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Derbyshire County Council.

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# ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER,

For the Year 1927,

BY

W. M. ASH,

M.B., B.S. (LOND.), F.R.C.S. (ED.), D.P.H. (VICT.),

COUNTY MEDICAL OFFICER OF HEALTH,

AND

SCHOOL MEDICAL OFFICER.

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Massachusetts State Board of Health

# ANNUAL REPORTS

OF THE

STATE BOARD OF HEALTH

FOR THE YEAR 1907

BOSTON

1908



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

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the Thirty-eighth Annual Report on the health of the County of Derby and the Twenty-first Annual Report on the work of the School Medical Service.

In accordance with the request of the Ministry of Health this report is an Interim report, as distinct from a Survey report, and as such is confined to statistics and any matters of particular importance which have occurred during the year under review.

This year I have again combined the General Health and School Medical Reports, for I hold that the School Medical Service is an integral and important part of the general Health Services of a County. However the combination of the two reports has given rise to considerable difficulties for the reason that the general Health Reports from several of the Local Sanitary Districts have not reached me until late in the year following that to which they refer. Last year some Medical Officers of Health were written to no less than six times urging them to complete their reports, but notwithstanding, many did not comply with the request until well into the second half of the year; the last report for 1926 not reaching me until November, 1927. Last year and again this year it has been necessary to get copies of the School Medical Section of the Report specially printed for submission to the Board of Education, who require it by April 1st. This tardiness in writing annual report has become more marked in recent years and appears to be general throughout the country. Until all the reports from Local Sanitary Authorities are received it is impossible for the County report to be compiled. The Public Health Committee this year instructed the Clerk to press for early presentation of local reports, but although there has been a considerable improvement, a few reports were again very late in being sent in.

From this report it will be seen that the Medical Services of the County have been amplified and improved in many directions during the year.

I would particularly direct attention to that part of this report dealing with Bretby Hall. In June, 1925, when I took up duty, the Hall was in the hands of a caretaker who had been there since 1920, and little or no progress had been made with the equipping of the building as a hospital. Now it is fully equipped and accommodates 63 cases, 55 tuberculous cripples and 8 non-tuberculous cripples. There has been added an up-to-date operating theatre, a fully equipped X-ray and light department, a fully qualified teacher has taken up duty, an assistant teacher has been appointed and a Medical Officer is in residence. In addition, plans and specifications for a modern open-air block to accommodate 50 children have been completed and building operations have commenced, whilst the plans of another open-air block to accommodate 32 adults suffering from non-pulmonary tuberculosis have been submitted for the approval of the Ministry of Health.



Concurrent with these extensions for in-patient treatment have been the extensions for out-patient treatment of orthopædic cases and after-care of cases treated at Bretby. It will be seen that two chains of orthopædic clinics have been established, one running up the thickly populated eastern border of the County from south to north, and one stretching up the valleys of the Rivers Derwent and Wye serving the central portion of the County in a longitudinal direction, whilst the sparsely populated western portion of the County has been provided for by means of a service worked by motor car and providing for out-patient treatment and after-care either at small clinics held in existing buildings such as schools and Welfare Centres or by visits of the Orthopædic Surgeon to the homes of patients.

Attention is also directed to the progress made in the provision of a complete midwifery service by the formation of midwives, clubs where midwives can be instructed in modern midwifery methods, by the institution of Ante-natal Clinics regularly attended by a specialist officer, and by the appointment of experienced inspectors of midwives working under a woman medical officer with special knowledge of obstetrics. During the year, moreover, there has been provided throughout the County facilities for in-patient treatment, consultant opinion, and bacteriological investigation in cases of Puerperal Fever.

The problem of providing for the supervision and care of mentally defectives has received special consideration during the year. There has been a considerable increase in ascertainment of defectives, and it will be noted that the number of cases placed under statutory supervision has increased by almost 100 per cent over the previous year. The difficult question of the provision of institutional accommodation for mentally defectives has also received consideration, but at the moment of writing no definite scheme has been adopted, although the urgency of the matter is thoroughly appreciated.

The general health of the County has been good, no serious epidemics having occurred with the exception of the mild type of smallpox. As will be seen from the vaccination table in the School Medical Section of the report, the percentage of unvaccinated children has now reached 77. Such a high percentage of unvaccinated children is a menace.

As in previous years, reports on special subjects are appended to the Report.

I am,

Your obedient Servant,

W. M. ASH,

*County Medical Officer of Health  
and School Medical Officer.*

*New County Offices,  
St. Mary's Gate, Derby,  
August, 1928.*



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IN SENATE,  
January 14, 1894.

REPORT OF THE  
COMMISSIONER OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION  
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ALBANY:  
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## PUBLIC HEALTH STAFF.

COUNTY MEDICAL OFFICER	Dr. W. M. Ash, M.B., B.S. (Lond.), F.R.C.S. (Edin.), D.P.H. (Man.).
Chief Assistant County Medical Officer—	Dr. I. C. Mackay, M.B., Ch.B. (Edin.), D.P.H., R.C.P.S. (Edin.).
Medical Officers—	
(a) Tuberculosis Officers	Dr. B. S. Nicholson, M.D. (Glas.), D.P.H. (St. Andrews). Dr. P. Heffernan, B.A., M.D., B.Ch., B.A.O.
(b) Bacteriologist ...	Dr. S. M. Ross, M.D. (Edin.), Ch., B., D.P.H. (Man.).
(c) Venereal Diseases Officer ...	Dr. H. R. M. Richards, M.B., Ch.B. (Edin.) (part-time).
(d) Med. Supt. at Walton San. ...	Dr. A. N. Robertson, M.R.C.P. (Lond.), M.D. (Edin.), D.P.H. (Camb.).
(e) Asst. Resident Med. Officer at Walton San.	Dr. E. M. Burnett, M.B., B.S. (Lond.), M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H.
(f) Consulting Surgeon, Bretby Orthopædic Hospital ...	Naughton Dunn, Esq., M.B., Ch.B.
(g) Res. Med. Officer, Bretby ...	Dr. S. Hoyte, M.B., B.S., (Lond), F.R.C.S. (Eng.)
(h) Hon. Consulting Radiologist and Electrologist ...	Dr. A. R. Laurie, M.B., Ch.B. (Edin.), D.M.R.E. (Camb.).
Organiser of Infant Welfare Centres ...	Miss E. Gray, C.M.B., S.I., &c.
County Sanitary Inspector	H. Dickinson, Cert. R.S.I.
Assistant Bacteriologist	C. F. Peckham.
Laboratory Assistants ...	A. Morley, A. Yeomans and C. Robertson.
Radiographer ...	H. A. Wainscott, M.S.R.
Chief Clerk ...	T. O. Morrell.
Clerks ...	H. R. Pedley, H. Richardson, F. Beeston, Cert. S.I.B., H. Littlewood, H. Haddock E. Eyre, E. J. Arnot, Miss Slinn, Miss Booth.

There are 10 part-time Officers in charge of Infant Welfare Centres. Details of these will be found in Table V.



## LIST OF HEALTH VISITORS.

Name.	Qualification	Reference No.*	Date commenced duty.
Gomm, G. E.	... 3, 4, 5, 6, 7, ...	...	1/9/08
Howes, C.	... 2, ...	...	16/10/09
Brabyn, F.	... 2, 3, (Ophthalmic Nurse)	...	6/1/13
Harvey, A.	... 2, 3, 5 ...	...	1/9/13
Spetch, R.	... 2, 3 ...	...	21/4/13
Fisher, D.	... 3, 4, 5, 6, ...	...	1/5/14
Rodgers, M.	... 3, 5, 6, 7 ...	...	1/2/15
McNulty, A.	... 7, (Dispensary Nurse)	...	16/6/15
Wilson, M.	... 3, 4, 6, 7 ...	...	12/7/15
Liddle, A. L.	... 3, 4, 5 ...	...	27/9/15
Fisher, C. H.	... 3, 4, 5, 6 ...	...	21/12/15
Siddons, B.	... 1, 3, 4, 5, 6 ...	...	10/8/16
Orpin, C. A.	... 2, 3, 4, 6 ...	...	5/2/17
Hughes, D. C.	... 3, 4, 5 ...	...	27/2/17
Rose, J.	... 3, 4 ...	...	3/3/17
Mason, M.	... 3, 7 ...	...	1/5/17
Blood, W. S.	... 2, 3 ...	...	1/9/17
Stevens, A. L.	... 2, 3 ...	...	21/9/17
Webb, E.	... 3, 4 ...	...	21/9/17
Field, C.	... 2, 3, 5, 6 ...	...	1/10/17
Major, C. B.	... 2, 3 ...	...	1/10/17
Stevens, L.	... 2, 3, 4, 6 ...	...	29/6/18
Wynne, E.	... 2, 3, ...	...	2/9/18
Martin, E.	... 3, 5, 7 ...	...	10/9/18
Smith, M. L.	... 2, 3, 5 ...	...	1/1/19
Clarkson, A. L.	... 3, 4, 5, 6, 7 ...	...	18/3/19
Spencer, E. A.	... 2, 3, 5, 6 ...	...	17/3/19
Williams, G.	... 3, 4, 5, 6, ...	...	1/4/19
Woodford, D.	... 2, 3, 5 ...	...	8/12/19
Booth, E.	... 3, 4, 5 ...	...	16/8/20
Sleigh, F.	... 2, 3, 5, 6 ...	...	6/9/20
Beardmore, B.	... 2, 3 ...	...	25/10/20
Quinn, E.	... 2, 3, 5 ...	...	20/10/20
Priestley, M.	... 2, 3 ...	...	17/2/21
Nuttall, J.	... 3, 4 ...	...	1/3/21
Agutter, M.	... 1, 3, 4 ...	...	22/8/21
Brewster, C.	... 2 (Theatre Nurse)	...	1/9/21
Sterling, E. M.	... 3, 5 ...	...	1/9/21
Millington, H.	... 2, 3 ...	...	29/5/22
Latham, B. A.	... 2, 3, 5, ...	...	9/10/22
Hinchliffe, M. I.	... 2, 3 ...	...	21/3/23
Clark, M.	... 1, 3 ...	...	8/1/24
Wood, Irene M.	... 2, 3, 7 ...	...	19/2/24
White, G.	... 2, 3, 7 ...	...	25/3/24
Watson, E.	... 2, 3 ...	...	27/3/24
Sheldon, F.	... 1 ...	...	5/1/25
Bidmead, V.	... 3, 4, 5, 7 ...	...	21/5/25
Dennis, S.	... 2, 3 ...	...	23/3/25
Freeman, E.	... 2, 3, 7 ...	...	22/3/26
Valentine, I.	... 2, 3 ...	...	5/4/27
Halliday, M. T.	... 2, 3 ...	...	5/4/27
McIntosh, A. J.	... 2, 3, 7 ...	...	2/1/28
Allen, B.	... 2, 3 ...	...	30/3/28
Bather, D. C.	... 1, 2, 3, 7 ...	...	30/5/28

With the exceptions indicated all the Health Visitors act as Visitors under the M. & C.W. and Tuberculosis schemes, as Mental Deficiency Act Visitors, as Assistant Inspectors of Midwives, and as School Nurses in the area of the County allocated to them. In addition certain nurses take duty at Tonsil & Adenoid, Ear, and Dental Clinics, and also Tuberculosis Dispensaries.

Four members of the staff have not the C.M.B. certificate, and the inspection of midwives is not therefore included in their duties.

- \*1. H. V. Cert. (Approved Ministry of Health).
2. Trained Nurse.
3. Certificate of the Central Midwives Board.
4. Sanitary Inspector.
5. H. V. Cert. of Royal Sanitary Institute.
6. Maternity and Child Welfare Works Certificate, Royal Sanitary Institute.
7. Fever Nursing or other special training.

# The County of the Lake-Seven Years

Year	1870	1871	1872	1873	1874	1875	1876	1877	1878	1879	1880	1881	1882	1883	1884	1885	1886	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903	1904	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	1915	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032	2033	2034	2035	2036	2037	2038	2039	2040	2041	2042	2043	2044	2045	2046	2047	2048	2049	2050	2051	2052	2053	2054	2055	2056	2057	2058	2059	2060	2061	2062	2063	2064	2065	2066	2067	2068	2069	2070	2071	2072	2073	2074	2075	2076	2077	2078	2079	2080	2081	2082	2083	2084	2085	2086	2087	2088	2089	2090	2091	2092	2093	2094	2095	2096	2097	2098	2099	2100	2101	2102	2103	2104	2105	2106	2107	2108	2109	2110	2111	2112	2113	2114	2115	2116	2117	2118	2119	2120	2121	2122	2123	2124	2125	2126	2127	2128	2129	2130	2131	2132	2133	2134	2135	2136	2137	2138	2139	2140	2141	2142	2143	2144	2145	2146	2147	2148	2149	2150	2151	2152	2153	2154	2155	2156	2157	2158	2159	2160	2161	2162	2163	2164	2165	2166	2167	2168	2169	2170	2171	2172	2173	2174	2175	2176	2177	2178	2179	2180	2181	2182	2183	2184	2185	2186	2187	2188	2189	2190	2191	2192	2193	2194	2195	2196	2197	2198	2199	2200	2201	2202	2203	2204	2205	2206	2207	2208	2209	2210	2211	2212	2213	2214	2215	2216	2217	2218	2219	2220	2221	2222	2223	2224	2225	2226	2227	2228	2229	2230	2231	2232	2233	2234	2235	2236	2237	2238	2239	2240	2241	2242	2243	2244	2245	2246	2247	2248	2249	2250	2251	2252	2253	2254	2255	2256	2257	2258	2259	2260	2261	2262	2263	2264	2265	2266	2267	2268	2269	2270	2271	2272	2273	2274	2275	2276	2277	2278	2279	2280	2281	2282	2283	2284	2285	2286	2287	2288	2289	2290	2291	2292	2293	2294	2295	2296	2297	2298	2299	2300	2301	2302	2303	2304	2305	2306	2307	2308	2309	2310	2311	2312	2313	2314	2315	2316	2317	2318	2319	2320	2321	2322	2323	2324	2325	2326	2327	2328	2329	2330	2331	2332	2333	2334	2335	2336	2337	2338	2339	2340	2341	2342	2343	2344	2345	2346	2347	2348	2349	2350	2351	2352	2353	2354	2355	2356	2357	2358	2359	2360	2361	2362	2363	2364	2365	2366	2367	2368	2369	2370	2371	2372	2373	2374	2375	2376	2377	2378	2379	2380	2381	2382	2383	2384	2385	2386	2387	2388	2389	2390	2391	2392	2393	2394	2395	2396	2397	2398	2399	2400	2401	2402	2403	2404	2405	2406	2407	2408	2409	2410	2411	2412	2413	2414	2415	2416	2417	2418	2419	2420	2421	2422	2423	2424	2425	2426	2427	2428	2429	2430	2431	2432	2433	2434	2435	2436	2437	2438	2439	2440	2441	2442	2443	2444	2445	2446	2447	2448	2449	2450	2451	2452	2453	2454	2455	2456	2457	2458	2459	2460	2461	2462	2463	2464	2465	2466	2467	2468	2469	2470	2471	2472	2473	2474	2475	2476	2477	2478	2479	2480	2481	2482	2483	2484	2485	2486	2487	2488	2489	2490	2491	2492	2493	2494	2495	2496	2497	2498	2499	2500	2501	2502	2503	2504	2505	2506	2507	2508	2509	2510	2511	2512	2513	2514	2515	2516	2517	2518	2519	2520	2521	2522	2523	2524	2525	2526	2527	2528	2529	2530	2531	2532	2533	2534	2535	2536	2537	2538	2539	2540	2541	2542	2543	2544	2545	2546	2547	2548	2549	2550	2551	2552	2553	2554	2555	2556	2557	2558	2559	2560	2561	2562	2563	2564	2565	2566	2567	2568	2569	2570	2571	2572	2573	2574	2575	2576	2577	2578	2579	2580	2581	2582	2583	2584	2585	2586	2587	2588	2589	2590	2591	2592	2593	2594	2595	2596	2597	2598	2599	2600	2601	2602	2603	2604	2605	2606	2607	2608	2609	2610	2611	2612	2613	2614	2615	2616	2617	2618	2619	2620	2621	2622	2623	2624	2625	2626	2627	2628	2629	2630	2631	2632	2633	2634	2635	2636	2637	2638	2639	2640	2641	2642	2643	2644	2645	2646	2647	2648	2649	2650	2651	2652	2653	2654	2655	2656	2657	2658	2659	2660	2661	2662	2663	2664	2665	2666	2667	2668	2669	2670	2671	2672	2673	2674	2675	2676	2677	2678	2679	2680	2681	2682	2683	2684	2685	2686	2687	2688	2689	2690	2691	2692	2693	2694	2695	2696	2697	2698	2699	2700	2701	2702	2703	2704	2705	2706	2707	2708	2709	2710	2711	2712	2713	2714	2715	2716	2717	2718	2719	2720	2721	2722	2723	2724	2725	2726	2727	2728	2729	2730	2731	2732	2733	2734	2735	2736	2737	2738	2739	2740	2741	2742	2743	2744	2745	2746	2747	2748	2749	2750	2751	2752	2753	2754	2755	2756	2757	2758	2759	2760	2761	2762	2763	2764	2765	2766	2767	2768	2769	2770	2771	2772	2773	2774	2775	2776	2777	2778	2779	2780	2781	2782	2783	2784	2785	2786	2787	2788	2789	2790	2791	2792	2793	2794	2795	2796	2797	2798	2799	2800	2801	2802	2803	2804	2805	2806	2807	2808	2809	2810	2811	2812	2813	2814	2815	2816	2817	2818	2819	2820	2821	2822	2823	2824	2825	2826	2827	2828	2829	2830	2831	2832	2833	2834	2835	2836	2837	2838	2839	2840	2841	2842	2843	2844	2845	2846	2847	2848	2849	2850	2851	2852	2853	2854	2855	2856	2857	2858	2859	2860	2861	2862	2863	2864	2865	2866	2867	2868	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**TABLE I.**

**Birth Rate and Death Rate from the Seven Principal Zymotic Diseases and all Causes and Infantile Mortality in the Whole County during the last Thirty-Seven Years.**

Year.		DEATH RATES PER 1,000 OF POPULATION.								Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births.
		Small Pox.	Scarlatina	Diphtheria & Membranous Croup.	Typhoidal Fevers.	Measles.	Whooping Cough.	Diarrhoea	Seven Principal Zymotics			
1891 to 1900	WHOLE COUNTY ...	.028	.16	.17	.16	.43	.30	.58	1.87	17.1	33.7	147
	England and Wales ...	.012	.15	.27	.18	.39	.36	.71	2.14	18.3	29.9	153
1901 to 1910	WHOLE COUNTY ...	.004	.10	.16	.08	.26	.24	*.58	*1.58	14.1	28.5	126
	England and Wales ...	.016	.10	.17	.10	.30	.27	.77	1.50	15.3	27.1	128
1911 to 1920	WHOLE COUNTY ...	—	.04	.16	.03	.24	.16	.40	1.03	12.66	24.07	99
	England and Wales ...	.000	.04	.14	.03	.27	.18	.51	1.17	13.85	21.90	100
1921	WHOLE COUNTY ...	—	.02	.07	.01	.04	.10	†.26	.50	11.16	24.48	77
	England and Wales ...	.00	.03	.12	.02	.06	.12	†.34	.69	12.1	22.4	83
1922	WHOLE COUNTY ...	—	.02	.07	.003	.05	.14	†.13	.41	10.78	21.97	72
	England and Wales ...	.00	.04	.11	.01	.15	.16	†.13	.60	12.9	20.6	77
1923	WHOLE COUNTY ...	—	.01	.04	.01	.13	.14	†.14	.47	10.72	21.13	75
	England and Wales ...	.00	.03	.07	.01	.14	.10	†.15	.50	11.6	19.7	69
1924	WHOLE COUNTY ...	.00	.01	.05	.01	.06	.09	†.13	.35	11.00	20.75	70.5
	England and Wales ...	.00	.02	.06	.01	.12	.10	†.14	.45	12.2	18.8	75
1925	WHOLE COUNTY ...	.00	.03	.09	.00	.11	.12	†.10	.45	11.45	20.42	78.4
	England and Wales ...	.00	.03	.07	.01	.13	.15	†.15	.54	12.2	18.3	75
1926	WHOLE COUNTY ...	—	.03	.06	.01	.07	.15	†.11	.43	10.57	19.23	71.1
	England and Wales ...	.00	.02	.07	.01	.09	.10	†.15	.44	11.6	17.8	70
1927	Urban Districts ...	—	.01	.06	.01	.03	.08	.08	.27	11.36	17.47	69.8
	Rural Districts ...	—	.01	.11	.00	.06	.12	.10	.40	11.92	18.63	72.9
	WHOLE COUNTY ...	—	.01	.08	.01	.04	.10	.09	.33	11.63	18.02	71.3
	England and Wales ...	.00	.01	.07	.01	.09	.09	.10	.37	12.3	16.7	69.0

\* Since 1901 the Deaths from Enteritis, etc., are included.

† Deaths from Diarrhoea under 2 years of age only.



# Report on the Health of Derbyshire for the Year 1927.

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## STATISTICS AND SOCIAL CONDITIONS.

### AREA.

The Administrative County of Derby comprises 40 Sanitary Districts, 4 of which are Municipal Boroughs, 21 Urban Districts and 15 Rural Districts. At the end of 1927 the County had a total area of 645,097 acres, 92,801 of which were within the Urban Districts and 552,296 in the Rural Districts. During the year 1927 the Corporation of the County Borough of Derby was successful in obtaining an extension of the Borough boundary into the County area with the result that on and after April 1st, 1928, the acreage of the County will be decreased by approximately 1,865 acres. The Sanitary Districts and the Parishes affected with the approximate acreage taken into the Borough in each case are as follows:—Alvaston and Boulton Urban District (270 acres); Chaddesden (300), Spondon (121), Sinfen Moor (219), Normanton (700) and Littleover (63) in the Shardlow Rural District; Markeaton (75) and Darley Abbey (116) in the Belper Rural District; and Mickleover (1) in the Repton Rural District.

### POPULATION.

The Registrar-General's estimate of the population of the Administrative County for the year 1927 is 621,000. 321,500 of these are in Boroughs and Urban Districts and 299,500 in Rural Districts. The population of each Sanitary District is shewn in Tables II. and IIa.

### INHABITED HOUSES.

The number of "structurally separate dwellings" in the Administrative County at the time of the 1921 Census was 124,663, the number of private families being 130,139.

The estimated number of houses at the end of 1927 was 142,919, of which 73,731 are in Boroughs and Urban Districts, and 69,188 in Rural Districts.

During the year 4,273 new houses were erected.

Separate particulars relating to Housing work done in each District are given in Table VIII., facing page 38.

Table II.

## COUNTY OF DERBY. Year ending December 31st, 1927.

Table giving the Birth Rates and the Death Rates from several causes, in each of the URBAN Sanitary Districts of the County.

URBAN SANITARY DISTRICT.	MEDICAL OFFICER OF HEALTH.	AREA in acres (Land and Water).	POPULATION.				Estimated Population 1927.	BIRTHS.	DEATHS.	Annual Rates per 1,000 of Estimated Population.							Infantile Death Rate per 1,000 Births
			Census, 1911	Census, 1921	Ratio 1921 to 1911 Percent- age.	Corrected Population 1921. *				Birth Rate.	Death Rate	Zymotic Death Rate	Death Rate from continued fever, scarlet fever, diphtheria, and measles (under 2 years)	Pneumonia Death Rate	Respiratory Death Rate.		
ALFRETON ... ..	S. O. Bingham, M.R.C.S. ... ..	4,626	19,046	20,472	108	20,800	22,000	373	231	16.95	10.45	.18	...	.31	1.45	64.3	
ALVASTON AND BOULTON ... ..	C. F. Druitt, M.R.C.S., L.R.C.P. ... ..	1,591	1,398	1,620	115	1,632	2,386	97	37	40.65	15.51	.42	.42	.42	3.77	82.4	
ASHBOURNE... ..	E. A. Sadler, M.D. ... ..	573	4,059	4,144	102	4,166	4,631	79	49	17.06	10.58	.43	...	.21	.86	63.2	
BAKEWELL ... ..	C. W. Evans, M.B. ... ..	3,061	3,078	3,064	99	2,964	2,916	35	43	12.35	14.75	...	...	.34	2.40	83.3	
BASLOW AND BUBNELL ... ..	T. Fentem, M.D., D.P.H. ... ..	5,634	858	866	101	811	859	12	14	13.97	16.29	...	...	1.16	...	...	
BELPER ... ..	R. C. Allen, M.R.C.S., D.P.H. ... ..	3,183	11,640	12,324	104	12,330	13,020	233	135	17.89	10.37	.15	.07	.69	1.30	60.0	
BOLSOVER ... ..	W. Stratton, L.R.C.P.I. ... ..	4,955	11,214	11,475	102	11,700	12,810	270	124	21.93	9.68	.78	.07	.23	2.02	70.3	
BONSALL ... ..	A. G. Harvey, M.D., M.B. ... ..	2,447	1,248	1,167	94	1,170	1,213	21	21	17.31	17.31	...	...	.82	.62	95.2	
BRAMPTON AND WALTON ... ..	R. A. McCrea, M.B. ... ..	9,000	2,059	2,316	112	2,323	2,155	35	26	16.24	12.06	.46	...	.46	3.71	57.1	
BUXTON (Borough)... ..	T. B. Flint, M.R.C.S. ... ..	3,101	13,760	15,641	114	14,790	16,710	256	178	15.32	10.65	.12	.12	.41	.83	66.4	
CHESTERFIELD (Borough) ... ..	R. P. Garrow, M.D., D.P.H. ... ..	8,474	55,303	61,232	111	62,400	66,450	1,243	788	18.70	11.86	.37	.12	.90	2.34	79.6	
CLAY CROSS ... ..	N. K. Sparrow, L.R.C.P.I. ... ..	1,467	8,365	8,686	104	8,840	9,161	194	100	21.18	10.91	.65	.32	.43	2.51	82.4	
DRONFIELD ... ..	O. H. Hudson, M.R.C.S. ... ..	1,045	3,943	4,434	112	4,448	4,434	78	51	17.59	11.50	.45	.22	.45	1.57	115.4	
GLOSSOP (Borough)... ..	E. H. M. Milligan, M.D., D.P.H. ... ..	3,052	21,688	20,531	95	20,870	19,350	261	253	13.49	13.07	.36	.05	.25	1.65	61.3	
HEAGE ... ..	R. C. Allen, M.R.C.S., D.P.H. ... ..	2,367	3,474	3,740	107	3,801	4,479	78	39	17.41	8.70	...	...	.89	1.11	51.2	
HEANOR ... ..	W. H. Turton, M.B. ... ..	3,509	19,851	21,436	108	21,870	21,760	361	244	16.59	11.21	.27	.13	.36	1.37	69.2	
ILKESTON (Borough) ... ..	C. Herington, M.B., B.S., D.P.H. ... ..	2,526	31,657	32,266	102	32,980	32,910	596	367	18.11	11.15	.27	.18	.69	2.55	87.2	
LONG EATON ... ..	J. Moir, M.B. ... ..	3,323	19,207	19,489	102	20,499	21,510	326	242	15.15	11.25	.13	...	.51	1.90	58.2	
MATLOCKS ... ..	H. Fleming, M.B. ... ..	7,001	10,343	10,545	102	9,555	9,581	154	130	16.07	13.57	.21	...	.62	1.67	32.4	
NEW MILLS ... ..	G. B. Pemberton, M.B., D.P.H. ... ..	5,204	8,998	8,490	94	8,590	9,108	146	117	16.03	12.84	.11	.11	.54	1.31	75.3	
NORTH DARLEY ... ..	C. R. Wills, M.B. ... ..	5,142	3,317	3,264	98	3,219	3,820	75	40	19.60	10.47	.26	...	.52	.78	13.3	
RIPLEY ... ..	R. A. Ryan, L.R.C.P.I. ... ..	2,815	11,848	13,292	112	13,560	14,110	213	138	15.09	9.78	...	...	.21	1.41	37.5	
SOUTH DARLEY ... ..	J. L. Fletcher, M.B. ... ..	2,008	809	740	91	731	662	8	3	12.98	4.53	...	...	...	...	...	
SWADLINCOTE ... ..	S. T. Cochrane, M.D., D.P.H. ... ..	3,670	18,674	20,012	107	20,440	21,520	392	219	18.21	10.18	.27	.18	.51	1.48	61.2	
WIRKSWORTH ... ..	E. D. Broster, M.R.C.S., L.R.C.P. ... ..	3,027	3,888	3,610	93	3,606	3,945	78	66	19.77	16.73	...	...	...	2.28	115.4	
TOTAL ... ..		92,801	289,731	304,855	105	308,095	321,500	5,615	3,655	17.47	11.36	.27	.09	.54	1.82	69.8	

\* Corrected by Registrar-General for holiday movement



# COUNTY OF DERBY.

Year ending December 31st, 1927.

Table IIa.

Table giving the Birth Rates and the Death Rates from several causes, in each of the RURAL Sanitary Districts of the County.

RURAL SANITARY DISTRICT.	MEDICAL OFFICER OF HEALTH.	AREA in Acres (Land and Water).	POPULATION.				Estimated Population 1927.	BIRTHS.	DEATHS.	ANNUAL RATES PER 1,000 OF ESTIMATED POPULATION.							
			Census 1911.	Census 1921.	Ratio 1921 to 1911 Percentage	Corrected Population 1921. *				Birth Rate.	Death Rate.	Zymotic Death Rate.	Death Rate from continued Fevers and Diarrhoeal Diseases.	Phthisis Death Rate.	Respiratory Death Rate	Infantile Death Rate per 1,000 Births.	
ASHBOURNE ... ..	H. H. Hollick, M.R.C.S. ... ..	70,380	10,294	10,367	101	10,300	10,410	200	120	19.21	11.53	...	...	.86	1.34	60.0	
BAKEWELL ... ..	T. Fentem, M.D., D.P.H. ... ..	81,772	18,461	18,666	100	18,100	18,310	264	250	14.42	13.65	.16	.05	.38	2.02	53.0	
BASFORD ... ..	W. H. Parkinson, M.D., D.P.H. ...	3,569	1,450	1,481	102	1,504	1,694	30	23	17.71	13.58	.59	...	.59	2.36	133.3	
BELPER ... ..	R. Morrison, L.R.C.P. & S. ... ..	50,357	23,586	23,494	100	23,620	24,450	400	284	16.36	11.61	.16	.04	.45	1.55	47.5	
BLACKWELL ... ..	A. H. Wear, M.B., B.S., D.P.H. ...	21,237	39,306	41,880	107	42,450	46,250	989	548	21.38	11.85	.73	.30	.69	2.40	95.0	
CHAPEL EN-LE-FRITH ... ..	G. Cochrane, M.B., D.P.H. ... ..	80,389	16,935	16,144	95	15,890	16,280	275	213	16.89	13.08	.12	.06	.55	.43	58.1	
CHESTERFIELD ... ..	H. Peck, M.D., D.P.H. ... ..	68,068	71,653	76,143	106	77,000	84,320	1,768	1029	20.96	12.20	.51	.07	.42	2.63	82.0	
CLOWN ... ..	W. Spencer, L.R.C.P. ... ..	13,428	17,844	17,506	98	17,730	18,740	382	179	20.38	9.55	.37	.10	.21	1.65	62.8	
GLOSSOP DALE ... ..	E. H. M. Milligan, M.D., D.P.H. ...	17,891	4,009	3,780	94	3,810	3,797	36	46	9.48	12.11	.52	...	.52	1.58	83.3	
HARTSHORNE AND SEALS ... ..	R. W. Logan, M.R.C.S. ... ..	11,479	7,939	8,598	108	8,720	8,571	148	108	17.26	12.60	.35	.11	.58	1.75	60.8	
HAYFIELD ... ..	G. B. Pemberton, M.B., D.P.H. ...	10,282	5,170	4,520	87	4,413	4,264	59	71	13.84	16.65	...	...	.90	2.11	67.7	
NORTON ... ..	D. Green, M.B., B.S. ... ..	8,738	3,919	4,639	118	4,570	4,879	71	53	14.55	10.86	.20	...	.20	.81	28.1	
REPTON ... ..	J. A. Watt, M.B., D.P.H. ... ..	54,273	16,133	16,500	102	16,420	17,520	300	232	17.12	13.24	.45	.05	.39	1.59	83.3	
SHARDLOW ... ..	S. Hunt, M.R.C.S. ... ..	43,134	30,900	33,755	109	33,501	37,490	616	383	16.43	10.21	.32	.13	.48	1.33	55.2	
SUDBURY ... ..	G. H. Herbert, M.R.C.S. ... ..	17,299	2,683	2,537	94	2,509	2,525	41	32	16.24	12.67	.79	.39	.39	.79	48.7	
RURAL DISTRICTS ... ..		552,296	270,282	280,010	104	280,537	299,500	5,579	3,571	18.63	11.92	.40	.11	.49	1.93	72.9	
URBAN DISTRICTS ... ..		92,801	289,731	304,856	105	308,095	321,500	5,615	3,655	17.47	11.36	.27	.09	.54	1.82	69.8	
WHOLE COUNTY ... ..		645,097	560,013	584,866	104	588,632	621,000	11,194	7,226	18.02	11.63	.33	.10	.52	1.87	71.8	

\* Corrected by Registrar-General for holiday movement.





Year ended March 31st, 1901

Institution	High Peak	Shardlow	Repton	Ilkeston
29,652	46	38	36	25
14	14	12	10	10
29,652	61,386	22,907	32,910	32,910
1	142	106	—	2
75	44	37	—	20
37	—	—	—	1
—	—	—	—	—
113	1881	114	61	61
14	00 48	01 13 07	01 13 07	01 13 07
11	44	7	7	7
4	—	2	2	2
45	13 34	44 46 50	44 46 50	44 46 50
Average Cost per patient per week	Average Cost per patient per week	Average Cost per patient per week	Average Cost per patient per week	Average Cost per patient per week
£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
622	642	452	452	380
17	130	13	13	17
1	407	8	37	17
3	404	157	157	103
13	408	201	201	151
6	1008	184	184	631
1	183	180	180	79
7	290	143	143	45
5	763	387	387	—
16	54	284	284	25
1	14	22	22	—
—	—	—	—	—
3,240	3,985	2,488	4,300	4,300
5	5	2	4	4
6	5	13	8	8
0	0	0	0	0
W. B. Bunting	G. H. Latham	John A. Watt	C. Herin	C. Herin
240	300	180	143	143

W. M. Ash



TABLE III.

STATISTICAL INFORMATION RELATING TO ISOLATION HOSPITAL COMMITTEES APPLYING FOR A GRANT.  
Year ended March 31st, 1927.

Name of Hospital.	Belper.	Chesterfield—Penmore.		Dronfield.	Mastin Moor.	Morton.	Langwith.	High Peak.	Shardlow.	Repton.	Ilkerton.
		Infectious Diseases.	Tuberculosis.								
Total Number of Beds in Hospital ...	50	60	18	28	26	36	37	46	38	36	25
Number of beds in accordance with Ministry's requirements ...	18	30	—	18	18	18	24	14	18	10	10
Population of Hospital District 1927 ...	82,004	68,005		180,594		29,652		61,380	22,907	32,010	
Cases Admitted during year ended March 31st, 1927:—											
Smallpox ...	270	—	—	—	—	—	—	1	—	—	2
Scarlet Fever ...	61	214	—	74	109	115	63	75	142	106	29
Diphtheria ...	11	81	—	46	74	52	58	37	40	6	1
Typhoid Fever ...	1	—	—	3	2	5	5	—	—	—	—
Other Diseases ...	—	3	36	—	1*	1†	9	—	—	2‡	29
TOTAL ...	343	298	36	123	186	173	135	113	182	114	61
Average number of patients in Hospital each day ...	22	34	12.29	11.10	20.00	15.34	13.68	14	18	13.07	8.9
Permanent Staff residing in Hospital ...	9	20	5	9	9	15	12	11	14	7	6
Non-resident Staff in addition to Clerk and Doctor ...	1	3	1	1	1	—	1	4	—	2	1
Average number of days each case in Hospital ...	23.78	36	78.7	31.44	36.31	29.46	34.19	45	31	40.70	202
<b>SUMMARY OF EXPENDITURE:—</b>											
1. Provisions ...	£ 835	£ 942	£ 628	£ 314	£ 453	£ 489	£ 415	£ 622	£ 642	£ 453	£ 289
2. Drugs and Medical Appliances ...	105	144	18	45	179	33	10	82	130	37	17
3. Furniture, Linen, &c. ...	578	786	811	205	71	640	241	496	407	157	163
4. Fuel ...	437	782	811	149	52	182	47	157	454	104	531
5. Salaries ...	1,354	1,690	189	739	158	820	1010	708	1058	1008	180
6. Administration ...	282	411	332	256	810	254	64	276	183	180	79
7. Renewals and Repairs ...	77	14	—	368	129	375	73	457	584	161	387
8. Loans—Repayment and Interest ...	387	69	978	111	—	—	—	—	54	11	284
9. Transport ...	29	6	62	35	12	32	7	37	11	5	25
10. Miscellaneous ...	41	9	—	—	—	—	—	—	14	3	—
TOTALS ...	4,125	5,896	1,302	2,111	2,376	3,015	2,339	3,840	3,985	2,488	1,300
Provisions (Patients and Staff) per head per week ...	10 4	6 8	13 11	6 0	6 0	6 2	6 2	9 6	7 8	8 8	9 4
Name of Medical Superintendent ...	R. C. Allen	R. P. Garrow		H. Peck		N. Kennedy		C. H. Latham		John A. Watt	
Name of Clerk ...	George Pym	P. Morris.		W. E. Wakerley		W. B. Bunting		J. Spencer		H. S. Askew	
Grant due in accordance with Reports of Council, April 17th, 1907, and July 7th, 1920.	300 0 0	480 0 0	—	1,173 3 0		240 0 0		300 0 0		180 0 0	

June, 1928.

§County Council Grant only given for one bed per 2,000 of Population, in accordance with the Ministry's requirements.

\* Septicæmia.

† Pneumonia.

‡ Measles.

TOTAL EXPENDITURE ON DERBYSHIRE ISOLATION HOSPITALS = £31,475.

TOTAL GRANTS (INCLUDING £30 FOR HADDON JOINT HOSPITAL COMMITTEE) = £2,847

W. M. ASH.  
JOHN HUNT.

## GENERAL PROVISION OF HEALTH SERVICES.

**Fever Hospitals.**—A Summary of the accommodation at the various isolation hospitals in the County was given in the Annual Report for 1926, see page 12. No material alterations have been made to any hospital.

At Draycott, however, plans have been submitted to the Ministry of Health and approved by them, for an extension in the form of a block of single-bedded cubicles.

The erection of the Haddon Hospital is now approaching completion and it is expected that the hospital will be ready for the reception of cases of infectious disease during 1928.

The hospital is situated on the Monyash-Bakewell Road about a mile from Bakewell, and about 130 yards back from the road. The hospital and grounds occupy  $3\frac{1}{2}$  acres and the hospital is composed of four main buildings, situated approximately at the corners of a square—the administrative block at the northern corner, laundry, mortuary, &c. at the eastern corner, a pavilion of 10 beds at the southern corner and an observation ward on the cubicle system for 6 cubicles at the western corner.

The administrative block consists of a two-storey building with two attic bedrooms. On the ground floor is a nurses' room, matron's room, doctor's room, kitchen, scullery, &c. On the first floor are 7 single bed rooms with bath room and water closet.

The 10-bedded pavilion consists of two wards, one of 4 beds and one of 6 beds, with administration quarters between them. Over the administration quarters there is a second floor containing a large emergency room. A caretaker's cottage has also been erected.

Table III. gives a Summary of the Expenses at each Hospital, and Table IV. shows the number of cases of infectious diseases notified in the various Hospital Committee's areas and the number removed to hospitals.

The conditions under which the County Council gives grants towards the establishment expenses of Isolation Hospitals are set out in the Annual Report for 1925, pages 12 and 13.

**Smallpox Hospital Accommodation.**—(See Survey Report for 1925, pages 15 & 16).

**Tuberculosis.**—Three hospitals for the accommodation of cases of tuberculosis occurring within the County are maintained by the County Council, namely :—

1. Walton Sanatorium.
2. Penmore Pavilion.
3. Bretby Hall Orthopædic Hospital.

Further information concerning these institutions will be found on reference to pages 72-99.



TABLE IV.

**CASES OF INFECTIOUS DISEASES NOTIFIED WITHIN THE FOLLOWING  
HOSPITAL DISTRICTS.**

**NORTH DERBYSHIRE HOSPITAL DISTRICT.**

DISTRICT.	Estimated Population, 1927.	SMALL- POX.		SCARLET FEVER.		DIPHTH- ERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Bolsover U. ..	12810	—	—	68	65	26	21	—	—	94	86
Clay Cross U. ..	9161	—	—	13	6	7	3	—	—	20	9
Dronfield U. ..	4434	—	—	9	9	6	6	1	1	16	16
Blackwell R. ..	46250	17	17	143	129	79	62	—	—	239	208
Chesterfield R. ..	84320	9	9	160	132	174	149	5	4	348	294
Clowne R. ..	18740	3	3	58	52	39	36	1	1	101	92
Norton R. ..	4879	—	—	8	6	3	2	—	—	11	8
<i>Totals</i> ..	180594	29	29	459	399	334	279	7	6	829	713

**CHESTERFIELD HOSPITAL DISTRICT.**

Brampton & Walton U. ..	2155	1	—	2	—	1	1	—	—	4	1
Chesterfield Boro' ..	66450	8	8	181	132	69	60	1	—	259	200
<i>Totals</i> ..	68605	9	8	183	132	70	61	1	—	263	201

**BELPER HOSPITAL DISTRICT.**

Alfreton U. ..	22000	126	126	27	2	22	1	—	—	175	129
Belper U. ..	13020	105	105	12	11	1	1	—	—	118	117
Heage U. ..	4479	27	27	1	1	2	2	—	—	30	30
Ripley U. ..	14110	119	119	9	—	9	—	—	—	137	119
Wirksworth U. ..	3945	—	—	6	4	—	—	1	1	7	5
Belper R. ..	24450	46	45	39	35	13	8	3	1	101	89
<i>Totals</i> ..	82004	423	422	94	53	47	12	4	2	568	489

**ILKESTON HOSPITAL DISTRICT.**

Ilkeston Boro' ..	32910	—	—	83	62	3	3	—	—	86	65
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**SHARDLOW HOSPITAL DISTRICT.**

Alvaston & Boulton U. ..	2386	—	—	9	1	3	1	1	1	13	3
Long Eaton U. ..	21510	—	—	68	61	43	39	1	—	112	100
Shardlow R. ..	37490	6	5	75	53	28	16	—	—	109	74
<i>Totals</i> ..	61386	6	5	152	115	74	56	2	1	234	177

## REPTON HOSPITAL DISTRICT.

DISTRICT.	Estimated Population. 1927.	SMALL- POX.		SCARLET FEVER.		DIPHTH- ERIA.		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Ashbourne R. (certain Parishes only)	2862	—	—	—	—	1	1	—	—	1	1
Repton R. ..	17520	1	1	48	40	13	7	—	—	62	48
Sudbury R. ..	2525	—	—	23	18	4	4	—	—	27	22
<i>Totals</i> ..	22907	1	1	71	58	18	12	—	—	90	71

## HADDON HOSPITAL DISTRICT.

Bakewell U. ..	2916	—	—	1	1	—	—	—	—	1	1
Baslow U. ..	859	—	—	8	5	—	—	—	—	8	5
Bonsall U. ..	1213	—	—	1	—	—	—	—	—	1	—
Matlocks U. ..	9581	2	2	21	10	2	—	—	—	25	12
North Darley U. ..	3820	—	—	6	2	6	—	—	—	12	2
South Darley U. ..	662	—	—	—	—	1	—	—	—	1	—
Bakewell R. ..	18310	—	—	24	10	3	—	1	—	28	10
<i>Totals</i> ..	37361	2	2	61	28	12	—	1	—	76	30

## HIGH PEAK HOSPITAL DISTRICT.

New Mills U. ..	9108	—	—	39	30	9	8	—	—	48	38
Chapel R. ..	16280	—	—	33	27	12	11	—	—	45	38
Hayfield R. ..	4264	—	—	7	—	—	—	—	—	7	—
<i>Totals</i> ..	29652	—	—	79	57	21	19	—	—	100	76

## BUXTON HOSPITAL DISTRICT.

Buxton (Boro') ..	16710	—	—	25	25	2	1	1	—	28	26
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## MATERNITY HOMES.

