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Derbyshire County Council.

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER,

For the Year 1928,

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.

DERBY:

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

To the Chairman and Members of the

Derbyshire County Council and the

Derbyshire Education Committee.

My Lord Duke, Ladies and Gentlemen,

I have the honour to present to you the Thirty-ninth Annual Report on the Health of the County of Derby, and the Twenty-second Report on the work of the School Medical Service.

This Report takes the form of an "Ordinary Report" as distinct from a "Survey Report" in accordance with the request of the Ministry of Health.

I have again combined the Public Health and School Medical Reports into one volume as they refer to services which are inseparable parts of the Public Health Service. However, the practice of combining the two Sections unduly holds up the presentation of the School Medical Section, which has to be in the hands of the Board of Education early in the year. In view of the tardy arrival of Reports from the District Medical Officers of Health, the Education Section of this Report has to be printed for the Board of Education and then laid aside for a number of months awaiting the completion of the Public Health Section, when the two Reports are published together.

It would not be possible to publish the Health Report in its present form without first having received the Reports of the District Medical Officers, as this would necessitate omitting much of the information and many of the statistics asked for by the Ministry of Health which are invaluable from the administrative point of view and in the form of an Annual Report are readily accessible for comparison. The Ministry of Health requests that the Annual Reports should be available not later than the middle of May. By that time I had received only two Reports from the 40 Districts in the County. There was some excuse this year however for the Local Medical Officers of Health, as the Registrar-General's figures which are necessary for the compilation of their Reports were not forthcoming until May 3rd.

Since the publication of my last Report, the Local Government Act, 1929, has been placed on the Statute Book. This Act is very largely a public health measure. I go so far as to say that it is primarily a health measure giving great powers to County Councils towards the betterment of the public health and towards the alleviation of the suffering of those whose health has broken down.

Particulars of the various extensions which have taken place in the work of the County Public Health Service are given in the body of the report. Here I particularly wish to draw attention to the continued development of the orthopædic scheme, both at the Central Orthopædic Hospital at Bretby and in the County districts by the provision of additional orthopædic clinics. The

hospital is now of sufficient magnitude to justify the appointment of a Medical Superintendent, and this appointment has been made. Additional orthopædic clinics have been opened at Bakewell, Chinley and Shirebrook. During the year the Board of Education approved the hospital as a Special School under Part V. of the Education Act, 1921.

Another noteworthy extension is the institution of a series of ante-natal clinics, covering the whole County area, attended by an officer with special qualifications in gynæcology and obstetrics.

The work of the prevention of the pollution of rivers and streams is one of difficulty and shows a steady increase for some years past. It will be noticed that the increase during 1928 has been considerable, in fact the work has more than doubled.

The year 1928 can be said to be a year during which the health of the County was exceptionally good. It will be seen that the general death-rate is the lowest on record, the infantile mortality rate is appreciably lower than it has ever been and the Zymotic death-rate is also the lowest yet recorded. The maternal mortality rate shows a reduction from 5·0 to 4·3 per thousand of the population due entirely to a marked diminution in the number of deaths from accidents and diseases of pregnancy and parturition. It is disappointing however, to find that the deaths from Puerperal Fever have increased in spite of the facilities which are now available for hospital treatment, consultant opinion and bacteriological examinations.

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, 1929.

TABLE OF CONTENTS.

PART I.—PUBLIC HEALTH SECTION.

TUBERCULOSIS.

TABLES.

TUBERCULOSIS.

APPENDICES.

PLANS AND CHARTS.

PART II.—SCHOOL SECTION.

TABLES.

ILLUSTRATIONS, &c.

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., (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.
	Dr. C. Kingston, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.P.H. (Ox.). (appointed October 18th, 1928).
(*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. (resigned April 1st, 1929).
	Dr. W. H. S. McGregor, M.R.C.S. (Eng.) L.R.C.P. (Lond.), (appointed April 2nd, 1929).
(*f*) Consulting Surgeon, Bretby Orthopœdic 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.) (resigned April 30th, 1929).
Med. Supt. at Bretby	Dr. G. A. Q. Lennane, M.B. (Camb.), M.R.C.S. (Eng.), (appointed June 22nd, 1929).
(*h*) Hon. Consulting Radiologist and Electrologist ...	Dr. A. R. Laurie, M.B., Ch.B. (Edin.), D.M.R.E. (Camb.).
(*i*) Maternity and Child Welfare ...	Dr. E. E. Stephens, M.D., B.S. (Lond.)
Organiser of Infant Welfare Centres ...	Miss E. Gray.
Regional Inspectors of Midwives	Miss Sleigh, Miss Thorpe, Miss Wilson, Miss Woodford.
County Sanitary Inspectors	H. Dickinson, Cert. R.S.I., Cert. Meat Inspector.
	H. Mallinson, Cert. R.S.I., Cert. Meat Inspector.
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 Alexander, Miss Booth, Miss Waller, Miss Smith.

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
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
Dennis, S.	2, 3	23/3/25
Freeman, E.	2, 3, 7	22/3/26
Halliday, M. T.	2, 3	5/4/27
McIntosh, A. J.	2, 3, 7	2/1/28
Bather, D. C.	1, 2, 3, 7	30/5/28
Webster, E.	2, 3	3/9/28
Fitzmaurice, M. M.	2, 3	4/2/29
Hitchcock, M.	2, 3	8/5/29

(One Vacancy)

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.

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-Eight Years.

Year.		Death Rates per 1,000 of Population.								Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births.
		Small Pox.	Scarlatina	Diphtheria & Membranous Croup.	Typhoidal Fevers.	Measles.	Whooping Cough.	* Diarrhœa	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	WHOLE COUNTY ...	—	·01	·08	·01	·04	·10	·09	·33	11·63	18·02	71·2
	England and Wales ...	·00	·01	·07	·01	·09	·09	·10	·37	12·3	16·7	69·0
1928	Urban Districts ...	—	·01	·08	·01	·13	·05	·10	·38	10·58	17·14	64·2
	Rural Districts ...	—	·01	·06	·01	·09	·03	·07	·27	9·80	18·52	61·7
	WHOLE COUNTY ...	—	·01	·07	·01	·11	·04	·08	·32	10·20	17·80	63·0
	England and Wales	·00	·01	·06	·01	·11	·07	·11	·37	11·7	16·7	65·0

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

† Deaths from Diarrhœa under 2 years of age only.

Report on the Health of Derbyshire for the Year 1928.

STATISTICS AND SOCIAL CONDITIONS.

AREA.

The Administrative County of Derby comprises 40 Sanitary Districts, four of which are Municipal Boroughs, 21 Urban Districts and 15 Rural Districts. At the end of 1928 the County had a total area of 643,232 acres, 92,531 in the Boroughs and Urban Districts and 550,701 in the Rural Districts. This is 1,865 acres less than in the previous year, consequent upon the extension of the County Borough of Derby. Details of the Derby Borough Extension were given in my Report for 1927. During 1928, the Sheffield Corporation promoted a Bill for the extension of their boundaries and as a result a further 2,364 acres and a population of 20 will be taken from the County area as from April 1st, 1929.

POPULATION.

The Registrar-General's estimate of the population of the Administrative County of Derby as at the middle of 1928 is 622,400. In consequence, however, of the extension of the County Borough of Derby as from April 1st, 1928, and the fact that the numbers of births and deaths include those occurring in the County area before the extension, the Registrar-General has made adjustments of the population for the purposes of Birth and Death Rates in the Districts concerned. The population in these areas and in the County as a whole is as follows :—

	Estimated population.	
	Middle of 1928.	*For Birth and Death Rates.*
Alvaston & Boulton Urban ...	2,061	2,301
Belper Rural	24,960	25,090
Shardlow Rural	35,740	37,070
Urban Districts	322,380	322,620
Rural Districts	300,020	301,480
Whole County	622,400	624,100

INHABITED HOUSES.

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

The estimated number of houses at the end of 1928 was 143,486, of which 74,461 are in Boroughs and Urban Districts and 69,025 in Rural Districts.

During the year 1,972 new houses were erected

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

RATEABLE VALUE.

The Rateable Value of the Administrative County in October, 1928, for County Rate purposes was £3,209,483, and a Penny Rate over the whole County represented the sum of £13,373.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

(See Survey Report for 1925, pages 9 and 10).

VITAL STATISTICS.

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

		Total.	*Males.*	*Females.*	*Rate per 1,000 of population.*
Live Births	Legitimate	10,643	5,505	5,138	17·80
	Illegitimate ...	469	242	227	
Deaths		6,369	3,323	3,046	10·20

No. of women dying in or in consequence of childbirth	From sepsis	21
	From other causes	27

	Legitimate.	*Illegitimate.*	*Total.*
Deaths of infants under 1 year of age per 1,000 births	58·9	134·3	63·0

Deaths from Measles	70
Deaths from Whooping Cough	26
Deaths from Diarrhœa (under 2 years) ...	52

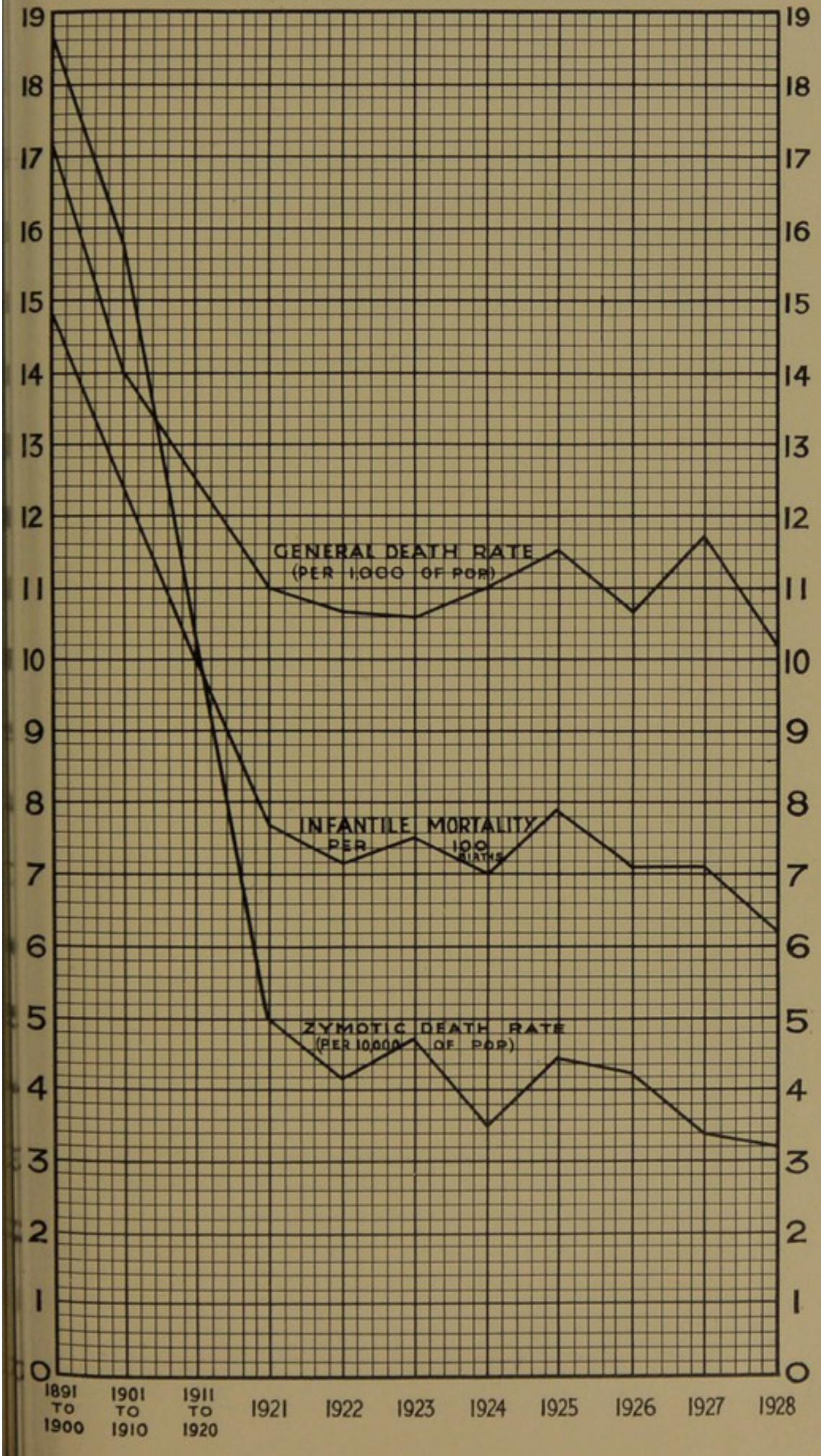
Infantile Mortality.—The Infantile Mortality for the year was 63·0 per 1,000 births, a considerable reduction on the previous year, the figure for which was 71·3.

Births.—The Birth-rate for the year under review was 17·80, which is the lowest recorded since 1891. The legitimate births numbered 10,643 and the illegitimate 469.

Deaths.—6,369 deaths occurred during the year, giving a death-rate of 10·20 per 1,000 of the population, as compared with 11·63 for the previous year.

DIAGRAM·SHEWING

GENERAL DEATH RATE, INFANTILE MORTALITY AND ZYMOTIC DEATH RATE 1891-1928



COUNTY OF DERBY. Year ending December 31st, 1928.

Table II.

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 middle of 1928.	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 Diarrhœal Diseases (under 2 years)	Phthisis Death Rate.	Respiratory Death Rate	Infantile Death Rate per 1,000 Births.
ALFRETON	S. O. Bingham, M.R.C.S.	4,626	19,046	20,472	108	20,800	21,710	369	201	16·99	9·25	·41	·14	·41	·82	75·8
ALVASTON AND BOULTON	C. F. Druitt, M.R.C.S., L.R.C.P.	1,321	1,398	1,620	115	1,632	2,061 *2,301**	65	35	28·25	15·21	·87	·43	...	1·30	107·7
ASHBOURNE	E. A. Sadler, M.D.	573	4,059	4,144	102	4,166	4,537	62	58	13·67	12·78	...	...	·22	1·10	48·3
BAKEWELL	C. W. Evans, M.B.	3,061	3,078	3,064	99	2,964	3,165	46	32	14·53	10·11	...	...	1·58	·94	43·4
BASLOW	T. Fentem, M.D., D.P.H.	5,634	858	866	101	811	861	10	10	11·61	11·61	...	...	...	...	...
BELPER	R. C. Allen, M.R.C.S., D.P.H.	3,183	11,640	12,324	104	12,330	13,100	229	155	17·48	11·83	·45	·15	·84	1·60	82·9
BOLSOVER	W. Stratton, L.R.C.P.I.	4,955	11,214	11,475	102	11,700	12,830	271	123	21·12	9·58	·39	·15	·39	1·63	95·9
BONSALL	A. G. Harvey, M.D., M.B. A. R. Waterhouse, M.R.C.S., L.R.C.P.	2,447	1,248	1,167	94	1,170	1,214	18	26	14·83	21·42	·82	...	1·64	·82	111·1
BRAMPTON AND WALTON	R. A. McCrea, M.B.	9,000	2,059	2,316	112	2,323	2,236	29	25	12·97	11·18	·44	...	·89	·44	34·4
BUXTON (Borough)	T. B. Flint, M.R.C.S.	3,101	13,760	15,641	114	14,790	17,400	231	184	13·27	10·57	·17	...	·34	1·20	38·9
CHESTERFIELD (Borough)	R. P. Garrow, M.D., D.P.H. J. A. Stirling, M.B., D.P.H.	8,474	55,309	61,232	111	62,400	65,630	1,261	667	19·21	10·16	·32	·12	·58	1·41	66·6
CLAY CROSS	N. K. Sparrow, L.R.C.P.I.	1,467	8,365	8,686	104	8,840	8,811	186	100	21·11	11·35	·79	·11	·56	1·58	53·7
DRONFIELD	O. H. Hudson, M.R.C.S.	1,045	3,943	4,434	112	4,448	4,488	75	58	16·71	12·92	1·56	·22	·89	1·78	133·3
GLOSSOP (Borough)	E. H. M. Milligan, M.D., D.P.H.	3,052	21,688	20,531	95	20,870	19,640	258	257	13·13	13·08	·10	·05	·20	1·22	77·5
HEAGE	R. C. Allen, M.R.C.S., D.P.H.	2,367	3,474	3,740	107	3,801	4,448	76	40	17·09	8·99	·22	...	·89	1·12	78·9
HEANOR	W. H. Turton, M.B.	3,509	19,851	21,436	108	21,870	22,780	394	208	17·30	9·13	·43	·17	·52	1·40	60·9
ILKESTON (Borough)	C. Herington, M.B., D.P.H. H. L. Barker, M.D., M.R.C.S., D.P.H.	2,526	31,657	32,266	102	32,980	33,000	614	335	18·61	10·15	·27	·18	·54	1·57	60·2
LONG EATON	J. Moir, M.B.	3,323	19,207	19,489	102	20,499	21,600	350	223	16·20	10·32	·04	...	·74	·83	31·4
MATLOCK	H. Fleming, M.B.	7,001	10,343	10,545	102	9,555	9,894	141	113	14·25	11·42	...	...	·60	1·51	28·3
NEW MILLS	G. B. Pemberton, M.B., D.P.H.	5,204	8,998	8,490	94	8,590	8,945	115	97	12·85	10·84	·78	·11	·22	1·34	60·8
NORTH DARLEY	C. R. Wills, M.B.	5,142	3,317	3,264	98	3,219	4,084	53	38	12·98	9·30	...	...	·73	·73	...
RIPLEY	R. A. Ryan, L.R.C.P.I.	2,815	11,848	13,292	112	13,560	14,000	221	136	15·78	9·71	·28	·07	·64	·85	54·2
SOUTH DARLEY	J. L. Fletcher, M.B.	2,008	809	740	91	731	661	8	13	12·10	19·66	1·51	...	...	...	125·0
SWADLINCOTE	S. T. Cochrane, M.D., D.P.H.	3,670	18,674	20,012	107	20,440	21,350	395	221	18·50	10·35	1·12	·09	·60	·56	68·3
WIRKSWORTH	E. D. Broster, M.R.C.S., D.P.H. A. R. Waterhouse, M.R.C.S., L.R.C.P.	3,027	3,888	3,610	93	3,606	3,935	52	59	13·21	14·99	...	...	1·27	1·77	96·1
TOTAL		92,531	289,731	304,856	105	308,095	322,380 *322,620**	5,529	3,414	17·14	10·58	·37	·10	·55	1·24	64·2

* Adjusted Populations for Birth and Death Rates.

COUNTY OF DERBY. Year ending December 31st, 1928.

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.					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 Percentage	Corrected Population 1921.	Estimated Pop'lation to middle of 1928.			Birth Rate.	Death Rate	Zymotic Death Rate.	Death Rate from con-tinued Fever and Diarrhœal Diseases (under 2 yrs.)	Phthisis Death Rate.	Respiratory Death Rate.	
ASHBOURNE	H. H. Hollick, M.R.C.S.	70,380	10,294	10,367	101	13,000	10,590	169	118	15·96	11·14	·19	...	·19	·75	53·2
BAKEWELL	T. Fentem, M.D., D.P.H.	81,772	18,461	18,666	100	18,100	18,810	286	218	15·20	11·59	·05	...	·26	1·54	31·4
BASFORD	W. H. Parkinson, M.D., D.P.H. ...	3,569	1,450	1,481	102	1,504	1,781	31	16	17·40	8·98	...	...	...	·56	32·2
BELPER	R. Morrison, L.R.C.P. & S.	50,166	23,586	23,494	100	23,620	24,960 *25,090**	404	225	16·10	8·96	·19	·04	·43	1·15	54·4
BLACKWELL	A. H. Wear, M.B., B.S., D.P.H.	21,237	39,306	41,880	107	42,450	44,640	1021	428	22·87	9·58	·33	·24	·87	·92	75·4
CHAPEL-EN-LE-FRITH	G. Cochrane, M.B., D.P.H.	80,389	16,935	16,144	95	15,890	16,490	224	152	13·58	9·21	...	...	·30	·78	35·7
CHESTERFIELD	H. Peck, M.D., D.P.H.	68,068	71,653	76,143	106	77,000	85,000	1,790	848	21·06	9·97	·34	·07	·42	1·38	75·9
CLOWN	W. Spencer, L.R.C.P.	13,428	17,844	17,506	98	17,730	18,760	371	163	19·78	8·69	·31	·05	·42	1·33	45·8
GLOSSOP DALE	E. H. M. Milligan, M.D., D.P.H. ...	17,891	4,009	3,780	94	3,810	3,887	44	55	11·32	14·15	...	...	·51	2·57	45·4
HARTSHORNE AND SEALS	R. W. Logan, M.R.C.S.	11,479	7,939	8,598	108	8,720	8,805	146	94	16·58	10·67	·90	·22	...	1·13	47·9
HAYFIELD	G. B. Pemberton, M.B., D.P.H. ...	10,282	5,170	4,520	87	4,413	4,352	67	55	15·40	12·64	...	...	·23	1·60	44·7
NORTON	D. Green, M.B., F.R.C.S.	8,738	3,919	4,639	118	4,570	5,286	63	62	11·92	11·73	18	...	·18	·37	47·6
REPTON	J. A. Watt, M.B., D.P.H.	54,272	16,133	16,500	102	16,420	18,350	322	166	17·55	9·04	·49	·05	·54	·87	34·1
SHARDLOW	S. Hunt, M.R.C.S.	41,731	30,900	33,755	109	33,501	35,740 *37,070**	594	332	16·02	8·95	·16	·02	·54	·80	60·6
SUDBURY	G. H. Herbert, M.R.C.S.	17,299	2,683	2,537	94	2,509	2,569	51	23	19·85	8·95	...	...	·39	1·16	78·4
RURAL DISTRICTS		550,701	270,282	280,010	104	280,537	300,020 *301,480**	5,583	2,955	18·52	9·80	·27	·07	·46	1·13	61·7
URBAN DISTRICTS		92,531	289,731	304,856	105	308,095	322,380 *322,620**	5,529	3,414	17·14	10·58	·37	·10	·55	1·24	64·2
WHOLE COUNTY		643,232	560,013	584,866	104	588,632	622,400 *624,100**	11,112	6,369	17·80	10·20	·32	·09	·51	1·19	63·0

* Adjusted Populations for Birth and Death Rates.

Zymotic Diseases.—The Zymotic Death-rate for the year was 0·32 per 1,000 of the population compared with 0·33, the rate for the previous year.

It is worthy of particular note that the Infantile Mortality, Deaths, and Deaths from Zymotic Diseases Rates of 63·0, 10·20 and 0·32 respectively are in each case the lowest on record, that is since 1891 when records were first kept. The highest Infantile Mortality Rate was 156 in the years 1892 and 1898 ; the highest Death-rate was 19·1 in 1892 and the highest Zymotic Disease Death-rate was 2·2 in 1892 and 1896.

GENERAL PROVISION OF HEALTH SERVICES.

FEVER HOSPITALS.

In August, last year, the Ministry of Health submitted a summary of the accommodation at the various Isolation Hospitals in the County with a request that this should be verified by the various Hospital Committees. This has been done and the following is a copy of the information so obtained :—

Infectious Diseases Hospital Accommodation.

Name of Hospital.	*No. of Ward Blocks.*	*No. of Wards.*	*No. of beds on basis of* 1 *per* 144 *sq. ft. of floor space, or in case of single wards,* 120 *sq. ft.*
Belper	4	9	16
Buxton	2	8	19
Penmore ...	4	11	50
Morton	2	6	24
Mastin Moor ...	2	6	22
Dronfield ...	2	6	22
Langwith ...	2	6	27
Gamesley ...	3	5	15
Haddon	2	4	16
High Peak ...	3	6	20
Ilkeston ...	2	4	11
Etwall	2	4	28
Draycott	2	5	24

Smallpox Hospital Accommodation.

Ashbourne ...	3	3	7
Spital	3	5	40
Haddon	1	2	6
Heanor	1	3	7
High Peak ...	1	2	6
Long Eaton ...	2	6	9
Etwall	1	2	6
Swadlincote ...	2	4	19

Haddon Hospital.—This Hospital was opened in September, 1928. A description of the hospital and details of the accommodation were given in my last Annual Report, page 13.

Draycott.—At the Draycott Hospital, the erection of a new cubicle block of 12 beds and a nurses' home is being proceeded with and woll be opened during 1929.

Grants to Hospital Committees.

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.

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. ..	12830	78	78	29	26	14	12	—	—	121	116
Clay Cross U. ..	8811	1	1	19	10	13	6	1	—	34	17
Dronfield U. ..	4488	—	—	12	12	1	1	2	2	15	15
Blackwell R. ..	44640	101	101	115	102	52	46	1	1	269	250
Chesterfield R. ..	85000	98	98	170	149	143	122	2	2	413	371
Clowne R.	18760	—	—	40	36	7	7	1	1	48	44
Norton R.	5286	—	—	16	9	1	1	1	1	18	11
Totals ..	179815	278	278	401	344	231	195	8	7	918	824

CHESTERFIELD HOSPITAL DISTRICT.

Brampton&Walton U.	2236	—	—	2	—	2	2	—	—	4	2
Chesterfield Boro' ..	65630	11	11	106	82	146	117	2	1	265	211
Totals ..	67866	11	11	108	82	148	119	2	1	269	213

BELPER HOSPITAL DISTRICT.

Alfreton U. ..	21710	130	130	28	8	13	2	1	—	172	140
Belper U. ..	13100	39	39	24	18	5	5	—	—	68	62
Heage U. ..	4448	2	2	2	2	4	4	—	—	8	8
Ripley U. ..	14000	15	15	34	21	6	1	—	—	55	37
Wirksworth U. ..	3935	1	1	3	3	—	—	1	—	5	4
Belper R. ..	24960	18	18	25	22	7	5	—	—	50	45
Totals ..	82153	205	205	116	74	35	17	2	—	358	296

STATISTICAL INFORMATION RELATING TO ISOLATION HOSPITAL COMMITTEES APPLYING FOR A GRANT.

TABLE III.

Year ended March 31st, 1928.

Name of Hospital.	Belper.	Chesterfield—Penmore. Infectious Diseases.	Chesterfield—Penmore. *Tuberculosis.*	Dronfield.	Mastin Moor.	Morton.	Langwith.	High Peak	Shardlow.	Repton.	Ilkeston.
Total Number of Beds in Hospital	83	59	18	28	36	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 1928...	82,153	67,866		179,815				29,787	59,401	23,781	33,009
Cases Admitted during year ended March 31st, 1928 :—											
Smallpox	390	—	—	—	—	—	—	1	—	—	13
Scarlet Fever	72	118	—	76	120	97	148	85	109	92	72
Diphtheria	11	86	—	47	69	109	68	39	77	25	3
Typhoid Fever	1	—	—	4	—	2	—	—	—	—	1
Other Diseases	—	23	40	2	—	—	—	—	—	—	—
TOTAL	474	227	40	129	189	208	216	125	186	117	89
Average number of patients in Hospital each day	29	22·36	12·41	11·08	21·23	17·34	21·06	13	20	11·8	6·8
Permanent Staff residing in Hospital	12	19	5	9	11	13	12	11	14	7	6
Non-resident Staff in addition to Clerk and Doctor	3	3	1	1	1	2	1	4	—	2	1
Average number of days each case in Hospital	23	31·32	83·8	30·12	37·72	28·72	33·96	42	32	36·5	28·2

SUMMARY OF EXPENDITURE :—	Cost. £	Average Cost per patient per week. £ s. d.	Cost. £	Average Cost per patient per week. £ s. d.	Cost. £	Average Cost per patient per week. £ s. d.	Cost. £	Average Cost per patient per week. £ s. d.	Cost. £	Average Cost per patient per week. £ s. d.	Cost. £	Average Cost per patient per week. £ s. d.	Cost. £	Average Cost per patient per week. £ s. d.	Cost. £	Average Cost per patient per week. £ s. d.	Cost. £	Average Cost per patient per week. £ s. d.	Cost. £	Average Cost per patient per week. £ s. d.	Cost. £	Average Cost per patient per week. £ s. d.
1. Provisions	1,103	14 7	770	13 3	518	16 1	283	9 10	474	8 7	454	10 1	482	8 9	610	18 1	693	13 4	465	15 2	300	17 0
2. Drugs and Medical Appliances	93	1 3	135	2 4	38	1 2	68	2 4	89	1 7	73	1 7	88	1 7	95	2 10	134	2 7	61	2 0	19	1 1
3. Furniture, Linen, &c.	692	9 2	752	12 11	39	1 3	107	3 9	179	3 3	246	5 5	252	4 7	249	7 4	423	8 1	361	11 9	88	5 0
4. Fuel	438	5 10	663	11 5	52	1 7	109	3 9	163	3 0	227	5 0	127	2 4	343	10 2	395	7 7	242	7 11	148	8 4
5. Salaries	1,633	1 1 8	1,631	1 8 0	453	14 0	757	1 6 3	788	14 3	874	19 4	826	15 1	1,070	1 11 8	1035	19 10	617	1 0 1	524	1 9 7
6. Administration	295	3 11	451	7 9	34	1 1	249	8 8	248	4 6	281	6 3	231	4 3	270	8 0	244	4 8	214	7 0	85	4 10
7. Renewals and Repairs	236	3 1	—	—	—	—	122	4 3	10	0 2	—	—	8	2	827	1 4 5	302	5 10	248	8 1	57	3 3
8. Loans—Repayment and Interest	387	5 2	856	14 9	—	—	368	12 9	375	6 10	457	10 2	485	8 10	393	11 7	753	14 6	386	12 7	—	—
9. Transport	121	1 7	24	5	3	1	19	8	20	4	26	7	17	4	65	1 11	26	6	28	11	74	4 2
10. Miscellaneous	28	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	45	2 6
TOTALS	5,026	3 6 7	5,282	4 10 10	1,137	1 15 3	2082	3 12 3	2,346	2 2 6	2,638	2 18 5	2,516	2 5 11	3,922	5 16 0	4,005	3 16 11	2,625	4 5 6	1,340	3 15 9
Provisions (Patients and Staff) per head per week	10 4		7 2		11 8		5 5		5 8		5 1		5 1		9 9		7 10		9 5		7 7	
Name of Medical Superintendent	R. C. Allen		J. A. Stirling.				H. Peck				W. E. Wakerley				N. Kennedy		C. H. Latham		John A. Watt		H. S. Barker.	
Name of Clerk	George Pym		J. L. Feather.												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		468 10 0				1,189 1 0								238 10 0		300 0 0		180 0 0		145 4 0	

July, 1929.

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

TOTAL EXPENDITURE ON DERBYSHIRE ISOLATION HOSPITALS = £31,782.

TOTAL GRANTS (INCLUDING £30 FOR HADDON JOINT HOSPITAL COMMITTEE) = £2,851 5s. 0d.

W. M. ASH.
JOHN HUNT.

ILKESTON HOSPITAL DISTRICT.

Ilkeston Boro' ..	33000	34	34	47	16	8	3	1	1	90	54

SHARDLOW HOSPITAL DISTRICT.

Alvaston & Boulton U.	2061	4	4	6	2	4	3	—	—	14	9
Long Eaton U. ..	21600	2	2	35	29	27	26	—	—	64	57
Shardlow R. ..	35740	35	35	169	95	38	29	—	—	242	159
Totals ..	59401	41	41	210	126	69	58	—	—	320	225

REPTON HOSPITAL DISTRICT.

DISTRICT.	Estimated Population, 1928.	SMALL-POX.		SCARLET FEVER.		DIPHTHERIA.		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	—	—	29	13	3	3	—	—	32	16
Repton R. ..	18350	—	—	29	20	10	7	1	1	40	28
Sudbury R. ..	2569	—	—	3	3	1	—	—	—	4	3
Totals ..	23781	—	—	61	36	14	10	1	1	76	47

HADDON HOSPITAL DISTRICT.

Bakewell U. ..	3165	—	—	8	6	—	—	—	—	8	6
Baslow U. ..	861	—	—	3	—	—	—	1	1	4	1
Bonsall U. ..	1214	—	—	—	—	—	—	—	—	—	—
Matlocks U. ..	9894	—	—	7	4	6	—	—	—	13	4
North Darley U. ..	4084	—	—	11	5	5	—	—	—	16	5
South Darley U. ..	661	—	—	4	3	2	—	—	—	6	3
Bakewell R. ..	18810	—	—	33	21	5	1	1	—	39	22
Totals ..	38689	—	—	66	39	18	1	2	1	86	41

HIGH PEAK HOSPITAL DISTRICT.

New Mills U. ..	8945	—	—	17	13	11	8	—	—	28	21
Chapel R.	16490	—	—	56	41	23	23	—	—	79	64
Hayfield R. ..	4352	—	—	8	4	1	1	—	—	9	5
Totals ..	29787	—	—	81	58	35	32	—	—	116	90

BUXTON HOSPITAL DISTRICT.

Buxton (Boro') ..	17400	—	—	24	23	10	5	—	—	34	28

TUBERCULOSIS HOSPITALS.

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.

In addition to 55 beds for surgical tuberculosis, the County Council's hospital at Bretby Hall provides accommodation for 8 orthopaedic cases not of tubercular origin. A new block is nearing completion and will increase the accommodation of the hospital for non-tuberculosis orthopædic cases to 58 beds.

Further information concerning these Institutions will be found on pages 65 *et seq.*

MATERNITY HOMES.

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

Ashbourne.—During the year 1928, 90 cases were admitted to the new Maternity Home. Of these 78 were delivered by midwives and 12 by doctors.

During the financial year ended March 31st, 1929, the number of admissions was 105, the percentage of beds occupied being 47·1 The gross cost during the year was £1,505 (including £580 for repayment of loan and interest). The sum of £520 was received as fees from patients, leaving a net cost to the County of £985.

Ripley.—During 1928, 142 patients were admitted to this home. Of these 100 were delivered by midwives and 36 by doctors, the remaining 6 patients being admitted on account of miscarriage. During the financial year ended March 31st, 1929, the number of admissions was 146, the percentage of beds occupied being 68·4. The gross cost during the year was £996 (including £84 for repayment of loan and interest). The sum of £618 was received as fees from patients, leaving a net cost to the County of £378.

Chesterfield.—During 1928, 138 cases were admitted from the County area, of whom 34 were normal cases paying the full fee.

Nightingale Home.—During 1928, 7 cases were admitted to this Home from the County area, under the Agreement between the County Council and the Authorities of the Home.

OTHER HOSPITALS.

Within the County Area.	*No. of beds.*
Derbyshire Royal Infirmary	330
Derby & Derbyshire Women's Hospital ...	26
Derbyshire Hospital for Sick Children ...	52
Chesterfield & North Derbyshire Royal Hospital	190
Chesterfield Maternity Home	18
Ripley Maternity Home	8
Ashbourne Maternity Home	9
Ilkeston Maternity Home (part of Isolation Hospital)	27
Glossop Wood's Hospital	16
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
Heanor Memorial Hospital	16

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.

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 :—

Address.	*Telephone No.*
Council Garage, Bakewell	... Bakewell 4 or 70
Sander's Garage, Buxton	... Buxton 76
Gilbert's Garage, Creswell	... Creswell 6 or 14
The Fire Station, Derby	... Derby 1
Midland Drapery Co., Ltd., Derby ...	Derby 1361 or 967
Town Hall, Ilkeston	Ilkeston 161 or 36
Town Hall, Matlock	... Matlock 1 or 7
Hague Bar Road, New Mills	New Mills 154 or 48
The Hall Garage, Sudbury	... Sudbury 5 or 1
The Station Hotel, Morton	... Tibshelf 19(y)1
Morton Colliery	... Clay Cross 35
The Fire Station, Dronfield	Dronfield 12 or 26
Church Gresley Colliery	... Swadlincote 133

There are, in addition to the above, privately owned Ambulances belonging to Collieries and other large works which in many cases are loaned when required.

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 situate in Urban Districts, and 30 in Rural Districts. The majority of these Centres hold weekly sessions, and all are under the supervision of a doctor. A Health Visitor is in attendance at each session.

