave advice, talks and film shows at health clinics.

Pre-school children continue to be of greatest importance to us, for the earlier in life one can contact children the earlier one can apply preventive measures and less treatment is usually required, if any, to render them dentally fit. They can then be maintained in a state of dental fitness throughout their lives with a far briefer expenditure of time applying preventive measures as necessary and by tracking any subsequent disease which appears while in its small early stages.

It is, therefore, hoped to expand our work for this section of the community during the current year by establishing and carefully monitoring an incremental care programme for pre-school children, which will extend eventually through all their years at school.

Finally, our very best wishes go to Mr. H. E. Gray, Chief Dental Officer, for a long and happy retirement after 25 years of service with Derbyshire County Council from July, 1947 until his retirement at the end of 1972."

Welfare foods

The County Council has for many years supplied a limited number of proprietary preparations at ante-natal and child health clinics at approximately cost price. At the ante-natal clinics simple preparations of iron in tablet form (ferrous fumarate and ferrous gluconate) are prescribed by the medical staff in suitable cases.

National Dried Milk, Vitamin A & D Tablets and Children's Vitamin Drops (vitamins A, D & C) continued to be distributed by the authority at 103 clinics, 54 local stores and 2 other centres. Vitamins A, D & C tablets were made available by the Department of Health and Social Security for expectant and nursing mothers when the concentrated orange juice ceased to be supplied as a welfare food on 31st December, 1971.

<i>National Welfare Foods</i> 1972	<i>National Dried Milk</i> (Packets)	<i>Cod Liver Oil</i> (Bottles)	<i>Vitamin A, D & C Tablets</i> (Contain's)	<i>Vitamin Drops</i> (Bottles)	<i>Orange Juice</i> (Bottles)
Issued against coupons:					
Free	3,211	21	270	2,650	172
Issued to:					
NHS hospitals	214	6		1	55
Day nurseries . .	23			414	120
Issued at full price	25,354	1,045	9,154	16,302	65,337
Totals	28,802	1,072	9,424	19,367	65,684

Family planning clinics

The National Health Service (Family Planning) Act, 1967, confers on local health authorities 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 giving advice on contraception, the medical examination of persons seeking such advice and the supply (by prescription or directly) of contraceptive substances and appliances. Authorities may provide, or arrange for other bodies to provide, such advice and supplies for any persons who need them on social or medical grounds, i.e., for women likely to suffer detriment to their health as a result of pregnancy.

The authority has continued to make its clinics available to the Family Planning Association without charge, at agreed times, for the purpose of conducting family planning sessions.

Since April, 1971, the County Council has had an arrangement with the Family Planning Association under which women whose health might be expected to suffer because of increased mental, physical or social burdens placed upon them by pregnancy may obtain free family planning advice and supplies. The intention is to

provide a professionally based service so that medical or professional social workers are able in appropriate cases to arrange family planning services free, and without difficulty. The scheme, therefore, provides facilities for doctors, County Council health visitors, midwives, home nurses and social workers and the Family Planning Association's professional staff to refer medical or social cases to any of the 17 family planning clinics which are available, or for a domiciliary service. The Association's own arrangements under which a remission of charges may be made (in respect of both fees and supplies) on purely financial grounds continued. No distinction is made between the married and the unmarried over the age of 16 years.

During the year 1972, 1,349 women were referred for free family planning services under the above scheme, bringing the total number referred to 1,770 since the inception of the scheme. Since 18th April 1972, the foregoing arrangements have been supplemented by family planning sessions conducted at the Long Eaton clinic by County Council medical and nursing staff. During the year, 18 sessions were held; 110 women made 234 attendances.

PART III—NURSING SERVICES

Management structure of the county nursing service

The nursing services are organised on the basis of an integrated geographical pattern of management, the county being divided into four areas. The establishment provides for a Director of Nursing Services; two Divisional Nursing Officers (on the headquarters staff); and four Area Nursing Officers. The nursing management structure at the end of the year was as follows:-

Director of Nursing Services

Miss P. L. Simon, S.R.N., R.M.N., Q.N., S.C.M., H.V., Admin. Cert. P.H.

Divisional Nursing Officers

Miss M. Addy, S.R.N., S.C.M., H.V., Q.N. (for north of the county)

Miss P. M. Scarborough, S.R.N., S.C.M., H.V., Q.N. (for south of the county)

Area Nursing Officers

Miss V. Cooper, S.R.N., S.C.M., H.V., Q.N.

Miss J. McLeish, S.R.N., S.C.M., H.V.

Miss P. Richards, S.R.N., S.C.M., Q.N.

Miss S. K. Williams, S.R.N., S.C.M., H.V.

Based on

Matlock clinic

Long Eaton clinic

Derby clinic

Buxton clinic

Chesterfield Borough (delegate health authority)

Area Nursing Officer:

Miss M. Hattley, S.R.N., H.V. Town Hall, Chesterfield

Supervisor of Midwives:

Mrs. M. Rhodes, S.R.N., S.C.M. Town Hall, Chesterfield

Training of Nursing Staff

In the past, the authority's nursing staff have been seconded to nearby local authorities for training for the national certificate in district nursing. With the creation of the new nursing management structure described above, it was decided to establish a Derbyshire County Council training scheme for district nurses, making use of the facilities available at the authority's training premises at Darley Dale. In addition to training for the national certificate it is intended to arrange advanced in-service training, including practical work instructors' courses, and to co-operate as needed in providing community nursing experience for hospital trainee nurses.

Co-operation with voluntary bodies

Marie Curie Memorial Foundation for Cancer Relief

The Welfare schemes of this Foundation provide relief for patients suffering from cancer. Assistance can be obtained in two ways: (a) by applying for admission of a patient to one of the Foundation's residential homes; or (b) by seeking assistance through its area welfare grants scheme, which provides for certain needs of

patients who are being nursed at home, and covers the provision of a day and night nursing service for patients suffering from terminal cancer in their own homes. The Foundation has agreed to the implementation of its welfare schemes in Derbyshire, to be administered in conjunction with the county's nursing services.