The County Council have provided Maternity Homes at Ashbourne and Ripley, have also contracted with the Chesterfield Corporation for the use of 4 beds at the Chesterfield Maternity Home, and with the Nightingale Home, Derby, for 2 beds.

**Ashbourne.**—During the year 1927, 92 cases were admitted to the new Maternity Home. Of these 76 were delivered by midwives and 16 by doctors.



The number of admissions and the expenditure at the new Maternity Home at Ashbourne, during the year ended March 31st, 1928, are tabulated below :—

No. of cases admitted ...	...	...	88
Gross Cost ...	...	...	£1,419
Fees received from patients ...	...	...	£476
Net Cost to County Council ...	...	...	£943

The new Maternity Home at Ashbourne was opened on November 30th, 1926, to accommodate 6 patients in the public ward and three cases in separate one-bedded private wards. A full description, with a plan of the building, was given in my Annual Report for the year 1926.

The percentage of beds occupied for the financial year ending March 31st, 1928, worked out at the low figure of 44·2%. It is to be hoped that after the pressure brought to bear upon the County Council to erect a Home in this area, full use will be made of the accommodation provided.

**Ripley.**—During 1927, 110 patients were admitted to this Home. Of these 75 were delivered by midwives and 22 by doctors, the remaining 13 patients being admitted on account of abortion or other complications of pregnancy. One case was transferred from the Home to a General Hospital.

During the financial year ended March 31st, 1928, the number of admissions was 120, the gross cost being £1,008. The sum of £537 was received as fees from patients, leaving a net cost to the County Council of £471.

**Chesterfield.**—During the year 1927, 143 cases were admitted from the County area, of whom 28 were normal cases paying the full fee.

The accommodation provided by the County Council at this Home is primarily reserved for abnormal cases, but during the year the Council has sanctioned the admission of patients, who though not anticipating any abnormality in connection with their confinements, are nevertheless found to be in need of institutional accommodation by reason of bad home conditions.

**Nightingale Home, Derby.**—Under the agreement between the County Council and this Home for the reception of women resident in the County Area during the lying-in period, the Authorities of the Home undertake to reserve 2 beds. During 1928, 10 cases were admitted under this arrangement.



## OTHER HOSPITALS.

WITHIN THE COUNTY AREA.			<i>No. of beds.</i>
Derbyshire Royal Infirmary	...	...	330
Derby & Derbyshire Women's Hospital	...		26
Derbyshire Hospital for Sick Children	...		52
Chesterfield & North Derbyshire Hospital			150
Chesterfield Maternity Home	...	...	18
Ripley Maternity Home	...	...	8
Ashbourne Maternity Home	...	...	9
Ilkeston Maternity Home (part of Isolation Hospital)	...	...	27
Buxton & District Cottage Hospital	...		36
Devonshire Hospital, Buxton	...	...	300
Bakewell & District War Memorial Cottage Hospital	...	...	7
Whitworth Hospital, Darley Dale	...	...	18
Ashbourne Victoria Memorial Cottage Hospital			12
Wirksworth Cottage Hospital	...	...	7
Ripley Cottage Hospital	...	...	17
Ilkeston Cottage Hospital	...	...	60

WITHOUT THE COUNTY BOUNDARY BUT AVAILABLE FOR  
COUNTY CASES.

Sheffield Royal Infirmary.  
 Sheffield Royal Hospital.  
 Jessop Hospital for Women, Sheffield.  
 Mansfield District Hospital.  
 St. Mary's Hospital, Manchester.  
 Royal Infirmary, Manchester.  
 Stockport Infirmary.  
 Burton-on-Trent General Infirmary.

I have set out above a list of the Hospitals within the County area and a list of those which though not actually within the County are sufficiently near for them to be available for Derbyshire cases.

A donation of £50 is given annually by the County Council to the Derbyshire Hospital for Sick Children. A contribution is also made to the various Hospitals from the Surgical Appliances Fund ; the amount of such contribution and the hospital receiving it being mentioned in the School Section of this Report, page 138.

It will be seen that Derbyshire is well supplied with hospital accommodation so situated that few parts of the County are not



within a radius of 5 miles from a hospital. I pointed this out in my Survey Report for 1925 with particular reference to the use of existing hospitals for the reception of lying-in cases, rather than the building of a new set of small uneconomical institutions for that particular purpose alone. The areas of the County which are more than five miles from a hospital are without exception scantily populated areas.

When dealing with the subject of Maternity Homes in 1925 I pointed out that there were no medical objections to maternity cases being accommodated in existing hospitals, but on the other hand, there were advantages. From the administrative point of view there are again, no real objections provided the will to co-operate exists and I can see nothing but mutual advantage in co-operation to all those concerned in the treatment of the sick. In many hospitals there is vacant accommodation which without much difficulty could be used for maternity cases and where the existing accommodation is insufficient it is far more economical to come to some arrangement to extend the existing institutions by the addition of a small ward for 4 to 6 beds than to provide and staff separate institutions to accommodate such a small number of cases; further, it is rare in a County area that the number of beds required for maternity cases in any one district is greater than this.

What applies to lying-in cases applies equally to many other types of case. Particularly would I like to mention accommodation for advanced cases of tuberculosis. These cases, usually extremely infectious, are by no means infrequently housed in overcrowded dwellings. There is often a large family living in the same house and it is a matter of great importance to the public health that institutional accommodation should be available for this infectious type of case so that they are not a source of infection to those who otherwise must live in close contact with them.

Institutional accommodation for such advanced cases must be so situated that friends and relations can visit the patient with a minimum of trouble and expense. It is therefore essential that it should be provided near the patient's home and not at a single institution which must of necessity be situated many miles from the homes of a large proportion of the patients in a County the size of Derbyshire. There are few areas where a separate institution of sufficient size to be an economical unit is required, whilst it is wholly uneconomical to build small separate institutions for this purpose. Here again, the solution of the problem is the provision of accommodation at existing institutions. I would not suggest this type of case being admitted to the general wards, but there are few institutions where it would not be practicable to erect a shelter in the grounds. The existing staff could attend the patients, the Tuberculosis Officer for the area could take charge of the case just as the general practitioner would of a case he sends in, the patient would not be distressed by being admitted to an institution containing a large number of serious cases of the same disease from which he himself is suffering, yet he would be easier of access to relatives. The expense of providing this type of accommo-



dition would be small although the type of shelter might be somewhat more elaborate than that issued to patients for use in their own homes.

### AMBULANCE FACILITIES.

#### (a) FOR INFECTIOUS CASES.

*See Survey Report, 1925, page 17.*

(b) FOR NON-INFECTIOUS AND ACCIDENT CASES. The Telephone numbers of the various Derbyshire Red Cross Society's Ambulance Stations throughout the County are set out below :—

Red Cross Garage, Bakewell	...	...	Bakewell 4
Sander's Garage, Buxton	...	...	Buxton 76
Mr. Gilbert's Garage, Creswell	...	...	Creswell 14
The Fire Station, Derby	...	...	Derby 1
21, Crompton Street, Derby	...	...	Derby 1361
Galtee House, Ilkeston	...	...	Ilkeston 161
Mr. Crosland's Garage, New Mills	...	...	New Mills 63
Oak Cottage, Sudbury	...	...	Sudbury 1
Mr. Gabbittas, High Street, Stonebroom	...	...	Tibshelf 19x

There are also privately owned ambulances in connection with Collieries and other large works, and in many cases these are loaned when necessity arises.

### CLINICS AND TREATMENT CENTRES.

**Maternity and Child Welfare Centres.**—The County Council provides under its Maternity and Child Welfare Scheme, 49 Infant Welfare Centres, 19 of which are situated in Urban Districts and 30 in Rural Districts. The majority of the Centres hold weekly sessions and all are under medical supervision. A Health Visitor is in attendance at each session.

Details of the Infant Welfare Centres are set out in Table V.



TABLE V.  
INFANT WELFARE CENTRES.

Address.	Whether Sessions are held weekly fortnightly etc.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Preser arrangements for medi supervis
			Expect-ant Mothers	Chil-dren.	Expect-ant Mothers	Chil-dren.	
URBAN DISTRICTS.							
ALFRETON.							
P.M. Church, Somercotes	Fortnightly	2nd and 4th Monday, 3—5	Nil	33.47	Nil	71	Dr. Pooler Monthl
Methodist Free Church, Alfreton	Do.	1st & 3rd Monday, 2—6	Nil	27.00	Nil	49	Dr. Pooler Monthl
The Schoolroom, Ironville	Monthly	4th Monday 2—4	0.33	16.88	2	39	Dr. Pooler Monthl
Congregational Assem- bly Room, Riddings	Fortnightly	1st & 3rd Monday, 2—4	0.42	20.31	5	35	Dr. Pooler Monthl
ASHBOURNE.							
St. John's Rooms, Ashbourne	Weekly	Wednesdays, 12—4	1.21	26.77	32	50	Dr. Bryan Monthl
BELPER.							
Green Hall, Belper	Weekly	Thursdays, 2—4	0.47	33.44	11	167	Dr. Purce Monthl
BOLSOVER.							
Church Hall, Bolsover	Fortnightly	1st & 3rd Tues., 2—4	0.12	17.33	3	94	Dr. Poole Fortnig
Bainbridge Hall, New Bolsover	Fortnightly	2nd & 4th Thurs., 2.30—5	Nil	12.79	Nil	72	Dr. Poole Fortnig
CLAY CROSS.							
The Vicarage, Clay Cross	Weekly	Wednesday, 1.30—4	1.98	56.18	23	122	Dr. Poole Weekly
DRONFIELD.							
Cong. Chapel, Dronfield	Weekly	Monday, 1—4	0.39	21.41	6	22	Dr. Burke Monthl
HEANOR.							
Recreation Pav., Heanor	Weekly	Monday, 1—4	0.33	50.45	13	309	Dr. Macdo monthl
Wesleyan Schoolroom, Langley Mill	Fortnightly	1st & 3rd Weds., 2—4	0.09	16.45	2	59	Dr. Macdo monthl
LONG EATON.							
4, Notts. Road, Long Eaton	Twice Weekly	Mon. & Thurs., 2.30—4	0.78	58.55	18	262	Dr. Moir, weekly
Wes. Schoolroom, Vic- toria Street, Sawley	Weekly	Tuesdays, 2—4	0.48	20.5	2	42	Do.
NEW MILLS.							
St. James' Schoolroom, New Mills	Weekly	Thursdays, 2—4	0.1	22.45	3	45	Dr. Pemble Fortnig
RIPLEY.							
Old Schools, Outram Street	Weekly	Monday, 2—4	0.42	58.81	8	119	Dr. Hend Monthl
Bethel Chapel Marchay.	Weekly	Thursdays, 10—12	0.66	30.13	14	52	Do.
SWADLINCOTE.							
Alexandra Road, Swadlincote	Weekly	Monday, 2—6	3.40	95.32	64	153	Dr. Coch Monthl
WIRKSWORTH.							
Parish Room, Wirksworth	Fortnightly	2nd & 4th Thursday, 2—4.30	0.27	21.13	2	71	Dr. Haine Monthl



Address.	Whether Sessions are held weekly fortnightly etc.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Present arrangements for medical supervision.
			Expectant Mothers	Children.	Expectant Mothers	Children.	
L. DISTRICTS.							
TRINE. Middleton-by-Wirke- worth m. Vestry,	Fortnightly	2nd & 4th Wednesdays 2—4	0.41	16.50	3	12	Nil (Weighing Centre only)
WELL. e Institute, Tideswell	Fortnightly	1st & 3rd Thursdays 1—5	Nil	17.82	Nil	25	Dr. Bryan, Monthly
ncil Room, Crich	Do.	2nd & 4th Thursdays, 2—4	Nil	12.52	Nil	35	Dr. Macdonald, Monthly
WELL. T House, Shire- brook	Weekly	Wednesdays, 2—4	1.31	39.31	35	152	Dr. Wear, Weekly
asley. Wesleyan Mission Room	Fortnightly	2nd & 4th Thursdays, 2—4.30	1.16	32.66	3	60	Dr. Wear, Fortnightly
ngwith. Miners' Institute.	Do.	1st & 3rd Mon., 3—5	1.69	63.74	8	84	Do.
eshelf.	Do.	1st & 3rd Ths., 2.30—4.30	Nil	19.65	Nil	30	Do.
Ch. Mission Room. ackwell.	Do.	1st & 3rd Mon., 1—3	Nil	27.73	Nil	33	Do.
Newton, Church Hall	Do.	2nd & 4th Mon., 2—4	0.48	27.08	2	23	Do.
dstown. Wes. Mission Hall, axton.	Do.	2nd and 4th Wednesdays 1.30—3.30	0.26	24.56	3	56	Do.
Prim. Meth. School, Normanton.	Do.	2nd & 4th Tues. 1.30—4	0.75	32.58	10	90	Do.
Miners' Welfare							
ERFIELD. kington.	Weekly	Mon., 1 to 4	0.08	40.43	4	78	Dr. Aynsley, Monthly
Wesleyan Schoolroom arrowhill.	Weekly	Mon., 2—4	0.56	51.06	13	91	Do.
Church Hall astone.	Weekly	Mon., 2	0.64	37.35	7	69	Dr. Burke, Monthly
Wesleyan Church aveley.	Weekly	Tuesday, 1.30—4.30	1.00	20.73	40	123	Dr. Peck, Monthly
P.M. Chapel ath.	Weekly	Monday 2.30—4.30	1.33	19.66	24	111	Dr. Peck. Monthly
Holmwood Mission Room							
onebroom.	Weekly	Monday, 10—12.30	0.58	22.00	7	67	Dr. Pooler Weekly,
Church Institute erland.	Weekly	Thursday, 10—12.30	Nil	9.69	Nil	35	Dr. Pooler, Fortnightly
Workmen's Institute assmoor.	Weekly	Monday, 2—4	0.78	22.36	4	75	Dr. Burke, Monthly
P.M. School							



Address.	Whether Sessions are held weekly fortnightly, etc.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Present arrangements for medical supervision.
			Expectant Mothers	Children.	Expectant Mothers	Children	
North Wingfield. The Rectory School	Weekly	Thursday, 2.30—4.30	0.27	28.06	8	59	Dr. Pooler, Fortnightly
Brimington. Church Hall	Weekly	Mondays, 2—4	0.57	25.73	3	50	Dr. Burke Monthly
Beighton. C. of E. Schoolroom	Weekly	Tuesday, 2—4	1.32	51.16	17	120	Dr. Aynsley, Monthly
Killamarsh. Free Church Room	Weekly	Wednesday, 2—4	0.67	30.67	8	114	Dr. Aynsley, Monthly
CLOWNE P.M. Chapel, Clowne	Weekly	Tuesday, 1.30—4	0.48	15.02	12	202	Dr. Pooler, Fortnightly
HARTSHORNE & SEALS. P.M. School, Overseal	Weekly	Monday, 10.30—4	0.23	12.39	3	26	Dr. J. H. Mo Monthly
HAYFIELD. Wesleyan Methodist Church, Hayfield.	Fortnightly	Tuesdays, 2—4	0.13	21.61	2	25	Dr. Lynch.
SHARDLOW RURAL. Lenton Street School, Sandiacre	Fortnightly	2nd & 4th, Mondays, 2—4.15	1.17	45.87	6	44	Dr. Hunt, Monthly
Church School, Draycott	Do.	2nd & 4th Wednesdays, 1.30—4	0.40	14.30	3	34	Dr. Hunt, Monthly
Spondon. Wesleyan Chapel	Do.	1st & 3rd Tuesdays, 11—4.30	0.48	8.49	4	25	Dr. Hunt, Monthly
Cooks Institute, Melbourne	Weekly	Wednesdays, 10.15—5	1.06	45.32	8	64	Dr. Hunt, Monthly

### SCHOOL CLINICS.

School Clinics are established at the following places :—

#### (1) MINOR AILMENT CLINICS.

Alfreton.	Ripley.
Belper.	Shirebrook.
Long Eaton.	Swadlincote.

Early in 1928, a Minor Ailment Clinic was opened at Dronfield.

To these Clinics any ailing child may be sent by teacher or parent without an appointment.

#### (2) X-RAY CLINICS for the treatment of ringworm are established at

School Clinic, Brimington Road, Chesterfield.

New County Offices, St. Mary's Gate, Derby.



(3) ORTHOPÆDIC CLINICS for the examination, supervision and treatment of crippled children are established at

Alfreton.	Derby.
*Bakewell.	Long Eaton.
Belper.	*Shirebrook.
Chesterfield.	Swadlincote.
*Chinley.	

Children must not be sent to these Clinics without an appointment.

(4) EAR, NOSE AND THROAT CLINICS for the examination and treatment of diseases of the ear, nose and throat are established at—

Alfreton (examination).  
 Ashbourne (operation and examination).  
 Belper (examination).  
 Clay Cross (examination).  
 Clown (examination).  
 Chesterfield (operation and examination).  
 Chinley (operation and examination).  
 Derby (operation and examination).  
 Long Eaton (examination).  
 Matlock (examination).  
 Ripley (examination).  
 Swadlincote (examination).  
 Shirebrook (operation and examination).

A charge of 10s. is made for each operation for tonsils and adenoids, but may be wholly or partly remitted in necessitous cases.

Children must not be sent to the treatment clinics without an appointment.

(5) EYE CLINICS.—The Education Committee have one whole-time and one part-time Ophthalmic Surgeon, who visits the various clinics in the County to examine and prescribe for children found by the school Medical Inspectors to be suffering from eye defects. Clinics have been established at :—

Alfreton.	Chesterfield.	Long Eaton.
Ashbourne.	Chinley.	Matlock.
Belper.	Clown.	Ripley.
Beighton.	Derby.	Shirebrook.
Bolsover.	Dronfield.	Swadlincote.
Buxton.	Eckington.	

(6) DENTAL CLINICS have been established at :—

Ashbourne.	*Dronfield,
*Bakewell.	Long Eaton.
Belper.	Matlock.
Chesterfield.	Swadlincote.
*Chinley,	Shirebrook.
Derby.	

Further details of the Clinics are given in the Annual Report of the School Medical Officer for the year 1925.

\*These Clinics were opened during 1928, prior to the publication of this report.



## TUBERCULOSIS DISPENSARIES.

The following is a list of the 9 Tuberculosis Dispensaries in the County, giving the name of the Tuberculosis Officer and the days and times of opening of each Dispensary :

ASHBOURNE DISPENSARY.—Stone House, Dark Lane, Ashbourne.

Open :—2nd and 4th Thursdays of the month, 11 a.m. to 1 p.m.

DR. P. HEFFERNAN.

BURTON DISPENSARY.—31, Union Street, Burton-on-Trent.

Open :—1st and 3rd Thursdays of the month, 10.30 a.m. to 12.30 and 2 to 4.30 p.m.

DR. P. HEFFERNAN.

CHESTERFIELD DISPENSARY.—Brimington Rd., Chesterfield

Open :—Tuesdays and Fridays, 10 a.m. to 12.30 p.m. and 2 to 4.30 p.m.

X-Ray examinations of Pulmonary Cases on 1st and 3rd Mondays of month only, 11 a.m. to 1 p.m.

DR. B. S. NICHOLSON.

CHINLEY DISPENSARY.—Lower Lane, Chinley.

Open :—Mondays, 11 a.m. to 1 p.m. and 2 to 5 p.m.

DR. P. HEFFERNAN.

DERBY DISPENSARY.—County Offices, St. Mary's Gate, Derby.

Open :—Tuesdays (Children only), 2.30 to 4.30 p.m.  
Fridays, 10.30 to 12.30 and 2 to 4 p.m.

DR. I. C. MACKAY.

GLOSSOP DISPENSARY.—Surrey Street, Glossop.

Open :—Wednesdays, 11 to 1 and 2 to 4 p.m.

DR. P. HEFFERNAN.

ILKESTON DISPENSARY.—Albert Street, Ilkeston.

Open :—Wednesdays, 11 to 1 and 2 to 4.30 p.m.

DR. B. S. NICHOLSON.

LONG EATON DISPENSARY.—The Hall, Long Eaton.

Open :—Tuesdays, 10 a.m. to 12 noon.

DR. I. C. MACKAY.

MATLOCK DISPENSARY.—Snitterton Road, Matlock.

Open :—Tuesdays, 10 to 1 and 2 to 4 p.m.

DR. P. HEFFERNAN.

VENEREAL DISEASES CLINICS have been established at

	<i>Males.</i>	<i>Females.</i>
Chesterfield & North Derbyshire Royal Hospital	Tuesdays, 4.30 to 6.30 Fridays, 2.30 to 4.30	Tuesdays, 2 to 4. Fridays, 11 to 12.30
Derbyshire Royal Infirmary, London Road, Derby	Mondays, 6 to 8. Wednesdays, 6 to 8. Saturdays, 2 to 4.	Mondays, 3 to 5. Thursdays, 6 to 8.

### PROFESSIONAL NURSING IN THE HOME.

**General.**—The County Council has arrangements with the Derby County Nursing Association for the nursing of bedridden cases of tuberculosis in their own homes. During the year this service was provided for 3 such cases.

General nursing, apart from tuberculosis, is carried out in various parts of the County by the District Nursing Associations, the majority of which are affiliated to the County Nursing Association. In 1927 there were 93 Nursing Associations in the County.

During the year new District Nursing Associations have been started at Barrow-on-Trent, Breaston and Tupton.

No arrangements have been made by the County Council for the home nursing of infectious disease.

**Midwives.**—The employment and subsidising of practising midwives by the County Council, together with the number of midwives practising in the County area, are referred to under the Section of this Report dealing with Maternity and Child Welfare.

### LEGISLATION IN FORCE.

The Survey Report for 1925 (page 27) gives the information received from the various District Councils. The following additions were made during 1927 :—

**Heanor Urban.**—Public Health Act, 1925, Parts 2 and 5, adopted December 5th, 1927.

**Ripley Urban.**—Chicken-pox made notifiable throughout 1927.

**Wirksworth Urban.**—Public Health Act 1925, Part II. to IV. except Sections 21, 22 and 44.



## SANITARY CIRCUMSTANCES OF THE AREA.

**Water Supply.**—The various water supplies in the County were fully described in the Survey Report for 1925, pages 28—31. During the year 1927 the following extensions and improvements have been effected :—

**ASHBOURNE URBAN.**—It is anticipated that the scheme for the provision of a new supply from Rodsley, mentioned in my last Report, will be completed during 1928.

**BAKEWELL URBAN.**—107 yards of 3" diameter water main were laid from Cemetery Road to the new housing site and 622 yards from Pickford Villas to the new isolation hospital. 10,686 yards of water main were scarified to remove corrosion.

**BOLSOVER URBAN.**—The Whaley Well was brought into use during the year ; a rising main from Whaley to Bolsover was completed at a cost of nearly £6,000, and 15 houses at Whaley have been provided with the public water supply in lieu of wells.

**BONSALL.**—A new water scheme is being carried out at Slaley.

**CLAY CROSS URBAN.**—Progress has been made with the scheme drawn up in 1926. A new borehole has been taken to a depth of 220 feet and the yield is approximately 300,000 gallons a day. On analysis the water, which is drawn from the millstone grit, was found to be satisfactory.

**GLOSSOP BOROUGH.**—Sanction for the purchase of the Hadfield supply has been obtained and the Corporation intend to prevent lead solubility by filtration and other treatment.

**HEAGE URBAN.**—Toadmoor District is now being supplied with an ample supply of water through the New Main connected to the Belper U.D.C. reservoir at Bessylone.

**ILKESTON BOROUGH.**—During the year a new duplicate 12" main has been laid from Shipley reservoir to the Market Place.

**NORTH DARLEY URBAN.**—It is hoped that during 1928 the Sydnope water will be available for providing a good supply for this area.

**RIPLEY URBAN.**—A 3" main fed from the Peasehill water tank has been laid from the Iron Bridge to the Cricket Ground, Nottingham Road.

**ASHBOURNE RURAL.**—At Clifton the owner of the private water supply to a part of the village is augmenting it by a gravitation scheme. A branch main is being laid from the Middleton water-works to a block of new houses which have not hitherto been supplied from the works.

**BLACKWELL RURAL.**—The Blackwell Rural Council together with the Warsop Urban District Council (Notts) have formulated a scheme for supplying both districts with water from a well in the bunter beds near Carburton. A draft of the scheme has been



submitted to the Ministry of Health and the scheme, when finished, should secure an adequate supply of water for the Blackwell Rural District. The scheme will, however, take at least two years to complete ; in the meantime the position at South Normanton is very serious.

CHAPEL-EN-LE-FRITH.—Recent extensions of the Bamford water main as far as the Derwent Valley Water Board Offices have rendered it possible for most of the houses in the village of Thornhill to have a supply of water, the Water Board having allowed the Rural District Council to connect up to the new pipe free of charge and extend to the village.

The scheme for the supply of Harpur Hill was completed early in 1928 and supplies a long-felt want.

A considerable amount of work has been done at Dove Holes to augment the supplies of water to the reservoir by relaying and cleansing the collecting pipes.

CHESTERFIELD.—A number of lengths of cast-iron mains were laid during the year. Plans have been prepared for filters for Crowhole reservoirs.

GLOSSOP DALE RURAL.—During the year an Inquiry was held by the Ministry of Health with reference to the improvement of the Charlesworth water supply and sanction was given to a loan for the Scheme.

HAYFIELD RURAL.—Mains have been extended to Highgate and Cote Lane, Hayfield and houses in these districts where the supply was unwholesome have been connected to the public supply.

NORTON RURAL.—The Sheffield Corporation mains have been extended along new roads made during the year.

### **River Pollution and Sewage Purification.**

Details of the conditions existing in the various Sanitary Districts in the County were set out in full in the Survey Report of 1925, pages 32—39. The following extensions and improvements were undertaken during 1927 :—

ALFRETON URBAN.—At Somercotes sewage works a second filter was constructed. The sewerage system was extended by the laying of 400 yards of 6" sewer at Derby Road, Swanwick.

ASHBOURNE URBAN.—A sewer has been laid in Windmill Lane during the year and practically the whole of the district is now adequately sewered.

BAKEWELL URBAN.—A length of 9" sewer, 356 yards, has been laid from Cemetery Road to the new housing site. 721 yards of 9"



sewer have been laid from Pickford Villas to the new Haddon hospital.

BELPER URBAN.—A fourth filter was in course of construction during the year.

BOLSOVER URBAN.—Sewers have been constructed at the housing sites at Moor Lane and Langwith.

BRAMPTON & WALTON URBAN.—The Greendale Avenue sewer is now completed.

CHESTERFIELD BOROUGH.—1,478 yards of 9" sewer and 286 yards of 6" sewer were laid in various parts of the Borough during the year.

DRONFIELD URBAN.—The drainage in Princess Street has been converted from the old culvert system to modern pipes.

HEANOR URBAN.—The sewage works at Tanners Lane have been abolished and the sewage taken to Cross Hill Sewage works. One filter has been reconstructed at Cross Hill works.

ILKESTON BOROUGH.—A new sewer has been laid in Manor Road to replace an existing one. Over  $4\frac{1}{2}$  acres of land adjoining the sewage works were purchased for the purpose of increasing the number of sludge beds.

LONG EATON URBAN.—Sewers have been extended in Cedar Avenue, Tamworth Road, College Street and Derby Road.

NEW MILLS URBAN.—The extension of the sewage works and construction of filters have been completed at a cost of about £7,000.

NORTH DARLEY URBAN.—A scheme is being considered to prevent pollution of the River Derwent.

RIPLEY URBAN.—An additional filter has been constructed at Street Lane sewage works and one of the filters at the Southern works has been reconstructed. A 9" sewer has been laid from Peasehill to Codnor Gate.

WIRKSWORTH URBAN.—A scheme has been adopted to prevent pollution of Hannage Brook from houses at Bole Hill and Wash Green by connecting them to sewers. The brook where it passes the refuse tip is to be piped and the bed of the brook in this part of its course was cleansed.

ASHBOURNE RURAL.—The sewer at Ednaston has been extended. A branch sewer has been laid to Middleton to serve a block of new houses and a length of old stone sewer at Brassington has been taken up and relaid with pipes.



**BELPER RURAL.**—Sewage works for Crich have been completed and sewage works for Horsley Woodhouse and Denby commenced.

At Openwoodgate sewage works a new filter has been constructed.

About half the filter media has been renewed at the Duffield sewage works.

**BLACKWELL RURAL.**—The new joint sewage works at Langwith were completed during the year. A Ministry of Health Inquiry was held at Searcliffe in April, 1927, into a proposed sewage disposal scheme for Searcliffe and Hillstown. These works are now in course of construction.

**CHESTERFIELD RURAL.**—Sewers were laid to connect the Morton Housing scheme with the Stonebroom sewage works.

Sewage disposal works were commenced for North Wingfield Housing Estate and sewers and works were also commenced in Staveley to deal with the sewage of Staveley, parts of Brimington and Sutton-cum-Duckmanton.

A scheme has been prepared for alterations to the Beighton sewage works.

Other schemes of sewage disposal are in preparation for Shirland village, New Higham, Old Higham, the Clay Street area and Hallfield Gate.

**GLOSSOP DALE RURAL.**—A sewage disposal scheme for Charlesworth and Chisworth was considered during the year. The main portion for dealing with Charlesworth has been postponed on account of the cost. The question of the sewage from the Gamesley area being taken by Glossop is being considered.

Sewerage extensions in Ludworth area were proposed for Hollins Lane, Lee Lane and Glossop Road. A loan has been sanctioned for this extension.

**HAYFIELD RURAL.**—The main sewer has been extended to Cote Lane. A scheme for extension of the sewer to the Kinder district has been sanctioned by the Ministry of Health.

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The various sewage disposal works in the County are inspected from time to time by myself and the County Sanitary Inspector, and during the year 1927, 329 samples of sewage effluents taken and analysed, were classified as follows :—

Good	...	...	119
Satisfactory	...	...	120
Unsatisfactory	...	...	39
Bad	...	...	51



# Summary of Sanitary Inspectors' Work, 1927.

TABLE VI.

## URBAN DISTRICTS.

District and Inspector's Name.	Closets and Ashpits.								Drainage.			Other Defects.												Totals.					
	Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Ventilation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.	Offensive Accumulations.	Animals improperly kept.		Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above	
Alfreton J. Spencer.	36	11	11	...	6	5	51	4	...	35	33	53	91	6	1	21	18	...	...	...	2	30	4	4	2	...	63	487	
	1	...	10	...	...	...	1	...	...	1	1	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	25	
	37	11	11	...	7	5	60	4	...	35	34	54	91	6	1	21	18	...	...	...	2	50	4	4	...	2	67	524	
Alvaston and Boulton J. Robinson.	6	10	...	...	10	...	600	...	18	10	16	11	24	11	...	12	...	...	6	...	...	...	...	...	...	...	...	734	
	...	...	...	...	...	...	...	...	18	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	734
Ashbourne D. Powell.	4	1	3	...	5	3	...	4	5	19	7	11	7	...	7	5	1	...	15	...	4	11	4	...	1	1	13	131	
	...	...	2	...	1	1	...	1	...	1	1	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	1	11	
	3	1	4	...	6	4	...	5	5	17	8	12	7	...	7	5	1	...	16	...	5	10	4	...	1	1	13	135	
Bakewell T. W. Baker.	6	...	...	...	...	...	4	...	...	1	8	...	2	2	...	...	...	...	2	...	...	1	2	1	...	...	...	29	
	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	1	1	...	...	3	
	6	1	...	...	...	...	4	...	...	1	8	...	2	2	...	...	...	...	2	...	...	1	2	1	...	...	...	32	
Baslow	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	

TABLE VI.

30



Belper J. A. Statham.	Informal Notices served by Sanitary Inspector ...	...	4	25	...	15	...	50	30	...	12	30	40	12	...	...	...	6	2	19	1	4	7	...	2	1	10	270	
	Legal Notices served by Local Authority ...	...	...	5	...	...	...	...	...	...	7	...	6	7	...	...	...	...	...	19	...	...	1	...	...	...	...	45	
Bolsover W. Ellis.	Informal Notices served by Sanitary Inspector ...	31	12	1	...	8	...	1	32	1	...	34	12	2	8	4	1	3	2	...	3	1	2	1	...	1	43	205	
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	3	...	...	4	3	...	...	...	3	...	...	...	...	...	...	...	13	
Bonsall A. Allsopp.	Informal Notices served by Sanitary Inspector ...	81	25	1	...	22	1	80	1	...	116	56	2	23	7	...	...	...	...	9	...	...	...	...	...	...	...	79	
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	524	
Brampton and Walton W. J. Nicholls.	Informal Notices served by Sanitary Inspector ...	1	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	4	
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Buxton (Boro')	Informal Notices served by Sanitary Inspector ...	1	18	...	...	...	...	...	3	...	8	2	...	10	...	...	...	...	...	...	...	...	...	...	...	...	...	43	
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Buxton (Boro')	Informal Notices served by Sanitary Inspector ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Chesterfield (B.) A. S. Carter.	Informal Notices served by Sanitary Inspector ...	2	15	1	...	64	8	44	38	9	99	193	25	124	18	1	23	14	20	6	4	6	33	32	1	116	2	97	995
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Clay Cross W. A. T. Lynam	Informal Notices served by Sanitary Inspector ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	



URBAN DISTRICTS—continued.

Table VI. continued.

District and Inspector's Name.	Closets and Ashpits.								Drainage.			Other Defects.											Totals.					
	Defective Privies, Pail Closets and Ash pits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Venti- lation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.	Offensive Accumu- lations.		Animals improperly kept.	Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above.
Dronfield W. A. Parry	18	25	8	...	...	...	30	14	...	21	37	12	45	25	1	8	23	5	125	...	6	9	3	4	...	1	...	420
	...	17	8	...	...	...	13	...	...	...	...	...	24	16	...	8	14	2	...	...	...	...	...	...	...	...	102	
	18	25	8	...	...	...	30	14	...	21	37	12	45	25	1	8	23	5	125	...	...	6	9	3	4	...	1	...
Glossop (Boro') H. Dane.	137	...	...	...	42	3	230	4	...	57	44	...	19	33			...			...	1	37	6	2	9	2	30	657
	...	...	...	...	...	...	...	...	...	...	...	...	...	...	44			...			...	...	...	...	...	...	...	44
	130	540	...	...	40	23	230	4	...	50	44	...	17	51			...			...	1	37	6	2	9	2	27	1213
Heage A. J. Fortnam.	37	15	...	...	2	14	17	...	...	13	13	2	4	...	1	1	1	3	2	...	...	2	...	...	...	...	...	127
	4	2	...	...	...	...	2	...	...	3	3	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	17
	46	2	1	2	2	...	25	...	...	3	10	...	3	...	...	...	5	5	2	...	...	8	...	...	...	...	...	114
Heanor A. A. Wilson	117	11	32	...	10	5	121	3	...	90	25	14	96	13	8	42	2	2	15	2	5	5	3	2	6	2	163	794
	...	...	...	...	...	...	...	...	...	2	...	1	7	1	...	2	4	...	1	...	...	1	1	...	...	...	2	22
	95	11	32	...	8	4	113	6	...	214	57	26	104	50	5	26	5	2	21	2	10	6	4	1	4	4	231	1041



Division	Informal Notices served by Sanitary Inspector ... Legal Notices served by Local Authority ... Nuisances abated ...	76	...	...	24	...	234	5	...	18	48	3	31	10	1	16	6	...	...	1	4	2	3	...	14	...	142	638
<b>Ilkeston</b> J. B. Duro.	Informal Notices served by Sanitary Inspector ... Legal Notices served by Local Authority ... Nuisances abated ...	76	...	...	3	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>Long Eaton</b> J. Tomlinson.	Informal Notices served by Sanitary Inspector ... Legal Notices served by Local Authority ... Nuisances abated ...	...	...	...	5	...	31	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>Matlocks</b> J. D. Evans.	Informal Notices served by Sanitary Inspector ... Legal Notices served by Local Authority ... Nuisances abated ...	7	4	1	21	...	7	30	43	1	67	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>New Mills</b> W. C. Sheard	Informal Notices served by Sanitary Inspector ... Legal Notices served by Local Authority ... Nuisances abated ...	...	...	...	5	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>North Darley</b> E. F. Lowe.	Informal Notices served by Sanitary Inspector ... Legal Notices served by Local Authority ... Nuisances abated ...	1	2	2	3	...	3	1	1	1	27	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>Ripley</b> W. E. Clark.	Informal Notices served by Sanitary Inspector ... Legal Notices served by Local Authority ... Nuisances abated ...	15	24	82	8	...	4	65	2	1	32	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
<b>South Darley</b> H. Crowder.	Informal Notices served by Sanitary Inspector ... Legal Notices served by Local Authority ... Nuisances abated ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...



URBAN DISTRICTS—continued.

Table VI. continued.

District and Inspector's Name.	Closets and Ashpits.								Drainage.			Other Defects.														Totals.			
	Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps, Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Venti- lation.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.	Offensive Accumu- lations.	Animals improperly kept.	Pigsties.	Smoke Nuisances.		Urinals.	Nuisances not specified above.	
Swadlincote G. Pollard.	Informal Notices served by Sanitary Inspector ...	...	3	...	6	...	236	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	255
	Legal Notices served by Local Authority ...	192	...	3	...	6	236	10	...	...	1	47	63	12	...	11	...	...	...	17	...	...	...	...	...	...	...	...	917
Wirksworth H. S. Tebbitt.	Informal Notices served by Sanitary Inspector ...	67	12	...	3	22	...	21	22	10	31	46	5	15	6	1	1	3	2	8	5	1	4	...	...	...	...	...	321
	Legal Notices served by Local Authority ...	18	...	...	1	...	...	...	7	7	...	1	1	3	...	...	...	...	3	2	...	...	...	...	...	...	...	...	50
	Nuisances abated ...	51	6	3	3	20	...	18	22	10	27	46	4	15	6	1	1	3	2	8	5	1	4	...	...	...	...	...	286

## RURAL DISTRICTS.

<b>Ashbourne</b> J. H. Wheelton	10	8	...	4	...	...	...	...	3	20	10	...	...	...	10	14	12	...	4	22	2	16	...	2	...	...	...	139
	...	...	...	...	...	...	...	...	1	7	3	1	4	...	...	...	...	...	2	1	...	9	1	3	...	...	...	32
	9	8	...	...	...	...	...	2	4	17	13	1	4	...	10	14	12	...	6	23	2	25	1	5	...	...	...	160
<b>Bakewell</b> A. Green. A. Seaton.	30	10	2	18	5	11	35	4	5	49	55	2	26	1	4	6	11	2	20	4	1	31	2	...	...	1	35	370
	...	...	...	...	...	...	...	...	...	4	1	...	3	...	...	1	3	...	1	...	...	2	1	...	...	...	7	34
	26	10	2	18	5	11	35	4	5	45	55	2	21	...	4	5	7	2	20	2	1	31	2	...	...	1	31	345



[illegible]



Table VI. continued.

## RURAL DISTRICTS—continued.

District and Inspector's Name.	Closets and Ashpits.										Drainage.			Other Defects.										Totals.					
	Defective Privies, Pail Closets and Ashpits.	Conversion of Privies into W.C.'s.	Conversion of Pail Closets into W.C.'s.	Conversion of Privies into Pail Closets.	Defective W.C.'s.	Provision of additional W.C.'s.	Provision of Portable Ashbins.	Dirty Closets.	No disconnection of Waste Pipe.	Defective Waste Pipes, Traps Inlets & Drains.	Drains obstructed.	Paving of Courts or Yards.	Roofs, Eaves Spouts, and Down Spouts.	Sinks.	Insufficient Ventila- tion.	Windows.	Dampness.	Water in Cellars.	Water Supply.	Overcrowding.	Foul Condition of Houses.	Offensive Accumu- lations.	Animals improperly kept.		Pigsties.	Smoke Nuisances.	Urinals.	Nuisances not specified above.	
<b>Hartshorne &amp; Seals</b> R. O. Winfield.	16	8	...	15	3	4	22	...	3	22	19	21	32	...	3	10	18	...	15	...	...	1	28	2	4	5	...	2	253
	4	3	...	4	...	...	10	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	22
	10	8	...	14	3	4	22	...	3	20	19	21	32	...	3	10	18	...	13	...	...	1	28	2	4	5	...	2	242
<b>Hayfield</b> E. Swift.	2	6	...	...	2	1	10	...	...	12	32	...	6	1	4	4	6	...	22	...	...	1	3	...	...	...	...	...	112
	...	...	...	...	...	1	4	...	...	1	...	...	4	...	4	4	4	...	16	...	...	...	...	...	...	...	...	...	38
	2	6	...	...	2	1	6	...	...	11	32	...	6	1	4	4	6	...	22	...	...	1	3	...	...	...	...	...	107
<b>Norton</b> E. A. Sampson.	...	11	...	1	...	...	8	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	27
	...	3	...	...	...	...	2	...	...	1	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	3	10
	...	19	...	5	...	...	28	...	...	2	2	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	6	63
<b>Repton</b> F. W. Bullock	38	49	8	1	23	2	51	14	3	37	23	...	36	8	3	11	7	2	81	2	2	1	72	2	1	...	6	28	509
	2	2	...	...	...	...	...	...	1	2	1	...	2	...	...	1	2	1	38	1	1	6	...	...	...	...	...	...	60
	38	49	8	1	23	2	51	14	3	34	23	...	33	8	3	8	7	1	92	1	1	72	2	1	...	...	...	28	509

# RURAL DISTRICTS—continued.

Shardlow F. G. Forman.	Informal Notices served by Sanitary Inspector ...	39	23	3	19	12	...	90	1	...	74	53	373	56	18	4	23	36	7	68	2	5	74	2	10	2	...	55	1049
	Legal Notices served by Local Authority Nuisances abated	4 41	3 17	...	2 27	...	...	6 67	...	...	4 71	1 54	1 300	3 48	...	1 12	3 24	4 37	...	1 88	1 4	...	4 82	...	...	...	1 4	39	43 1065
Sudbury F. G. Price.	Informal Notices served by Sanitary Inspector ...	...	6	...	...	...	...	...	1	...	3	...	...	1	...	3	1	2	...	...	2	...	...	...	...	...	...	2	21
	Legal Notices served by Local Authority Nuisances abated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...



TABLE VII.