Details of these Centres are set out in the following Table :—

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.		Present arrangements for medical supervision.
			Expectant Mothers	Children.	Expectant Mothers	Children.	
DISTRICTS.							
ON.							
I. Church, Somercotes	Fortnightly	2nd and 4th Monday, 2—5	0·05	26·60	1	70	Dr. Pooler, Fortnightly
hodist Free Church, Alfreton	Do.	1st & 3rd Monday, 2—6	Nil	30·57	Nil	55	Dr. Pooler, Monthly
Schoolroom, ronville	Monthly	4th Monday 2—4	0·10	16·80	1	31	Dr. Pooler, Monthly
gregational Assembly Room, Riddings	Fortnightly	1st & 3rd Monday, 2—4	0·65	24·61	7	65	Dr. Pooler, Fortnightly
RNE.							
John's Rooms, shbourne	Weekly	Wednesdays, 12—4	1·50	27·91	32	179	Dr. Bryan, Monthly
ELL.							
eral Club	Weekly	Thursdays, 2—4	1·08	27·58	6	56	Dr. E. Stephens Fortnightly
en Hall, Belper	Weekly	Thursdays, 2—4	0·72	30·24	16	158	Dr. Purce, Monthly
ER.							
rch Hall, Bolsover	Fortnightly	1st & 3rd Tues., 2—4	Nil	21·88	Nil	66	Dr. Pooler, Fortnightly
nbridge Hall, ew Bolsover	Fortnightly	2nd & 4th Thurs., 2.30—5	Nil	13·05	Nil	26	Dr. Pooler, Fortnightly
ROSS.							
Vicarage, Clay Cross	Weekly	Wednesday, 1.30—4	1·21	53·21	21	131	Dr. Pooler, Weekly
ELD.							
g. Chapel, Dronfield	Weekly	Monday, 1—4	0·12	18·53	2	38	Dr. Burke, Monthly
. reation Pav., Heanor	Weekly	Monday, 1—4	0·05	57·68	8	194	Dr. Macdonald, monthly
leyan Schoolroom, angley Mill	Fortnightly	1st & 3rd Weds., 2—4	0·04	18·00	1	46	Dr. Macdonald, monthly
ATON.							
Notts. Road, ong Eaton	Twice Weekly	Mon. & Thurs., 2.30—4	0·75	54·59	4	265	Dr. Moir, weekly
. Schoolroom, Victoria Street, Sawley	Fortnightly	2nd & 4th Tuesdays, 2—4	0·04	17·85	Nil	33	Dr. Moir, Fortnightly
ILLS.							
James' Schoolroom, ew Mills	Weekly	Thursdays, 2—4	0·06	23·28	2	94	Dr. Pemberton Fortnightly
Schools, Outram treet	Weekly	Monday, 2—4	0·08	54·74	2	129	Dr. Hendry, Monthly
nel Chapel Marehay.	Weekly	Thursdays, 10—12	1·57	41·77	17	72	Do.
NCOTE.							
xandra Road, Swadlincote	Weekly	Monday, 2—6	3·27	45·77	59	161	Dr. Cochrane, Monthly
ORTH.							
ish Room, Wirksworth	Weekly	Thursday, 2—4.30	0·61	32·30	3	92	Dr. Haine, Fornightly

Address	Whether Sessions are held weekly fortnightly etc.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Pr arrang for r supe
			Expect-ant Mothers	Chil-dren.	Expect-ant Mothers	Chil-eren.	
RURAL DISTRICTS.							
BAKEWELL.							
The Institute, Tideswell	Fortnightly	1st & 3rd Thursdays 1—5	0·84	24·26	10	50	Dr. Br Mo
BELPER.							
Council Room, Crich	Do.	2nd & 4th Thursdays, 2—4	0·04	15·81	1	38	Dr. Mac Mo
BLACKWELL.							
Cliff House, Shire-brook	Weekly	Wednesdays, 2—4	0·52	33·69	7	201	Dr. W We
Pleasley. Wesleyan Mission Room	Fortnightly	2nd & 4th Thursdays, 2—4.30	0·17	31·75	Nil	67	Dr. W For
Langwith. Miners' Institute.	Do.	1st & 3rd Mon., 3—5	2·95	83·75	6	92	I
Tibshelf. Ch. Mission Room.	Do.	1st & 3rd Ths., 2.30—4.30	0·05	18·85	1	28	I
Blackwell. Newton, Church Hall	Do.	1st & 3rd Mon., 1—3	0·14	22·05	3	38	I
Hillstown. Wes. Mission Hall,	Do.	2nd & 4th Mon., 2—4	0·47	36·24	4	30	I
Pinxton. Prim. Meth. School,	Do·	2nd and 4th Wednesdays 11.0—1.0	0·05	13·66	1	33	I
South Normanton. Mount Tabor Chapel	Do.	2nd & 4th Tues. 1.30—4	0·41	26·77	4	97	I
CHESTERFIELD.							
Eckington. WesleyanSchoolroom	Weekly	Mon., 1 to 4	0.11	36·11	4	104	Dr. A Mc
Barrowhill. Church Hall	Weekly	Mon., 2—4	0·34	44·32	4	98	I
Unstone. Wesleyan Church	Weekly	Tues., 2—4	0·76	37·28	6	47	Dr. B Mc
Staveley. P.M. Chapel	Weekly	Tuesday, 1.30—4.30	1·24	26·38	30	95	Dr. P Mc
Heath. Holmwood Mission Room	Weekly	Monday 2.30—4.30	0·08	21·78	4	184	Dr. P Mc
Stonebroom. Church Institute	Weekly	Monday, 10—12.30	0·06	30·93	1	43	Dr. P W
Shirland. Workmen's Institute	Weekly	Thursday, 10—12.30	0.04	6·61	1	21	Dr. P Fo
Grassmoor. P.M. School	Weekly	Monday, 2—4	0·38	31·35	3	57	Dr. B Mc

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	
rth Wingfield.	Weekly	Thursday, 2.30—4.30	Nil	18·73	Nil	114	Dr. Pooler, Fortnightly
he Rectory School							
nington.	Weekly	Thursdays, 2—4	0·27	20·89	2	28	Dr. Burke Monthly
urch Hall							
ghton.	Weekly	Tuesday, 2—4	0·79	51·58	8	149	Dr. Aynsley, Monthly
of E. Schoolroom							
amarsh.	Weekly	Wednesday, 2—4	0·52	56·45	6	154	Dr. Aynsley, Monthly
ree Church Room							
. Chapel, Clowne	Weekly	Tuesday, 1.30—4	0·77	22·97	12	150	Dr. Pooler, Fortnightly,
ORNE & SEALS.							
. School,	Weekly	Monday, 10.30—4	0·14	12·31	2	32	Dr. J. H. Moir Monthly
verseal							
LD.		2nd & 4th					
leyan Methodist	Fortnightly	Tuesdays, 2—4	0·07	24·05	2	86	Dr. Lynch.
hurch, Hayfield.							
OW RURAL.	Fortnightly	2nd & 4th, Mondays, 2—4.15	0·44	37·83	2	49	Dr. Hunt, Monthly
on Street							
hool, Sandiacre							
rch School,	Do.	2nd & 4th Wednesdays, 1.30—4	1·00	19·45	5	32	Dr. Hunt, Monthly
raycott							
ndon.	Do.	1st & 3rd Tuesdays, 11—4.30	0·52	16·86	5	46	Dr. Hunt, Monthly
esleyan Chapel							
s Institute,	Weekly	Wednesdays, 10.15—5	0·73	39·85	11	45	Dr. Hunt, Monthly
elbourne							

ANTE-NATAL CLINICS.

MISS E. E. STEPHENS, M.D. London (Gynæcology and Obstetrics) attends at all sessions of the Ante-Natal Clinics.

Name of Clinic.	*Day and time of opening.*
HEANOR—	
The School Clinic.	1st and 3rd Mondays of each month, 2.0 to 4.0.
SHIREBROOK—	
The School Clinic, Cliff House	2nd and 4th Mondays of each month, 11.0 to 4.0.
LONG EATON—	
4, Nottingham Road	Each Tuesday, 2.0 to 4.0.

DERBY—	
The School Clinic, Walker Lane	2nd and 4th Tuesdays of each month, 10.0 to 12.0.
CLAY CROSS—	
The Old Schoolrooms, The Vicarage	1st and 3rd Wednesdays of each month, 9.30 to 12.0.
ALFRETON—	
The School Clinic, Grange Road	2nd and 4th Wednesdays of each month, 10.0 to 4.0.
RIPLEY—	
Maternity Home, Grosvenor Road	2nd and 4th Wednesdays of each month, 2.30 to 4.30.
NEW MILLS— Town Hall	1st and 3rd Mondays of each month, 11.45 to 3.0.
BAKEWELL— Liberal Club	2nd and 4th Thursdays of each month, 11.0 to 1.0.
SWADLINCOTE—	
The School Clinic, Alexandra Road	1st and 3rd Fridays of each month, 2.0 to 4.0.
ECKINGTON— Wesleyan School-room	2nd and 4th Fridays of each month, 1.15 to 4.0.
ASHBOURNE— Maternity Home	1st Saturday of each month, 10.0 to 12.0.

SCHOOL CLINICS.

School Clinics are established at the following places :—

(1) MINOR AILMENT CLINICS.

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

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) ULTRA VIOLET RAY CLINIC.

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

(4) 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.

(5) Ear, Nose and Throat Clinics for the examination and treatment of diseases of the ear, nose and throat are established at—

Alfreton (operation and 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.

(6) 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.	

(7) Dental Clinics have been established at :—

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

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 :—Mondays, 10.30 a.m. to 12.30 and 2 to 4.30 p.m.

Dr. C. Kingston.

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 :—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. C. Kingston.

LONG EATON DISPENSARY.—The Hall, Long Eaton.

Open :—Tuesdays, 10 a.m. to 12 noon.

Dr. C. Kingston.

MATLOCK DISPENSARY.—Snitterton Road, Matlock.

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

Dr. P. Heffernan.

VENEREAL DISEASES CLINICS.

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

PROFESSIONAL NURSING IN THE HOME.

General.—The County Council has arrangements with the Derby County Nursing Association for the nursing of bed-ridden cases of tuberculosis in their own homes. During 1928 this service was provided for 7 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 1928 there were 88 Nursing Associations in the County affiliated with the Derby County Nursing Association.

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

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

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 1928 the following extensions and improvements were effected :—

Alfreton Urban.—Temporary assistance during the latter part of the year was given to the supply of this District by the Butterley Company and the Basford Rural District Council, and the supply from the Derwent Valley Water Board was increased to the maximum under the Agreement between the Board and the Council.

Ashbourne Urban.—During the year the Rodsley water scheme was completed. Pumping into the reservoirs on Ashbourne Hill

was commenced on January 1st, 1929. The scheme is in every way satisfactory, there being an adequate supply of water sufficient to meet the needs of the district for many years to come. It is now only necessary to pump for eight hours per day for six days a week in order to keep up the supply. The reservoirs were both thoroughly cleaned and scrubbed before the new supply was pumped into them and active steps are being taken to scour and clean the service mains. Practically the whole of the houses in the district are supplied with town water.

Bolsover Urban.—During the year this district has had a plentiful public water supply brought about by the use of Whaley well, thus removing a source of annoyance for several years past. During the year, three houses were provided with the public supply in lieu of springs.

Brampton and Walton Urban.—During the dry part of the year the water supply to certain parts of the district was supplemented by carting water from the Chesterfield Corporation mains at Chander Hill. A scheme for preventing a shortage of water in the future is under consideration.

Clay Cross Urban.—The additional water supply proved satisfactory for the needs of the area, both in quality and quantity. Steps are being taken to conserve the water in the new borehole so that provision may be made for converting privies to water-closets as rapidly as possible.

Ilkeston Borough.—The water supply of this district has been extended so as to supply the Parish of Kirk Hallam.

Long Eaton Urban.—Considerable extensions of water mains were carried out in this district and numerous small mains were laid.

North Darley Urban.—The number of houses obtaining water from the Council's mains is 900. Sydnope water is now being used.

South Darley Urban.—During the year one extra connection was made.

Chapel-en-le-Frith Rural.—The scheme for the supply of Harpur Hill was completed early in 1928 and all the houses had water laid on. Thirteen houses are supplied by stand pipes in the yards.

Chesterfield Rural.—Additional works are now in course of construction and approaching completion, which will render available water from a considerable area of gathering ground by using the Crow Hole reservoir.

Glossop Dale Rural.—During the year new mains were laid in Charlesworth. The whole of the water mains in the district, approximately six miles, were relaid. Additional water was collected above Cloud Farm and on Mr. Timmis's land, and the Charlesworth and Gamesley reservoirs were cleaned and repaired. An arrangement has been made for an additional supply from Mellor by which the Parish of Ludworth obtains a minimum supply of 5,000 gallons per day at 6d. per 1,000 gallons.

Norton Rural.—During the year the water mains have been extended to new roads on the allotments at Meadow Head, and every dwelling there has water laid into the house.

Shardlow Rural.—An improved public water supply in is operation at Spondon and the Sandiacre Water Scheme is approaching completion.

Sudbury Rural.—Two further houses in Doveridge have been provided with a water supply from the Somersall springs.

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 1928 :—

Alfreton Urban.—The construction of a filter at Birchwood outfall was completed and work was commenced on the construction of filters at Greenhill Lane and Highfield.

Alvaston and Boulton Urban.—A temporary filter has been erected to deal with the sewage from 55 houses. There are only 57 privy middens remaining in the district, and these cannot be converted into water closets until a new sewer is provided. 500 houses in the district are connected by sewer with the Derby Corporation sewage works.

Ashbourne Urban.—An extension of the main service in Belper Road was carried out during the year to provide for development near the boundary of the district.

Bakewell Urban.—The large sewers were cleaned out during the year.

Dronfield Urban.—The sewage outfall works have been enlarged and improved by the addition of one extra sludge bed and humus tank.

Glossop Borough.—The most noteworthy action taken during the year in this Borough was the completion of the pail conversion scheme. There are now approximately 100 pails not converted, most of them being in inaccessible places.

Heanor Urban.—A large amount of new drainage has been laid in this district during the year. The Urban District Council have approved a scheme prepared by Mr. Archer, the Council's Surveyor for providing a new sewage disposal works for part of the district. The scheme provides for the sewage now dealt with at Loscoe and Woodend to be taken to Langley Mill and new works erected there.

Ilkeston Borough.—Additional land adjoining the sewage disposal works has been acquired and is being used for the treatment of sludge. A sewer has been extended along the Heanor road for a distance of 570 yards. The surface of the filters was cleansed during the year and further sludge beds provided from which the liquid is pumped back to the settling tanks.

New Mills Urban.—New lengths of sewer were laid as new property was built. The new extensions at the sewage works are working satisfactorily

Ripley Urban.—During the year the Pease Hill to Codnor Gate sewer has been extended as far as the Brickyard Cottages, thus abolishing cesspools to 26 houses.

South Darley Urban.—Work is in hand to improve the drainage at Oaker Side.

Wirksworth Urban.—A considerable length of new sewer was laid on the Derby Road for the benefit of the new houses under construction.

Ashbourne Rural.—A small sewer extension has been carried out at Wyaston to prevent the pollution of waterings, and an extension of the sewer in Green Lane, Clifton, has been made to provide for the drainage of several cottages.

A scheme has been prepared for taking the sewage of Middleton-by-Wirksworth into the Wirksworth sewers. Middleton is to bear 80 per cent of the cost and Wirksworth 20 per cent, whilst the Ilkeston and Heanor Water Board, on whose gathering ground Middleton is situated, has agreed to pay £400 for the installation of a pumping plant for the sewage of the lower portion of Middleton.

Belper Rural.—During the year sewerage schemes have been completed at Crich and Horsley Woodhouse, and a commencement made on the Kilburn and Denby Scheme.

Blackwell Rural.—New sewage works were opened on August 16th, 1928, at Scarcliffe which receive the sewage from the villages of Scarcliffe and Hillstown, with a total population of 1,884 persons. Two rectangular filters were constructed at Tibshelf.

Chapel-en-le-Frith.—The higher portion of Dove Holes has been sewered but owing to the shortage of water, full advantage cannot be taken of the new installation.

CHESTERFIELD.—The new sewerage and sewage disposal works at Williamthorpe, North Wingfield, have been completed and give satisfactory results and also the new works at Beighton and Morton. Extensions of sewers have been made at Rotherham Road, Halfway, at Hillingwood, Staveley and in Sutton-cum-Duckmanton. The sewerage and sewage disposal works at Staveley, for Staveley, Brimington and part of Sutton-cum-Duckmanton are almost completed.

GLOSSOP DALE.—The sewer throughout the Hollins Lane, and branches to a portion of Mill Brow and the new property on Lee Lane, were extended.

HAYFIELD.—The main sewer in this district has been extended to Kinder district, the work being done by contract.

NORTON.—New sewers have been laid along the new roads on the allotments at Meadow Head. Plans have been prepared for laying sewers at Totley, and the first portion of the scheme has been commenced.

REPTON.—The sewage works at Etwall have been put in order. A detritus chamber has been constructed and a new dosing syphon fitted and several sludge beds.

SHARDLOW.—The storm overflow weir at Spondon has been raised to prevent the storm water tanks coming into operation too early and a pump has been provided for lifting the liquid from the sludge beds back to the settling tanks.

The new sewage works at Chaddesden have been brought into use and extensions have been carried out at the Spondon Sewage Works.

SUDBURY.—Certain improvements have been carried out to the new sewerage works at Doveridge.

In March, 1928, an additional County Sanitary Inspector was appointed and this has resulted in the various sewage works in the County being visited more frequently. During the year, 742 samples of sewage effluents were collected as compared with 329 in the previous year. The samples collected during 1928 were classified as follows :—

Good	...	...	245
Satisfactory		...	239
Unsatisfactory		...	109
Bad	...	...	149

In addition to these samples, during the last quarter of the year, 40 other visits were paid to sewage outfall works for purposes other than the collection of samples, and 78 manufactories were visited.

Summary of Sanitary Inspectors' Work, 1928.

TABLE VI.

URBAN DISTRICTS.

District and Sanitary 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	Informal Notices served by Sanitary Inspector ...	76	9	10	...	10	6	47	3	...	7	36	28	98	16	...	15	8	...	...	...	1	4	3	...	2	1	100	480
J. Spencer.	Legal Notices served by Local Authority ...	8	7	...	...	...	...	4	...	...	...	4	5	19	...	...	...	...	...	...	...	1	...	3	...	1	...	2	54
	Nuisances abated ...	76	9	10	...	10	6	82	3	...	...	38	28	98	16	...	15	7	...	...	...	1	8	3	...	2	2	100	514
Alvaston and Boulton	Informal Notices served by Sanitary Inspector ...	7	2	...	...	3	...	39	...	1	4	31	2	7	...	...	1	...	5	4	1	...	2	...	...	...	...	...	109
	Legal Notices served by Local Authority ...	...	2	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
J. Robinson.	Nuisances abated ...	7	2	...	...	3	...	39	...	1	4	31	2	7	...	...	1	...	5	4	...	...	2	...	...	...	...	...	108
Ashbourne	Informal Notices served by Sanitary Inspector ...	...	...	...	...	9	6	6	7	7	10	8	7	7	7	7	1	6	...	16	...	...	9	1	...	1	...	12	127
D. Powell.	Legal Notices served by Local Authority ...	...	...	...	....	1	1	...	1	...	1	1	2	1	...	2	...	...	...	2	...	...	1	...	...	...	...	1	14
	Nuisances abated ...	...	...	...	...	10	7	6	8	7	10	9	6	8	7	6	...	6	...	15	...	...	10	1	...	1	...	13	130
Bakewell	Informal Notices served by Sanitary Inspector ...	15	...	...	...	1	...	...	1	...	5	13	...	4	2	...	1	1	...	...	...	...	7	1	1	...	...	...	52
T. W. Baker.	Legal Notices served by Local Authority ...	3	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	1	1	...	...	...	7
	Nuisances abated ...	15	2	...	...	1	...	6	1	...	5	13	...	4	2	...	1	1	...	...	...	...	7	1	1	...	...	...	60
Baslow	Informal Notices served by Sanitary Inspector ...	1																											1

Belper	Informal Notices served by Sanitary Inspector ...	...	...	14	...	16	...	30	40	...	24	37	14	13	...	...	4	7	...	4	2	3	8	1	1	5	...	40	263
	Legal Notices served by Local Authority ...	...	...	14	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	4	...	...	1	...	...	...	...	...	20
J. A. Statham.	Nuisances abated ...	...	...	14	...	16	...	30	40	...	24	37	14	13	...	...	4	7	...	4	2	3	8	1	1	5	...	40	263
Bolsover	Informal Notices served by Sanitary Inspector ...	29	12	...	...	5	2	35	2	...	23	10	2	6	2	1	4	3	...	2	...	2	1	2	...	...	...	10	153
	Legal Notices served by Local Authority ...	5	...	...	...	...	...	14	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21
W. Ellis.	Nuisances abated ...	86	80	1	...	12	3	169	2	...	79	53	7	27	4	1	19	4	...	7	1	5	3	8	...	...	...	14	585
Bonsall	Informal Notices served by Sanitary Inspector ...	2	...	...	19	...	...	...	2	...	...	8	...	3	2	...	...	...	...	3	...	...	...	...	...	...	1	...	40
	Legal Notices served by Local Authority ...	1	...	...	1	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
A. Allsopp.	Nuisances abated ...	2	...	...	19	...	...	...	2	...	...	8	...	3	2	...	...	...	...	3	...	...	...	...	...	...	2	...	41
Brampton and Walton	Informal Notices served by Sanitary Inspector ...	3	3	1	...	...	3	...	...	1	6	5	2	7	...	1	...	1	...	...	1	1	2	...	...	2	...	...	39
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
W. J. Nicholls.	Nuisances abated ...	3	3	1	...	...	3	...	...	...	6	5	2	5	...	1	...	1	...	...	1	1	2	...	...	2	...	...	36
Buxton (Boro')	Informal Notices served by Sanitary Inspector ...	3	...	1	...	13	3	41	2	...	49	83	19	11	4	...	5	2	...	1	...	8	5	2	...	1	1	24	278
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	7	13	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	21
W. O. Coates.	Nuisances abated ...	4	...	1	...	24	3	96	2	...	104	198	34	24	4	...	5	2	...	1	...	8	5	2	...	1	1	34	553
Chesterfield (B.)	Informal Notices served by Sanitary Inspector ...	2	20	2	...	119	24	99	32	...	92	196	51	147	28	2	17	42	9	10	4	13	36	26	3	24	5	115	1118
	Legal Notices served by Local Authority ...	...	2	...	...	5	137	40	...	...	15	10	41	4	1	...	...	1	3	10	...	...	...	...	...	...	...	...	269
A. S. Carter.	Nuisances abated ...	1	41	3	...	172	302	150	32	...	148	209	104	294	46	3	25	25	22	96	1	11	37	27	3	24	5	166	1947
Clay Cross	Informal Notices served by Sanitary Inspector ...	4	12	1	...	36	1	24	2	2	56	48	9	39	4	3	11	12	3	18	1	2	2	3	...	...	3	40	336
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
W. A. T. Lynam	Nuisances abated ...	25	33	1	...	56	15	43	7	5	88	86	13	98	8	11	24	15	4	23	1	2	2	3	...	...	3	83	649

URBAN DISTRICTS—*continued.*

Table VI. continued

District and Sanitary 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 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.	
Dronfield	Informal Notices served by Sanitary Inspector ...	14	54	...	3	37	3	61	26	4	10	64	17	59	15	2	24	19	3	270	1	5	4	1	3	1	2	4	706
W. A. Parry	Legal Notices served by Local Authority ...	...	26	...	...	...	...	26	3	4	...	...	8	2	6	2	8	12	...	...	1	...	...	...	...	1	...	...	99
	Nuisances abated ...	14	54	...	3	37	3	61	26	4	10	64	17	59	15	2	24	19	3	270	1	5	4	1	3	1	2	4	706
Glossop (Boro')	Informal Notices served by Sanitary Inspector ...	68	...	...	...	4	3	217	5	...	27	32	...	27	—	28	—	18	...	...	3	3	43	3	1	3	1	28	553
H. Dane.	Legal Notices served by Local Authority ...	...	...	...	...	..	...	...	...	...	...	...	...	43				...	...	...	...	...	...	...	...	...	...	...	43
	Nuisances abated ...	59	263			3	11	217	5	...	25	32	...	67				...	...	...	...	3	43	3	1	3	1	25	801
Heage	Informal Notices served by Sanitary Inspector ...	4	2	2	...	4	37	...	2	...	2	10	...	1	...	3	3	3	2	9	8	...	...	...	...	...	1	...	93
A. J. Fortnam.	Legal Notices served by Local Authority ...	...	...	...	...	4	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	5
	Nuisances abated ...	4	...	2	...	4	...	6	2	...	1	10	...	1	...	...	...	...	2	9	1	. .	6	...	...	...	1	...	49
Heanor	Informal Notices served by Sanitary Inspector ...	152	13	30	...	8	3	53	5	...	16	28	16	88	22	6	15	7	2	10	10	10	11	6	3	4	4	94	616
A. A. Wilson	Legal Notices served by Local Authority ...	3	...	...	...	...	...	...	...	...	2	...	1	2	3	...	1	1	...	...	2	1	...	...	...	...	1	...	17
	Nuisances abated ...	122	13	30	...	43	3	53	12	...	96	38	28	117	44	7	43	20	2	15	17	21	2	6	12	4	10	164	922

Ilkeston J. B. Duro.	Informal Notices served by Sanitary Inspector ...	50	2	933	...	90	...	206	10	12	30	79	20	41	12	2	12	34	2	...	3	5	6	3	...	6	1	283	1842
	Legal Notices served by Local Authority ...	...	2	933	...	64	...	3	...	...	...	1	...	2	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1006
	Nuisances abated ...	50	2	933	...	90	...	206	10	12	30	79	20	41	12	2	12	30	2	...	...	5	6	3	...	6	1	283	1835
Long Eaton J. Tomlinson.	Informal Notices served by Sanitary Inspector ...	4	...	...	...	66	3	404	14	2	38	93	42	25	2	...	6	...	...	9	10	6	25	27	...	33	2	192	1003
	Legal Notices served by Local Authority ...	...	...	...	...	2	...	29	...	...	1	...	17	2	...	...	...	...	...	...	...	...	...	1	...	...	...	27	79
	Nuisances abated ...	6	...	...	...	115	8	503	14	1	70	174	132	84	9	66	130	...	...	14	4	9	41	18	...	41	3	335	1777
Matlocks J. D. Evans.	Informal Notices served by Sanitary Inspector ...	9	6	...	21	6	...	9	33	...	73	43	...	4	1	...	6	1	3	...	1	2	7	...	...	...	2	17	244
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	9	6	...	21	6	...	9	33	...	51	43	...	4	1	...	6	1	3	...	...	2	7	...	...	...	1	17	220
New Mills W. C. Sheard	Informal Notices served by Sanitary Inspector ...	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	5	...	...	11
	Legal Notices served by Local Authority ...	...	20	...	...	2	...	...	...	...	1	...	...	2	...	...	...	...	...	4	...	1	2	...	...	10	...	...	42
	Nuisances abated ...	...	6	...	...	36	...	72	...	...	23	21	...	4	...	2	6	8	...	4	...	...	5	...	...	4	...	...	191
North Darley E. F. Lowe.	Informal Notices served by Sanitary Inspector ...	...	10	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	1	...	...	...	...	...	...	1	...	15
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	...	10	...	...	...	...	...	...	...	...	...	1	1	...	...	...	1	...	1	...	...	...	...	...	...	1	...	15
Ripley W. E. Clark.	Informal Notices served by Sanitary Inspector ...	18	21	56	1	7	4	61	2	1	17	34	5	17	2	...	10	28	2	9	6	4	8	6	2	...	...	14	335
	Legal Notices served by Local Authority ...	2	19	57	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	80
	Nuisances abated ...	16	30	79	6	6	6	135	5	1	16	40	4	16	6	...	7	17	2	9	3	2	4	5	...	...	...	20	435
South Darley H. Crowder.	Informal Notices served by Sanitary Inspector ...	...	...	...	...	1	...	...	...	...	...	5	...	3	...	...	...	...	...	...	1	...	...	...	...	...	...	...	10
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	20	...	...	1	1	1	4	...	...	...	5	...	3	...	...	1	1	...	...	...	...	...	...	...	...	4	...	41

URBAN DISTRICTS—*continued.*

Table VI. continued

District and Sanitary 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.	
Swadlincote G. Pollard.	Informal Notices served by Sanitary Inspector ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	...	246	12	...	64	344	2	112	...	8	2	20	64	9	5	16	19	...	7	...	...	...	...	...	1	...	...	931
Wirksworth H. S. Tebbitt.	Informal Notices served by Sanitary Inspector ...	53	7	...	...	11	...	20	11	12	47	19	31	28	6	3	20	16	2	6	2	4	15	5	...	...	...	48	366
	Legal Notices served by Local Authority ...	2	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	1	...	...	...	...	5
	Nuisances abated ...	47	7	...	...	11	...	20	11	12	47	19	31	25	6	2	20	10	2	6	2	4	15	5	...	...	...	48	350

RURAL DISTRICTS.

Ashbourne J. H. Wheeldon	Informal Notices served by Sanitary Inspector ...	15	11	...	...	...	...	6	...	12	8	10	4	4	1	8	9	6	1	4	2	...	28	1	1	...	...	2	133
	Legal Notices served by Local Authority ...	2	...	...	...	1	1	...	...	1	3	...	3	...	...	...	...	...	...	6	...	...	1	...	...	...	...	...	18
	Nuisances abated ...	14	11	...	...	1	1	6	...	10	8	7	4	4	1	4	4	5	1	8	1	...	25	...	1	...	...	...	116
Bakewell A. Green.	Informal Notices served by Sanitary Inspector ...	83	17	...	13	12	20	25	20	10	88	51	7	81	10	12	17	18	1	15	4	3	42	...	1	1	1	53	605
	Legal Notices served by Local Authority ...	8	2	...	...	...	...	...	...	...	6	1	...	15	...	...	1	...	...	...	...	1	1	...	...	...	...	6	41
																						3	42	...	1	1	1	50	536

Basford	Informal Notices served by Sanitary Inspector ...	...	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
V. V. Yates	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	...	1	...	...	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Belper	Informal Notices served by Sanitary Inspector ...	50	33	38	23	10	4	53	7	7	33	22	12	42	16	2	11	19	...	5	3	1	41	2	...	...	...	29	463
James Laycock	Legal Notices served by Local Authority ...	9	7	...	2	...	...	6	...	...	6	1	...	6	1	1	4	6	...	...	1	...	...	...	...	...	...	4	54
R. C. Riches	Nuisances abated ...	44	26	38	19	10	4	48	7	7	31	22	10	31	14	1	8	13	...	5	2	1	41	2	...	...	...	22	406
Blackwell	Informal Notices served by Sanitary Inspector ...	68	19	2	57	19	2	152	3	17	90	64	69	80	44	8	17	28	3	6	4	6	40	5	10	14	1	56	884
S. Wilmot.	Legal Notices served by Local Authority ...	4	...	2	9	2	...	9	...	...	4	4	11	10	5	2	12	7	3	...	4	...	356	2	3	...	1	...	450
J. N. Creear.	Nuisances abated ...	160	22	5	57	31	2	257	16	43	99	169	135	201	44	62	52	43	3	9	15	11	520	12	15	16	2	101	2102
Chapel-en-le-Frith	Informal Notices served by Sanitary Inspector ...	6	4	...	1	2	...	4	...	4	25	12	...	39	1	16	21	32	1	11	2	...	18	2	...	...	2	32	235
	Legal Notices served by Local Authority ...	2	2	...	...	...	...	2	...	2	2	2	...	12	...	1	3	4	1	8	...	...	5	...	...	...	...	8	54
T. Dinsdale.	Nuisances abated ...	9	33	...	1	31	9	23	2	2	43	30	11	91	10	29	28	52	3	17	...	...	19	2	...	...	2	99	546
Chesterfield	Informal Notices served by Sanitary Inspector ...	251	570	2	...	47	29	581	13	25	346	149	108	1596	9	3	54	240	14	34	7	10	517	...	22	1	11	805	5444
T. W. Binns J. Hutchinson D. Northway F. Waterfall	Legal Notices served by Local Authority ...	6	18	...	...	...	...	6	...	...	4	...	18	14	...	...	9	7	...	...	5	...	...	...	...	...	...	9	96
	Nuisances abated ...	251	570	2	...	47	29	581	13	25	346	149	108	1596	9	3	54	240	14	34	7	10	517	...	22	1	11	805	5444
Clown	Informal Notices served by Sanitary Inspector ...	54	23	3	4	2	...	94	...	...	2	21	1	...	1	2	2	7	1	...	...	...	8	1	2	...	...	10	238
J. Bradley.	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	54	23	3	4	2	...	94	...	...	2	21	1	...	1	2	2	7	1	...	...	...	8	1	2	...	...	10	238
Glossop Dale	Informal Notices served by Sanitary Inspector ...	4	...	...	...	...	3	...	1	...	19	1	...	4	...	4	33	13	1	1	...	1	32	...	...	...	...	18	135
C. E. Storey.	Legal Notices served by Local Authority ...	...	55	...	...	...	...	55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	110
	Nuisances abated ...	4	51	...	...	...	3	51	1	...	19	1	...	4	...	4	33	9	1	1	...	1	32	...	...	...	...	18	233

RURAL 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 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.	
Hartshorne & Seals J. Crabtree	Informal Notices served by Sanitary Inspector ...	12	...	...	5	2	...	...	...	5	33	8	...	17	3	...	8	...	...	...	...	1	16	8	...	...	...	23	141
	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	6	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	8
	Nuisances abated ...	12	...	...	5	2	...	...	...	5	33	8	...	17	3	...	8	...	...	...	...	1	16	8	...	...	...	23	141
Hayfield E. Swift.	Informal Notices served by Sanitary Inspector ...	1	3	...	...	6	...	4	...	1	15	12	...	4	...	...	4	4	...	1	...	...	2	...	...	...	1	...	58
	Legal Notices served by Local Authority ...	1	3	...	...	2	...	4	...	...	6	...	...	4	...	...	4	4	...	...	...	...	1	...	...	...	...	...	29
	Nuisances abated ...	1	2	...	...	6	...	4	...	...	11	12	...	2	...	...	2	2	...	...	...	...	1	...	...	...	...	...	43
Norton E. A. Sampson.	Informal Notices served by Sanitary Inspector ...	4	...	...	...	...	...	...	...	...	2	4	1	1	1	...	2	...	...	...	...	1	1	...	...	...	...	6	23
	Legal Notices served by Local Authority ...	2	30	...	...	...	...	30	...	1	17	...	6	8	...	1	1	5	1	...	...	...	...	...	...	1	...	1	104
	Nuisances abated ...	4	49	...	...	...	...	60	...	...	8	4	4	5	1	1	1	2	1	...	...	1	1	...	...	1	...	6	149
Repton F W Bullock	Informal Notices served by Sanitary Inspector ...	34	58	11	6	9	2	37	34	1	41	27	2	34	4	3	8	5	1	73	3	3	47	6	...	...	3	26	478
	Legal Notices served by Local Authority ...	5	28	...	...	...	...	28	...	...	8	12	2	4	...	...	4	...	...	51	...	...	5	...	...	...	1	1	149
	Nuisances abated ...	31	46	11	6	9	2	37	34	1	41	27	2	32	4	3	8	2	1	68	2	3	47	6	...	...	3	26	452

Shardlow	Informal Notices served by Sanitary Inspector ...	32	39	13	9	8	8	107	7	...	105	94	21	36	15	6	10	17	1	95	3	7	91	4	2	1	...	43	774
F. G. Forman.	Legal Notices served by Local Authority ...	1	6	...	...	...	...	8	...	...	...	...	1	2	...	...	...	...	...	7	5	...	...	...	...	...	...	2	32
	Nuisances abated ...	37	48	74	15	11	18	106	9	5	154	101	51	68	16	17	36	39	3	103	9	7	90	5	5	1	...	63	101
Sudbury	Informal Notices served by Sanitary Inspector ...	...	...	2	...	...	1	...	...	...	...	21	...	14	...	2	...	...	...	...	1	...	...	1	1	...	...	12	55
F. G. Price	Legal Notices served by Local Authority ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated ...	...	...	2	...	...	1	...	...	...	...	21	...	14	...	2	...	...	...	...	1	...	...	1	1	...	...	12	55

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
URBAN.						
Alfreton	94	2,645	2,580	57	9	10
Alvaston & Boulton	57	No information.			2	—
Ashbourne		No information.			—	—
Bakewell	228	54	430	—	2	—
Baslow	119	4	207	—	—	—
Belper	84	534	2,400	—	—	14
Bolsover	647	847	1,212	—	80	1
Bonsall		No information.			—	—
Brampton & Walton		No information.			3	1
Buxton (Boro') ...	13	70	3357		—	1
Chesterfield (Boro')	239	81	14,215	291	41	3
Clay Cross	987	—	793	99	33	1
Dronfield	336	—	751	16	54	—
Glossop (Boro') ...	7	100	3,402	479	—	263
Heage	205	450	201	11	—	2
Heanor	762	2,367	2,527	—	13	30
Ilkeston (Boro') ...	13	1,205	6,131	317	3	923
Long Eaton ...	16	75	6,007	74	—	—
Matlocks	482	294	1838	—	6	—
New Mills	256		808	560	6	—
North Darley ...	324	11	568	100	10	—
Ripley	281	1,180	—	1,741	30	79
South Darley ...	120	52	39	—	—	—
Swadlincote ...		No information.			258	—
Wirksworth ...	319	44	665	4	7	—
RURAL.						
Ashbourne ...		No information.			11	—
Bakewell	2,180	1,120	839	—	16	—
Basford	72	186	185	—	1	—
Belper		No information.			26	38
Blackwell	1,227	5,634	2,629	—	22	5
Chapel-en-le-Frith		No information.			33	—
Chesterfield ...	9,805	388	7,998	33	572	2
Clowne	1,935	1,380	885	—	23	3
Glossop Dale ...	353	67	355	12	51	—
Hartshorne & Seals		No information.			—	—
Hayfield	470	26	822	—	2	—
Norton		No information.			49	—
Repton	2,094	526	1,371	6	46	11
Shardlow	1,180	2,842	3,778	35	48	74
Sudbury		No information.			2	—

	Alfreton.	Alvaston & Boulton.	Ashbourne.	Bakewell.	Baslow.	Belper.	Bolsover.	Bonsall.	Brampton & Walton.	Buxton (Boro').	Chesterfield (Boro').	Clay Cross.	Dronfield.	Glossop (Boro).	Heage.	Heanor.	Ilkeston (Boro).	Long Eaton.	Matlocks.	New Mills.	North Darley.	Ripley.	South Darley.	Swadlincote.	Wirksworth.
Population (estimated 1928)	21,710	2,061	4,537	3,165	861	13,100	12,830	1,214	2,236	17,400	65,630	8,811	4,488	19,640	4,448	22,780	33,000	21,600	9,894	8,945	4,084	14,000	661	21,350	3,935
No. of Houses in District	4,989	1,234	1,163	712	235	3,018	2,696	322	570	3,462	14,450	1,895	1,112	5,560	916	4,853	7,073	5,508	2,614	2,204	1,110	3,202	211	4,320	1,032
Average No. of Persons per House	4·35	1·67	3·90	4·44	3·66	4·34	4·75	3·76	3·92	5·02	4·54	4·64	4·03	3·53	4·85	4·69	4·66	3·92	3·78	4·05	3·67	4·37	3·13	4·94	3·81
NUMBER OF NEW HOUSES ERECTED DURING THE YEAR:—																									
(a) Total	46	28	11	4	2	49	—	1	16	23	236	10	4	20	37	125	59	76	44	39	10	27	1	42	7
(b) With State Assistance under Housing Acts																									
(1) By the Local Authority	—	—	—	—	—	37	—	—	—	—		—	—	—	24	90	40	—	—	25	—	—	—	10	—
(2) By other bodies or persons	32	25	9	1	—	12	—	1	16	—		10	3	—	1	25	15	63	44	14	—	21	—	32	—
1. INSPECTIONS OF DWELLING HOUSES DURING THE YEAR:—																									
(1) No. Inspected for housing defects (under P.H. or Housing Acts)	165	291		40	16	150	165		39	805		320	20	3081	44	148	310	361		20		126	—	29	201
(2) No. (included in sub-head 1 above) inspected and recorded under Housing Consolidated Regulations 1925	8	291		40	—	150	36		—	44		84	6	155	—	61	42	198		—		45	—	—	—
(3) No. found to be dangerous or unfit for human habitation.	—	—		—	—	7	1		—	—		—	—	—	9	19	4	—		—		—	1	—	—
(4) No. (exclusive of those referred to in preceding sub-head) found not to be in all respects reasonably fit for human habitation	140	2		40	10	12	35		—	—		136	2	155	35	129	272	145		—		110	—	—	—
2. REMEDY OF DEFECTS WITHOUT FORMAL NOTICE:—																									
No. rendered fit in consequence of informal action by Local Authority	120	17		—	10	19	31		3	2		95	2	553	11	80	272	90		—		95	—	—	—
3. ACTION UNDER STATUTORY POWERS DURING THE YEAR:—																									
A—Proceedings under Sec. 3 of Housing Act, 1925.																									
(1) No. in respect of which notices were served requiring repairs	4	71		3	—	—	1		—	—		—	2	43	—	2	—	33		2		—	—	—	—
(2) No. rendered fit after formal notice:—																									
(a) By owners.	4	71		3	—	—	1		—	—		—	2	67	—	2	42	19		2		—	—	18	—
(b) By Local Authority	—	—		—	—	—	—		—	—		—	—	—	—	—	—	8				—	—	—	—
(3) No. in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	—	—		—	—	—			—	—		—	—	—	—	1	—	—		—		—	—	—	—
B—Proceedings under Public Health Acts:—																									
(1) No. in respect of which notices were served requiring defects to be remedied	19	73		2	—	54	3		—	454		—	181	—	—	8	272	53		—		2	—	—	87
(2) No. of which defects remedied after formal notice:—																									
(a) By owners	21	71		2	—	—	3		—	333		—	181	—	15	8	272	36		—		2	—	—	87
(b) By Local Authority	—	2		—	—	54	—		—	71		—		—		—	—	10		—		—	—	—	—
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	—	—		2	—	7	1		—	—		—	—	—	—	17	—	—		—		—	—	—	—
(2) No. of houses in respect of which Closing Orders were made	—	—		2	—	7	1		—	—		—	—	—	—	17	—	—		—		—	—	—	—
(3) No. of houses in respect of which Closing Orders were determined, the houses having been rendered fit ...	1	—		—	—	2	1		—	—		—	—	—	—	2	—	—		—		—	—	—	—
(4) No. of houses in respect of Demolition Orders were made	—	—		2	—	—	—		—	—		—	—	—	—	1	6	—		—		—	—	—	—
(5) No. of houses demolished in pursuance of Demolition Orders	—	—		2	—	—	—		—	2		—	—	—	—	—	5	—		—		—	—	—	—

NO INFORMATION. NO INFORMATION. REPORT NOT YET RECEIVED. NO INFORMATION. NO INFORMATION.