British Red Cross Society

St. John Ambulance Brigade

Arrangements have been made with the British Red Cross Society for members of their Voluntary Aid Detachment, who have undertaken the BRCS Home Nursing Course, to accompany and assist the County Council's Home Nurses on their visits to patients in the community. Similar arrangements were made with the St. John Ambulance Brigade in respect of their members who hold the higher proficiency level certificate in home nursing. Essentially members undertake, under the direction of the Home Nurses, unskilled nursing duties, particularly with elderly people, such as bed or chair bathing, assisting with bathing in the bathroom, changing of bed linen, changing of personal clothing, nail cutting and hair washing. Generally the Brigade's members will assist where the Society's personnel are not available. These arrangements are mutually beneficial, as they consolidate the training and maintain the interest of members in the nursing field, and relieve home nurses of unskilled work and result in a better service to the patients.

Home nursing

Particulars are given below of the patients treated by Home Nurses:-

<i>Place where first treatment during year by the home nurse took place</i>	<i>Number of persons treated during the year</i>			
	<i>Under 5 (1)</i>	<i>5-64 (2)</i>	<i>65 and over (3)</i>	<i>Total (4)</i>
Patient's home	397	5,428	8,738	14,563
Health Centres	194	1,426	344	1,964
G.Ps' premises (excluding those in health centres) ..	2,255	5,735	2,398	10,388
Maternity & Child Health centres	6	627	26	659
Hospital	—	33	2	35
Residential homes	7	108	66	181
Elsewhere	13	67	24	104
Totals	2,872	13,424	11,598	27,894

At the end of the year there were 137 whole-time and 2 part-time Home Nurses and 8 Home Nurse-Midwives on the staff.

Nursing aids continued to be issued on loan. These include mattresses, beds, wheelchairs, commodes, urinals, crutches, walking sticks and air rings. Ripple beds, for the prevention of bed sores, are frequently lent on a short-term basis in appropriate cases. The number of incontinence pads, pants and pant interliners supplied to patients has continued to increase. In 1961, when they were first supplied, some 3,900 incontinence pads were provided. Last year the number was over 213,000, and during 1972 just over 265,000 were supplied.

Midwifery

The local supervision of midwives practising in the administrative county is the responsibility of the County Council. At the end of 1972 there were 206 midwives on the county roll—121 working in hospitals or maternity homes; 76 employed by the County Council as domiciliary midwives; 8 home nurse/midwives employed by this authority; and one in private practice.

Domiciliary midwifery

The authority provides a domiciliary midwifery service throughout the administrative county. During the year the Council's midwives attended 1,277 home confinements (compared with 1,730 in the previous year, 1,903 in 1970 and 2,263 in 1969). The number of babies delivered in hospitals and other institutions, but discharged and attended by domiciliary midwives before the eighth day, was 6,678, and a further 2,019 were discharged home on or after the eighth day. The domiciliary confinements comprised about 11½% of the notified births, compared with just under 19% in 1971.

Training of pupil midwives

Arrangements have been made with the Sheffield Regional Hospital Board for the training of pupil midwives in the Chesterfield area. These provide for the Board paying the pupil midwives' salaries as well (if necessary) as a weekly sum to the midwife for providing board and lodging for each pupil, while the County Council pays £45 per annum to the Midwifery Teacher.

Health visiting

Details are given below of the work carried out by Health Visitors during the year:-

TABLE 1—HEALTH VISITING—Cases seen by Health and Tuberculosis Visitors during year.

TYPE OF CASE		Total number of cases seen (1)	Number of cases included in col (i) seen at special request of:-			
			Hospital (2)	GP (3)		
1	Children born in 1972	9,505	131	457		
2	Other children aged under 5	18,249	201	468		
3	Persons aged between 5 and 16 seen as part of health visiting, (i.e. excluding those seen as part of school health service)	1,119	197	280		
4	Persons aged between 17 and 64	3,456	304	1,160		
5	Persons aged 65 and over	6,379	724	2,916		
6	Households visited on account of tuberculosis ..	158	30	33		
7	Households visited on account of other infectious diseases	180	13	67		
8	Households visited for any other reason	2,385	60	272		
9	TOTAL	41,432	1,660	5,653		
Number of persons included in lines 1-5 above who are:-		10	Mentally handicapped	168	27	38
		11	Mentally ill ..	139	14	46

TABLE 2—HEALTH EDUCATION SESSIONS (a session must be at least 30 minutes)

Number of health education sessions attended by health visitors:-	12	At health centres	211
	13	At GP premises (excluding those in health centres)	335
	14	At maternity and child health centres	935
	15	At school	339
	16	In hospital	54
	17	Elsewhere	199
	18	TOTAL	2,073
19	Number of health education sessions attended by school nurses	40	

TABLE 3—CASE CONFERENCES (only those lasting at least 30 minutes should be counted).

Number of case conferences attended by health visitors with:-	20	Social Workers	126
	21	Hospital Staff	43
	22	General practitioners	1,208
	23	Any combination of above	28
	24	Others (i.e. none of the above present)	80
	25	TOTAL	1,485

At the end of 1972 there were 100 whole-time and 2 part-time Health Visitors on the staff; 10 student Health Visitors sponsored by the authority; 3 School Nurses and 1 Clinic nurse.

Attachment of nursing staff to general medical practitioners

At the beginning of 1972 only 36 health visitors were working completely within attachment schemes. A further 26 health visitors and 77 home nurses were working partly within attachment schemes but were frequently also working a geographical area. The number of general medical practitioners with health visitors wholly or partially attached was 153, and 170 had partially attached home nurses. Since the advantages of attachment had by this time been amply demonstrated it was decided that a special effort should be made to give every general medical practitioner the opportunity to have his own fully attached nurse and health visitor. With this end in view a plan of suitable attachments was drawn up which allocated nursing staff according to the estimated size of the practice, so that each nurse would be responsible for an approximately equal proportion of the population of the county. The nursing officers then took this plan to the nurses and the doctors, discussed fully the implications and advantages of attachment and made minor adjustments to avoid local problems and to cater for the particular needs of some areas.

By the end of 1972 considerable progress had been made, as can be seen from the following table:-

TABLE 1—Staff working within attachment schemes.

<i>Type of staff attached</i>	<i>Number of staff working</i>		<i>Total</i> (3)
	<i>wholly within attachment schemes</i> (1)	<i>partly within attachment schemes</i> (2)	
1. Health visitors	83	15	98
2. Home (a) S.R.N.	76	34	110
Nurses (b) S.E.N.	3	4	7
3. Staff on combined health visitor/home nurse duties	—	—	—
4. Total	162	53	215

NOTES : Figures refer to persons, not whole-time equivalents. Part-time staff are included in col. (1) if they perform no local health authority duties outside the attachment scheme.