## Closet Accommodation.

Districts.	Approximate number of Houses with				Number of Conversions.	
	Privy Middens.	Pail Closets	Water Closets	Trough and slop Water Closets	From Privy-middens to water Closets	From Pail-Closets to water Closets
<b>URBAN.</b>						
Alfreton ...	103	2,666	2,512	57	11	11
Alvaston & Boulton	59	No infor	mation.		10	—
Ashbourne ...		No infor	mation.		1	3
Bakewell ...	230	54	397	—	1	—
Baslow ...	119	4	205	—	1	1
Belper ...	85	553	No infor	mation.	4	25
Bolsover ...	737	864	1,125	—	25	1
Bonsall ...		No infor	mation.		—	—
Brampton & Walton		No infor	mation.		18	—
Buxton (Boro')	13	71	3,355	—	—	4
Chesterfield (Boro')	347	73	13,945	—	161	3
Clay Cross ...	1,020	—	745	12	16	—
Dronfield ...	390	—	697	16	25	8
Glossop (Boro')	7	400	3,100	479	540	—
Heage ...	535	205	134	11	2	1
Heanor ...	775	2,397	2,355	—	13	32
Ilkeston (Boro')	15	2,129	5,134	319	—	103
Long Eaton ...	23	75	5,870	74	—	—
Matlocks ...	510	273	1,788	—	4	1
New Mills ...	262	—	1,362	—	49	—
North Darley ...	334	11	658	—	2	2
Ripley ...	315	1,253	No infor	mation.	19	63
South Darley ...		No infor	mation.		—	—
Swadlincote ...		No infor	mation.		192	3
Wirksworth ...	326	44	788	4	6	—
<b>RURAL.</b>						
Ashbourne ...	1,210	920	305	15	8	—
Bakewell ...	2,205	1,107	805	—	2	—
Basford ...		No infor	mation.		—	5
Belper ...		No infor	mation.		7	45
Blackwell ...	1,590	5,388	2,309	—	23	5
Chapel-en-le-Frith		No infor	mation.		58	—
Chesterfield ...	10,377	390	7,270	33	362	—
Clowne ...	1,939	1,379	600	—	28	—
Glossop Dale ...	426	63	288	12	21	—
Hartshorne & Seals		No infor	mation.		8	—
Hayfield ...		No infor	mation.		2	6
Norton ...		No infor	mation.		7	—
Repton ...	2,146	528	1,238	6	49	8
Shardlow ...	1,318	2,946	4,532	—	17	27
Sudbury ...		No infor	mation.		6	—

## TABLE VIII. (a).

	ASHBOURNE.	BAKEWELL.	BASFORD.	BELPER.	BLACKWELL.	CHAPEL-EN-LE-FRITH.	CHESTERFIELD.	CLOWN.	GLOSSOP DALE.	HARTHORNE & SEALS.	HAYFIELD.	NORTON.	REPTON.	SHARDLOW.	SUDBURY.
Population ... ..	10,410	18,310	1,604	24,450	46,250	16,280	84,320	18,740	3,797	8,571	4,264	4,879	17,520	37,490	2,625
No. of Houses in District ... ..	2,400	4,971	391	5,634	9,482	4,132	17,841	4,097	1,133	1,967	1,314	1,526	3,916	9,787	597
Average No. of Persons per House ... ..	4.33	3.68	4.10	4.33	4.87	3.94	4.72	4.57	3.35	4.35	3.24	3.19	4.47	3.83	4.23
NUMBER OF NEW HOUSES ERECTED DURING THE YEAR:—															
(a) Total ... ..	40	24		221	136	120	622	179	27	19	29	95	68	653	2
(b) With State Assistance under Housing Acts ... ..															
(1) By the Local Authority ... ..	36	—		—	114	51	299	137	—	—	20	—	—	32	—
(2) By other bodies or persons ... ..	2	—		86	22	48	323	42	—	15	9	—	62	490	1
UNFIT DWELLING HOUSES. Inspections:—															
(1) No. Inspected for housing defects (under P.H. or Housing Acts) ... ..	200	736		1,321	424	161	888	395	44	90	83	106	107	258	101
(2) No. inspected and recorded under Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations, 1925 ... ..	—	—		60	98	7	69	99	18	—	8	—	58	258	—
(3) No. found to be so dangerous or injurious to health as to be unfit for human habitation ... ..	4	1		5	8	4	8	2	2	—	2	7	10	38	—
(4) No. (except those referred to in preceding sub-head) found not to be in all respects reasonably fit for human habitation ... ..	28	—		76	150	3	737	23	2	46	—	99	32	107	8
REMEDY OF DEFECTS WITHOUT FORMAL NOTICES.															
No. of defective dwelling-houses rendered fit in consequence of informal action by Local Authority or their officers ... ..	—	344		62	426	11	659	7	2	27	51	38	46	10	—
ACTION UNDER STATUTORY POWERS.															
A.—Proceedings under Sec. 3 of Housing Act, 1925.															
(1) No. where notices served requiring repairs ... ..	5	—		25	23	34	23	—	2	—	6	—	10	—	—
(2) No. rendered fit after formal notices:—															
(a) By owners. ... ..	3	—		20	57	21	23	—	—	—	6	—	10	—	—
(b) By Local Authority in default of owners. ... ..	—	—		—	—	—	—	—	—	—	—	—	—	—	—
(3) No. in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... ..	2	—		—	9	—	5	—	—	—	—	—	—	—	—
B.—Proceedings under Public Health Acts—															
(1) No. where notices served requiring defects remedying ... ..	—	368		475	326	105	392	13	4	—	23	50	27	107	18
(2) No. rendered fit after formal notices:—															
(a) By owners ... ..	—	344		425	367	5	392	10	4	—	19	—	17	69	18
(b) By Local Authority in default of owners ... ..	—	—		—	—	—	—	—	—	—	4	—	—	—	—
C.—Proceedings under Sections 11, 14 & 15 of the Housing Act, 1925:—															
(1) No. of representations made with a view to the making of Closing Orders ... ..	4	1		5	9	4	4	—	2	—	2	—	—	8	—
(2) No. of dwelling-houses in respect of which Closing Orders were made ... ..	4	—		5	9	4	4	—	2	—	2	—	—	8	—
(3) No. of dwelling-houses in respect of which Closing Orders were determined, the houses having been rendered fit ... ..	1	—		1	3	—	—	—	—	—	—	—	—	1	—
(4) No. of dwelling-houses in respect of Demolition Orders were made ... ..	1	—		—	2	—	1	—	2	—	—	—	—	2	1
(5) No. of dwelling-houses demolished in pursuance of Demolition Orders ... ..	—	—		—	1	—	—	—	—	—	—	—	—	8	—







## Scavenging.

Details of the existing conditions in the various Sanitary Districts in the County were set out in the Survey Report for 1925, pages 42—45. The following alterations were made during the year 1927 :—

**LONG EATON URBAN.**—After inspecting various methods of Refuse Disposal, the Urban District Council have decided that tipping on the system adopted in Bradford would be the most suitable and efficient way of dealing with the refuse in the district. No rags, etc., will be allowed to be salvaged from the tip.

**SOUTH DARLEY URBAN.**—The Council have now undertaken the work of collecting and removing domestic refuse and the contents of ashpits and privy middens.

**BAKEWELL RURAL.**—A system of scavenging by contract has been instituted at Stanton-in-Peak and Birchover.

**BELPER RURAL.**—During the year a change was made in the method of scavenging the Duffield Special Drainage area. This is now done by direct labour and the parish of Allestree is also included in the scheme. This is the first time Allestree has been scavenged. These are the only Parishes in the District where scavenging is done by direct labour and the experiment is proving satisfactory.

**NORTON RURAL.**—In the Parish of Dore scavenging is now carried out by the Council and in the other Parishes by contract.

## INSPECTION AND SUPERVISION OF FOOD.

### SALE OF FOOD AND DRUGS ACTS, 1875 & 1907.

Mr. John White, F.I.C., the County Analyst, reports on the work done under the above Acts as follows :—

The collection of samples for analysis under the above Acts is made by Inspector William Etchells who is a whole-time Officer duly appointed by the County Council as an Inspector under the Acts. In addition, he acts as Official Sampler under the Fertilisers and Feeding Stuffs Act, 1906. His work is supervised by me as County Analyst, and he collects the samples day by day throughout the year. Arrangements are made whereby the County is covered as systematically as possible.

The following is a summary of the work done during the year 1927 :—

<i>Total Samples analysed.</i>	<i>Percentage adulterated.</i>	<i>Milk samples.</i>	<i>Percentage adulterated.</i>
2023	2·5	697	5·6



The average composition of the samples of Milk was as follows :—

<i>Non-fatty solids.</i>	<i>Fat.</i>	<i>Total solids.</i>
8.72	3.62	12.34

The whole of the samples proved upon analysis to be free from preservatives

#### PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912—1927.

During the year the following samples were examined under these Regulations :—

Cream	...	...	10
Preserved Cream	...	...	36

**CREAM.**—Two of the samples contained Boric Acid. One, an informal sample, contained 0.15 per cent, and the other, an Official sample procured from the same vendor, was found to contain 0.1 per cent, with the result that he was fined £5 and £2 12s. 6d. costs.

**PRESERVED CREAM.**—An informal sample contained 0.7 per cent of Boric Acid. A further visit was made to obtain an Official sample, but the vendor had given up the sale of this article.

The remaining samples all contained a proportion of Boric Acid lower than the limit of 0.4 per cent, fixed by the Regulations, and were all properly labelled.

The fat content of the whole of the samples of Cream and Preserved Cream was in every case satisfactory in amount.

Public Health (Preservatives, &c. in Food) Regulations. These regulations came into force, in part, on January 1st, 1927.

So far as they relate to Butter and Cream, the Regulations operate as from January 1st, 1928, and accordingly "Preserved Cream" is no longer a commercial article.

**BUTTER.**—Of 95 samples, eight contained Boric Acid, in no case exceeding 0.5 per cent, which was then the generally accepted standard.

**MARGARINE.**—All the specimens of Margarine were found to be free from Preservatives.

Under the Regulations the only two Preservatives that may be used are Benzoic Acid and Sulphur Dioxide, and these may be added to certain specified articles, within prescribed limits. Ninety-eight articles were therefore specially examined, consisting of Condensed and Dried Milk, Crystallised and Dried Fruits, Jam, Sausages, Sugar, Wines, Cordials, &c. Forty of these were found to contain a Preservative substance, but only five specimens of Sausages contravened the Regulations.



**SAUSAGES.**—Four contained small proportions of Boric Acid, and one contained 600 parts per million of Sulphur Dioxide, the maximum permitted being 450 parts per million. No proceedings were instituted, but the attention of the respective vendors was drawn to the matter. Samples obtained subsequently from two of the vendors were found to be satisfactory.

**WATER.**—The Urban and Rural District Councils in the County submit for analysis samples of water, under an arrangement made by the Public Health Committee, whereby they are analysed at nominal fees.

The number of samples received during the year was 142.

Samples of Water, Sewage Effluents, &c. are periodically submitted to me on behalf of the Public Health Committee, and general chemical work is undertaken for the various Committees of the County Council as required.

(Signed) JOHN WHITE, F.I.C.,

*County Analyst.*

#### MILK SUPPLY.

Three licences for the production of Grade "A" milk were issued during 1927 under the milk and Dairies Amendment Act, 1922.

#### **Milk and Dairies (Consolidation) Act, 1915 and Tuberculosis Order, 1925.**

The procedure set out in the Survey Report for 1925 has again been followed during the year. I should here like to express my appreciation of the assistance I have received from the Chief Constable and his staff, particularly the Assistant Chief Constable.

The work done during the year under the Act and Order is set out below :—

<i>Animals Slaughtered.</i>	<i>No. with advanced Tuberculosis.</i>	<i>No. with Tuberculosis but not advanced.</i>	<i>No. not Tuberculosis.</i>
652	558	93	1

<i>Milk Samples examined.</i>	<i>No. in which Tubercle Bacilli were found.</i>	<i>No. negative to T.B.</i>
533	83	450

During the year 98 cases were reported of tubercle-infected milk being sent from this County to various Boroughs and Cities. In each case the whole of the herd was examined by a Veterinary Surgeon and samples of milk taken in suspected cases, any definite case being dealt with at once under the Tuberculosis Order, 1925.

As a result of their inspections of herds known to be producing tubercle-infected milk, the tuberculous animal was only discovered by clinical examination in some 23% of the cases, the remaining 67% being discovered by bacteriological examination of milk



samples. In fact the Veterinary Surgeons sent in no less than 333 samples of milk (166 single and 167 mixed samples) to aid them in isolating the tuberculous animals. This shows that a considerable proportion of animals giving tuberculous milk exhibit no definite clinical signs of tuberculosis, and therefore it is wrong to suggest that systematic veterinary inspection alone will go far in preventing the distribution of tuberculous milk. Milk sampling would appear to detect tuberculosis twice as frequently as veterinary inspection, even in the case of herds known at the commencement to be tuberculous, which herds have in many cases been inspected by two Veterinary Surgeons in consultation, one part-time and one whole-time.

I have never thought that either milk sampling or systematic veterinary inspection can eradicate bovine tuberculosis, and I am more convinced of it than ever unless every animal is tuberculin tested and those giving a positive reaction segregated as in the method employed by Bang in Denmark. The only other solution would appear to be that of immunising cattle against the tubercle bacillus, but unfortunately no effective immunising agent is yet known to us.

The information received from some outside sources is often to the effect that milk from a certain churn, despatched from a certain station (the number of the churn and the name of the station being given), was found to contain tubercle bacilli, and on tracing the source of the milk it has been found to come from a milk collecting dépôt. In one case it proved to be a sample of the mixed milk from as many as 90 farms. Nevertheless a systematic search was made and the offending animals discovered and dealt with, but such action to discover the source of infection on information so vague involves this County Council in a considerable expenditure of money, and it also entails a very large amount of work.

### **Clean Milk.**

Most of the farms in Derbyshire are engaged in milk production and, as in previous years, every effort is being made to encourage the production of Clean Milk in the County. Reference was made in the previous report to the competitions arranged throughout the County last year, and a report by the Inspecting Judge of the Ministry of Agriculture and Fisheries has been received and circulated in the monthly magazine issued from the Agricultural Institute. The opinion is expressed in this report that the competitions showed very clearly that elaborate buildings and equipment are not necessarily essential for the production of clean milk: excellent results being attained under the simplest of conditions. It is stated that the essential factor is attention to proper methods and that the interest and co-operation of the milkers should be sought. In the Judge's opinion the competitions have resulted in a marked increase of efficiency and keenness.

The results of last year's competitions show that, even in very hot weather, it is possible to produce milk of Certified and Grade A. quality with keeping properties of from 2 to 3 days judged on strictly scientific standards.



During the present year the competitions are being continued by the Agricultural Organiser to the Derbyshire County Council, Mr. J. R. Bond, M.Sc.

The following classes for competitors have been arranged :—

*Class 1.* County Championship (for previous prize winners).

*Class 2.* Competitors who have not previously obtained prizes or diplomas.

*Class 3.* Chesterfield Borough Retailers.

The conditions for the competition which are similar for Classes 1 and 2, are as follows :—

1. Competitors must have 8 or more cows in milk and producing at least 12 gallons of milk per day.

2. The awards will be based on the results of laboratory tests of five or more samples of each competitor's milk.

3. The samples will be taken from time to time without previous notice and on any days between 15th May and 17th July.

4. All samples will be taken by or on behalf of the Organizers of the competition and will be drawn from the churn or churns of afternoon's milk after cooling.

5. The results of the tests of each series of samples will be circulated to competitors as soon as possible after the tests have been completed.

6. Each competitor will be designated a letter or number disclosed only to himself.

7. Names of winners only will be published.

8. Entry fee 5/-.

For Class 3, the conditions generally applying are the same, but the samples will be taken from the churn or churns from which the competitor is actually retailing in the street.

Approximate value of prizes in each case :—

1st Prize £4 4s.	2nd Prize £3 3s.
3rd Prize £2 2s.	4th Prize £1 0s.

Diplomas will be awarded to all competitors attaining a satisfactory standard and certificates to the employees concerned.

A pamphlet on methods of ensuring clean milk has been circulated to the competitors.

The following are the number of entries received :—

Class I.	9
Class II.	28
Class III.	7
	—
Total	44
	—

The Institute staff arrange to give information and advice on milk production, and competitors desiring advisory samples submit them by arrangement.



## PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

TABLE IX.

Cases of Notifiable Diseases notified during 1927  
as reported by the Local Medical Officers of Health.

Urban Districts.	Tuberculosis.		Small-Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.	Poisoned Pym.
	Pulmonary.	Other.										
Alfreton ..	10	10	126	27	22	..	1	..	9	3	..	..
Alvast'n & Boulton ..	3	..	..	9	3	1	..	..	..	..	..	..
Ashbourne ..	5	2	..	6	..	..	..	..	3	..	..	..
Bakewell ..	4	2	..	1	..	..	1	..	2	1	..	..
Baslow ..	..	..	..	8	..	..	..	..	..	..	..	..
Belper ..	12	1	105	12	1	..	..	..	7	..	..	..
Bolsover ..	10	6	..	68	26	..	1	..	3	3	..	..
Bonsall ..	1	2	..	1	..	..	..	..	1	..	..	..
Brampton & Waltham ..	2	..	1	2	1	..	..	..	..	..	..	..
Buxton (Boro') ..	10	10	..	25	2	1	..	..	5	1	1	..
Chesterfield (Boro') ..	62	29	8	181	69	1	4	..	26	9	4	..
Clay Cross ..	3	2	..	13	7	..	1	..	1	..	..	..
Dronfield ..	3	1	..	9	6	1	..	..	4	..	..	..
Glossop (Boro') ..	16	15	..	18	22	2	2	..	7	..	1	..
Heage ..	2	2	27	1	2	..	1	..	..	1	1	..
Heanor ..	17	21	3	55	21	1	..	..	11	6	1	..
Ilkeston (Boro') ..	29	9	..	83	3	..	1	..	5	8	..	..
Long Eaton ..	21	12	..	68	43	1	..	..	15	1	..	..
Matlocks ..	18	4	2	21	2	..	..	1	1	1	..	..
New Mills ..	4	6	..	39	9	..	1	..	10	1	1	..
North Darley ..	5	8	..	6	6	..	2	..	..	..	..	..
Ripley ..	8	3	119	9	9	..	2	..	12	1	..	..
South Darley ..	1	1	..	..	1	..	..	..	..	..	..	..
Swadlincote ..	23	13	7	34	15	25	2	..	8	7	2	..
Wirksworth ..	2	3	..	6	..	1	1	..	1	1	..	..
<i>Urban Districts</i>	271	162	398	702	270	34	20	1	131	44	11	..
Rural Districts.	Tuberculosis.		Small Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.	Poisoned Pym.
	Pulmonary.	Other.										
Ashbourne ..	13	8	..	3	1	..	1	1	6	..	..	..
Bakewell ..	14	9	..	24	3	1	..	..	12	2	..	..
Basford ..	4	..	..	1	1	..	..	..	..	..	..	..
Belper ..	22	6	46	39	13	3	1	..	5	3	..	..
Blackwell ..	42	35	17	143	79	..	8	..	30	2	3	..
Chapel-en-le-Frith ..	7	10	..	33	12	..	..	..	6	1	..	..
Chesterfield ..	61	39	9	160	174	5	3	..	29	8	..	..
Clowne ..	29	14	3	58	39	1	..	..	6	..	1	..
Glossop Dale ..	3	2	..	3	1	..	..	..	3	..	..	..
Hartshorne & Seals ..	15	7	..	17	49	..	..	..	7	..	..	..
Hayfield ..	5	5	..	7	..	..	..	..	5	..	..	..
Norton ..	4	3	..	8	3	..	..	..	3	1	..	..
Repton ..	16	7	1	48	13	..	1	..	2	1	1	..
Shardlow ..	38	16	6	75	28	..	..	..	14	2	..	..
Sudbury ..	..	1	..	23	4	..	..	..	..	..	..	..
<i>Rural Districts</i>	273	162	82	642	420	10	14	1	128	20	5	..
<i>Urban Districts</i>	271	162	398	702	270	34	20	1	131	44	11	..
<i>Whole County</i> ..	544	324	480	1344	690	44	34	2	259	64	16	..



TABLE X.

the number of Cases, the number of Deaths, the case rate per 1,000 of population and case mortality per cent from Smallpox, Scarlatina, Diphtheria and Typhoid Fever. (Figures supplied by Registrar-General).

DISTRICTS.	SMALLPOX.				SCARLATINA.				DIPHTHERIA AND MEMBRANOUS CROUP.				TYPHOID FEVER.			
	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.
...	123	...	5.59	...	30	...	1.36	...	24	1	1.09	4.16	1	...	.04	...
Boulton	...	...	...	...	7	...	2.93	...	2	...	.83	...	1	...	.42	...
...	...	...	...	...	5	...	1.08	...	...	...	...	...	...	...	...	...
...	...	...	...	...	7	...	8.14	...	...	...	...	...	...	...	...	...
...	103	...	7.91	...	13	...	.99	...	1	...	.07	...	...	...	...	...
...	...	...	...	...	68	...	5.30	...	26	1	2.02	3.84	...	...	...	...
...	...	...	...	...	1	...	.82	...	...	...	...	...	1	...	.82	...
& Walton	1	...	.46	...	2	...	.92	...	...	1	...	100.00	...	...	...	...
...	...	...	...	...	24	...	1.43	...	1	...	.06	...	1	...	.06	...
1 (Boro')	8	...	.12	...	181	2	2.72	1.10	71	10	1.06	14.08	1	1	.01	100.00
...	...	...	...	...	13	1	1.41	7.69	7	...	.76	...	...	...	...	...
...	...	...	...	...	9	...	2.03	...	6	1	1.21	16.66	1	...	.20	...
...	...	...	...	...	18	...	.93	...	22	...	1.13	...	2	...	.10	...
...	27	...	6.02	...	1	...	.22	...	3	...	.67	...	...	...	...	...
...	3	...	.13	...	55	...	2.52	...	21	1	.96	4.76	1	...	.04	...
...	...	...	...	...	83	...	2.52	...	3	...	.09	...	...	...	...	...
...	...	...	...	...	68	...	3.16	...	43	2	1.99	4.65	1	...	.04	...
...	1	...	.10	...	16	...	1.66	...	2	1	.21	50.00	...	...	...	...
...	...	...	...	...	42	...	4.61	...	9	...	.98	...	...	...	...	...
...	...	...	...	...	6	...	1.57	...	6	1	1.57	16.66	...	...	...	...
...	119	...	8.43	...	9	...	.63	...	9	...	.63	...	...	...	...	...
...	...	...	...	...	...	...	...	...	1	...	1.51	...	...	...	...	...
...	7	...	.32	...	34	...	1.58	...	15	...	.69	...	24	4	1.11	16.66
...	...	...	...	...	7	...	1.77	...	...	...	...	...	1	...	.25	...
	392	...	1.21	...	699	3	2.17	.43	272	19	.84	6.98	35	5	.10	14.28
DISTRICTS.	SMALLPOX.				SCARLATINA.				DIPHTHERIA AND MEMBRANOUS CROUP.				TYPHOID FEVER.			
	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.	No. of Cases.	No. of Deaths.	Case rate per 1,000 of population.	Case mortality per cent.
...	...	...	...	...	3	...	.28	...	1	...	.09	...	...	...	...	...
...	...	...	...	...	25	...	1.36	...	3	1	.16	33.33	2	...	.10	...
...	...	...	...	...	1	...	.59	...	1	...	.59	...	...	...	...	...
...	46	...	1.88	...	39	...	1.59	...	13	1	.53	7.69	3	...	.12	...
...	17	...	.36	...	146	...	3.15	...	83	8	1.79	9.63	...	...	...	...
...	...	...	...	...	32	...	1.96	...	12	1	.73	8.33	...	...	...	...
...	9	...	.10	...	160	2	1.89	1.25	174	15	2.06	8.61	5	1	.05	20.00
...	3	...	.16	...	60	...	3.20	...	39	3	2.08	7.69	1	...	.05	...
...	...	...	...	...	3	...	.79	...	1	2	.26	100.00	...	...	...	...
...	...	...	...	...	19	...	2.21	...	44	1	5.13	2.27	...	...	...	...
...	...	...	...	...	7	...	1.64	...	...	...	...	...	...	...	...	...
...	...	...	...	...	8	...	1.63	...	3	...	.61	...	1	...	.20	...
...	1	...	.05	...	44	...	2.51	...	13	1	.74	7.69	...	...	...	...
...	6	...	.16	...	75	...	2.00	...	28	...	.74	...	...	...	...	...
...	...	...	...	...	23	...	9.11	...	4	...	1.58	...	...	...	...	...
...	82	...	.27	...	645	2	2.15	.31	419	33	1.39	7.87	12	1	.04	8.33
...	392	...	1.21	...	699	3	2.17	.43	272	19	.84	6.98	35	5	.10	14.28
...	474	...	.76	...	1344	5	2.16	.37	691	52	1.11	7.52	47	6	.07	12.



## INFECTIOUS DISEASES GENERALLY.

**Small pox.**—The following Table shows the number of cases of Small pox notified during the years 1921—1927, inclusive, and shows that although the disease is still prevalent, it is decreasing—

TABLE XI.

	1921	1922	1923	1924	1925	1926	1927
<i>Urban Districts.</i>							
Alfreton ...	...	...	23	1	...	2	123
Alvaston & Boulton ...	...	...	...	...	18	1	...
Belper ...	...	1	1	...	2	70	103
Bolsover ...	...	15	19	36	7	19	...
Brampton & Walton...	...	...	...	...	...	...	1
Chesterfield (Boro') ...	...	...	32	518	76	2	8
Clay Cross ...	...	...	...	3	52	...	...
Heage ...	...	...	...	...	...	39	27
Heanor ...	...	34	144	11	1	...	3
Ilkeston (Boro') ...	...	100	15	3	...	...	...
Long Eaton ...	14	1	43	12	...	...	...
Matlocks ...	1	...	...	...	...	...	1
Ripley ...	...	...	5	1	1	9	119
Swadlincote ...	...	...	8	135	...	10	7
Wirksworth ...	...	...	...	...	...	1	...
<i>Rural Districts.</i>							
Bakewell ...	1	...	...	...	...	...	...
Basford ...	1	2	...	...	...	...	...
Belper ...	...	49	...	...	...	8	46
Blackwell ...	1	8	77	154	77	47	17
Chesterfield ...	...	...	...	216	91	5	9
Clown ...	...	15	86	4	1	...	3
Hartshorne & Seals ...	...	...	1	2	...	...	...
Repton ...	...	...	...	5	2	1	1
Shardlow ...	3	3	22	22	11	10	6
TOTALS ...	21	228	476	1123	339	224	474

TABLE XII.

**Smallpox and Vaccination as returned by Local Medical Officers  
of Health.**

	No. of Cases Notified.	Number		
		Vaccinated and Re- vaccinated.	Vaccinated in Infancy.	Unvac- cinated.
<i>Urban Districts.</i>				
Alfreton ... ..	126	—	2	124
Alvaston and Boulton ...	—	—	—	—
Ashbourne ... ..	—	—	—	—
Bakewell ... ..	—	—	—	—
Baslow ... ..	—	—	—	—
Belper ... ..	105	—	14	91
Bolsover ... ..	—	—	—	—
Bonsall ... ..	—	—	—	—
Brampton & Walton ...	1	—	—	1
Buxton (Boro') ... ..	—	—	—	—
Chesterfield (Boro') ...	8	—	3	5
Clay Cross ... ..	—	—	—	—
Dronfield ... ..	—	—	—	—
Glossop (Boro') ... ..	—	—	—	—
Heage ... ..	27	—	3	24
Heanor ... ..	3	—	1	2
Ilkeston (Boro') ... ..	—	—	—	—
Long Eaton ... ..	—	—	—	—
Matlocks ... ..	2	—	—	2
New Mills ... ..	—	—	—	—
North Darley ... ..	—	—	—	—
Ripley ... ..	119	—	17	102
South Darley ... ..	—	—	—	—
Swadlincote ... ..	7	—	2	5
Wirksworth ... ..	—	—	—	—
	398	—	42	356
<i>Rural Districts.</i>				
Ashbourne ... ..	—	—	—	—
Bakewell ... ..	—	—	—	—
Basford ... ..	—	—	—	—
Belper ... ..	46	—	7	39
Blackwell ... ..	17	—	1	16
Chapel-en-le-Frith ... ..	—	—	—	—
Chesterfield ... ..	9	—	1	8
Clowne ... ..	3	—	—	3
Glossop Dale ... ..	—	—	—	—
Hartshorne & Seals ...	—	—	—	—
Hayfield ... ..	—	—	—	—
Norton ... ..	—	—	—	—
Repton ... ..	1	—	—	1
Shardlow ... ..	6	—	2	4
Sudbury ... ..	—	—	—	—
	82	—	11	71



**Scarlet Fever.**—During the year 1,344 cases of this disease were notified, 5 of which proved fatal, compared with 1,825 cases and 17 deaths in the previous year. The figures for 1927 give a case mortality per cent of .37 compared with .93, the figure for 1926.

**Whooping Cough.**—61 deaths occurred from this disease during 1927, giving a death-rate of .10 per thousand of the population.

**Encephalitis Lethargica.**—The following table gives the number of cases of Encephalitis Lethargica notified in the various Sanitary Districts of the County from June, 1920, to December, 1927 :—

TABLE XIII.

Districts.	1920 (from June).	1921	1922	1923	1924	1925	1926	1927
<b>URBAN.</b>								
Alfreton	...	1	...	...	1	1	...	...
Bakewell	...	...	1	...	1	...	1	...
Belper	...	3	...	2	...	...	...	...
Bolsover	...	1	...	...	...	1	1	...
Bonsall	...	...	1	...	...	...	...	...
Brampton & Walton	...	...	...	...	1	...	...	...
Buxton Boro'	2	...	1	...	2	1	1	...
Chesterfield Boro'	...	2	...	1	8	11	5	4
Clay Cross	...	...	...	...	2	2	...	...
Dronfield	...	...	...	...	4	1	...	...
Glossop Boro'	...	...	1	2	2	...	...	1
Heage	...	1	...	...	1	...	...	1
Heanor	2	1	1	...	1	...	...	1
Ilkeston Boro'	1	...	...	...	1	1	...	...
Long Eaton	...	...	1	...	2	1	1	...
Matlocks	...	1	...	...	...	...	...	...
New Mills	1	...	...	...	4	4	2	1
Ripley	...	...	...	...	2	1	1	...
Swadlincote	...	...	...	1	...	...	...	2
<b>RURAL.</b>								
Bakewell	...	1	...	...	3	1	...	...
Belper	...	...	1	...	6	1	...	...
Blackwell	...	1	...	...	6	5	...	3
Chapel-en-le-Frith	1	...	...	...	2	1	2	...
Chesterfield	...	1	1	...	17	9	1	...
Clown	...	...	...	...	2	...	4	1
Hartshorne & Seals	...	...	...	...	...	1	...	...
Hayfield	...	1	...	...	3	...	...	...
Norton	...	...	...	...	4	...	...	...
Repton	...	...	...	...	4	...	...	1
Shardlow	...	1	1	...	4	1	...	...
Sudbury	...	...	...	...	1	...	...	...
Totals	9	14	9	6	84	43	19	15

TABLE XIV.—Incidence of Notifiable Diseases.

	<i>Total Cases notified.</i>	<i>Cases admitted to Hospital.</i>	<i>Total Deaths.</i>
Smallpox ... ..	474	467	—
Scarlet Fever ... ..	1344	929	5
Diphtheria ... ..	691	443	52
Enteric Fever ... ..	47	9	6
Puerperal Fever ... ..	21	14	16
Puerperal Pyrexia ... ..	66	6	—*
Pneumonia ... ..	—	49	602
Cerebro Spinal Fever ... ..	—	1	—*
Erysipelas ... ..	253	6	—*
Ophthal. Neonatorum ... ..	—	6	—*
Encephalitis Lethargica ... ..	—	6	17
Measles ... ..	—	—	28
Chicken-Pox ... ..	—	5	—*

\*No information available.

TABLE XV.

*Shewing Death Rate per annum from Cancer in England and Wales and Derbyshire, and number of Deaths from Cancer in Derbyshire since 1901.*

<i>Year.</i>	<i>Deaths Rates.</i>		<i>No. of Deaths in Derbyshire.</i>	
	<i>England and Wales.</i>	<i>Derbyshire.</i>		
1901-1910 ... ..	0·89 ...	0·667 ...	346 average	
1911 ... ..	0·99 ...	0·730 ...	410	
1912 ... ..	1·10 ...	0·728 ...	414	
1913 ... ..	0·98 ...	0·822 ...	472	
1914 ... ..	0·98 ...	0·872 ...	507	
1915 ... ..	0·96 ...	0·830 ...	460	
1916 ... ..	0·98 ...	0·951 ...	513	
1917 ... ..	0·99 ...	0·929 ...	489	
1918 ... ..	0·99 ...	1·022 ...	532	
1919 ... ..	1·17 ...	0·871 ...	481	
1920 ... ..	1·16 ...	0·988 ...	559	
1921 ... ..	1·21 ...	0·990 ...	586	
1922 ... ..	1·22 ...	0·980 ...	585	
1923 ... ..	1·26 ...	1·010 ...	606	
1924 ... ..	1·29 ...	0·990 ...	605	
1925 ... ..	1·33 ...	0·987 ...	604	
1926 ... ..	1·36 ...	1·153 ...	710	
1927 ... ..	... ..	1·246 ...	774	



TABLE XVI.

*Table shewing incidence of deaths from Cancer among Males and Females at varying ages.*

Year.	AGES.								Totals.		Grand Total
	Under 25		25—45		45—65		65 and over.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1916	6	5	21	38	101	143	96	103	224	289	513
1917	3	5	10	35	102	143	90	101	205	284	489
1918	3	6	13	38	112	153	98	109	226	306	532
1919	5	5	12	37	101	129	85	107	203	278	481
1920	5	2	21	36	114	149	120	112	260	299	559
1921	4	1	24	32	103	152	130	140	261	325	586
1922	3	5	19	34	122	178	105	119	249	336	585
1923	3	3	11	36	126	177	121	129	261	345	606
1924	3	4	15	32	126	149	141	135	285	320	605
1925	2	5	16	29	132	146	139	135	289	315	604
1926	5	5	12	40	148	182	152	166	317	393	710
1927	5	3	23	41	166	209	156	171	350	424	774

TABLE XVII.—Enteric or Typhoid Fever.

Year.	Cases.	Case Mortality per cent.	Death Rate per 1,000 pop.	Case rate per 1,000 of population.
1900	678	14.8	.203	1.36
1901	495	15.5	.16	.98
1902	262	17.5	.09	.52
1903	340	10.5	.07	.67
1904	352	15.0	.11	.68
1905	263	17.11	.09	.60
1906	333	15.0	.09	.62
1907	194	18.56	.07	.35
1908	238	15.55	.07	.43
1909	157	15.27	.05	.27
1910	143	12.59	.03	.25
1911	189	15.34	.05	.33
1912	116	21.55	.04	.20
1913	120	20.83	.04	.21
1914	59	13.56	.01	.10
1915	88	22.7	.03	.16
1916	74	22.98	.03	.13
1917	52	19.24	.02	.09
1918	58	25.86	.02	.11
1919	123	12.20	.02	.22
1920	58	13.79	.01	.10
1921	63	12.70	.01	.10
1922	25	8.0	.003	.04
1923	42	16.66	.01	.07
1924	52	7.69	.01	.08
1925	37	8.10	.005	.06
1926	26	15.39	.006	.04
1927	47	12.76	.009	.07

The above Table shows that 47 cases of this disease occurred; there were 6 deaths, giving a case mortality of 12.76 compared with 15.39 the rate for the previous year.

**Diphtheria.**—The number of cases of diphtheria notified during 1927 was 691 compared with 600 in 1926, whilst the deaths numbered 52 compared with 35. The case mortality was 7.52 compared with 5.83.

The number of specimens received at the County laboratory for examination for the diphtheria bacillus during the past five years is as follows:—

1923	...	...	2,772
1924	...	...	4,031
1925	...	...	5,802
1926	...	...	5,102
1927	...	...	4,154

**Measles.**—The total number of deaths from Measles during 1927 was 28, compared with 42 in 1926.

### Infectious Diseases in Schools.

*See pages 123–127 of the School Section of this Report.*

**Polio-Myelitis.**—In my Report for 1925, I explained how this disease causes crippling, pointing out that in a large proportion of the cases crippling is due to deformities resulting from contracture of the non-paralysed muscles rather than to the actual paralysis itself. This type of deformity can be prevented by proper treatment at the proper time. I explained briefly the lines which such treatment should take.

Early in 1928 arrangements were made for the Resident Orthopaedic Surgeon at Bretby to be available for consultations with any practitioner who should require his advice on the early diagnosis and treatment of cases of polio-myelitis.

### BACTERIOLOGICAL LABORATORY.

During the year, 11,222 bacteriological examinations were made at the County Laboratory, compared with 12,258 in the previous year. The following Table shows the origin of the specimens:—

TABLE XVIII.

Medical Practitioners	...	...	...	...	...	3,045
School Medical Staff	...	...	...	...	...	913
Dispensary Staff	...	...	...	...	...	1,029
Hospitals (Isolation and others)	...	...	...	...	...	2,447
Venereal Diseases	...	...	...	...	...	2,233
Hairs for Ringworm	...	...	...	...	...	164



## Local Authorities :—

Milk Inoculations. Tuberculosis Order.	...	...	288
Milk Inoculations. Ordinary	...	...	228
Milk for Bacterial Count and Bacillus Coli	...		278
Milk, Direct Examinations. Tuberculosis Order	...		159

## Outside Authorities :—

Milk Inoculations. Derby Borough	...	...	29
Milk for Bacterial Count and Bacillus Coli. Derby Borough	...	...	44
Miscellaneous. Derby Borough	...	...	231
Examinations for which a fee is paid	...	...	134
Total	...	...	<u>11,222</u>

The number of specimens sent in by Medical Practitioners from the Urban Districts was 4·77 per thousand of the population, and in the Rural Districts it was 5·04.

TABLE XIX.—Bacteriological Specimens Examined.

Districts.	Population.	No. of Specimens sent.	Rate per 1,000.
<b>URBAN.</b>			
Alfreton .. ..	22,000	47	2.13
Alvaston & Boulton .. ..	2,386	26	10.89
Ashbourne .. ..	4,631	11	2.37
Bakewell .. ..	2,916	10	3.42
Baslow .. ..	859	3	3.49
Belper .. ..	13,020	70	5.37
Bolsover .. ..	12,810	69	5.38
Bonsall .. ..	1,213	6	4.94
Brampton & Walton .. ..	2,155	10	4.64
Buxton (Boro') .. ..	16,710	46	2.75
Chesterfield (Boro') .. ..	66,450	218	3.28
Clay Cross .. ..	9,161	61	6.65
Dronfield .. ..	4,434	39	8.79
Glossop (Boro') .. ..	19,350	221	11.42
Heage .. ..	4,479	19	4.24
Heanor .. ..	21,760	125	5.74
Ilkeston (Boro') .. ..	32,910	69	2.09
Long Eaton .. ..	21,510	164	7.62
Matlocks .. ..	9,581	33	3.44
New Mills .. ..	9,108	69	7.57
North Darley .. ..	3,820	13	3.40
Ripley .. ..	14,110	23	1.63
South Darley .. ..	662	—	—
Swadlincote .. ..	21,520	154	7.15
Wirksworth .. ..	3,945	29	7.35
<i>Urban Districts</i> ..	321,500	1,535	4.77
<b>RURAL.</b>			
Ashbourne .. ..	10,410	35	3.36
Bakewell .. ..	18,310	50	2.73
Basford .. ..	1,694	—	—
Belper .. ..	24,450	177	7.23
Blackwell .. ..	46,250	283	6.11
Chapel-en-le-Frith .. ..	16,280	49	3.01
Chesterfield .. ..	84,320	251	2.97
Clowne .. ..	18,740	102	5.44
Glossop Dale .. ..	3,797	26	6.84
Hartshorne & Seals .. ..	8,571	60	6.99
Hayfield .. ..	4,264	10	2.34
Norton .. ..	4,879	14	2.86
Repton .. ..	17,520	94	5.36
Shardlow .. ..	37,490	356	9.49
Sudbury .. ..	2,525	3	1.18
<i>Rural Districts</i> ..	299,500	1,510	5.04
<i>Urban Districts</i> ..	321,500	1,535	4.77
<b>WHOLE COUNTY</b> ..	621,000	3,045	4.90



TABLE XX.—Specimens received from Medical Practitioners during 1927.

Districts.	Enteric Fever.		Diphtheria.		Phthisis.		Miscellaneous		Total	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
<b>URBAN.</b>										
Alfreton .. ..	..	..	6	7	5	27	..	2	11	36
Alvaston & Boulton ..	..	..	3	13	..	6	2	2	5	21
Ashbourne .. ..	..	..	..	4	2	5	..	..	2	9
Bakewell .. ..	..	1	..	..	1	6	1	1	2	8
Baslow .. ..	..	..	..	1	..	2	..	..	..	3
Belper .. ..	..	..	2	18	5	45	..	..	7	63
Bolsover .. ..	..	4	6	36	2	20	1	..	9	60
Bonsall .. ..	1	1	..	1	1	1	1	..	3	3
Brampton & Walton ..	..	..	..	4	2	3	1	..	3	7
Buxton (Boro') .. ..	..	6	..	17	5	14	4	..	9	37
Chesterfield (Boro') ..	..	9	8	92	24	68	8	9	40	178
Clay Cross .. ..	..	..	7	24	1	28	1	..	9	52
Dronfield .. ..	1	4	2	18	1	12	..	1	4	35
Glossop (Boro') .. ..	..	13	14	145	6	36	5	2	25	196
Heage .. ..	..	..	1	5	1	11	..	1	2	17
Heanor .. ..	1	12	12	32	1	58	2	7	16	109
Ilkeston (Boro') .. ..	..	..	..	18	12	35	2	2	14	55
Long Eaton .. ..	..	8	28	67	9	50	1	1	38	126
Matlock .. ..	..	3	1	13	2	12	1	1	4	29
New Mills .. ..	..	..	7	34	..	24	2	2	9	60
North Darley .. ..	..	1	..	2	1	4	..	5	1	12
Ripley .. ..	..	3	2	2	4	11	..	1	6	17
South Darley .. ..	..	..	..	..	..	..	..	..	..	..
Swadlincote .. ..	15	31	11	35	6	47	1	8	33	121
Wirksworth .. ..	1	3	..	8	1	5	2	9	4	25
<i>Urban Districts</i>	19	99	110	596	92	530	35	54	256	1279
<b>RURAL.</b>										
Ashbourne .. ..	..	4	..	8	5	14	4	..	9	26
Bakewell .. ..	..	..	2	21	1	23	3	..	6	44
Basford .. ..	..	..	..	..	..	..	..	..	..	..
Belper .. ..	2	9	7	42	9	46	40	22	58	119
Blackwell .. ..	..	6	19	125	12	114	3	4	34	249
Chapel-en-le-Frith .. ..	..	6	5	21	1	14	2	..	8	41
Chesterfield .. ..	2	16	33	75	11	98	13	3	59	192
Clowne .. ..	..	4	7	30	7	53	1	..	15	87
Glossop Dale .. ..	..	..	1	18	..	5	..	2	1	25
Hartshorne & Seals ..	..	3	11	18	4	21	1	2	16	44
Hayfield .. ..	..	..	..	2	2	6	..	..	2	8
Norton .. ..	1	2	..	4	1	5	1	..	3	11
Repton .. ..	..	8	6	33	4	32	5	6	15	79
Shardlow .. ..	1	13	17	181	8	94	18	24	44	312
Sudbury .. ..	..	..	..	1	..	..	2	..	2	1
<i>Rural Districts</i> ..	6	71	108	579	65	525	93	63	272	1238
<i>Urban Districts</i> ..	19	99	110	596	92	530	35	54	256	1279
<i>Whole County</i> ..	25	170	218	1175	157	1055	128	117	528	2517



TABLE XXI.—Specimens received from Hospitals, 1927.

Hospital.	Enteric Fever.		Diphtheria.		Phthisis.		Miscellaneous.		Total.	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Belper .. ..	1	..	3	49	..	..	..	..	4	49
Buxton .. ..	..	..	..	4	..	..	..	..	..	4
North Derbyshire Royal Hospital..	..	..	..	..	..	..	1	1	1	1
Draycott .. ..	..	..	42	142	..	..	..	..	42	142
Dronfield .. ..	1	3	41	169	..	..	..	4	42	176
Etwall .. ..	..	..	21	75	..	..	..	..	21	75
Gamesley .. ..	..	..	17	257	..	..	..	..	17	257
High Peak .. ..	..	..	22	158	..	..	..	..	22	158
Ilkeston Sanatorium..	..	..	3	53	..	1	..	..	3	54
Langwith .. ..	..	..	10	116	..	..	..	..	10	116
Mastin Moor .. ..	1	..	68	280	..	..	..	4	69	284
Morton .. ..	1	1	37	525	..	..	1	1	39	527
Penmore .. ..	..	..	19	313	..	..	1	1	20	314
Totals .. ..	4	4	283	2141	..	1	3	11	290	2157

## Venereal Diseases Specimens.

TABLE XXII.

The following Table shows the number of specimens sent in under the V.D. Scheme for Examination during the year 1927 :—

Blood for Wassermann reaction	...	...	...	1,912
Pus for Gonococci	...	...	...	293
Serum for Spirochætes	...	...	...	9
Cerebro-Spinal Fluid for Cell Count	...	...	...	4
do. do. Globulin	...	...	...	4
do. do. Ascetic Anhydride Test	...	...	...	7
Miscellaneous	...	...	...	4
Total	...	...	...	2,233

TABLE XXIII.

The following Table shows the number of Specimens received from the Dispensaries and Sanatoria during 1927 :—

Dispensary or Institution.	Sputa.		Miscellaneous.		Total.
	Pos.	Neg.	Pos.	Neg.	
Ashbourne .. ..	3	27	..	1	31
Burton-on-Trent ..	9	79	..	2	90
Chesterfield .. ..	51	112	..	..	163
Chinley .. ..	20	76	1	4	101
Derby .. ..	32	96	3	11	142
Glossop .. ..	15	62	2	2	81
Ilkeston .. ..	12	30	..	..	42
Long Eaton .. ..	9	22	1	1	33
Matlock .. ..	16	68	..	2	86
Penmore Pavilion ..	55	6	..	..	61
Derbyshire Sanatorium	1	1	16	34	52
Bretby Hall .. ..	..	..	7	140	147
Totals .. ..	223	579	30	197	1029



TABLE XXIV.