URBAN DISTRICTS.

	Ashbourne.	Bakewell.	Basford.	Belper.	Blackwell.	Chapel-en-le-Frith.	Chesterfield.	Clown.	Glossop Dale.	Hartshorne & Seals.	Hayfield.	Norton.	Repton.	Shardlow	Sudbury.
Population (estimated 1928)	10,590	18,810	1,781	24,960	44,640	16,490	85,000	18,760	3,887	8,805	4,352	5,286	18,350	35,740	2,569
No. of Houses in District	2,337	5,009	406	5,580	9,553	4,221	18,175	4,141	1,154	2,025	1,318	1,617	3,994	8,918	597
Average No. of Persons per House	4·53	3·75	4·38	4·47	4·68	3·90	4·67	4·53	3·36	4·34	3.30	3·26	4·59	4·00	4·30
Number of New Houses erected during the Year:—															
(a) Total	6	38	4	103	51	89	156	44	21	50	4	91	79	318	1
(b) With State Assistance under Housing Acts															
(1) By the Local Authority	—	—		—	—	51	67	30	—	8	—	—	—	34	—
(2) By other bodies or persons	6	38		81	41		89	14	—	—	4	91	62	262	—
1. **Inspections of Dwelling Houses During the Year:—**															
(1) No. Inspected for housing defects (under P.H. or Housing Acts)		495		930	399	254	895	212	104	90	98	149	126	374	98
(2) No. (included in sub-head 1 above) inspected and recorded under Housing Consolidated Regulations 1925		149		50	46	32	95	99	49	56	26	104	—	374	—
(3) No. found to be dangerous or unfit for human habitation		2		3	16	5	5	1	2	—	—	1	—	23	—
(4) No. (exclusive of those referred to in preceding sub-head) found not to be in all respects reasonably fit for human habitation		225		80	264	27	507	23	26	46	4	44	28	118	8
2. **Remedy of Defects without Formal Notice:—** No. rendered fit in consequence of informal action by Local Authority		170		70	298	22	921	7	25	34	1	23	28	7	14
3. **Action under Statutory Powers during the Year:—**															
A.—Proceedings under Sec. 3 of Housing Act, 1925,															
(1) No. in respect of which notices were served requiring repairs		18		9	46	32	—	—	2	—	3	24	—	—	—
(2) No. rendered fit after formal notices:—															
(a) By owners.		12		11	24	17	243	—	2	8	2	24	—	—	—
(b) By Local Authority		—		1	—	—	—	—	—	—		—	—	—	—
(3) No. in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close		1		—	16	—	—	—	—	—	—	—	—	—	—
B.—Proceedings under Public Health Acts—															
(1) No. in respect of which notices were served requiring defects to be remedied		28		325	385	80	516	10	55	—	—	80	—	118	—
(2) No. of which defects remedied after formal notice:—															
(a) By owners		20		306	322	29	748	9	51	—	—	80	10	88	—
(b) By Local Authority		—		—	—	—	—	—	—	—	—	—	—	—	—
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		1		3	16	5	—	—	—	—	—	1	—	2	—
(2) No. of houses in respect of which Closing Orders were made		1		3	14	5	—	—	—	—	—	—	—	2	—
(3) No. of houses in respect of which Closing Orders were determined, the houses having been rendered fit		—		2	4	5	—	—	—	—	2	2	—	—	—
(4) No. of houses in respect of Demolition Orders were made		—		—	2	—	5	—	—	—	—	—	—	4	1
(5) No. of dwelling-houses demolished in pursuance of Demolition Orders		—		—	2	—	—	—	—	—	—	—	—	7	1

No Information. No Information.

RURAL DISTRICT

TABLE XIV (a).

Scavenging.

URBAN DISTRICTS :—

ALVASTON AND BOULTON.—The refuse tip has been enclosed by a galvanised fence, thus reducing the risk to children.

BRAMPTON AND WALTON.—Scavenging has been carried out in the Holymoorside Ward during part of the year by contract, the rest of the district having been satisfactorily scavenged by the Council's own workmen.

CLAY CROSS.—The work of scavenging in this district is done by the Council's workmen and one contractor.

HEAGE.—The Medical Officer of Health of this district reports that " The scavenging of the district now, is, I think, very satisfactory and done efficiently, which was not the case a few years ago."

HEANOR.—Vehicles of an up-to-date character are now used for the collection of refuse.

LONG EATON.—Commencing on April 1st, 1928, the Public Health Department of this District Council took over the collection and disposal of house refuse. A 3-4 ton " Dennis " lorry, used for this work was found to be too expensive and in October this was replaced by a 30-cwt. lorry with a tipping body. The whole of the house refuse is removed once a week. The net cost of the collection and disposal of the refuse works out at 9s. 7d. per house, or 2s. 7d. per head of the population, equal to a rate of 7¼d. in the Pound.

NORTH DARLEY.—Two new sites for the disposal of refuse have been acquired at Northwood and Farley.

WIRKSWORTH.—The purchase of mechanical traction for the collection of house refuse and the institution of a privy conversion scheme, for which sanction to a loan of £1,500 has been obtained, are notable advances in this service. The use of the tip at Cromford has been discontinued and the towns refuse concentrated at the Gorsey Bank tip. The arrangements for the proper disposal of the refuse on the tip are satisfactory.

RURAL DISTRICTS :—

BLACKWELL.—Scavenging in this district is undertaken by the Council in Shirebrook, by contract in Pleasley, South Normanton, Tibshelf, Pinxton and Blackwell, and by owners and occupiers in Glapwell, Scarcliffe, Ault Hucknall and Upper Langwith.

HAYFIELD.—Scavenging is carried out in Mellor by contract and by direct labour in Hayfield. In Mellor it was necessary to terminate the agreement with one contractor as the work was not carried out to the satisfaction of the Council.

LOANS

FOR PROVISION OF SEWERAGE AND SEWAGE DISPOSAL WORKS AND WATER SCHEMES.

During the year 1928, inquiries were held by the Ministry of Health on the applications of the following District Councils for sanction to loans for the purpose of sewerage and sewage disposal and water supply :—

District.	*Date of Inquiry.*	*Amount of Loan asked for.*	*Purpose.*
Bolsover U.D.C.	Sep. 25.	£7,990	Water Supply
Belper R.D.C.	May 10.	£9,700	Sewage Disposal Works for Smalley and Smalley Common.
Belper R.D.C.	Nov. 7.	£13,400	Sewerage and sewage disposal at Allestree, Quarndon and Markeaton.
Chapel-en-le-Frith R.D.C.	May 8.	£14,500	Water Supply of Chinley, Bugsworth and Brownside.
Chapel-en-le-Frith R.D.C.	June 28.	£522	Sewerage and sewage disposal at Hope.
Chapel-en-le-Frith R.D.C.	June 28.	£3,750	Sewering of parts of Hartington Upper Quarter.
Repton R.D.C.	Sep. 26.	£20,600	Sewerage works at Mickleover.
Shardlow R.D.C.	April 27.	£1,800	Extension of sewage works at Spondon.

HEALTH EDUCATION.

HEALTH WEEK.—The Derbyshire Health Week was held from October 7th to 13th, 1928, the Derbyshire County Council and the Derbyshire Education Committee being represented on the Health Week Committee. Lectures were given by the County Medical Officer to Public Meetings at Derby, Ripley and Swadlincote.

Addresses were given on Health topics in 416 elementary and 15 secondary schools in the County. The general practitioners rendered effective assistance in this connection.

Three films were shewn, together with suitable talks to school children at eight centres, the total number of children attending being approximately 10,000.

The Derbyshire Red Cross Society and the Dental Board shewed a number of exhibits at Ashbourne, Long Eaton and Ripley to 2,200 children.

Arrangements were also made with the British Social Hygiene Council for a week's campaign during which general health films and special films were shewn at Belper, Ripley, Heanor, Staveley, Long Eaton and Chesterfield. Films were displayed for children in the mornings, for women in the afternoons and for adults in the evenings and lectures were given at these displays. Arrangements were also made for a film to be shewn in the evening at 13 different picture houses in the County, while 10 lantern slides were shewn in 17 picture houses.

Lectures were also given at Womens' Institutes and Child Welfare Centres.

Literature and posters were distributed freely. Over 157,000 leaflets, cards and books, and 1,600 posters were exhibited throughout the County.

INSPECTION AND SUPERVISION OF FOODS.

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, 1926. 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 1928 :—

Total Samples analysed.	*Percentage adulterated.*	*Milk samples.*	*Percentage adulterated.*
2035	3·5	695	8·3

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

Non-fatty solids.	*Fat.*	*Total solids.*
8·76	3·63	12·39

The whole of the samples of milk, butter and margarine proved upon analysis to be free from preservatives.

Public Health (Milk and Cream) Regulations, 1912—1917.

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

Cream	23
Preserved Cream ...	3

The addition of preservatives to cream was prohibited as from January 1st, 1928, and therefore " preserved cream " is no longer sold. The three samples mentioned above were purchased in the closing weeks of 1927, and all contained boric acid in amounts below the then existing limit of 0·4 per cent.

The whole of the samples sold as cream were free from preservatives.

THE PUBLIC HEALTH (PRESERVATIVES IN FOOD) REGULATIONS.

These regulations came into operation partially on January 1st, 1927, more fully on January 1st, 1928, and completely on July 1st, 1928.

Under these regulations, the only preservative substances permitted to be added to foodstuffs are Sulphur Dioxide and Benzoic Acid, the addition being controlled by a Schedule stating the maximum amount of each which may be added to certain specified articles of food. Any article of food not included in the schedule must be sold free from preservatives.

During the year, 205 samples were specially examined for the presence of preservatives, and in no instance did the amount of either Benzoic Acid or Sulphur Dioxide exceed the prescribed limit.

A specimen of lemon squash contained Salicylic Acid, and the bottle bore a label to that effect. This material was withdrawn from sale.

Two samples of sausages contained Boric Acid, and their sale was therefore in contravention of the Regulations. The vendor of one was fined £1 and £1 11s. 6d. costs, and the vendor of the other was ordered to pay £3 18s. 6d. costs.

An informal sample of pork pie was found to contain boric acid; the vendor was formally cautioned and a subsequent official sample was free from Boric Acid.

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 1928 was 139.

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.

Four licences for the production of Grade " A " milk were issued during 1928 under the Milk and Dairies Amendment Act, 1922.

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

Animals slaughtered	517
No. with advanced tuberculosis ...	448
No. with tuberculosis, but not advanced	68
No. not tuberculous	1
Milk samples examined	509
,, found positive on direct examination	29
,, found positive on inoculation	75
,, found negative on inoculation	405

CLEAN MILK COMPETITIONS.

As in previous years competitions were held during the summer months to encourage and guide efforts in clean milk production. As yet there is difficulty in finding a market for graded milks. Many of those who have gone through the competitions would be glad to take out licences for the sale of Grade A milk if they could find buyers.

Some of the wholesale purchasers of milk have considerably assisted the work of the competitions by subscribing to the prize fund and giving preference in their contracts to competitors who have attained diploma standard. In the main, however, clean milk work rests not so much on commercial considerations as on the desire of the best farmers to produce the highest quality of produce.

Six samples were taken of each competitor's milk, and, at the conclusion of the competition an inspection of premises and new methods was made by an inspector of the Minister of Agriculture and Fisheries. It was again found that provided satisfactory methods were used, elaborate buildings and eqiupment were not necessary essential for the production of clean milk.

Apart from advisory samples, 215 samples were taken in the competitions. 64 of these were of ' Certified ' grade and 36 of Grade A, which shows that even during the hottest weather, when the task of keeping down the bacterial count calls for the keenest ingenuity and care, it is possible to produce milk of a high standard as regards cleanliness with a keeping quality of from 3 to 4 days.

Prizes and diplomas were presented to competitors at a public meeting held at the County Offices during Health Week, the ceremony being followed by an address from the County Medical Officer. Lectures have also been given from time to time during the winter months by members of the staff of the County Agricultural Institute, and instruction in milk hygiene forms a regular part of the curriculum of the local and central classes.

The competitions are being continued during the present year by the County Agricultural Organizer, 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.	14
Class II.	28
Class III.	7
Total	49

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 1928
as reported by the Local Medical Officers of Health.

Urban Districts.	Tuberculosis. Pulmonary.	Other	Small-Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Puerperal Pyrexia	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	E L
Alfreton	13	7	130	28	13	1	2	...	..	5	6	
Alvast'n & Boult'n	2	1	4	6	4	..	..	1	..	..	..	
Ashbourne ..	4	3	1	1	..	..	..	...	..	1	..	
Bakewell ..	6	7	..	8	..	..	..	2	..	..	..	
Baslow	2	..	..	3	..	1	..	...	..	..	..	
Belper	19	3	39	24	5	..	3	...	..	4	1	
Bolsover	13	9	78	29	14	..	1	3	..	6	1	
Bonsall	1	1	..	..	..	..	..	...	..	..	..	
Brampt'n & Walt'n	3	..	..	2	2	..	1	...	..	1	..	
Buxton (Boro') ..	16	9	..	24	10	..	..	2	..	..	1	
Chesterfield (Boro')	70	19	11	106	146	2	4	9	..	18	8	
Clay Cross ..	5	1	1	19	13	1	1	3	..	1	..	
Dronfield ..	3	2	..	12	1	2	1	1	..	1	..	
Glossop (Boro') ..	20	9	..	25	6	..	1	3	..	5	1	
Heage ..	6	1	2	2	4	..	..	...	..	1	..	
Heanor	23	20	40	59	38	6	..	3	..	15	4	
Ilkeston (Boro') ..	31	16	34	47	8	1	2	5	..	11	..	
Long Eaton ..	26	4	2	35	27	..	..	...	..	7	..	
Matlocks ..	12	4	..	7	6	..	..	...	...	..	..	
New Mills ..	6	8	..	17	11	..	..	...	..	8	1	
North Darley ..	..	..	..	10	5	..	..	...	..	..	..	
Ripley ..	10	2	15	34	6	..	..	3	..	9	1	
South Darley ..	..	..	..	4	2	..	..	...	..	..	..	
Swadlincote ..	23	8	..	14	63	..	1	1	..	6	5	
Wirksworth ..	11	3	1	3	..	1	..	...	..	..	..	
Urban Districts	325	137	358	519	384	15	17	36	..	99	29	

Rural Districts.	Tuberculosis. Pulmonary.	Other.	Small Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puerperal Fever.	Puerperal Pyrexia	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	E L
Ashbourne ..	9	6		29	3	..	..	1	..	1	..	
Bakewell ..	9	9	..	33	5	1	..	5	..	4	2	
Basford	1	..	..	4	2	..	..	...	..	1	..	
Belper	20	12	18	25	7	..	..	4	..	14	1	
Blackwell ..	52	42	101	115	52	1	2	11	..	25	7	
Chapel-en-le-Frith	14	9	..	56	23	..	..	...	..	2	1	
Chesterfield ..	83	38	98	170	143	2	6	7	..	25	11	
Clowne	14	10	..	40	7	1	2	3	..	9	2	
Glossop Dale ..	1	2	..	..	..	..	1	...	..	1	..	
Hartshorne & Seals	8	6	..	26	54	..	..	1	..	10	..	
Hayfield	4	5	..	8	1	..	..	2	..	2	..	
Norton	4	..	..	16	1	1	..	..	..	..	..	
Repton	21	7	..	29	10	1	1	...	..	3	1	
Shardlow ..	31	7	35	169	38	..	1	2	..	19	3	
Sudbury ..	2	..	..	3	1	..	..	...	..	1	..	
Rural Districts	273	153	252	723	347	7	13	36	..	117	28	
Urban Districts	325	137	358	519	384	15	17	36	..	99	29	
Whole County ..	598	290	610	1242	731	22	30	72	..	216	57	

TABLE X.

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

STRICTS.	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.
... ...	130	...	5·98	...	28	...	1·28	...	13	1	·59	7·69	1	...	.04	...
Boulton	4	...	1·73	...	6	...	2·60	...	3	...	1·30	...	...	...	...	...
...	1	...	·22	...	1	...	·22	...	...	...	...	...	...	...	...	...
... ...	...	...	...	...	8	...	2·52	...	...	...	...	...	...	...	...	...
... ...	...	...	...	...	3	...	3·48	...	...	...	...	...	1	...	1·16	...
... ...	36	...	2·74	...	21	...	1·60	...	3	1	·23	33·33	...	...	...	...
... ...	78	...	6·07	...	29	...	2·26	...	14	...	1·09	...	...	...	...	...
... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
& Walton	...	...	...	...	2	...	·89	...	2	...	·89	...	...	...	...	...
oro') ...	...	...	...	...	22	...	1·26	...	10	2	·57	20·00	1	...	·05	...
l (Boro')	11	...	16	...	106	1	1·61	·94	143	7	2·17	4·89	2	...	·03	...
... ...	1	...	·01	...	19	...	·21	...	14	...	·16	...	1	...	·01	...
... ...	...	...	...	...	12	...	·26	...	1	...	·02	...	1	1	·02	100·00
Boro') ...	...	...	...	...	25	...	1·27	...	6	1	·30	16·66	...	...	...	...
... ...	2	...	·45	...	2	...	·45	...	3	...	·67	...	...	...	...	...
... ...	40	...	1·75	...	59	...	2·59	...	38	1	1·66	2·63	6	1	·26	16·66
Boro') ...	34	...	1·03	...	45	...	1·36	...	8	2	·24	25·00	1	...	·03	...
n ...	2	...	·09	...	35	...	1·62	...	27	1	1·25	3·70	...	...	...	...
... ...	...	...	...	...	5	...	·50	...	6	...	·60	...	...	...	...	...
... ...	...	...	...	...	17	1	1·90	5·88	11	1	1·22	9·09	...	...	...	...
ley ...	...	...	...	...	11	...	2·69	...	5	...	1·22	...	...	...	...	...
... ...	15	...	1·07	...	32	1	2·28	3·12	5	...	·36	...	...	...	...	...
ley ...	...	...	...	...	4	...	6·05	...	1	...	1·51	...	...	...	...	...
e ...	...	...	...	...	14	...	·65	...	63	9	2·95	14·28	...	...	...	...
n ...	1	...	·25	...	3	...	·76	...	1	...	·25	...	1	...	·25	...
	355	...	1·10	...	509	3	1·57	·59	377	26	1·16	6.89	15	2	·04	13·33

STRICTS.	SMALLPOX.				SCARLATINA.				DIPHTHERIA AND MEMBRANOUS CROUP.				TYPHOID FEVER.			
...	...	...	...	...	29	...	2·73	...	3	...	·28	...	1	...	·09	...
... ...	...	...	...	...	33	1	1·75	3·03	4	...	·21	...	1	...	·05	...
... ...	...	...	...	...	5	...	2·80	...	2	...	1·12	...	...	...	...	...
... ...	18	...	·71	...	25	...	·99	...	7	1	·27	14·28	...	...	...	...
... ...	101	...	2·26	...	117	...	2·62	...	52	...	1·16	...	1	...	·02	...
le-Frith	...	...	...	...	56	...	3·39	...	23	...	1·39	...	...	...	...	...
l ...	101	...	1·18	...	171	1	2·01	·58	143	12	1·68	8·38	2	2	·02	100·00
... ...	...	...	...	...	40	...	2·13	...	7	...	·37	...	1	...	·05	...
hle ...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...
& Seals	...	...	...	...	24	...	2·72	...	41	1	4·65	2·44	...	...	...	...
... ...	...	...	...	...	7	...	1·60	...	1	...	·23	...	...	...	...	...
... ...	...	...	...	...	16	1	3·02	6·25	...	...	...	...	1	...	·19	...
... ...	...	...	...	...	29	...	1·58	...	10	2	·54	20.00	1	...	·05	...
... ...	34	...	·91	...	169	1	4·55	·59	38	2	1·02	5·26	...	...	...	...
... ...	...	...	...	...	3	...	1·16	...	1	...	·38	...	...	...	...	...
istricts ...	254	...	·84	...	724	4	2·40	·55	332	18	1·10	5·42	8	2	·02	25·00
istricts ...	355	...	1·10	...	509	3	1·57	·59	377	26	1·16	6·89	15	2	·04	13·33
ounty ...	609	...	·97	...	1233	7	1·97	·57	709	44	1·13	7·22	23	4	·03	17·39

INFECTIOUS DISEASES GENERALLY.

Smallpox.—The following Table shows the number of cases of Smallpox notified during the years 1921—1928 inclusive, and shows that the disease is still prevalent, and that there is a marked increase in the number of cases compared with the last three years :—

TABLE XI.

	1921	1922	1923	1924	1925	1926	1927	1928
Urban Districts.								
Alfreton	...	...	23	1	..	2	123	130
Alvaston & Boulton	...	...	...	...	18	1	...	4
Ashbourne	...	...	...	...	...	...	...	1
Belper	...	1	1	...	2	70	103	36
Bolsover	...	15	19	36	7	19	...	78
Brampton & Walton	...	...	...	...	...	...	1	...
Chesterfield (Boro')	...	...	32	518	76	2	8	11
Clay Cross	...	...	...	3	52	...	...	1
Heage	...	...	...	...	...	39	27	2
Heanor	...	34	144	11	1	...	3	40
Ilkeston (Boro') ...	...	100	15	3	...	...	...	34
Long Eaton ...	14	1	43	12	...	...	...	2
Matlocks	1	...	...	...	...	...	1	...
Ripley	...	...	5	1	1	9	119	15
Swadlincote ...	...	...	8	135	...	10	7	...
Wirksworth ...	...	...	...	...	..	1	...	1
Rural Districts.								
Bakewell	1	...	...	...	...	...	...	...
Basford	1	2	...	...	...	...	...	...
Belper	...	49	...	...	...	8	46	18
Blackwell	1	8	77	154	77	47	17	101
Chesterfield ...	...	...	...	216	91	5	9	101
Clown	...	15	86	4	1	...	3	...
Hartshorne & Seals	...	...	1	2	..	...	...	...
Repton	...	...	...	5	2	1	1	...
Shardlow	3	3	22	22	11	10	6	34
TOTALS ...	21	228	476	1123	339	224	474	609

Arrangements are in force whereby the services of the Assistant Medical Officers and School Medical Officers are available in the event of an outbreak of Smallpox occurring in any area.

During 1928, the Assistant School Medical Officers examined 5,148 school children in this connection, and the Health Visitors paid a large number of visits to contacts.

TABLE XII.

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

Urban Districts	*No. of Cases Notified.*	*Number*		
		Vaccinated and Re-vaccinated.	*Vaccinated in Infancy.*	*Unvaccinated.*
Alfreton	130	5	6	119
Alvaston and Boulton ...	4	—	—	4
Ashbourne	1	—	1	—
Bakewell	—	—	—	—
Baslow	—	—	—	—
Belper	39	1	2	36
Bolsover	78	—	11	67
Bonsall	—	—	—	—
Brampton & Walton ...	—	—	—	—
Buxton (Boro')	—	—	—	—
Chesterfield (Boro') ...	11	—	3	8
Clay Cross	1	—	1	—
Dronfield	—	—	—	—
Glossop (Boro')	—	—	—	—
Heage	2	—	—	2
Heanor	40	—	3	37
Ilkeston (Boro')	34	—	9	25
Long Eaton	2	—	—	2
Matlocks	—	—	—	—
New Mills	—	—	—	—
North Darley	—	—	—	—
Ripley	15	—	5	10
South Darley	—	—	—	—
Swadlincote	—	—	—	—
Wirksworth	1	1	—	—
	358	7	41	310
Rural Districts.				
Ashbourne	—	—	—	—
Bakewell	—	—	—	—
Basford	—	—	—	—
Belper	18	—	—	18
Blackwell	101	—	21	80
Chapel-en-le-Frith	—	—	—	—
Chesterfield	98	—	8	90
Clowne	—	—	—	—
Glossop Dale	—	—	—	—
Hartshorne & Seals ...	—	—	—	—
Hayfield	—	—	—	—
Norton	—	—	—	—
Repton	—	—	—	—
Shardlow	35	—	3	32
Sudbury	—	—	—	—
Rural Districts	252	—	32	220
Urban Districts	358	7	41	310
Whole County	610	7	73	530

Scarlet Fever.—During the year 1,233 cases of this disease were notified, 7 of which proved fatal, compared with 1,344 cases and 5 deaths in the previous year. The figures for 1928 give a case mortality per cent of ·56 compared with ·37, the figure for 1927.

Whooping Cough.—26 deaths occurred from this disease during 1928, giving a death-rate of ·04 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, 1928 :—

TABLE XIII.

Districts.	1920 (from June).	1921	1922	1923	1924	1925	1926	1927	1928
URBAN.									
Alfreton ...	...	1	...	...	1	1	...	...	...
Bakewell ...	...	...	1	...	1	...	1	...	...
Belper ...	1	3	...	2	...	...	...	...	1
Bolsover ...	1	...	...	...	...	1	1	...	...
Bonsall ...	...	...	1	...	...	...	...	...	...
Brampton & Walton	...	...	...	...	1	...	...	...	...
Buxton Boro'	2	...	1	...	2	1	1	...	1
Chesterfield Boro'	...	2	...	1	8	11	5	4	6
Clay Cross ...	...	...	...	...	2	2	...	...	...
Dronfield ...	...	...	...	...	4	1	...	...	...
Glossop Boro'	...	...	1	2	2	...	...	1	3
Heage ...	...	1	...	...	1	...	...	1	...
Heanor ...	2	1	1	...	1	...	...	1	1
Ilkeston Boro'	1	...	...	...	1	1	...	...	2
Long Eaton	...	...	1	...	2	1	1	...	...
Matlocks ...	...	1	...	...	...	...	...	...	...
New Mills ...	1	...	...	...	4	4	2	1	3
Ripley ...	...	...	...	...	2	1	1	...	...
Swadlincote	...	...	...	1	...	...	...	2	...
RURAL.									
Bakewell ...	...	1	...	...	3	1	...	...	...
Belper ...	...	...	1	...	6	1	...	...	...
Blackwell ...	...	1	...	...	6	5	...	3	1
Chapel-en-le-Frith	1	...	...	...	2	1	2	...	...
Chesterfield	...	1	1	...	17	9	1	...	1
Clown ...	...	...	...	...	2	...	4	1	1
Hartshorne & Seals	...	...	...	...	...	1	...	...	...
Hayfield ...	...	1	...	...	3	...	...	...	...
Norton ...	...	...	...	...	4	...	...	...	...
Repton ...	...	...	...	...	4	...	...	1	1
Shardlow ...	...	1	1	...	4	1	...	...	...
Sudbury ...	...	...	...	...	1	...	...	...	...
Totals	9	14	9	6	84	43	19	15	21

TABLE XIV.—Incidence of Notifiable Diseases.

	Total Cases notified.	*Cases admitted to Hospital.*	*Total Deaths.*
Smallpox	610	610	—
Scarlet Fever ...	1242	835	7
Diphtheria ...	731	451	44
Enteric Fever ...	22	13	4
Puerperal Fever ...	30	22	21
Puerperal Pyrexia ...	72	11	—*
Pneumonia ...	—*	—*	375
Cerebro Spinal Fever	—*	—*	—*
Erysipelas	216	—*	—*
Ophthal. Neonatorum	57	6	1
Encephalitis Lethargica	21	3	18
Measles	—*	—*	70
Chicken-Pox ...	—*	—*	—*

*No information available.

TABLE XV.—Cancer.

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

	Deaths Rates.		*No. of Deaths in Derbyshire*
Year.	*England and Wales.*	*Derbyshire.*	
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 ...	1·37 ...	1·246 ...	774
1928 ...	... ...	1·190 ...	743

TABLE XVI.

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

Year.	AGES. Under 25		25—45		45—65		65 and over.		Totals.		Grand Total
	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
1928	2	6	20	38	150	187	177	161	349	394	743

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	·50
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
1928	23	17·39	·01	·04

The above Table shows that 23 cases of this disease occurred during 1928 ; there were 4 deaths, giving a case mortality of 17·39 compared with 12·76 the rate for the previous year.

Diphtheria.—The number of cases of diphtheria notified during 1928, was 709 compared with 691 in 1927, whilst the deaths numbered 44 compared with 52 in 1927. The case mortality was 6·20 compared with 7·52 in 1927.

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

1923	...	...	2,772
1924	...	...	4,031
1925	...	...	5,802
1926	...	...	5,102
1927	...	...	4,154
1928	...	...	3,976

Measles.—The total number of deaths from Measles during 1928 was 70, compared with 28 in 1927.

Infectious Diseases in Schools.

(*See page* 131 *of the School Section of this Report*).

Polio-Myelitis.—As explained in my Survey Report for 1925, this disease causes crippling in a large proportion of cases, not so much from the paralysis of the muscles as from the resulting contraction of the non-paralysed muscles. In view of the fact that this contraction can be prevented by proper treatment during the very earliest stages of the disease, I made arrangements at the beginning of 1928 for the Orthopædic Surgeon at Bretby to be available for consultation with any medical practitioner who should require advice as to early diagnosis and treatment of polio-myelitis.

Immediately on receipt of the notification of a case, a letter is sent from the Central Office to the notifying practitioner reminding him of this arrangement. As a result the services of the Orthopædic Surgeon during 1928 have been requisitioned on 2 occasions out of 12 cases notified.

BACTERIOLOGICAL LABORATORY.

During the year, 11,474 bacteriological examinations were made at the County Laboratory, compared with 11,222 in the previous year. The following Table shows the origin of the specimens :—

TABLE XVIII.

Medical Practitioners	3,031
School Medical Staff	679
Dispensary Staff	1,155
Hospitals (Isolation and others)	2,447
Venereal Diseases	2,337
Hairs for Ringworm	108
Local Authorities :—	
Milk Inoculations. Tuberculosis Order.	300
Milk Inoculations. Ordinary Routine Samples ...	180
Milk for Bacterial Count and Bacillus Coli ...	308
Milk, Direct Examinations. Tuberculosis Order ...	214
Outside Authorities :—	
Milk Inoculations. Derby Borough	10
Milk for Bacterial Count and Bacillus Coli. Derby Borough	8
Miscellaneous. Derby Borough	505
Miscellaneous. Derby Union Infirmary	122
Examinations for which a fee is paid	70
Total	11,474

The number of specimens sent in by Medical Practitioners from the Urban Districts was 4·96 per thousand of the population, and in the Rural Districts it was 4·76.

TABLE XIX.—Bacteriological Specimens Examined.

Districts.	Population.	No. of Specimens sent.	Rate per 1,000.
URBAN.			
Alfreton	21,710	58	2·67
Alvaston & Boulton	2,061	20	9·70
Ashbourne	4,537	20	4·40
Bakewell	3,165	16	5·05
Baslow	861	5	5.80
Belper	13,100	65	4·96
Bolsover	12,830	69	5·37
Bonsall	1,214	4	3·29
Brampton & Walton	2,236	4	1·78
Buxton (Boro')	17,400	77	4·42
Chesterfield (Boro')	65,630	358	5·45
Clay Cross	8,811	77	8·73
Dronfield	4,488	14	3·11
Glossop (Boro')	19,640	103	5·24
Heage	4.448	23	5·17
Heanor	22,780	128	5·61
Ilkeston (Boro')	33,000	92	2·78
Long Eaton	21,600	157	7 26
Matlocks	9,894	28	2·83
New Mills	8,945	81	9·05
North Darley	4,084	7	1·71
Ripley	14,000	21	1·50
South Darley	661	1	1·51
Swadlincote	21,350	149	6·97
Wirksworth	3,935	25	6·35
Urban Districts ..	322,380	1,602	4·96
RURAL.			
Ashbourne	10,590	32	3·02
Bakewell	18,810	73	3·88
Basford	1,781	2	1·12
Belper	24,960	174	6·97
Blackwell	44,640	212	4·74
Chapel-en-le-Frith	16,490	77	4·67
Chesterfield	85,000	178	2·09
Clowne	18,760	64	3·41
Glossop Dale	3,887	5	1·28
Hartshorne & Seals	8,805	65	7·38
Hayfield	4,352	10	2·29
Norton	5,286	49	9·27
Repton	18,350	167	9·10
Shardlow	35,740	316	8·84
Sudbury	2,569	5	1·94
Rural Districts ..	300,020	1,429	4·76
Urban Districts ..	322,380	1,602	4·96
Whole County ..	622,400	3,031	4 86

TABLE XX.—**Specimens received from Medical Practitioners during 1928.**

Districts.	Enteric Fever.		Diphtheria.		Phthisis.		Miscellaneous		Total	
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
URBAN.										
Alfreton	..	..	2	10	6	31	8	1	16	42
Alvaston & Boulton ..	..	..	2	5	1	8	3	1	6	14
Ashbourne	..	..	..	6	3	11	..	..	3	17
Bakewell	..	..	..	7	3	6	..	..	3	13
Baslow	1	..	..	2	..	2	..	..	1	4
Belper	..	6	1	17	4	25	6	6	11	54
Bolsover	..	7	7	31	3	18	3	..	13	56
Bonsall	..	..	..	..	..	..	4	..	4	..
Brampton & Walton ..	..	..	..	1	1	2	..	..	1	3
Buxton (Boro') ..	2	..	6	44	5	19	1	..	14	63
Chesterfield (Boro') ..	1	14	24	233	15	49	6	16	46	312
Clay Cross	1	1	8	27	4	33	2	1	15	62
Dronfield	1	6	..	..	1	5	1	..	3	11
Glossop (Boro') ..	1	1	1	71	3	22	4	..	9	94
Heage	..	..	3	13	2	5	..	..	5	18
Heanor	2	20	3	23	8	49	10	13	23	105
Ilkeston (Boro') ..	..	6	2	16	10	54	1	3	13	79
Long Eaton	1	5	13	52	12	73	1	..	27	130
Matlock	..	3	..	10	..	14	1	..	1	27
New Mills	..	..	8	59	1	10	3	..	12	69
North Darley	..	..	1	2	..	4	..	..	1	6
Ripley	..	..	1	2	3	13	1	1	5	16
South Darley	..	..	..	..	1	..	..	..	1	..
Swadlincote	..	6	25	54	8	47	3	6	36	113
Wirksworth	..	..	1	12	4	2	1	5	6	19
Urban Districts	10	75	108	697	98	502	59	53	275	1327
RURAL.										
Ashbourne	..	2	2	8	3	15	1	1	6	26
Bakewell	2	8	6	41	2	12	2	..	12	61
Basford	..	..	..	1	..	..	..	1	..	2
Belper	..	4	2	38	6	50	33	41	41	133
Blackwell	..	1	17	35	23	125	8	3	48	164
Chapel-en-le-Frith ..	..	3	10	21	6	26	7	4	23	54
Chesterfield	1	12	7	55	14	87	..	2	22	156
Clowne	1	3	1	19	9	31	..	..	11	53
Glossop Dale ..	..	1	1	..	1	2	..	..	2	3
Hartshorne & Seals ..	..	..	11	28	2	23	..	1	13	52
Hayfield	..	..	..	3	1	6	..	..	1	9
Norton	4	17	..	3	4	8	10	3	18	31
Repton	..	7	3	75	6	29	20	27	29	138
Shardlow	1	4	17	137	13	85	32	27	63	253
Sudbury	..	..	..	1	1	..	3	..	4	1
Rural Districts ..	9	62	77	465	91	499	116	110	293	1136
Urban Districts ..	10	75	108	697	98	502	59	53	275	1327
Whole County ..	19	137	185	1162	189	1001	175	163	568	2463

TABLE XXI.—**Specimens received from Hospitals, 1928.**

Hospital.	Enteric Fever.		Diphtheria.		Phthisis		Miscellaneous.		Total.	
	Pos	Neg.	Pos.	Neg.	Pos.	Neg	Pos.	Neg.	Pos.	Neg.
Belper	..	..	20	112	..	..	..	..	20	112
Buxton	..	..	..	5	..	..	..	..	..	5
North Derbyshire Royal Hospital..	..	4	..	..	..	..	..	1	..	5
Draycott	..	..	42	167	..	..	..	..	42	167
Dronfield	3	7	25	84	..	1	3	8	31	100
Etwall	..	..	42	122	..	..	2	..	44	122
Gamesley	..	..	1	79	..	..	..	..	1	79
High Peak	..	..	11	234	..	..	..	1	11	235
Ilkeston Sanatorium..	..	..	..	2	..	..	2	1	2	3
Langwith	..	..	5	91	..	..	..	..	5	91
Mastin Moor	4	9	10	128	..	..	1	11	15	148
Morton	..	3	56	583	..	..	..	1	56	587
Penmore	..	..	33	529	..	..	1	3	34	532
Totals ..	7	23	245	2136	..	1	9	26	261	2186

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 1928 :—

Blood for Wassermann reaction	2,063
Pus for Gonococci	255
Serum for Spirochætes	2
Cerebro-Spinal Fluid for Cell Count	11
do. do. Globulin	2
do. do. Protein...	2
do. do. Ascetic Anhydride Test ...	2
Total ...	2,337

TABLE XXIII.