TABLE 2—G.P.'s working within attachment schemes.

<i>Type of staff attached</i>	<i>Number of G.P.'s working within</i>		<i>Total</i>
	<i>full attachment schemes</i> (1)	<i>other attachment schemes</i> (2)	
5. Health visitors only ..	62	16	78
6. Home nurses only ..	34	39	73
7. Health visitors and home nurses	162	23	185
8. Total	258	78	336

NOTES : Full attachment schemes are those in which a health visitor or home nurse is responsible for providing LHA services to all patients on the lists of specified general practitioners with whom she has regular consultations. She is not limited to working within a geographical district.

PART IV—PREVENTION OF ILLNESS, CARE AND AFTER CARE

Health education

Even before a child is born the health educator's skills can begin to have an effect on his future. An understanding of the reasons for correct nutrition and exercise, for the restriction of some practices and the encouragement of others, can benefit both the mother-to-be and the as yet unborn child. After the child is born health education can contribute towards both physical and mental growth and has great importance in the formation of concepts and values that will encourage better health and continued through life will give benefits through childhood, adolescence, parenthood, the middle years and into eventual old age.

Increasing recognition of this not only in the field of preventive medicine, but also for its potential for fostering in the individual a sense of responsibility and concern both for himself and for his environment and community has led to a growing interest in health education by workers in many disciplines, and this is reflected year by year in the increasing demands made upon the health education service. The following table shows the increase in talks and film shows alone that have been arranged over the last five years:-

1968	1969	1970	1971	1972
6,920	7,846	9,273	12,207	14,351

All aspects of the health education service's work show the same rate of increase and an on-going task is to find ways of accommodating an ever increasing demand without any fall-off in the standards of the service; in fact it must be recognised that effective attitude change require increasingly sophisticated techniques and a major concern is that quantity does not take the place of quality.

With these factors in mind a de-centralised system has been designed in Derbyshire. Basically, each of the main clinics is equipped with a 16 mm film projector and slide projection equipment for the use of field workers in the area around the clinic, together with other aids selected to suit particular local needs, for instance Resusci-Annie models at certain centres. Important functions of the central office are to provide advice and in-service training in learning and teaching techniques, learning resources and educational technology, and to hold stocks of and distribute those items of equipment and materials best held on a centralised basis, for example the film

library is the largest held for purely health education purposes in the country. The production of specialised teaching materials including 16 mm. films is carried out, as are many health education projects best organised on a county-wide basis. The general aim is to strengthen and extend the functions of every member of the health education team and to supplement their activities in a sustained way, whatever their basic disciplines.

The effects of smoking on health continue to be one of the topics of great concern in health education, and the Derbyshire Action on Smoking and Health Committee, which is composed of doctors from hospitals, general practice, industry and public health continued its activities with the active co-operation of the health education service. This topic was the subject of one of the campaigns during 1972, but work in this area goes on through the whole year.

In-service training has continued, following established patterns, as well as advising and giving assistance in arrangements for training courses organised by other services of the county health department. Training syllabuses for workers in allied disciplines now include an increasing amount of health education, both for the students personally and with a view to the opportunities they will have to educate others on taking up their occupations. Although this has led to a corresponding increase in requests for advice and involvement in the training of student nurses, teachers and social workers, this is a most rewarding and fruitful part of the work of the health education service, and will provide for future needs for field health educators.

The 14 Home Safety Committees in Derbyshire continue to devote much time and effort to the reduction of home accidents, and it is pleasing to note a further slight decrease in the number of deaths attributed to home accidents. The Derbyshire Home Safety Liaison Committee met quarterly throughout the year and has done much to co-ordinate the work of the individual Committees and facilitate the exchange of information. During the year the Liaison Committee undertook the organisation of the County section of the Area Home Safety Quiz. Over 70 teams entered the competition in Derbyshire alone, and the Bamford Women's Institute, winners of the Derbyshire finals went on to become East Midlands Champions. It was generally agreed that great interest in home accident prevention had been engendered, and the Quiz is now planned as an annual event.

New health hazards continually develop, and more groups within the community emerge each year that are vulnerable and in need of help and advice. During 1972 the health education service was actively involved in programmes of education with a recorded total audience of over 743,000, as well as children in virtually every school in the county. Some of the problems make daily headlines, but there are many dangers to health or factors that detract from the quality of life that though less dramatic can be equally damaging and the need for health education and the development of adequate techniques of persuasion will continue to grow.

Chiropody

Mr. B. Blank, the Chief Chiropodist, has provided the following report:-

The Chiropody Service continues to provide treatment for the aged, handicapped and expectant mothers.

The demand for this service continues to increase, there being an increase during the year of more than one third in the number of patients for domiciliary treatment and an increase of 8% in patients referred to the clinics.

An additional clinic was established in August at the Butts Road, Medical Centre, Bakewell. The service being provided at Bakewell has the twofold effect of providing chiropody in an area previously without treatment facilities and also helping to reduce the caseload at the Matlock Clinic where a long waiting list had developed.

Bulk purchase of drugs and dressings has been instituted which, while not reducing the over-all cost of these expensive items served to absorb any increase reflected by increasing costs.

A start has been made in the introduction of appliance work which improves the quality of the service but mainly because of the constantly increasing pressure of work upon the chiropodists, progress has been slow in this direction.

An additional full-time chiropodist has been introduced into the north of the county to undertake much of the domiciliary work previously assigned to part-time staff as part of our efforts to re-deploy the chiropody resources at our disposal to better effect.

Chiropody is carried out at 29 clinics in the county. The number of chiropodists employed at the end of the year was one chief, six senior and fifteen part-time chiropodists, equal altogether to approximately 12.2 officers (establishment 15 whole-time officers.)