**School Specimens.**—The following is a list of the School Specimens received during the year 1927:—

			Pos.		Neg.
Swabs for Diphtheria	..	..	6	..	331
Hair for Ringworm	..	..	279	..	180
Miscellaneous	..	..	33	..	84
			318		595
Total	..	..	913		

### Tubercle in Milk.

During the year 545 samples of milk were examined for the presence of tubercle bacilli by animal inoculation. 67 samples, or 12·31 per cent. were found to contain tubercle bacilli.

During 1927, 161 samples of milk were submitted for bacterial counts. Of this number 142 came within the limits of Grade A milk.

The following Table gives details of the examinations:—

TABLE XXV.

### Limit of Bacterial Content for Grade A Milk.

	Up to 10,000.	Over 10,000 and up to 20,000.	Over 20,000 and up to 50,000.	Over 50,000 and up to 100,000.	Over 100,000 and up to 200,000.	Over 200,000 and up to 1,000,000.	Over 1,000,000.	Uncon- table
No. of Tests (Total 161)	39	26	38	25	14	12	3	4
Highest Bacterial Count	10,000	20,000	50,000	98,000	200,000	896,000	2,400,000	—
Lowest Bacterial Count	Nil	11,000	22,000	51,000	101,000	206,000	1,600,000	—
Average Bacterial Count	4,633	15,269	33,836	73,141	142,357	496,833	1,933,333	—

### DILUTION OF MILK IN WHICH BACILLUS COLI WAS FOUND :

(161 Milks examined.)

Dilution.	Positive.	Negative.	Total.	Percentage with <i>B. Coli</i>
0·01 c.c.	37	124	161	23

LIMIT OF BACTERIAL CONTENT FOR GRADE A MILK.



## MATERNITY AND CHILD WELFARE.

MIDWIVES ACTS, 1902 & 1918

AND

MIDWIVES & MATERNITY HOMES ACT, 1926.

At the end of 1927 there were 355 midwives on the County Roll. 269 were trained midwives: of these 79 were District Nurse-midwives.

The following changes of midwives took place during 1927 :—

Deaths of Midwives	...	...	...	...	...	6
No. of Midwives who have retired from practice voluntarily, whose certificates have been cancelled by the Board	...	...	...	...	...	4
No. of trained Midwives who have left the County, of whom 9 were District Nurse Midwives	...	...	...	...	...	28
No. of Midwives who have done temporary duty for District Nurses	...	...	...	...	...	12
No. of other temporary Midwives	...	...	...	...	...	4
No. of new Midwives enrolled	...	...	...	...	...	28

The number of Midwives on the County roll has decreased during the year by 10. Unfortunately the decrease has been almost entirely from the roll of trained Midwives, which roll has decreased by 8, the untrained Midwives roll having decreased by 2 only. Another point to which I draw attention is the small number of new Midwives enrolled. During 1927, 28 new Midwives were added to the roll as against 43 for the previous year. It will be seen that the number of available Midwives, particularly trained Midwives is decreasing and the recruitment of trained Midwives is falling off.

It will be remembered that after May 1st, 1926, the rules of the Central Midwives Board relating to the training of Midwives, necessitated an increase of the minimum period of training from six months to one year in the case of students other than trained nurses and from four months to six months in the case of trained nurses. This increased period of training incurs additional expense, and although exchequer grants paid by the Minister of Health in aid of the training of Midwives have been substantially increased in view of this extended period of training, the student herself will almost certainly be put to additional expense, for during this period she is not earning. It appears to me to be inevitable that the shortage of Midwives will become more marked unless there is a hope of increased remuneration proportionate to the increased amount of time and labour incurred in training.

The conditions of service of a practising Midwife are arduous. She is by no means a free person to conduct her business as she likes.



She is subjected to continuous inspection and supervision ; she has no fixed times of duty ; she is not sure of a proper period of rest during any 24 hours so that it cannot be said that the life is wholly attractive, in fact, I think it can safely be said that it has fewer attractions than most callings. I feel that the one solution to the problem of finding an adequate Midwifery service is to assure that not only is the training complete and efficient but that the remuneration is such as to attract suitable candidates in sufficient numbers.

**Puerperal Fever Cases in Midwives Practices :—**

	Number of Midwives.	Number of Confine- ments.	Puerperal Fever Cases.	Cases per 1,000 Births.
Bona-fide Midwives ...	86	1804	3	1.66
Trained Midwives, including District Nurse-Midwives	269	5719	19	3.32
	355	7523	22	2.92

During 1927, information was received concerning 40 women who died within six weeks of child-birth. The causes of death were as follows :—

Puerperal Fever ...	...	...	...	12
Kidney Conditions ...	...	...	...	7
Hæmorrhage ...	...	...	...	6
Cardiac Conditions ...	...	...	...	3
Pulmonary Embolism ...	...	...	...	3
Following Cæsarian Section ...	...	...	...	3
Various Diseases ...	...	...	...	6

Of these deaths, 23 occurred in hospitals or Maternity Homes.

During 1927, with the approval of the Ministry of Health, forms of inquiry into maternal deaths were sent to the Doctors certifying these in 20 cases, and were returned completed in 16 cases. A fee of 5s. was paid for each report received.

The following Table gives the records received, the cases of Puerperal Fever and Puerperal Pyrexia in the practice of midwives only, and all cases of Ophthalmia Neonatorum, whether in the practice of doctors or midwives, with the corresponding figures for previous years :—

	1922	1923	1924	1925	1926	1927
<i>Records received—</i>						
Medical Help ...	1229	1240	1353	1414	1565	1575
Still Births ...	151	173	158	178	127	126
Deaths of Children ...	28	28	30	32	26	36
Deaths of Mothers ..	1	...	3	2	2	9
Laying-out the Dead	15	22	21	15	14	13
Liability to be a source of infection	50	31	53	44	45	59
Notification of Artifi- cial Feeding (within 10 days) ...	120	89	108	85	96	73
<i>Puerperal Fever—</i>						
Midwives' cases ...	17	11	22	19	25	22
<i>Puerperal Pyrexia—</i>						
Midwives' cases	...	...	...	...	15	34
<i>Ophthalmia Neotorum—</i>						
ALL Cases ...	50	55	67	47	53	66

The following is an analysis of the 1,575 Medical Help records received during 1927 :—

Abortion or Miscarriage	...	...	99
Varicose Veins	...	...	5
Ante-partum Hæmorrhage	...	...	60
Deformed Pelvis	...	...	4
Discharge during Pregnancy	...	...	9
Retarded Labour	...	...	379
Abnormal Presentation	...	...	119
Retained Placenta	...	...	53
Lacerated Periræum	...	...	275
Still Births	...	...	34
Post-partum Hæmorrhage	...	...	57
Rise of Temperature	...	...	45
White Leg	...	...	7
Puerperal Insanity	...	...	2
Inflammation of the Breast...	...	...	3
Prolapse	...	...	6
Injuries or Malformations	...	...	24
Dangerous feebleness	...	...	99
Eyes, condition of	...	...	80
Skin Eruption	...	...	8
Navel, condition of	...	...	4
Miscellaneous	...	...	203

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Total ... 1,575

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**Inspections of Midwives—**

Inspection Forms marked " Good "	...	751
" " " " Satisfactory "	...	147
" " " " Indifferent "	...	14
" " " " Bad "	...	1
No. of other inspections and visits	...	120
No. of Midwives out	...	81
		<hr/>
Total	...	1,114
		<hr/>

**Midwives suspended from practice for being in contact with :—**

Puerperal Fever	...	9
Puerperal Pyrexia	...	1
Measles	...	2
Erysipelas	...	1
Scarlet Fever	...	2
Suspected Syphilis	...	1
		<hr/>
		16
		<hr/>

**Special Letters of Warning.**—16 special letters of warning were sent to midwives in the County for breaking the rules of the Central Midwives Board. 2 letters of warning were sent to uncertified women.

**Unqualified Practice.** There was one woman charged with this offence during 1927. She was found guilty and fined.

**Subsidised Midwifery.**—During the financial year ended March 31st, 1928, 11 midwives received subsidies varying from £15 to £50, under the conditions set out in the Survey Report for 1925, page 109.

There are 81 district nurse-midwives employed by District Nursing Associations, practising in the County.

**Payment of Doctors' Fees under Section 14(1) of the Midwives Act.**

In respect of the financial year ended March 31st, 1928, 610 claims were received from Medical Practitioners, of which 572 were passed for payment, amounting to £918 5s. 6d. Returns from patients for the same period amounted to £254 15s. 3d.

In this connection I should like to reiterate my statement in last year's Report to the effect that the Midwives and Maternity Homes Act, 1926, makes it a condition that claims for payment of doctors' fees under Section 14(1) of the Act of 1918, must be made within a period of two months from the date on which the doctor was called in. This provision was brought to the notice of all practitioners in Derbyshire by means of a circular letter in September, 1926.



## THE MIDWIVES AND MATERNITY HOMES ACT, 1926.

I reported on this Act in my Report for 1926, page 64, setting out the provisions of the Act in the form of a circular which was issued to all Medical Practitioners and practising Midwives in the County in September, 1926.

As was explained, the first part of the Act governs the practice of Midwifery particularly with a view to preventing the practice of Midwifery by unqualified persons.

During the year one woman was charged for contravening the Act, in that she practised as an unqualified Midwife. She was found guilty and fined.

The second portion of the Act refers to the Registration of Maternity Homes, making it an offence for any person on and after January 1st, 1927, to carry on a Maternity Home unless that person is registered in respect of that Home. Under this Act a scheme covering the County was drawn up and bye-laws prepared, a formal register for use in every Home was approved and the provisions of the Act were advertised.

The County Medical Officer and the Organiser of Child Welfare were authorised to act as Officers under Sec. 9. The machinery necessary for the working of the Act was set in motion, and the first Home was inspected for the purpose of registration in December, 1926.

Up to the time of writing this Report 22 applications for registration have been received, in 17 cases registration certificates were granted, in 4 cases registration was refused and one Home was exempted from the provisions of the Act. Of the applications granted, 8 were in the Municipal Boroughs.

The work under this Act had no sooner got into its stride, than the Nursing Homes Registration Act, 1927, was passed to come into operation on July 1st, 1928. This new Act repeals that part of the Midwives and Maternity Homes Act, 1926, which regulates the registration of Maternity Homes. The 1927 Act provides for the Registration of Nursing Homes, that is to say any premises used for the nursing of persons suffering from any sickness, injury or infirmity, and includes a Maternity Home.

Any Hospital or Institution not carried on for profit may apply for exemption from the provisions of the Act. Such exemption can be granted by the Local Supervising Authority but it continues in force for one year only from the date on which it was granted ; further applications for exemption are therefore required to be made yearly.

Exemption may also be granted in respect of any Nursing Home which carries on the practice and principles of the body known as the Church of Christ Scientist. In this case exemption is granted by the Ministry of Health and not the Local Supervising Authority. The Home must adopt the name of Christian Science House.



The Act defines a Nursing Home as "any premises used or intended to be used for the reception of and the providing of nursing for persons suffering from any sickness, injury or infirmity, and includes a maternity home" and I should have inferred that a person who goes to a Christian Science House would go, in most instances, to be nursed by reason of the fact that they were suffering from sickness, injury or infirmity. It is not a question of whether Christian Science is good or otherwise, but it appears to me to be a question of common justice, or rather, injustice, that one type of nursing home should<sup>not</sup> be exempted from the provisions of the Act whilst another type is allowed to go unsupervised.

The legislature has enacted that a woman who wishes to practice Midwifery must be a qualified Midwife, and to obtain this qualification she must go through a course of training and pass a prescribed examination. In return she is now subjected to supervision in her practice and has to keep a register of all cases attended which shall be open to the inspection of the Local Supervising Authority at all times. Should she decide to take a case into her own home she is subjected to further supervision under the Nursing Homes Registration Act and must by law keep an additional register of a somewhat complicated form, which again is open to inspection. On what grounds have legislators decided that a person who has this training and qualifications should be subjected to so much supervision whilst a person who adopts the name of Christian Scientist becomes exempt? I am not suggesting that the supervision is unnecessary but I am suggesting that if it is necessary at all it is necessary in both cases.

The County Council may, on application of any County District within the County, delegate to the District Council with or without restrictions any of the powers or duties of the County Council under this Act. The County Council of Derbyshire has delegated its powers to the 4 Boroughs within the County, each with a full-time Medical Officer, viz.,

Chesterfield.

Buxton.

Glossop.

Ilkeston.

#### PUBLIC HEALTH (OPHTHALMIA NEONATORUM) REGULATIONS, 1926.

These Regulations, which came into force on 1st October, 1926, revoked the Regulations of 1914. The provisions of the new Regulations were mentioned in my Annual Report for 1926, page 65, where it was pointed out that the duty of notifying the local Medical Officer of Health of a case of Ophthalmia Neonatorum is placed solely upon the Medical Practitioner in attendance, the Midwife being relieved of the duty. There is therefore no longer a system of dual notification by Medical Practitioners and Midwives,



which system had been found to occasion misunderstanding and result in the non-notification of cases. The duty of the Midwife to notify the County Medical Officer in accordance with the rules of the Central Midwives Board still remains.

Notification of Ophthalmia Neonatorum, as in the case of Puerperal Fever, is, of course, simply a means to an end, and that end is the prevention and treatment of the disease. The Ministry of Health in a circular accompanying the Regulations (Circular 617A) pointed out the necessity of providing adequate treatment for all such cases. The disease is of such grave importance that facilities for early and adequate treatment should be available for every case requiring it, and so serious are the effects of the disease if neglected or improperly treated that treatment should be in the hands of skilled persons only. To my mind the proper place for a child suffering from severe Ophthalmia Neonatorum is in a hospital with a specially qualified ophthalmic staff. Accordingly arrangements were made early in 1928 for the admission of cases to the Derbyshire Royal Infirmary, and in the case of a very young child provision is also made for the accommodation of the mother with the child in the hospital.

The incidence of this disease and the results of treatment are set out in the Table below. The procedure adopted for the investigation of such cases was explained in the Survey Report for 1925, page 116.

TABLE XXVI.

<i>Cases.</i>			<i>Vision unim- paired.</i>	<i>Vision im- paired.</i>	<i>Total Blind- ness.</i>	<i>Deaths.</i>
<i>Noti- fied.</i>	<i>Treated</i>					
	<i>At Home</i>	<i>In Hospital</i>				
61	43	18	57	—	2	2

**Home Visits.**—During 1927 the Health Visitors paid 2,961 visits to expectant mothers, 43,708 visits to infants under 1 year, and 49,244 visits to children between 1 and 5 years, making a total of 95,913 home visits on behalf of the Maternity and Child Welfare Committee.

**Voluntary Infant Welfare Centres.**—During 1927, 5 Voluntary Welfare Centres received a Grant of £10 from the County Council, namely Eyam, Parwich, Bradwell, Ashford and Mickleover. The Ministry of Health intimated that such contributions would not be allowed to rank for Grant unless the Centres were under regular Medical Supervision. At Bradwell, Ashover and Mickleover this was arranged and the Grant is being continued. At Eyam and



Parwich the Local Voluntary Committee could not undertake to provide regular Medical Supervision so the Grant was consequently discontinued and the centres have been closed.

**Maternal Mortality.**—The Maternal mortality rate for the County for 1927 was 5·00 compared with 4·56 in 1926.

The following Table gives the Maternal Mortality rate in the County since 1916 :—

TABLE XXVII.

Year	Deaths from Puerperal Fever.	Rate per 1000 Births	Deaths from other accidents and Diseases of Pregnancy & Parturition	Rate per 1000 Births.	Total.	Rate per 1000 Births	No. of Births.
1916	19	1·45	45	3·43	64	4·88	13,109
1917	14	1·18	33	2·79	47	3·97	11,831
1918	10	·82	27	2·23	37	3·05	12,103
1919	15	1·26	40	3·38	55	4·64	11,838
1920	22	1·41	45	2·89	67	4·30	15,572
1921	12	·83	33	2·29	45	3·12	14,417
1922	17	1·30	35	2·67	52	3·97	13,095
1923	18	1·42	46	3·62	64	5·04	12,681
1924	17	1·34	32	2·53	49	3·87	12,615
1925	17	1·36	31	2·48	48	3·84	12,491
1926	18	1·52	36	3·04	54	4·56	11,845
1927	16	1·43	40	3·57	56	5·00	11,194

The above Table of Maternal Mortality is well worth studying. It shows that in this County the Maternal Mortality rate is remaining almost stationary. There may be slight variations, but there is certainly no diminution in the rate.

An examination of the statistics of the whole country shows that since 1900 maternal mortality has remained almost stationary whilst the Infantile Mortality rate has fallen with astonishing rapidity. It should be remembered that this fall has occurred, however, almost entirely after the first month of life. The still-birth rate and the deaths of infants within the first month of life are closely connected with Maternal Mortality, and like it, have shown no reduction.

The Maternal Mortality rate is a very serious blot on the health service of the country and unfortunately the actual mortality is only one item in the account. There is a vast amount of permanent injury to maternal health which is not demonstrated by any statistics usually returned by health officers.

I have pointed out under 'Puerperal Fever' the steps taken in this County to prevent mortality and morbidity resulting from this disease, though this is but a small step towards the problem of the reduction of the maternal and infant death rate. The problem is worth solving if ever any problem was, and there is no doubt it is capable of solution provided that the measures taken are systematic and comprehensive. Maternal Mortality can never be entirely

Antiseptic used—lubricant

Gloves, if used, how carried and sterilised

Gown or apron, how carried and sterilised

13. Presentation

14. Any complication of labour—

(a) Exceptional hemorrhage

(b) Fits

(c)

15. Use of forceps (reason for application—stage of labour—how sterilised)

16. Any anaesthetic given ?

17. Other operative interference

18. Placenta and membranes (method of delivery—if expressed, had placenta left uterus—how long after birth of child—condition—by whom examined)

19. Perineum (rupture—extent—how repaired—removal of stitches—by whom)

20. Other injuries

21. Any douche given

22. Perineal pad, how prepared

23. Condition of patient at completion of labour

24. Disposal of soiled clothing, dressings, &c.

25. Child—alive or dead Condition

#### LYING IN.

26. Local treatment—

Vulva washed

Douche

Use of catheter

27. Had patient been out of bed. If so, when and for what purpose ?

28. Was housework attempted

29. Onset and course of unfavourable symptoms

30. Operative treatment, if any.

31. Result

Signed

Date



# Report on Death of Lying-in Woman.

Notified cause of death \_\_\_\_\_

## PATIENT'S NAME

## ADDRESS

1. Was Doctor engaged for case ?
2. If Midwife's case, date and hour of Medical help being sent for
3. Date and hour of Doctor's arrival
4. Date and hour of Birth

## 5. Previous pregnancies (number, character)—

	Live Birth. Still-born. Miscarriage.	Now living or dead.	Character of Confinement.	Attendant (Doctor or Midwife).
1				
2				
3				
4				
5				
6				

## 6. Was an ante-natal examination made ? If so, results found—

(a) Pelvic contraction

(b) Urine

(c) Discharge

## 7. Any special ante-natal treatment given

## LABOUR.

8. Date and hour of onset \_\_\_\_\_ Stage i \_\_\_\_\_  
 Duration—Stage ii \_\_\_\_\_  
 Stage iii \_\_\_\_\_

## 9. General condition of patient

## 10. Preparation of bed, clothes, &c.

## 11. Preparation of patient

Enema

Vulva

Use of iodine, &c.

## 12. Internal examination— Vaginal Rectal

By whom made

prevented but it can be reduced, and I believe very markedly reduced. There is no space in a report of this kind for details of the steps to be taken, but amongst the essentials should be mentioned *educational measures* to enlighten public opinion on this subject of Maternal Mortality and the ways and means of preventing it. Other essentials are :—

*a. Investigation of Maternal Deaths.*—All knowledge as to the cause of maternal deaths should be sought, and with this idea in view it has been the custom in this county for a considerable time to make investigations into every maternal death. The Ministry of Health have allowed the County Council to expend money for this purpose, and a report on the form set out opposite has been sought in most of the cases. This work was, of course, of a voluntary nature ; if information was refused we were unable to proceed ; it was usual, however, to receive every assistance from the Medical Practitioner in charge of the case.

During the five years 1923-1927 inclusive, investigation was made into the cause of death of 188 mothers who died in child-birth in the County of Derbyshire. In each case a printed enquiry form was sent to the doctor, who was in charge of the case or who was called in by a midwife. Some enquiry forms were not returned in which case, the cause of death is taken from the Registrar's death certificate. Hence the particulars of such cases are scanty and the cause of death is but vaguely stated, e.g., Syncope, or heart failure, giving no information as to the type of heart lesion, whether it existed before labour or whether it was detected before death. Such cases have been classified under "other causes," except those in which there is any qualifying phrase such as Post-partum Hæmorrhage.

The Registrar-General's figure for the period shews that there were 271 deaths. The discrepancy in the figures is due to the fact that at present the County Council has no means of obtaining knowledge of every death that occurs and of securing an enquiry while the details of the case are still fresh in the mind of the Doctor.

Of the 188 cases, into which enquiry was made, 34 were found to be due to accidents arising during labour, 30 to the Toxæmias of pregnancy, 75 to Puerperal Sepsis, and 49 to other causes.

Analysis of the 34 cases due to accidents in child-birth shews that 14 of these arose from abnormal presentations and abnormalities of the pelvis, calling for heroic treatment such as forceps, craniotomy or cæsarean section, and increasing the risk of a fatality either at the time from trauma or shock or later from sepsis. Almost one half of these deaths are therefore preventable by means of adequate supervision of the mother in the ante-natal period. Abnormal presentations should be detected before the onset of labour and corrected, and contractions of the pelvis also detected and appropriately treated.



Thirty mothers died from one of the toxæmias of pregnancy all or most of which are preventable by ante-natal supervision and treatment.

A very large proportion of the deaths was due to Sepsis in its various forms. Sepsis is largely preventable. In this series of cases, 20 were associated with internal manipulations during labour or with toxæmia of pregnancy. It is therefore safe to say that in quite a third of the cases Sepsis could have been prevented by ante-natal care.

Looking through the various causes of death classified as "other causes," of these some 24 should have been preventable by adequate routine examination of the expectant mother.

In this series of 188 cases of maternal death at least 88 or 47% were due to causes which should have been preventable by routine ante-natal examination of the patient and appropriate treatment of any abnormal condition or disease found.

*b. Midwifery and Maternal Nursing.*—Midwifery and Maternal nursing in the home is another service which is definitely connected with this question, and here again efforts have been made in this County to promote a high standard of practice by Midwives.

During the year an effort has been made to start Midwives Clubs or Associations where Midwives could meet and discuss their difficulties and where lectures and addresses on Midwifery, including ante-natal supervision and post-natal care, could be given. One Association has been started in the thickly-populated north-eastern part of the County and has proved a complete success. In this connection I would like to thank the Authorities of the Chesterfield Maternity Home, and in particular Dr. Garrow, Dr. Helen Garrow and Miss Hopwood, Matron of the Home, who have put the premises at the disposal of the Midwives and have personally lectured and demonstrated to them.

Acting on the experience gained with this Association I am endeavouring to start similar Associations in the less-populated parts of the County. Meetings have been arranged in 5 places where it is hoped we shall have sufficient facilities to enable demonstrations as well as lectures to be given.—I lay very great stress on demonstrations of methods to Midwives.

In addition to this the Committee have sanctioned the appointment of District Inspectors of Midwives with special capabilities and experience of the work who will supervise and instruct midwives.

*c. Maternity Beds.*—The next necessity is the provision of Maternity beds for the treatment of complicated midwifery cases and for those women whose homes are unfit for confinements to take place therein.

The Council have provided homes of their own at Ashbourne and Ripley and have arrangements with the Chesterfield Maternity Home and the Nightingale Home at Derby for the accommodation of such cases.



I made special reference to the provision of Maternity Homes in my report of 1925, Page 112, and I have reiterated what I said in that report in that section of this report dealing with Hospitals.

Facilities for the isolation of infected cases are also essential. During the year agreements have been entered into with five hospitals for the accommodation of such cases under the County Council Scheme. Details are given in that portion of the report dealing with Puerperal Fever and Puerperal Pyrexia.

*d. Ante-Natal Supervision.*—It will be seen that the County Council Scheme, as far as the essentials dealt with above are concerned is comprehensive and where incomplete is rapidly developing.

Until recently, however, there was one very marked deficiency in the service, namely the provision of adequate ante-natal care. Expectant mothers were invited to attend at the Council's Infant Welfare Centres, but it could not be claimed that anything in the nature of adequate ante-natal supervision was being carried out.

At the March meeting of the Maternity and Child Welfare Committee I reported as to the necessity of providing facilities for ante-natal supervision throughout the County. I am pleased to be able to report that as a result a full-time woman Medical Officer possessing the M.D., Lond. (Gynæcology and Obstetrics) and having extensive experience has been appointed. Her duties will consist of conducting ante-natal centres in various parts of the County, instruction and inspection of midwives, investigations of maternal deaths, supervision of the Council's Maternity Homes.

The Committee have authorised the establishment of ante-natal centres at Swadlincote, Long Eaton, Shirebrook, Alfreton, Ashbourne and have instructed me to seek proper accommodation for ante-natal clinics at six other centres in the County.

By the time this report is published it is hoped that arrangements for the ante-natal supervision throughout the County will be nearing completion.

I believe that the reduction of maternal mortality will be effected by means of ante-natal supervision more than by any other measure. A large proportion of the catastrophies connected with child-birth are preventable provided they are discovered at the proper time and the only means of early discovery is systematic ante-natal supervision.

Although an ante-natal scheme for this County was originally suggested over a year ago, it is perhaps fortunate that its postponement has resulted in its coming into being at a time when public opinion is being stimulated to receive it.

**Puerperal Fever.**—The following Table gives the Puerperal Fever case rate among midwives and doctors :—



TABLE XXVIII.

Year.	MIDWIVES' CASES.			DOCTORS' CASES.		
	No. of Births.	P.F. Cases.	Rate per 1,000 Births.	No. of Births.	P.F. Cases.	Rate per 1,000 Births.
1913	11,017	20	1.81	3,686	11	2.98
1914	11,649	16	1.37	3,220	27	8.38
1915	10,514	22	2.09	3,277	24	7.32
1916	10,139	18	1.77	2,970	6	2.02
1917	9,130	17	1.86	2,701	5	1.85
1918	9,321	9	.96	2,782	11	3.95
1919	9,512	6	.63	2,326	18	7.74
1920	12,222	14	1.14	3,350	27	8.06
1921	10,954	12	1.09	3,463	18	5.19
1922	10,168	17	1.67	2,927	13	4.44
1923	9,867	11	1.11	2,814	20	7.10
1924	9,119	22	2.41	3,496	12	3.43
1925	9,408	19	2.02	3,083	23	7.45
1926	8,058	25	3.10	3,787	23	6.07
1927	7,523	12	1.59	3,671	14	3.81

PUBLIC HEALTH (NOTIFICATION OF PUERPERAL FEVER AND  
PUERPERAL PYREXIA) REGULATIONS, 1926-28.

In my Annual Report for 1926 (pages 24 and 65) I briefly set out the provisions of these Regulations.

It is mainly with a view to providing expeditious treatment that a more complete notification of Puerperal Fever and Puerperal Pyrexia was instituted and in my Report for last year it was intimated that the possibilities of providing adequate treatment for such conditions throughout the Administrative County area were being explored.

In September, when the necessary investigations had been completed, all medical practitioners in the County were informed by Circular Letter of the arrangements made by the County Council for the treatment of the two conditions mentioned. The Circular, which fully explains the arrangements, reads as follows:—

“14th September, 1927.

**Puerperal Fever & Puerperal Pyrexia.**

The Derbyshire County Council have authorised me to make arrangements under the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, for the following services:—

- (a) A second opinion on notified cases of Puerperal Fever or Puerperal Pyrexia.



(b) The admission of such cases to Hospital.

(c) The Bacteriological examination of—

(i) Lochia

(ii) Blood

of such cases.

The County Council are not responsible for Maternity and Child Welfare work in the following Boroughs, and therefore Consultants and Hospitals are not available under the County Council Scheme for these areas :—

Buxton.

Chesterfield.

Glossop.

Ilkeston.

(a) **Consultants.** The following have been recognised by the Ministry of Health and the County Council as Consultants under the Regulations for Derbyshire :—

H. T. Hicks, Esq., F.R.C.S., 56, Friar Gate, Derby (Tel. No. Derby 284).

C. E. Potter, Esq., M.D., Rosehill House, Derby (Tel. No. Derby 1372).

Miles H. Phillips, Esq., F.R.C.S., "Egerton House," 420, Glossop Road, Sheffield (Tel. No. Sheffield Central 3020).

W. W. King, Esq., F.R.C.S., 432, Glossop Road, Sheffield (Tel. No. Sheffield Central 2726).

F. H. Lacey, Esq., M.D., 16, St. John's Street, Manchester (Tel. No. Manchester Central 1500).

When the services of Consultants are required, either at the time of sending the notification of Puerperal Fever or Puerperal Pyrexia to the District Medical Officer of Health or at any subsequent time, the form of application, P.F.2, should be completed, and sent to the County Medical Officer, New County Offices, Derby. A supply of forms P.F.2 is enclosed.

In cases of emergency application should be made to the County Medical Officer either by telephone (Derby 355) or otherwise. If the office is closed and the case is urgent, application should be made direct to the nearest Consultant and form P.F.2 sent within 24 hours to the County Medical Officer with a brief note to the effect that the Consultant was urgently required.

The Consultants' fees will be paid by the County Council and the charges for this will not fall upon the General Practitioner, subject to the above procedure for immediate notification to the County Medical Officer being strictly adhered to, but not otherwise. The fee will be recoverable by the County Council from the patient in part or in whole if her financial circumstances permit.



**(b) Admission of Patients to Hospital.**

The County Council have made arrangements with:—

The Derbyshire Royal Infirmary, Derby (Tel. No. Derby 668);

Burton-on-Trent General Infirmary (Tel. No. Burton-on-Trent 34);

High Peak Isolation Hospital, Chapel-en-le-Frith (Tel. No. Chapel-en-le-Frith 24);

Jessop Hospital (Firth) Auxiliary, Norton Hall, near Sheffield (Tel. No. Sheffield 21321); and

\*Victoria Hospital and Dispensary, Worksop (Tel. No. Worksop 108)

\*Added May 1st, 1928.

for the reception of notified cases of Puerperal Fever and Puerperal Pyrexia. When it is desired to admit such a case to hospital, application should be made to the County Medical Officer on form P.F.2.

In cases of emergency application should be made to the County Medical Officer by telephone or, if the County Offices are closed and the case is urgent, application should be made direct to the Hospital by telephone, but cases should not be sent before a reply has been received from the hospital that a bed is available, and in such cases of emergency form P.F.2 should be sent to the County Medical Officer within 24 hours with a note that the case was admitted to the hospital (named) as an emergency. Arrangements for the removal of patients to and from the hospital will not be undertaken by the County Council.

**(c) Bacteriological Examination of Lochia and Blood.**

Specimens should be sent direct to the County Medical Officer together with form P.F.2.

**Provision of Nurses.**

No provision has been made up to the present for the supply of trained nurses in the homes.

(Signed) County Medical Officer."

The arrangements have worked smoothly and expeditiously and have met with approval from Medical Practitioners on that account.

The number of cases notified during 1927 was

Puerperal Fever	...	...	...	26
Puerperal Pyrexia	...	...	...	61



The number of cases admitted to hospitals since the coming into operation of the arrangements for treatment to the end of 1927 was :

Derbyshire Royal Infirmary	...	9
Jessop Hospital for Women	...	—
Burton-on-Trent	... ..	—
High Peak	... ..	—

A Consultant's opinion was requested in 6 cases and was immediately provided.

#### BIRTHS AND DEATHS REGISTRATION ACT, 1926.

This Act, which was passed in December, 1926, came into force on July 1st, 1927. The attention of all the Doctors and Midwives in the County was drawn to the provisions of the Act by the following Circular Letter, sent from my office on July 1st, 1927 :—

“1st July, 1927.

#### **Births and Deaths Registration Act, 1926.**

I am directed to draw your attention to the requirements of the Births and Deaths Registration Act, 1926, which comes into force on 1st July, 1927. This Act now makes it necessary to register with the Registrar of Births and Deaths all still-born children. The term “still-born” and “still-birth” shall apply to any child which has issued forth from its mother after the twenty-eighth week of pregnancy and which did not at any time after being completely expelled from its mother breathe or show any other signs of life. Therefore all children born fall into one of three groups, viz :—

(1) A child who, *whatever the period of pregnancy*, breathes or shows any other signs of life after complete expulsion. Such a child must be registered as a live-born child. If the child dies, even within a brief period after birth, then the death must also be registered by the Registrar of Births and Deaths.

(2) A child still-born after the twenty-eighth week of pregnancy. This child must be registered as a still-born child.

(3) A child born before the twenty-eighth week of pregnancy which showed no signs of life after complete expulsion. Such a child is, of course, a dead child, but it is not still-born as defined in the Act because it was born before the twenty-eighth week of pregnancy, and therefore such a case need not be registered.

The Doctor or Midwife in attendance at a still-birth, or who examines the body of the child, should give a certificate to the parents or relatives that the child was still-born. Please note that the giving of such a certificate to the relatives does not relieve the Midwife of the duty under Rule E.22 (c) of the Rules of the Central Midwives Board, of notifying the Local Supervising Authority of all cases of still-birth where a registered medical practitioner is not in attendance at the time of birth, nor does it relieve her of the



duty of notifying the Medical Officer of Health of the area in which the still-birth occurred under the Notification of Births Act. That is to say, in the case of a still-born child the Midwife must

- (i) Give a certificate to the parents or relatives that the child was "still-born";
- (ii) Notify the Local Supervising Authority in accordance with the rules of the Central Midwives Board; and
- (iii) Notify the Medical Officer of Health under the Notification of Births Act.

(Signed) County Medical Officer."

**Provision of Free Milk.**—In respect of the financial year ended March 31st, 1928, 84 applications for free milk were received. Of these, 73 were for fresh milk and 11 for dried milk. The expenditure was £25 10s. 1d. for fresh milk and £5 2s. 9d. for dried milk.

### TUBERCULOSIS SCHEME.

The County Council's scheme was explained at some length in the Survey Report of 1925.

As explained, the Institutional Unit comprises three Institutions :—

1. Walton Sanatorium.
2. Penmore Pavilion.
3. Bretby Hall Orthopædic Hospital.

### WALTON SANATORIUM.

This Institution contains 124 beds for the treatment of pulmonary tuberculosis in males and females of all ages. The accommodation up to the end of 1926 allowed for 74 beds for males and 50 beds for females. The beds for both males and females were occupied by the milder type of cases, usually designated the "Sanatorium" type, with a few more acute cases known as the 'Hospital' type. There was no accommodation for female advanced cases, and as the necessity for the accommodation of these became marked, it was decided such cases should be accommodated at the Penmore Pavilion which had been used up to the end of 1926 for advanced male cases. Thus between Walton and Penmore, accommodation is provided for 64 female cases, comprising 50 Sanatorium beds at Walton and 14 beds for advanced cases at Penmore. During the summer the accommodation at Penmore is increased to 18 beds by the use of 4 single-bed shelters.

The "advanced" males were transferred to the "Barwise" Ward at Walton, where there is accommodation for 24 intermediate and advanced male cases. Thus all male cases are now accommodated at Walton Sanatorium, 50 beds being for the usual Sanatorium



type of case and 24 beds for advanced and intermediate cases. This arrangement more nearly equalises the male and female accommodation and provides accommodation for the advanced type of case in both males and females. Reference to the provision of accommodation for advanced cases is also made under the heading "Other Hospitals in the Area," on page 18.

For further details of Walton Sanatorium, reference should be made to the Survey Report of 1925.

The Medical Superintendent, Dr. A. N. Robertson, reports on the work at the Sanatorium during 1927, as follows:—

### Statistics.

**303** patients were admitted.

Males **143.** Females **113.** Children **47.**

**282** patients were discharged.

Males **129.** Females **110.** Children **43.**

Average number of beds occupied—**122·6.**

Average length of stay of the patients—**135** days.

Average weight gained by the patients—**8lbs. 10ozs.**

Owing to the "Barwise" Ward (24 beds) having been set apart last year for Advanced Male Cases there is less circulation of fresh male cases so that the number of cases admitted and discharged into the Sanatorium has fallen and the average length of stay of the patients has increased.

### MINISTRY OF HEALTH CLASSIFICATION.

TABLE D.S. 1.

	M.	F.	C.	TOTAL.
<b>PULMONARY</b>				
1. CLASS T.B. MINUS ... ..	21	25	28	74
2. CLASS T.B. PLUS ... ..				
Group I. ... ..	13	9	3	25
Group II. ... ..	50	45	7	102
Group III. ... ..	38	27	0	65
Totals ... ..	122	106	38	266
<b>NON-PULMONARY</b>				
Bones and Joints ... ..	...	...	...	...
Abdominal ... ..	...	...	...	...
Other Organs ... ..	...	2	...	2
Peripheral Glands ... ..	1	...	...	1
Non-Tub. ... ..	6	1	4	11
Undiagnosed ... ..	...	1	1	2
Total ... ..	129	110	43	282



## SOCIETY OF MEDICAL SUPERINTENDENTS CLASSIFICATION.

TABLE D.S. II.

		<i>Without TB. in Sputum.</i>			<i>With TB. in Sputum.</i>			<i>Grade of Hilus Cases.</i>			
		M.	F.	C.	M.	F.	C.	A.	B.	C.	
<i>STAGE I.</i>											
Grade	A.	16	14	0	13	5	3				
"	B.	0	2	0	0	0	0				
"	C.	0	1	0	2	0	0				
<i>STAGE II.</i>											
Grade	A.	4	3	0	18	11	1				
"	B.	0	1	0	3	1	4				
"	C.	0	0	0	4	5	0				
<i>STAGE III.</i>											
Grade	A.	1	2	1	24	21	2				
"	B.	0	1	0	11	13	0				
"	C.	0	1	1	26	25	0				
Total		21	25	2	101	81	10	25	1	0	266





**General Results of Treatment.**

Quiescent ...	...	...	...	40
Improved ...	...	...	...	171
No material improvement	...	...	...	40
Died in Institution	...	...	...	18

**Ultra Violet Light Department.**

	No. of Cases	Cured	Much Imp.	Imp.	I.S.Q.
Hilus ...	18	—	12	5	1
Tub. Glands ...	11	3	6	2	—
Tub. Peritonitis ...	3	—	2	—	1
Pul. Tub. ...	15	—	6	4	5
Lupus ...	5	2	—	1	2
Debility ...	4	—	4	—	—
T.B. abscesses in skin ...	1	1	—	—	—
T.B. epididymis ...	1	—	—	—	1
T.B. metacarpal ...	1	—	—	1	—
T.B. wrist ...	1	—	—	1	—
T.B. toe ...	1	1	—	—	—
T.B. tubes ...	1	—	—	—	1
Fistula in ano ...	1	—	—	—	1
Eczema ...	1	1	—	—	—
Anæma ...	1	—	1	—	—
T.B. shoulder ...	1	—	—	1	—
Ozoena ...	1	—	—	1	—
Total ...	67	8	31	16	12

**Diagnosis of Cases.**

24 cases were sent in for diagnosis. Of these 11 were found to be suffering from Pulmonary Tuberculosis, 10 were non-tuberculous, one left in four days and two were discharged with diagnosis still doubtful.

The tests used in the diagnosis of doubtful cases are :—

1. Subcutaneous O.T. Test.
2. Quanti Von Pirquet Test.
3. Spengler's Precipitation Test.
4. Arneth Blood Count.
5. Exercise Test.
6. Blood Sedimentation Test.
7. X-Ray Examination.



Out of 121 cases admitted for diagnosis in the last 4½ years, only 3 have had all the tests positive. If all the tests are positive and the patient has symptoms, one is justified in making a positive diagnosis.

In 16 cases all the tests were negative. Of these only one had no physical signs of any kind and 4 were without chest symptoms but had physical signs. If all the tests are negative and no symptoms are present the diagnosis of active tuberculosis can be excluded.

In 10 cases Tubercle Bacilli were found in the sputum following O.T. injections. This is absolute proof of the presence of Pulmonary Tuberculosis but it is not necessarily a sign of active disease. In these 10 cases all the other tests were equivocal.

In 8 cases there were definite focal reactions so that by the subcutaneous O.T. test an absolute diagnosis was made in 14% of the cases and I regard it as the most reliable test.

In using the tests I regard the result of the subcutaneous O.T. test as indicative of active Pulmonary Tubercle only if a positive reaction sputum or a definite focal reaction is obtained. I consider it a doubtful result if a definite febrile reaction follows the first dose of .0002 c.c., .0001 cc. or .00005 cc.

In the Quanti Von Pirquet test, only reaction to the 1% dilution is regarded as of any positive value.

In Spengler's test a low specific and a high auto precipitation are regarded as positive.

In the Blood Sedimentation test above 6mm. per hour is positive.

The results of the Arneth Count, Precipitation test, Blood Sedimentation test, Exercise test, and Quanti Von Pirquet taken by themselves are all unreliable. The first three are of some value in prognosis. There are no physical signs or X-Ray signs which by themselves are peculiar to tubercle. All may be exactly imitated by other chest conditions.

Of all the tests the subcutaneous O.T. test is the only reliable one in absolute diagnosis. If one gets a positive sputum or a focal reaction the diagnosis is certain. This test has been relegated to oblivion by the majority of workers because of its supposed danger in reactivating a latent lesion. I think it is dangerous if it is used in the way some people have used it, but I have seen no single case harmed by its use when the test is done with the most careful precautions.

There is no absolutely reliable single test of an active early case, laying stress on the words single and active, and in the end one often has to rely upon one's clinical instinct by a general impression of the result of every enquiry and especially on the presence or absence of symptoms that need treatment.



**Artificial Pneumothorax.**—11 new cases were commenced on this treatment, 6 old cases continued. There were 262 refill operations, 12 gas replacements and 6 depneumothorax operations performed in the year.

### **Meteorological Data for 1927.**

Highest Wind	Jan. 27th=29·8.
Highest Dry Kata	Jan. 27th=61.
Highest Wet Kata	Jan. 27th=123.
Lowest Dry Kata	July 10th=5·8.
Lowest Wet Kata	May 9th=14.
Highest Outdoor Temp.	3 p.m. July 10th=79°F.
Lowest Outdoor Temp.	3 p.m. Dec. 19th and 24th=23°F
Highest Radiant Heat	July 10th=122°F.
Largest amount of Ultra-violet light	June 15th.
Largest Rainfall	Sept. 14th=·94 ins.
Highest Max. Temp.	July 10th=79°F.
Lowest Min. Temp.	Dec. 30th=16°F.

July had the greatest radiant heat and ultra-violet radiation. September was the wettest months and January the windiest. From a study of the meteorological tables it will be seen what a poor summer it was in 1927. There was a great absence of radiant heat and ultra-violet light.

As is usually the case in all Sanatoria in cold temperate climates, the greatest gain in weight by the patients, in the years 1924-5-6 was in the autumn, but in 1927 it occurred in November and December. The relationship between the Kata curves and the weight curves in 1927 was also reversed so that the summer Kata and weight curves resembled more the winter type than usual.

METEOROLOGICAL TABLES, 1924-1927.

TABLE D.S. IV.