The following Table shows the number of Specimens received from the Dispensaries and Sanatoria during 1928 :—

Dispensary or Institution.	Sputa.		Miscellaneous.		Total.
	Pos.	Neg.	Pos.	Neg.	
Ashbourne	3	14	..	1	18
Burton-on-Trent ..	9	82	4	8	103
Chesterfield	43	114	1	1	159
Chinley	18	104	4	5	131
Derby	29	85	1	2	117
Glossop	27	80	1	2	110
Ilkeston	18	44	..	..	62
Long Eaton	5	16	..	2	23
Matlock	18	94	6	4	122
Penmore Pavilion ..	42	4	..	..	46
Derbyshire Sanatorium	1	..	44	53	98
Bretby Hall	1	..	12	153	166
Totals	214	637	73	231	1155

TABLE XXIV.

School Specimens.—The following is a list of the School Specimens received during the year 1928:—

	Pos.	Neg.
Swabs for Diphtheria	3 ..	245
Hair for Ringworm	207 ..	120
Miscellaneous	22 ..	82
	232	447
Total	679	

Tubercle in Milk.

During the year 490 samples of milk were examined for the presence of tubercle bacilli by animal inoculation. 77 samples, or 15·71 per cent. were found to contain tubercle bacilli. The 490 samples included 10 from Derby Borough.

During 1928, 158 samples of milk were submitted for bacterial count. Of this number 139 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.	Un a
No. of Tests (Total 158)	53	30	25	18	13	14	3	
Highest Bacterial Count	10,000	20,000	48,000	93,000	186,000	880,000	2,144,000	
Lowest Bacterial Count	Nil	11,000	21,300	53,000	107,000	234,000	1,072,000	
Average Bacterial Count	4,962	14,933	31,732	67,722	139,538	436,714	1,520,000	

MILK EXAMINED FOR BACILLUS COLI.

Dilution.	*Positive.*	*Negative.*	*Total.*	*Percentage with B. Coli*
0·01 c.c. ...	28	130	158	18

(Grade A Milk=No Bacillus Coli Communis in any of three tubes, each containing $\frac{1}{100}$ c.c. of milk).

MATERNITY AND CHILD WELFARE.

MIDWIVES ACTS, 1902 & 1918

AND

MIDWIVES AND MATERNITY HOMES ACT, 1926.

At the end of 1928 there were 338 midwives on the County Roll. 268 were trained midwives and of these, 82 were District Nurse-Midwives.

The following changes of midwives took place during 1928 :—

Deaths of Midwives	10
No. retired from practice voluntarily, whose Certificates were cancelled by the C.M.B.	11
No. of trained midwives who have left the County, of whom 6 were District Nurse-Midwives	9
No. who have done temporary duty for District nurses	12
No. of new Midwives enrolled	25

The number of Midwives on the County Roll has decreased during the year by 17.

Puerperal Fever.

	Number of Midwives.	Number of Confinements.	Puerperal Fever Cases.	Cases per 1,000 Births.
Bona-fide Midwives ...	70	1578	2	1·26
Trained Midwives, including District Nurse-Midwives	268	6314	11	1·74
	338	7892	13	1·64

During 1928, the information was received concerning 29 women who died within six weeks of child-birth. The causes of death were as follows :—

Puerperal Fever	14
Kidney Conditions	4
Hæmorrhage	5
Cardiac Conditions	1
Pulmonary Embolism	3
Various Diseases	2

Of these deaths, 16 occurred in hospitals or Maternity Homes.

Records 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 :—

	1923	1924	1925	1926	1927	1928
Records received—						
Medical Help ..	1240	1353	1414	1565	1575	675
Still Births ...	173	158	178	127	126	136
Deaths of Children ..	28	30	32	26	36	34
Deaths of Mothers ...	...	3	2	2	1	2
Laying-out the Dead	22	21	15	14	13	21
Liability to be a source of infection	31	53	44	45	59	38
Notification of Artificial Feeding (within 10 days)	80	108	85	96	73	80
Puerperal Fever—						
Midwives' cases ...	11	22	19	25	12	13
Puerperal Pyrexia—						
Midwives' cases	...	...	...	15	34	26
Ophthalmia Neotorum—						
ALL Cases	55	67	47	53	66	57

The following is an analysis of the 1,675 Medical Help records received during 1928 :—

Abortion or Miscarriage	92
Varicose Veins	4
Ante-partum Hæmorrhage	56
Deformed Pelvis	1
Discharge during Pregnancy ...	7
Retarded Labour	421
Abnormal Presentation	107
Retained Placenta	93
Lacerated Perinæum	294
Still Births	29
Post-partum Hæmorrhage	52
Rise of Temperature	41
White Leg	5
Inflammation of the Breast... ...	4
Fits or Convulsions	8
Prolapse	10
Injuries or Malformations of child ...	34
Dangerous feebleness of child ...	57
Eyes, condition of	69
Skin Eruption	10
Navel, condition of	1
Miscellaneous	280
Total ...	1,675

Inspections of Midwives—

Inspection Forms marked "Good" ...	870
,, ,, ,, "Satisfactory" ...	20
,, ,, ,, "Indifferent" ...	21
,, ,, ,, "Bad" ...	3
No. of other inspections and visits ...	121
No. of Midwives out	89
Total ...	1,124

Midwives suspended from practice for being in contact with :—

Puerperal Fever	4
Puerperal Pyrexia	9
Pemphigus Neonatorum	4
Scarlet Fever	1
Diphtheria	2
Measles	1
Breast Abscess	1
	22

Special Letters of Warning.—Seven special letters of warning were sent to midwives in the County for breaking the rules of the Central Midwives Board. One letter of warning was sent to an uncertified women.

Payment of Doctors' Fees under Section 14(1) of the Midwives Act.—In respect of the financial year ended March 31st, 1929, 679 claims were received from medical practitioners, amounting to £1,139 4s. 6d. Of these, 642 were passed for payment, amounting to £1,012 5s. 9d., the remainder being disallowed as not complying with the conditions laid down by the Midwives Acts and the Ministry of Health. Amounts refunded by parents for the same period amounted to £243 1s. 9d., and the total commission paid to collectors was £9 11s. 1d.

Provision of Free Milk.—In respect of the financial year ended March 31st, 1929, 176 applications for free milk were received. Of these, 103 were for fresh milk and 73 for dried milk. The expenditure was £40 13s. 4d. for fresh milk and £14 11s. 1d. for dried milk.

Voluntary Infant Welfare Centres.—During the financial year ended March 31st, 1929, three Voluntary Welfare Centres received a grant of £10 each from the County Council, namely Mickleover, Bradwell and Ashford.

Births notified by Midwives, Doctors or Parents.—The following Table gives particulars of the births and still-births in the County Maternity & Child Welfare area during 1928 which were notified by midwives, doctors or parents, the four Municipal Boroughs in

the County being autonomous for Maternity and Child Welfare purposes :—

	Notified by Midwives.	*Notified by Doctors or Parents.*
Live Births	6,959	1,392
Still Births	197	61

Home Visits by Health Visitors.—

To expectant mothers—	
First visits	1,316
Subsequent visits	991
	2,307
To Children—	
First visits	9,831
Under 1 year	30,732
1—5 years	47,244
	87,807
Total Visits	**90,114**

Total attendances at Infant Welfare Centres.—

Expectant mothers	1,040
Infants	32,036
Toddlers	26,723
	59,799
No. of Sessions held	1,834

Maternal Mortality.—The Maternal mortality rate for the County for 1928 was 4·32 compared with 5·00 in 1927.

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

TABLE XXVI.

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
1928	21	**1·89**	27	**2·43**	48	**4·32**	11,112

I dealt fully with this subject in my Report of last year, pointing out that it had been the practice in this County to investigate maternal deaths and to analyse the results of our investigations. In April the Ministry of Health issued a Circular (888) directing attention to the continued high rate of maternal mortality and asking that all Authorities should carry out investigations into these deaths on stated lines. Investigations are carried out strictly in accordance with the requirements of the Ministry of Health which ensures that all such reports shall be of a confidential nature.

In my Report of last year I discussed various aspects of the work in this County for the prevention of maternal mortality and the creation of a high standard of midwifery service. I pointed out that our scheme was comprehensive but that it required development as regards ante-natal supervision. I am happy to be able to report that during 1928 a complete system of Ante-natal Clinics was established throughout the County. These are attended regularly by Dr. Edith E. Stephens, M.D.(Lond.), (Gynæcology and Obstetrics) who is in clinical charge of the Clinics. A list of the Clinics and the times of opening are set out on page 00.

Nursing Homes Registration Act.

This Act came into force on July 1st, 1928. The County Council, as the Supervising Authority for the Administrative County, undertook to carry out the provisions of the Act for the whole of the Administrative County with the exception of the Boroughs of Chesterfield, Glossop and Ilkeston, to whom, under the powers of the Act, were delegated the duties imposed. This leaves the area administered by the County Council coincident with the County Maternity and Child Welfare area with the exception of the Borough of Buxton who, although autonomous for the purpose of Maternity and Child Welfare, arranged by agreement with the County Council that the Act should be administered by the latter in that area.

During the year 11 Homes were registered as Nursing Homes under the Act, excluding those in the Borough of Buxton. One Home was exempted from Registration.

Puerperal Fever and Puerperal Pyrexia.

The arrangements that I was authorised to make under the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926, were fully dealt with in last year's Report. These arrangements provide for second opinion on notified cases of these diseases, the admission of such cases to hospital, and bacteriological examinations. The scheme is available for the whole Maternity and Child Welfare area of the County which coincides with the Administrative County with the exception of the Boroughs of Buxton, Chesterfield, Glossop and Ilkeston. The scheme has been highly appreciated by the medical profession and has worked with the utmost expedition and smoothness.

The following Table gives the Puerperal Fever case rate :—

TABLE XXVII.

Year.	MIDWIVES' CASES. No. of Births.	P.F. Cases.	Rate per 1,000 Births.	OTHER CASES. 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
1928	7,892	13	1·64	3,220	13	4·03

The following Table shows the number of cases of Puerperal Pyrexia occurring during the year 1928 :—

TABLE XXVIII.

	Midwives cases.	*Other cases.*	*Total.*
No. of Births	7,892	3,220	11,112
No. of Cases of Puerperal Pyrexia	26	50	76
Case rate per 1,000 Births ...	3·29	15·52	6·83

The number of cases admitted to hospitals during 1928 was :—

Derbyshire Royal Infirmary	9
Jessop Hospital for Women	11
Burton-on-Trent	3
High Peak	—

A Consultant's opinion was req uested in 13 cases and was immediately provided.

Prevention of Blindness.—For action taken under Section 66 of the Public Health Act, 1925, see the section of this Report referring to the Welfare of the Blind, page 97.

Ophthalmia Neonatorum.—The incidence of ophthalmia neonatorum and the results of treatment are set out in the Table below :—

TABLE XXIX.

Cases.						
Notified.	*Treated*		*Vision unimpaired.*	*Vision impaired.*	*Total Blindness.*	*Deaths.*
	At Home	*In Hospital*				
57	45	12	54	2	—	1

The procedure adopted for the investigation of these cases was explained in the Survey Report for 1925, page 116. Arrangements have been made with the Derbyshire Royal Infirmary for the admission of cases of Ophthalmia Neonatorum, and in the case of a very young child, provision is also made for the accommodation of the mother and child in the hospital.

TUBERCULOSIS SCHEME.

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

DISPENSARY UNIT.

This Unit consists of nine dispensaries. Details of the times of opening, etc. are given on page 24, and particulars of the work done during the year are given in Table X.

Early in January, 1928, a new Dispensary at Long Eaton was opened to take the place of temporary accommodation provided in the School Clinic at 4, Nottingham Road, Long Eaton. The Dispensary is erected on land belonging to the Long Eaton Urban District Council in the grounds of "The Hall." It is a single storey building of cement asbestos with wood framing on a brick and concrete foundation. The accommodation provided is as follows :— waiting room 24′0″×15′0″, consulting room 11′0″×12′0″, dressing room 11′0″×7′6″, Nurses' room 11′0″×9′0″, and lavatory accommodation for dispensary staff and patients. The cost of the building was £495.

INSTITUTIONAL UNIT.

Below is given particulars of the Institutional accommodation provided by the County Council :—

Institution.		*Beds available.*	
Derbyshire Sanatorium	...	124	(with an additional six shelter beds available during the summer time).
Penmore Pavilion	... ...	14	(with four additional shelter beds for the summer time).
Bretby Hall Orthopædic Hospital	... ...	55	
Other Institutions (not belonging to the C. C.)	...	14	
		207	

The accommodation for the different types of cases is set out below :—

	Males.	*Females.*	*Children.*
PULMONARY CASES—			
Sanatorium Beds ...	40	40	20
Hospital Beds ...	24	14	—
NON-PULMONARY CASES ...	7	7	55*

*These beds are in the Bretby Hall Orthopædic Hospital ; seven of them are reserved for patients from other Authorities.

WALTON SANATORIUM.

The Medical Superintendent of Walton Sanatorium reports on the work at the Institution during 1928, as follows :—

Statistics.

322 patients were admitted.

Males **154.** Females **106.** Children **62.**

336 patients were discharged.

Males **156.** Females **112.** Children **68.**

Average number of beds occupied—**121·9.**

Average length of stay of the patients—**140** days.

Average weight gained by the patients—**8lbs. 9ozs.**

Ministry of Health Classification.

TABLE D.S. I.

	M.	F.	C.	Total.
Pulmonary				
1. Class T.B. Minus	30	26	50	106
2. Class T.B. Plus				
Group I.	15	3	3	21
Group II.	55	45	6	106
Group III.	47	29	4	80
Totals	147	103	63	313
Non-Pulmonary				
Bones and Joints	1	...	1	2
Abdominal	...	...	2	2
Other Organs	...	3	...	3
Peripheral Glands	1	...	...	1
Non-Tub.	4	4	4	12
Undiagnosed	2	1	...	3
Total	155	111	70	336

Society of Medical Superintendents Classification.

TABLE D.S. II.

	Without T.B. in Sputum.			*With T.B. in Sputum.*			*Hilus Cases.*	*Total*
	M.	F.	C.	M.	F.	C.		
STAGE I.								
Grade A.	18	12	5	14	5	2		56
,, B.	0	3	0	0	1	1		5
,, C.	0	1	0	0	0	0		1
STAGE II.								
Grade A.	3	5	2	19	7	0		36
,, B.	0	0	0	4	4	0		8
,, C.	0	2	0	2	3	0		7
STAGE III.								
Grade A.	2	0	0	32	12	1		47
,, B.	0	1	1	12	20	1		35
,, C.	0	0	0	36	29	5		70
Grade A.							42	42
,, B.							6	6
,, C.							0	0
Total	23	24	8	119	81	10	48	313

General Results of Treatment.

Quiescent	30
Improved	207
No Material Improvement ...	60
Died in Institution	24

Ultra Violet Light Department.

	No. of Cases.	*Cured.*	*Much Imp.*	*Imp.*	*I.S.Q.*	*W.*
Hilus	31	—	15	15	1	—
Tub. Glands	6	2	4	—	—	—
Tub. Peritonitis ...	5	—	4	—	—	1
Pul. Tub.	6	—	3	1	1	1
Lupus	3	1	—	1	1	—
T.B. Abscess	1	—	1	—	—	—
T.B. Epididymis ...	1	—	—	—	1	—
T.B. Larynx	2	—	—	—	2	—
T.B. Spine	2	—	1	—	1	—
T.B. Shoulder	1	—	—	1	—	—
Rheumatic Arthritis	4	—	—	4	—	—
Erythema Pernio ..	5	5	—	—	—	—
Neurasthenia	4	—	4	—	—	—
Bronchiectasis	2	—	1	—	1	—
Bronchitis	1	—	1	—	—	—
T.B. Salpingitis ..	1	—	1	—	—	—
Alopecia	1	1	—	—	—	—
Polyorrhomenitis ...	1	—	1	—	—	—
Blepharitis	1	1	—	—	—	—
Sore on ear	1	—	—	—	1	—
Fistula in ano	1	—	—	—	1	—
Debility	2	—	2	—	—	—
Total ..	82	10	38	22	10	2

Red Ray Treatment.—Six cases have had treatment by means of red rays with the Murray Levick Lamp. As these rays are absorbed by inflamatory exudates their effect on pleural effusions in Artificial Pneumothorax cases is being tried. The results are so far encouraging.

Artificial Pneumothorax.—15 new cases (8 females, 7 males) were commenced on this treatment and 11 old cases (5 females, 6 males) were continued. There were 378 refill operations, 16 gas replacements and 10 depneumothorax operations performed in the year.

X-Ray Work.—489 X-Ray photographs were taken in the year. 502 screenings were done in artificial pneumothorax cases. During the year the Coolidge Tube was replaced by a Müller Tube but the X-Ray apparatus is now somewhat old.

ES, 1924-1928.

TABLE D.S. III.

28.	Temp. Fahr. 3 p.m. 1924.	1925.	1926.	1927.	1928.	Radiant Heat. Fahr. 3 p.m. 1924.	1925.	1926.	1927.	1928.	Difference between Ord. Temp.& Rad. Ht. 1924.	1925.	1926.	1927.	1928.	Ultra-Violet Light. 1924.	1925.	1926.	1927.	1928.	Total Hours of Sunshine. 1928	Patients gain in weight in ozs. 1924.	1925.	1926.	1927.	1928.	
·20	40	42	41	41·5	42·6	—	44·3	42·4	42·4	43·2	—	2·3	1·4	·9	·6	—	5	10½	8	2		26	28·6	36·2	37·5	33·8	Jan.
·43	40	44	45·6	42·5	46·3	—	52·4	48·8	43·9	49·2	—	8·4	3·2	1·4	2·9	—	6½	10½	6	3		32·5	43·9	14·6	20	37·3	Feb.
·27	46	·43	46·1	48·2	45·8	—	55·7	52·4	55·3	51·4	—	12·7	6·3	7·1	5·6	—	4½	16	34½	7	70	29	35·8	21·7	18·8	33	Mar.
·25	50	49·7	53·5	50·7	49·4	66	66·4	66·0	64·1	58·4	16	16·7	12·5	13·4	9·0	—	6½	58	51½	11·5	116·6	38·3	24·5	39·2	27·7	16·4	April
·41	58	58·7	54	56·0	54·6	78·8	88·9	70·3	66·4	65·7	20·8	30·2	16·3	10·4	11·1	—	21	92½	36	13	116·4	17·3	36·8	24·8	38·8	23·3	May
·43	64	65	61·4	57·9	55·0	92·9	98·0	80·3	68·7	70·7	28.9	23·0	18·9	10·8	15·7	—	85	82½	50½	16	196·5	18·2	18·7	34	32·6	30·6	June
·53	67	70	67·7	63·7	67·8	89·1	101·5	88·7	79·0	92·4	22·1	31·5	21·0	15·3	24·6	—	66	107½	53	72	233·7	42·2	19·7	41·9	14·0	17·7	July
·37	64	65	66·8	64·2	65·4	76·7	88·6	88·5	78·0	83·5	12·7	23·6	21·7	14·8	18·1	—	43	133	31	184	183·8	47·5	56·1	30·1	26·6	29·8	Aug.
·57	60	55·9	61·3	55·5	61·3	69	68·9	70.9	64·4	73·4	9	13	9·6	8·9	12·1	—	30	94	29	151·5	147·4	45·5	49·2	48·1	38·5	28·9	Sept.
·21	53	54	48·8	54·0	53·0	57·9	59·7	52·9	57·1	55·8	4·9	5·7	4·1	3·1	2·4	—	39	46	16½	27·5	101·9	29·6	49·2	49·9	38·8	46·5	Oct.
·03	46	42	44	44·7	47·2	46·8	44·5	44·8	45·3	47·7	2·8	2·5	·8	·6	·5	—	16	6	7½	13	56·8	23·3	17·7	24·3	51·3	36·5	Nov.
·41	45	38	41·2	34·4	39·3	45·4	39·1	42·4	3[illegible]	40·1	·4	1·1	1·2	·2	·8	—	12½	10½	½	16·5	39·6	39·5	42·9	33·1	49·5	51·9	Dec.

	Cooling Power. Dry Kata.					Cooling Power. Wet Kata.					Wind Mls. per hr.					Rain in inches.					Relative Humidity.					Barometric Pressure.					T Fahr	
	1924.	1925.	1926.	1927.	1928.	1924.	1925.	1926.	1927.	1928.	1924.	1925.	1926.	1927.	1928.	1924.	1925.	1926.	1927.	1928.	1924.	1925.	1926	1927.	1928.	1924.	1925.	1926.	1927.	1928.	1924.	1925.
Jan. ...	27	25	28	30·9	34·4	54	56	55	61·3	63·5	5·37	8·45	6·98	9·05	10·73	2·09	3·15	3·2	1·65	6·51	83%	81%	83%	82%	81·7%	29·51	29·43	29·24	29·15	29·20	40	42
Feb. ...	29	27	25	25·1	27·8	59	56	49	48.6	55·9	7·36	7·87	6·70	5·37	9·80	·75	3·97	1·8	1·61	3·32	84%	75%	80%	79%	77·2%	30·23	28·94	28·77	29·46	29·43	40	44
Mar. ...	25	25	27	27·3	24·8	63	53	56	56·1	43·3	6·65	6·12	8·03	8·34	4·27	·93	·97	1·0	3·42	2·76	62%	72%	67%	67%	75·6%	29·47	29·62	29·51	29·12	29·27	46	43
April ...	24	23	19	26·6	24·9	53	51	42	55·4	52·0	7·34	6·27	5·16	8·97	5·81	2·26	2·68	2·38	2·23	·83	64%	63%	66%	67·1%	73·6%	29·47	29·29	29·33	29·35	29·25	50	49·7
May ...	20	20	20	17·9	18·9	46	46	43	39·8	42·2	7·29	6·61	5.26	4·88	3·95	3·71	3·72	2·88	1·09	·93	68%	63%	65%	61·9%	66·6%	29·42	29·25	29·37	29·53	29·41	58	58·7
June ...	17	17	17	19·2	19·9	42	37	39	41·9	44·3	7·09	4·28	5·24	6·28	5·66	2·32	·18	2·12	3·64	2·96	60%	57%	67%	63·9%	73·0%	29·53	29·62	29·37	29·34	29·43	64	65
July ...	16	14	13	14·6	17·3	43	37	34	34·5	42·1	7·90	5·87	4·86	4·39	3·27	4·28	1·15	2·54	2·46	·86	59%	57%	62%	70·9%	59·4%	29·36	29·39	29·50	29·34	29·53	67	70
Aug. ...	18	16	15	15·9	19·8	42	38	36	36·1	39·1	7·36	5·69	5·75	5·63	3·89	2·73	2·16	2·80	3·38	3·16	67%	64%	62%	68%	66·8%	29·36	29·45	29·54	29·29	29·37	64	65
Sept. ...	20	20	16	18·4	16·1	45	43	37	41·5	37·6	7·91	5·92	5·08	5·37	3·17	2·21	3·07	1·26	4·44	·25	75%	68%	69%	71·6%	68·6%	29·29	29·41	29.56	29·31	29·57	60	55·9
Oct. ...	19	21	20	20·7	21·5	41	43	42	42·6	43·1	5·13	6·65	4·81	6·21	5·39	4·71	3·43	2·82	2·37	5·05	82%	76%	71%	75·1%	73·3%	29·41	29·38	28·9	29·38	29·21	53	54
Nov. ...	22	23	25	25·5	25·8	47	45	50	49·2	51·0	4·97	3·97	5·99	5·40	7·75	1·80	1·97	4·31	2·27	5·14	61%	79%	83%	80·7%	82·7%	29·48	29·4	29·00	29·35	29·03	46	42
Dec. ...	26	32	26	25·6	26·5	50	56	52	47·6	49·5	6·43	6·63	5·99	3·95	5·91	3·18	2·56	1·51	2·64	2·02	82%	83%	82%	85·5%	85·5%	29·35	29·15	29·70	29·35	29·41	45	38

Training of Nurses.—In the year 1924 the Society of Superintendents of Tuberculosis Institutions instituted an examination of nurses trained in such institutions. A certificate for proficiency in nursing tuberculosis was granted by the Society to any nurse, who, having trained at a sanatorium for two years and having attended the requisite number of lectures, passed the written and practical examination of the society. The examination includes Two Parts, Part I., Elementary Anatomy ; Physiology and Hygiene ; Part II, Tuberculosis and Practical Nursing, and is now held by the Tuberculosis Association. This sanatorium is recognised as a place for training probationers for the examination, and lectures are given to the nurses in Elementary Anatomy by the Assistant Medical Officer ; in Tuberculosis by the Medical Superintendent ; and in Practical Nursing by the Matron. Since 1925, eleven nurses have passed the examination from this sanatorium ; three of these obtained Honours ; one passed in 1925 ; two in 1926 ; five in 1927 ; and three in 1928. This examination has raised the standard of nursing in sanatoria and has been a great stimulus to the younger nurses who enter the sanatorium. Having received their certificate in Tuberculosis Nursing they go on to general training with a knowledge in the elementary subjects on as high a standard as is required for the State nursing examination.

Patients' Recreation.—The new recreation room for men which was opened last year by the Chairman of the County Council has been a great success and makes an excellent Concert Hall. During the year 17 concerts and entertainments were given. The patients and staff are very grateful to all who have been so kind to us in the past year in arranging concert parties and entertainments.

Meteorological Data for 1928.

Highest Wind	Feb. 10th—44·2 miles per hour.
Highest Dry Kata	Jan. 6th—54·7
Highest Wet Kata	Feb. 11th—94·8
Lowest Dry Kata	Aug. 5th—6·5
Lowest Wet Kata	Aug. 5th—16·7
Highest Outdoor Temp.	July 15th—82°F.
Lowest Outdoor Temp.	March 11th—30°F.
Highest Radiant Heat	July 15th—134·4°F.
Largest Amount of Ultra-violet light	Sept. 4th
Largest Rainfall	Oct. 26th—1·02 inches.
Highest Max. Temp.	July 15th—82·5°F.
Lowest Min. Temp.	Nov. 3rd, Dec. 8th.—24°F.

Day of maximum hours of sunshine July 15th—15·3 hours.

Total hours sunshine March, 1928 to 1929—1337·3 hours.

January was the wettest and windiest month of the year and had the greatest cooling power. December had the highest relative humidity. July was the warmest month and August had the greatest amount of ultra-violet light.

The later part of the summer of 1928 was remarkable for the large amount of ultra-violet light, the clearness of the atmosphere and the amount of sunshine. The greatest gain in weight was in December.

The law of relationship between weight curves, that is, between metabolism and cooling power still holds good as judged by the records of 1928.

General Remarks.—It will be noticed that the amount of work has increased during the year. There has been an increase in the number of cases having ultra-violet light, in the number sent in for diagnosis, and in the number of cases having pneumothorax treatment.

The whole staff has worked at maximum pressure during the year and I wish to thank the Assistant Medical Officer, the Matron and Nursing Staff for their excellent work.

In treatment most reliance is still placed on the two methods which have proved their permanent value, open air combined with graduated rest and exercise, and artificial pneumothorax. The treatment by artificial pneumothorax is being more and more extensively used in all sanatoria and one finds that each year the number of cases which one regards as suitable for it increases. From an economic standpoint the cases most suitable for sanatorium are these unilateral advanced cases suitable for pneumathorax treatment, early hilus gland cases in children, early contact cases and T.B. negative cases. The treatment of the large number of bilateral T.B. positive Stage II. & III. cases by three months stay at a sanatorium is far from an economic success and one sometimes doubts whether the sanatorium should cater for them under the circumstances.

The only new therapy that was tried this year was the treatment by Collosol Antimony as suggested by Dr. Moxey, but I regret to say that it was ineffective.

A. Niven Robertson.

DERBYSHIRE SANATORIUM. TABLE D.S. IV.

Comparative Statement of Cost.

	Year ending March 31st, 1925.	1926.	1927.	1928.	1929.
Average daily number of Patients	123·8	124·4	118·4	124·0	120·3
do. do. Staff	33·8	35·9	35·8	37·0	37·9

	Total Cost. £	Cost per week per Patient. £ s. d.	Total Cost. £	Cost per week per Patient. £ s. d.	Total Cost. £	Cost per week per Patient. £ s. d.	Total Cost. £	Cost per week per Patient. £ s. d.	Total Cost. £	Cost per week per Patient. £ s. d.
Salaries and Wages ...	3,644	0 11 3½	3,803	0 11 8½	4,061	0 13 2	4,184	0 12 10½	4,351	0 13 10½
Provisions	4,071	0 12 7	4,150	0 12 9½	4,031	0 13 0½	4,155	0 12 9½	4,102	0 13 1
Drugs and Medical Appliances	442	0 1 4½	436	0 1 4	497	0 1 7½	496	0 1 6½	489	0 1 6½
Fuel, Light and Water ...	1,507	0 4 8	1,237	0 3 9½	1,650	0 5 4	1,282	0 3 11½	1,133	0 3 7½
Domestic and Laundry ...	499	0 1 6½	569	0 1 9½	653	0 2 1	647	0 2 0	673	0 2 2
Renewals and Repairs ...	752	0 2 4	793	0 2 5½	273	0 0 10½	378	0 1 2	589	0 1 10½
Miscellaneous	501	0 1 6½	439	0 1 4½	429	0 1 4½	494	0 1 6	556	0 1 9½
Rates, Taxes and Insurance	634	0 1 11½	614	0 1 10½	711	0 2 3½	660	0 2 0½	668	0 2 1½
Loan Repayment and Interest	955	0 2 11½	944	0 2 11	991	0 3 2½	912	0 2 10	897	0 2 10
Capital Expenditure out of Revenue (garage)	—	—	182	0 0 6½	—	—	—	—	14	½
Gross Totals	13,005	2 0 3	13,167	2 0 7	13,296	2 3 0	13,208	2 0 8½	13,472	2 2 11½
Deduct Profit on Farm Account	107	0 0 4	131	0 0 5	118	4	50	0 0 1½	102	0 0 3½
Deduct other Income ...	31	0 0 1	29	0 0 1	21	0 0 1	26	0 0 1	44	0 0 2
Net Cost	12,867	1 19 10	13,007	2 0 1	13,157	2 2 7	13,132	2 0 6	13,326	2 2 6
Food per person per week ...		9/11d.		9/11d.		10/–		9/11d.		9/11d.

TABLE D.S. V.

Table shewing Condition of Patients discharged from the Derbyshire Sanatorium, Walton, from 1915-1927 inclusive.

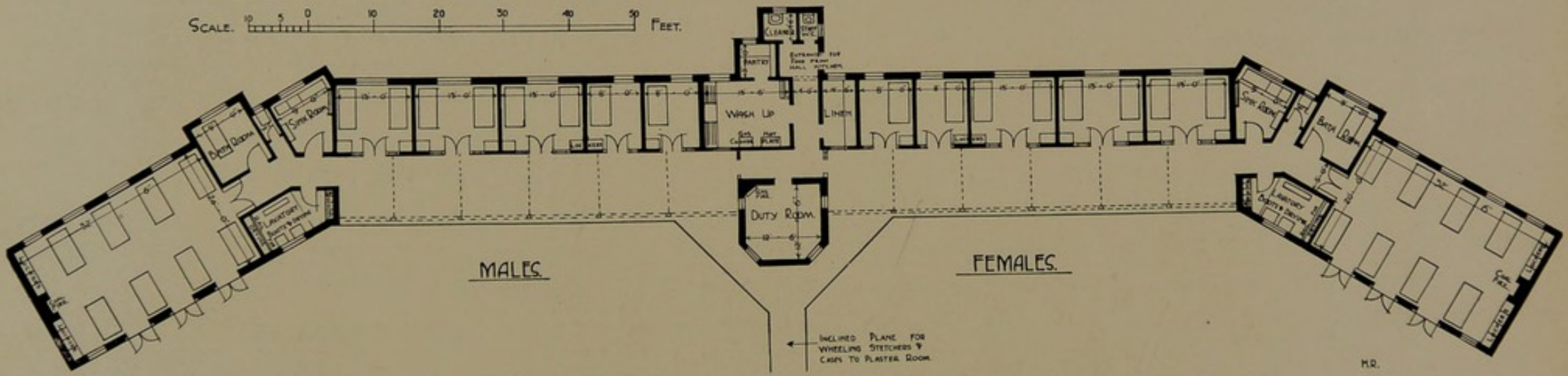
Actual Figures and Percentages.

Condition in 1928.	1915–1918.		1919.		1920.		1921.		1922.		1923.		1924.		1925.		1926.		1927.		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.*	*No.*	*Per cent.*
Cured	301	**40·78**	75	**27·18**	89	**29·87**	71	**28·40**	67	**22·33**	37	**12·50**	40	**12·50**	27	**6·99**	10	**3·39**	4	**2·41**	721	**21·69**
Arrested	45	**6·10**	21	**7·61**	51	**17·11**	31	**12·40**	48	**16·00**	70	**23·66**	105	**32·80**	126	**32·64**	100	**33·90**	29	**17·47**	626	**18·83**
Not arrested	14	**1·90**	3	**1·09**	17	**5·70**	10	**4·00**	18	**6·00**	21	**7·09**	30	**9·37**	48	**12·44**	66	**22·36**	68	**40·97**	295	**8·87**
Condition not ascertain'd	11	**1·49**	7	**2·54**	16	**5·37**	11	**4·39**	5	**1·67**	13	**4·39**	8	**2·50**	21	**5·44**	22	**7·47**	10	**6·02**	124	**3·73**
Lost sight of	183	**24·80**	43	**15·58**	38	**12·75**	30	**12·00**	39	**13·00**	35	**11·83**	35	**10·95**	41	**10·63**	17	**5·76**	10	**6·02**	471	**14·17**
Dead	184	**24·93**	127	**46·00**	87	**29·20**	97	**38·81**	123	**41·00**	120	**40·53**	102	**31·88**	123	**31·86**	80	**27·12**	45	**27·11**	1088	**32·71**
Total	738	**100·00**	276	**100·00**	298	**100·00**	250	**100·00**	300	**100·00**	296	**100·00**	320	**100·00**	386	**100·00**	295	**100·00**	166	**100·00**	3325	**100·00**

Bretby Orthopædic Hospital

Proposed 32 Bed Block for Adults.

Scale 8 Feet to 1 Inch.



PENMORE PAVILION.

During the year this Pavilion has continued to be used for the treatment of advanced female patients, under the Clinical Charge of Dr. Nicholson, the Tuberculosis Officer for the Chesterfield Area.

The following Table shows the admissions and discharges that have taken place during the year :—

TABLE T.I.

	Females.
Patients in the Pavilion on 1st Jan. 1928	12
Admissions	38
Discharges	38
Patients in the Pavilion on 31st Dec., 1928	12

Condition of patients on discharge :—

Quiescent	6
Improved	7
No material improvement	16
Died	9
	38

The average duration of stay of patients discharged from the Pavilion during the year was 115·6 days and the average gain in weight of the 13 patients who were discharged as either quiescent or improved, was 13·8 lbs.

BRETBY HALL ORTHOPÆDIC HOSPITAL.

In my Report for last year on pages 81—83 I dealt fully with this Institution, outlining the various extensions which were taking place, and in my Report for 1925 I gave a full description of the Hall itself and the estate in which it stands. The 50-bed block, a plan of which was given in my last year's Report is now nearing completion, but the severe weather during the winter interfered very markedly with the building operations. I had hoped that this block would be opened early in the summer of 1929 ; however, as matters stand at present, it looks as if it will be late in the summer before patients can be admitted.

In my last Report I also mentioned the proposed 32-bed block for the treatment of adults suffering from surgical tuberculosis and at the time of writing this Report it is in the early stages of erection. This block will be situated on the western side of the Hall, facing approximately south, and will provide accommodation for 16 males and 16 females. The plan of it, facing this page, shows the general outlay with single and double-bedded cubicles in the central portion, an eight-bedded ward at either end and small administrative quarters in the centre, dividing the block into two halves.

One side of the block will be used entirely for males and the other for females. Separate bath-room, lavatory, etc., are provided for each section. The cubicle type of block is very desirable in the case of adults suffering from a disease such as surgical tuberculosis where long periods of immobilisation and recumbence are required.

During the year Bretby Hall has been approved by the Board of Education as a Special School and reference to that part of the function of the Institution is referred to in the School Medical Service portion of this report under the heading of Crippling Defects, page 125.

The facilities of the School Medical Service are available for the children in the Institution; Ophthalmic, Ear, Nose and Throat, and Dental Inspections and necessary treatment being carried out as a routine measure just as if the children were in an ordinary elementary school. All cases discharged from the Hospital are seen regularly at the Clinics and arrangements have been made to follow up cases who have passed school age in order to see what employment they are capable of and to advise parents as to the choosing of a career.

Dr. S. Hoyte, the Resident Medical Officer, reports on the work of the Institution during the year as follows :—

" The Hospital contains 63 beds for the accommodation of boys and girls up to the age of 16 ; 55 beds are for tuberculous cases and 8 for non-tuberculous. When urgent cases demanded it two extra beds were arranged.

The routine of the Hospital provides abundant good food and fresh air for all patients, and unless contra-indicated in special cases all patients are taken out into the open air and exposed to direct sunlight whenever the weather conditions allow. This exposure is carefully graduated to suit each individual case. In the winter months artificial sunlight is used.

Mr. Naughton Dunn, the Consulting Surgeon, visits Bretby regularly and deals with most of the operative work. A specially trained masseuse gives her whole time to massage, remedial exercises, electrical treatment and artificial sunlight.

Two teachers carry on the education of the children resident in the hospital. Simple splints are made by the engineer. More elaborate surgical appliances are purchased elsewhere.