The following table indicates the treatment carried out during 1972:-

	<i>Elderly</i>		<i>Physically handicapped</i>		<i>Expectant mothers</i>		<i>No. of clinic sessions</i>
	<i>Patients</i>	<i>Treatments</i>	<i>Patients</i>	<i>Treatments</i>	<i>Patients</i>	<i>Treatments</i>	
Treatment at clinics	7,362	26,768	194	701	12	32	4,054
Domiciliary treatment	1,687	4,375	91	274	—	—	—
Total	9,049	31,143	285	975	12	32	

Total number of patients = 9,344 Total number of treatments = 32,150

Adaptation of homes to install artificial kidney machines

Circular 2/68 of the Ministry of Health authorised health authorities to make arrangements for the adaptation of dwellings or the provision of additional facilities which may be necessary for installing equipment to enable intermittent haemodialysis to be carried out at home. The need for home adaptations of this nature has continued to increase, and the authority made financial contributions to eleven cases (including 1 in Chesterfield Borough) during the year, bringing the number of cases assisted since 1967 to nineteen (including three in Chesterfield Borough). Seven of these cases involved a minor modification to the patients home and four used a mobile portakabin dialysis unit sited adjacent to the house.

In order to deal as expeditiously as possible with requests the following procedure has been agreed:-

As soon as a request for renal dialysis facilities at home is received the house will be visited to ascertain whether it is feasible to accommodate the necessary equipment by (a) relatively small modifications to the home, or (b) if this is not possible, whether a mobile portakabin dialysis unit can be sited adjacent to the house, or, if neither (a) nor (b) is feasible, and it is not practicable to attempt to provide alternative accommodation whether adaptation of the patient's home by a traditionally built extension is feasible. It is considered that in most cases a portakabin unit is likely to be suitable. The use of such a pre-assembled self-contained unit reduces delay to a minimum (by storing one in the County ready for immediate delivery to the site when required it should be possible for the unit to become operational within a month). The cost is comparable with other types of structure when the quality of building required is taken into consideration together with the fact that a portakabin, being designed for a life in excess of 20 years, may be used over again in different locations within the County. Also the use of a portakabin avoids altering the design of a district council house (which can be left as a "standard" unit of accommodation) and in the case of a private house, no question of housing improvements arises. The cost of providing a portakabin and the extra drainage system and installing it is in the region of £1,300. Where a council house is involved the appropriate local housing authority will be asked to contribute 50% of the cost. Where a portakabin unit is installed, and it is no longer needed, then the local housing authority will be reimbursed a proportion of their contribution equivalent to the remaining estimated life of the unit.

Population screening surveys

Exfoliative cytology

(smear tests for cancer of the neck of the womb)

During the year, 4,138 cytology smears were taken at 25 clinics.

Phenylketonuria

In the greater part of the county, i.e. that which lies within the area of the Sheffield Regional Hospital Board, the domiciliary midwives carried out the "Guthrie" blood test for the detection of phenylketonuria. In the north-west of the county, which is within the area of the Manchester Regional Hospital Board, the "Scriver" test is used.

No positive result was recorded in children born during the year.

PART V—AMBULANCE SERVICE

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 two sub-stations 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 from 8 a.m. to midnight daily, night cover was afforded by standby arrangements augmented by the main stations' resources.

The special mutual aid arrangements between the County Council and Derby County Borough which were commenced on 1st January, 1969 were continued during the year.

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.

Ambulance Station	Telephone Numbers		Address
	8 a.m. - midnight	midnight - 8 a.m.	
Main Station *MICKLEOVER	At all times		Station Road, Mickleover, Derby.
Sub-Stations Ashbourne	Derby 53916		Park Avenue, Ashbourne.
Long Eaton			Briar Gate, Long Eaton.
Swadlincote			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	At all times		Park Road, Buxton.
Sub-Stations New Mills	Buxton 2012		Park Road, New Mills.
Bakewell			Baslow Road, Bakewell.
Glossop			Chapel Street, Glossop.
Main Station *CHESTERFIELD	At all times		Old Road, Ashgate, Chesterfield.
Sub-Stations **Eckington	Chesterfield 6282		Castle Hill, Eckington.
**Heath			M1. Compound, Holmewood Road, Heath.

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

**Manned throughout the 24 hours.

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, mentally sub-normal and physically handicapped 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 Ashbourne Ambulance Station provided transport for the conveyance of educationally sub-normal children to and from the Cokayne Centre, Ashbourne, on behalf of the Education Department, and the Glossop, Buxton and New Mills Ambulance Stations provided transport for the conveyance of trainees to and from the Alderbrook Adult Training Centre on behalf of the Social Services Department. Transport was also provided on behalf of the Social Services Department for persons attending various centres for day care.

Four special vehicles for the transportation of the physically handicapped on behalf of the Social Services Department were operated from the Chesterfield, Heath, Glossop and Long Eaton Ambulance Stations. The Ambulance Service was responsible for their general maintenance and for providing the drivers.

Conveyance of patients by rail

Whilst the conveyance of patients by ambulance/rail/ambulance transport is generally accepted as the recognised method for long distance journeys, difficulties are becoming more prevalent in obtaining a suitable compartment for this purpose. The number of rail journeys undertaken during the year under review was 51 compared with 86 the previous year.

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.

With regard to the transportation of cases of smallpox or suspected smallpox, however, the arrangements made by the Regional Liaison Committee of Local Health Authorities and the Sheffield and Manchester Regional Hospital Boards were continued. This provided for the transportation of all cases or suspected cases of smallpox arising in the north of the region to be dealt with by the Sheffield Ambulance Service and in the south of the region by the Leicestershire Ambulance Service; also for all such cases arising in the north-west of the County to be conveyed by the Manchester 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 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>		
1968	143
1969	93
1970	124
1971	116
1972	149

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.

During the year, in conjunction with the other emergency services, meetings took place with the staff of the East Midlands Airport in connection with major accident procedure and exercises were arranged.

An exercise was also carried out in connection with the removal of casualties from surface buildings of a disused colliery in the north-east of the County.

Telecommunications

The system comprising the use of two frequencies, i.e. one for the north and one for the south of the county, was continued during the year. The following table indicates the number of mobile equipments under the respective fixed stations on 31st December, 1972.