	Cooling Power.						Wind Mile per hr.						Rain in inches.						Relative Humidity.						Barometric Pressure.						Temp. Fair, 3 p.m.						Radiant Heat, Fair, 3 p.m.						Difference between Obs. Temp. & Rad. Ht.						Ultra-Violet Light.						Patients gain in weight in lbs.					
	1924.	1925.	1926.	1927.	1928.	1929.	1924.	1925.	1926.	1927.	1928.	1929.	1924.	1925.	1926.	1927.	1928.	1929.	1924.	1925.	1926.	1927.	1928.	1929.	1924.	1925.	1926.	1927.	1928.	1929.	1924.	1925.	1926.	1927.	1928.	1929.	1924.	1925.	1926.	1927.	1928.	1929.																		
Jan. ...	27	25	28	20.9	54	55	61.3	5.27	6.45	6.98	9.05	2.09	3.15	3.2	1.65	83%	81%	83%	29.51	29.43	29.34	29.15	40	42	41	41.5	—	44.3	42.4	42.4	—	2.3	1.4	9	—	5	104	8	26	26.6	26.2	27.5																		
Feb. ...	29	27	25	20.1	59	56	48.0	7.30	7.87	6.70	5.97	7.5	3.97	1.8	1.61	84%	75%	79%	30.23	29.54	29.77	29.46	40	44	45.6	42.5	—	42.4	48.8	43.9	—	8.4	3.2	1.4	—	64	104	6	32.6	43.9	14.6	20																		
Mar. ...	25	27	27	27.3	63	53	56.1	6.55	6.12	8.03	8.34	9.3	9.7	1.0	3.42	62%	72%	67%	29.47	29.62	29.31	29.12	46	43	46.1	48.2	—	55.7	52.4	53.3	—	12.7	6.3	7.1	—	44	16	344	29	35.8	21.7	18.8																		
Apr. ...	24	23	19	26.6	53	51	55.4	7.34	6.27	5.16	8.97	2.26	2.68	2.38	2.23	64%	65%	66%	29.47	29.29	29.23	29.35	50	49.7	53.5	50.7	66	66.4	66.0	64.1	16	16.7	12.5	13.4	—	64	58	513	38.3	24.5	29.2	27.7																		
May ...	20	20	20	17.9	46	46	43	39.8	7.29	6.61	5.26	4.88	3.71	3.72	2.88	1.69	69%	67%	67%	29.42	29.25	29.27	29.33	58	58.7	54	56.0	78.8	88.9	70.3	66.4	20.8	20.2	16.3	10.4	—	21	923	36	17.3	26.8	24.8	28.9																	
June ...	17	17	17	19.2	42	37	39	41.9	7.69	4.28	5.24	6.28	2.32	1.8	2.12	2.64	69%	67%	67%	29.36	29.29	29.27	29.34	64	65	61.4	57.9	92.9	98.0	80.3	68.7	28.9	23.0	18.9	10.8	—	85	823	204	18.2	18.7	14.9	14.9																	
July ...	16	14	13	14.6	43	37	34	34.5	7.90	5.87	4.80	4.39	4.28	1.15	2.54	2.46	69%	67%	68%	29.36	29.45	29.34	29.29	64	65	66.8	64.2	76.7	88.6	88.3	78.0	22.1	21.0	15.2	—	66	1073	53	42.2	19.7	19.1	20.1																		
Aug. ...	18	16	15	15.9	42	38	36	36.1	7.36	5.69	5.75	5.63	2.73	2.16	2.40	3.38	67%	64%	68%	29.36	29.45	29.34	29.29	64	65	66.8	64.2	76.7	88.6	88.3	78.0	22.1	21.0	15.2	—	66	1073	53	42.2	19.7	19.1	20.1																		
Sept. ...	20	20	16	18.4	45	43	37	7.91	5.92	5.08	5.97	3.21	3.97	1.26	4.44	70%	68%	69%	29.41	29.38	29.34	29.31	60	55.9	61.3	55.5	69	68.9	70.9	64.4	9	13	9.6	8.9	—	30	94	29	45.6	49.2	48.1	38.5																		
Oct. ...	19	21	20	20.7	41	43	42	6.45	4.81	6.21	4.71	3.43	2.82	2.97	2.97	71%	70%	71%	29.41	29.38	29.34	29.31	60	55.9	61.3	55.5	69	68.9	70.9	64.4	9	13	9.6	8.9	—	30	94	29	45.6	49.2	48.1	38.5																		
Nov. ...	22	23	25	25.5	47	45	49.2	4.97	3.97	5.99	5.40	1.80	1.97	4.01	2.27	82%	79%	83%	29.48	29.4	29.00	29.35	46	42	44	44.7	66.8	44.5	44.9	45.3	2.8	2.6	8	6	—	16	6	73	23.3	17.7	24.3	51.3																		
Dec. ...	25	22	26	25.6	50	56	47.6	6.43	6.03	5.99	3.95	3.18	2.56	1.51	2.64	82%	83%	83%	29.35	29.15	29.70	29.35	45	38	41.2	34.4	45.4	29.1	42.4	34.0	4	1.1	1.2	2	—	123	104	1	29.3	42.9	33.1	49.5																		









TABLE D.S. VI.

Table shewing Condition of Patients discharged from the Derbyshire Sanatorium from 1915-1926 inclusive.  
Actual Figures and Percentages.

Condition in 1927.	1915-1918.		1919.		1920.		1921.		1922.		1923.		1924.		1925.		1926.		Total.			
	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.	No.	Per cent.		
Cured	...	...	212	28.68	61	21.04	70	26.32	54	21.52	48	17.65	21	7.26	22	6.83	20	5.49	7	2.12	515	16.49
Arrested	...	...	72	9.75	27	9.31	57	21.43	39	15.54	44	16.18	77	26.65	111	34.46	119	32.69	99	30.10	645	20.66
Not arrested	...	...	18	2.43	8	2.76	21	7.89	21	8.36	26	9.58	36	12.46	49	15.22	69	18.96	126	38.28	374	11.98
Condition not ascertain'd	...	...	27	3.66	10	3.44	9	3.38	13	5.18	6	2.20	5	1.73	9	2.79	2	.54	31	9.43	112	3.59
Lost sight of	...	...	240	32.48	64	22.08	26	9.77	32	12.75	32	11.76	42	14.53	38	11.81	45	12.37	13	3.96	532	17.04
Dead	...	...	170	23.00	120	41.37	83	31.21	92	36.65	116	42.63	108	37.37	93	28.89	109	29.95	53	16.11	944	30.24
Total	...	...	739	100.00	290	100.00	266	100.00	251	100.00	272	100.00	289	100.00	322	100.00	364	100.00	329	100.00	3122	100.00



## PENMORE PAVILION.

Built on ground adjacent to the Penmore Isolation Hospital in 1914, this Pavilion consists of a central administrative block and two wings, each of the latter containing three two-bed cubicles and one single-bed cubicle. Although the altitude is not great, the situation of the building is good; standing clear of the surrounding houses, it is well exposed to wind and sunlight. Until recently the clinical care of the patients was in the hands of the Medical Officer of the Chesterfield Joint Hospital Committee, but early in 1928, the County Council's Tuberculosis Officer for the area (Dr. B. S. Nicholson) was made responsible for the treatment of cases accommodated in the Pavilion. From February 7th until the close of the year 53 cases were admitted all suffering from advanced pulmonary tuberculosis. The sputum was returned as positive in 43 of the cases, in 3 cases it was negative, in 6 cases no sputum was available for examination, and in one case no examination was made because the patient was removed to another Institution after the third day. Of the 53 cases admitted, 41 were discharged home and 10 died in the Institution. Of the 41 discharged, 14 or 24·6% were "greatly improved" or "improved." The average stay of these patients was three months and the average gain in weight, between 9 and 10 lbs. In the majority of these cases the activity of the disease was greatly reduced—in some cases the temperature fell to normal and in one it remained so, even with reasonable exercise; the laryngeal complication in this case healed up to the extent of allowing articulate speech to be again employed. The remaining 27 were discharged as "stationary" or "worse," and of these, 15 are known to have died at home since discharge.

TABLE T.I.

## PENMORE PAVILION FOR ADVANCED CASES.

Admissions and Discharges of patients during the year 1927.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Patients in the Institution on January 1st, 1927 ...	11	—	11
Admissions ... ..	—	53	53
Discharges ... ..	11	41	52
Patients remaining in the Institution on Dec. 31st, 1927	—	12	12

## BRETBY HALL ORTHOPAEDIC HOSPITAL.

A description of Bretby Hall and estate is given in my Survey Report for 1925.

The institution which was opened on the 14th April, 1926, for the reception of 50 cases of bone and joint tuberculosis in children has made rapid strides during 1927.

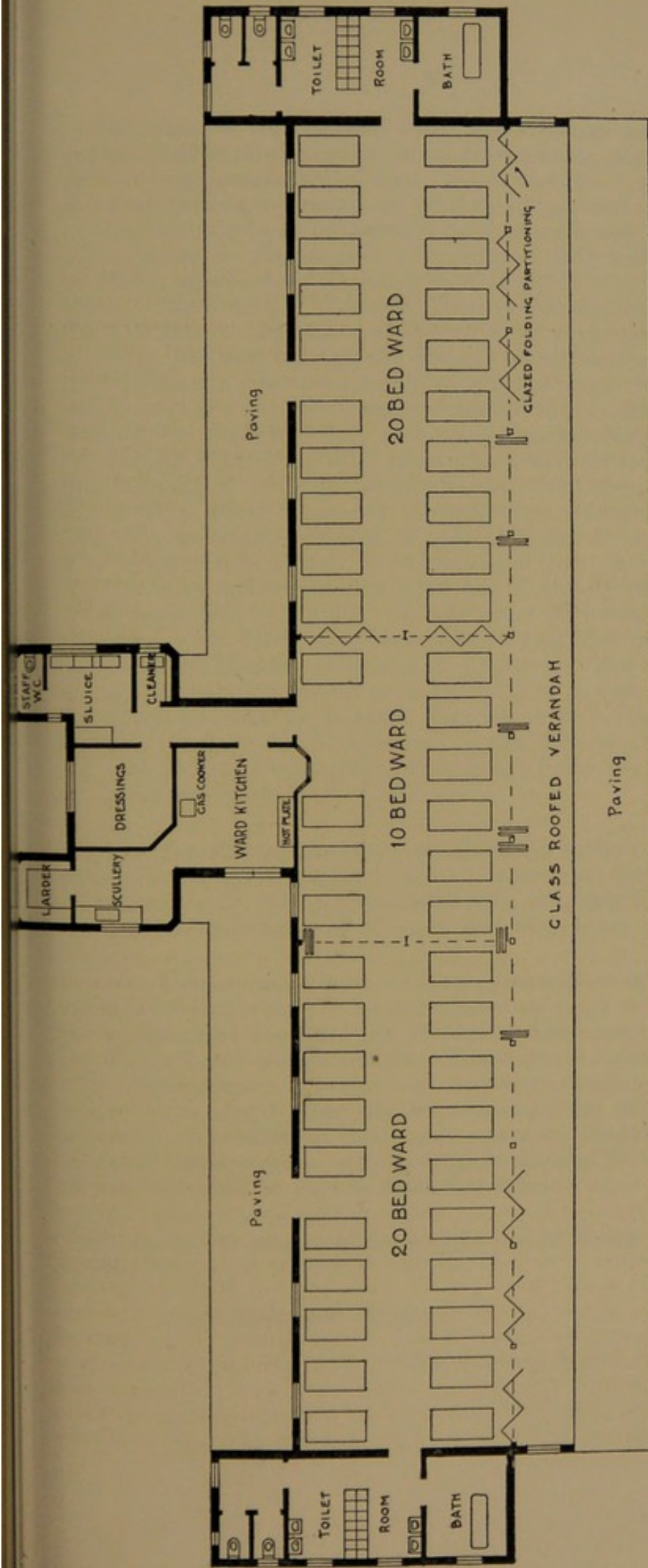


In view of the large waiting list it was decided to accommodate an additional five cases of bone and joint tuberculosis during the summer months, but the demand for accommodation continued to be so great that it was found advisable to keep the additional five beds permanently occupied.

As mentioned in my report for last year, the Education Committee and the Maternity and Child Welfare Committee decided to enter into an agreement with the Tuberculosis Committee for the reception at Bretby of 50 children suffering from crippling defects of non-tubercular origin. The accommodation is to be provided by means of an up-to-date open-air block built in close proximity to the main building and to a great extent administered from that building. At the time of writing this report, the plans for this new block have been approved by the Ministry of Health and Board of Education, and I am pleased to be able to state that the building has actually been commenced. A copy of the plan of the new block is given opposite. In the meanwhile, the sanction of the Ministry of Health and the Board of Education has been obtained for the accommodation of eight cases of non-tubercular cripple children in the existing institution, thus making a total of 63 cases accommodated in the Hall.

The County Council, however, is responsible for the treatment of tuberculosis in all forms and in patients of all ages. At present, cases of non-pulmonary tuberculosis in adults requiring institutional treatment have to be accommodated in special outside institutions situated in various parts of the country, often at long distances from their homes, making it difficult for their relatives and friends to visit them during their prolonged illnesses. In the past these cases were dealt with in Voluntary Hospitals, but they were never regarded as proper cases for treatment in such hospitals, and for two main reasons—the first the most important being that the period of treatment is a long one, the average is somewhere between one and two years, whilst in general hospitals the average stay for patients is somewhere under three weeks. This means that a case of surgical tuberculosis will hold up a bed which would otherwise have accommodated about 25 cases of the ordinary hospital type, many of which are in urgent need of treatment. The second reason is that ordinary voluntary hospitals have in the past been placed where their services are most urgently required and most readily available, namely, in the centre of large populations. In the majority of instances with such location it is impossible to build anything in the nature of an open-air pavilion on account of the noise of the traffic and the smoke and dust of the town. Since the power to provide treatment for this type of case has been placed on County Councils, it is only to be expected that the general hospitals will, as far as possible, avoid undertaking the in-patient treatment of surgical tuberculosis. This attitude on the part of the general hospitals is to my mind quite reasonable and has been adopted throughout the country, resulting in a markedly increased demand for accommodation for surgical tuberculosis cases in those hospitals specially built for them, hence the shortage of accommodation.





— BRETBY HALL ORTHOPÆDIC HOSPITAL —

— OPEN-AIR BLOCK —





The need for institutional accommodation for cases of surgical tuberculosis in adults hardly needs accentuation when it is realised that a large proportion of them are immobilised in recumbency for long periods by means of various splints and appliances. It requires no particular knowledge to appreciate now necessary it is that persons so placed should be properly and carefully nursed if anything approaching cleanliness and comfort is to be assured for them. The difficulty of moving patients for nursing purposes, the damage done by improper movement likely to occur where nursing is left to unskilled persons, the obvious discomfort to such immobilised patients in a home where all those in the family who are capable must earn their own living and provide for the invalid, are sufficient reasons for requiring that such cases should have institutional treatment. The Committee, all of whom have actual knowledge of the meaning of complete immobilisation from their experience of the work at Bretby, without hesitation recommended the Council that accommodation should be provided for 32 adults suffering from surgical tuberculosis, and the Council, early in 1928, approved a block to be erected on a suitable spot in Bretby Park to provide accommodation for adults. At the time of writing this report, the plans of the block have been passed by the Committee and submitted to the Ministry of Health for approval. It is suggested that the accommodation should be in the form of two small wards, one for males and one for females, together with single and double-bedded cubicles. If the approval of the Ministry to the plan is obtained in time I will endeavour to insert in this Report a copy of the approved plan.

When this block is finished, the Council's scheme for the treatment of tuberculosis will be complete, so far as its institutional unit is concerned, in that accommodation is provided for all types of tuberculosis in patients of all ages, and both sexes.

It has been pointed out to me that no cases have been discharged as cured from Bretby. I have returned no cases as "cured" for the reason that the Ministry of Health have ruled that "non-pulmonary cases should not be claimed to be cured until three years have elapsed without any signs or symptoms of active disease." As Bretby has not been running for two years, it is obviously impossible to claim any cures as having been made there, nevertheless we have every expectation that for the very great majority we shall be able to make this claim.

The results of treatment up to the end of March, 1928, are as follows :—

Cases discharged—Males	...	...	51
Females	...	...	32
			—
			83
			—



## Tuberculosis of the—

Hip	...	...	...	...	26	
Spine	...	...	...	...	15	
Glands	...	...	...	...	12	
Knee	...	...	...	...	10	
Abdomen	...	...	...	...	5	
Elbow	...	...	...	...	3	
Sacro-iliac joint	...	...	...	...	2	
Skin	...	...	...	...	2	
Ankle	...	...	...	...	2	
Bones of the Hand	...	...	...	...	2	
					—	79
Non-tuberculous	...	...	...	...	...	4
						—
						83
						—
Quiescent on discharge	...	...	...	...	76	
No improvement	...	...	...	...	1	
Died	...	...	...	...	2	
					—	79
Non-tuberculous	...	...	...	...	...	4
						—
						83
						—

At the time of writing (June, 1928) there are 29 tuberculous patients and 42 non-tuberculous cripples awaiting admission.

There is no question that, at the present time, under the best of conditions it is often possible to cure a tubercular joint, leaving it in possession of its full function, whereas if the disease is allowed to progress, the best result that can be expected is a stiff joint, whilst if the treatment has been postponed still further the disease may result in the loss of a limb or the life of the patient. If, however, the disease is permitted to get a firm hold before treatment is undertaken, the period of treatment, which is a long one under the best of circumstances, will be still further prolonged in order, not to produce a functioning joint, but to save the life of the patient, and that only after possibly years of invalidism and continued treatment. It is half the battle in dealing with surgical tuberculosis to get the cases early and to start from the beginning full and efficient treatment. It is for this reason that there should be available accommodation for these cases and that there should not be the long waits for vacancies that there have been in the past. In addition to the saving of life or limb there is the prevention of physical pain and mental distress which can be effected by efficient and prompt institutional treatment. Statistics cannot show this.

The only way to get a true estimate of the alleviation of suffering is to visit some of the poorer houses and see the conditions under which there are people immobilised in complete recumbency, who whilst the rest of the family are away at work, are dependent on some kindly neighbour for as much as a drink of water, and then to



compare this with the condition of a case at Bretby receiving constant care and attention, regular feeding, fresh air, sunshine, and the open view provided there. The alleviation of the type of hardship I have spoken of is in itself a return for money spent. Bone and joint tuberculosis is a painful condition and proper treatment will often immediately alleviate a considerable amount of suffering. The arrest of the disease then resolves itself very largely into prolonged efforts to raise the resistance of the patient by such means as open air, sun light and good food, which I regret to say is not always found in the homes of the poor.

The actual treatment of disease and deformity however, is by no means the only function of an institution for the treatment of crippling defects in children. In my report for 1925, I dealt at some length with the subject of the treatment, training and education of cripples and the need for higher education of such. Up to the present time and actually at the present time, there are large numbers of cripples whose education is being neglected, whereas their education will be of the utmost importance to them in after life. In that report, amongst many other things, I wrote as follows :—

“ It is obvious, however, that if you are defective in one or more limbs, an occupation in which your defective limbs will not be particularly required is better than one where they would be required. If you do not use your limbs in an occupation, the other great alternative is to use your brain, but here again, the cripple is heavily handicapped, for he has in all probability spent months or years in hospitals to the detriment of his education, and it is seldom that he can hope to compete successfully against his normal fellows for scholarships in the higher schools or Universities. One would like to see some allowance made in this respect for the cripple. A cripple is often backward by virtue of extraneous circumstances, but it does not follow that he is dull, in fact he is usually the opposite.”

I am pleased to be able to say that a fully-qualified teacher has been appointed to Bretby to instruct children, and it was impressed upon her that her aim and object was, as far as circumstances would permit, to see that each child was at least up to the normal educational standard for its age and to bear in mind that the aim should be to fit as many cripples as possible for higher education including the Universities.

Before this Report is published I hope a second teacher will have taken up duty at Bretby.

In order to ascertain the educational standards of the crippled children admitted to the hospital, I asked the Resident Medical Officer to report on this and make what comments he thought fit. His report bears out my statement as to the need for more education for cripples and is of such interest that I publish it in this Annual Report. The educational grading of the children



was carried out in co-operation with the teacher at Bretby. It will be appreciated that the varying ages of the children and the difficulty of arranging them into anything like an ordinary school class makes it impossible for one teacher to cope with a class of the size usually found in an ordinary elementary school. 15-20 children are as many as one teacher can properly deal with in the circumstances necessarily existing at an institution such as Bretby which has the combined functions of a hospital and a school to fulfil.

Dr. Hoyte's Report is as follows :—

“ The Educational classification of the children is as follows :—

						<i>Number in each class.</i>
Babies	...	...	...	...	...	6
Five-year-olds.	Class II.	...	...	...	...	27
Six-year-olds.	Class I.	...	...	...	...	5
Junior School.	Standard 1.	Aged	7-8			3
Do.	do.	2.	do.	8-9		12
Do.	do.	3.	do.	9-10		5
Senior	do.	4.	do.	10-11		1
Do.	do.	5.	do.	11-12		1
Do.	do.	6.	do.	12, 13, 14		1
Secondary	From IV.B.			...		1
Total						62

I found that of the 62 children, 27 were in a class that was normal for their age, whilst 35 were a year or more behind. These figures include the babies. Taking only the children aged 7 or over, I found 72% were 1 year behind, and 58%, 2 years or more behind. There is one extreme case, a boy of nearly 17 who has only arrived educationally at the class usual to children of 9 or 10.

The children who are admitted with Surgical Tuberculosis will all probably stay here at least 1 year, many will stay longer. Supposing in attainment they were all normal at the date of admission, if their education were not carried on at the usual rate for this time, it would put them back in the race. But they are not normal when they come. Of those over 7 years of age, 72% are already behind hand. If the children were all normal, the situation would call for an adequate educational scheme. I submit that much more is this needful in view of the large amount of leeway to be made up. Three boys, aged 11, 13 and 16, respectively when admitted had never been to school, and did not know the letters of the alphabet. A further consideration which adds weight is that however successful our surgical work, it is impossible in most cases to prevent a certain amount of physical handicap, so beyond the ordinary these children will have to depend for their living on their brains.

I submit that the educational facilities here should if anything be above the average. For 49 children of from 5 to 16 years of



age, we have only one Teacher. The practical difficulty of educating the children is greatly increased by the following facts :—

1. When a child is living normally at home, the parents constantly speak to him, arousing his attention, and answering his questions. He can move about, and see, and handle things for himself whilst he mixes with other children. These conditions quicken his intelligence, increase his desire for knowledge, and develop his capacity for effective action. But many of our children have been confined to the couch since infancy, often for years in hospitals where no one had time to give towards educating them. This lack of contact with life and with other minds has left them comparatively dull and undeveloped, with less than the usual curiosity and initiative. They grow content simply to lie or to sit, and with exceptions have less than the normal wish for either knowledge or action. In several cases no teaching was possible, until the teacher had first, by various means, created a desire to learn to read and write.

2. The children are mostly in bed on frames, and so cannot see either blackboard or teacher, as comfortably as if they were upright. Still less easily can they see a paper on which they wish to write.

3. The children are scattered in different wards, and if outside are along the whole length of this big building. This makes it difficult for the teacher to gather together in classes those at similar stages.

I give here details as to 3 boys still in hospital, who illustrate our problems.

H.H.—Age 16. Never been to school. No reading. Knew a few odd letters only. Could not write. Could do a little mental arithmetic, could recognise figures, and could only just write them. Can now read Standard II. books, Arithmetic Standard III. Is learning Algebra at his own request.

E.W.—Age 13 when admitted. Never been to school. Knew no letters. Could recognise figures, but could not use them. Now reading Standard I. Reader. Standard II Arithmetic. Does not know Tables yet. Is good at drawing and Handiwork.

L.K.—Age 11 on admission. Had never been to school. Could not read. Printed from copy. No arithmetic. Handiwork exceptionally good. Now Standard I. Reading. Standard II. Arithmetic. Does not know tables.

Some of the boys show marked ability in Handicrafts. I trust it will be possible to develop this department of the teaching."



**After-Care.**—Clinics for the after-care of patients from Bretby are established at Alfreton, Belper, Chesterfield, Derby, Long Eaton and Swadlincote.

By the time this Report is published, further Clinics will have been opened at Bakewell, Chinley and Shirebrook.

At each of the Clinics, arrangements have been made for the Resident Medical Officer of Bretby to be in attendance with an orthopædic nurse so that continuity of medical supervision is assured.

#### BRETBY HALL ORTHOPÆDIC HOSPITAL, 1927.

No. of Admissions ...	...	...	...	52
No. of Discharges ...	...	...	...	50
Average number of beds occupied	...	...	...	53
Average length of stay of 50 patients discharged	...	...	...	174 days.

#### Locations of T.B. and results of treatment.

	Quiescent.	Improved.	No Improvement.	Died.	Remarks.
Abdominal ...	1	2	1*	—	* Transferred to Walton San.
Cervical glands ...	1	1	1*	—	* Removed at Parents' request after a week's stay
Peripheral glands	1	—	—	—	
Glands of neck ..	1	2*	—	—	* 1 case discharged as Non T.B., ? Hodgkin's disease
<b>BONE &amp; JOINT</b>					
Knee ... ..	2	5	—	—	
Elbow ... ..	—	1	—	—	
Hip ... ..	12	4	2*	—	* Discharged as Non T.B.
Spine ... ..	7*	—	1*	1	* 1 discharged as Non T.B. and 1 discharged as unsuitable for treatment at Bretby
Sacro-Iliac ...	1	1	—	—	
Tibia ... ..	—	1	—	—	
Hip ... ..	—	—	—	1	
Totals	26	17	5	2	





NEW CASES OF TUBERCULOSIS COMING TO THE KNOWLEDGE OF THE COUNTY MEDICAL OFFICER OF HEALTH DURING THE YEAR  
1927, OTHERWISE THAN BY NOTIFICATION ON FORM A.

AGE PERIODS	0-1	1-5	5-10	10-15	15-20	20-25	25-35	35-45	45-55	55-65	65 and upwards	Total Cases.
Pulmonary— Males ...	—	1	5	4	4	7	13	11	10	3	1	59
Females ...	—	2	1	6	4	6	18	12	3	2	—	54
Non-Pulmonary— Males ...	—	2	5	2	1	2	—	—	—	1	—	13
Females ...	2	8	4	2	3	—	—	2	1	—	—	22

THE SOURCE OR SOURCES FROM WHICH INFORMATION AS TO THE ABOVE-MENTIONED CASES WAS OBTAINED :—

SOURCE OF INFORMATION.	No. of Cases	
	Pulmonary.	Non-Pulmonary.
Death Returns ...	...	...
Inward Transfers ...	...	...
Other Sources, viz —Dispensaries ...	...	...
Health Visitors ...	...	...
	46	19
	36	4
	17	10
	14	2

TABLE T. III.

**Outside Institutions.**—At the moment the County Council have no institution for the treatment of non-pulmonary tuberculosis in adults, and such cases are sent to institutions outside the County. During 1927 the Council have undertaken financial responsibility for cases at the following institutions :—

Shropshire Orthopædic Hospital, Oswestry.

Cambridgeshire Tuberculosis Colony, Papworth.

Wingfield Orthopædic Hospital, Oxford.

Dartmoor Sanatorium, Chagford, Devon.

Royal Sea-Bathing Hospital, Margate,

Manchester Royal Infirmary.

The following Table shows the number of such cases treated during 1927 :—

TABLE T. IV.

**Patients Treated in Outside Institutions.**

Admissions and discharges of patients during the year 1927 :—

			<i>Males.</i>		<i>Females.</i>	<i>Total.</i>
			<i>Ex-Service</i>	<i>Others.</i>		
Patients in Institutions on		<i>Men.</i>				
January 1st, 1927	...	4	3	1	8	
Admissions	...	—	9	9	18	
Discharges	...	2	6	6	14	
Patients remaining in Institutions on December						
31st, 1927	...	2	6	4	12	



TABLE T. V.

(A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS DURING THE YEAR 1927.

—	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions	
Adult Males ...	3	37	24	8	—	72
Adult Females ...	3	37	14	3	—	57
Children under 15 ...	7	13	—	50	—	70
TOTAL ...	13	87	38	61	—	199

(B) RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT DURING THE YEAR 1927.

			In Institutions on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Institutions	In Institutions on Dec. 31.
Number of Patients	Adults.	M.	58	145	130	11	62
		F.	40	161	133	18	50
	Children.	M.	51	54	55	2	48
		F.	26	32	35	—	23
Number of Observation Cases ...	Adults	M.	1	10	7	—	4
		F.	—	14	9	—	5
	Children.	M.	—	3	1	—	2
		F.	—	5	4	—	1
	Total		176	424	374	31	195

TABLE T. VI.

Annual Return showing the immediate results of treatments of patients\* and of observation of doubtful cases discharged from Residential Institutions during the year 1927.

Classification on admission to the Institution	Condition at time of discharge.	Duration of Residential Treatment in the Inst.												T'tal	
		Under 3 months			3—6 months			6—12 months			More than 12 months				
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.		
Pulmonary Tuberculosis	Class TB. minus	Quiescent ... ..	6	1	—	4	4	4	—	—	6	—	—	—	25
		Improved ... ..	3	7	1	5	9	13	2	2	4	—	2	—	48
		No material improve't	—	2	2	—	—	—	—	—	—	—	—	—	4
		Died in Institution	—	2	—	—	—	—	—	—	—	—	—	—	2
	Class TB. plus Group 1	Quiescent ... ..	1	—	—	1	—	—	—	—	—	—	—	—	2
		Improved ... ..	4	2	—	4	5	3	1	—	1	—	—	—	20
		No material improve't	—	1	—	—	—	—	—	—	—	—	—	—	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class TB. plus Group 2	Quiescent ... ..	—	—	—	—	1	—	—	—	1	—	—	—	2
		Improved ... ..	20	11	2	17	27	2	5	4	—	1	—	—	89
		No material improve't	3	8	—	1	4	—	1	—	—	—	—	—	17
		Died in Institution	—	—	—	1	1	—	—	—	—	—	—	—	2
	Class TB. plus Group 3	Quiescent ... ..	—	1	—	—	—	—	—	—	—	—	—	—	1
		Improved ... ..	8	5	—	9	6	—	2	1	—	2	—	—	33
		No material improve't	11	15	—	7	7	—	4	2	—	1	—	—	47
		Died in Institution	7	8	—	—	6	—	2	1	—	—	—	—	24
Non-Pulmonary Tuberculosis	Bones and Joints	Quiescent or Arrested	—	—	3	—	1	9	1	—	9	1	—	4	28
		Improved ... ..	1	1	1	—	—	1	1	—	7	—	—	3	15
		No material improve't	2	—	1	—	—	1	—	—	—	—	—	—	4
		Died in Institution	—	—	1	—	—	—	—	—	—	—	—	1	2
	Abdominal	Quiescent or Arrested	—	—	—	—	—	1	—	—	—	—	—	—	1
		Improved ... ..	—	—	1	—	—	1	—	—	—	—	—	—	2
		No material improve't	—	1	—	—	—	1	—	—	—	—	—	—	2
		Died in Institution	—	—	—	—	—	—	1	—	—	—	—	—	1
	Other Organs	Quiescent or Arrested	—	1	—	—	—	1	—	—	—	—	—	—	2
		Improved ... ..	1	1	3	—	—	—	—	—	—	—	—	—	5
		No material improve't	—	—	1	—	—	—	—	—	—	—	—	—	1
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
	Periphe- ral Glands	Quiescent or Arrested	—	—	1	—	—	—	1	—	—	—	—	—	2
		Improved ... ..	—	1	—	—	—	—	—	—	1	—	—	—	2
		No material improve't	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—
Observa- tion for purpose of diag- nosis	Tuberculous ... .. Non-tuberculous ... .. Doubtful ... ..	Under 1 week	—	1	—	—	—	—	—	—	—	—	—	6	
		1—2 weeks	—	—	—	—	—	—	—	—	—	—	—	7	
		2—4 weeks	—	—	1	—	—	—	—	—	—	—	—	8	
		More than 4 weeks	—	—	—	—	—	—	—	—	—	—	—	—	

\*It should be borne in mind that the definition of "patient" does not include persons in whom a definite diagnosis of tuberculosis has not been made.

40 Attendances for Pneumo-thorax refills.



TABLE T. VII.—(a) PULMONARY TUBERCULOSIS.

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensaries at the end of 1927, arranged according to the years in which the patients first came under Public Medical Treatment for pulmonary tuberculosis, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates				Previous to 1926.					1926.					1927.					Grand Total.	
				Class T.B. minus.	Class T. B. plus				Class T.B. minus.	Class T.B. plus				Class T.B. minus.	Class T.B. plus					
					Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		
ALIVE.	Discharged as cured	Chil- dren Ad'ts	M.	All Groups					-	-	-	-	-	-	-	-	-	1740		
			F.	537					-	-	-	-	-	-	-	-				
			M.	479					-	-	-	-	-	-	-	-				
			F.	355					-	-	-	-	-	-	-					
	Disease arrested	Chil- dren Ad'ts	M.	113	51	98	4	153	-	-	-	-	-	-	-	-	-	-	540	
			F.	54	35	32	1	68	-	-	-	-	-	-	-	-	-			
			M.	41	21	13	-	34	-	-	-	-	-	-	-	-	-			
			F.	49	17	11	-	28	-	-	-	-	-	-	-	-	-			
	Disease not arrested	Chil- dren Ad'ts	M.	45	42	169	32	243	38	14	50	8	72	41	26	49	12	87	1169	
			F.	33	16	60	16	92	48	12	41	10	63	54	20	46	11	77		
			M.	34	11	12	1	24	33	8	1	-	9	31	2	-	-	2		
			F.	33	19	23	1	43	26	8	2	-	10	24	2	3	2	7		
Condition not ascer- tained during the Year				51	36	9	4	49	17	2	6	-	8	-	-	-	-	125		
Lost sight of or otherwise removed from Dispensary Register									21	1	9	3	13	3	1	4	1	6	1175	
DEAD.	Chil- dren Ad'ts	M.						4	4	16	35	55	5	-	5	13	18	2483		
		F.						1	3	22	28	53	3	-	8	10	18			
		M.						1	-	3	2	5	1	-	-	-	-			
		F.						2	-	-	2	2	2	-	1	2	3			
Totals									6369	191	52	150	88	290	164	51	116	51	218	7232

TABLE VII.—(b) NON-PULMONARY TUBERCULOSIS.

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensaries at the end of 1927, arranged according to the years in which the patients first came under Public Medical Treatment, and their classification as shown on Form A.

			Previous to 1926.					1926.					1927.					Grand Total.	Percentage.
			Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.		
Discharged as cured			All Groups															711	43.25
	Chil-	M.			55														
	dren	F.			98														
	Ad'ts	M.			291														
		F.			267														
Disease arrested																		129	7.85
	Chil-	M.	7	1	4	8	20	—	1	—	2	3	—	—	—	—	—		
	dren	F.	3	1	4	13	21	—	—	—	—	—	—	—	—	—	—		
	Ad'ts	M.	7	8	4	24	43	—	1	—	3	4	—	—	—	—	—		
		F.	7	4	3	18	32	—	3	1	1	5	—	—	1	—	1		
Disease not arrested																		428	26.04
	Chil-	M.	12	2	5	2	21	11	1	2	7	21	20	2	2	2	26		
	dren	F.	8	—	6	1	15	8	1	2	5	16	11	4	1	8	24		
	Ad'ts	M.	16	3	4	12	35	16	12	8	30	66	27	14	—	28	69		
		F.	13	3	7	19	42	15	11	3	23	52	10	5	6	20	41		
Referred to Pulmonary			1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	.06
In not ascer- during the Year			6	1	3	4	14	—	1	1	7	9	—	—	—	—	—	23	1.39
Left of or otherwise referred from Dispensary																		270	16.43
					259			2	2	1	3	8	1	1	—	1	3		
DEAD.																			
	Chil-	M.			17			1	1	1	1	4	1	1	—	—	2		
	dren	F.			9			—	1	—	—	1	—	—	—	—	—	82	4.98
	Ad'ts	M.			24			—	1	—	2	3	1	—	—	—	1		
		F.			18			—	2	—	—	2	—	1	—	—	1		
TOTALS ...					1282			53	38	19	84	194	71	28	10	59	168	1644	100.00



## THE DISPENSARY UNIT OF THE TUBERCULOSIS SCHEME.

This Unit consists of nine Dispensaries; details of the times of opening, etc. are given on page 24. That portion of the Tuberculosis Scheme which deals with diseases of the bones and joints must of necessity be closely connected with the Council's Orthopædic Scheme, and it has been arranged that cases of bone and joint tuberculosis in children should be dealt with co-operatively by the Tuberculosis Officers and the Orthopædic Surgeon. A list of the Orthopædic Clinics is given on page 23.

Further reference to the Orthopædic Scheme is made on page 120 of the second part of this Report, which deals with the School Medical Service.

### BACTERIOLOGICAL WORK

**Examination of Sputa.**—The following Table shows the number of examinations of sputa for tubercle bacilli made in the County Laboratory during the year:—

TABLE T. VIII.

		<i>Pos.</i>	<i>Neg.</i>	<i>Total</i>
From Medical Practitioners	...	157	1055	1212
From Dispensaries and Sanatoria		223	579	802
From Hospitals	... ..	—	1	1
Total	... ..	380	1635	2015

TABLE T. IX.

*Specimens of sputum examined by the Ellerman and Erlandsen method during the year ending December 31st, 1927.*

Up to 10 years		11—20		21 & over		Totals.	
<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
4	137	25	268	41	303	70	708

**Ministry of Pensions.**—The work done for the Ministry of Pensions during 1927 was as follows:—

<i>Certificates.</i>		<i>Number completed.</i>
M.P.M.S.D. 81	... ..	263
M.P.M.S.D. 31	... ..	2
M.P.A. 36 T.O.	... ..	14
Total	... ..	279

Temperature (°C)	Time (min)	Concentration (M)	Rate (M/min)
25	0	0.100	0.000
25	10	0.090	0.001
25	20	0.081	0.002
25	30	0.073	0.003
25	40	0.066	0.004
25	50	0.060	0.005
25	60	0.055	0.006
25	70	0.050	0.007
25	80	0.046	0.008
25	90	0.042	0.009
25	100	0.039	0.010
35	0	0.100	0.000
35	10	0.085	0.002
35	20	0.072	0.004
35	30	0.061	0.006
35	40	0.052	0.008
35	50	0.045	0.010
35	60	0.039	0.012
35	70	0.034	0.014
35	80	0.030	0.016
35	90	0.027	0.018
35	100	0.024	0.020
45	0	0.100	0.000
45	10	0.075	0.005
45	20	0.055	0.010
45	30	0.040	0.015
45	40	0.030	0.020
45	50	0.022	0.025
45	60	0.017	0.030
45	70	0.013	0.035
45	80	0.010	0.040
45	90	0.008	0.045
45	100	0.006	0.050



TABLE T. X.

**REPORT SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARIES during the Year 1927.**

DISPENSARIES.	ASH- BOURNE.	BURTON.	CHESTER- FIELD.	CHINLEY.	DERBY.	GLOSSOP.	ILKESTON	LONG EATON.	MATLOCK.	WHOLE COUNTY.
A. Estimated Population, 1927 ...	14,935	35,335	269,290	46,070	100,810	25,750	65,440	30,120	33,250	621,000
Notifications 1927—										
Pulmonary ... ..	11	36	216	28	70	19	47	26	41	494
Non-Pulmonary ... ..	10	18	132	35	27	11	31	15	22	301
Total ... ..	21	54	348	63	97	30	78	41	63	795
B. NEW CASES— (Total) ...	23	55	475	93	173	54	91	53	98	1115
(a) Definitely Tuberculous										
i. Pulmonary ... ..	9	18	131	19	62	19	33	16	24	331
ii. Non-Pulmonary ... ..	1	5	73	17	13	10	10	8	16	153
(b) Doubtfully Tuberculous ... ..	1	5	12	13	12	1	17	1	4	66
(c) Non-Tuberculous ... ..	12	27	259	44	86	24	31	28	54	565
C. CONTACTS— (Total) ...	8	40	409	58	51	12	61	1	52	692
(a) Definitely Tuberculous:										
i. Pulmonary ... ..	...	5	5	7	2	1	1	...	7	28
ii. Non-Pulmonary ... ..	...	...	2	5	1	...	...	...	...	8
(b) Doubtfully Tuberculous ... ..	...	3	18	2	3	1	13	...	5	45
(c) Non-Tuberculous ... ..	8	32	384	44	45	10	47	1	40	611
D. CASES WRITTEN OFF DISPENSARY REGISTER. (Total) ...	23	113	678	135	194	47	110	44	130	1474
(a) Cured.										
i. Pulmonary ... ..	...	38	26	36	4	8	16	7	27	162
ii. Non-Pulmonary ... ..	...	6	2	10	...	2	3	4	7	34
(b) Diagnosis not confirmed or Non-Tuberculous ... ..	23	69	650	89	190	37	91	33	96	1278
E. NUMBER ON REGISTERS ON DECEMBER 31st, 1927 (Total) ...	86	114	884	256	404	182	210	124	248	2508
(a) Diagnosis completed.										
i. Pulmonary ... ..	73	86	636	166	339	120	154	102	174	1850
ii. Non-Pulmonary ... ..	12	18	218	83	50	62	34	21	66	564
(b) Diagnosis not completed ... ..	1	10	30	7	15	...	22	1	8	94
1. Number on Register Jan. 1st, 1927	86	150	746	257	429	174	202	138	250	2432
2. No. of transferred and "lost-sight-of"										
Cases returned ... ..	...	3	11	3	21	...	7	1	5	51
3. No. transferred, and lost sight of ...	2	8	13	7	50	6	19	15	9	129
4. No. died during year ... ..	6	13	66	13	26	5	22	10	18	179
5. Cases under observation for more than 2 months ... ..	2	4	30	1	9	1	20	1	6	74
6. Total Attendances ... ..	136	384	2068	605	1147	588	670	289	784	6671
7. Attendances at Orthopædic Clinics	...	...	...	...	...	...	...	...	...	215
8. Consultations with Medical Prac- titioners:—										
(a) At homes ... ..	1	3	57	29	10	19	7	1	19	146
(b) Otherwise ... ..	10	2	421	56	99	30	28	21	41	708
9. Other visits by T.O.'s to Patients' Homes.	17	15	273	30	24	14	41	12	38	464
10. Number of:—										
(a) Sputum Examinations ...	31	90	163	101	142	81	42	33	86	769
(b) X-ray Examinations ...	14	43	340	25	117	4	30	27	59	659
11. Insured Persons on Register on Dec. 31st, 1927 ... ..	46	45	332	82	148	101	74	64	91	983
12. Insured Persons under Domiciliary Treatment Dec. 31st, 1927 ...	2	22	29	33	14	26	18	5	20	169
13. Reports received in respect of Insured Persons:—										
(a) Form G.P. 17 ... ..	...	...	4	...	...	...	...	...	...	4
(b) Form G.P. 36 ... ..	5	37	78	42	26	40	23	8	41	300



## REFRACTORIES INDUSTRIES (SILICOSIS) SCHEME, 1919 &amp; 1925.

During the year 1927, 16 persons were examined by the Tuberculosis Officers, within a month of their commencing work in the Industries.

## OTHER SERVICES.

Arrangements for domiciliary visiting, nursing of bed-ridden cases, granting of extra nourishment, the after-care of tuberculous patients and the provision of shelters have undergone no change since 1925, and are as described on pages 88—89 of the Survey Report of that year.

The work done under the above services is tabulated below :—

Homes visited by Health Visitors	...	...	...	9,311
Number of Bed-ridden Cases nursed	...	...	...	3

## Extra Nourishment :—

No. of patients to whom milk was granted	...	...	...	42
Cost	...	...	...	£95

## Shelters :—

No. sold during 1927	...	...	...	15
No. in use at end of 1927	...	...	...	99
No. in store at end of 1927	...	...	...	19
Sets of beds and bedding supplied	...	...	...	26
Shelters supplied but not in use	...	...	...	23
Shelters damaged beyond repair	...	...	...	5

**X-Rays.**—The following Table shows the number of patients who were submitted to X-Rays, in the various Dispensary areas :—

<i>Dispensary Area.</i>	<i>No. of patients.</i>
Ashbourne	14
Burton	43
Chesterfield	340
Chinley	25
Derby	117
Glossop	4
Ilkeston	30
Long Eaton	27
Matlock	59
	<hr/> 659
Walton Sanatorium	844
Bretby Hall Orthopædic Hospital	192
	<hr/> 1,695

During the year, arrangements were entered into with the Chesterfield Royal Hospital for taking a limited number of X-Ray photographs requiring special apparatus not available at the Council's Clinic at Chesterfield. Under this arrangement three photographs were taken during 1927.



PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS,  
1925.

It has not been found necessary to take prohibitive action under these Regulations during 1927.

PUBLIC HEALTH ACT, 1925 (Section 62)

It was not found necessary to take any action under this Section during the year.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1924.

From the Quarterly Summaries returned from District Medical Officers of Health in accordance with these Regulations, the following table has been compiled, showing the number of cases of all forms of tuberculosis remaining on their registers on December 31st, 1927 :—

Year.	PULMONARY.			NON-PULMONARY.			TOTAL
	Males.	Females.	Total.	Males.	Females.	Total.	
1925	1350	1077	2427	458	386	844	3271
1926	1447	1164	2611	542	473	1015	3626
1927	1466	1218	2684	626	556	1182	3866

**Deaths from Tuberculosis.**—The following Table shows the period between the date of notification and the date of death :—

TABLE T. XI.