A large number of names are on the Waiting List for admission.

As many of the patients stay in the hospital for several years, an account only of those discharged would inadequately represent the work done, so statistics are given of all patients treated in the Hospital during the year :—

Patients in hospital on January 1st, 1928—M. 42 (T.B. 37, Non-T.B. 5) ; F. 22 (T.B. 19, Non-T.B. 3) ; Total 64.

Admissions during 1928—M. 23 (T.B. 17, Non-T.B. 6) ; F. 20 (T.B. 11, Non-T.B. 9) ; total 43.

The number of patients treated during the year was M. 65; F. 42; total 107.

These patients presented the following lesions, eight presenting two lesions each :—

Tuberculosis of the		Non-Tuberculous	
Spine	32	Spastic paralysis	6
Hip	25	Infantile paralysis	5
Knee	14	Rickety deformities	5
Ankle	3	Club foot	3
Glands	4	Scoliosis	2
Abdomen	2	Congenital dislocation of hip	2
Phalanges	3	Torticollis	1
Wrist	1	Osteomyelitis discovered to be non-Tuberculous	1
Metarcarpals	1		
Tarsus	1		
Metatarsus	1		
Tibia	1		
Ilium	1		
Elbow	1		
	90		25

Average number of beds occupied 63.

Patients discharged during 1928—Male 27 (T.B. 20, Non-T.B. 7); Female 16 (T.B. 9, Non-T.B. 7); total 43.

Average number of days these were in hospital—419 (T.B. cases), 125 (Non-T.B. cases); all cases 328 days.

On discharge all the tuberculous lesions were quiescent and all the non-tuberculous showed improvement. The lesions were as follows :—

Tuberculosis of the		Non-Tuberculous	
Abdominal	1	Rickety deformities	4
Cervical	1	Infantile paralysis	4
Glands of neck	1	Club foot	3
Bones and Joints—		Congenital dislocation of hip	2
Knee	3	Scoliosis	1
Elbow	1	Torticollis	1
Hip	8	Osteomyelitis discovered to be non-tuberculous	1
Spine	8		
Ankle	2		
Tibia	1		
Phalanges	3		
Sacro-Iliac	1		
Metacarpal	1		
	31		16

Four of the patients presented two lesions each.

The following operations were performed :—

Stabilization of the foot	5	
Wrenching with division of funia	8	
Osteotomy	3	
Open division of muscles	3	
Subcutaneous tenotomy	2	
Incision of abscess	3	
Reduction of dislocated hip	1	
Aspiration of abscess	1	
Extra articular fixation of hip	1	
Circumcision	1	
Removal of tonsils and adenoids	14	
	42	
Cases treated by massage and exercises		48
Cases treated by Faradism		1
Cases treated by artificial sunlight		43

The following Dental work was carried out by the Dental Surgeon :—

No. of cases actually treated	39
Do. re-treated	34
No. of teeth extracted	227
No. of teeth filled	68
No. of anæsthetics administered for extractions	39

Orthopædic Clinics.—Bretby Hall is but part of a comprehensive scheme that provides orthopædic treatment for all children in the County up to 16 years of age. It forms the In-patient Department in an organisation of which the Clinics are the Out-patient Department. During the year new Clinics were opened at Bakewell, Chinley and Shirebrook, these together with those already established at Derby, Belper, Alfreton, Long Eaton, Chesterfield and Swadlincote, cover the County. The County Council's Orthopædic Surgeon visits each of these Clinics at least once every month, and the Nurses attend most of them every week, Shirebrook and Alfreton twice a week.

The following cases were treated at the Clinics during the year:—

Tuberculosis	76	
Rickets	84	
Infantile Paralysis	126	
Spastic Paralysis	49	
Curvature of the Spine	54	
Congenital deformity	65	
Unclassified	139	
Total	593	
Total Attendances		2,998
Number of Plasters applied ...		153

A census of Crippled Children is given in the School Medical Section of this Report, page 00.

During the year the following Orthopædic Appliances were provided :—

Calipers	55
Double Irons	17
Single Irons	12
Knock-knee Irons	20
Bed Splint (knee)	2
Knee Cage	1
Leather Spica	5
Walking Thomas	1
Celluloid Jacket	1
Back Supports	9
Spinal Frames	16
Pattens	5
Cock up splints	5
Elbow Guards	1
Boots raised	60
Boots altered	79
Abduction frame	1
Rentoul headpieces and caps	5
Miscellaneous—Groin straps, Knee shields, etc.	25

BRETBY HALL ORTHOPÆDIC HOSPITAL. TABLE B. I.

Comparative Statement of Costs.

	Year ended 31 Mar., 1927		Year ended 31 Mar., 1928		Year ended 31 Mar., 1929.	
Daily No. of Patients...	50·9		56·1		63·5	
do. do. Staff ...	19		20·6		24·9	
	Cost.	*Cost per day per patient.*	*Cost.*	*Cost per day per patient.*	*Cost.*	*Cost per day per patient.*
	£	d.	£	d.	£	d.
s, Wages, etc. ...	1,897	29·32	2,206	25·80	2,264	23·43
ions	762	11·77	1,298	15·18	1,765	18·27
y and Dispensary ..	244	3·77	273	3·20	340	3·52
Lighting and Water ..	638	9·85	614	7·18	814	8·42
tic and Laundry .	504	7·78	443	5·18	314	3·26
als and Repairs ...	1,318	20·39	1,223	14·3	887	9·18
aneous	241	3·73	368	4·29	170	1·75
Taxes and Insurance ..	226	3·50	224	2·63	196	2·03
Repayment and Interest	1,757	27·16	1,825	21·34	2,056	21·29
Totals	7,587	117·27	8,474	99·10	8,806	91·15
Rents, etc.	294	4·54	271	3·16	359	3·72
Nett Totals	7,293	112·73	8,203	95·94	8,447	87·43
st per week		65/9		56/-		51/-
er person per week ...	4/9		6/6		7/8	

OTHER 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 suitable institutions where beds can be obtained. Only a limited sum of money is available for this service, and this allows of an average of 14 beds.

During 1928 the Council undertook financial responsibility for cases at the following Institutions :—

Shropshire Orthopædic Hospital.
Papworth Village Settlement.
Wingfield Orthopædic Hospital.
Dartmoor Sanatorium, Chagford, Devon.
Royal Sea-Bathing Hospital, Margate.
Royal National Hospital for Consumption, Ventnor.
Dr. Rollier's Clinic, Leysin.
East Lancashire Tuberculosis Colony, Great Barrow, Chester.
Derbyshire Royal Infirmary.
Manchester Royal Infirmary.

The following Table shows the admissions and discharges that have taken place during the year.

TABLE T.II.

	Males.	*Females.*	*Total.*
Patients in Institutions on 1st January, 1928 ...	8	4	12
Admissions	7	9	16
Discharges	10	7	17
Patients in Institutions on 31st December, 1928 ...	5	6	11

Condition of patients on discharge :—

Quiescent	3
Improved	6
No material improvement ...	5
Died in the Institution	3
	17

The average duration of stay of the patients discharged during the year was 204·5 days.

GENERAL REMARKS.

The death rate from tuberculosis is generally regarded as a reliable index, under modern conditions, of the nutritional state of

the community. The nutritional element plays such an important part in resistance to tuberculosis infection that a general rise in the tuberculosis death rate may be taken, in the absence of other obvious factors, as an indication of a lowering in the nutritional state of the population. This lowering of nutrition was regarded as one of the determining factors in the increase of the phthisis death rate in England and Wales during the years 1915 to 1919, when it rose from 1·024 in 1914 to a peak of 1·323 per 1,000 population in 1918. The absence of any rise in the phthisis death rate in Derbyshire from 1925 to 1928, indeed the fall which occurred from ·59 in 1925 to ·51 in 1928, goes far to show that despite the continued industrial depression, the nutrition of the people has not, so far, suffered appreciably.

This gratifying state of affairs may, I think, be fairly attributed to the spread of hygienic knowledge, and to the efficiency of the machinery for the relief of unemployment, the prevention of distress and destitution, and the prevention and treatment of disease that has come into existence during the past half-century. It would seem as if the combination of social legislation and voluntary effort has reached measurable distance of triumphing over circumstances, and that our modern civilisation is succeeding in lifting its members above the influence of temporary and incidental fluctuations of prosperity, and freeing them from the miseries that necessarily follow on a hand-to-mouth existence.

It is of course understood that such a triumph means a pooling and a using up of the reserves of the nation, and that these reserves will later need replenishment by economies in more prosperous times.

In Memorandum 131/T. issued by the Ministry of Health for the first time in connection with the tuberculosis returns for 1926, and which will be issued yearly in the future, we have to hand a valuable table of comparative figures regarding the anti-tuberculosis work of all the English Local Authorities.

It may be said at once that Derbyshire is well placed on the comparative table. In the latest available figures, those for 1927, Derbyshire comes seventh on the list of 49 County Councils, and tenth on the combined list of 157 Local Authorities, in the matter of lowness of death rate from all forms of tuberculosis.

In the matter of pulmonary tuberculosis alone, it is better still, fifth among the Counties and sixth amongst the combined list of Local Authorities.

There are, however, certain figures in the Derbyshire returns which might be improved. For example, only 62 cases out of every 100 notified in 1927, came on the Tuberculosis Dispensary Registers.

Again, the number of " contacts " examined by the Tuberculosis Officers, per 100 deaths from tuberculosis, was 158, or one and a half contacts per death. This number, while well above the average for all County Councils and County Boroughs (104 and 103 respectively), is obviously too few if the examination of " contacts " is to form a serious factor in the detection of early cases of tuberculosis. Closely connected with the question of the examination of contacts is the domiciliary visiting of patients in their homes by the Tuberculosis Officers. Here there are extraordinarily wide divergencies in the practice of the Officers of Local Authorities.

I am of opinion that the work of the prevention of the spread of tuberculosis is largely centred in the homes of the patients. It is into the homes that the Tuberculosis Officer must go to acquaint himself of the conditions under which the household live. It is into the home the Tuberculosis Officer must go to seek out the negligent contact, to teach the necessity for early examination and early treatment and to preach the gospel of hygiene and sanatorium methods. I therefore stress the importance of domiciliary visiting and am pressing it in every direction. This, and the segregation of the advanced cases of tuberculosis will, I believe, do much to prevent the spread of the disease. Consequently an additional Tuberculosis Officer was appointed at the end of 1928 and commenced duty early in 1929. At the time of writing this Report it is possible to compare the first six months work in 1928 with the corresponding period for 1929, as follows :—

First six months of	*Domiciliary visits.*	*Contacts examined.*	*Suspicious cases found.*
1928	333	339	55
1929	1,319	969	135

These figures speak for themselves as to the value of domiciliary visiting in discovering cases in the earliest stage when treatment is likely to result in cure and before they have developed into " open" cases liable to be additional sources of infection. Thus 135 potential sources of infection have been discovered during the first six months of 1929, more than half of which would almost certainly have been missed had it not been for the additional domiciliary visiting made possible by the appointment of an extra Tuberculosis Officer.

Domiciliary visiting and the inspection of " contacts " have been stated to yield poor results in tuberculosis. Admittedly the Tuberculosis Dispensary is a much more satisfactory place to examine " contacts " than the patient's home, but on account of the distance to be travelled, the lack of funds, and it must be added, in some cases, the indifference or unwillingness to attend the dispensaries, it has happened in the past that a large proportion of " contacts " have been missed, and that many of these " contacts " have either been suffering from tuberculosis at the time of the notification of the case, or have afterwards developed the disease. Not infrequently it has been found that the particular member of a family, notified by the family doctor or referred by him to the Tuberculosis Officer for examination and found to be tuberculous, is by no means the first or the worst sufferer in the household.

Examination of contacts has often revealed the source of the infection in the person of the parent or other older member of the family suffering from a chronic form of the disease, the true nature of which had not been recognised, or one regrets to have to add, had sometimes been deliberately " camouflaged."

The following examples taken from our case records, illustrate the point :—

(1) A.B., female, aged 26, who had never left home, was referred by a practitioner during 1928, and found to be suffering from active pulmonary tuberculosis. Examination of contacts in the home revealed that the girl's father, aged 59, had had hæmoptysis seven years before and had been partly incapacitated by " Bronchitis " ever since. Examination of the father revealed one lung with multiple excavation, and his sputum was found to be swarming with tubercle bacilli.

(2) C.D., male, aged 57, seen at home in consultation with family doctor ;—old fibrotic tuberculous disease found, both lungs. Tubercilli bacilli present—old ischio-rectal abscess. Enquiry into family history revealed that the patient's wife had died, aged 40, of acute pulmonary tuberculosis, four years before, and that patient's daughter, aged 14, had died of tuberculous disease of vertebral column, 10 years before.

(3) E.F., died of tuberculous meningitis in 1914. Her father was found to be suffering from open pulmonary tuberculosis in 1918, and her brother in 1927.

(4) G.H., aged 19, was found to be suffering from acute pulmonary tuberculosis in 1926, and soon died. A lodger in the house aged 26, was found to be suffering from chronic open pulmonary tuberculosis.

(5) I.K., died of acute pulmonary tuberculosis in 1927. Examination of contacts revealed the fact that her father was an open case of chronic pulmonary tuberculosis.

(6) L.M. notified as suffering from pulmonary tuberculosis in 1922. On paying a domiciliary visit it was discovered that his mother, living in the same house, was an old case of pulmonary tuberculosis in an advanced stage of the disease. The mother died in 1923, but L.M. survived until 1928.

In the above instances, it was only after a domiciliary visit had been made and all contacts examined, that it became obvious that the disease of the patients referred to the Tuberculosis Officer, could be attributed, with reasonable certainty, to infection from an existing case of tuberculosis in the household, which had, so far, escaped detection.

With a view to obtaining evidence of the extent to which direct infection between members of the same household still prevails in the county area, a special investigation was made.

Particulars were received of 148 households, in which 442 cases of tuberculosis had occurred. Too much space would be taken up to set out in detail all the facts elicited, but the following are some selected instances :—

(1) A mother and four daughters died of tuberculosis of the lungs, one grand-daughter died of tuberculosis of the lungs, and one suffers from tuberculous hip disease.

(2) Two orphan children went to live in the house of an uncle suffering from chronic pulmonary tuberculosis. All three died of tuberculosis.

(3) Two healthy brothers married two consumptive sisters. Both wives and one brother died of pulmonary tuberculosis. The surviving brother married again, and his second wife developed, and soon died of, pulmonary tuberculosis. She was nursed in her illness by her husband's sister who developed the disease and died of it.

(4) Woman, aged 31, died of chronic pulmonary tuberculosis in June, 1927. Her niece, aged 4, who lived in the same house, died of tuberculous meningitis the same year. Another sister, aged 17, living in the same house, died of pulmonary tuberculosis in 1928.

(5) Man, invalided from the Army for pulmonary tuberculosis in 1918, died of tuberculosis in 1928. Child, aged 14 months, died of tuberculous meningitis in 1926. Child, aged 2 years, died of tuberculous menengitis in 1928. Daughter, aged 14 years, now a case of advanced pulmonary tuberculosis. Son, aged 7 years, tuberculous cervical glands. Widow is quite well.

(6) Man, aged 35, died of pulmonary tuberculosis in 1927. His child, aged 4 months, died of tuberculous meningitis in 1926. Widow developed tuberculosis in 1927 and daughter, aged 12, in 1928.

(7) Married woman, aged 48, died from pulmonary tuberculosis in 1925, had been ill for many years. She had six children, of these, a son aged 17 died of pulmonary tuberculosis in 1928, and a daughter, aged 21, died of the same disease in 1927. Two other daughters are notified cases of tuberculosis. Husband remains healthy. All lived in the same house.

(8) Married man (with three children) died of pulmonary tuberculosis. Two of his children have since died of the disease. His widow married again, her second husband died of pulmonary tuberculosis, and six years afterwards, the widow herself succumbed to the disease.

(9) Married man died of chronic pulmonary tuberculosis in 1924, son died of the same disease in 1925, another son six months afterwards, widow quite healthy.

(10) Man, aged 40, diagnosed pulmonary tuberculosis, his wife was examined as a contact and found to be an older and more ad-

vanced case of the same disease than her husband. A lodger in the same house was also found to be suffering from the disease. All eventually died of tuberculosis, the wife (the initial case) outlived both the others and died in 1926.

Sometimes the incidence of the disease suggests spread of infection between families occupying neighbouring houses in congested localities. Thus twelve cases of tuberculosis with five deaths occurred between 1921 and 1928 in 10 houses situated close together round the bend of a narrow street in a mining village, and 18 cases, with 7 deaths, in 10 houses situated in one street in a manufacturing urban district within the past ten years.

The facts detailed above will, I think, demonstrate that despite the now general knowledge of the infectivity of tuberculosis, much preventable direct infection is still going on.

Every tuberculosis officer in the country recognises to-day that the solution of the tuberculosis problem centres round the preservation of children from being infected in their homes by open and advanced cases of tuberculosis. During the last months of a consumptive's life, it is an impossibility, in an ordinary household, to prevent the infecting micro-organisms from being distributed throughout the dwelling. The cough-spray, the voice-spray, the sputum, the fæces, the urine, all contain the bacilli in enormous numbers. Everybody in the household is in danger of infection, particularly infants and children.

The following passage is taken from an article on tuberculosis by the Medical Correspondent of the *Manchester Guardian*, published on March 19th, 1928.

> " With a more instructed public opinion, there would be no insuperable difficulty in removing by consent the children of all infectious cases of tuberculosis. As it is, probably 60 per cent of them become seriously infected from their parents. If they were promptly removed when the case is diagnosed, probably 80 per cent of them would escape. The sentimental obstacle is so obviously selfish and anti-social, as well as murderous to the children, that education in the facts could not fail to overcome it. And in that way alone we could almost certainly reduce our tuberculosis statistics by 50 per cent in 20 years and in another 20 it would probably be found that tuberculosis was a rare disease. It is in the home that the most massive infective attacks takes place."

After careful investigation and enquiry I wholeheartedly agree.

A few years ago a married woman in a moderately-advanced stage of pulmonary tuberculosis, attended one of our dispensaries. She was urged to go into the County Sanatorium. She refused, giving as part of her reason for refusal, that she had two young children from whom she refused to be parted. She lived for nearly three years afterwards, but both the children pre-deceased her, dying of tuberculous meningitis within that time.

As a people the French have never been regarded as exactly pioneers in preventive medicine. They object to spending money on elaborate sanitary schemes, but when they tackle a sanitary question they tackle it with that irresistable logic which characterises them and which has ever kept them in the forefront of civilisation.

The " Oeuvre Grancher " in Paris, aims at removing children from tuberculous homes.

When an after-care committee was started, a few years ago, in a certain part of the County, the Tuberculosis Officer of the district tried to lead the activities of the committee in the direction of a voluntary " Oeuvre Grancher," and suggested boarding out young children from households harbouring advanced cases of tuberculosis. His efforts met with little encouragement, and his ideas were looked upon as impractical, if not actually impious.

If the Grancher scheme is unsuitable to this country, as seems to be the general opinion, there is the alternative of removing the advanced cases from their homes, when their presence therein constitutes a danger. Under the Public Health Act, 1925, power is given to Local Authorities to remove such cases if necessary, but the Act, being somewhat in advance of public opinion and the procedure under it cumbersome, difficulties in the way of compulsory measures are very great. In a matter like this, public opinion is the only compulsion which is really effective. In Samuel Butler's Utopia, illness was a crime, and crime was a disease. Under any system of ethics, the deliberate subjection of young children to the grave danger of contracting tuberculosis is a crime which no special pleading can excuse and no casuistry explain away.

There is another reason why it has been difficult to remove advanced cases from their homes and that is because at present all our accommodation for this type of case is situated at one place in the County, viz., Chesterfield. I pointed out in my Annual Report for last year that institutional accommodation for advanced cases must be so situated that friends and relatives can visit the patient with the minimum of trouble and expense. This necessitates the provision of accommodation near the patient's home, and not at a single large institution. I dealt with the ways and means of providing such accommodation in my Report for last year and need not reiterate what I said there. I am pleased to be able to report, however, that a start has been made in this direction by the opening of a six-bedded block for advanced cases of tuberculosis at the Whitworth Cottage Hospital, Darley Dale.

NOTIFICATION.

There has been a slight increase in the number of primary notifications of all forms of tuberculosis during the year. 795 cases were notified in 1927 as against 814 in 1928. The Ministry of Health ask each year for a statement of the number of cases of tuberculosis that come to our knowledge other than by formal

notification. This figure shows to some extent the laxity in notification; in 1928 there was a slight decrease in the figure as compared with 1927, the figures being 132 and 148 respectively. This decrease is partially explained by the fact that the Tuberculosis Officers have been instructed to notify all cases of tuberlosis that came to their knowledge, unless there was evidence that notification had previously been made by the patient's own doctor. It is hoped in this way to overcome the forgetfulness in notifying on the part of the doctor. But there is also forgetfulness on the part of the Local Medical Officer of Health to forward to this office the returns of cases notified—of the cases notified by my Council's Tuberculosis Officers, no less than 50 were omitted to be returned to this Office by the Local Medical Officers and it was not until after corresponding with the Medical Officers concerned that I obtained formal notification of 46 of these 50. I have commented on this matter of notification for the last three years, and although there is an improvement, it is not sufficient. This year, of the deaths from tuberculosis reported to me by the Local Registrars 18·06 per cent were not notified and a further 8·02 per cent were not notified until after death, and therefore cannot be regarded as being duly notified under the Regulations. The corresponding figures for 1927 were 22·26 and 9·93. However, as I pointed out in my report last year, the figures of cases not notified before death, or notified within a few weeks of death, will be very misleading to those who imagine that tuberculosis is always a chronic disease which has shown signs and symptoms for a considerable period before death. Nevertheless, as the Chief Medical Officer of the Ministry of Health points out in his Annual Report for 1927, " it is profoundly unsatisfactory that in some areas medical practitioners should have been so neglectful of their obligations, and Medical Officers of Health so inactive in bringing negligent practitioners to account." During the year I circularised all Local Medical Officers of Health in the County asking them what steps they took to carry out the requirements of the Ministerial Circular, 549, issued in December, 1924, to obtain an explanation from the practitioner as to the circumstances under which formal notification under the Regulations was not made. I received but few replies suggesting that satisfactory steps were being taken, and it is proposed in future to make enquiries from the County Office into cases which have not been notified. As a further step, I circularised all Medical Officers of Institutions reminding them of the necessity to notify on forms C. and D. all admissions and discharges to and from the Institution, and here there has certainly been an improvement. In many ways it might have been better had the Tuberculosis Regulations required that notification should be made direct to the County Medical Officer of Health, who is responsible for the administration of the services for the treatment of tuberculosis, rather than to the District Medical Officers, who although responsible for the administration of the services directed against the prevention of infectious diseases in general, is not so intimately concerned with tuberculosis.

TABLE T. III.

Age Periods	TUBERCULOSIS NOTIFICATIONS (FORM A.)												
	NUMBER OF PRIMARY NOTIFICATIONS.												Total Notifications on Form A.
	0—1	1—5	5—10	10—15	15—20	20—25	25—35	35—45	45—55	55—65	65 and upwards	Total Primary Notifications,	
Pulmonary—													
Males ...	1	2	22	9	34	26	52	68	49	15	4	282	289
Females ...	—	3	24	14	39	52	64	46	19	4	2	267	276
Non-Pulmonary—													
Males ...	3	20	34	25	16	13	8	7	3	4	1	134	138
Females ...	5	18	36	23	12	14	9	6	5	2	1	131	135
TOTALS ...	9	43	116	71	101	105	133	127	76	25	8	814	838

TABLE T. IV.

NEW CASES OF TUBERCULOSIS COMING TO THE KNOWLEDGE OF THE COUNTY MEDICAL OFFICER OF HEALTH DURING THE YEAR 1928, 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	1	1	3	1	10	7	9	6	2	41
Females ...	—	2	3	1	7	11	11	9	5	2	2	53
Non-Pulmonary— Males ...	3	6	7	3	1	2	1	—	1	—	—	24
Females ...	1	4	4	—	—	—	2	3	—	1	—	15
TOTALS ...	4	13	15	5	11	14	24	19	15	9	4	132

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	38	14
"Transfers" from other areas	19	5
Forms C & D (in respect of cases not previously known to the M.O.H.) ...	27	6
Other Sources, *e.g.*, posthumous notifications	10	14

DEATHS FROM TUBERCULOSIS.

In order to obtain information as to the deaths from tuberculosis occurring in the County and the efficacy of notification, it has been the custom in this County to pay local Registrars a scale of fees approved by the Ministry of Health for particulars of deaths from tuberculosis occurring within the County. Local Registrars, however, are under no obligation to report all deaths to me, and in fact only 299 were reported to me from this source as against the number of 452 from the Registrar General. I stress this point so that should any figures from the following table be used for comparison with other areas, it should be borne in mind to what the Table precisely refers. I have referred to some of the figures given in this Table under the paragraph dealing with Notification.

TABLE T. V.

	Number of deaths reported in 1928.	Percentages 1928.	1927.
Cases not notified	54*	18·06	22·26
Notified after death	24	8·03	9·93
Notified 1 week before death ...	18	6·02	4·45
2 weeks before death ...	4	1·33	1·71
3 weeks before death ...	3	1·00	·68
4 weeks before death ...	11	3·69	1·36
1— 2 months before death	26	8·69	5·82
2— 3 ,, ,, ,,	11	3·67	5·13
3—12 ,, ,, ,,	66	22·08	
Over 1 year ,, ,, ,,	82	27·43	
	299		

*Two cases were first reported on Form " D."

Of the 452 deaths from tuberculosis reported by the Registrar General, 416 were reported to me either by the Local Medical Officers of Health or the Local Registrars. Of these, 330 had been notified previous to death under the Public Health (Tuberculosis) Regulations, 1912, and 86 had not been so notified. This gives a percentage of 79·33 cases notified and 20·67 cases not notified.

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, 1928 :—

Year.	Pulmonary.			Non-Pulmonary.			
	Males.	Females.	Total.	Males.	Females.	Total.	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
1928	1519	1260	2779	691	614	1305	4084

TABLE T.VI.

	Notifications.		*Deaths.*	
Year.	*Pulmonary.*	*All Forms.*	*Pulmonary.*	*All Forms.*
1915	727	990	414	557
1916	878	1,098	410	552
1917	893	1,146	405	621
1918	829	1,123	489	667
1919	919	1,176	392	525
1920	787	1,052	334	461
1921	611	830	344	464
1922	671	882	354	481
1923	736	994	345	454
1924	717	1,018	359	476
1925	712	945	364	481
1926	594	887	337	467
1927	489	795	323	439
1928	549	814	321	452

TABLE T.VII.

Death-rate from Phthisis or Pulmonary Tuberculosis since 1891.

Year.	*Derbyshire.*	*England and Wales.*
1891-1900	1·08	1·37
1901-1910	·81	1·16
1911-1920	·71	1·07
1921	·58	·884
1922	·59	·889
1923	·57	·836
1924	·59	·841
1925	·59	·833
1926	·54	·771
1927	·52	·791
1928	·51	...

REFRACTORIES INDUSTRIES (SILICOSIS) SCHEME, 1925.

During the year 1928, 32 persons were examined by the Tuberculosis Officers within a month of their commencing work in the industries.

SANDSTONE INDUSTRY (SILICOSIS) SCHEME, 1929.

This is a new scheme on the same lines as the Refractories Industries (Silicosis) Scheme, which has just been introduced by the Home Secretary and came into force on the 1st April, 1929.

In January, 1929, the Home Office published a " Report on the Occurrence of Silicosis amongst Sandstone Workers." Amongst the conclusions reached after a very thorough investigation by Doctors Sutherland and Bryan, were that (1) " Silicosis was found to arise in the occupation of mason, rockgetter, quarryman, planer and wallstone dresser "—page 27, and (2) that " with regard to the varieties of stone met with during the investigation, cases of Silicosis had undoubtedly been caused, in some instances, by one particular gritstone. On the other hand, no evidence could be

gathered to show that there was any gritstone that could be said to be inoccuous to the workman "—page 28. There is fortunately reason to believe that the incidence of the disease is declining amongst workmen employed in the Derbyshire gritstone industry.

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS) REGULATIONS, 1925.

It has not been found necessary to take prohibitive action under these Regulations during 1928.

PUBLIC HEALTH ACT, 1925 (Section 62)

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

OTHER SERVICES.

Arrangements for 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	8,653
Number of Bed-ridden Cases nursed	7
Extra Nourishment :—	
No. of patients to whom milk was granted ...	44
Cost	£99
Shelters :—	
No. sold during 1928	12
No. in use at end of 1928	91
No. in store at end of 1928	16
Sets of beds and bedding supplied	31
Shelters supplied but not in use	19
Shelters damaged beyond repair	3

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

Dispensary Area.	*No. of patients.*
Ashbourne	22
Burton	47
Chesterfield	377
Chinley	22
Derby	98
Glossop	8
Ilkeston...	39
Long Eaton	38
Matlock	63
	714
Walton Sanatorium	991
Bretby Hall Orthopædic Hospital	289
	1,994

TABLE T. X.

REPORT SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARIES during the Year 1928.

DISPENSARIES.	Ashbourne.	Burton.	Chesterfield.	Chinley.	Derby.	Glossop.	Ilkeston	Long Eaton.	Matlock.	Whole County
A. Estimated Population, 1928 ...	14,970	35,415	269,895	46,175	101,035	25,810	65,585	30,190	33,325	622,400
Notifications 1928—										
Pulmonary	13	34	232	45	88	20	49	32	36	549
Non-Pulmonary	8	11	114	34	19	8	42	5	24	265
Total	21	45	346	79	107	28	91	37	60	814
B. New Cases— (Total) ...	20	104	454	139	160	59	97	48	106	1187
(*a*) Definitely Tuberculous										
i. Pulmonary	9	25	153	43	65	14	43	23	26	401
ii. Non-Pulmonary	2	12	39	14	7	5	17	3	12	111
(*b*) Doubtfully Tuberculous	1	2	22	6	7	4	25	2	8	77
(*c*) Non-Tuberculous	8	65	240	76	81	36	12	20	60	598
C. Contacts— (Total) ...	19	34	310	83	40	23	167	15	57	748
(*a*) Definitely Tuberculous:										
i. Pulmonary	...	...	2	3	2	...	...	...	3	10
ii. Non-Pulmonary	...	1	2	3	...	1	...	...	4	11
(*b*) Doubtfully Tuberculous	...	2	19	5	4	...	10	...	3	43
(*c*) Non-Tuberculous	19	31	287	72	34	22	157	15	47	684
D. Cases Written off Dispensary Register. (Total) ...	27	109	661	165	145	71	205	39	142	1564
(*a*) Cured.										
i. Pulmonary	...	...	58	5	9	4	1	2	13	92
ii. Non-Pulmonary	...	2	14	3	6	9	...	...	7	41
(*b*) Diagnosis not confirmed or Non-Tuberculous	27	107	589	157	130	58	204	37	122	1431
E. Number on Registers on December 31st, 1928 (Total) ...	91	133	882	293	343	181	253	131	250	2557
(*a*) Diagnosis completed.										
i. Pulmonary	75	100	622	190	283	136	179	103	177	1865
ii. Non-Pulmonary	15	28	241	94	47	43	55	26	73	622
(*b*) Diagnosis not completed	1	5	19	9	13	2	19	2	...	70
1. Number on Register Jan. 1st, 1928	86	114	884	256	404	182	210	124	248	2508
2. No. of transferred and "lost-sight-of" Cases returned	2	1	7	6	7	4	9	3	3	42
3. No. transferred, and lost sight of ...	5	2	16	12	72	8	6	6	3	130
4. No. died during year	4	9	96	14	51	8	19	14	19	234
5. Cases under observation for more than 2 months	1	3	15	9	7	1	5	2	2	45
6. Total Attendances	115	359	2069	563	1027	551	790	348	666	6488
7. Attendances at Orthopædic Clinics	...	...	...	...	...	...	...	...	...	476
8. Consultations with Medical Practitioners:—										
(*a*) At homes	6	7	39	41	6	7	18	2	19	145
(*b*) Otherwise	7	2	402	76	125	35	33	10	51	741
9. Other visits by T.O.'s to Patients' Homes.	14	22	230	47	45	31	91	27	63	570
10. Number of:—										
(*a*) Sputum Examinations ...	17	91	157	122	114	107	62	21	112	803
(*b*) X-ray Examinations ...	22	47	377	22	98	8	39	38	63	714
11. Insured Persons on Register on Dec. 31st, 1928	44	53	441	146	89	86	80	64	88	1091
12. Insured Persons under Domiciliary Treatment Dec. 31st, 1928 ...	6	28	16	22	14	34	11	4	18	153
13. Reports received in respect of Insured Persons:—										
(*a*) Form G.P. 17	...	...	—	...	...	...	...	...	...	...
(*b*) Form G.P. 36	8	41	29	35	21	50	16	8	40	248

Bacteriological 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.

	Pos.	*Neg.*	*Total*
From Medical Practitioners ...	189	1,001	1,190
From Dispensaries and Sanatoria	214	637	851
From Hospitals	—	1	1
Total	403	1,639	2,042

TABLE T. IX.

Specimens of sputum examined by the Ellerman and Erlandsen method during the year ending December 31st, 1928.

Up to 10 years		11—20		21 & over		Totals	
Pos.	*Neg.*	*Pos.*	*Neg.*	*Pos.*	*Neg.*	*Pos.*	*Neg.*
5	167	15	284	27	314	47	765

Ministry of Pensions.—The work done for the Ministry of Pensions during 1928 was as follows :—

Certificates.	*Number completed.*
M.P.M.S.D. 80	4
M.P.M.S.D. 81 (A. & B.) ...	43
M.P.M.S.D. 122	33
M.P.A. 36 T.O.	14
Total	94

TABLE T. XI.

(A) Average Number of Beds Available for Patients during the Year 1928.

——	Observation.	Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Total.
		"Sanatorium" Beds.	"Hospital" Beds.	Disease of Bones and Joints.	Other Conditions	
Adult Males	3	37	24	6	1	71
Adult Females	3	40	16	6	1	66
Children under 15 ...	2	18	—	48	—	68
Total ...	8	95	40	60	2	205

(B) Return showing the Extent of Residential Treatment during the Year 1928.

			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.	62	153	138	18	59
		F.	50	146	131	16	49
	Children.	M.	48	46	55	—	39
		F.	23	44	40	3	24
Number of Observation Cases	Adults	M.	4	16	16	—	4
		F.	5	8	12	—	1
	Children.	M.	2	2	3	—	1
		F.	1	2	2	—	1
	Total		195	417	397	37	178

TABLE T. XII.

Annual Return showing the immediate results of treatments of patients* and of observation of doubtful cases discharged from Residential Institutions during the year 1928.

	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 ...	–	5	1	1	3	9	–	–	2	–	–	–	21
		Improved	9	5	7	10	7	24	3	2	6	–	–	–	73
		No material improve't	4	5	3	–	–	1	–	1	–	–	–	–	14
		Died in Institution	–	1	–	–	–	1	–	–	–	–	–	–	2
	Class TB. plus Group 1	Quiescent	–	1	–	–	–	1	–	–	–	–	–	–	2
		Improved	5	2	–	5	–	2	3	–	–	–	–	–	17
		No material improve't	–	–	–	–	–	–	–	–	–	–	–	–	–
		Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–
	Class TB. plus Group 2	Quiescent	–	1	–	–	2	1	–	1	–	–	–	–	5
		Improved	19	12	–	21	17	2	9	8	1	1	1	–	91
		No material improve't	–	4	–	1	2	–	–	3	1	1	–	–	12
		Died in Institution	1	1	–	–	–	–	–	1	–	–	–	–	3
	Class TB. plus Group 3	Quiescent	–	1	–	–	–	–	–	–	–	–	–	–	1
		Improved	5	2	–	6	6	1	5	6	1	3	–	–	35
		No material improve't	9	11	1	3	10	–	5	3	1	2	1	–	46
		Died in Institution	12	8	2	1	2	–	–	1	–	1	2	–	29
Non-Pulmonary Tuberculosis	Bones and Joints	Quiescent or Arrested	–	–	–	–	–	2	1	1	10	–	–	11	25
		Improved	2	–	–	–	–	–	1	1	–	1	–	1	6
		No material improve't	2	1	–	–	1	–	–	–	–	–	–	–	4
		Died in Institution	–	–	–	–	–	–	–	–	–	2	–	–	2
	Abdominal	Quiescent or Arrested	–	–	1	–	–	–	–	–	–	–	–	1	2
		Improved	–	–	–	–	–	–	–	–	–	–	–	1	1
		No material improve't	–	1	–	–	–	–	–	–	–	–	–	–	1
		Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–
	Other Organs	Quiescent or Arrested	–	–	–	–	1	–	–	1	–	–	–	1	3
		Improved	1	–	–	–	–	–	–	1	–	–	–	–	1
		No material improve't	–	1	–	–	–	–	–	–	–	–	–	–	1
		Died in Institution	–	–	–	–	–	–	1	–	–	–	–	–	1
	Peripheral Glands	Quiescent or Arrested	–	–	–	–	–	–	–	–	1	1	–	–	2
		Improved	–	–	–	–	–	1	–	–	–	–	–	–	1
		No material improve't	–	–	–	–	–	–	–	–	–	–	–	–	–
		Died in Institution	–	–	–	–	–	–	–	–	–	–	–	–	–

		Under 1 week			1—2 weeks			2—4 weeks			More than 4 weeks			
Observation for purpose of diagnosis	Tuberculous	–	–	3	–	–	–	1	–	1	6	5	–	16
	Non-tuberculous ...	–	–	–	–	–	–	–	–	–	1	3	1	5
	Doubtful	1	–	–	–	1	–	2	–	–	5	3	–	12

*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.