<i>Controlling Base Station</i>	<i>Sub-Station</i>	<i>Number of Mobile Equipments</i>
Buxton .. ..	.. ..	11
	<i>Bakewell</i>	5
	<i>Glossop</i>	6
	<i>New Mills</i>	5
Chesterfield ..	.. ..	13
	<i>Eckington</i>	10
	<i>Heath</i>	6
Mickleover ..	.. ..	8
	<i>Ashbourne</i>	4
	<i>Long Eaton</i>	7
	<i>Swadlincote</i>	6
Ripley .. ..	.. ..	13
	<i>Ilkeston</i>	6
	<i>Matlock</i>	6
	Total ..	106

In addition to the above each of the four control stations at Buxton, Chesterfield, Mickleover and Ripley hold special UHF equipment with pocket sets for dealing with major incidents.

Personnel

(a) Safe driving awards

The following table shows the results of the 1972 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
1967	242	5	26	108	5	43	9	23	4	10	-	1	-	1	7
1968	237	2	33	91	12	40	6	26	3	12	1	2	-	-	7
1969	198	2	32	89	8	28	7	13	3	4	1	1	-	-	10
1970	199	5	38	76	16	26	9	10	1	5	-	3	-	-	10
1971	201	4	29	73	17	35	1	23	1	5	-	3	-	-	13
1972	225	13	40	77	9	47	2	18	2	4	2	3	-	-	8

The total number of accidents in which ambulance service vehicles were involved during the year was 155, compared with 116 for 1971.

(b) Training

During the year the service continued its policy of training by way of induction courses held at South Darley for new entrants and by the attendance of ambulance personnel on six weeks' basic training courses (leading to the award of the Proficiency Certificate) and on two weeks' refresher courses at Wrenbury Hall, Cheshire.

In accordance with Department of Health and Social Security circular LHAL 8/72 dated 31st January, 1972, arrangements were made with the Derbyshire Royal Infirmary, Chesterfield Royal Hospital, Stockport Infirmary, Ashton General Hospital and the Burton District Hospital Centre for ambulance personnel to receive one week's hospital training.

Special instruction was also arranged with Consultant Anaesthetists in the use of "Entonox" by the Ambulance Service as recommended in Department of Health and Social Security circular LHAL 50/71 dated 29th December, 1971.

(c) Establishment

The following table shows the authorised establishment of ambulance personnel at 31st December, 1972:-

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	-	2	32
Chesterfield	1	5	-	24	-	7	37
Eckington	1	5	-	20	-	1	27
Glossop	1	-	1	-	9	1	12
Heath	1	5	-	12	-	6	24
Ilkeston	1	-	1	-	10	-	12
Long Eaton	1	-	1	-	10	1	13
Matlock	1	-	1	-	10	2	14
Mickleover	1	5	-	21	-	3	30
New Mills	1	-	1	-	9	1	12
Ripley	1	5	-	24	-	9	39
Swadlincote	1	-	1	-	10	1	13
TOTAL ..	14	30	8	125	75	34	286

Vehicles

In respect of the year under review the following vehicles were ordered:-

- (a) Eight Bedford/Hanlon Ambulances on the J1 chassis;
- (b) Two Range Rover/Lomas Ambulances;
- (c) Thirteen Bedford/Wadham 25 cwt. C.F. dual purpose ambulance conversions;
- (d) One Bedford/Wadham 25 cwt. C.F. purpose-built ambulance;
- (e) One Bedford/Lomas 25 cwt. C.F. purpose-built ambulance.

The following vehicles were operational on 31st December, 1972:-

<i>Location</i>	<i>Number of ambulances</i>	<i>Number of light ambulances</i>
Ashbourne	3	1
Bakewell	3	2
Buxton	7	4
Chesterfield	10	2
Eckington	7	3
Glossop	4	1
Heath	5	1
Ilkeston	4	2
Long Eaton	6	1
Matlock	4	3
Mickleover	6	3
New Mills	4	-
Ripley	9	4
Swadlincote	3	3
Totals ..	75	30

The following Table shows the number of patients conveyed by ambulance stations and the mileage covered by ambulances and light ambulances during 1972:-

Station	Light Ambulances			Ambulances			Totals		
	Accident & emergency	Total cases	Mileages	Accident & emergency	Total cases	Mileages	Accident & emergency	Total cases	Mileages
Buxton	15	6,612	62,082	750	13,674	105,009	765	20,286	167,091
Chesterfield	8	6,184	45,957	1,258	35,560	181,861	1,266	41,744	227,818
Eckington	66	9,605	75,071	607	16,004	103,272	673	25,609	178,343
Heath	3	2,672	23,192	739	19,742	116,296	742	22,414	139,488
Mickleover	8	6,878	76,500	524	15,225	141,836	532	22,103	218,336
Ripley	25	6,251	54,354	1,033	36,671	285,532	1,058	42,922	339,886
Ashbourne	17	2,174	21,786	330	5,409	50,706	347	7,583	72,492
Bakewell	11	4,251	45,562	306	5,135	55,336	317	9,386	100,898
Glossop	70	7,746	38,511	911	10,742	56,117	981	18,488	94,628
Ilkeston	23	5,445	32,144	566	12,556	65,372	589	18,001	97,516
Long Eaton	32	2,802	19,119	540	19,106	103,996	572	21,908	123,115
Matlock	30	6,849	73,011	684	10,496	81,311	714	17,345	154,322
New Mills	—	1,466	10,906	245	11,889	67,371	245	13,335	78,277
Swadlincote	10	7,346	45,663	270	16,617	79,949	280	23,963	125,612
TOTALS	318	76,281	623,858	8,763	228,826	1,493,964	9,081	305,107	2,117,822

NOTE : The above figures do not include details of educationally subnormal children conveyed to and from the Cokayne Centre, Ashbourne, on behalf of the Education Department and trainees conveyed to and from the Alderbrook Adult Training Centre and persons attending various centres for day care on behalf of the Social Services Department.

PART VI—OTHER SERVICES

Health Centres

Ashbourne

This health centre, situated in Compton, Ashbourne, which provides accommodation for two group practices each of three general medical practitioners, together with the authority's health services, was completed in 1972 and came into operation in January, 1973.

Chesterfield Borough

A health centre is being erected at Saltergate, Chesterfield, to provide accommodation for 12 doctors and facilities for the local health authority's health services.

Tibshelf

A health centre has been established by an extension based on the existing modern purpose built doctors' surgery in High Street, Tibshelf, thus providing facilities for the local authority health services and the three general medical practitioners. This came into operation on August 8th, 1973.