				Number of deaths reported in 1927.	Percentages 1927. 1926.	
Cases not notified	...	...	...	65	22.26	25.1
Notified after death	...	...	...	29	9.93	6.1
Notified 1 week before death	...	...	...	13	4.45	5.3
2 weeks before death	...	...	...	5	1.71	3.1
3 weeks before death	...	...	...	2	.68	1.9
4 weeks before death	...	...	...	4	1.36	1.4
1— 2 months before death				17	5.82	7.3
2— 3	"	"	"	15	5.13	4.5
3— 4	"	"	"	11		
4— 5	"	"	"	9		
5— 6	"	"	"	6		
6— 7	"	"	"	5		
7— 8	"	"	"	1		
8— 9	"	"	"	7		
9—10	"	"	"	7		
10—11	"	"	"	1		
11—12	"	"	"	5		
Over 1 year	...	...	...	90		



During the year 1927, I received from the Registrars information of 243 deaths from pulmonary tuberculosis and 49 deaths from non-pulmonary tuberculosis, making a total of 292. Of this number, 150 cases of pulmonary and non-pulmonary tuberculosis were either not notified or notified within three months of death.

The large percentage of deaths either not notified or notified within a short time of death was commented on in my report for last year in which I drew attention to Circular 549 of the Ministry of Health which states as follows :—

“The Ministry desires to take this opportunity of impressing upon Local Authorities the responsibility which attaches to them for seeing that the requirements of the Regulations are fully observed in their Districts, and I am to state that where (as in the case of a death certified as due to tuberculosis of a person who had not previously been notified under the Regulations) there is *prima facie* evidence of neglect to notify on the part of the medical attendant, immediate steps should be taken by the Local Authority to obtain an explanation from the medical attendant as to the circumstances under which formal notification under the Regulations was not made. If the explanation is not satisfactory, it should be borne in mind that the Local Authority have power to institute proceedings for the recovery of a penalty under Section 1 (3) of the Public Health Act, 1896, in cases of wilful neglect or refusal to carry out the Regulations : and it appears to the Minister that it may even be desirable to proceed to a prosecution in one or two cases of the kind where the circumstances warrant such action in order to secure the objects of the Regulations.”

I would again stress the importance of immediate notification of all cases of tuberculosis whether pulmonary or non-pulmonary. It would appear from various medical journals that Derbyshire is by no means the only county where there is an apparent laxity in notification, in fact we seem to be better in this respect than many others. Nevertheless, it is up to us to do our utmost to see that notification is carried out promptly. I spoke of the apparent laxity advisedly ; the number of cases either not notified or notified late, appears at first sight to be a very large one, but many of the cases notified within a short period of death, could not have been notified at an earlier date. Some of them had not attended a doctor until late in the disease, some had died of acute forms of the disease and some had experienced no symptoms of tuberculosis nor any other symptoms prompting them to go to a doctor. Nevertheless, whilst there are genuine excuses in many cases, it is not so in many others.

### VENEREAL DISEASES.

Details of the arrangements for the treatment of Derbyshire patients suffering from these diseases were given in the Survey Report for 1925 (page 105).



The Tables which follow show the extent to which the scheme is utilised.

The number of new cases attending the Venereal Diseases Centres during the year 1927, and the diseases for which they required treatment are as follows :—

TABLE XXIX.

<i>Disease.</i>	<i>Burton.</i>	<i>Chester- field.</i>	<i>Derby.</i>	<i>Notting- ham.</i>	<i>Stock- port.</i>	<i>Total.</i>
Syphilis	6	76	35	19	1	<b>137</b>
Gonorrhœa	9	147	119	60	5	<b>340</b>
Soft Chancre	—	4	5	—	—	<b>9</b>
<b>Total</b>	<b>15</b>	<b>227</b>	<b>159</b>	<b>79</b>	<b>6</b>	<b>486</b>

The details of the cost of the scheme are as follows :—

TABLE XXX.

<i>Treatment—</i>	£
Out-Patients ... ..	2758
In-Patients ... ..	303
Salvarsan Substitutes, Drugs, etc. ... ..	300
Travelling Expenses—Doctor ... ..	35
"    "    Patients ... ..	68
Printing, Postages, etc. ... ..	20
<i>Other Services—</i>	
Pathological Examinations ... ..	547
Gross cost ... ..	4031
Receipts for Pathological work done for other Authorities ... ..	265
Nett cost ... ..	£3766

The cost per attendance, including both in-patients and out-patients, at Chesterfield, Derby and Nottingham worked out as follows :—

	s.	d.
Chesterfield ... ..	2	5
Derby ... ..	3	8
Nottingham ... ..	2	4

The General Practitioners submitted 1,423 specimens, details of which are as follows :—

TABLE XXXI.

	<i>Spirochaetes.</i>		<i>Wassermanns</i>		<i>Gonococci.</i>	
	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
Derbyshire } Derby Borough }... Burton-on-Trent }	—	3	229	1009	47	135

During 1927 the number of specimens submitted by the General Practitioners was 1,423, whilst in 1926, 1925, 1924 and 1923, the numbers of specimens submitted were respectively 1,480, 1,174, 1,013 and 932.

Fourteen medical practitioners possessing the necessary qualification and experience, received free supplies of salvarsan and salvarsan substitutes for use within the County. These drugs are kept at the Central Office and issued as required. During the year 1927 a total of 119 doses were supplied as follows :—

<i>Dose.</i>	<i>Novarsenobillon.</i>
0·3	25
0·45	29
0·6	49
0·75	10
0·9	6
	—
	119
	—

### WELFARE OF THE BLIND.

Towards the end of 1927 the Derbyshire Association for the Blind gave notice that they were unable to continue to carry out the duties delegated to them by the County Council after the end of the year. The Association had been carrying out, amongst other duties, those of distribution of relief and the keeping of the register of blind persons, but in view of the requirements of the Ministry of Health which would involve much more work, they felt that they had neither the staff nor the means to carry out all that was required of them.

The Blind Persons Act of 1920 recognised that blind persons have a special claim on the community, and made it a duty of the Council of every County and every County Borough, whether in combination with any other Council or otherwise, to make arrangements to the satisfaction of the Minister of Health for promoting the welfare of blind persons ordinarily resident within their area. The Act also provides that a blind person who has attained the age of 50 shall be entitled to receive such pension as under the Old Age Pensions Acts, 1908 to 1919, he would be entitled to receive had he attained to age of 70 (since reduced to the age of 65).



It is clear, therefore, that the method adopted under the Old Age Pensions Acts for providing relief to blind persons over the age of 50 has the assent of Parliament: it has also the approval of those members of the general public who interest themselves in the welfare of the blind, and I understand it is regarded by the blind as an acceptable form of relief. In these circumstances it appears to me that this means of distributing relief to the blind should have been extended so as to include all unemployable blind persons, whether above or below 50 years of age, and the same system of distribution could have been adopted to augment the wages of the employed blind where necessary. I am unable to see any reason why an arbitrary age of 50 years should be taken and relief given to those above 50 in one form, whilst those below this age receive it in an entirely different manner and through entirely different authorities.

I take it that the Old Age Pensions and Blind Persons Acts received the assent of Parliament because public opinion had decided that a person afflicted with 65 years of age, or 50 years of age together with the more serious affliction of blindness, should have relief from some source other than the Poor Law. I submit that blindness within the meaning of the Blind Persons Act, 1920, is a more serious handicap at any age, generally speaking, than is age *per se* after 65 years of normal life. That being so, the necessary machinery being already set up, and the principle of disbursement of relief to the blind of 50 years of age and over through the Old Age Pension scheme having been found successful, it would seem consistent to provide relief to the adult unemployable blind in the same manner, viz., through the Post Office authorities.

The Chancellor of the Exchequer has stated that it is his wish to relieve rates at the expense of taxes where possible. Here, then, is an opportunity, but there is still another reason why relief should be a national charge rather than a local charge, and this is that relief given in this way would be uniform throughout the country and its amount would not depend upon the area in which the blind person happened to live. At the present time allowances in the various areas differ markedly.

The expenditure incurred by Local Authorities in connection with schemes for promoting the welfare of the blind has been steadily growing. For the financial year 1926-27 it reached £173,828, while for the same period grants in aid from the Ministry of Health amounted to £112,510. The bulk of this money was spent on workshops, home workers, home teaching and books.

I therefore consider that the distribution of relief to the blind should be in the form of a State pension in every way comparable with the Old Age pension, except that in the case of blind persons 10/- per week should not be considered the maximum, and I suggest that the maximum should be at least £1.

On the other hand, prevention and treatment of blindness, ascertainment of blind persons, the keeping of the register of the blind, and training of blind persons are all services properly placed as a duty on County Councils and County Borough Councils.



However, as I have already stated, the Blind Persons Act, 1920, makes it an essential part of the duty of a Local Authority to secure that reasonable provision is made for the unemployable blind, and at the time of writing this Report the Blind Persons Act Committee are formulating a scheme of assistance for such persons.

The register of the Blind is now being kept by the County Council and contains 638 names. A considerable proportion of these are unemployable. The County Council provide for the under-mentioned classes of blind persons, as hereinafter set out :—

SCHEME UNDER THE BLIND PERSONS ACT, 1920, FOR THE ADMINISTRATIVE COUNTY OF DERBY, AS ADOPTED BY THE COUNTY COUNCIL ON OCTOBER 5TH, 1921.

**1. Children under School Age.**—Provision for cases, not already suitably provided for, by admission to the Babies' Home, Chorley Wood, or a similar Institution.

**2. Education and Training of Children between 5 and 15 years of age.**—Provision made by the Education Committee.

**3. Education and Training of Adults.**—Provision made by the Education Committee.

**4. Employment.**—Provide employment at standard rates of wages for suitable cases at the Royal Midland Institution for the Blind or a similar Institution, and to augment the wages of Blind Persons so employed where necessary.

**5. Home Workers.**—Provide home employment for suitable cases where admission to a workshop cannot be obtained, and for this purpose to assist the Home Workers scheme in connection with the Midland Institution for the Blind or a similar Institution.

**6. Home Teaching.**—In conjunction with the Derbyshire Association for the Blind and the Royal Midland Institution for the Blind, to assist in the provision of one or more Home Teachers whose duties shall be to visit, read to, and give such instruction as may be desirable to Blind Persons in their own homes, and also assist in keeping and maintaining a Register of the Blind.

**7. Homes.**—To consider when circumstances permit, the provision of Homes for the care of Adult Blind Persons who are in need of such provision.

**8. Unemployable Blind.**—Details not yet fully worked out.

**9. Registration.**—To maintain a Register of Blind Persons in the Administrative County.



**10. Hostel Accommodation.**—In conjunction with the Royal Midland Institution for the Blind, to provide and maintain Hostel Accommodation for those being trained or employed in workshops who require such provision.

During the year 1 blind baby was sent to the Sunshine Home, Leamington. The Maternity and Child Welfare Committee are undertaking financial responsibility for this case.

Details as to blind children of school age are tabulated in Table III. of the Board of Education, given under Section II. of the School Medical Section of this Report, and as pointed out in that Section, out of 38 totally blind children, only 8 are unprovided for in schools, generally on account of parents refusing to consent to their leaving home but undertaking to see that their education is attended to at home.

### MENTAL DEFICIENCY ACTS, 1913 and 1927.

The Mental Deficiency Acts are administered in this County by the Mental Deficiency Act Committee. The number of cases dealt with and the action taken up to the end of 1927 are as shown in the following table :—

TABLE XXXII.

<i>No. of Cases.</i>	<i>Males.</i>	<i>Females</i>	<i>Total.</i>
In Certified Institutions, under " Order " ... ..	33	58	91
Do. under " Per- missive Powers " ... ..	—	7	7
Under Guardianship ... ..	—	2	2
Under Statutory Supervision ...	40	26	66
Transferred from Education Committee during the year...	28	11	39
Other cases " ascertained " ...	357	351	708

### MENTAL DEFICIENCY ACT, 1927.

During the year this Act came into force.

The object of the Act is to remove certain defects in the Mental Deficiency Act of 1913 (hereinafter referred to as " the principal Act ") which experience has brought to light, and also to enlarge the powers, and to some extent the duties, of the Local Authority.



Section I. of the Act substitutes new definitions for those which are contained in Section I. of the principal Act. The new definitions avoid the use of the expression "from birth or from an early age," an expression which has given rise to many difficulties and differences of opinion. Mental defectiveness for the purposes of the Act is now defined as follows :—

"Mental Defectiveness" means a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by diseases or injury :

and this definition must be read into paragraphs (a), (b), (c) and (d) of Section I. (1) of the principal Act, which reads as follows :—

"(a) Idiots ; that is to say, persons so deeply defective in mind from birth or from an early age as to be unable to guard themselves against common physical dangers ;

(b) Imbeciles ; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to idiocy, yet so pronounced that they are incapable of managing themselves or their affairs, or, in the case of children, of being taught to do so ;

(c) Feeble-minded persons ; that is to say, persons in whose case there exists from birth or from an early age mental defectiveness not amounting to imbecility, yet so pronounced that they require care, supervision, and control for their own protection or for the protection of others, or, in the case of children, that they by reason of such defectiveness appear to be permanently incapable of receiving proper benefit from the instruction in ordinary schools ;

(d) Moral imbeciles ; that is to say, persons who from an early age display some permanent mental defect coupled with strong vicious or criminal propensities on which punishment has had little or no deterrent effect."

Cases of mental defect of any age may be dealt with under the Act if there is evidence to show that the defect existed before the age of eighteen.

Attention is specially drawn to the fact that the new definition expressly provides that "mental defectiveness" within the meaning of the Act may be due not only to inherent causes ; it may have been induced by disease or injury. Cases of mental defect arising from encephalitis lethargica, epilepsy, or other diseases are thus clearly brought within the Act. In the present state of our knowledge, institutions for defectives offer the most appropriate places so far provided for the care and training of certain post-encephalitic cases. In some areas the need for providing for such cases is urgent.



In connection with the definitions the Board of Control desire to emphasize the fact that mental defect, within the meaning of the Act, may exist in persons of some—or even considerable—intellectual capacity. The criterion, except in the case of feeble-minded children, is whether the individual is so mentally defective that he requires care, supervision and control.

A slight enlargement of the class of persons who are subject to be dealt with is made by including any patient with respect to whom a representation has been made to the Local Authority by his parent or guardian that he is in need of care or training which cannot be provided in his home. Prior to the new Act the Local Authority could only deal with such a case if it was “neglected, abandoned, or without visible means of support, or cruelly treated.”

The other amendments which are made by this Section provide for notification by Education Authorities of defective children who are in need of any one of the three methods of help provided by the principal Act, namely, supervision or guardianship or institutional treatment.

Experience has shown the vital importance for providing training or occupation for defectives, but some doubt has existed as to the power to provide training or occupation for defectives under supervision. Section 7 removes this doubt, and amends Section 30 of the principal Act so as to impose on Local Authorities the duty of providing suitable training or occupation for defectives whether under supervision or guardianship or in certified institutions. In some instances defectives, who would otherwise need institutional treatment may properly be dealt with by way of supervision or guardianship if suitable training or occupation is provided for them. In order to meet cases where there may be adequate reasons for not providing training or occupation for defectives under supervision, a proviso is included in the Act under which Local Authorities are relieved from the obligation if they satisfy the Board that the reasons are adequate.

Section 9 amends Section 44 of the principal Act, which relates to the determination of residence. The operation of that Section has occasioned some injustice in certain areas where public or charitable institutions have been established and cases of mental defect occurring therein have become chargeable on the local authority of the area, irrespective of the patient's original place of residence. Section 9 of the new Act is designed to remove this difficulty by providing that where an Order under the Mental Deficiency Act is made in respect of a person in an institution, his place of residence for the purpose of Section 44 shall be deemed to be the place which was his place of residence immediately before he was received into the institution.

Section 10 specifically provides that a Local Authority may receive into its own certified institution defectives from any other Local Authority. It also enables an Authority, which is both the



Local Education Authority and the Mental Deficiency Authority, to provide an institution to be used both for a certified institution under the Mental Deficiency Act and for a certified school under the Education Act, 1921.

**Ascertainment and Supervision.**—The supervision in this County is undertaken by the Health Visiting staff. I think this is a proper arrangement. The qualifications now necessary for a Health Visitor are very high and require from four to five years training to acquire. It cannot be said, therefore, that such officials are not experienced and trained officers, and I am strongly of opinion that they are eminently capable of carrying out the proper supervision of mental defectives.

For over a year a more comprehensive form of supervision has been set in operation, but understanding that the work done under the Education Committee's powers with reference to mental defectives must be followed up into adult life, unless there is to be a break in the supervision at the age of 16, a break which results in an almost complete waste of the work done by the Education Committee, it has been established a prior claim on the services available that the rising generation of mental defectives shall have adequate supervision from the first moment they come to my knowledge. Therefore, the supervision under Section 30 (b) of the 1913 Act is increasing by virtue of a definite policy of co-operation between Education and Mental Deficiency Act Committees. All cases notified to the Mental Deficiency Act Committee by the Education Committee are now placed under statutory supervision at once, and all cases however ascertained, requiring supervision, will have it.

Progress in the work of the Mental Deficiency Act Committee has been considerable as is shewn by the fact that whereas at the end of 1926 the number under statutory supervision was 36, on December 31st, 1927, it was 66—an increase of nearly one hundred per cent.

The policy of close co-operation between the Education Committee and the Mental Deficiency Act Committee enables an uneducable defective, that is an idiot or an imbecile, to be dealt with by the Mental Deficiency Act Committee by means of institutional accommodation or statutory supervision; transfer from the Education Committee being a simple procedure.

**Guardianship.**—We have two cases under Guardianship. The procedure of Guardianship under the Mental Deficiency Act is, in my opinion, a cumbersome and expensive method of dealing with a mentally defective person, by reason of the numerous and various officers required to pay periodic visits.



**Institutional Accommodation.**—The Council's scheme for dealing with Mental defectives is rapidly becoming more proficient and the work is increasing enormously. At least twice the amount of work is being done now compared with a year ago. Ascertainment of defectives has proceeded with great rapidity. There is, however, an outstanding difficulty in finding vacancies at Institutions for cases ascertained to be defective.

The Council have no Institution of their own apart from a small certified block at Glossop Poor Law Institution. The Board of Control have been pressing Local Authorities throughout the country to provide accommodation, suggesting that such accommodation would be adequate only if it provided one bed per 1,000 population. In this county the Board estimate that we should require 580 beds.

I reported to the Mental Deficiency Act Committee on the provision of Institutional accommodation in November, 1925. At that time it was not permissible to provide an Institution to be used both for a Certified Institution under the Mental Deficiency Act and as a Certified Special School under the Education Act, 1921. Section 10 of the Act of 1927, however, specifically enables an Institution now to be used for the combined purposes.

The Board of Control are particularly anxious that any Institution to be provided for the accommodation of Mental Defectives should be in the form of a small colony of villas. The villas should be two-storey buildings for the accommodation of 40 to 50 patients with separate villas for each sex. Adults should be accommodated in two-storey buildings arranged as self-contained flats, each floor accommodating 30 patients. Low grade cases should be housed in a single-storey building, such building accommodating about 20 patients. As the scheme develops it would become necessary to erect a sick ward, dispensary, surgery, dental room, small isolation block, central hall for religious services, entertainments, &c., workshops, laundry and possibly a small canteen.

Although it is not required that these ancillary buildings should be erected at once, or that the whole 580 beds should be provided at the commencement, the Board state their willingness to give favourable consideration to smaller schemes provided :—

- (1) That the site chosen was large enough to admit of future development up to 500 or over ; and
- (2) That the Local Authority agree to the principle involved, and will give the Board an assurance that an early opportunity of completing the scheme will be sought.

There is no doubt that there is an urgent need for accommodation, which I believe is fully realised, but an undertaking to provide Institutional accommodation for so large a number of cases cannot be hastily given in view of the acute financial stringency.

The Mental Deficiency Act Committee in order to meet the present urgent requirements were anxious to take over a large house which had been used as a boarding school and which would have accommodated over 50 cases but the Board would not approve of this action. The problem of providing institutional accommodation therefore is still unsolved, but is receiving serious consideration. It is not backwardness of opinion on the part of this authority that has prevented the building of the necessary Institution.



The first part of the book is devoted to a general  
introduction of the subject and to a description of the  
materials used in the experiments.

The second part of the book is devoted to a description of the  
experimental apparatus and to a description of the  
experimental results.

The third part of the book is devoted to a description of the  
theoretical results and to a description of the  
theoretical results.

The fourth part of the book is devoted to a description of the  
conclusions and to a description of the  
conclusions.

The fifth part of the book is devoted to a description of the  
conclusions and to a description of the  
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The sixth part of the book is devoted to a description of the  
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The eleventh part of the book is devoted to a description of the  
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The twelfth part of the book is devoted to a description of the  
conclusions and to a description of the  
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The thirteenth part of the book is devoted to a description of the  
conclusions and to a description of the  
conclusions.

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DERBYSHIRE EDUCATION COMMITTEE.

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# REPORT

OF THE

School Medical Officer

ON THE

Medical Inspection of School Children

FOR THE

Year ended 31st December, 1927.

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W. M. ASH, M.B., B.S., F.R.C.S., D.P.H.

School Medical Officer.



# SCHOOL MEDICAL STAFF.

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## COUNTY SCHOOL MEDICAL OFFICER—

W. M. ASH, M.B., B.S., F.R.C.S., D.P.H.

## CHIEF ASSISTANT SCHOOL MEDICAL OFFICER—

I. C. MACKAY, M.B., Ch.B., D.P.H.

## ASSISTANT SCHOOL MEDICAL OFFICERS—

T. R. AYNLEY, M.B., B.S., D.O.M.S.

H. S. BRYAN, M.R.C.S., L.R.C.P.

F. J. BURKE, M.B., B.Ch.

J. E. HAINE, M.B., Ch.B., D.P.H.

WILHELMINA W. HENDRY, M.B., Ch.B., D.P.H.

Also 12 Part-time School Medical Officers.

## OPHTHALMIC SURGEON—

T. E. A. CARR, M.B., B.S.

## EAR, NOSE AND THROAT SURGEON—

MARGARET S. PURCE, M.B., B.Ch., F.R.C.S.

## SENIOR DENTAL OFFICER—

H. P. SUTCLIFFE, L.D.S., R.C.S.

## DENTAL OFFICERS—

MARY CROSS, L.D.S.

JOSEPHINE DOLAN.

DOROTHY A. LITTLAR, L.D.S.

MEREDITH LEWIS, L.D.S.

AMELIA TOBIAS, L.D.S.

Also 53 School Nurses, 3 Dental Attendants and 3 Dental Clerks.

## ORTHOPÆDIC NURSE—

Miss M. E. GARRATT.

## SECTION I.

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### NUMBER OF SCHOOLS AND ENROLMENTS.

The Administrative County of Derbyshire comprises 40 Sanitary Districts. Of these 36 are in the County Elementary Education area, 21 being Urban Districts and 15 Rural Districts. The number of Schools in the County and Enrolments are as follows :—

			<i>Schools.</i>	<i>Enrolments.</i>
Urban Districts	...	...	96	30,496
Rural Districts	...	...	278	47,817
			<hr/> 374	<hr/> 78,313

*New Schools.* One new permanent elementary School has been completed during the year, namely Staveley Middlecroft, accommodating 680 pupils.

### CO-ORDINATION.

As in recent years, the closest co-operation exists between the School Medical Service and other services under the supervision of the County Medical Officer. The full-time assistant School Medical Officers undertake both School Medical and Maternity and Child Welfare work. The Maternity and Child Welfare Service of an area should be under the care of the School Medical Inspector for the same area, for in this way continuity of medical supervision from birth till leaving school is obtained. However, it is not possible at present to arrange for this continuity of medical supervision throughout the whole County Maternity and Child Welfare area. The School Nurses are also Health Visitors and are in close contact with both Services.

### THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

#### **School Hygiene.**

After each Medical Inspection the Assistant School Medical Officers make a survey of the school premises and report on any defects found. During the year 312 departments have been inspected, details of which are given below in Table A.



TABLE A.

	Good.	Insufficient.	Defective and needs attention.
Cleanliness ... ..	291	1	6
Heating ... ..	273	18	5
Lighting ... ..	245	47	3
Ventilation ... ..	259	33	4
Water Supply ... ..	275	14	9
Washing Arrangements ... ..	265	36	—
Cloak Room Arrangements ... ..	261	33	2
Sanitary Arrangements ... ..	252	12	33
Playground ... ..	220	1	76

The School Architect reports the following work done during the year at existing School buildings. The work done as a result of reports by medical inspectors is included in this Table.

<i>Type of Work.</i>	<i>No. of Schools.</i>
Improvements to heating apparatus.	8
Heating improved by stoves or fireplaces.	17
Conveniences converted.	2
Drainage improved.	3
Ventilation improved.	3
Electric light has been supplied.	14
New floors put in.	12
Supplied with Cookery Centre.	1
Supplied with Manual Rooms.	7
General repairs.	220

**Medical Inspection.** The scheme for Medical Inspection remains unaltered from that of 1925, a detailed account of which was given in the report for that year.

(a) *The Age Groups* examined during the year (see Table 1 at the end of this Report) were :—

- Routine {
- I. Entrants—or children commencing school.
  - II. Children between the ages of 8 and 9 years.
  - III. Leavers—children between the ages of 12 and 14 years.
  - IV. Specials.
  - V. Re-examinations.

(b) *Extent to which the Board's Schedule of Medical Inspection has been followed.* During 1927 a revised system of reporting the results of Medical Inspections at individual schools was brought into use and has proved much more satisfactory than that formerly used. There is a decrease in the number of Routine Inspections owing to the fact that for five months one area was without a School Medical Officer through the death of Dr. Gunning in July. It is satisfactory to note, however, that much more work is being done



in connection with children found to be suffering from defects. This is shown by the markedly increased number of re-inspections carried out as indicated in the following comparative Table. It is of the utmost importance that a defective child should be closely followed up with the object of seeing that the defect receives the appropriate treatment.

	Entrants	Inter-mediates	Leavers	Specials	Re-exam.	Total.
1925	9,910	7,447	6,931	2,900	914	28,102
1926	10,167	7,800	9,081	2,342	1,445	30,935
1927	9,400	6,673	7,554	2,140	4,184	29,951

## FINDINGS OF MEDICAL INSPECTIONS AND MEDICAL TREATMENT.

Appended to this Report will be found the Tables prescribed by the Board of Education showing defects found at medical inspections during 1927 (Table II $\Delta$ ), number of children found to require treatment (Table II $\beta$ ), whilst Group IV. of Table IV. shows the dental defects found and Group V. of Table IV. relates to uncleanness and verminous conditions.

(a) *Uncleanliness.* During the year 157,433 inspections and re-inspections for this condition were made. Of this number 67,602 were boys and 89,831 were girls. 1,524, or 2.20%, boys, and 11,127, or 12.30%, girls were found to be verminous. The number of *individual* children found to be verminous was 2,539, but this figure does not include children who were found to have one or two nits on one occasion only. Three children were cleansed under the arrangements made by the Local Education Authority, but in no case were legal proceedings necessary. The above figures show a considerable improvement in the condition compared with last year, when 2.87% of the boys and 15.26% of the girls were found to be verminous.

It is satisfactory to find that there is a tendency for uncleanness to become more and more uncommon. Most of the work in combating uncleanness and verminous conditions in school children has, in the past, been considered the duty of the School Medical Service, particularly of the School Nurses, and I claim that the Service has done the major portion of the work in remedying the conditions, but I do not consider that it is work which primarily concerns the School Medical department. The prevention of uncleanness and verminous conditions is intimately bound up with the education of the children, and this being so it is for the teachers primarily to impress upon the children the need for cleanliness. They are in daily contact with them, and so are in a far better position to see that they keep clean than are the School



Nurses, who cannot always be on the spot. The prevalence of verminous conditions in school children depends upon two factors, viz:—the school environment and the home environment. The effect of school environment can be demonstrated very easily. From my own experience, and I know it is not my experience only, the cleanliness of the children of a school varies in direct proportion to the amount of interest the teacher takes in hygiene. Home environment depends very largely upon the outlook of the mother on the subject of hygiene, but I would remind my readers that the outlook of the mothers of the present generation also largely depends upon the stress which was laid on the subject of hygiene in their school days.

In the past hygiene did not have its proper place in the school curriculum. At present it is coming slowly into its own, particularly slowly in some cases, but there is, I am pleased to say, an ever-growing number of teachers who realise that the subject of hygiene returns more for time spent on it than any other subject in the school curriculum, both in health and happiness and in the mental capabilities of the children. I commend to all those who have to do with the education of children the Handbook of Suggestions on Health Education, recently issued by the Board of Education, which is being circulated by the Education Committee to the schools.

(b) *Minor Ailments.* Detailed returns of the incidence of defects found are set out under their respective headings in Table II. Good work continues to be carried out at the various clinics in the County. Table IV, Group I, shows a total of 5,433 minor ailments treated. Of these 4,597 were treated under the Authority's scheme and 836 otherwise; an increase of 323 over minor ailments treated in 1926.

The following clinics are provided for the treatment of Minor Ailments:—

<i>Minor Ailments Clinic.</i>			<i>Attended by M.O. &amp; Nurse.</i>	<i>Attended by Nurse only.</i>
Alfreton	...	...	1st & 3rd Tuesdays (a.m.)	—
Belper	...	...	Thursdays (a.m.)	Daily
Long Eaton	...	...	Fridays (a.m.)	Daily.
Ripley	...	...	—	Tuesdays (p.m.)
Shirebrook	...	...	Wednesdays (p.m.)	Daily.
Swadlincote	...	...	—	Mondays (p.m.)

It is proposed to open a Minor Ailments Clinic at Dronfield in the near future.

(c) *Tonsils and Adenoids.* The number of children found at routine examinations to require treatment for these conditions was



3,031, while 2,170 were found to require observation. Of the number requiring treatment, 1,346 were treated under the County scheme.

School Clinics for the examination and treatment of diseases of the Ear, Nose and Throat are established at the following centres :—

<i>Clinic.</i>	<i>Days Open.</i>	<i>Operation.</i>	<i>Examination.</i>
Alfreton	As required	—	Examination only
Ashbourne	do.	Operation	and Examination
Belper	do.	—	Examination only
Clay Cross	do.	—	Examination only
Clown	do.	—	Examination only
Chesterfield	Tuesdays, except 1st in month	Operation	and Examination
Chinley	1st Tuesday	Operation	and Examination
Derby	Every Wednesday	Operation	and Examination
Long Eaton	As required	—	Examination only
Matlock	do.	—	Examination only
Ripley	do.	—	Examination only
Shirebrook	do.	Operation	and Examination
Swadlincote	do.	—	Examination only

(d) *Tuberculosis.* There is close co-operation between the School Medical and Tuberculosis Departments in relation to cases, or suspected cases, of tuberculosis in school children, the latter department arranging treatment where necessary. During the year the following cases were returned by the School Medical Inspectors as suffering from tuberculosis :—

#### PULMONARY.

Definite	...	...	...	...	45	Last year	49
Suspected	...	...	...	...	123	„	57

#### NON-PULMONARY

Glands	...	...	...	...	73	„	30
Spine	...	...	...	...	7	„	—
Hip	...	...	...	...	9	„	12
Other Bones and Joints	...	...	...	...	9	„	10
Skin	...	...	...	...	5	„	3
Other forms	...	...	...	...	5	„	2

#### (e) *Skin Diseases.*

*Ringworm of the Body.* This condition is usually easy to cure and necessitates only a short absence from school. 100 children were found to be affected with this condition, of whom 97 were treated at the school clinics and 3 received treatment elsewhere.



*Ringworm of the Scalp.* This condition is much more intractable to ordinary medicaments. Fortunately X-Rays bring about a comparatively rapid cure, but even so Ringworm of the Scalp necessitates a considerably longer period of exclusion from school than does ringworm of the body.

During the year, 256 children were found to be suffering from this disease, 246 being treated under the Authority's scheme and 10 otherwise. Dr. Burke reports on the work done at the X-Ray Clinic at Chesterfield as follows :—

Total number of attendances	...	...	83
Number of Ringworm cases treated by X-Rays			55
" " " satisfactory results			51
" " " treatments not completed			4
" other cases treated	...	...	1
" consultations and treatments other than X-Rays	...	...	17

*Scabies.* There has been a marked reduction in the number of cases, 28 cases only having occurred during the year as compared with 59 in 1926.

*Impetigo.* This still continues to be the most prominent of minor ailments affecting the school child. May I again repeat my remarks in the report of 1926, i.e., that this condition accounts for many exclusions from school which would be quite unnecessary if the children so affected were advised to seek treatment at once. In many cases it is secondary to dirty and verminous conditions and is, therefore, preventable. 931 cases were reported, 916 being treated at the clinics and 15 otherwise, as compared with 987 cases in 1926, of which 979 were treated at the clinics.

*Other Skin Diseases.* A total of 255 cases was reported, 240 being treated under the Authority's scheme and 15 otherwise. This shows a considerable improvement from last year.

(f) *External Eye Disease.* Under this heading are included Blepharitis, Conjunctivitis, Keratitis and Corneal Opacities. During the course of Medical Inspections 266 cases were discovered. Of these 133 were referred for treatment. Of the total number of cases 148 were found to be suffering from Blepharitis which in many cases was of long standing when first discovered, having commenced in pre-school life. Simple cases are treated at the Minor Ailment Clinics, the more serious cases being referred to the Ophthalmic Surgeon.

(g) *Vision.* 1,899 children were discovered to be suffering from defective vision, of which number, 1,316 required treatment. Further details of defects of vision are set out in the report of the Ophthalmic Surgeon on pages 29 and 30.



The death of Dr. Gunning who was responsible for the Ophthalmic work in the thickly populated North Eastern part of the County resulted in an unavoidable diminution of the number of cases of defective vision treated in that part of the area during the year.

(h) *Ear Diseases.* At the routine and special examinations, 190 children were found to be suffering from discharging ears, 254 from defective hearing, and 96 from other ear diseases.

(i) *Dental Defects.* 2,587 children were found by the Assistant School Medical Officers to have four or more carious teeth requiring treatment, whilst 1,183 children required observation. Of the 24,475 children inspected by the dental staff, 20,658 (84.4%) required treatment. 7,165 were actually treated and 2,601 re-treated.

During the year it was found necessary to appoint three additional School Dentists to take the place of the four Dental Dressers who were no longer allowed to continue the major portion of the work they had been doing, in view of the provisions of the Dentists Act, and the ruling of the Ministry of Health that from 1st January, 1926, the employment of Dental Dressers to carry out the work they were doing in Derbyshire could no longer be continued. The new Dentists took up duty about the middle of the year. The dental staff now consists of 6 School Dentists, 3 Dental attendants, and 3 Dental clerks.

With the alteration of staff a certain amount of reorganisation has been necessary. All Clinics now possess a standard equipment. Materials, drugs, etc., are issued from a central store, thereby offering a more efficient service for supplying clinics.

Certain modifications were also made in the manner in which results of the work done were reported monthly to the Education Committee so as to show the number of children made dentally fit during each month. This, in my opinion, is an important figure. Under ordinary circumstances a child made dentally fit should, if properly instructed on the subject of dental hygiene, remain dentally fit for at least one year.

Mr. Sutcliffe, the senior School Dentist, reports as follows :—

I should like to urge the necessity for dental treatment of children under school age. Judging from the condition of the teeth of "specials" referred from Infant Welfare Centres, I think that a great amount of regular preventive work should be carried out on children of pre-school age, thus enabling them to commence their school life dentally sound. The percentage of carious teeth in the Infants Schools is *very high*, and many of these young children are obliged for health reasons to have their temporary teeth extracted years ahead of the normal time for shedding, thereby paving the way for, and more often than not producing, irregularities in the permanent dentition.



It is desirable that every child's mouth should be examined at least once a year. This would considerably increase the conservative work and reduce the number of extractions, but it is obvious that with the present number of Dental Officers this is impossible.

Comparison of the figures for this year with those for 1926 shows a considerable increase in the work done. This of course is due to the appointment of three additional dentists during the latter half of the year. Consequent on the decision of the Board of Education as to the employment of Dental Dressers, there was a period during which the dental staff was seriously depleted. The result is that there is now much back work to catch up, and this cannot be achieved for some time to come, although it will be seen that an effort in this direction was made during the year.

The number of children inspected by the Dentists was 24,475 compared with 17,448 for 1926. Of the 24,475, no less than 20,658 were found to require treatment, and of these 7,165 were treated by the dental staff as compared with 6,192 in 1926. The number of children treated, therefore, was in excess of the 1926 number by nearly a thousand, but this figure does not show the actual increase in the amount of work done. To see this it is necessary to compare the attendances made by children for treatment. In 1927 the figure was 11,561, an increase of over 2,600 on the figure for 1926. The more frequent attendance of the individual children was necessitated by the increased amount of conservative work done. In 1926 there were over 18,000 extractions from some 6,000 children; in 1927 there were only 16,500 extractions from over 7,000 children treated. On the other hand, during 1927 over 18,000 fillings and other operations were carried out, compared with just over 10,000 such conservative operations in 1926.

The above comparisons show that there has been a very substantial increase, both actual and relative, of conservative dentistry, and a marked decrease in the number of extractions carried out during 1927. Granting that the efficiency of a School Dental Service can be judged to a great extent by the preponderance of conservative work over extractions done by it, I think there is every reason to be satisfied with the work of the dental service during the latter half of 1927.

It is gratifying to note the greatly increased interest in oral cleanliness and the increasing demand by parents for dental treatment for their children.

### **CRIPPLING DEFECTS.**

A census of all cripples of school age throughout the County has been completed and is kept up-to-date by information received from School Medical Officers, Tuberculosis Officers, Health Visitors, School Attendance Officers, etc. Every case, before being added to the



list at the central office, is reported upon by the School Medical Officer for the area, or, if suffering from a crippling defect due to tubercular origin, by the Tuberculosis Officer.

The Orthopædic Scheme is, I am pleased to say, developing rapidly. The approval of the Board of Education has been received to the erection of a 50-bed block for the accommodation of non-tubercular cripples at Bretby. The Maternity and Child Welfare Committee have approved a scheme and will work in co-operation with the School Medical Service. In many cases it is essential that crippling defects should be treated before school age, and this co-operation between the two Committees will allow this to be done. Pending the erection of the new block at Bretby, eight non-tubercular cripples are being accommodated there in a special ward. Crippling defects of tubercular origin are already provided for at Bretby, where there is accommodation for 55 such cases.

Coincident with this extension of in-patient accommodation, the Education Committee have approved an extension of the orthopædic clinics. Early in 1928 it is hoped to have orthopædic clinics established at Shirebrook, Chinley and Bakewell, in addition to those mentioned on page 22 of my Annual Report for 1926.

At the end of 1927 a Resident Medical Officer, whose duties include periodical visiting of the various orthopædic clinics in the County, was appointed to Bretby. It was also decided to appoint an additional orthopædic nurse, and it is hoped that this officer will be on duty about the middle of 1928. It is satisfactory to see the development of this particular service.

I dealt with the question of the treatment and training of cripples in my report for 1925, and I feel that expenditure in this connection is money well spent. I know of no other branch of the public services, whether medical or otherwise, which gives a better return for money spent.

The necessity for early treatment in cases of poliomyelitis (infantile paralysis), and the type of treatment necessary, was mentioned in my Annual Report as County Medical Officer for 1925 (page 116), and arrangements are now in force whereby the recently appointed Orthopædic Surgeon is available for consultation in all such cases if the notifying practitioner so desires.

The total number of physically defective children in the County and their classification are shown in Table III. The number of children suffering from crippling defects of a purely orthopædic character is given in the following Table :—



TABLE B.

	Boys.		Girls.		Total.	Under Sch. Age.		Total.	Full Total.
	Attending Clinic or County Inst.	Attending other Institutions	Att'g Sch. Clinic or County Inst.	Attending other Institutions		Boys.	Girls.		
<i>Tuberculosis—</i>									
Spine ...	20	13	7	7	47	1	1	2	49
Hip ...	16	17	16	14	63	1	—	1	64
Knee ...	13	7	6	4	30	2	—	2	32
Foot ...	4	4	1	1	10	—	—	—	10
Shoulder ...	1	—	1	—	2	—	—	—	2
Elbow ...	4	—	4	—	8	—	—	—	8
<i>Paralyses—</i>									
Poliomyelitis ...	69	26	65	26	186	16	5	21	207
Spastic ...	30	10	24	4	68	3	1	4	72
Pseudo Hypertrophic ...	10	2	—	—	12	—	—	—	12
<i>Rickets—</i>									
Scoliosis ...	15	12	57	20	104	—	—	—	104
Kyphosis ...	19	2	17	1	39	—	—	—	39
Torticollis ...	3	—	4	—	7	—	1	1	8
Bow legs, Knock-Knees, etc. ...	24	6	20	10	60	35	31	66	126
Congenital Defects	22	19	30	24	95	12	13	25	120
Injuries ...	10	5	4	3	22	1	—	1	23
Others ...	7	7	12	5	31	1	—	1	32

**NUMBER OF CHILDREN IN HOSPITAL DURING THE  
THE YEAR 1927.**

		Non. Pul.	
		Non T.B. Cases.	T.B. Cases.
Children in hospital on			
January 1st, 1927	...	8	34
Admitted during 1927	...	28	29
Discharged during 1927	...	24	34

## INFECTIOUS DISEASES.

The scheme introduced towards the end of 1925 for dealing with infectious diseases in schools, and the system of inter-notification of all cases of such diseases between the Head Teacher, the Local Medical Officer of Health, and the County Medical Officer, continues to prove most satisfactory. The scheme is fully described in the booklet on infectious diseases issued to Head Teachers and Assistant School Medical Officers, and was dealt with fully in my Annual Report for 1925.

In view of the prevalence of smallpox during the year, the following Table showing the vaccinal conditions of children examined at medical inspection is of interest. It will be seen that taking the County as a whole 77% of the children are unvaccinated, and also that the position is uniformly bad throughout the County. It is no wonder that smallpox continues to be prevalent. In looking up my predecessors report for 1914 I see that the percentage of unvaccinated children was then 39.71.



**TABLE C.**  
**VACCINATION.**

Division and District.	Number Examined.	Number Vaccinated	Unvaccinated.	
			Number	Percentage
NORTH-EAST DERBYSHIRE.				
Chesterfield Rural ... ..	4,967	1,096	3,871	77.9
Blackwell Rural ... ..	2,753	573	2,180	79.1
Clowne Rural ... ..	888	262	626	70.4
Norton Rural ... ..	254	133	121	47.6
Bolsover Urban... ..	695	163	532	76.5
Brampton & Walton Urban ...	151	35	116	76.8
Clay Cross Urban ... ..	578	102	476	82.3
Dronfield Urban ... ..	174	36	138	79.3
Alfreton Urban ... ..	1,530	270	1,260	82.3
Heanor Urban ... ..	1,286	368	918	71.3
Ripley Urban ... ..	1,471	292	1,179	80.1
Total ...	14,747	3,330	11,417	77.4
WEST DERBYSHIRE.				
Bakewell Rural ... ..	1,728	403	1,325	76.6
Bakewell Urban ... ..	139	61	78	56.1
Baslow Urban ... ..	64	16	48	75.0
Bonsall Urban ... ..	76	15	61	80.2
Matlocks Urban, The ... ..	754	99	655	86.8
North Darley Urban ... ..	350	27	323	92.2
South Darley Urban ... ..	26	7	19	73.0
Ashbourne Rural ... ..	662	287	375	56.6
Ashbourne Urban ... ..	453	198	255	56.2
Chapel-en-le-Frith-Rural ...	1,176	276	900	76.5
Repton Rural ... ..	697	255	442	63.4
Sudbury Rural ... ..	153	95	58	37.9
Total ...	6,278	1,739	4,539	72.3
SOUTH-EAST DERBYSHIRE.				
Basford Rural ... ..	81	10	71	87.6
Belper Rural ... ..	1,303	262	1,041	79.8
Belper Urban ... ..	949	84	865	91.1
Heage Urban ... ..	287	46	241	83.9
Wirksworth Urban ... ..	234	18	216	92.3
Shardlow Rural ... ..	1,709	414	1,295	75.7
Long Eaton Urban ... ..	1,300	201	1,099	84.5
Alvaston & Boulton Urban ...	287	29	258	89.8
Total ...	6,150	1,064	5,086	82.6
NORTH DERBYSHIRE.				
Hayfield Rural ... ..	309	92	217	70.2
Glossop Rural ... ..	167	37	130	77.8
New Mills Urban ... ..	445	148	297	66.7
Total ...	921	277	644	69.9
SOUTH DERBYSHIRE.				
Hartshorn & Seals Rural ...	695	164	531	76.4
Swadlincote Urban ... ..	1,160	259	901	77.7
Total ...	1,855	423	1,432	77.1
THE WHOLE COUNTY ...	29,951	6,833	23,118	77.1

It will be noticed from the portion of the report dealing with infectious diseases generally, that since 1921 smallpox has been continually with us in the County, and it will be seen that there has been a marked increase in the number of cases notified this year compared with 1926. It is fortunate that the present strain of smallpox is extremely mild, but even this variety of smallpox is markedly infectious, and I should have thought sufficiently repulsive to have created a desire for prevention on the part of parents.