147 Attendances for Pneumo-thorax refills

TABLE T. XIII.—(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 1928, 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.					1928.					Grand Total.	Percentage.
			Class T.B. minus.	Class T. B. plus				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).		Group 1.	Group 2.	Group 3.	Total (Class T.B. plus).		
Alive.	Discharged as cured	Children Ad'ts M.	All Groups 578					–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1835	23·85
		Children Ad'ts F.	501					–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
		M.	368					–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
		F.	388					–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
	Disease arrested	Children Ad'ts M.	95	57	131	3	191	19	4	2	–	6	–	–	–	–	–	–	–	–	–	–	680	8·83
		Children Ad'ts F.	53	27	32	1	60	15	7	2	–	9	–	–	–	–	–	–	–	–	–	–		
		M.	61	23	15	–	38	18	5	–	–	5	–	–	–	–	–	–	–	–	–	–		
		F.	49	23	13	–	36	19	5	1	–	6	–	–	–	–	–	–	–	–	–	–		
	Disease not arrested	Children Ad'ts M.	26	26	103	26	155	8	4	36	6	46	32	18	35	4	57	53	23	47	20	90	1040	13·50
		Children Ad'ts F.	18	21	34	10	65	23	4	28	4	36	40	17	28	7	52	60	22	34	19	75		
		M.	13	6	4	–	10	11	2	–	–	2	30	1	1	–	2	32	1	–	2	3		
		F.	17	11	13	1	25	6	3	1	–	4	21	2	2	2	6	29	2	1	–	3		
Condition not ascertained during the Year			39	19	26	5	50	26	5	5	1	11	5	2	1	1	4	–	–	–	–	–	135	1·74
Lost sight of or otherwise removed from Dispensary Register			1202					35	4	13	4	21	16	2	7	2	11	9	4	5	–	9	1303	16·93
Dead.		Children Ad'ts M.	1188					8	7	28	37	72	7	5	16	21	42	10	1	7	21	29	2700	35·15
		Children Ad'ts F.	919					3	3	31	33	67	7	4	24	14	42	11	3	7	8	18		
		M.	103					1	–	4	2	6	1	1	–	–	1	2	–	–	–	–		

Condition at the time of the last record made during the year to which the Return relates.			Previous to 1926.					1926.					1927.					1928.					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.	Bones and Joints.	Abdominal.	Other Organs.	Peripheral Glands.	Total.		
			All Groups																				
Alive.	Discharged as cured	Children Ad'ts M.	66				–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
		Children Ad'ts F.	103				–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
		Children Ad'ts M.	305				–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	749	42·13
		Children Ad'ts F.	275				–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–		
	Disease arrested	Children Ad'ts M.	5	2	3	1	11	4	2	2	5	13	5	–	–	1	6	–	–	–	–	–		
		Children Ad'ts F.	5	1	5	6	17	3	–	–	4	7	3	–	–	1	4	–	–	–	–	–		
		Children Ad'ts M.	8	3	4	16	31	1	11	2	22	36	3	4	–	2	9	–	–	–	–	–	203	11·41
		Children Ad'ts F.	10	2	2	24	38	2	8	4	11	25	1	–	1	4	6	–	–	–	–	–		
	Disease not arrested	Children Ad'ts M.	12	–	5	2	19	7	–	–	2	9	8	1	3	2	14	8	3	3	3	17		
		Children Ad'ts F.	5	2	4	2	13	2	1	–	2	5	9	4	–	5	18	8	5	1	3	17		
		Children Ad'ts M.	12	5	6	4	27	12	2	2	7	23	20	6	–	21	47	11	6	1	28	46	373	20·98
		Children Ad'ts F.	11	1	4	3	19	13	4	3	8	28	8	1	3	17	29	9	8	3	22	42		
Transferred to Pulmonary			1	–	1	1	3	1	–	–	–	1	–	2	–	–	2	–	–	–	–	–	6	·34
Condition not ascertained during the Year			6	–	2	8	16	3	2	1	11	17	4	3	1	5	13	–	–	–	–	–	46	2·58
Lost sight of or otherwise removed from Dispensary Register			272					3	3	4	8	18	6	2	1	3	12	–	–	–	–	–	302	16·99
Dead.		Children Ad'ts M.	19					1	1	1	1	4	3	2	–	–	5	–	1	–	–	1		
		Children Ad'ts F.	11					–	1	–	–	1	–	–	1	–	1	1	1	–	–	2		
		Children Ad'ts M.	24					1	1	–	3	5	1	2	–	–	3	–	2	–	–	2	99	5·57
		Children Ad'ts F.	18					–	2	–	–	2	–	1	–	–	1	–	–	–	–	–		
Totals			1287					53	38	19	84	194	71	28	10	61	170	37	26	8	56	127	1778	100·00

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 1928, and the diseases for which they required treatment are as follows :—

TABLE XXX.

Disease.	*Burton.*	*Chesterfield.*	*Derby.*	*Nottingham.*	*Stockport.*	*Total.*
Syphilis	6	68	40	35	2	**151**
Gonorrhœa	6	152	101	88	2	**349**
Soft Chancre	—	—	6	1	—	**7**
Total	**12**	**220**	**147**	**124**	**4**	**507**

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

TABLE XXXI.

	£
Treatment—	
Out-Patients	2763
In-Patients	373
Salvarsan Substitutes, Drugs, etc.	261
Travelling Expenses—Doctor	40
,, ,, Patients	76
Printing, Postages, etc.	14
Publicity	43
Other Services—	
Pathological Examinations	574
Gross cost	4144
Receipts for Pathological work done for other Authorities	279
Nett cost	£3865

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

	s.	d.
Chesterfield	2	2
Derby	3	2
Nottingham	2	7

The General Practitioners submitted 1,545 specimens, details of which are as follows :—

TABLE XXXII.

	Spirochætes.		*Wassermanns*		*Gonococci.*		Other Examinations	
	Pos.	*Neg.*	*Pos.*	*Neg.*	*Pos.*	*Neg.*	*Pos.*	*Neg.*
Derbyshire Derby Borough Burton-on-Trent	—	1	247	1108	44	132	2	11

During 1928 the number of specimens submitted by the General Practitioners was 1,545, whilst in 1927, 1926, 1925, 1924 and 1923, the numbers of specimens submitted were respectively 1,423, 1,480, 1,174, 1,013 and 932.

Fifteen 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 1928 a total of 210 doses were supplied as follows :—

Doses.	Novarsenobillon.
0·1	12
0·3	36
0·45	55
0·6	67
0·75	4
Bismotab, 1 C.C.	12
Tryparsamide, 2 gms.	24
	210

BLIND PERSONS ACT, 1920.

Under the Powers of the Public Health Act, 1925, Section 66, and by arrangement with the Derbyshire Association for the Blind, fares to and from hospitals are refunded to patients requiring treatment for disease or injury to the eye. Application is made on a special card on which must be stated the total income into the house, and at the same time, the patient gives details of the stations between which he is to travel. Fares are paid where, after deducting 5s. 0d. per week for each child under 14 years of age and 15s. 0d. per week for each person contributing to the incomeof the household as the cost of his maintenance, the net income does not exceed 40s. 0d. per week. A space is provided on the card in which the doctor at the hospital fills in the nature of the disease or iniury, and the dates of attendance.

The County Council's scheme under the Blind Persons Act, 1920, as approved by the Ministry of Health from January 1st, 1928, is as follows :—

The Council will provide for the undermentioned classes of Blind Persons as hereinafter set out.

1. *Children under School Age.*

To make 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* 16 *years of age.*

Provision will be made by the Education Committee.

3. *Education and Training of Adults.*

Provision will be made by the Education Committee.

4. *Employment.*

To 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.*

To 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 similar Institution.

6. *Home Teaching.*

In conjunction with 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 provide, when desirable and when circumstances permit, Homes for the care of adult blind persons who are in need of such provision.

8. *Unemployable Blind.*

In conjunction with the Boards of Guardians, to consider cases of Unemployable Blind, who are in need of assistance, and to render such assistance as may be desirable in each case, either by payment of recognised fees at Approved Homes, by boarding out, or by grants to Blind Persons residing in their own homes.

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.

11. *General.*

With the consent of the Minister of Health, to do such other things as may appear desirable for promoting the welfare of the blind.

With regard to Heading 8 of the above Scheme, some 270 unemployable blind persons are in receipt of assistance at a cost of about £6,100 per annum.

Early in 1929, the number of blind persons on the Register as shown in a return to the Ministry of Health was 625. The ages at which blindness occurred, unemployment, etc., are shown, in the following Tables :—

TABLE I.

Age period	M.	F.	Totals
0—5	1	5	6
5—16	19	19	38
16—21	7	4	11
21—30	25	12	37
30—40	30	21	51
40—50	57	26	83
50—60	55	43	98
60—70	69	66	135
70—	89	77	166
	352	273	625

TABLE II.

Age at which Blindness occurred.	M.	F.	Total.
0—1	56	49	105
1—5	10	9	19
5—10	20	11	31
10—20	13	23	36
20—30	44	24	68
30—40	41	18	59
40—50	31	19	50
50—60	57	39	96
60—70	55	52	107
70—	22	25	47
Unknown			7

TABLE III.—(*a*) EMPLOYMENT.

Age Period 16 *and upwards.*

	M.	F.	Total.
Employed	84	19	103
Trained but unemployed	17	12	29
Under Training ...	12	6	18
No Training but Trainable ...	26	13	39
Unemployable ...	193	199	392
Total	332	249	581

(*b*) Occupations of Employed.

Agents, Collectors, etc.	2	Labourers	9
Basket and Cane Workers	19	Massage	9
Boot Repairers ...	4	Mat Makers	6
Brush Makers ...	4	Musicians and Music Teachers ...	2
Clergymen	1	News Vendors	3
Dealers (Tea Agents, Shop-keepers, etc.)	9	Poultry Farmers ...	7
Farmers	3	Seamstresses and Upholsterers ...	1
Hawkers	4	Tuners	9
Knitters	7	Miscellaneous	4
Total	103		

TABLE IV.—Physically and Mentally Defective Blind Persons.

	M.	F.	Total.
Mentally Defective (*a*)	8	6	14
Physically Defective (*b*)	24	38	62
Deaf (*c*)	26	14	40
Combinations of (*a*), (*b*) and (*c*) ...	6	5	11
Total	64	63	127

TABLE V.—School Age Period (5—16) According to Mental or Physical Defects.

At School—	M.	F.	Total.
Normal	9	11	20
Mentally Defective (*a*)	—	—	—
Physically Defective (*b*)	—	—	—
Deaf (*c*)	—	—	—
Combinations of (*a*), (*b*) and (*c*) ...	—	—	—
Total	9	11	20

Not at School—	M.	F.	Total.
Normal	6	4	10
Mentally Defective (*a*)	—	—	—
Physically Defective (*b*)	3	2	5
Deaf (*c*)	—	—	—
Combinations of (*a*), (*b*) and (*c*) ...	1	2	3
Total	10	8	18

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 1928 are as shown in the following table :—

TABLE XXXIII.

No. of Cases.	*Males.*	*Females*	*Total*
In Certified Institutions, under "Order"	38	73	111
Do. under "Permissive Powers"	—	7	7
Under Guardianship	—	2	2
Under Statutory Supervision ...	66	50	116
Transferred from Education Committee during the year...	42	24	66
Other cases "ascertained" ...	410	392	702

SUMMARY OF WORK DONE BY HEALTH VISITORS DURING 1928.

1. Maternity and Child Welfare.

(*a*) *Ante-Natal*—

Total Visits to Homes		2,307
Sessions at special Ante-Natal Clinics (Sept.-Dec.)		34

(*b*) *Infant Welfare*—

First visits to infants	9,831	
Other visits (under 1 year) ...	30,732	
Visits to children 1—5 years ...	47,244	
	———	87,807

(*c*) *Attendances at Infant Welfare Centres*—

Expectant mothers	1,040
Infants under 1 year	32,036
Children over 1 year	26,723
No. of Health Visitors' sessions at Infant Welfare Centres	1,834

2. Tuberculosis—

No. of visits to Homes	8,653
No. of Dispensary sessions attended	860

3. School Medical Inspection—

Medical Inspections—Elementary	34,713
Do. Secondary	3,561
Weighing, measuring, etc.	30,408
Verminous inspections	144,653
Home Visits to school children	11,629

Clinic Sessions attended—

Tonsil and Adenoid operation	848
Ear	196
Eye	516
Dental anæsthetic (2 sessions a day) ...	226

4. Mental Deficiency—

Visits to Homes	394

5. Blind Persons Act—

Visits to Homes	1,840

6. Miscellaneous Visits	33

DERBYSHIRE EDUCATION COMMITTEE.

REPORT

OF THE

School Medical Officer

ON THE

Medical Inspection of School Children

FOR THE

Year ended 31st December, 1928.

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

SCHOOL MEDICAL STAFF.

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. AYNSLEY, M.B., B.S., D.O.M.S.

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

F. J. BURKE, M.D., 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.

ORTHOPÆDIC SURGEON—

S. HOYTE, M.B., B.S., F.R.C.S.

SENIOR DENTAL OFFICER—

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

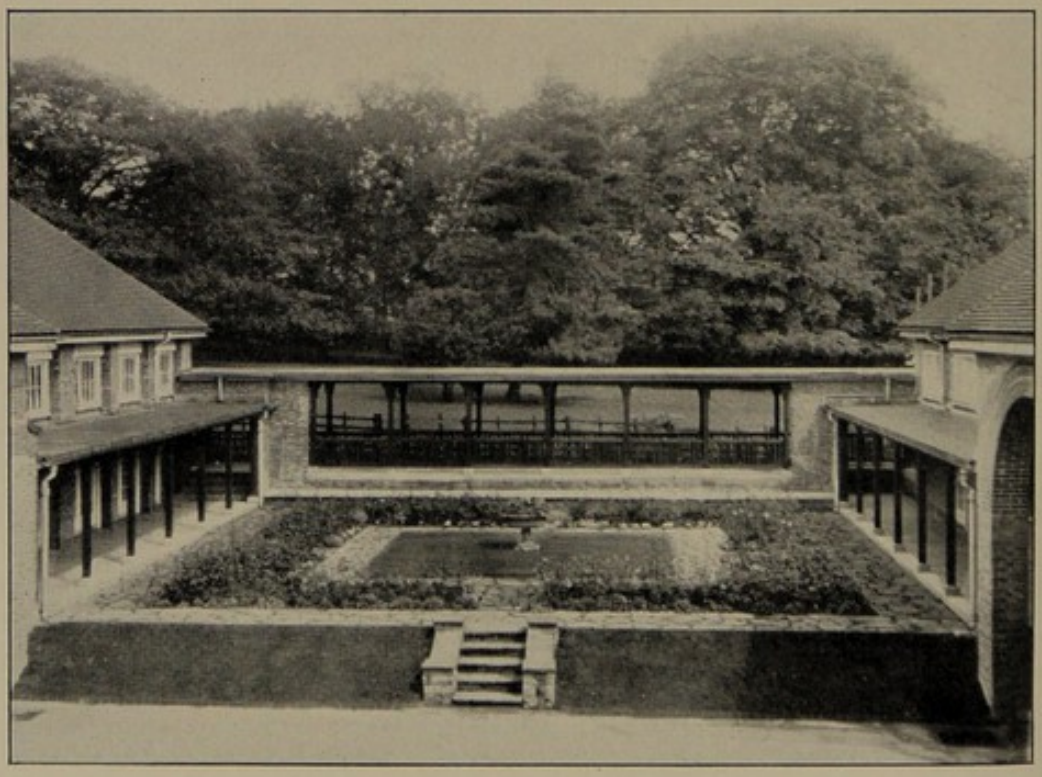
DENTAL OFFICERS—

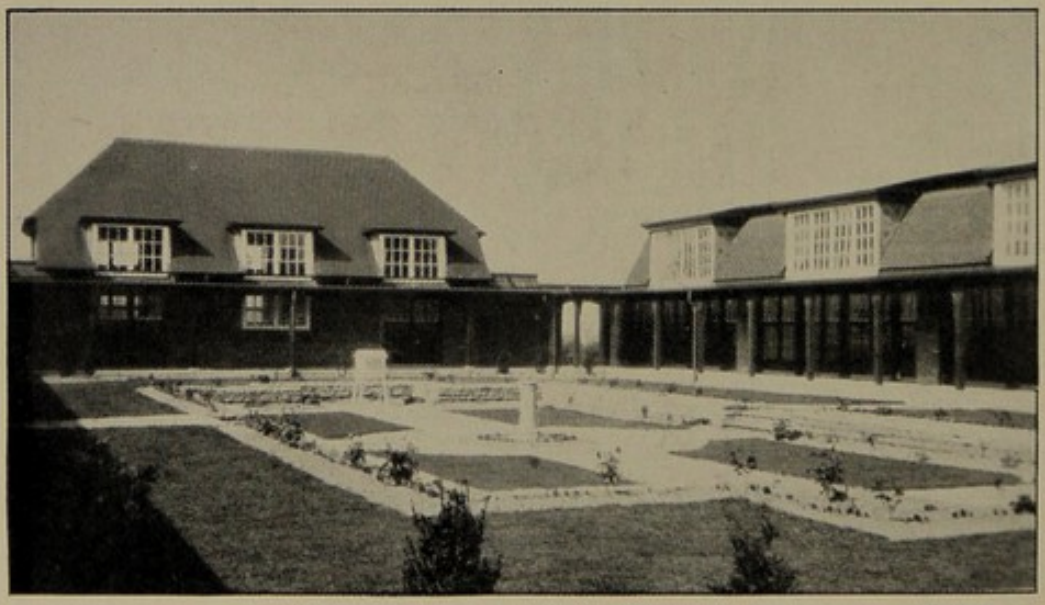
MARY CROSS, L.D.S.
JOSEPHINE DOLAN.
DOROTHY A. LITTLAR, L.D.S.
MEREDITH LEWIS, L.D.S.
AMELIA TOBIAS, L.D.S. (Resigned Sept. 30th).
BETTY C. HAMILTON, L.R.C.P. & S., L.D.S. (appointed Oct. 30th)

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

ORTHOPÆDIC NURSES—

Miss M. E. GARRATT.
Miss E. TAYLOR.





SECTION I.

NUMBER OF SCHOOLS AND ENROLMENTS.

The Derbyshire Education Committee are the Local Education Authority for the whole of the administrative County with the exception of the Boroughs of Buxton, Chesterfield, Ilkeston and Glossop, which are autonomous for elementary education.

The administrative County comprises 40 sanitary districts. 36 of these are in the County Elementary Education area, 21 being urban districts and 15 rural districts. The schools and enrolments are as follows :—

	Schools.	*Enrolments.*
Urban Districts	98	29,977
Rural Districts	279	46,524
	377	76,501

New Schools.

Three new permanent elementary schools have been completed during the year, namely, Shirebrook (Langwith Road), Whaley Thornes and Killamarsh Council Schools

The type of school now being erected in Derbyshire is, I think, justly famous, and being formulated before I was appointed to this County it will be appreciated that I am able to say so.

So many enquiries are reaching me regarding this type of school that I have thought it apposite to embody in this section of my report a short note on the architecture of the schools by Mr. Widdows, the Architect to the Education Committee, who is responsible for the design. To illustrate what he says in his note and for the benefit of those who have not seen one of these schools, I have reprinted photographs of the latest of them.

I need not add to what Mr. Widdows has said regarding the architecture but I would like to take this opportunity of stating that from my point of view as School Medical Officer, the schools are admirable and I am unable to suggest any important alteration in the general scheme of things which would result in improvement.

Experiments have been carried out in the schools and elsewhere which have led some observers to the conclusion that heated ceilings would be better than heated floors ; but to arrive at these conclusions they had indulged in the use of various scientific instruments for measuring the proficiency of the heating and ventilation of the school, such as thermometers, both of the wet and dry bulb variety, kata-thermometers, etc.

It appears to me, however, that whatever may be evinced from the use of scientific instruments, surely it is the effects as shewn by the children which must concern us most. After experience spread over years and after enquiry from the children themselves and their teachers, I am quite definitely of opinion that what Professor L. Hill describes as the ideal condition, namely " a cool head and warm feet," are obtainable in our new schools, and of equal importance, the children do not complain of any discomfort, but on the other hand, they tell you they are appreciative of a general feeling of well being and they display alertness.

Mr. Widdows description of the new Derbyshire Schools is as follows :—

> " All the latest schools in Derbyshire are built on open-air lines, and it is the Committee's intention to continue in this direction.
>
> In considering the question of open-air schools it has to be remembered that something more than the building has to be considered. What is equally important as open-air treatment is the necessity that the children should look out upon and be able to enjoy the beauties of nature. To this end a plentiful supply of garden around the school is a prime necessity. Children are very quick to respond to nature, and the action and reaction that takes place between school and garden is great.
>
> In Derbyshire, the usual wilderness of tarmacadam is becoming a thing of the past and old schools as well as new are being provided with gardens. The old schools, moreover, are being provided as occasion permits with glass doors opening into the fresh air so that the schools may approximate as much as possible to the open-air idea.
>
> Given the principle that gardens are a prime necessity in school planning, the building must be made to fit the site so that the school and garden are one entity. Based on these principles the planning of schools ceases to become a mechanical matter with the result that much variety in planning is possible. The main principles remain, however, but there is no reason why two schools should be built alike nor should they be.
>
> Ventilation is the most important factor in the building and it follows that the school must only be one room in thickness so that the air may pass through the room from side to side. With this accepted, it will be found best to plan a building around an inside garden. Sometimes the building thus planned with its verandahs becomes akin to a cloister garden. There is no reason, however, why these gardens should be rectangular and sometimes it is found best so to plan the school that an enclosed garden other than rectangular is formed. These garths with a plentiful supply of brightly-coloured flowers are a source of exhilaration and help to the children and thus compensate for the dull, drab and dirty condition of so many of the neighbourhoods in which many of the children are compelled to live. Within these garths, amid the flowers and grass, can be placed meteorological instruments, sunk garden with sun dials and at very little cost a fish pond where the children can learn and study fish and water plants.
>
> To approximate as nearly as possible to the garden should be the main principle of the building. Thus it will be found that the best light is that which comes from an inclined skylight the whole length of the classroom. These windows will allow the light to enter from the upper atmosphere with the least obstruction from smoke and the heavy conditions which obtain in so many industrial areas. It will be found from photometric tests that the light which comes through these skylights is considerably in excess of what would be obtained from windows in the vertical plane.
>
> With the ventilation it is, of course, desirable that there should be freedom from draft and to this end it is desirable that the maximum of air should be admitted with a minimum of discomfort. As is known, a door slightly

ajar can be more uncomfortable than a door wide open. On the other hand it has to be remembered that in this climate openings for the admission of fresh air must be capable of adjustment. Thus on opposite sides of each classroom are provided doors throughout, the full length of each side. These doors are not directly for the admission of light although they are glazed from top to bottom. The glazing is to take off the depressing effect which is obtained in schools where the window cills are at a high level from the floor. With the glass going to the bottom of the door, the children are able to see out in the worst weather and regard the beauties of nature lying around them. The doors open under verandahs, that is to say, there is a verandah on each side of the classroom, so that on whichever side the doors are open no rain is able to get into the classroom.

The doors themselves have three movements. They can be opened in their entirety and when thus opened are clipped together in pairs so that they cannot blow about. Should it be found that the doors cannot be opened to the full amount on either side of the classroom, then the doors can be closed, if the breezes be such as to blow about papers and the top half of the door can be dropped. This gives the top half of the door as the space available for ventilation. Should the weather be blustering then the top half of the door instead of hanging vertical can be let down in such a manner that it is inclined at 4 in. from the vertical. This is known as a hopper. The window so opened rests against a piece of wood so that any air entering is forced upwards and over and thus any draft is avoided.

As regards the heating, the whole of the floor is treated as one large radiator with a surface temperature of no more than 70 degrees Fah. The method adopted for producing this is the ordinary low pressure hot-water system with overhead mains feeding large grids under the floors It is, of course, essential that the heating surface and the materials of which the floors are constructed shall be so balanced that there is a sufficiency of heat transmitted which is neither too rapid nor too slow. With the floor at a temperature of 70 degrees Fah. a remarkably restful effect is produced. The room has a freshness and the feet being warmed the blood circulates as nature intended in such a way that the body is refreshed by the breezes in carrying out nature's work of removing superfluous heat and moisture of the body.

It should be added that in addition to the classrooms, provision is also made for drying the clothes by means of hot water passing through the coat rails, and the provision of rooms for Medical Inspection not omitting a bath and also a waiting room for mothers.

Quarters for the staff are, needless to say, also provided and in some schools, special rooms for Manual Instruction and Science and Domestic Subjects.

Another important feature is that each room is decorated differently from any other, again relieving the monotony of having every room alike.

The substance of school planning is thus, first the desirability of having the garden and then making the school harmonise with the garden using as the three essentials in the preparation of the building, Ventilation, Lighting and Heating, using these in such a way as to bring the building as near as possible to the cheerful atmosphere of the garden.

13.3.29. G.H.W.

CO-ORDINATION.

The fact that the School Medical Officer is also the County Medical Officer results in the closest co-operation between the various medical services in the County. There is nothing to add under this heading to what has been said in previous reports.

Wherever possible it is arranged that the Assistant School Medical Officers in addition to the work of the school medical service, shall undertake the Maternity and Child Welfare work in their own areas, thus bringing about a continuity of Medical Supervision from birth to the age of leaving school. The advantage of this arrangement was explained in my report for last year.

With few exceptions the School Nurses are also Health Visitors, so that in their case there is that desirable continuity of supervision mentioned above.

All cases of Tuberculosis or suspected Tuberculosis found in the schools by the School Medical Officers are referred to the Tuberculosis Officer at the Dispensary, or in the case of surgical tuberculosis needing orthopædic treatment, to the Orthopædic Surgeon between whom and the Tuberculosis Officers there is the closest co-operation.

THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

As in previous years each Assistant School Medical Officer, on completion of the Medical Inspection of the children in the school, makes a survey of the premises, and reports on any defects found.

During the year, 335 departments have been inspected, details of which are given below in Table A.

Ten Health Talks have also been given in the schools by the Assistant School Medical Officers during the year.

TABLE A

	Good.	Insufficient.	Defective and needs attention.
Cleanliness	314	9	8
Heating	316	13	3
Lighting	301	29	1
Ventilation	311	17	2
Water Supply	322	9	1
Washing Arrangements	313	16	2
Cloak Room Arrangements	316	13	3
Sanitary Arrangements	303	8	24
Playground	274	4	53

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.

Type of Work.	*No. of Schools.*
Improvements to heating apparatus.	6
Heating improved by stoves or fireplaces.	7
Conveniences converted.	7
Drainage improved.	4
Ventilation improved.	3
Electric light has been supplied	12
New floors put in.	10
Supplied with Cookery Centre.	6
Supplied with Manual Rooms.	9
General repairs.	291

Medical Inspection.

No change has been made in the scheme for Medical Inspection during the 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.* The revised system of reporting results of Medical Inspections at individual schools which was brought into use last year continues to give highly satisfactory results, and make it possible to compile the Board of Education Tables shortly after the end of the year to which the Tables refer.

The work done by the School Medical Department this year shows a marked increase all round. I am able to report a further increase in the number of re-examinations of children found to have defects in the course of routine examinations; this is particularly satisfactory, indicating that the cases are being carefully followed up with a view to ascertaining that the appropriate treatment is received.

The number of examinations made during the year are given below, together with the comparative figures for the preceding two years :—

	Entrants.	Inter-mediates.	Leavers.	Specials.	Re-exam.	Total.
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
1928 ...	9,715	9,326	7,773	2,036	5,863	34,713

Alfreton Clinic.

A noteworthy advance in the facilities available for the treatment of defects found in the course of medical inspection occurred during the year when the first of the new Clinics was opened at Alfreton. This Clinic which is an entirely new departure from anything existing in the County was erected in the grounds of the Council School at Alfreton. It is a one-storey building with two symetrical gable ends facing towards the front. There is a large waiting room, a store room, infants' dressing room, doctor's examination room, recovery room, operating theatre for tonsils and adenoids and a dental room. It is centrally heated and as it will be used for the combined purposes of a school clinic and an Infant Welfare Centre, a pram shelter adjoins the entrance to the waiting room. From the waiting room, access is gained to the other rooms by means of a corridor on one side of the building throughout its whole length. A plan of the Clinic is shown opposite.

The Clinic was opened for the first time on 14th December, 1928.

A clinic on similar lines is nearing completion at Heanor and will be opened during the first half of 1929.

FINDINGS OF MEDICAL INSPECTIONS AND MEDICAL TREATMENT.

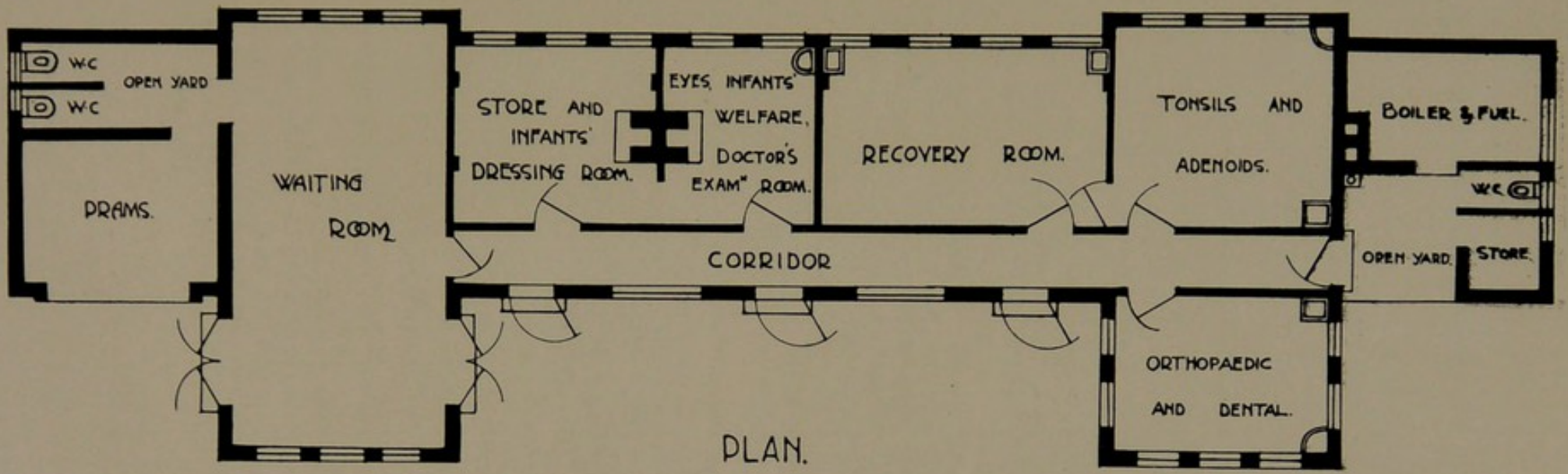
Appended to this Report will be found the Tables prescribed by the Board of Education showing defects found at Medical Inspections during 1928 (Table IIA.), number of children found to require treatment (Table IIB.), whilst Group IV. of Table IV. shows the dental defects found and Group V. of Table IV. relates to uncleanliness and verminous conditions.

(*a*) **Uncleanliness.** During the year 144,653 inspections and re-inspections for this condition were made. Of the above number 59,594 were boys and 85,059 were girls. The number of boys found to be verminous was 1,673 or 2·90%, whilst the number of girls found to be verminous was 10,686 or 12·50%. The number of individual children found to be verminous during the year was 1,602 but this figure does not include children who were found to have one or two nits on one occasion only. Of this figure 145 or 0·10% were boys and 1,457 or 1·00% were girls. It will be noticed that the number of individual children found to be verminous shows a great improvement upon last year's figure, which was 2,539.

(*b*) **Minor Ailments.** Detailed returns of the incidence of defects found are set out under their respective headings in Table II. Table IV, Group I., shows a total of 5,450 minor ailments treated. Of these, 4,758 were treated under the Authority's scheme and 692 otherwise; an increase of 17 over the number of minor ailments treated in 1927.

DERBYSHIRE EDUCATION COMMITTEE.

ALFRETON CLINIC



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

Minor Ailment Clinics.	*Attended by M.O. and Nurse.*	*Attended by Nurse only.*
Alfreton	1st & 3rd Tuesdays (a.m.)	Daily.
Belper	Thursdays (a.m.) ...	,,
Long Eaton ...	Fridays (a.m.) ...	,,
Ripley	2nd & 4th Tuesdays(p.m.)	1st & 3rd Tuesdays (p.m.)
Shirebrook ...	Wednesdays (p.m.) ...	Daily.
Swadlincote ...	1st Mondays (p.m.) ...	2nd 3rd & 4th Mondays (p.m.)
Dronfield ...	2nd Mondays (a.m.) ...	1st, 3rd & 4th Mondays (a m.)

The Minor Ailment Clinic at Dronfield was opened during the early part of the year and is held at the new Infants Council School where accommodation for a small school clinic has been provided.

(*c*) **Tonsils and Adenoids.** The number of children found at routine examinations to require treatment for these conditions was 3,724, while 1,986 were found to require observation. Of the number requiring treatment 1,466 were treated under the County scheme, an increase of 120 over the figure for last year.

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

Clinic.	*Operation.*	*Examination.*
Alfreton	2nd Friday	1st Friday bi-monthly.
Ashbourne ...	3rd Friday bi-monthly ...	1st Monday bi-monthly.
Belper	—	1st Thursday.
Clay Cross ...	—	3rd Friday bi-monthly.
Clown	—	As required.
Chesterfield ...	2nd, 3rd, 4th Tuesdays	2nd & 4th Mondays.
Chinley ...	1st Tuesday ...	3rd Thursday.
Derby	Wednesday	1st Monday bi-monthly.
Long Eaton ...	—	1st Friday bi-monthly.
Matlock	—	3rd Monday bi-monthly.
Shirebrook ...	4th Friday	2nd Thursday.
Swadlincote ...	—	4th Friday.

(*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.	1928	1927
Definite	26	45
Suspected	100	123

Non-Pulmonary.	1928	1927
Glands	82	73
Spine	12	7
Hip	6	9
Other Bones and Joints	9	9
Skin	3	5
Other forms	14	5

(*e*) Skin Diseases.

Ringworm of the Body. 44 children at Routine Medical Inspections and 8 otherwise were found to be affected with this condition, making a total of 52 as compared with 100 children last year. Of the 52 cases discovered 51 were treated at the school clinics and 1 received treatment elsewhere.

Ringworm of the Scalp. During the year 46 cases of ringworm of the scalp were found at Routine Medical Inspection, and 181 otherwise, making a total of 227 children discovered to be suffering from this disease as compared with 256 last year. 216 of the 227 were treated under the Authority's scheme and 11 otherwise. A considerable reduction is therefore apparent in the number of cases in both Head and Body ringworm, particularly the latter, as compared with last year.

The Education Committee has two centres of its own for X-ray treatment of ringworm, one being at the County Offices, Derby, the other at the County Council Clinic at Chesterfield. The Derby Clinic is under the direct clinical charge of myself whilst I have the advantage of the services of Dr. Alan Laurie, Hon. Consulting Radiologist and Electrologist to the County Council. The Chesterfield X-ray Clinic is under the clinical charge of Dr. Burke. The work done at these clinics during the year is as follows :—

Derby.

Total number of attendances	34
Number of ringworm cases treated by X-rays	33
,, ,, satis actorily treated	33
,, ,, referred to own Doctor as scalp was not in fit condition for X-ray treatment	1

Chesterfield.

Total number of cases	58
No. of cases scalp ringworm	55
,, ,, other skin diseases ...	3

Treated by X-rays.

No. of cases scalp ringworm	45
Satisfactory results	38
Unsatisfactory epilation	5
Treatment not completed on account of restlessness	2

Treatment by means other than X-rays.

Scalp ringworm	8
Other skin diseases	nil.

Consultations only.

Ringworm...	2
Other skin diseases	3

138 cases of ringworm were also treated by other means than X-rays at the various Minor Ailment Clinics in the County.

Scabies. The incidence of this condition remains stationary, 29 cases having occurred during the year compared with 28 cases last year. There is, however, a marked reduction as compared with 1926 when 59 cases were reported.

Impetigo. I reported last year that this condition was the most prominent of minor ailments affecting the school child and reiterated what I had said in 1926 to the effect that the condition accounts for many exclusions from school which would be quite unnecessary if children so affected were advised to seek early treatment. In many cases it is the result of general uncleanliness and could be prevented entirely. This year there has been an increase in the number of cases, 1,253 having been reported as against 931 last year. 1,220 were treated at the School Clinics and 33 otherwise.

Other Skin Diseases. A total of 463 cases was reported, 432 being treated at the various school clinics and 31 otherwise.

(*f*) **External Eye Disease.** Under this heading are included Blepharitis, Conjunctivitis, Keratitis and Corneal Opacities. During the course of Medical Inspections 282 cases were discovered. Of these 221 were referred for treatment. Of the total number of cases 179 were found to be suffering from Blepharitis. Simple cases are treated at the Minor Ailment Clinics, the more serious cases being referred to the Ophthalmic Surgeon. A considerable number of such cases are referred to the Minor Ailment Clinics by the Teachers, Health Visitors, and Attendance Officers. During the year 623 cases were treated under the Authorities' scheme and 33 otherwise.

(*g*) **Vision.** In the course of routine Medical Inspection, 1,844 children were discovered to be suffering from defective vision excluding squint, of which number 1,666 required treatment. The number referred to the Ophthalmic Surgeon from all sources for defective vision including squint was 2,383, of which number 2,223 were treated under the Authorities' scheme.

The Statistical details of the work of the Ophthalmic Department are given in the following Table; other statistics are given in Tables III. and IV. at the end of this report.

Clinic.	New Cases.		Old Cases.		Total.
	Re-fraction.	Treat-ment.	Re-fraction.	Treat-ment.	
Mr. T. A. Carr.					
Ashbourne ...	36	—	2	—	38
Bretby ...	5	—	—	—	5
Buxton ...	28	—	—	—	28
Belper ...	127	3	10	—	140
Chinley ...	147	14	32	2	195
Chesterfield ...	468	45	135	86	734
Derby ...	449	68	242	161	920
Long Eaton ...	99	2	5	—	106
Matlock ...	93	3	1	—	97
Ripley ...	241	3	14	—	258
Swadlincote ...	114	3	7	—	124
Wirksworth ...	19	1	—	—	20
	1826	142	448	249	2665
Dr. T. R. Aynsley.					
Bolsover ...	34	3	31	3	71
Beighton ...	34	—	27	4	65
Clown ...	74	3	41	3	121
Dronfield ...	55	2	46	2	105
Eckington ...	58	1	51	7	117
Shirebrook ...	71	12	57	26	166
	326	21	253	45	645
				Grand Total	3310

Summary of conditions found:—

No abnormality	107
Hypermetropia and hypermetropic astigmatism	1357
Myopia, myopic astigmatism and mixed astigmatism ...	620
Disturbances of muscle balance:—	
Squint, convergent	412
,, divergent	23
Other disturbances of balance	12
Affections of the lids:—	
Blepharitis	53
Other affections of the lids	10
Affections of the Conjunctiva	37

Affections of the Cornea—Corneal Ulcers	... ...	13
	Keratitis	15
	Corneal Opacities	53
	Other affections of the Cornea	1
,, ,, Lachrymal apparatus	... ...	6
,, ,, Iris	... ...	16
,, ,, Lens	... ...	23
,, ,, Fundus oculi	... ...	41
Other affections of the eye	... ...	27
Affections of the central nervous system	... ...	37
Symptoms due to non-ocular disease	... ...	27
Examinations incomplete	... ...	13

(*h*) **Ear Diseases.** At the routine and special examinations 230 children were found to be suffering from discharging ears, 205 from defective hearing, and 71 from other ear diseases.