Clowne

The existing clinic at Clowne has been extended and adapted in order to provide a health centre for three general medical practitioners in addition to the local health authority's health services. The new arrangements came into effect from March 3rd, 1973.

Altogether there are now five health centres in operation, and one in the course of erection. Thirteen more are included in the proposed building programme and a further four are under consideration.

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

The position on December 31st, 1972 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.
Lismore Nursing Home, 14 Lismore Road, Buxton	19 Cases.
St. Mary's Nursing Home, Ednaston Lodge, Ednaston	22 Medical and Surgical Cases.
Cliff House Nursing Home, Cliff House, Clowne, Nr. Chesterfield	24 Medical Cases.
Borrowash House, Borrowash, Derby ..	20 Unmarried Mothers.

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 the year two nursing agencies were licensed by this Authority.

PART VII—EPIDEMIOLOGY

Vaccination and immunisation

The authority's services provide immunisation facilities against diphtheria, measles, german measles (rubella), poliomyelitis, tetanus and whooping cough. These prophylactics are available at 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.

Diphtheria, pertussis (whooping cough), tetanus, poliomyelitis, measles and rubella.

The following is a copy of the return submitted to the Department of Health and Social Security:-

Vaccination of persons under age 16 completed during 1972

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

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP	301	5,570	1,736	180	179	64	8,030
3. Diphtheria/Pertussis ..	2	9	2	1	—	—	14
4. Diphtheria/Tetanus ..	12	139	54	14	137	124	480
5. Diphtheria	2	2	5	1	—	—	10
6. Pertussis	2	2	6	1	1	5	17
7. Tetanus	2	8	4	3	10	235	262
8. Salk	—	—	—	—	—	—	—
9. Sabin	257	5,742	1,758	191	413	173	8,534
10. Measles	31	2,911	2,530	561	922	249	7,204
11. Lines 1+2+3+4+5 (Diphtheria)	315	5,720	1,792	195	319	188	8,529
12. Lines 1+2+3+6 (Whooping Cough) ..	305	5,581	1,743	182	179	64	8,054
13. Lines 1+2+4+7 (Tetanus)	315	5,717	1,795	197	327	428	8,779
14. Lines 1+8+9 (Polio) ..	257	5,742	1,758	191	413	173	8,534

TABLE 2.—RUBELLA.

Number of girls vaccinated between their 11th and 14th birthday	2,672
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TABLE 3—Reinforcing Doses—Number of persons under age 16.

Type of vaccine or dose	Year of Birth					Others under age 16	Total
	1972	1971	1970	1969	1965-68		
1. Quadruple DTPP ..	—	—	—	—	—	—	—
2. Triple DTP	8	208	508	134	1,563	199	2,620
3. Diphtheria/Pertussis ..	—	14	—	—	12	3	29
4. Diphtheria/Tetanus ..	9	38	90	61	4,362	786	5,336
5. Diphtheria	—	1	—	—	14	3	18
6. Pertussis	1	11	3	—	9	4	28
7. Tetanus	3	16	9	41	88	823	980
8. Salk	—	—	—	—	—	—	—
9. Sabin	20	117	220	101	6,088	1,007	7,553
10. Lines 1+2+3+4+5 (Diphtheria)	17	261	598	195	5,951	981	8,003
11. Lines 1+2+3+6 (Whooping Cough) ..	9	233	511	134	1,584	206	2,677
12. Lines 1+2+4+7 (Tetanus)	20	262	607	236	6,013	1,798	8,936
13. Lines 1+8+9 (Polio) ..	20	117	220	101	6,088	1,007	7,553

Bacillus Calmette Guerin (B.C.G.) vaccination against tuberculosis

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:-

	Contact scheme	School children and students
No. skin tested	468	5,426
No. found positive	89	698
No. found negative	358	4,359
No. vaccinated	269	4,363

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 Department of Health and Social Security 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 £1.05 is made for each vaccination performed. During the year 441 persons were vaccinated against yellow fever and provided with International Certificates.

Tuberculosis

The following are particulars of the new cases of tuberculosis of which notification was received during 1972:-

Age Groups	0	1	2	5	10	15	20	25	35	45	55	65	75	Un-known age	Total all ages
<i>Respiratory—</i>															
Males	-	1	1	-	-	-	4	3	3	6	12	7	3	1	41
Females	1	1	1	-	-	1	1	3	4	3	3	3	4	-	25
<i>Non-Respiratory—</i>															
Males	-	-	-	-	-	-	2	-	-	1	1	-	1	-	5
Females	-	-	1	-	-	-	-	2	-	-	3	1	-	-	7
Total	1	2	3	-	-	1	7	8	7	10	19	11	8	1	78

The following table shows the numbers of new cases and deaths since 1914, when the figures were first recorded. It will be seen that the steady and generally consistent decline in new cases has not been maintained in 1972.

Year	Respiratory		Non-respiratory	
	New cases	Deaths	New cases	Deaths
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	—
1968 ..	79	14	24	4
1969 ..	63	11	13	10
1970 ..	57	13*	6	1
1971 ..	63	17**	15	1
1972 ..	66	19***	12	—

*Includes 8 deaths from late effects of respiratory tuberculosis.

** " 4 " " " " " "

*** " 8 " " " " " "

Venereal Disease

The following information has been received from treatment centres concerning the attendances of Derbyshire residents:-

Treatment Centre	Number of new cases in the year				
	Totals all venereal conditions	Syphilis		Gonorrhoea	Other venereal conditions
		Primary & Secondary	Other		
Royal Hospital, Chesterfield ..	451	—	3	75	373
Derbyshire Royal Infirmary ..	506	—	9	75	422
Burton & District Hospital ..	36	—	—	8	28
St. Thomas' Hospital, Stockport ..	73	—	—	13	60
Mansfield General Hospital ..	38	—	—	6	32
Royal Infirmary, Sheffield ..	82	—	—	7	75
Special Treatment Centre, Nottingham ..	246	—	—	43	203
Ashton-under-Lyne General Hospital ..	11	—	—	—	11
Totals ..	1,443	—	12	227	1,204

The County Council's medical officers and health visitors have been designated to undertake contact tracing and follow-up persons believed to be suffering from venereal disease, with a view to persuading them voluntarily to undergo a medical examination, and, if necessary, to receive treatment.