### EXCLUSIONS FROM SCHOOL.

The number of temporary exclusions of individual children during the year is given in the following table :—

TABLE D.

#### CHILDREN TEMPORARILY EXCLUDED FROM SCHOOL ON MEDICAL GROUNDS.

(Excluding Verminous conditions.)

<i>Tuberculous Diseases</i> ...	180	<i>Blood and Heart Diseases.</i>	
<i>Pre-Tuberculous Conditions</i> ...	21	Anæmia ...	61
		Heart Disease ...	17
<i>Skin Diseases.</i>			
Eczema ...	3	<i>Debility.</i> ...	108
Impetigo ...	25		
Ringworm ...	78	<i>Nervous Diseases.</i>	
Scabies ...	15	Asthma ...	7
Other Skin Disease ...	2	Chorea ...	32
<i>Infective Diseases.</i>		Epilepsy ...	4
Chicken Pox ...	155	<i>Other Diseases.</i>	
Diphtheria ...	200	Adenitis ...	2
Influenza ...	20	Appendicitis ...	2
Measles ...	21	Bronchitis ...	112
Mumps ...	11	Glands ...	12
Poliomylitis ...	3	Hyperthyroidism ...	5
Scarlet Fever ...	323	Miscellaneous ...	58
Smallpox ...	81	Rheumatism ...	5
Tonsilitis ...	19		
Whooping Cough ...	4	Tonsil and Adenoid Operations	1046
<i>Eye Diseases.</i>			
Blepharitis ...	8		
Conjunctivitis ...	29		
Corneal Ulcer ...	7		
Defective Vision ...	5		
Keratitis ...	10		
Myopia ...	2		
Squint ...	37		
		<b>Total</b> ...	<b>2730</b>

The number of children permanently excluded from School during the year is shown in Table E. No child is permanently excluded from school until the full particulars of the case have been placed before the Education Committee.



**TABLE E.**  
**PERMANENT EXCLUSIONS.**

						1927
<i>Eye Diseases.</i>						
Defective Vision	...	...	...	...	...	2
<i>Nervous and Mental Diseases.</i>						
Encephalitis Lethargica	...	...	...	...	...	2
Imbecile	...	...	...	...	...	6
Mental Deficiency	...	...	...	...	...	1
<i>Other Diseases.</i>						
Pseudo hypertrophic muscular dystrophy	...	...	...	...	...	1
						<hr/>
						12
						<hr/>

### SCHOOL CLOSURE.

The number of schools closed during the year on account of infectious disease is given in Table F. It will be seen that there is a marked increase in the number closed as compared with that of last year, owing to the prevalence of influenza. 16 schools were closed by the School Medical Officer and 112 by the Local Sanitary Authority, compared with a total of 14 schools closed during 1926. It must not be lost sight of that in exceptional cases only is it necessary to close a school in the interests of public health.

TABLE F.

## SCHOOL CLOSURE.

TABLE XVII.

Year.	No. of Schools or De- part- ments closed.	No. Closed by School Med. Officer.	No. Closed by Sanitary Author- ity.	REASON FOR CLOSURE.							
				In- fluenza.	Measles.	Whoop- ing Cough.	Chicken Pox.	Scarlet Fever.	Diph- theria.	Mumps.	Other Causes.
1916	29	22	7	—	13	4	1	2	5	3	1
1917	15	13	2	—	8	1	2	1	1	1	1
1918	463	153	310	394	25	20	9	5	5	3	2
1919	70	28	42	28	32	1	1	2	4	1	1
1920	60	24	36	1	44	1	—	3	10	—	1
1921	59	19	40	39	2	7	—	4	6	1	—
1922	44	27	17	11	22	5	1	2	—	—	3
1923	42	23	19	2	21	6	1	5	—	2	5
1924	32	14	18	3	17	2	1	2	1	1	5
1925	52	10	42	11	33	6	—	—	1	1	—
1926	14	1	13	—	8	3	—	2	1	—	—
1927	128	16	112	100	14	2	1	1	1	2	7



## FOLLOWING UP.

When treatment is found to be necessary the parents are notified and particulars entered in the School Medical Log Books. In cases where satisfactory action has not been taken by the parents to obtain medical attention to their child after a second notice has been sent, the School Nurse visits the home. During the year 12,281 such visits were made. In cases where these visits had no effect the School managers were communicated with. During the year 172 such communications were sent, and replies received in 133 cases to the effect that 28 of the children had received treatment privately, 16 were induced to seek treatment at the Clinics or elsewhere, 67 persisted in their refusal to submit to treatment, whilst 22 had left school.

## PHYSICAL TRAINING.

The Report of Mr. Hobson, the Organiser of Physical Training, on the work done during 1927, is as follows :—

The year under review has been one of difficulty owing to the long periods of wet weather which restricted considerably physical activities out of doors, especially the organised games on the playing field. There has been, however, a bright side, for the attention of teachers has had to be focussed on other means of providing suitable physical activities for the children, and, as a result, the games in the playground and dancing indoors have been improved, and much more attention has been given to definite postural training. The value of the preparatory playground games has been appreciated by the teachers, the majority of whom now realise that these games are not only useful, but essential factors in the training of children for the more popular games of cricket, football, hockey and net-ball.

The need for careful organisation and the marking out of definite pitches for the playground games has been more fully realised, and owing to limited space, teachers have had to divide classes into small groups and use children as leaders or officials. This is all to the good as these factors of organisation, marking out of playing spaces, and team work are essential to effective work in physical training.

*Physical Exercises.* The more formal part of the lessons has been generally well conducted and the children shew signs of more freedom in the joints and increased suppleness in their movements. Satisfactory progress is also being made in the General Activity Section of the lesson. This section has received more careful thought and preparation whilst the choice of activities and the mobilisation of the teams have improved.

*Playgrounds* Attention is again called to the question of the marking out of playgrounds. Much time is wasted by doing the



marking during the lesson and often it is left undone with the result that the games suffer.

Permanent markings would not only save valuable time but would be an inducement to teachers to organize suitable games. It is recommended that the cost of the paint or other mixture be borne by the Derbyshire Education Committee and that the actual marking should be done by the scholars under the supervision of the staff of the school. The markings, of course, would apply only to those playgrounds of asphalt surface and 4 or 5 lbs. of paint should be ample for the purpose in each playground.

*Organised Games.* The use of playing fields has been very limited during the year, but the standard of play in the more highly organised games taken on the field should be much higher as a result of all the coaching, practices and preparatory games which have been taken in the playgrounds.

By the employment of the team system more children have received practice in acting as officials—referees, groundsmen, umpires, etc., and this training in controlling others, in giving fair judgments and in preparing grounds and apparatus should prove of real value in later life.

More playing fields have been rented by the Derbyshire Education Committee during the year and the following table shows the progress made in the provision of playing fields since 1924.

Year.	Owned by D.E.C.	Rented by D.E.C.	Public Recreation Grounds, etc. loaned free.	No. of Departments using the Fields.
1924	8	43	122	245
1925	12	55	117	254
1926	14	67	118	269
1927	17	82	129	303

*Swimming.* Two additional swimming baths were placed at the disposal of the Derbyshire Education Committee for definite periods each week. These baths were the property of the Butterley Colliery Company whose generosity and public spirit are much appreciated.

673 children—287 of whom learned to swim—made 6,337 visits to these baths.

Definite class instruction was given throughout the season by the teachers and by 8 part-time instructors and 7 instructresses.

The following tables show a record of progress during the past four years.



## ATTENDANCES AT THE BATHS.

Year.	No. of School Depts.	Boys.	Girls.	Totals.
1924	24	5,245	3,180	8,425
1925	45	12,542	11,673	24,215
1926	58	20,698	17,221	27,919
1927	80	30,193	24,235	54,428

## No. of Children taught to swim and Certificates gained.

	1924.		1925.		1926.		1927.	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
No. who learned to swim ...	?	?	?	?	456	453	1020	771
3rd Class Certificates ...	106	46	368	95	456	298	668	412
2nd " " ...	39	14	174	42	214	106	359	183
1st " " ...	26	4	65	17	145	59	225	91
$\frac{1}{4}$ mile or more ...	20	—	12	4	35	22	68	19
R.L.S.S. Elementary ...	—	—	—	—	7	—	24	22
" Proficiency ...	—	—	—	—	7	—	24	19

The Baths Committee of the Belper U.D.C. granted 24 free passes to children for the period 1st July to 30th September, and later offered a similar number of free passes for the whole of the 1928 swimming season. These free passes are awarded to the children who have made the most progress within a given period.

*The County Swimming Championships.* Team Races for boys and girls and 50 yards' races for boys and girls were revived and after eliminating races had been held at the various district galas, representatives of seven districts competed in the Championship Races at the Belper Baths.

Two Shields have been presented for the team races, one by Mr. J. Archer, for boys, and the other by the Derbyshire Elementary School Teachers, for girls. Diplomas were presented to the winning teams and to the winners of the 50 yards' championships.

The quality of the swimming induced two anonymous persons to present individual medals, spoons and a cup to the members of the winning teams and to the winners of the 50 yards' races.

The generosity of these donors and of all those who have presented trophies for local competitions is very much appreciated.

*Teachers' Classes.* Seven grant-earning courses, which were well attended, were held at Chesterfield (2), Glossop (1), Bolsover (1), Creswell (1), Somercotes (1) and Spondon (1).

Other short courses were arranged at Dronfield (dancing), Long Eaton (games) and Swadlincote (games). As a result of the course at Long Eaton a Teachers' Net Ball Club has been formed.



*Holiday Camps.* The Derbyshire Education Committee again assisted boys to attend the holiday camp organised by the Derbyshire Schools Camping Association. 169 boys thus assisted attended the camp for one week during the Summer vacation.

Two camps for girls were organised—one as a holiday camp to which 28 girls were taken and one as a school camp for 20 girls. Both camps were highly successful and provided much useful data for the organising of future camps.

*Voluntary Organisations.* The School Boys' Cricket and Football Associations have continued to do good work and it is pleasing to record the formation of a Girls' Net Ball Association in Belper. Several Net Ball tournaments have been held and it is anticipated that other Net Ball Associations will materialise from these.

A Derbyshire Schools Sports Association has been formed to link up these scattered local associations and to bring them together in County Competitions.

Inter-Schools Sports Meetings have been held by most of the local associations and a pleasing spirit has been in evidence during the competitions.

These associations are doing valuable work and the teachers are to be complimented on their generosity in devoting so much of their spare time to the welfare of the children.

In concluding this report, the Chief Organiser wishes to express his appreciation of the support given by the Education Committee and the Director of Education, of the loyal assistance given by his colleagues and of the goodwill and co-operation of the teachers.

### **PROVISION OF MEALS.**

No meals were provided during 1927.

### **CO-OPERATION OF PARENTS.**

All parents are invited to be present at Medical Inspections and during the year 10,937, or 45% attended. The attendance of parents at Medical Inspection is a matter to be greatly encouraged on account of the valuable aid which it gives to the School Medical Officer by information received, whilst advice can be given direct as to treatment, etc.

### **CO-OPERATION OF TEACHERS.**

This is a most valuable asset to the smooth and efficient working of the School Medical Service. As I pointed out in my report for last year, the School Medical Service owes much to the co-operation



of the Teaching Staff. The various forms of help received from teachers and the other ways and means of co-operation between the Teaching Staff and the School Medical Staff were discussed in the report of 1925 and 1926.

### CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The School Attendance Officers give considerable help in bringing to the notice of the School Medical Officer cases of prolonged absence due to ill-health, and by arranging where possible for cases to be examined by the Assistant School Medical Officer, or visited by the School Nurse.

### CO-OPERATION OF VOLUNTARY BODIES.

As in previous years the National Society for the Prevention of Cruelty to Children has given valuable aid in bringing forward cases for medical inspection and in seeing that treatment is carried out where the home circumstances are unsatisfactory. The following cases were referred to this Society during the year :—

Children reported to be under-nourished ...	...	3
Children neglected and requiring medical treatment ...	... ..	1
Children reported to be under-clothed ...	...	2
Children whose parents refused medical treatment ...	... ..	1

### BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

As was pointed out in the report for 1926, the provision for such cases is most inadequate in regard to Mental Defectives and Epileptics. The present scheme for the treatment of Physically Defective children is being extended and should in a short time ease the situation considerably. Provision is being made for 50 beds at Bretby Hospital. A series of clinics is being established throughout the County where the Surgeon from Bretby Hospital and the Orthopædic Nurse will be in attendance to advise as to treatment and after care.

In regard to the totally blind, out of a total of 38, only 8 are unprovided for in schools, generally on account of the parents refusing to consent to their going from home but undertaking to see that their education is attended to at home.

### SECONDARY SCHOOLS.

Inspection of Secondary School children was carried out as in previous years. The results of medical inspection are set out in Table II.a at the end of this report. It will be seen that the chief defects are Defective Vision and Defective Teeth.

## EMPLOYMENT OF CHILDREN & YOUNG PERSONS.

The following Table gives particulars of the medical inspections under the Employment of Children Bye-laws.

No. of Applications.	No. Disallowed.	No. Allowed.	Delivery of Newspapers.	Delivery of Milk.	Errands.	Light Farm Work.	Domestic Employment.
64	1	63	51	4	2	5	1

## EAR, NOSE & THROAT DISEASES

Dr. Purce, Ear, Nose and Throat Surgeon, reports as follows :—

During the past year the work of the Ear, Nose and Throat Department has been carried out on the same lines as heretofore. 5,534 children have been examined for ear, nose and throat defects, and of these 1,346 have had operations for the removal of tonsils and adenoids.

During the year a special endeavour has been made to ensure that children suffering from Chronic Suppurative Otitis Media and Chronic Catarrhal Otitis Media have adequate treatment. All such cases have been examined by the Aural Surgeon weekly, and wherever possible arrangements have been made for daily clinic treatment by the Health Visitors, who have been specially instructed by the Aural Surgeon. In many cases Health Visitors have attended a child in the home where it has been impossible to get the child to a clinic. The results have been very satisfactory and have repaid the large amount of work entailed.



## EAR, NOSE AND THROAT CLINICS.

## CLASSIFIED LIST OF CASES TREATED.

DEFECT OR DISEASE.	DERBY AND CHINLEY AREA.	CHESTER- FIELD AREA.
I. EAR.		
A. <i>External.</i>		
Furunculosis ... ..	40	20
Foreign Body ... ..	8	15
Impetigo ... ..	30	20
Wax ... ..	300	400
Keratoses Obturans ... ..	50	40
Cysts ... ..	1	1
Absence of lobe ... ..	—	1
B. <i>Middle Ear.</i>		
Ac. Supp. Otitis Media ...	10	20
Chronic ... ..	30	60
Tubercular Otitis ... ..	4	4
* <i>Sequelæ of C.O.M.S.</i>		
Granulations and Polypi ...	6	10
Mastoiditis ... ..	2	3
<i>Middle Ear Catarrh.</i>	30	40
C. <i>Internal Ear.</i>		
Congenital (Deaf & Dumb)	8	4
Acquired Deafness ... ..	2	2
II. NOSE.		
A. <i>External.</i>		
Dermatitis ... ..	10	5
Furunculosis ... ..	3	5
Impetigo ... ..	10	10
B. <i>Nasal Cavities.</i>		
Deviated Septum ... ..	100	150
Enlarged Turbinates ... ..	200	350
Vaso-motor Rhinitis ... ..	20	10
Atrophic Rhinitis ... ..	5	2
Epistaxis ... ..	10	15
Nasal neuroses ... ..	20	10
Nasal Polypi ... ..	4	8
Nasal Diphtheria ... ..	4	5
Foreign Body ... ..	3	4
C. <i>Accessory Nasal Sinuses.</i>		
Ethmoidal Suppuration ...	15	25
Antral Suppuration ... ..	2	2
III. NASO-PHARYNX.		
Adenoid only ... ..	15	10
Posterior ends ... ..	10	10
Chronic naso-pharyngeal		
Catarrh ... ..	20	40
Keratoses Pharyngis ... ..	2	2
IV. ORO-PHARYNX.		
Hypertrophy of faucial tonsil		
and adenoids ... ..	1148	882
Acute Tonsillitis ... ..	20	40
Diphtheria ... ..	3	4
Bifid Uvula ... ..	2	3
Palatal Paralysis ... ..	2	4

DEFECT OR DISEASE.	DERBY AND CHINLEY AREA.	CHESTER- FIELD AREA
<b>V. LARYNX.</b>		
Acute Catarrhal Laryngitis ...	10	10
Chronic Catarrhal Laryngitis ...	10	10
Specific Laryngitis ...	2	1
Laryngeal Paralysis ...	1	1
<b>MISCELLANEOUS &amp; ASSOCIATED CONDITIONS.</b>		
Tuberculosis ...	2	2
Cleft palate ...	2	4
Chorea ...	20	15
Rheumatism ...	50	60
Albuminuria ...	10	15
Mongolism ...	2	4
Heart conditions ...	20	20
Bronchitis ...	150	200
Cervical adenitis ...	130	220
Rickets ...	10	20
Cretinism ...	2	4
Eye Conditions ...	10	20

\* C.O.M.S.—Chronic discharge from the middle ear.

### CASES EXAMINED.

Area.	New Cases.	Old Cases.	Re- Examinations
Derby Area ...	1292	861	846
Chesterfield Area ...	894	941	700
Total ...	2186	1802	1546

Total Number of Cases seen ... 5534

### OPERATIONS PERFORMED.

NATURE OF OPERATION.	DERBY AREA.	CHEST'RF'D AREA.	SHIREBR'K AREA.	CHINLEY AREA.	ASH- BOURNE AREA.
Enlarged Tonsils & Adenoids	537	480	117	117	65
Adenoids ...	4	3	1	1	—
Turbinectomy ...	3	1	1	1	—
Nasal Polypi ...	3	1	1	1	—
Aural Polypi ...	2	1	1	1	—
Miscellaneous ...	2	1	1	—	—
Totals ...	551	487	122	121	65

Total No. of Operations ... 1,346.



## RESULTS OF OPERATIONS.

Defect.	Discharged and Cured.	Improved.	No Change.	Refused Operation or Operation done elsewhere
Enlarged Tonsils and Adenoids causing obstruction ... ..	920	10	5	80
Tonsils and Adenoids for O.M.S. ...	110	40	10	—
"    "    "    C.C.O.M. ...	45	10	15	—
"    "    for reflex conditions	70	10	10	—
"    "    for general conditions	50	25	15	—
<i>Post operative complications—</i>				
Secondary Hæmorrhage 4				
Pneumonia ... .. 1				
Palatal Paralysis ... 1				
Mastoiditis ... .. 2				
Acidosis ... .. 5				
Total ... ..	1195	95	55	80

## OPHTHALMIC SECTION.

During the past twelve months the ophthalmic work has proceeded along the same lines as in previous years. The urgent need of a suitable clinic to serve the requirements of the Alfreton district will be met by the clinic at Alfreton which it is anticipated will be ready for use by May, 1928.

The statistical details of the work are given in the following table ; other statistics are given in Tables III. and IV.

CLINIC.	NEW CASES.		OLD CASES.		Total.
	Re-fraction.	Treat-ment.	Re-fraction.	Treat-ment.	
Dr. WYATT GUNNING.					
Bolsover ...	11	3	15	1	30
Beighton ...	14	3	3	—	20
Clown ...	38	5	38	2	83
Dronfield ...	18	2	15	3	38
Eckington ...	33	3	9	3	48
Shirebrook ...	80	17	70	21	188
	194	33	150	30	407
Mr. ASHDOWN CARR.					
Ashbourne ...	23	—	1	—	24
Belper ...	98	—	8	—	106
Buxton ...	43	—	5	—	48
Chesterfield ...	516	27	192	53	788
Chinley ...	131	14	25	11	181
Derby ...	404	39	221	126	790
Long Eaton ...	102	4	12	1	119
Matlock ...	89	1	12	—	102
Ripley ...	125	1	9	—	135
Shirebrook ...	32	5	3	—	40
Swadlincote ...	110	0	15	—	125
	1673	91	503	191	2458
GRAND TOTAL					2865

## Summary of conditions found:—

No abnormality	...	...	...	...	...	104
Hypermetropia and hypermetropic astigmatism	...	...	...	...	...	1076
Myopia, myopic astigmatism and mixed astigmatism	...	...	...	...	...	451
Disturbances of muscle balance:—						
Squint, convergent	...	...	...	...	...	261
,, divergent	...	...	...	...	...	17
Other disturbances of balance	...	...	...	...	...	15
Affections of the lids:—						
Blepharitis	...	...	...	...	...	49
Other affections of the lids	...	...	...	...	...	16
Affections of the Conjunctiva	...	...	...	...	...	35



Affections of the Cornea—Corneal Ulcers	...	...	...	8
Keratitis	...	...	...	11
Corneal Opacities	...	...	...	42
Other affections of the Cornea				6
„ „ Lachrymal apparatus	...	...	...	3
„ „ Iris	...	...	...	7
„ „ Lens	...	...	...	21
„ „ Fundus oculi	...	...	...	40
Other affections of the eye	...	...	...	22
Affections of the central nervous system	...	...	...	45
Symptoms due to non-ocular disease	...	...	...	19
Examinations incomplete	...	...	...	21

### SURGICAL APPLIANCE FUND.

An annual collection is made each year in December, at the various schools in the County for the provision of surgical appliances and spectacles to necessitous cases. Children who attend the Centres have been supplied with Surgical Appliances from the fund.

For 1926-27 £607 17s. 7d. was collected and divided as follows :—

	£	s.	d.
Surgical Appliances Fund	...	...	...
Derbyshire Royal Infirmary	...	...	...
Chesterfield Royal Hospital	...	...	...
Derbyshire Children's Hospital	...	...	...
Mansfield & District Hospital	...	...	...
Burton-on-Trent Infirmary	...	...	...
Nottingham Children's Hospital	...	...	...
Miscellaneous (less than £10 each)	...	...	...
	£607	17	7

The cost of surgical instruments and spectacles supplied from the above-named fund during the year ending March 31st, 1927, is as follows :—

	£	s.	d.
Cost of surgical appliances	...	...	...
Cost of glasses provided	...	...	...
	£355	9	1

*Nature of Surgical Instruments supplied during the year :—*

Callipers, Callipers and Shields, Side Irons, Knock-Knee Irons, Knee Shield and Leather, Surgical Boots, Straight Frame and Saddle, Felt Boots, Boots raised with cork and Boots tubed and heeled.

## TUBERCULOSIS IN SCHOOL CHILDREN.

### NOTIFICATION.

#### NOTIFICATION OF TUBERCULOSIS IN SCHOOL CHILDREN

Ages 5 to 15.

The following Table shows the notifications on Forms A and B of School Children, aged 5 to 15, for the years 1917 to 1927 :—

T.1.

Year.	FORM A.			FORM B.			Total Notifications Ages 5—15
	Pulmon-ary.	Non Pul-monary.	Total Form A.	Pulmon-ary.	Non-Pul-monary.	Total Form B.	
	M. F.	M. F.		M. F.	M. F.		
1917	88 112	58 52	310	10 9	6 6	31	341
1918	84 88	53 59	284	2 2	1 2	7	291
1919	95 110	80 47	332	7 11	13 5	36	368
1920	100 108	75 62	345	6 14	3 7	30	375
1921	59 59	58 43	219	1 2	4 2	9	228
1922	42 52	52 28	174	1 4	2 4	11	185
1923	64 59	54 40	217	— 3	1 1	5	222
1924	62 57	80 60	259	3 1	2 3	9	268
1925	68 78	61 30	237	3 4	3 1	11	248
1926	61 43	78 52	234	2 —	— —	2	236
1927	33 33	75 53	294	4 —	2 —	6	200

## INSTITUTIONAL TREATMENT OF TUBERCULOUS CHILDREN.

### DERBYSHIRE SANATORIUM.

#### PULMONARY CASES.

	Males.	Females.	Total.
Children in Sanatorium, 1st January,			
1927 ... ..	12	9	21
Admitted during 1927 ... ..	30	20	50
	—	—	—
	42	29	71
Discharged during 1927 ... ..	27	19	46
Children in Sanatorium, 31st December,			
1927 ... ..	15	10	25



Condition of patients on discharge :—

*Definitely tuberculous cases.*

Disease Quiescent ...	...	...	11
Improved ...	...	...	27
No material improvement	...	...	3
Died in the Institution ...	...	...	—
			41
			—

Observation Cases

Definitely Tuberculous ...	...	...	—
Doubtfully Tuberculous ...	...	...	1
Not Tuberculous ...	...	...	4
			—
			5
			—

### BACTERIOLOGICAL EXAMINATIONS.

During the year ending December 31st, 1927, 913 School Specimens were examined in the County Laboratory. Details of these are as follows :—

			Positive.	Negative.
Swabs for Diphtheria	...	...	6	331
Hairs for Ringworm	...	...	279	180
Eye Smears	...	...	3	—
Eye Cultures	...	...	15	10
Urine for Albumin	...	...	10	73
Miscellaneous	...	...	5	1
			—	—
Totals	...	...	318	595
			—	—

### SCHOOL NURSING SERVICE.

Below is a summary of the work done by the School Nurses during the year :—

Medical Inspections (Elementary Schools)	29,951	
Medical Inspections (Secondary Schools)	2,754	
		32,705
Verminous Inspections	...	157,433
Other Inspections	...	40,866
Visits to Homes following up cases	...	12,281
Visits to Mentally Deficient Children	...	1,233
		—
		244,518
		—

## EXAMINATION OF PUPIL TEACHER CANDIDATES.

There were 169 intending pupil teachers examined during 1927, 56 boys and 113 girls, with the following results :—

	Boys.	Girls.	Total.
Number accepted	50	94	144
„ deferred for the remedy of various defects	6	17	23
Number rejected	—	2	2
	56	113	169

## SPECIAL INVESTIGATIONS.

During the year one of the Assistant School Medical Officers, Dr. Francis J. Burke, made an investigation into the Symptoms of Rheumatism, and he reports as follows :—

### RESULT OF AN ENQUIRY INTO SYMPTOMS OF RHEUMATISM.

At School Medical Inspection in North Derbyshire during three and a half months, September to December, 1927, I kept a special record of children who were found to have symptoms suggestive or diagnostic of rheumatic infection, at medical inspection at schools and at Minor Ailment Clinics. Twenty-six Elementary Schools or Departments of larger schools furnish the material for the enquiry ; and the Boys' Department of Clay Cross Secondary School was also included. Three of the twenty-six schools at which the investigation was made are small country village schools. The remaining schools or departments are situated in large mining villages and urban districts. Two of the three small village schools furnished one case each, case 9 in Table 3 and case 2 in Table 4. Eighty-one of the boys examined attend Clay Cross Council Junior Boys' Department and one hundred and one boys attend Clay Cross Secondary School. Seventy-seven of the girls examined attend schools in Alferton Urban District. The remaining boys and girls attend schools in Chesterfield Rural District.

The staple industries of the district are coal mining and the allied trades. The majority of the families in the scope of the enquiry are employed in coal mining or in trades connected with the industry. A few families are employed in shop-keeping and in the agricultural industry. It was not found possible to make a detailed enquiry into the finances and home conditions, but such information as the School Nurses were able to furnish revealed the fact that there was no marked poverty and not much difference in



the family circumstances among the twenty-eight cases found. Enquiries for dampness in the houses were made, and houses where dampness was certainly present are noted in Table 3 and 4.

Table 1 shows the total number of children examined divided up according to age groups and sexes, the special examinations and re-examinations being shown in separate columns. The Secondary School boys are also shown separately. In Table 2 are shown the ages of onset of the symptoms in the various cases divided for the sake of simplicity into four age groups, viz., the youngest children mainly entrants ages  $4\frac{1}{2}$  to 7 years, those of intermediate age and those under 12 years, those from 12 to 14 years and over 14 years. No attempt has been made to divide the cases of "routine age" from the specials. Many of the cases have been under observation for a considerable time at medical inspections prior to the period covered by the investigation, but all were examined or re-examined during the period.

In Table 3 are given the ages, duration and symptoms of eleven boys showing symptoms suggestive of rheumatic disease. In Table 4 the same particulars are given of seventeen cases in girls. Among 587 boys examined attending Elementary Schools 9 showed symptoms approximately 1.53 per cent. Among 101 boys examined who attend Clay Cross Secondary School 2 cases were found or 1.98 per cent. 584 girls examined attending Elementary Schools furnished 17 cases or approximately 2.91 per cent.

*Ages at Onset of Symptoms.* All the male cases except one were under 12 years old when the symptoms were first noted, and only three of the 17 girls were over twelve. Reginald Miller (B.M.J. Supplement, July 3, 1926) states that first attacks of severer types most frequently occur in the seventh or eighth years of life.

*Heart Symptoms.* Six boys and ten girls had mitral murmurs persisting over considerable periods of time. All these children had additional signs and symptoms suggestive of definite cardiac involvement, and in one boy and two girls there was evidence of serious permanent damage to the mitral valves, case 407, Table 3 and cases 14 and 17, Table 4.

#### *Other Symptoms.*

*Pains in the Limbs.* Three boys and six girls with heart symptoms had pains in the limbs especially in the neighbourhood of joints, often described as "growing pains" by the parents. Five boys and four girls without cardiac symptoms had pains of the same character. The pains were described as recurring from time to time, of not great severity but in some cases sufficiently severe to cause temporary disability. The pains constituted the most prominent symptoms in the series of cases. The symptoms next in order of frequency were lassitude, dyspnoea on exertion and poor appetite.



*History of Acute Attacks of Rheumatism.* Three boys and three girls had a definite history of rheumatic fever or arthritis prior to the period under review. One boy and one girl had a doubtful history of similar attacks. In this connection case 17, Table 4, is of interest. This girl had advanced mitral valvular disease, but no history was obtainable of any acute rheumatism or of chorea, the lesion having been discovered at school medical inspection seven years ago.

*History of Chorea* was given in two female cases only.

*Disease of Tonsils.* In four boys and six girls diseased tonsils were found. Two boys and one girl in addition had had tonsils removed for disease prior to the period under review. The incidence of tonsillor disease among the boy cases is approximately 54.54 per cent, and among the girl cases 52.94 per cent.

*Dampness of Houses.* In 16 out of 28 cases definite evidence of damp was given, namely in just over 57 per cent. This figure is rather lower than the figures quoted by Reginald Miller (B.M.J. Supplement, July 3, 1926) which are about 62.2 per cent.

*Conclusions.* Many of the murmurs found on examination of the hearts of children are not evidence of cardiac disease and arise from causes other than endocarditis or myocarditis (Carey-Coombs "Lancet" Vol. II., 1924, p. 1,325). They disappear in time without leaving any traces of damage behind. All possible care was taken in the present series to exclude such murmurs. Disorders of rhythm may or may not be of importance. Several of the cases in the present series must be looked upon as merely suspicious, especially those cases in which no symptoms or signs suggestive of cardiac involvement were found, and in which a history of acute attacks of rheumatism or arthritis was not obtainable. Cases 2, 3, 4, 5, 10, 11, Table 3, and cases 2, 3, 5, 12, 13, 16, Table 4. No cases of definite arthritis or acute rheumatism were found. Doubtless such cases would not appear at medical inspection, being too ill to attend school. The present series includes only children whose symptoms were not considered of sufficient severity to incapacitate them from school attendance at the time of examination, except case 11, Table 4, a girl who was away from school and was sent to Alfreton clinic for examination, and case 17, a girl of 15 years who had been excluded for heart disease and was examined at the request of her parents. The cases in the series will be subject to further observation.

An investigation of rheumatic disease in school children at medical inspection presents several difficulties, arising from, (a) the inability of children, especially younger children, to give a description of their symptoms, (b) the frequent inaccuracy of the disease history given by parents. The questions are sent by the Head Teachers before medical inspection, (c) the fact that the parents



of all the children do not attend medical inspection, which means that the ailments of children whose parents are present are described much better than those of children not accompanied by parents. It is fully realised that the results of such an investigation as this may be fallacious, and at best can only be a very wide approximation to the truth.

TABLE 1.

		Elementary Schools.				Clay Cross Secondary School.		
		Entrants	Inter-mediates	Leavers	Re-examinations and specials	Total	Under 12	Over 12
Boys	...	271	146	149	21	587	15	86
Girls	...	180	216	156	32	584	—	—
Total	...	451	362	305	53	1171	15	86

TABLE 2.

			Number of Cases.				
Age at onset			4½ to 7 years	8 to 12 years	12 to 14 years	Over 14 years	Total
Boys	...	...	7	3*	1	0	11
Girls	...	...	6	8	3	0	17
Total	...	...	13	11	4	0	28

\*Includes 2 cases from Clay Cross Secondary School.

TABLE 3.—BOYS.

Present Age.	Age at onset of symptoms.	Duration of symptoms.	Heart Symptoms.							Lassitude	Poor appetite	Pains in limbs	Tonsillar disease	History of acute rheumatism	History of chorea	House damp
			Mitral murmur.	Tachy cardia.	Premature systolis	Arrhythmia	Signs of enlargement	Precordial pain	Dyspnea on exertion							
5	4 10/12	2 m.	+S	+	—	—	—	—	+	—	—	+	—	—	—	+
5 2/12	4 11/12	3 m.	—	—	—	—	—	—	—	+	+	+	—	—	—	—
5 1/12	5 11/12	3 m.	—	—	—	—	—	—	—	—	—	+	Op	—	—	+
6 6/12	6 6/12	2 w.	—	—	—	—	—	—	—	—	—	+	—	—	—	—
7 8/12	5 6/12	2½ y.	+S	+	—	—	—	—	—	—	—	—	+	—	—	+
8 7/12	6 1/12	2½ y.	+S	+	—	+	+	—	—	—	—	+	Op	+	—	+
9 8/12	5	4½ y.	M.R.	—	—	—	+	—	—	—	—	—	—	—	—	+
12 2/12	11 2/12	1 yr.	+S	—	—	—	+	+	+	+	—	—	+	+	—	+
13 2/12	13 1/12	1 m.	+S	+	—	—	+	+	+	+	+	+	+	—	—	+
12 6/12	11	1½ y.	—	—	—	—	—	—	—	—	—	+	+	1925 +?	—	—
12 10/12	10 10/12	2 y.	—	—	—	—	—	—	—	—	—	+	—	+1925 1926	—	—
Total			6	4	—	1	3	2	3	3	2	8	6	3	—	7

Average age at onset=7.

+ =present.  
 +?=doubtful.  
 — =absent.

+S=systolic murmur.  
 MR=mitral regurgitation.  
 Op =tonsils removed.



TABLE 4.—GIRLS.

Case Number.	Present Age.	Age at onset of symptoms.	Duration of symptoms.	Heart Symptoms.							Dyspnoea on exertion	Lassitude	Poor appetite	Pains in limbs	Tonsillar disease	History of acute rheumatism	History of chorea	House
				Mitral murmur.	Tachy-cardia.	Premature systolis	Arrhy-thmia	Signs of enlargement	Præcordial pains									
1	5 2/12	5 ?	2 m.?	+S	+	+	—	—	—	—	—	—	+	+	—	—		
2	5 7/12	4 6/12	1 yr.	—	—	—	—	—	—	—	—	—	+	++	—	—		
3	5 8/12	5 ?	8 m.	+S	+	—	—	—	—	—	—	—	—	+	—	—		
4	8 3/12	5	3 y.	+S	+	—	—	+	—	—	—	—	—	++	—	—		
5	8 4/12	8 ?	4.m?	+S	+	—	—	—	—	—	—	—	—	—	—	—		
6	8 3/12	8	3m.	—	+	—	—	+	—	+	—	—	+	—	—	—		
7	8 1/12	5	3 y.	+S	+	—	+	+	—	+	—	—	—	+	—	—		
8	8 9/12	8 ?	9 m.	—	+	—	+	+	—	—	—	—	—	—	—	—		
9	9 6/12	7 6/12	2 yr.	+S	+	—	—	+	—	+	+	—	—	+	1925+	—		
10	10	8	2 y.	+S	—	—	—	+	—	—	—	—	—	—	—	+1924		
11	11 5/12	10 11/12	6 m.	+S	—	—	—	+	—	—	+	—	+	—	+1927	+1926		
12	12	8	4 y.	—	—	—	—	—	—	—	—	—	+	+	—	—		
13	13	12 9/12	3 m.	—	—	—	—	—	—	—	+	+	+	—	—	—		
14	13	12	1 y.	MR	—	—	—	+	—	—	—	—	+	++	+	—		
15	13 11/12	11 11/12	2 y.	—	++	—	—	+	—	+	+	+	+	—	+1925	—		
16	13 6/12	13 5/12	1 m.	—	—	—	—	—	—	—	—	—	+	Op	—	—		
17	15 2/12	8	7 y.	MR&S	++	—	—	+	+	++	+	+	+	—	—	—		
Total				10	10	1	2	10	1	5	5	3	10	9	3	2		

Average age at onset=8 3/12.

+=present.

++=very marked.

—=absent.

+?=doubtful.

S=systolic murmur.

MR=mitral regurgitation.

MR&amp;S=mitral regurgitation and stenosis.

Op=tonsils removed.

## SECTION II.

## TABLES OF THE BOARD OF EDUCATION.

TABLE 1.

## RETURN OF MEDICAL INSPECTIONS.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections						
Entrants	...	...	...	...	...	9,400
Intermediates	...	...	...	...	...	6,673
Leavers	...	...	...	...	...	7,554
Total						<u>23,627</u>

## B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	2,140
Number of Re-Inspections	...	...	4,184
Total			<u>6,324</u>

TABLE 1a (SECONDARY SCHOOLS).

## A.—ROUTINE INSPECTIONS.

Boys	...	...	...	...	...	1,332
Girls	...	...	...	...	...	1,426
Total						<u>2,758</u>

## B.—SPECIAL INSPECTIONS.

Boys	...	...	...	...	...	2
Girls	...	...	...	...	...	36
Total						<u>38</u>

## C.—RE-INSPECTIONS.

Boys	...	...	...	...	...	70
Girls	...	...	...	...	...	251
Total						<u>321</u>



TABLE II. A.

Return of Defects found in the course of Medical Inspection in 1927.

DEFECT OR DISEASE.				Routine Inspections.		Specials.	
				Number referred for treatment	Number requiring to be kept under observation, but not referred for treatment.	Number referred for treatment.	Number requiring to be kept under observation, but not referred for treatment.
Malnutrition .. ..				121	859	8	20
Uncleanliness .. ..				411	603	9	4
Skin ..	Ringworm—						
	Scalp .. ..			44	26	9	4
	Body .. ..			18	43	1	3
	Scabies .. ..			14	2	2	1
	Impetigo .. ..			111	73	28	3
	Other Diseases (non-tuberculous)			72	172	10	2
Eye ..	Blepharitis .. ..			62	70	13	3
	Conjunctivitis .. ..			33	47	16	4
	Keratitis .. ..			—	2	1	—
	Corneal Opacities .. ..			5	5	3	2
	Defective Vision (excl'd'g Squint)			1074	533	242	50
	Squint .. ..			228	84	20	6
	Other Conditions .. ..			25	26	14	3
Ear ..	Defective Hearing .. ..			123	86	29	16
	Otitis Media .. ..			132	26	23	9
	Other Ear Diseases .. ..			40	40	8	8
Nose and Throat	Enlarged Tonsils only .. ..			1225	1666	144	47
	Adenoids only .. ..			172	152	44	19
	Enlarged Tonsils and Adenoids			1293	253	153	33
	Other Conditions .. ..			49	63	23	4
Enlarged Cervical Glands (Non-Tuberculous) ..				115	312	24	16
Defective Speech .. ..				15	59	3	9
Teeth ..	Dental Diseases .. ..			2533	1166	54	17
Heart and Circulation.	Heart Disease—						
	Organic .. ..			23	168	7	25
	Functional .. ..			26	261	6	13
	Anæmia .. ..			55	92	8	19
Lungs ..	Bronchitis .. ..			145	196	16	16
	Other Non-Tuberculous Diseases			24	212	8	19
Tubercu- losis	Pulmonary—						
	Definite .. ..			14	10	10	11
	Suspected .. ..			21	56	17	29
	Non-Pulmonary—						
	Glands .. ..			22	29	13	9
	Spine .. ..			—	2	2	3
	Hip .. ..			1	3	2	3
	Other Bones and Joints ..			3	1	1	4
	Skin .. ..			1	1	3	—
Other Forms .. ..			—	5	—	—	
Nervous System	Epilepsy .. ..			9	14	5	17
	Chorea .. ..			4	4	8	9
	Other Conditions .. ..			10	30	10	28
Deformities	Rickets .. ..			30	62	2	2
	Spinal Curvature .. ..			38	56	15	6
	Other Forms .. ..			20	81	17	24
Other Defects and Diseases ..				294	516	56	93

**B.—Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).**

GROUP.  (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS :—			
Entrants       ...       ...       ...	9400	1511	16·0
Intermediates ...       ...       ...	6673	1279	19·1
Leavers       ...       ...       ...	7554	1216	16·0
Total (Code Groups)       ...       ...	23627	4006	16·9



TABLE II. A—continued.

## SECONDARY SCHOOLS.

## Return of Defects found in the course of Medical Inspection.

Enrolment February 1st.—Boys 1236, Girls 1778, Total 3014.

DEFECT OR DISEASE.					Number referred for Treatment.		Number requiring to be kept under observation, but not referred for treatment.	
					Boys.	Girls.	Boys.	Girls.
Malnutrition ... ..					18	7	7	3
Uncleanliness ... ..					1	3	—	2
Skin	...	Ringworm—			1	—	—	—
		Scalp ... ..			—	1	—	—
		Body ... ..			—	1	1	—
		Scabies ... ..			5	1	1	—
		Impetigo ... ..			5	13	4	1
Other Diseases(Non-Tubercular)								
Eye	...	Blepharitis ... ..			1	—	1	—
		Conjunctivitis ... ..			3	2	1	—
		Keratitis ... ..			—	—	—	—
		Corneal Opacities ... ..			—	—	—	—
		Defective Vision ... ..			108	134	66	37
		Squint ... ..			2	2	—	—
		Other Conditions ... ..			—	—	—	1
Ear	...	Defective Hearing ... ..			10	5	8	1
		Otitis Media ... ..			6	3	4	1
		Other Ear Diseases ... ..			2	—	1	—
Nose and Throat		Enlarged Tonsils only ... ..			47	122	72	37
		Adenoids only ... ..			3	16	9	11
		Enlarged Tonsils & Adenoids ... ..			20	61	1	18
		Other Conditions ... ..			5	14	3	2
Enlarged Cervical and Sub-maxillary ... ..					21	84	9	3
Defective Speech ... ..					2	2	1	—
Teeth	...	Dental Diseases ... ..			155	244	33	41
Heart and Circulation		Heart Disease :						
		Organic ... ..			10	1	20	35
		Functional ... ..			6	10	31	16
Anæmia ... ..					2	18	4	11
Lungs	...	Bronchitis ... ..			4	1	2	2
		Other non-tubercular Disease			3	6	4	2

TABLE II A—*continued.*SECONDARY SCHOOLS—*continued.*

Return of Defects found in the course of Medical Inspection.

DEFECT OR DISEASE.					Number referred for treatment.		Number requiring to be kept under observation, but not referred for treatment.	
					Boys.	Girls.	Boys.	Girls.
<i>Tuberculosis.</i>	Pulmonary—							
	Definite	...	...	...	—	—	—	1
	Suspected	...	...	...	—	—	—	6
	Non-Pulmonary—							
	Glands	...	...	...	5	1	4	—
	Spine	...	...	...	—	—	—	—
	Hip	...	...	...	—	—	—	—
	Other Bones and Joints	...	...	...	—	—	—	—
<i>Nervous System.</i>	Skin	...	...	...	—	—	1	—
	Other forms	...	...	...	—	—	—	—
	Epilepsy	...	...	...	1	—	—	—
	Chorea	...	...	...	—	1	—	—
<i>Deformities</i>	Other conditions	...	...	...	—	—	5	—
	Rickets	...	...	...	—	2	5	—
	Spinal Curvature	...	...	...	7	15	9	13
	Other forms	...	...	...	30	36	38	5
Other Defects and Diseases ...					21	132	31	17



TABLE III.