Statistical details of the work of the Ear, Nose and Throat Department have been tabulated as follows :—

EAR, NOSE AND THROAT CLINICS.

CLASSIFIED LIST OF CASES TREATED.

Defect or Disease.	Derby and Chinley Area.	Chesterfield Area.
I. EAR.		
A. *External.*		
Furunculosis	5	10
Foreign Body	4	2
Impetigo	30	15
Wax	250	200
Keratosis Obturans	15	25
Cysts	1	—
B. *Middle Ear.*		
Ac. Supp. Otitis Media ...	10	10
Chronic	30	35
Tubercular Otitis	2	1
* *Sequelæ of C.O.M.S.*		
Granulations and Polypi ...	10	15
Mastoiditis	2	1
Middle Ear Catarrh.	20	35
C. *Internal Ear.*		
Congenital (Deaf & Dumb)	4	2
Acquired Deafness	6	1
II. NOSE.		
A. *External.*		
Dermatitis	4	6
Ferunculosis	4	1
Impetigo	5	8
B. *Nasal Cavities.*		
Deviated Septum	150	200
Enlarged Turbinates ...	150	180
Vaso-motor Rhinitis	10	15
Atrophic Rhinitis	5	2
Epistaxis	15	20
Perforations septum ...	1	1
Nasal neuroses	20	15
Nasal Polypi	5	8
Nasal Diphtheria	4	2
Foreign Body	4	2
C. *Accessory Nasal Sinuses.*		
Ethmoidal Suppuration ...	6	4
Ethmoidal Catarrh ...	15	30
Antral Suppuration	2	1
Frontal sinuses Supperation...	1	—
III. NASO-PHARYNX.		
Adenoid only	10	5
Posterior ends	10	10
Chronic naso-pharyngeal Catarrh	25	35
Keratosis Pharyngis	1	1
IV. ORO-PHARYNX.		
Hypertrophy of faucial tonsil and adenoids	1135	890
Acute Tonsillitis	15	12
Diphtheria	2	4
Bifid Uvula	4	8
Palatal Paralysis	2	2

Defect or Disease.	Derby and Chinley Area.	Chesterfield Area
V. LARYNX.		
Acute Catarrhal Laryngitis ...	5	8
Chronic Catarrhal Laryngitis ...	10	20
Specific Laryngitis	1	—
Tubercular Laryngitis	1	1
Laryngeal Paralysis	1	1
MISCELLANEOUS & ASSOCIATED CONDITIONS.		
Tuberculosis	4	6
Cleft palate	2	2
Chorea	25	15
Rheumatism	20	30
Albuminuria	4	6
Mongolism	2	4
Cretinism	2	5
Heart conditions	20	15
Bronchiectasis	6	4
Bronchitis	90	100
Cervical adenitis	75	95
Eye Conditions	15	25
Mental Deficiency	4	6

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

CASES EXAMINED.

Area.	New Cases.	Old Cases.	Re-Examinations
Derby Area	1524	697	800
Chesterfield Area ...	926	601	554
Total ...	2450	1298	1254

Total Number of Cases seen ... 5102

OPERATIONS PERFORMED.

Nature of Operation.	Derby Area.	Chest'r-field Area.	Shire-brook Area.	Chinley Area.	Ash-bourne Area.	Alfre-ton Area.
Enlarged Tonsils and Adenoids ...	616	476	110	136	89	15
Adenoids	7	4	1	3	—	—
Turbinectomy	1	1	—	—	—	—
Nasal and Aural Polypi	1	2	2	—	—	—
Miscellaneous	1	1	—	—	—	—
Totals ...	626	484	113	139	89	15

Total No. of Operations ... 1,466.

RESULTS OF OPERATIONS.

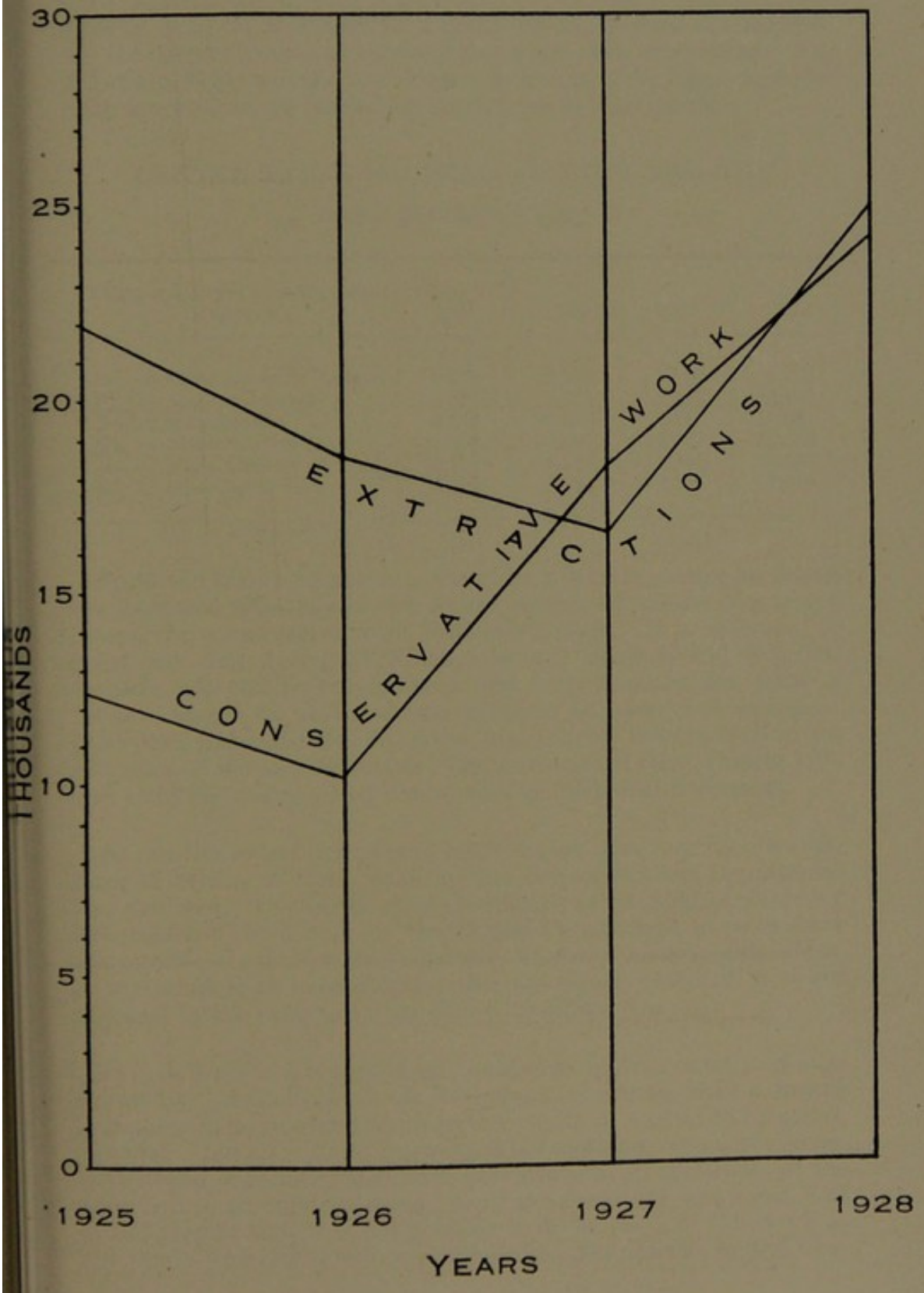
Defect.	Discharged and Cured.	Improved.	No Change.	Refused Operation or Operation done elsewhere
Enlarged Tonsils and Adenoids causing obstruction	970	20	5	50
Tonsils and Adenoids for O.M.S. ...	60	20	5	—
,, ,, ,, C.C.O.M.	35	15	5	—
,, ,, for reflex conditions	160	15	8	—
,, ,, for general conditions	120	18	10	—
Post operative complications—				
Secondary Hæmorrhage 4				
Pneumonia 2				
Palatal Paralysis ... 2				
Mastoiditis 1				
Acidosis 4				
Albuminura 1				
Total	1345	88	33	50

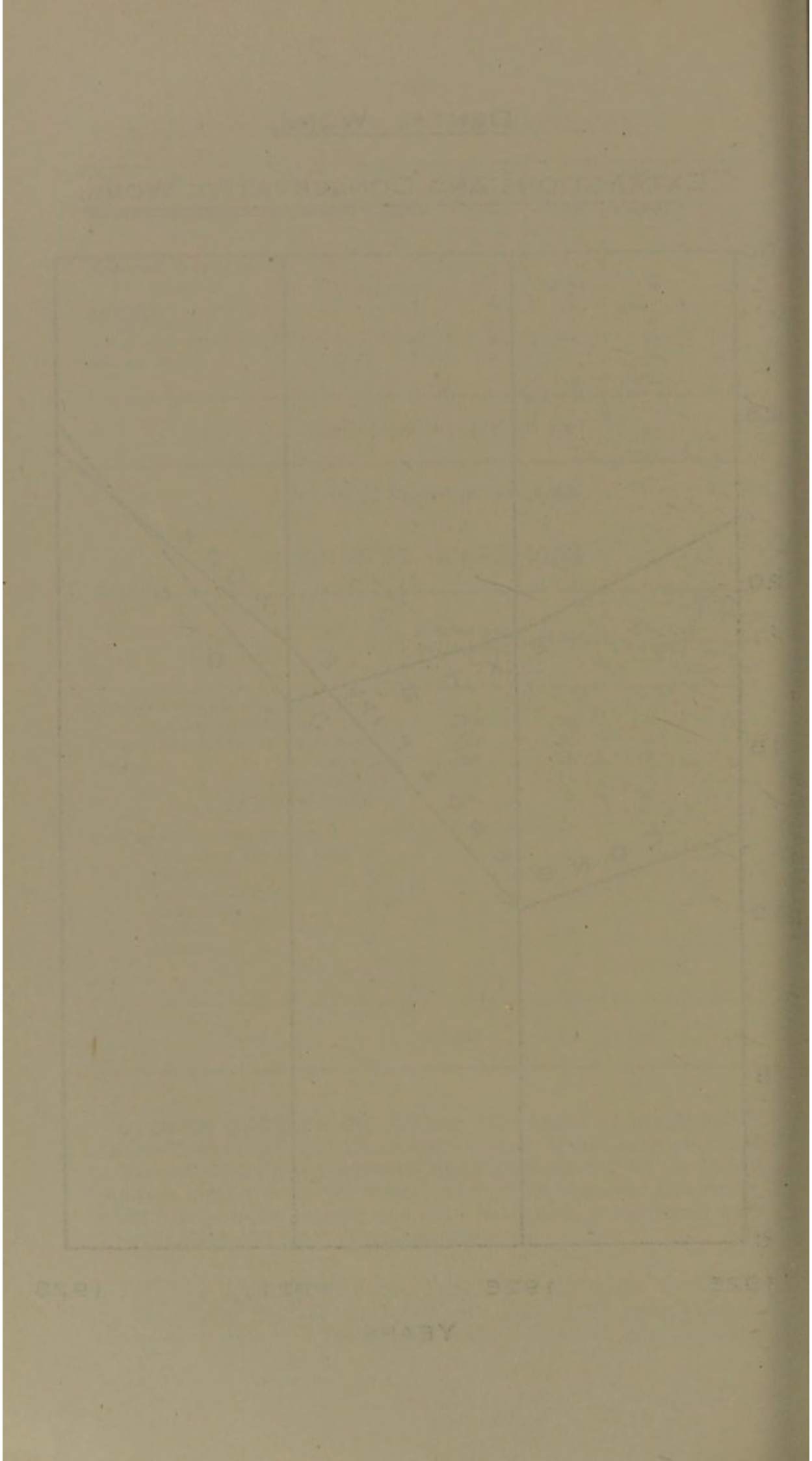
(*i*) **Dental Defects.** 4,684 children were found by the Assistant School Medical Officers to have four or more carious teeth requiring treatment, whilst 369 children required observation. Of the 19,942 children inspected by the dental staff 17,611 required treatment. 9,182 were actually treated and 2,401 re-treated, as compared with 7,165 treated and 2,601 re-treated last year.

This year again shows a considerable increase in the work done by the Dental Staff as compared with 1927, 2,017 more children having been treated. The increase in the work is still more apparent

Dental Work.

Extractions and Conservative Work.





if a comparison is made of the total attendances of children for treatment. In 1928 this figure was 16,845, an increase of no less than 5,284 on the figure for 1927. As explained in last year's report the increased number of attendances of individual children is necessitated by the increased amount of conservative work done. As I pointed out in that report the efficiency of a school Dental Service is to be measured to a great extent, though not entirely, by the preponderance of conservative work over extractions. The following Table will show that there is reason to be highly satisfied with the work of the School Dental Service in this County :—

DENTAL TABLE SHOWING FIGURES FOR THE PAST FOUR YEARS.

Clinical Attendances and Treatment.	1925	1926	1927	1928
No. of cases actuatlly treated	7,878	6,192	7,165	9,182
No. of cases re-treated ...	3,357	2,681	2,601	2,401
No. of attendances	9,916	8,898	11,561	16,845
No. of teeth extracted ...	21,943	18,480	16,582	25,010
No. of teeth filled	6,777	5,222	11,149	16,339
No. of other operations ...	5,629	4,931	7,240	7,878

From the above figures it is therefore a simple matter to depict the increased efficiency of the dental service by means of a graph comparing conservative work with extractions. It is necessary to point out that during 1925 there were 3 dentists and 4 dental dressers. It will be remembered that from January 1st, 1926 it became illegal to utilize dental dressers to carry out operative procedure and inspection by probe and mirror, thus the fall in the efficiency of the service during 1926 is accounted for. During 1927 and 1928 the re-organised dental staff consisted of 6 dentists.

As mentioned in my report of 1927, during that year the monthly form of return of work done by the School Medical Department was modified. One of the chief modifications was that of returning the results of work done by the Dental Department so as to show the number of children made dentally fit during each month. This, to my mind, is an exceedingly important figure, although it is not required in the returns to the Board of Education.

It is difficult in a report of this nature to explain exactly what is meant by " dentally fit." It is obvious, of course, that it means that there is no unsound tooth in the mouth of a child so returned, but that is not all ; it also means that the teeth are regularly placed. It is hoped eventually that such conditions as irregularities of the dentition in all children should have the necessary treatment, but at the present time it is not possible to do as much of this work as one would wish, for it will be realised that it is difficult to find time

n a busy School Clinic where large numbers af cases attend requiring treatment which cannot be postponed. Whenever possible, however this work has been undertaken.

Mr. Sutcliffe, the Senior Dentist, has written a very interesting report on irregularities of dentition and their treatment under conditions found at a School Clinic. He sent with his report casts of the mouths of children suffering from these irregularities, before and after treatment, and I have thought it worth while to take photographs of these plaster casts and include them in this report, for they show the excellent work which can be done in the School Clinics of this County. The vast improvement in the appearance of the child from whom cast No. 1 was taken will be obvious at a glance. Casts Nos. 2 and 3 also show the marked improvement that has been effected by treatment.

Cast No. 4 shows also what can be done with a little additional care and consideration. In this case the front tooth of the permanent set, broken off by an accident, was replaced by grafting a sound tooth removed from another child for the purpose of correcting an irregularity. The child has now in the place of the broken tooth a sound tooth growing. There is no question here of the tooth being crowned. It is a complete and sound tooth shown by means of radiograph to have grafted firmly.

In Mr. Sutcliffe's report on the treatment of dental irregularities he has divided the main causes into five groups as follows :—

GROUP A. Irregularities due to early extraction of temporary teeth.

GROUP B. Irregularities due to bad habits.

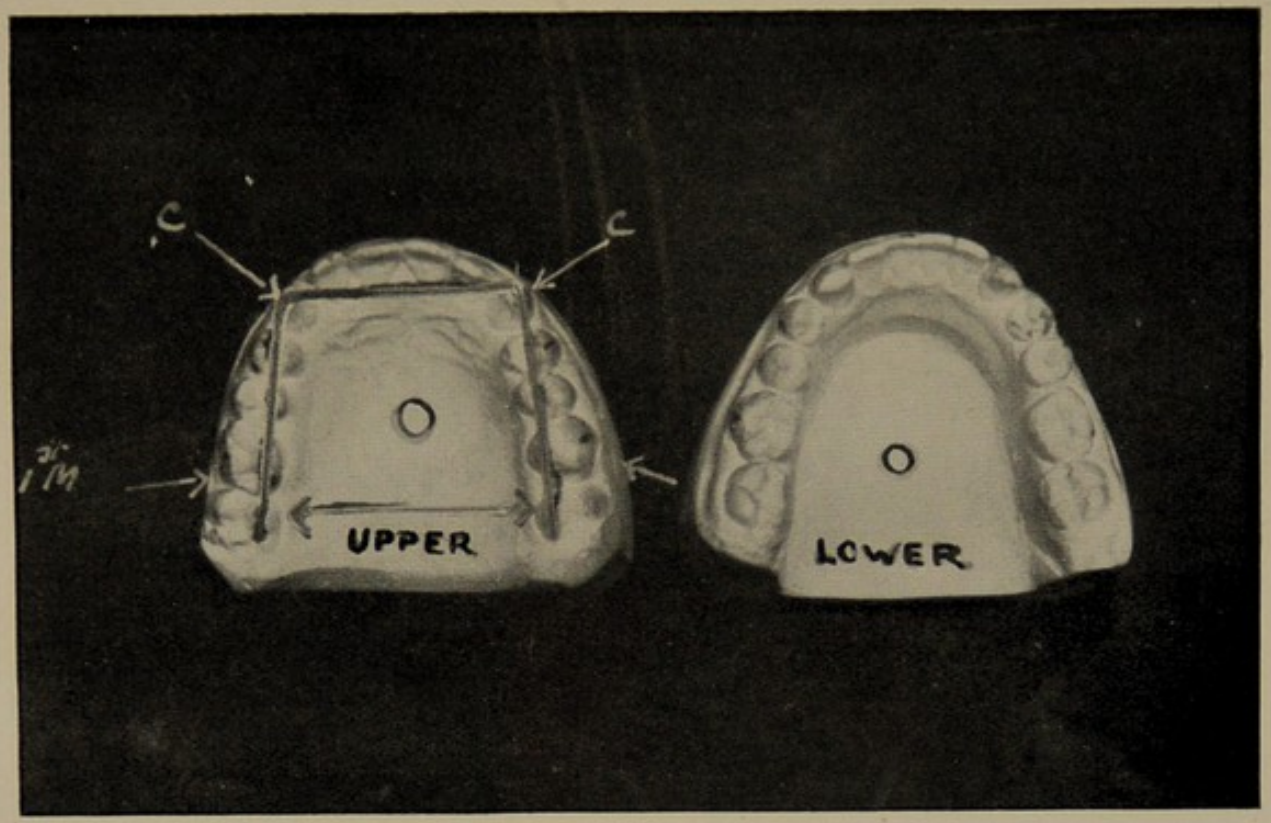
GROUP C. Irregularities due to the presence of obstruction to breathing or obstruction to the free eruption of the teeth.

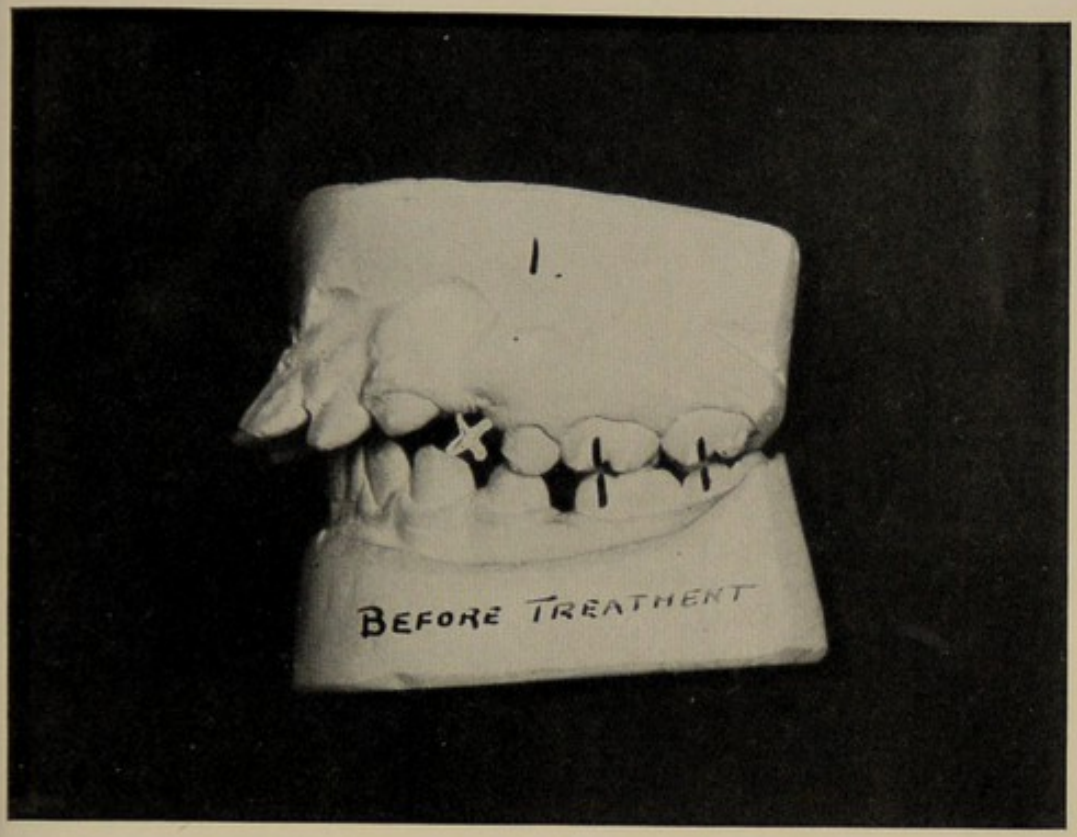
GROUP D. Irregularities due to hereditary causes.

GROUP E. Irregularities due to injuries.

Dealing with these groups separately he goes on to report as follows :—

> "Group A. In early extraction of temporary teeth I think we have the greatest cause of irregularities, for it is obvious that any necessity to remove a temporary tooth before the normal time for shedding is contrary to nature's intention. Deciduous teeth function when the development of the facial bones is at its greatest and such teeth are preparatory to the more lasting and second dentition, therefore, the premature removal of the teeth of the first set, especially the temporary molar teeth, will cause the permanent molar teeth to occupy positions more anterior to that which they should normally have, thus lessening the room for the teeth which have yet to erupt in front of them. The permanent molar teeth erupting at the age of 6 years are the first of the permanent set. therefore, the remainder of the permanent teeth are left with a diminished area of gum through which to erupt and thus become irregularly placed so as to crowd themselves into the reduced space available.


C
C
UPPER
LOWER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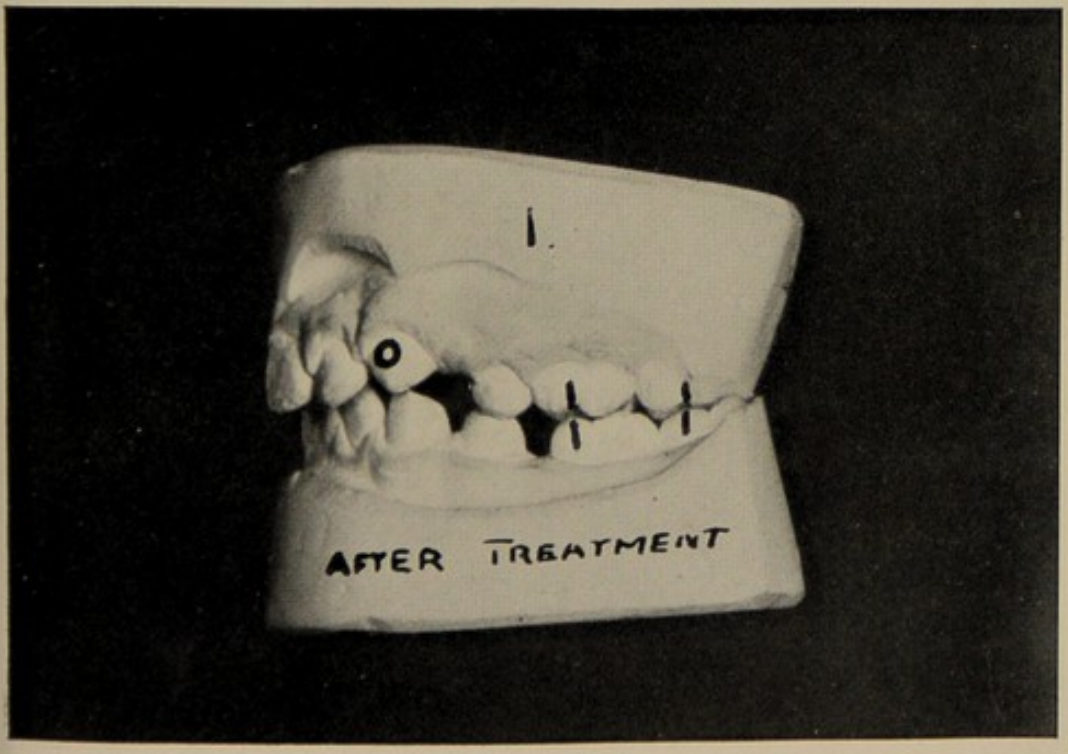
BEFORE TREATMENT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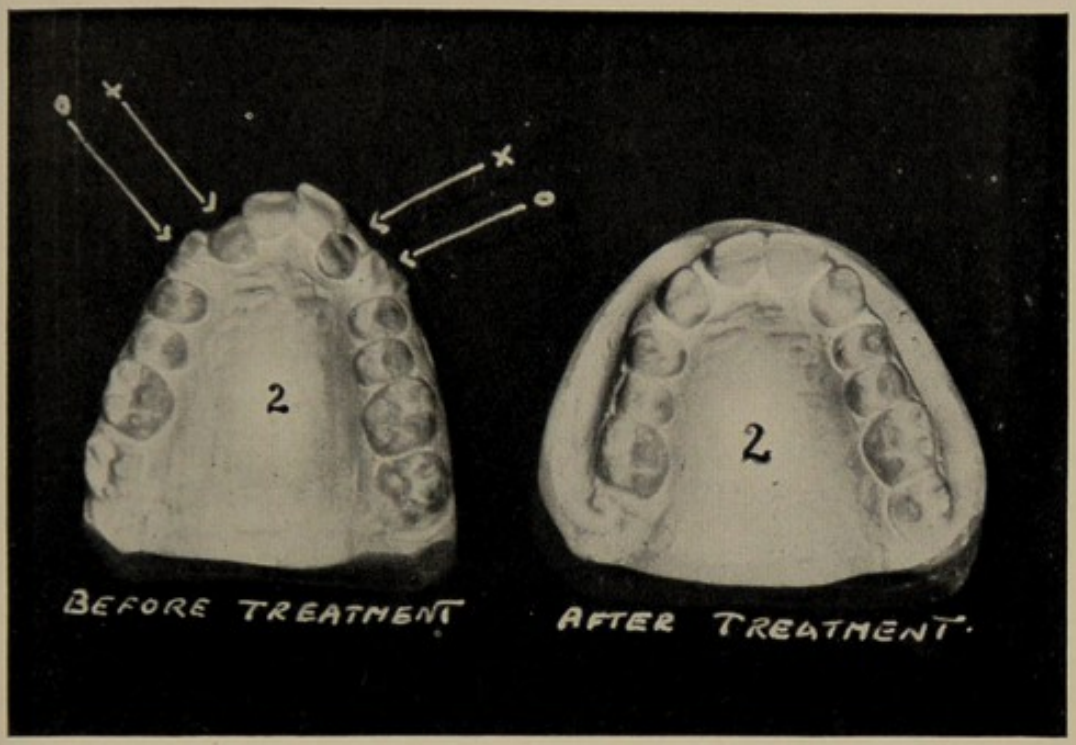
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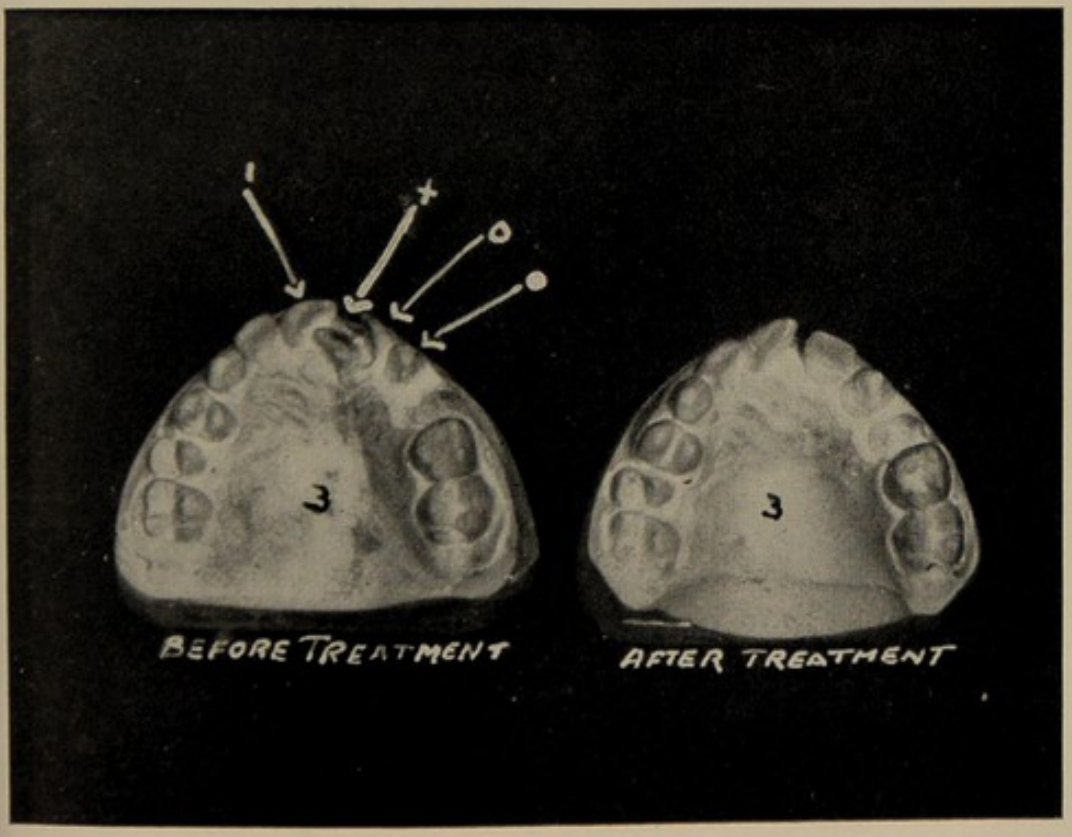
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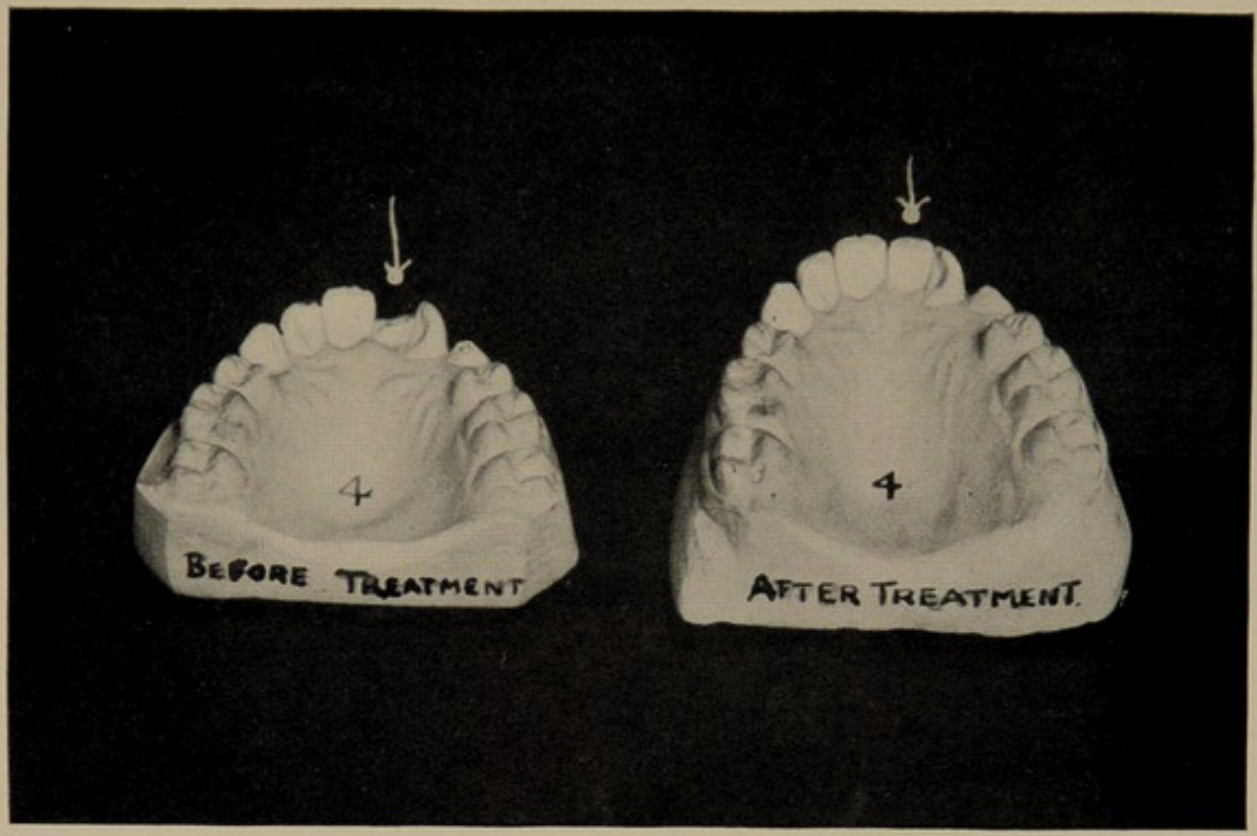
4
BEFORE TREATMENT
4
AFTER TREATMENT.

Group B. It is astonishing how few parents still realise that the baby "comforter" is paving the way for dental trouble. The same applies to the habit of thumb and finger sucking. These habits produce dental irregularities not only by the obvious pushing forward of the upper front teeth but the undeveloped facial bones due to the constant drawing in of the cheek muscles narrow the palate, causing overcrowding of the teeth.

Group C. (1) Enlarged tonsils and adenoids and the consequent mouth breathing inhibits facial development.

(2) The presence of supernumery teeth, tumours and formations will all cause the erupting teeth to take up irregular positions. . . . . .

Group D. Certain irregulatriies of the teeth and jaws are transmitted from one generation to another and are known to be family pecularities. These irregularities are usually amongst the most difficult to correct . . .

Group E. This last group includes those irregular conditions which result from injury. It is the group of least importance by reason of the fact that it is the least common. . . . . .

Having briefly mentioned the various causes of irregular dentition. perhaps it is well to consider for a moment the normal development of a mouth on regular lines unhindered by any of the foregoing obstructions.

With the assumption that the temporary dentition is in good condition, the first teeth of the permanent dentition and the most important are the first molar teeth erupting at approximately six years. The next in importance are the canines which vary considerably in their time of eruption, but should do so at about the twelfth year. These teeth from the foundations of the permanent dentition as shown in Model O.

If for any of the reasons already stated they are unable to take their correct places in the alignment of the dentition or any malformation of the upper or lower jaw exists which does not allow of correct occlusion, irregularities almost invariably follow.

Irregularities consequent from any of the foregoing causes vary in type from a twisted tooth to an irregularity of the entire dentition."

After explaining some of the difficulties met with in treating this type of case under Clinic conditions, Mr. Sutcliffe goes on to say that " wherever simple means can be used with effect, and this is often the case, a large field of work presents itself. . . . . "

Referring to the photographs, model 0 represents the dentition practically perfect and is shown here to indicate how far some of the examples to follow fall short of the ideal. In this model the broad palate should be noticed, also the square formed by drawing lines between the canines and first molar teeth.

Model 1 shows the fairly common type of dental irregularity ; several of such cases were treated during the year. It also demonstrates the marked improvement effected by treatment.

Model 2 is a photograph of another common type of irregularity. In this case a good result has been obtained by extraction of the tooth marked X allowing the tooth marked O to fall into the place originally occupied by X.

Model 3 represents a type of irregularity where prolonged treat ment with elaborate appliances would produce the best results. Although this was impracticable in the School Clinic it shows what a great improvement can be effected by a combination of extractions with the use of such simple apparatus as elastic bands.

Model 4 shows the result of grafting a tooth into a socket left by extracting the stump of a broken off tooth as explained above. The marked improvement in this girl's appearance was well worth the trouble taken which was not so much in the actual extracting and grafting as in the preliminary blood tests which were considered necessary.

During 1928 Miss Dolan has been giving particular attention to the dental condition of children between the ages of 5 and 8 years living in the southern part of the County and in this connection states that the examination of 693 such children showed that no less than 636 required some form of treatment which included extractions in 487 cases. There were 336 children whose permanent molars required fillings whilst 34 had previously had fillings for their permanent molars.

On attaining school age the majority of children have several teeth in various stages of decay. Very frequently all the temporary molars are in a state beyond any treatment except extraction and however much one objects to this drastic procedure, it has in a good many cases to be done in order to give relief. It is an exception to find a sound mouth in an infant class. Of the 693 children examined, 168 were school entrants of five years of age ; of these latter, 149 required treatment by extraction, 14 had already received attention at the Clinic through Infant Welfare Centres before attaining school age, leaving only 5, with no history of caries.