The subject of sex education and personal hygiene forms part of the programme of health education: 2,247 sessions were assigned to this during the year and reached a total audience of over 109,000. These included 1,121 sessions in schools.

PART VIII—ENVIRONMENTAL HEALTH

Inspection and supervision of food

Milk supply

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

As a Food and Drugs Authority, the County Council is responsible for the licensing and supervision under these Regulations of milk heat treatment plants and milk dealers, other than producer-retailers. Samples taken in connection with this work are dealt with at the Public Health Service Laboratory at Derby and thanks are expressed to the Director for his ready co-operation at all times.

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.

All licences were renewed at the end of 1970, for a further period of five years.

Mention should be made of some amendment Regulations, the Milk (Special Designation) (Amendment) Regulations, enacted during the year and operative from 1st October, which authorised the ultra heat treatment of milk by the direct application of steam. Excess water is subsequently abstracted in the processing. This method of treatment of milk is new to this country, but has been in use on the continent for some years. As there are no ultra heat treatment plants in the county it is unlikely that the new process will be established here in the foreseeable future.

Pasteurising plants

Five pasteurising plants were in operation during 1972. This is one less than previously reported, Unigate Foods Ltd., at Egginton Junction, having ceased to operate under the Regulations. The full list of establishments is given below.

<i>Name</i>	<i>Address of Establishment</i>
Buxton Spa Dairies Ltd.	The Creamery, Green Lane, Buxton.
Ilkeston Co-op. Society Ltd.	Derby Road, Ilkeston.
A. Heathcote & Son Ltd.	Foxlow Farm, Buxton.
J. Payne	Sunny View Dairy, Buxton.
B. Wild	Beard Hall Farm, New Mills

Of the five plants, two are "high temperature short time" (H.T.S.T.) and three "holder" types.

Supervision of all plants is carried out as a regular routine. Generally speaking, very little trouble is encountered and Dairy Managers are most anxious to co-operate with the authority.

The sampling figures for the year are given 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>	
Pasteurised	77	81	1	—	81

NOTE: (a) M.B. means the Methylene Blue Test; Phos. means the Phosphatase Test.

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

No cause could be found for the methylene blue test failure which was from a holder-type plant.

Sterilizing Plants

Ultra-heat treatment Plants

There are no plants of either type in the County.

Milk Dealers

The number of licensed dealers is given below.

	<i>As at 1.1.72</i>	<i>As at 31.12.72</i>
Dealers untreated milk (bulk handling and bottling) licences	9	9
Dealers pre-packed milk licences ..	817	815

There is still a hard core of untreated milk sales (the Ministry of Agriculture licence producer/retailers) in the County and although the brucella abortus campaign has helped to reduce these sales, it is quite clear that some of the population prefer to purchase and drink raw milk and will continue to do so as long as it is available.

The sampling figures from milk dealers for 1972 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	*896	948	20	-	948
	*32 samples not tested for Methylene Blue as shade temperature exceeded 70°F.				
	<i>Turbidity</i>				
	<i>Satisfactory</i>		<i>Unsatisfactory</i>		
Sterilized	57		-		57
	<i>Colony Count</i>				
	<i>Satisfactory</i>		<i>Unsatisfactory</i>		
Ultra-Heat Treated	30		-		30
	<i>Methylene Blue</i>				
	<i>Satisfactory</i>		<i>Unsatisfactory</i>		
Raw Untreated	50		10		60
	Total ..				1,095

It will be seen that the failures recorded this year were solely of the methylene blue test (for keeping quality) and the number recorded shows a slight but continuing improvement. Untreated milk sample failures continue to be the real problem.

Of the total number of samples taken, including those from pasteurising plants, 1,250 in all, 625 (50%) were from two processing dairies in Sheffield and Nottingham, 947 (76.6%) from nine dairies, and 1,040 (83.2%) from thirteen dairies.

This year these figures show a decrease, rather against the trend of previous years, and is probably accounted for by a slightly different pattern in actual sampling.

Two experiments in plastic packaging came to an end during the year. The first was a plastic bottle contract with a supermarket chain and the second was a "soft" plastic package by a Co-operative Society in Nottinghamshire but with large sales in Derbyshire.

These experiments showed the strong consumer resistance to anything but a glass bottle. When a price increase is encountered at the same time, the resistance is even greater.

Brucella abortus

With regard to brucella abortus sampling, a major policy change was made early in the year. As a result of a meeting held in February, a rationalisation of sampling was agreed whereby Ministry of Agriculture officers would be responsible for the sampling of "Accredited" producers, and local authorities' officers would continue to deal with all others, including "qualifying" and non-scheme herds, subject to close liaison with district Medical Officers of Health in relation to disease in humans and active infection in scheme herds. This agreed action followed from the growing numbers of producer-retailers becoming "Accredited" under the Brucellosis Scheme and the consequent need to avoid duplicate and wasteful sampling and laboratory examination procedure. In practice, it has worked very well and there has been an adequate flow of information between the parties directly concerned. At the time of writing this report there are 83 "Accredited" producer-retailer herds in Derbyshire and 38 "qualifying under the Scheme". These figures represent percentages of 40.9 and 18.7 respectively.

As usual, limited sampling was carried out in the County by the County Health Inspector during the year. 34 bottle samples were examined and from these resulted 4 positive ring tests, 1 positive culture test and 1 positive 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 agreement between the County Council, the Derby Borough Council and the South Derbyshire Water Board for the fluoridation of water supplies within the Board's area was completed on 31st December, 1970, and progress in implementation has followed that agreement. Two treatment stations at Little Eaton and Homesford (the latter with two feeds to reservoirs at Crich and Chadwick Nick) have been in operation since 1971. These two stations cover 80% of the population in the Board's area in the County (some 33% of the total county population.)

During the year, the original programme continued to be implemented. Plants became operational at Stanton-by-Bridge and Belper Meadows. In addition, proportioning gear at Belper was operational in January, enabling fluoridated water to be supplied to parts of the Belper area. The plant at Risley installed in 1971

was dismantled late in 1972 and was being installed at Lindway, to cover Alfreton, and would be in use early in 1973. The population involved in the Risley zone is now receiving fluoridated water from the Little Eaton plant. A plant installation at Wirksworth was near completion at the end of the year. This means that in the early part of 1973 the Board's programme will have been completed and only the Ashbourne U.D. area will not have fluoridated water as the agreement does not include treatment of sources in that district. Cubley borehole in the Ashbourne R.D. contains natural fluoride of the order of 0.98 p.p.m. and water from it is supplied to a considerable part of that district.