## Return of all Exceptional Children in the Area.

		Boys.	Girls.	Total.
<i>Blind (including partially blind)—</i>	Attending Certified Schools or Classes for the Blind ... ..	12	11	23
(i.) Suitable for training in a School or Class for the totally blind	Attending Public Elementary Schools	2	5	7
	At other Institutions ... ..	—	—	—
	At no School or Institution ...	4	4	8
(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind ... ..	—	—	—
	Attending Public Elementary Schools	31	34	65
	At other Institutions ... ..	—	—	—
	At no School or Institution ...	6	6	12
<i>Deaf (including deaf and dumb and partially deaf)—</i>	Attending Certified Schools or Classes for the Deaf ... ..	25	16	41
(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Public Elementary Schools	—	—	—
	At other Institutions ... ..	—	—	—
	At no School or Institution ...	3	4	7
(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf ... ..	10	5	15
	Attending Public Elementary Schools	18	15	33
	At other Institutions... ..	—	—	—
	At no School or Institution ...	1	1	2
<i>Mentally Defective—</i>	Attending Certified Schools for Mentally Defective Children ...	4	7	11
Feeble-minded (cases not notifiable to the Local Control Authority.)	Attending Public Elementary Schools	169	119	288
	At other Institutions... ..	1	—	1
	At no School or Institution ...	53	42	95
Notified to the Local Control Authority during the year.	Feeble-minded ... ..	2	2	4
	Imbeciles ... ..	20	7	27
	Idiots ... ..	6	2	8
<i>Epileptics—</i>	Attending Certified Special Schools for Epileptics ... ..	2	1	3
Suffering from severe epilepsy.	In Institutions other than Certified Special Schools ... ..	—	—	—
	Attending Public Elementary Schools	1	2	3
	At no School or Institution ...	9	12	21
Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	33	31	64
	At no School or Institution ...	8	3	11
<i>Physically Defective—</i>	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	1	2	3
Infectious pulmonary and glandular tuberculosis	At other Institutions... ..	—	1	1
	At no School or Institution ...	12	17	29

TABLE III.—*continued.*

		Boys.	Girls.	Total.
<i>Physically Defective (continued)—</i>				
Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ... ..	9	6	15
	At Certified Residential Open Air Schools ... ..	—	—	—
	At Certified Day Open Air Schools ... ..	—	—	—
	At Public Elementary Schools ... ..	89	76	165
	At other Institutions ... ..	—	—	—
	At no School or Institution ... ..	18	16	34
Delicate children ( <i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open Air Schools ... ..	—	—	—
	At certified Day Open Air Schools ... ..	—	—	—
	At Public Elementary Schools ... ..	113	82	195
	At other Institutions... ..	—	3	3
	At no School or Institution ... ..	4	1	5
Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ... ..	37	23	60
	At Public Elementary Schools ... ..	30	30	60
	At other Institutions... ..	5	2	7
	At no School or Institution ... ..	38	16	54
Crippled Children (other than those with active tuberculous disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ... ..	3	1	4
	At Certified Residential Cripple Schools ... ..	—	—	—
	At Certified Day Cripple Schools ... ..	—	—	—
	At Public Elementary Schools ... ..	411	398	809
	At other Institutions... ..	1	1	2
	At no School or Institution ... ..	32	35	67



TABLE IV.

Return of Defects treated during the year ended  
31st December, 1927.

## Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness,  
for which see Group V.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm Scalp ... ..	246	10	256
Ringworm Body ... ..	97	3	100
Scabies ... ..	22	6	28
Impetigo ... ..	916	15	931
Other Skin Disease ... ..	240	15	255
Minor Eye Defects ... ..	509	136	645
(External and other, but excluding cases falling in Group II.)			
Minor Ear Defects ... ..	625	131	756
Miscellaneous ... .. (e.g., minor injuries, bruises, sores, chil- blains, etc.)	1942	520	2462
Total ... ..	4597	836	5433

**Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments.—Group I.).**

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Otherwise	Total.
Errors of Refraction (including Squint) ... ..	1867	248	...	2115
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	124	...	...	124
<b>Total</b> ... ..	1991	248	...	2239

Total number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	...	...	...	1347
(b) Otherwise	...	...	...	248

Total number of children who obtained or received spectacles

(a) Under the Authority's Scheme	...	...	...	1065
(b) Otherwise	...	...	...	248

**Group III.—Treatment of Defects of Nose and Throat.**

Number of Defects.				
Received Operative Treatment.			Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
1346	402	1748	30	1778



### Group IV.—Dental Defects.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

		Aged :					
				4	17		
				5	2358		
				6	2997		
				7	3096		
				8	2419		
				9	2446		
				10	2440		
				11	2494		
				12	2513		
				13	2583		
				14	419		
Routine Age Groups						Total	23782
Specials	...	...	...	...	...	...	693
Grand Total		...	...	...	...	...	24475
(b) Found to require treatment		...	...	...	...	...	20658
(c) Actually treated		...	...	...	...	...	7165
(d) Re-treated during the year as the result of periodical examination		...	...	...	...	...	2601

(2) Half-days devoted to—

	Inspection	207		
	Treatment	1712	Total	1919
(3) Attendances made by children for treatment		...	...	11561
(4) Fillings—				
	Permanent Teeth	7767		
	Temporary Teeth	3382	Total	11149
(5) Extractions				
	Permanent Teeth	2219		
	Temporary Teeth	14363	Total	16582
(6) Administrations of General anæsthetics for extractions :—		399		
(7) Other Operations				
	Permanent Teeth	937		
	Temporary Teeth	6303	Total	7240

### Group V.—Uncleanliness and Verminous Conditions.

Average number of visits per school made during the year by the School Nurses		...	...	...	...	...	...	4.1
Total number of examinations of children in the Schools by School Nurses								157433
Number of individual children found unclean		...	...	...	...	...	...	253
Number of children cleansed under arrangements made by the Local Education Authority		...	...	...	...	...	...	3
Number of cases in which legal proceedings were taken:—								
(a) Under the Education Act, 1921		...	...	...	...	...	...	Nil
(b) Under School Attendance Byelaws		...	...	...	...	...	...	Nil

## APPENDIX.

*Reprinted from the* BRITISH MEDICAL JOURNAL, *March*  
3rd, 1928.

RAIN-BEARING WINDS AND EARLY PHTHISIS IN  
DERBYSHIRE.

BY

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AND

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COUNTY MEDICAL OFFICER OF HEALTH FOR DERBYSHIRE.

Sir George Newman asked me if I would co-operate with Dr. W. Gordon of Exeter in making enquiries into effect of rain-bearing winds upon cases of early phthisis in Derbyshire. It gave me considerable pleasure to do this, and the results were published in the *British Medical Journal* of March 3rd, 1928. I am indebted to that Journal and to Dr. Gordon for allowing me to set out our findings in this report together with the complete working tables made during the enquiry.

The county of Derby provides a remarkable proof of the effect of strong prevalent rain-bearing winds upon the course of early phthisis, amply confirming the recent evidence from Devonshire and West Shropshire. Incidentally it also furnishes interesting indications of an effect of subsoil on the course of phthisis which will not surprise those who have followed the work already published regarding the effect of subsoil on the prevalence of the disease. We shall set forth our findings as briefly as we can.

We have dealt with 306 first-stage cases, which had been treated at the County Sanatorium (near Chesterfield), and followed at their homes for four years after their discharge, as was done with the cases in Devonshire and West Shropshire. The results for the whole county of Derby, taken as a unit, are as follows : in respect of south-west, west, and north-west winds—

## MORTALITIES.

Sheltered cases	...	...	...	...	6.96%
Exposed cases	...	...	...	...	14.13%



or, confining attention only to the indisputable cases—that is, deaths certified as due to phthisis and living cases in which tubercle bacilli had been discovered in the sputum :

Sheltered cases	...	...	...	...	14.05%
Exposed cases	...	...	...	...	28.72%

#### ARRESTS.

Sheltered cases	...	...	...	...	68.69%
Exposed cases	...	...	...	...	63.87%

or, considering only indisputable cases, as above :

Sheltered cases	...	...	...	...	61.39%
Exposed cases	...	...	...	...	41.49%

These figures, significant as they are, do not, however, show the real extent of the contrast, because of certain peculiarities of the geology, configuration, and rainfall of the county, which we shall now explain.

#### ACCESS OF WESTERLY WINDS.

Derbyshire lies a little to the north of the centre of England, and so receives its westerly (chief rain-bearing) winds as follows.

The north-west wind arrives directly from the sea, with no outside intervening heights to break its force or abstract its rain. The west wind is also a direct sea wind for the extreme north of the county, but for the greater part of its surface comes across the mountains of Wales. The south-west wind, for the entire county, has crossed the Welsh mountains. Of these winds the south-west is the commonest, and the wind which most often blows as gales. Next in frequency, and in gale-frequency, is the north-west. At Buxton the west and south-west winds are rainier than the north-west.

#### NATURAL DIVISIONS OF THE COUNTY.

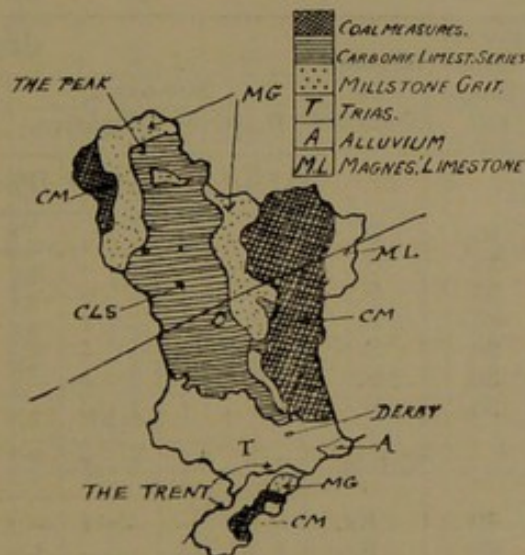
The geological formation of Derbyshire divide it naturally into three great areas, indicated on the accompanying sketch-map, and these areas differ conspicuously in respect of altitude, configuration, and rainfall. They comprise :

1. *A north-western area*, of high ground, highest in the north (where it culminates in the Peak—2,088 feet high), having a main plateau running nearly north and south, mostly over 1,000 feet in altitude, the whole area presenting pronounced contrasts of exposure and shelter. It has a rainfall of from over 40 inches in the north (50 inches at Buxton) to 35 inches in the south. The subsoils are mainly millstone grit, carboniferous limestone, and carboniferous limestone shale, but there is a patch of coal-measures at the extreme north-west.



2. *A north-eastern area*, of much lower altitude, with an undulating surface, which slopes from west to east and from north to south, with much less decided shelters (so much so, indeed, that the assessment of some of them is doubtful), having a considerably lower rainfall than the north-western area—namely, generally between 30 and 25 inches. The subsoil consists mostly of coal-measures, but there is also a considerable stretch of magnesian limestone in the north-east.

3. *A southern area*, which contrasts strikingly with both of the former. Nearly all of it is relatively low-lying, much of it below 200 feet above sea-level, and a little of it along the Trent even under the 100 feet level. There is hardly any actual shelter, but all winds reaching it do so across much higher country. It has a low rainfall, mostly rather over 25 inches, but, along the north of the Trent valley, slightly under 25 inches. The area consists almost wholly of trias, a subsoil which former work by one of us showed to be



associated with some of the lowest phthisis death rates in England. There is some alluvium along the Trent, a small patch of millstone grit at Melbourne, and a larger patch of coal-measures in the south-east.

#### THE ELIMINATION OF SUBSOIL AS A CONFLICTING INFLUENCE.

To judge fairly, therefore, of the relations of phthisis and rain-bearing winds we must disentangle the influence of subsoil. This can easily be done by considering the effect of the rain-bearing winds over each geological formation separately. The same procedure also eliminates the influence of differences of rainfall and exposure; for millstone grit and the carboniferous limestone series (formations upon which phthisis mortality in England is relatively high) have here the heaviest rainfall, and the most pronounced exposure; whilst trias (on which phthisis prevalence in England is relatively low) has here the lowest rainfall and lies in a sort of hollow. The coal-measures have been divided by us into north and south, on account of the different heights and rainfalls;



we do not think that grouping the very small patch of north-western coal-measures with the large area of north-eastern can lead to any error. The trias and coal-measures of the southern area are considered separately. Melbourne, the only millstone grit locality in the south, must be taken with millstone grit generally, as it must not be confused with localities on the contrasting soil of trias. Most of the cases on alluvium are in the southern area; the exceptions are only a little to the north of it under very slightly heavier rains; they may therefore fairly be considered together.

We have satisfied ourselves that no other conflicting influences exist.

### RESULTS.

Taking, then, the effect of these winds over each subsoil separately, we reach the striking results shown in the following tables.

#### MILLSTONE GRIT. 48 CASES.

PLACE.	Approximate Rain-fall.	Exposed or Sheltered	CASES											
			Females						Males					
			Positive.			Negative.			Positive.			Negative.		
			A*	L*	D*	A*	L*	D*	A*	L*	D*	A*	L*	D*
Chinley End ...	40	S.	1	—	—	—	—	—	1	—	—	—	—	—
Nether Padby	35	S.	—	—	—	—	—	—	1	—	—	—	—	—
Kirk Ireton ...	35	S.	—	—	—	—	—	—	—	—	—	1	—	—
Alderwasley ...	35	S.	—	—	—	—	1	—	—	—	—	—	—	—
Milford ...	30	S.	1	—	—	—	—	—	—	—	—	—	—	—
Belper ...	30	S.	4	—	—	3	—	—	6	3	—	2	—	—
Melbourne ...	25	S.	1	—	1	1	—	—	1	—	—	1	—	—
		Totals ...	7	—	1	4	1	—	9	3	—	4	—	—
Hadfield ...	40	Ex.	—	—	—	—	1	—	—	—	—	—	—	—
Glossop ...	40	Ex.	1	1	1	—	—	1	—	4	1	1	2	—
Charlesworth ...	40	Ex.	1	—	—	—	—	—	—	—	—	—	—	—
Birchvale ...	40	Ex.	—	—	—	—	—	—	—	—	—	1	—	—
Holbrook ...	28	Ex.	1	—	—	1	—	1	1	—	—	—	—	—
		Totals ...	3	1	1	1	1	2	1	4	1	2	2	—

A\*—Arrested. L\*—Living. D\*—Dead.

#### TOTAL CASES (SEXES TOGETHER).

		Sheltered			Exposed		
		Arrested.	Living.	Dead.	Arrested.	Living.	Dead.
I.— <i>All Cases.</i>							
Numbers	...	24	4	1	7	8	4
Percentages	...	82·76	13·79	3·45	36·84	42·10	21·10
II.— <i>Deaths and T.B.</i>							
<i>Positive Cases only</i>							
Numbers	...	16	3	1	4	5	4
Percentages		80·0	15·0	5·0	30·8	38·4	30·8

## CARBONIFEROUS LIMESTONE SERIES (57 cases).

PLACE.	Approximate Rain-fall.	Exposed or Sheltered	CASES											
			Females						Males					
			Positive.			Negative.			Positive.			Negative.		
			A.	L.	D.	A.	L.	D.	A.	L.	D.	A.	L.	D.
Buxton ...	50	S.	1	2	—	3	1	—	1	2	1	5	2	—
Ashwood Dale	50	S.	1	—	—	—	—	—	—	—	—	—	—	—
Chapel-en-le-Frith ...	38	S.	—	1	—	—	—	—	—	—	—	1	—	—
Harpur Hill ...	40	S.	—	1	—	—	—	—	1	—	—	—	—	—
Bakewell ...	37	S.	—	—	—	1	2	—	—	—	—	1	—	—
Bonsall ...	36	S.	—	—	—	—	1	1	—	—	—	—	—	—
Youlgreave ...	36	S.	1	—	—	—	—	—	2	—	—	—	1	—
Cromford ...	36	S.	—	—	1	—	—	—	—	—	—	—	—	—
Wirksworth ...	36	S.	1	—	—	—	—	—	2	—	—	1	—	—
Stoney Middleton	35	S.	—	—	1	—	—	—	1	—	—	—	—	—
Matlock ...	35	S.	—	—	—	1	—	—	2	—	—	1	1	—
Matlock Bath	35	S.	—	—	—	1	—	—	—	2	—	—	—	—
		Totals ...	4	4	2	6	4	1	9	4	1	9	4	—
Grand Top ...	40	Ex.	—	—	—	—	—	—	1	—	—	—	—	—
Tideswell ...	40	Ex.	—	—	—	—	—	—	1	—	—	—	—	—
Hathersage ...	35	Ex.	—	—	1	—	—	—	—	—	—	—	—	—
Eyam ...	35	Ex.	1	—	—	1	1	—	—	—	—	—	—	—
Upper Hackney	35	Ex.	—	—	—	1	—	—	—	—	—	—	—	—
Ible ...	35	Ex.	—	—	—	—	—	—	—	—	—	—	—	1
Darley ...	35	Ex.	—	—	—	—	—	1	—	—	—	—	—	—
		Totals ...	1	—	1	2	1	1	—	2	—	—	—	1

## TOTAL CASES (Sexes together).

	Sheltered			Exposed		
	Arrested.	Living.	Dead.	Arrested.	Living.	Dead.
I.—All Cases.						
Numbers ...	28	16	4	3	3	3
Percentages	58·34	33·33	8·33	33·3	33·3	33·3
II.—Deaths and T.B.						
Positive cases only.						
Numbers ...	13	8	4	1	2	3
Percentages	52·0	32·0	16·0	16·7	33·3	50·0



## NORTHERN COALMEASURES. (102 Cases).

Rainfall everywhere practically 25-30 inches, except where specially given. Shelter hard to assess with certainty.

PLACE.	Exposed or Sheltered	CASES											
		Females						Males					
		Positive.			Negative.			Positive.			Negative.		
		A.	L.	D.	A.	L.	D.	A.	L.	D.	A.	L.	D.
Dronfield ... ..	S.	-	-	-	1	-	-	-	-	1	-	-	-
Hackenthorpe ... ..	S.	-	-	-	-	1	-	-	-	-	-	-	-
Mosborough ... ..	S.	-	-	-	-	-	-	-	-	1	1	-	-
New Mills (Rainfall 40")	S.	-	-	1	1	-	-	1	1	-	-	-	-
Whaley Bridge .. ..	S.	-	-	-	-	-	-	2	-	-	-	-	-
Netherthorpe ... ..	S.	-	-	-	-	-	-	-	-	-	1	-	-
New Tupton ... ..	S.	-	-	-	1	-	-	-	-	-	-	-	-
Woolley ... ..	S.	-	-	-	1	-	-	-	-	-	-	-	-
Heage (near) ... ..	S.	-	-	-	-	-	-	-	-	-	1	-	-
Lower Hartshay ... ..	S.	-	-	-	1	-	-	1	-	-	-	-	-
Bugsworth (Rainfall 40")	S.	-	-	-	1	-	-	-	-	-	-	-	-
Waingroves ... ..	S.	-	-	-	-	-	-	-	2	-	-	-	-
Kilbourne ... ..	S.	-	-	-	1	-	-	1	-	-	-	-	-
Totals ...		-	-	1	7	1	-	5	3	2	3	-	-
Dronfield Woodhouse ...	Ex.	-	-	-	-	-	-	-	-	-	1	-	-
Aston ... ..	Ex.	-	-	-	1	-	-	-	-	-	-	-	-
Killamarsh ... ..	Ex.	-	-	-	-	-	-	-	-	-	-	1	-
Spinkhill ... ..	Ex.	-	-	-	1	-	-	-	-	-	-	-	-
Renishaw ... ..	Ex.	-	-	-	1	-	-	-	-	-	-	-	-
Beighton ... ..	Ex.	-	-	-	1	-	-	-	-	-	-	-	-
Barlborough ... ..	Ex.	-	-	-	-	1	-	-	-	-	-	-	-
Barrow Hill ... ..	Ex.	-	-	-	1	-	-	1	-	-	-	-	-
Staveley ... ..	Ex.	-	-	-	2	-	-	-	-	1	2	-	-
Norbriggs ... ..	Ex.	-	-	-	-	-	-	-	1	-	-	-	-
Old Brampton ... ..	Ex.	-	-	-	1	-	-	-	-	-	1	-	-
Calow ... ..	Ex.	-	-	-	1	-	-	-	-	-	-	-	-
Hasland ... ..	Ex.	-	-	2	-	-	-	-	-	-	-	-	-
New Bolsover ... ..	Ex.	-	-	-	-	-	-	-	-	-	1	1	-
Temple Normanton ...	Ex.	-	-	-	-	-	-	-	-	1	-	-	-
Grassmoor ... ..	Ex.	-	-	-	1	-	-	-	-	-	-	-	-
Heath Station ... ..	Ex.	-	-	-	1	-	-	-	-	-	-	1	-
North Wingfield ...	Ex.	-	-	-	1	-	-	-	-	-	1	-	-
Clay Cross ... ..	Ex.	-	-	1	1	-	-	-	-	-	1	-	-
Pilsley ... ..	Ex.	-	-	-	2	-	-	-	-	-	1	-	-
Higham ... ..	Ex.	-	-	-	1	-	-	-	-	-	-	-	-
Stonebroom ... ..	Ex.	-	-	-	-	-	-	-	-	-	1	1	-
Morton ... ..	Ex.	-	-	-	-	-	-	-	-	-	-	1	-
Shirland ... ..	Ex.	-	-	-	-	-	-	1	-	-	-	-	-
Tibshelf ... ..	Ex.	-	-	-	-	1	-	-	-	-	1	-	-
Blackwell ... ..	Ex.	-	-	-	-	-	-	-	-	1	1	-	-
South Normanton ...	Ex.	-	-	-	-	-	-	-	-	-	1	-	1
Lower Birchwood ...	Ex.	-	-	2	-	-	-	-	-	-	1	-	-
Riddings ... ..	Ex.	-	-	-	1	-	-	-	-	-	1	-	-
Ironville ... ..	Ex.	-	-	-	-	-	-	-	-	-	-	1	-
Ripley ... ..	Ex.	2	1	-	2	-	-	1	-	-	1	-	-
Heage ... ..	Ex.	-	1	-	-	-	-	-	-	-	-	-	-
Ilkeston ... ..	Ex.	1	-	2	3	-	-	1	2	-	1	-	-
Marehay ... ..	Ex.	-	-	-	-	-	-	-	-	-	1	-	-
Codnor ... ..	Ex.	-	-	1	-	-	-	-	1	-	-	-	-
Heanor ... ..	Ex.	1	-	-	2	-	-	1	-	1	-	-	-
Near Heanor ... ..	Ex.	-	-	-	1	-	-	-	-	-	-	-	-
Bargate ... ..	Ex.	-	-	-	-	-	-	-	1	-	-	-	-
Horsley Woodhouse ...	Ex.	-	-	-	-	-	-	-	-	-	1	-	-
Stanley Common ...	Ex.	1	-	-	-	-	-	-	-	-	-	-	-
Totals ...		5	2	8	25	2	-	5	5	4	18	6	1

## TOTAL CASES (Sexes together).

	Sheltered			Exposed		
	Arrested	Living.	Dead.	Arrested.	Living.	Dead.
I— <i>All Cases.</i>						
Numbers ...	15	4	3	53	15	13
Percentages	68.15	18.20	13.65	65.42	18.52	16.06
II— <i>Deaths and T B</i>						
<i>Positive cases only</i>						
Numbers	5	3	3	10	7	13
Percentages	45.46	27.27	27.27	33.33	23.33	43.34

## MAGNESIAN LIMESTONE (20 Cases)

Rainfall everywhere about 25 inches

No T.B. + cases except fatal ones.

PLACE.	Exposed or Sheltered	CASES											
		Females						Males					
		Positive.			Negative.			Positive			Negative.		
		A.	L.	D.	A.	L.	D.	A.	L.	D.	A.	L.	D.
Cresswell ...	S.	—	—	—	2	—	—	—	—	—	3	—	—
Shirebrook ...	S.	—	—	—	3	1	—	—	—	—	—	3	—
	Totals ...	—	—	—	5	1	—	—	—	—	3	3	—
Whitwell ...	Ex.	—	—	—	—	—	—	—	—	1	—	—	—
Clowne ...	Ex.	—	—	1	1	—	—	—	—	—	—	1	—
Nether Langwith ...	Ex.	—	—	—	2	—	—	—	—	—	1	—	—
Upper Langwith ...	Ex.	—	—	—	1	—	—	—	—	—	—	—	—
	Totals ...	—	—	1	4	—	—	—	—	1	1	1	—

## TOTAL CASES (Sexes together).

	Sheltered			Exposed		
	Arrested.	Living.	Dead.	Arrested.	Living.	Dead.
I.— <i>All Cases.</i>						
Numbers	8	4	—	5	1	2
Percentages	66.66	33.33	—	62.5	12.5	25.0



## TRIAS (37 Cases).

B.=Bunter sandstone and pebble-beds.

Ks.=Keuper Sandstone.

Km.=Keuper Marl.

PLACE.	Soil.	Approximate Rain-fall.	Sheltered or Exposed.	CASES.											
				Females						Males					
				Positive.			Negative.			Positive.			Negative.		
				A.	L.	D.	A.	L.	D.	A.	L.	D.	A.	L.	D.
Sandiacre ...	B plus Alluvium	25	S.	—	—	—	2	—	—	1	—	—	1	—	—
			Totals ...	—	—	—	2	—	—	1	—	—	1	—	—
Ashbourne ...	B.	34	Ex.	—	—	—	—	—	—	1	—	—	1	—	—
Ednaston ...	B.	34	Ex.	—	—	—	—	—	—	1	—	—	—	—	—
Edlaston ...	B.	34	Ex.	1	—	—	—	—	—	—	—	—	—	—	—
Stanhope															
Bretby ...	Ks.	26	Ex.	—	—	—	—	—	—	—	—	—	1	—	—
Ticknall ...	Ks.	26	Ex.	—	1	—	—	—	—	—	—	—	—	—	—
Thurvaston ...	Km.	30	Ex.	—	—	—	1	—	—	—	—	—	—	—	—
Allestree ...	Km.	27	Ex.	—	—	—	—	—	—	1	—	—	—	—	—
Hilltop ...	Km.	27	Ex.	—	—	—	—	—	—	—	—	—	1	—	—
Church															
Broughton	Km.	30	Ex.	—	—	—	—	—	—	1	—	—	—	—	—
Radbourne ...	Km.	27	Ex.	—	—	—	—	—	—	1	—	—	—	—	—
Mickleover ...	Km.	25	Ex.	—	—	—	—	—	—	1	—	—	—	—	—
Littleover ...	Km.	25	Ex.	—	—	—	2	—	—	—	—	—	—	—	—
Derby															
Barracks	Km.	26	Ex.	—	—	—	1	—	—	—	—	—	1	—	—
Allenton ...	Km.	25	Ex.	—	—	—	—	—	—	2	—	—	—	—	—
Alvaston ...	Km.	25	Ex.	—	—	—	1	—	—	1	—	—	—	—	—
Spondon ...	Km.	26	Ex.	—	—	—	—	—	2	—	—	—	—	—	1
Borrowash ...	Km.	25	Ex.	—	1	—	—	—	—	1	—	—	—	—	—
Sinfin ...	Km.	24	Ex.	—	—	—	—	—	—	—	—	—	1	—	—
Chellaston ...	Km.	24	Ex.	—	—	—	1	—	—	—	—	—	—	—	—
Breaston ...	Km.	24	Ex.	1	—	—	1	—	—	—	—	—	—	—	—
Draycott ...	Km.	24	Ex.	—	—	—	1	—	—	—	—	—	1	—	—
Overseal ...	Km.	26	Ex.	—	—	—	1	—	—	—	—	—	1	—	—
			Totals ...	2	2	—	9	—	2	5	5	—	7	—	1

## TOTAL CASES (Sexes together).

	Sheltered			Exposed		
	Arrested.	Living.	Dead.	Arrested.	Living.	Dead.
I.—All Cases.						
Numbers	4	—	—	23	7	3
Percentages	100·0	—	—	69·7	21·2	9·1
II.—Deaths and T.B. plus cases only.						
Numbers	1	—	—	7	7	3
Percentages	100·0	—	—	41·17	41·17	17·66

## SOUTHERN COALMEASURES (23 Cases).

Rainfall everywhere about 25 inches.

PLACE.	Sheltered or Exposed.	CASES											
		Females						Males.					
		Positive.			Negative.			Positive.			Negative.		
		A.	L.	D.	A.	L.	D.	A.	L.	D.	A.	L.	D.
Newhall ...	Ex.	4	-	-	-	-	-	3	2	1	3	-	-
Woodville ...	Ex.	-	-	-	-	-	-	-	1	-	-	-	-
Swadlincote ...	Ex.	1	-	-	-	-	-	3	-	-	-	-	-
Church Gresley ...	Ex.	1	-	-	-	-	-	-	-	-	-	-	-
Castle Gresley ...	Ex.	1	-	-	-	1	-	-	1	-	1	-	-
Totals ...		7	-	-	-	1	-	6	4	1	4	-	-

## TOTALS (Sexes together).

All cases in exposed positions.

				Exposed		
				Arrested.	Living.	Dead.
I.—All Cases.						
Numbers ...	...	...	...	17	5	1
Percentages ...	...	...	...	73.90	21.75	4.35
II.—Deaths and T.B. plus cases only.						
Numbers ...	...	...	...	13	4	1
Percentages ...	...	...	...	72.22	22.22	5.56

## ALLUVIUM (18 Cases.)

PLACE.	Approximate Rain- fall.	Sheltered or Exposed.	CASES											
			Females						Males.					
			Positive.			Negative.			Positive.			Negative.		
			A.	L.	D.	A.	L.	D.	A.	L.	D.	A.	L.	D.
Duffield ...	30	Ex.	-	-	-	-	-	-	-	-	-	-	-	1
Little Eaton ...	25	Ex.	-	-	-	-	-	-	-	-	-	2	-	-
Sawley ...	23	Ex.	-	-	-	-	-	-	-	-	-	1	-	-
Long Eaton ...	23	Ex.	2	-	-	1	-	-	2	3	-	6	-	-
Totals ...			2	-	-	1	-	-	2	3	-	9	-	1



## TOTALS (Sexes together).

All cases living in exposed positions.

	Exposed		
	Arrested.	Living.	Dead.
I.— <i>All Cases.</i>			
Numbers ... ..	14	3	1
Percentages ... ..	77.78	16.67	5.55
II.— <i>Deaths and T.B. plus cases only.</i>			
Numbers ... ..	4	3	1
Percentages ... ..	50.0	37.5	12.5

## SUMMARY I.

*Percentages of Mortalities on Different Subsoils.*

	(1) All Cases.		(2) All Deaths, but only Positive A and L Cases.	
	Sheltered.	Exposed.	Sheltered.	Exposed.
Millstone grit ... ..	3.45	21.10	5.0	30.80
Carboniferous limestone series ...	8.33	33.33	16.0	50.0
Northern coalmeasures ... ..	13.65	16.06	27.27	43.34
Magnesian limestone ... ..	0	25.0	No cases	No cases
Trias ... ..	No cases	9.10	„	17.66
Southern coalmeasures ... ..	„	4.35	„	5.56
Alluvium ... ..	„	5.55	„	12.50

Note.—Throughout these tables A=arrested, L=living, but not arrested and D=dead, certified from phthisis.

## SUMMARY II.

*Percentages of Arrests on Different Subsoils.*

	(1) All Cases.		(2) All Deaths, but only Positive A and L Cases.	
	Sheltered.	Exposed.	Sheltered.	Exposed.
Millstone grit ... ..	82.76	36.84	80.0	30.8
Carboniferous limestone series ...	58.34	33.33	52.0	16.7
Northern coalmeasures ... ..	68.15	65.42	45.46	33.33
Magnesian limestone ... ..	66.64	62.50	No cases	No cases
Trias ... ..	No cases	69.7	„	41.17
Southern coalmeasures ... ..	„	73.90	„	72.22
Alluvium ... ..	„	77.78	„	50.0

## SUMMARY III.

*Totals.*

	Sheltered.			Exposed.		
	A.	L.	D.	A.	L.	D.
<i>(1) All Cases.</i>						
Millstone grit ... ..	24	4	1	7	8	4
Carboniferous limestone series ...	28	16	4	3	3	3
Northern coalmeasures ... ..	15	4	3	53	15	13
Magnesian limestone ... ..	8	4	—	5	1	2
Trias ... ..	4	—	—	23	7	3
Southern coalmeasures ... ..	—	—	—	17	5	1
Alluvium ... ..	—	—	—	14	3	1
Totals ... ..	79	28	8	122	42	27
Percentages ... ..	68·69	24·35	6·96	63·87	22·0	14·13
<i>(2) All Deaths, but only Positive A and L Cases.</i>						
Millstone grit ... ..	16	3	1	4	5	4
Carboniferous limestone series ...	13	8	4	1	2	3
Northern coalmeasures ... ..	5	3	3	10	7	13
Magnesian limestone ... ..	—	—	—	—	—	2
Trias ... ..	1	—	—	7	7	3
Southern coalmeasures ... ..	—	—	—	13	4	1
Alluvium ... ..	—	—	—	4	3	1
Totals ... ..	35	14	8	39	28	27
Percentages ... ..	61·39	24·56	14·05	41·49	29·79	28·72

Thus in Derbyshire, as in Devonshire and West Shropshire, there is a remarkable body of evidence showing that patients with early phthisis die more often and recover more rarely when residing in exposure to strong prevalent rain-bearing winds than when residing in shelter from them, and this to a degree which cannot be considered negligible.

It is obviously important that phthisis sanatoriums should be located in shelter from these winds, and even more important that phthisis patients, on leaving their sanatoriums, should be advised to reside for some years in such shelter.



TABLE I									
Summary of the results of the experiments on the effect of the concentration of the solution on the rate of the reaction									
Concentration of the solution (M)	Rate of the reaction (M/min)	Concentration of the solution (M)	Rate of the reaction (M/min)	Concentration of the solution (M)	Rate of the reaction (M/min)	Concentration of the solution (M)	Rate of the reaction (M/min)	Concentration of the solution (M)	Rate of the reaction (M/min)
0.01	0.001	0.02	0.002	0.03	0.003	0.04	0.004	0.05	0.005
0.06	0.006	0.07	0.007	0.08	0.008	0.09	0.009	0.10	0.010
0.11	0.011	0.12	0.012	0.13	0.013	0.14	0.014	0.15	0.015
0.16	0.016	0.17	0.017	0.18	0.018	0.19	0.019	0.20	0.020
0.21	0.021	0.22	0.022	0.23	0.023	0.24	0.024	0.25	0.025
0.26	0.026	0.27	0.027	0.28	0.028	0.29	0.029	0.30	0.030
0.31	0.031	0.32	0.032	0.33	0.033	0.34	0.034	0.35	0.035
0.36	0.036	0.37	0.037	0.38	0.038	0.39	0.039	0.40	0.040
0.41	0.041	0.42	0.042	0.43	0.043	0.44	0.044	0.45	0.045
0.46	0.046	0.47	0.047	0.48	0.048	0.49	0.049	0.50	0.050
0.51	0.051	0.52	0.052	0.53	0.053	0.54	0.054	0.55	0.055
0.56	0.056	0.57	0.057	0.58	0.058	0.59	0.059	0.60	0.060
0.61	0.061	0.62	0.062	0.63	0.063	0.64	0.064	0.65	0.065
0.66	0.066	0.67	0.067	0.68	0.068	0.69	0.069	0.70	0.070
0.71	0.071	0.72	0.072	0.73	0.073	0.74	0.074	0.75	0.075
0.76	0.076	0.77	0.077	0.78	0.078	0.79	0.079	0.80	0.080
0.81	0.081	0.82	0.082	0.83	0.083	0.84	0.084	0.85	0.085
0.86	0.086	0.87	0.087	0.88	0.088	0.89	0.089	0.90	0.090
0.91	0.091	0.92	0.092	0.93	0.093	0.94	0.094	0.95	0.095
0.96	0.096	0.97	0.097	0.98	0.098	0.99	0.099	1.00	0.100

The results of the experiments on the effect of the concentration of the solution on the rate of the reaction are shown in Table I. It is seen that the rate of the reaction increases with the concentration of the solution. The rate of the reaction is directly proportional to the concentration of the solution.

The results of the experiments on the effect of the concentration of the solution on the rate of the reaction are shown in Table I. It is seen that the rate of the reaction increases with the concentration of the solution. The rate of the reaction is directly proportional to the concentration of the solution.

# COUNTY OF DERBY.

## Appendix II.

Table of Deaths during the year 1927 in each of the URBAN Sanitary Districts, Classified according to Diseases.

URBAN SANITARY DISTRICT.	DEATHS FROM SURVIVED CAUSES.																														Total.				
	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Meningitis.	Tuberculosis of Respiratory System.	Tuberculosis of other Organs.	Cancer.	Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Hæmorrhage etc.	Heart Disease.	Arterio- Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Stomach or Duodenum.	Intestines, etc.	Appendicitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Pyelitis and Cystitis.	Other Acute Diseases of Internal Organs.	Constitutional Diseases including Syphilis.	Suicides.		Other Deaths from Violence.	Deaths from Other Causes.	All Causes.	
ALFRETON			1		1	1	14			7	5	28		2	12	21	12	11	18	3	1			1	4	1		13	7	11	53	2		231	
ALVASTON & BOULTON							1			1	1	1				2	1	1	3	6		1	1			1			3	3	4	7			37
ASHBOURNE					2		5			1	1	7				3	8		1			3	1			1					14	1		49	
BAKEWELL						2				1		2			1	3	10	1	3	3	1					3	1							43	
BASLOW						1				1					1	2		2								3	1							14	
BELPER					1		7			9	4	11	1	5	8	19	8	6	9	2	2	1		2	4	1		7		4	24			133	
BOLSOVER			3		5	1	9			3	1	13			5	10	2	12	14		1	1	2	1	1	1		8	1	6	22	2		124	
BONSALL						1				1	1	4	1		3	5				1														21	
BRAMPTON & WALTON						1	1			1		6				3	1	3	5															26	
BUXTON (Boro')							19			7	3	28		2	7	23	8	5	7	2	2	2			10	1		11	4	4	33			178	
CHESTERFIELD (Boro')	1		2	2	3	10	36	4		60	25	76	2	4	37	109	23	52	92	12	6	7	1	2	12	1	5	42	7	15	134	4	1	1	788
CLAY CROSS				1	2		3			4		12			4	17	1	11	12			3			3		1	3			4	19		100	
CRONFIELD						1	4			2		2			3	5	4	7			1	1			3			4			12	2		51	
GLOSSOP (Boro')					6		7	1		5	1	32	1	6	22	45	5	18	12	2	3	1	3		7		2	6	3	3	61	1		253	
HAGE						1				4	1	8	1				2	3	3	1	1				1			2	1	1	9			39	
HEANOR			1		1	1	27	1		8	6	25				10	36	13	11	15	4	2	3		2	4		2	18	2	6	42	4		244
LEASTON (Boro')					3		16			23	7	22	2	1	23	30	16	45	34	5		6	1		8	2	1	22	2	19	75	4		367	
LONG EATON			1			2	11			11	3	31	1	5	14	41	4	17	21	3	1		2		8			12	4	6	42	2		242	
MATLOCK				1	1	14				6		13				13	20	7	7	6	3			1	3			4	2	7	21	1		130	
NEW MILLS						9	1			5	2	15			1	10	11	8	4	4	4		1			5		8		4	25			117	
NORTH DARLEY						1	7			2	2	7			2	3		1		2					1				1	1	10			60	
RIPELEY						11				3	1	18	2	3	4	11	7	4	14	2	3		1		6	1	1	5	2	2	37			138	
SOUTH DARLEY						1																												3	
STADLINCOTE	4		2			23				11	1	19		1	16	29	4	13	14	5	1			1	8		2	11	2	7	42	3		219	
WISWORTH						13				1	2		2	4	15	2	2	7						3		1	5	1		7				66	
TOTAL OF URBAN DISTRICTS	5		10	3	25	19	213	7		176	66	382	11	34	267	475	192	239	295	24	25	27	11	11	96	10	15	188	43	108	709	27	1	1	2653



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# COUNTY OF DERBY.

Appendix IIa.

Table of Deaths during the year 1927 in each of the RURAL Sanitary Districts, Classified according to Diseases.

RURAL SANITARY DISTRICTS.	DEATHS FROM RUINOUS CAUSES.																														TOTAL.					
	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Erysipelas.	Pharyngitis.	Tracheitis.	Other Tuberculous Diseases.	Cancer Malignant Diseases.	Rheumatic Fever.	Diabetes.	Cerebral Hemorrhage, &c.	Heart Disease.	Arterio Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, &c. (under 2 years).	Appendicitis and Typhilitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Septic.	Other Accidents and Diseases of Pregnancy and Parturition.	Causes ill-defined or unknown.	Polio-myelitis.	Polio-encephalitis.	Anthrax.	All Causes.				
ASHBOURNE	...	...	...	...	...	8	...	1	9	1	11	...	1	5	19	3	8	5	1	...	...	1	...	1	...	1	1	...	6	2	4	32	1	...	...	120
BAKEWELL	...	...	...	...	1	1	17	...	...	7	1	22	...	6	21	44	16	18	12	7	3	1	1	1	2	...	1	6	3	6	51	2	...	...	250	
BASFORD	...	...	1	...	...	4	...	...	1	...	2	...	...	1	5	1	1	2	1	...	...	...	...	...	...	...	...	1	...	3	...	...	...	23		
BELPER	...	...	...	...	2	1	16	...	1	11	1	40	...	6	10	38	22	15	30	3	1	1	1	1	7	2	1	10	4	7	60	3	...	...	284	
BLACKWELL	...	...	9	...	3	8	40	3	1	32	13	41	4	6	22	54	9	30	68	13	1	14	5	1	13	1	4	36	5	24	87	1	...	...	548	
CHAPEL-EN-LE-FRITH	...	...	...	...	...	1	17	...	...	9	2	30	3	2	17	23	10	4	2	1	2	1	2	...	5	...	2	11	3	12	53	1	...	...	213	
CHESTERFIELD	1	...	5	2	15	15	49	4	1	36	17	112	3	11	46	148	38	78	134	10	4	5	7	3	18	2	9	59	9	40	145	2	1	...	1029	
CLOWN	...	...	...	...	2	3	5	...	...	4	2	16	1	1	13	13	5	12	18	1	...	2	2	1	2	...	2	11	2	10	50	...	...	1	179	
GLOSSOP DALE	...	...	...	...	...	2	4	...	1	2	...	6	...	2	4	5	3	4	1	1	...	...	...	...	1	...	1	2	1	1	5	...	...	...	46	
HARTSHORNE & SEALS	...	...	...	...	1	1	14	...	...	5	3	15	...	...	8	12	1	9	4	2	1	1	1	...	2	...	...	3	...	2	22	1	...	...	108	
HAYFIELD	...	...	...	...	...	...	...	...	...	4	1	11	1	1	4	6	8	5	4	...	1	...	...	...	6	...	...	3	...	4	12	...	...	...	71	
NORTON	...	...	...	...	1	...	4	...	...	1	1	11	...	1	...	10	4	2	1	1	...	...	...	...	4	...	...	...	1	1	9	...	...	1	53	
REPTON	...	...	2	...	4	1	25	2	...	7	2	21	...	2	5	35	8	13	13	2	1	1	1	1	6	...	2	12	1	6	53	6	...	...	232	
SHARDLOW	...	...	...	1	...	6	...	34	1	...	18	5	51	2	8	13	39	11	20	23	7	2	5	2	1	9	...	3	17	5	11	96	3	...	...	383
SUDBURY	...	...	...	...	1	...	1	...	...	1	1	3	...	...	2	5	6	2	...	...	...	...	1	...	...	...	...	...	...	2	7	...	...	...	32	
TOTAL OF RURAL DISTRICTS	1	...	18	2	36	33	238	10	5	147	50	392	14	47	171	466	145	221	307	80	16	32	23	9	76	6	25	177	36	130	675	20	1	1	1	3571
WHOLE COUNTY.																																				
RURAL DISTRICTS	1	...	18	2	36	33	238	10	5	147	50	392	14	47	171	466	145	221	307	80	16	32	23	9	76	6	25	177	36	130	675	20	1	1	1	3571
URBAN DISTRICTS	5	...	10	3	25	19	243	7	...	176	66	382	11	34	307	475	132	239	295	84	25	27	11	11	96	10	15	188	43	1088	709	27	1	1	...	3655
WHOLE COUNTY	6	...	28	5	61	52	481	17	5	323	116	774	25	81	378	981	277	460	602	164	41	59	34	20	172	16	40	365	79	235	1384	47	2	2	1	7226