An agreement was completed in December, 1971, for the fluoridation of water supplies in the Buxton area, between the County Council and the North Derbyshire Water Board. This scheme is well advanced and should become operational during 1973.

Discussions have been held during the year on proposals for the fluoridating of water supplies in the County area with Central Nottinghamshire Water Board (for Blackwell R.D.) and Stockport Water Board (for New Mills and Whaley Bridge U.D.'s). The Clerk has been authorised to complete agreements with these two Water Boards. Manchester Corporation have also put forward proposals for a scheme for Glossop and a small part of Chapel R.D. which have been agreed in principle.

Samples of the fluoridated water supplies have been taken by the County Public Health Inspector at various points on the distribution system and submitted to the County Analyst for examination. The results of these tests are given below:-

<i>Treatment Station</i>	<i>Fluoride in p.p.m.</i>						<i>Total</i>
	0.6	0.7	0.8	0.9	1.0	1.1	
Homesford (Chadwick Nick)	—	3	6	6	2	3	20
Homesford (Crich)	1	—	—	3	7	4	15
Homesford (Crich) and Little Eaton (mixture)	1	1	1	1	4	—	8
Risley	—	—	1	5	1	—	7
Stanton-by-Bridge	—	—	—	1	3	—	4
	2	4	8	16	17	7	54

An arrangement has been made with the Engineer to the South Derbyshire Water Board whereby sampling figures are exchanged. Both sets of sample results are forwarded to the Department of Health monthly.

Water Supplies

Rural Water Supplies and Sewerage Acts, 1944 to 1965.

Four schemes were considered by the Department during the year as follows:-

<i>Scheme</i>	<i>Locality</i>	<i>Estimated cost</i>
<i>Submitted by</i>		
North Derbyshire Water Board	Outseats (Bakewell R.D.C.) ..	£7,936
do.	Mortonside, Sittinglow & Doveholes (originally submitted in 1966)	£24,900
do.	Ashover	£136,000
South Derbyshire Water Board	Tissington	£39,981

The County is covered mainly by Water Boards, but in part of the south by a private company. The following reports from the two principal Boards covers 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 ..	94,528	265,248
No. of houses supplied from standpipes or mains	—	—
No. of houses not supplied from standpipes or mains	1,433	4,012
<i>No. of connections made during year:-</i>		
(a) existing houses		12
(b) new houses		2,301
(c) other premises		65

Schemes started and/or completed during the year:-

<i>Description</i>	<i>Starting date</i>	<i>Completion date</i>
Wash Green Booster Station		November, 1972
9" dia. main, Breamfield Lane to B.P.T. at Wash Green		February, 1972
Reconstruction of Belper Meadows P.S.		July, 1972
6" dia. Little Eaton to Whittaker Lane	January, 1972	April, 1972
6" dia. Morley to Smalley	January, 1972	March, 1972
6" dia. Church Broughton to Sudbury	March, 1972	May, 1972

800 mm./610 mm. Main, Drum Hill to King's Corner	April, 1972	September, 1972
18" dia. King's Corner to Risley Reservoir	February, 1972	October, 1972
Ladycross Reservoir Extension	June, 1972	
15"/12"/9" Main, King's Corner to Locko Park Gates	September, 1972	
Remedial Works at Bullsmoor Reservoir	November, 1972	
Construction of Ladyflatte Booster Station		November, 1972
6" dia. Main, Uppermoor Reservoir to Newhaven	November, 1972	December, 1972
12" dia. Main, Wolds to Two Dales		April, 1972
9"/6" dia. Main, Sydnope to Palethorpe		May, 1972
18" dia. Main, Derby Road to Tamworth Road, Long Eaton	April, 1972	October, 1972
12" dia. Main, Dunshill Reservoir to Borrowwash	February, 1972	June, 1972
Wolds Reservoir		July, 1972
Chadwick Nick Transfer Pumping Station		November, 1972
Sydnope Pumping Station		April, 1972
Palethorpe Tank		April, 1972
Stanton-by-Bridge Pumping Station	February, 1972	
Lea Moor Reservoir		July, 1972
3" dia. Main, Wheatcroft to Plaistow		July, 1972
9" dia. Cuckoostone Outlet Main	October, 1972	November, 1972

Sewerage and sewage disposal

Rural Water Supplies and Sewerage Acts, 1944 to 1965.

One scheme was considered by the Department during the year, this was submitted by Chesterfield R.D.C. for the Alton locality.

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	105,379	312,500	(mid 1971 census figure)
No. of houses supplied from standpipes on mains . .	15	45	
No. of houses not supplied from standpipes on mains . .	1,163	3,489	
No. of connections made during year:			
(a) existing houses	23		
(b) new houses	1,922		
(c) other premises	70		(18 R.V. 52 metered)

MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT

(at 31st December 1972)

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PRINCIPAL MEDICAL OFFICER, PREVENTIVE AND NURSING SERVICES

K. CARTWRIGHT, M.B., Ch.B., D.P.H., M.F.C.M.,
D.P.M., M.R.C.Psych.

MEDICAL OFFICER FOR CHESTERFIELD BOROUGH

H. BAILEY, M.B., Ch.B., D.P.H., M.F.C.M.

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J. A. GAWTHORPE, M.B., Ch.B.
SHEELAGH PEEL, M.B., Ch.B., D.P.H. (Part-time)

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

*Also District Medical Officer of Health

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- Chief Dental Officer:* H. E. GRAY, L.D.S.
- Area Dental Officers:* J. S. BENNETT, B.D.S.
T. BETTON, B.D.S.
EDITH M. HAGUE, L.D.S.
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R. C. WOOLGROVE, B.D.S.
- Chesterfield Borough* C. C. GRANT, L.D.S., Senior Dental Officer
HELEN E. HAMMOND, B.Ch.D.

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96	Oral medicine	96	Oral medicine
97	Oral surgery	97	Oral surgery
98	Oral pathology	98	Oral pathology
99	Oral radiology	99	Oral radiology
100	Oral medicine	100	Oral medicine