Of those who were already in possession of the first permanent molars, almost 70% required fillings, whilst 22 children be ween the ages of 7 and 8 had already lost them. Miss Dolan goes on to say :—

> " The early loss of the first permanent molar tooth often results from a lack of knowledge on the part of the parents, who do not realise that it is a permanent tooth and who, when asked to give permission for the tooth to be conserved, not infrequently reply, " Oh, I don't think it's worth while, it will drop out.' "

Miss Dolan stresses the necessity for earlier dental examination, and that about the time of completion of the temporary dentition.

During 1927 the census of all cripples of school age was completed and a card index made out which is kept up to date from the monthly returns from the Assistant S.M.O's. and from the reports of the Orthopædic Surgeon and Nurses.

CRIPPLING DEFECTS.

During the year Orthopædic Clinics were opened at Bakewell, Chinley and Shirebrook, making 9 clinics in all. These clinics are arranged in two chains, one running up the thickly-populated Eastern border of the County, the other stretching up the valleys of the Derwent and Wye, serving the central portion of the County from North to South. As I explained last year the sparsely-populated Western area of the County has been provided for by means of a service worked by motor car and providing for out-patients treatment and after-care at occasional clinics held in existing buildings such as School and Welfare Centres, or by visits of the Orthopædic Surgeon and Nurses to the homes of the patients. In-patient treatment is provided at Bretby Hall Orthopædic Hospital where there are 55 beds for cases suffering from Surgical tuberculosis and 8 beds for crippling defects of a non-tubercular character. The extension of Bretby Orthopædic Hospital which was mentioned in my report of last year, where a plan of the proposed new open-air block of 50 beds was inserted, is now nearing completion and it is anticipated that it will be ready for the reception of patients early in the summer of 1929. This additional accommodation is intended for crippling defects of non-tubercular origin. During the year an additional teacher took up duty making a teaching staff of two. I have also to report that following an inspection of the hospital, the Board of Education have approved Bretby Hall Orthopædic Hospital as a special school under part V. of the Education Act, 1921, as from November 19th, 1928, for the accommodation of 40 children. It may be remarked that of the 63 children at Bretby Hospital at the time the Board's sanction was received there were actually 40 children of school age, and it has been found that approximately two-thirds of the children admitted to the hospital are of school age and therefore receive education in the Special School where instruction is limited to children of five years of age and upwards. There are two sessions daily, the morning session beginning at 9.30 and ending at 11.30, the afternoon session being from 1.30 to 3.30. A register of admission and attendance registers are kept. The Time Tables as approved by the Board of Education are shown on the opposite page

BRETBY ORTHOPÆDIC HOSPITAL.

TIME TABLE FOR SENIORS (Embracing the Grades shown in Elementary Schools by Standards I.-VII.)

	9.30—10.15	10.15—11.0	11.0—11.30	1.30—2.0	2.0—2.30—3.0	3.0—3.30
MONDAY ...	Arithmetic	English	History		Drawing	Singing (Girls) Handwork (Boys
TUESDAY ...	Arithmetic	English	Geography	Time allowed to ensure that children have finished their three Subjects.	Sewing & Knitting (Gls.) Handwork, Raffia, Cane Fretwork (Boys)	Singing (Boys). Handwork (Gls.)
WEDNESDAY ...	Arithmetic	English	Optional—History or Geography		Raffia & Cane (Girls) Drawing (Boys)	Singing (Girls) Handwork (Boys)
THURSDAY ...	Arithmetic	English	Nature Study		Nature Drawing	Singing (Boys) Handwork (Gls.)
FRIDAY ...	Test Cards in Arithmetic	Complete week's	work as set.		Change Library Books. All Handwork and Optio	nal Occupations.

NOTES.—Teacher takes backward children individually on Monday mornings.

Time table is a guide to children who are working on a semi-Dalton plan.

Singing is not taken out of doors. Time is spent on handwork and work with backward children

BRETBY ORTHOPÆDIC HOSPITAL.

INFANTS' (JUNIORS) TIME TABLE.

		9.30—10.0	10.0—10.30	10.30—11.0
MONDAY	I.	Number	Word Building	*Writing
	II.	Number	Word Building	Observation (Nature)
	III.	Number	Letters	Montessori Lacing App.
TUESDAY	I.	Number	Word Building	Drawing
	II.	Number	Word Building	*Drawing
	III.	Number	Letters	Observation (Animal) (Picture)
WEDNESDAY	I.	Number	Word Building	Writing
	II.	Number	Word Building	*Poetry
	III.	Number	Letters	Montessori (Buttons and Studs)
THURSDAY	I.	Number	Word Building	*Poetry or Story
	II.	Number	Word Building	Writing
	III.	Number	Letters	Colour Occ. Green.
FRIDAY	I.	Number	Word Building	*Writing
	II.	Number	Word Building	Observation (Animal) (Picture)
	III.	Number	Letters	Montessori App. mixed

NOTES.—No singing out of doors. Work with backward children or take additional handwork.

*Shows where teacher intends to be with class.

9.30—10.30 amongst all children.

2.0—2.30 amongst all children.

BRETBY ORTHOPÆDIC HOSPITAL—*continued.*

INFANTS' (JUNIORS) TIME TABLE—*continued.*

11.0—11.30	1.30—2.0	2.0—2.30	2.30—3.0 3.0—3.30
*Singing	Observation (Nature)	Reading	Plasticene Modelling (Object or Nature)
G. Singing with I. B. Drawing	*Writing	Reading occn.	Do.
Colour occl. Red	Rest	Building	Colour Lesson Paper Folding
Writing	*Poetry	Reading occn.	G. Sewing or Knitting B. French Knit. or Sew.
B. Singing with III G. Knitting	Writing	Reading	G. Knitting B. French Knit. or Sew
*Singing	Rest	Colour occn. Blue	Figure laying Boxes (story for all)
Drawing	Observation (Animal Pict)	Reading	Cutting in Paper for Calendar Frieze and or
B Observation G Singing with III	*Writing	Reading occn.	Design Making
*Singing	Rest	Colour occn. Yellow	Picture Books
Drawing	Writing	Reading occn	Paper Modelling
G. Observation Nat. B. Singing with III.	*Poetry or Story	Reading	Do.
*Singing	Rest	Building on Tues. story	Colour Lesson
*Singing	*Drawing	Reading	Optional occn. for all
B Singing with I. G. Drawing	Writing	Reading occn.	Books, Figure laying Building, Crayoning,
Colour occn. Purple	Rest	Building Free	Beadthreading, Picture Blocks

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.

CRIPPLES.

	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.		
Tuberculosis—									
Spine	26	12	17	2	57	—	1	1	58
Hip	18	20	18	12	68	—	—	—	68
Knee	15	1	8	—	24	—	—	—	24
Foot	4	—	2	—	6	—	—	—	6
Shoulder ...	1	—	1	—	2	—	—	—	2
Elbow	3	—	1	2	6	—	—	—	6
Hand	1	—	2	—	3	—	—	—	3
Paralyses—									
Poliomyelitis ...	73	19	60	29	181	13	9	22	203
Spastic	22	15	22	5	64	1	3	4	68
Pseudo Hypertrophic ...	1	13	—	—	14	—	1	1	15
Rickets—									
Scoliosis	28	16	44	12	100	—	—	—	100
Kyphosis ...	3	13	15	1	32	—	—	—	32
Torticollis ...	3	—	8	—	11	—	—	—	11
Bow legs, Knock-Knees, etc. ...	24	10	23	7	64	28	39	67	131
Congenital Defects	25	18	29	26	98	13	15	28	126
Injuries	13	4	6	2	25	—	—	—	25
Others	13	4	20	5	42	—	—	—	42

NUMBER OF CHILDREN IN HOSPITAL DURING THE THE YEAR 1928.

	Non T.B. Cases.	*Non. Pul. T.B. Cases.*
Children in hospital on January 1st, 1928 ...	12	29
Admitted during 1928	20	28
Discharged during 1928 ...	23	20

INFECTIOUS DISEASES.

Smallpox continues to be prevalent in the County. The following Table will show that there is very little improvement in the vaccinal conditions of children examined at Medical Inspection. The percentage of unvaccinated this year being 75% as against 77% last year.

VACCINATION.

TABLE C.

Division and District.	Number Examined.	Number Vaccinated	Unvaccinated.	
			Number	Percentage
NORTH-EAST DERBYSHIRE.				
Chesterfield Rural	6,386	1,500	4,886	76·5
Blackwell Rural	2,998	738	2,260	75·4
Clowne Rural	1,158	394	764	66·0
Norton Rural	237	131	106	44·7
Bolsover Urban...	1,268	331	937	73·9
Brampton & Walton Urban ...	148	26	122	82·4
Clay Cross Urban	908	188	720	79·2
Dronfield Urban	290	54	236	81·3
Alfreton Urban	2,319	449	1,870	80·6
Heanor Urban	1,213	395	818	67·4
Ripley Urban	908	162	746	82·1
Total ...	17,833	4,368	13,465	75·4
WEST DERBYSHIRE.				
Bakewell Rural	1,893	518	1,375	72·6
Bakewell Urban	130	56	74	56·9
Baslow Urban	75	30	45	60·0
Bonsall Urban	129	18	111	86·0
Matlocks Urban, The	882	134	748	84·8
North Darley Urban	389	28	361	92·8
South Darley Urban	85	14	71	83·5
Ashbourne Rural	738	332	406	55·0
Ashbourne Urban	218	114	104	47·7
Chapel-en-le-Frith-Rural ...	1,636	421	1,215	74·2
Repton Rural	771	273	498	64·6
Sudbury Rural	159	89	70	44·0
Total ...	7,105	2,027	5,078	71·5
SOUTH-EAST DERBYSHIRE.				
Basford Rural	92	18	74	80·4
Belper Rural	1,860	452	1,408	75·7
Belper Urban	1,072	177	895	83·5
Heage Urban	339	40	299	88·2
Wirksworth Urban	318	53	265	83·3
Shardlow Rural	1,746	391	1,355	77·6
Long Eaton Urban	1,609	229	1,380	85·7
Alvaston &Boulton Urban ..	147	18	129	87·7
Total ...	7,183	1,378	5,805	80·8
NORTH DERBYSHIRE.				
Hayfield Rural	300	84	216	72·0
Glossop Rural	157	43	114	72·6
New Mills Urban	521	196	325	62·3
Total ...	978	323	655	66·9
SOUTH DERBYSHIRE.				
Hartshorn &Seals Rural ...	362	86	276	76·2
Swadlincote Urban	1,252	237	1,015	81·0
Total ...	1,614	323	1,291	79·9
THE WHOLE COUNTY ...	34,713	8,419	26,294	75·7

OTHER WORK BY THE ASSISTANT SCHOOL MEDICAL OFFICERS.

Prevention of Spread of Infectious Diseases. During the year there were several occasions on which it was considered advisable to send one of the Assistant Medical Officers to visit a school, inspect all the children and make other necessary investigations with a view to stopping the spread of disease. It is often the case that diseases such as scarlet fever, diphtheria and smallpox are spread by means of children who, having one of these diseases so mildly, continue to attend school. The following Table shows the number of children examined during the year in the course of such investigations by the Assistant School Medical Officers :—

No. of children examined for

Measles	63
Smallpox	5,148
Scarlet Fever	236
Other Diseases	1,970
Total	7,417

Special Visits to Schools. It has been found necessary from time to time to ask the Assistant School Medical Officer to visit a school to make investigations quite apart from the usual routine medical inspections and investigations into infectious diseases. The following Table shows the reasons for which such special investigations were made and the number of children examined :—

Malnutrition	2,324
Impetigo	9
Mental Tests	177
Special defects	250
Camping party examined	20
	2,780

Other Visits. During the year 102 home visits have been made. 64 visits have also been made on behalf of the Blind Persons Act Committee.

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).

Tuberculous Diseases	...	...	217
Pre-Tuberculous Conditions	...	...	5
Skin Diseases.			
Eczema	...	...	5
Impetigo	...	...	13
Ringworm	...	...	76
Scabies	...	...	23
Septic Spots	...	...	1
Other Skin Disease		...	8
Infective Diseases.			
Measles	...	...	2
Mumps ...	...	...	6
Chicken Pox	...	...	26
Diphtheria	...	...	108
Influenza	...	...	15
Scarlet Fever	...	...	314
Smallpox	...	...	53
Tonsilitis	...	...	10
Whooping Cough	...	...	5
Eye Diseases.			
Blepharitis	...	...	8
Cataract	...	...	1
Choroiditis	...	...	2
Conjunctivitis		...	38
Corneal Ulcer		...	13
Keratitis	...	...	21
Myopia	...	...	4
Nystagmus	...	...	1
Retinitis	...	...	3
Squint	...	...	34
Blood and Heart Diseases.			
Anæmia	...	...	90
Heart Disease	...	...	22
Debility.	...	...	129
Nervous Diseases.		...	
Asthma	...	...	6
Chorea ...	...	...	43
Epilepsy	...	...	6
Other Diseases.			
Adenitis	...	...	12
Bronchitis	...	...	93
Glands ...	...	...	6
Miscellaneous	...	...	77
Pyrexia ...	...	...	17
Rheumatism	...	...	14
Tonsil and Adenoid Operations			992
Total		...	2519

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

TABLE E.

PERMANENT EXCLUSIONS,

	1928.
Eye Diseases.	
Retinal Disease	1
Nervous and Mental Diseases.	
Epilepsy	1
Imbeciles	7
Feeble Minded	1
Idiots	3
Other Diseases-	
Cerebral Diplegia	1
Heart Disease	4
Hydrocephalus	1
Lymphadenoma	1
Phthisis	1

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 decrease in the number closed as compared with that of last year. Three schools were closed by the School Medical Officer and 16 by the Local Sanitary Authority, compared with a total of 112 schools closed during 1927. 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 Departments closed.	No. Closed by School Med. Officer.	No. Closed by Sanitary Authority.	REASON FOR CLOSURE.							
				Influenza	Measles.	Whooping Cough.	Chicken Pox.	Scarlet Fever.	Diphtheria.	Mumps.	Other Causes.
1917	15	13	2	—	8	1	2	1	1	1	1
1918	463	153	310	394	25	20	0	6	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
1928	19	3	16	—	15	1	—	2	1	—	—

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 11,629 such visits were made. In cases where these visits had no effect the School Managers were communicated with. During the year 155 such communications were sent, and replies received in 111 cases to the effect that 29 of the children had received treatment privately, 23 were induced to seek treatment at the clinics or elsewhere, 44 persisted in their refusal to submit to treatment whilst 10 had left school.

PROVISION OF MEALS.

No meals were provided during 1928.

PHYSICAL TRAINING.

The Report of Mr. Hobson, the Organiser of the Physical Training for the year 1928 is as follows :—

1. *General* The general interest in Physical Training continues and it is observed that the physical training, games or dancing lesson is rarely omitted. During the winter months when bad weather prevents the lesson being taken at the scheduled time the first favourable opportunity of remedying the omission is seized.

Long periods of bad weather present a difficulty problem in all schools that have not access to a suitable hall. The organisers have continued to demonstrate suitable classroom activities for stimulating circulation and respiration but they have stressed the need for the freer movement in the open air, even if it be only a sharp run around the playground and straight into the school again. Such a run gets rid of the congestion of blood in the abdominal viscera due to long sitting and opens the chest after periods of shallow breathing in relaxed postures.

2. *Physical Exercises.* The lessons as set out in the official syllabus have been well prepared and the intelligent introduction of " Breaks " and exercises for maintaining suppleness is becoming more general. The exercises are performed with vigour and due regard is being paid to precision and posture. The use of the handkerchief has not been neglected for it is recognised that the nasal passages should be kept quite free and open during vigorous exercise.

The manner of taking the lessons is improving and the lessons themselves are brighter and of greater value in consequence.

In the general activity section of the lesson, team leaders are assuming complete control of their teams, giving commands, organising activities, and acting as referees in these activities. Latent powers of leadership are being developed, the communal spirit is being fostered and more work is being done by each child.

3. *Playgrounds.* In the report for 1927, reference was made to the marking out of playgrounds. Permanent markings have been made in a number of playgrounds after plans suitable to the space available have been suggested by the Organisers. These permanent markings have been the means of saving much time during the lessons and the teachers have taken full advantage of them by introducing a wider range of activities into the lessons.

It is observed that several playgrounds have been improved by asphalting, but in many the area of the playing space has been reduced considerably by the introduction of garden borders around the playgrounds and by island plots in the front of offices, etc.

4. *Organised Games.* Satisfactory use has been made of playground games though the limited space or poor surface of the majority of the playgrounds constitutes a big handicap

The playing fields have been used whenever possible and after a short period of special coaching practices the preparatory and larger organised games have been played with zest. A most pleasing feature of these games has been the excellent sportsmanship shown and the complete acceptance of the rulings of the child officials.

Miss D. Hyden, Assistant Organiser, reports that many of the rural and girls' schools have played their first inter-school or inter-house match during this year. She has also noticed a pleasing advance amongst the girls in the form of greater self-control during the playing of exciting games

5. *Playing Fields.* The number of playing fields available for use during school hours has been further augmented during the year. The Education Committee has purchased three and rented 14 additional fields and one more field has been loaned by a local farmer.

At the present time 321 departments have the use of fields—20 owned by the Education Committee, 96 rented by the Education Committee and 130 Recreation Grounds or fields loaned free of charge.

6. *Swimming.* Very satisfactory work has been done at the majority of the swimming baths in the County, the result at the Cresswell and Denby baths being especially good, at the latter of 55 non-swimmers at the beginning of the season 46 learned to swim, a percentage of 83.6, while at Cresswell out of 287 non-swimmers at the beginning of the season 183 learned to swim, giving a percentage of 63.8. The general percentage for the County was 39. The children attending the Cresswell Bath also gained 208 proficiency certificates and three of the four championships open to the Derbyshire Elementary schools.

The baths at Burton used by two departments of schools, and Tibshelf—used by six schools—became available during the year. The number of baths now available for swimming instruction is 14.

The progress made during the last few years is shown in the following tables, in which the visits of, and awards gained by, pupils of secondary schools are included for the years 1924-7 only.

ATTENDANCES AT THE BATHS.

Year.	No. of School depts.	No. of Pupils.		No. of Visits.		Total No. of Visits.
		Boys.	Girls.	Boys.	Girls.	
1924	24	—	—	5,245	3,180	8,425
1925	45	—	—	12,542	11,673	24,215
1926	58	—	—	20,698	17,221	37,919
1927	80	2,906	2,312	30,193	24,235	54,428
1928	97	2,997	2,613	32,414	26,730	59,144

NUMBERS OF CHILDREN WHO LEARNED TO SWIM.

Year.	Boys.	Girls.	Totals.
1926	456	453	909
1927	1,020	771	1,791
1928	930	819	1,749

PROFICIENCY CERTIFICATES GAINED.

BOYS.

Certificates.	1924	1925	1926	1927	1928
3rd Class	106	368	456	668	661
2nd ,, ...	39	174	214	359	321
1st ,, ...	26	65	145	225	192
Dist. ¼-mile or more	20	12	35	68	53
R.L.S.S. Elementary	—	—	7	24	37
,, Proficiency	—	—	7	24	9
Totals	191	619	864	1,368	1,273

GIRLS.

Certificates.	1924	1925	1926	1927	1928
3rd Class	46	95	298	412	463
2nd ,, ...	14	42	106	183	198
1st ,, ...	4	17	59	91	106
Dist. ¼-mile or more	—	4	22	19	25
R.L.S.S. Elementary	—	—	—	22	4
,, Proficiency	—	—	—	19	4
,, Medallion	—	—	—	—	2
Totals	64	158	485	746	802
Grand Totals ...	255	777	1,349	2,114	2,075

The figures for the Secondary Schools for the swimming season covered by this report are :—

Certificates.	Boys.	Girls.	Totals.
3rd Class	120	36	156
2nd ,, ...	55	13	68
1st ,, ...	39	8	47
Dist ¼-mile or more ...	10	—	10
Totals	224	57	281

Two factors have contributed to the reduction shown in the results gained by the boys during this year. The first is the separation of the figures for elementary and secondary schools and the second, that for the tests for the second and first class certificates a much better style in the breast and back strokes has been demanded than in previous years. The lack of really good style caused the failure of many boys. The same high standard was not demanded of the girls but improved style has been expected of them and by 1930 the standard demanded of both sexes will be the same

The first Derbyshire Elementary Schools Swimming Gala was held at Belper in October Four championship races and seven non-championship events comprised the programme and members of the Amateur Swimming Association Midland District Executive acted as officials.

Arising out of this Gala, a Derbyshire Elementary Schools Swimming Association has been formed and will commence to function immediately. Some of its objects are (1) to encourage the formation of local schools' swimming acssoiations (2) to foster hygiene habits during visits to the baths and (3) to hold county swimming championship meetings

Local schools swimming galas were organised at Belper, Bolsover, Brittain (Ripley), Clay Cross, Cresswell, Darley Dale, Langley Mill, Long Eaton and Tibshelf.

7. *Teachers Classes.* The following registered classes of instruction for teachers were held during the year at the centres named :—

Classes for teachers in Infants Schools (3), Alfreton, Killamarsh and Ripley.

Classes for women in Senior Schools (3) Killamarsh, Ripley and Shirebrook.

Classes for teachers in Boys and Mixed Schools (1) Matlock.

Classes for men teachers only (1) Chesterfield.

For each of these classes the numbers of teachers enrolled and the regularity of attendance was entirely satisfactory. The teachers who have attended these courses have been able to present new activities to the children in a brighter manner so that the value of the physical training work has been enhanced.

8. *Dancing.* The competitions in folk dancing at the five musical festivals held within the County have undoubtedly stimulated interest in this branch of dancing and the standard of attainment has shown considerable improvement.

It must be observed, however, that there is a danger of substituting dancing for organised games, especially in the mixed schools when the boys go to the field and the girls remain indoors. An exhilerating games period on the field or even in the playground is infinitely more beneficial whenever the weather conditions admit of out of door activities for the girls.

9. *Camps.* The Education Committee has assisted boys and girls to attend for one week one of the three camps mentioned below :—

Type of Camp.	*Site.*	*Date.*	*No. assisted.*
1. Composite Boys Camp ...	Bamford	August	211
2. Individual School Camp (Boys) ...	Rhyl	Whitsuntide	15
3. ,, ,, (Girls) ...	Rowsley Bar	July	20

The Assistant Organisers of Physical Training conducted a camp for women teachers at Hathersage during the Whitsuntide recess. The object of this camp was to arouse an interest in camping among the women teachers in the County and to train camp workers for future camps organised for girls.

10. *Voluntary Organisations.*—The voluntary associations of teachers which cater for out of school activities for the children of Derbyshire are doing very commendable work which must absorb an enormous amount of their energy and leisure time. A large measure of praise is due to these untiring workers for their labours on behalf of our school population.

In concluding this report the Organiser has pleasure in expressing his appreciation of the support given by the Education Committee, the Director of Education and of the co-operation of his colleagues and the teachers."

CO-OPERATION OF PARENTS.

All parents are invited to be present at Medical Inspections and during the year 14,117 or 40·6% attended. The attendance of parents at Medical Inspection is encouraged not only on account of the valuable aid which it gives to the School Medical Officer by information received from the parent regarding the child, but because he can give advice as to treatment, etc. direct to the parent, explain his reasons for giving such advice and dispel any doubts which the parent may have. Nothing but good can result from the meetings of School Medical Inspectors and parents, and such meetings have done much to add to the popularity of the service by giving it the necessary personal touch.

CO-OPERATION OF TEACHERS.

As I pointed out in my report for last year, the School Medical Service owes much to the co-operation of the Teaching Staffs. 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. I wish particularly to thank Mr. Barnes, the Chief School Attendance Officer, for the help he has given me and my staff on so many occasions.

CO-OPERATION OF VOLUNTARY BODIES.

We continue to receive very valuable aid from The National Society for the Prevention of Cruelty to Children 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	2
Children reported to be under-clothed	4
Children whose parents refused medical treatment	1
Children reported on account of verminous condition	1

BLIND, DEAF, DEFECTIVE & EPILEPTIC CHILDREN.

There is still very inadequate provision for the accommodation of mental defectives and epileptics. Unfortunately, we have no Institutions of our own in this County and it is becoming more difficult to obtain vacancies in Institutions outside the County ; should a child be found to be suffering from mental deficiency combined with some other defect, the difficulty becomes almost unsurmountable.

With regard to Physically Defective children, however, the County has now a scheme of its own for treatment of Orthopædic defects and when writing my next Annual Report I have every hope that I shall be able to state in it that the 50-bed block for Non-Tubercular Cripples now nearing completion at Bretby is in full occupation. I have mentioned in a previous section of this Report that the Orthopædic Scheme is now functioning throughout the whole County and only requires the additional 50 beds for in-patient treatment to complete it.

In regard to the totally blind, out of a total of 32, 12 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 IIa. at the end of this report. It will be seen that the chief defects are Defective Vision, Defective Teeth and Enlargement of the Tonsils. Various minor deformities were not infrequently met with, including such conditions as " flat foot."

Dr. Haine in the course of his Medical Inspection of boys in a Secondary School paid special attention to the occurrence of flat feet and reports as follows :—

"In one school this year, I have kept careful count of all cases, and give the numbers as follows :—

Number of boys examined	189
Number with flat feet	99

A percentage of just over 50.

Among children over the age of twelve (most of whom have been more than one year in the school) the figures are even more striking, *i.e.*,

Number of boys over 12	115
Number with flat feet	68 or 60%

It is especially noticeable at the ages of thirteen and fourteen.

Of 65 boys aged 13 and 14, 40 have flat feet, or 61·5%.

Only 3 of the cases are serious, causing pain and slight crippling, the arch of the foot failing to re-assert itself when standing on tip-toe.

The cause, undoubtedly, is the change-over in school from outdoor shoes with heels, to soft rubber shoes without heels, but it seems remarkable that the games, sports, and drill, so energetically encouraged, are incapable of remedying this defect.

It does seem that the wearing of shoes in school with heels similar to those normally worn out-of-doors, should be encouraged.

Twelve months ago I directed the attention of the drill instructor to this matter, pointing out the cause, and suggesting remedial exercises. Despite this, very few indeed of the boys show any improvement, and in only one case is the flat foot definitely cured."

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.	Greengrocer.	Firewood Round.
56	—	56	41	6	2	3	2	1	1

SURGICAL APPLIANCE FUND.

An annual collection is made each year in December at the various schools in the County and the proceeds distributed amongst the various voluntary hospitals in or near the County or paid into the Fund for the provision of surgical appliances and spectacles to necessitous cases.

For 1927-28, £541 1s. 2d. was collected, as compared with £607 17s. 7d. for 1926-7. It was distributed as follows :—

	£	s.	d.
Surgical Appliance Fund	230	11	7
Derbyshire Royal Infirmary	99	16	6
Chesterfield Royal Hospital	37	18	0
Derbyshire Children's Hospital	34	17	6
Mansfield & District Hospital	28	15	4
Burton-on-Trent Infirmary	24	5	7
Nottingham Children's Hospital	10	15	8
Miscellaneous (less than £10 each)	74	1	0
	£541	1	2

Surgical instruments and spectacles for school children are also supplied from the above-named fund. During the year ending March 31st, 1928, the expenditure in this connection was as follows :—

	£	s.	d.
Cost of surgical appliances	88	4	4
Cost of glasses provided	239	8	10
	£382	13	2

I would draw attention to the fact that with the increasing work of the orthopædic department there is an increasing call on that part of this fund set aside for the supply of surgical appliances.

Nature of Surgical Instruments supplied during the year:— Caliper and Shield, Bed Splint (with extension), Double Irons, Side Irons, Knock-knee Irons, Straight Frames and Saddles, Cock-up Splints, Block Leather Spicas, Back Supports, Leather and Celluloid Collars, Boots raised with cork and Boots tubed and heeled, Artificial Limbs.

TUBERCULOSIS IN SCHOOL CHILDREN.

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 1928 :—

T.1.

Year.	Form A.					Form B.					Total Notifications Ages 5—15
	Pulmonary.		Non Pulmonary.		Total Form A.	Pulmonary		Non-Pulmonary.		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	194	4	—	2	—	6	200
1928	31	38	59	59	187	2	1	—	3	6	193

INSTITUTIONAL TREATMENT OF TUBERCULOUS CHILDREN.

DERBYSHIRE SANATORIUM.

PULMONARY CASES.

	Males.	Females.	Total.
Children in Sanatorium, 1st January, 1928	15	10	25
Admitted during 1928	33	32	65
	48	42	90
Discharged during 1928	38	34	72
Children in Sanatorium, 31st December, 1928	10	8	18

Condition of patients on discharge :—

	Definitely tuberculous cases.
Disease Quiescent	13
Improved	45
No material improvement	7
Died in the Institution	2
	67

Observation Cases :—

Definitely Tuberculous	4
Doubtfully Tuberculous	1
Not Tuberculous	—
	5

BACTERIOLOGICAL EXAMINATIONS.

During the year ending December 31st, 1928, 679 School Specimens were examined in the County Laboratory. Details of these are as follows :—

	Positive.	Negative.
Swabs for Diphtheria	3	245
Hairs for Ringworm	207	120
Eye Smears	1	—
Eye Cultures	3	2
Urine for Albumin	8	69
Miscellaneous	10	11
Totals ...	232	447

SCHOOL NURSING SERVICE.

Below is a summary of the work done by the School Nurses during the year :—

Medical Inspections (Elementary Schools)	34,713	
Medical Inspections (Secondary Schools)	3,561	
		38,274
Verminous Inspections		144,653
Other Inspections		30,408
Visits to Homes following up cases		11,629
Visits to Mentally Deficient Children		394
		225,358

EXAMINATION OF PUPIL TEACHER CANDIDATES.

There were 106 intending pupil teachers examined during 1928, 37 boys and 69 girls, with the following results :—

Number accepted	37	68	105
Number deferred for the remedy of various defects	—	1	1
Number rejected	—	—	—
	—	—	—
	37	69	106

SPECIAL INVESTIGATIONS.

Rheumatism. Dr. F. J. Burke, continuing his investigations into the symptoms of Rheumatism, a report of which appeared in the Annual Report for 1927, has examined 2,974 school children between the ages of 5 and 14, 1,681 boys and 1,293 girls, particularly with a view to discovering what connection, if any, there is between tonsillar disease or dental disease with rheumatism.

He found that 653 boys out of the 1,681 examined (38·8%) showed some signs of tonsillar disease, and 661 (39·3%) showed evidence of dental caries. Out of these 1,681 boys, 17 were found to be suffering from rheumatic symptoms. Of these 17, 8 (47·4%) had tonsillar disease and 5 (29·4%) had dental caries. Two boys, not included in the 17, had chorea and both had diseased tonsils.

Amongst the 1,293 girls, 579 (44·8%) had disease of the tonsils and 526 (40·7%) had dental caries. 35 were suffering from rheumatism in one or other of its forms, and of these, 13 (37·1%) had tonsillar disease and 12 (34·3%) had dental caries. Nine other girls, *i.e.* not included amongst the 35, had chorea. Of these 9, 4 (44·4%) had diseased tonsils and 1 (11·1%) had dental disease.

The number of cases suffering from rheumatism and chorea in both boys and girls is too small to enable any conclusion to be drawn, but there is certainly no evidence amongst the 2,974 children that tonsillar or dental disease plays a prominent part in relation to these conditions, but I prefer to draw no definite conclusions.

Dull and Backward Children in a Special Class. I asked Dr. Hendry to report on Dull and Backward Children with particular reference to those at the Special Class for such children which is being held at Long Eaton.

There is no question that these classes are of great benefit, not only to the children in the classes, but to the children in the ordinary elementary schools, for I am assured by teachers that one backward child in a normal class considerably affects the teaching of the whole class. By means of a Special Class for backward children it can be arranged that the normal and backward are educated separately.

However, the institution of Special Classes in a County area is a difficult problem. In this County it is certainly so by reason of the fact that there are few centres of population of sufficient size to provide from amongst the children enough dull and backward children to make the class an economic possibility. Furthermore where there is a sufficient population in a circumscribed area, that area is frequently autonomous for the purpose of education, but there are certain districts in the County where I think the institution of Special Classes for dull and backward children might well be considered. The first extension might be, as suggested by Dr. Hendry, a Special Class for boys at Long Eaton. From the figures before me I think there are enough dull and backward boys at Long Eaton to warrant the formation of such a class. I am going into the matter at other centres of population.

It is, of course, absolutely essential that the teacher of such a class should be specially qualified, and it is quite a wrong attitude to place in charge of a class the teacher who has been classified as fit for the job solely by reason of the fact that the process of selection is based on the assumption " that birds of a feather should be together."

From time to time I have had representations made to me that certain areas of the County have large numbers of dull and backward children and it is essential that one is not misled to imagine that a teacher's estimate of the number of dull and backward children in his school is a wholly accurate one.

In fact, it is quite possible, and indeed probable, that his estimate of the number of dull and backward children in his school is most accurate as an indication of his own mental capacity, for surely there is the admission that he is incapable of teaching these children. Sometimes the fault may be the children's ; it often is.

Dr. W. W. Hendry reports as follows :—

I am fortunate in having in my School Medical Inspection area a Special Class for 20 backward girls.

This class was started at Long Eaton in 1922 and came under my personal supervision in 1925. Long Eaton has a large concentrated school population, and it is, therefore, possible to draft into this class children from the various schools throughout the neighbourhood. This class is held in the premises of the Derby Road Girls School, but it is run as an independent unit.

In the course of my routine inspection of schools I recommend the transfer of suitable cases from the ordinary school classes to this Special Class. In making my recommendations I endeavour to admit only children who are graded as merely dull and backward. A large percentage of such children can be raised to a state of efficiency bordering on normal provided the teacher has time to allot to each child and provided children of a more marked degree of mental deficiency are as far as possible excluded from the class where they will slow up the progression of the class as a whole. Therefore, it is only in exceptional circumstances that children graded as feeble-minded are admitted.

For the sake of clarity I will mention that the grades of mental deficiency usually adopted in order of severity, are passing from Normality, as follows :

Dull and Backward.

Feeble-minded.

Imbecile.

Idiot.

Very roughly speaking a Dull and Backward child is one whose Intelligence Quotient is greater than 0·8.

I.Q. being $\frac{\text{mental age.}}{\text{chronological age.}}$

i.e., a child of 9 years of age must have a mental standard of at least that of a child 7 years.

It is such type of child for which this class is especially provided.

I propose to separate the classified Dull and Backward into Dull *or* Backward, for a child may be of such a mental standard as to be classified Dull and Backward for two main reasons :—

1. By reason of extraneous or non-mental circumstances.

2. Intrinsic or mental causes.

Children coming under No. 1 I speak of as Backward in contra-distinction to those coming under heading No. 2 which I prefer to speak of as Dull.

Either Dull or Backward children are suitable for admission to the class but the hope of approximating to normality is much more in the Backward than in the Dull group. Nevertheless, the Dull can be brought near to normality in the majority of cases. A Backward child can, of course, be brought up to full normality and sometimes with surprising rapidity.

Mrs. Nixon who is in charge of this class is admirably qualified for her work. She has learnt and practices the principle that the first essential in the teaching of a backward child is to find out the thing which it can do best, and to proceed from this foundation to build up its powers of concentration and interest, thus causing a general development of the child's mental faculties.

The curriculum of the Special Class varies from that of an ordinary school class in that handwork is made the basis of teaching even the three R's. The child can, therefore, very frequently have several avenues to assist the association of ideas in acquiring knowledge which an unretarded child would acquire directly. For instance, by cutting out of coloured paper, letters, and forming a word, the Backward child has the word or sentence doubly impressed upon its memory.

Elementary geometry is also taught successfully, at first by means of paper cutting and later by drawing and the use of such instruments as compasses, etc. At the same time this process of teaching geometry by paper cutting is used for the purpose of teaching physical geography (meaning of latitude and longitude), to give children practise in oral composition, writing, reading, arithmetic and reasoning.

It is my habit annually to examine mentally these children. At present there are 18 in the class. Of these two are definitely feeble-minded and two others are possibly certifiable as feeble-minded. The Intelligence Quotients (I.Q's.) of the remaining 14 vary from 0·8 to almost normality.

Some of these children, although in certain respects up to the average, have peculiarities of temperament or behaviour which have a deleterious effect upon their progress, and incidentally upon the progress of others.

For instance, one child (P.D.) with an I.Q. of 0·91 was so terrified during dictation lessons as to render her physically ill and unable to compete with her class fellows. In the less rigid atmosphere of the Special Class this child is doing excellent work and gaining mental balance.

Another child (V.R.) with an I.Q. of 0·89 was sent to the Special Class as she made no progress in an ordinary class. She was mischievous, idle and uninterested. The handwork in the Special Class aroused her interest and the teacher reports that she now finds no sign of the mischievous and lazy tendencies.

Another variation exemplified by a child (H.S.) with an I.Q. of 0·81, who, though reading and writing well, has no understanding of figures at present,

Another (M.T.), who was sent to the Special Class four years ago on account of backwardness attributed to ill-health, was found to be suffering from partial word-blindness, a condition which unfortunately persists, handicapping her in acquiring knowledge from books. She, however, is an excellent practical worker and at the age of 13 is acting as prefect, and helps the younger section with their cutting out, etc. She has, without assistance, cut out and made garments which many adult would have feared to attempt.

Another extremely interesting case is a child of 8, recently admitted, whose attempts at writing an essay resulted in an apparent jumble of letters in the form of words though it is exceptional when any known word appears. When asked to read what she had wrlten she read smartly an intelligible tale, this not only when first written, but after an interval of three weeks.

My greatest problem is a child aged 13, with an I.Q. varying from 0·85 to 0·90, who is normally unstable. She was one of the first pupils admitted to the Special Class and educationally has developed in a gratifying way, but morally she does not improve. She has bitten two of her class mates and also attempted to strangle another who jostled her. I endeavoured to get this child into a Residential Special School but the parents refused to allow her to go.

The after histories of the pupils of such a class as this are of the utmost importance, for after all, the value of the class must be based upon its capacity for turning out pupils who are able to support themselves in adult life. Since the inception of this class in January, 1922, 23 pupils have been educated in it up to school leaving age and have passed out into the world. 17 have received employment through the Advisory Committee for Juvenile Employment at Long Eaton. Of the remaining 6, 3 are unemployed

another found employment on her own, and the remaining two are working, one at home helping her mother with housework and the other works in her father's shop. The complete after histories are in my possession and show that the majority of these girls can obtain employment and have seldom been out of work since leaving school. In a few cases several changes would appear to have been made but this cannot altogether be put down to incapacity or unsuitability on the part of the girls. for the area in which they have to find work has passed through a period of considerable unemployment.

I append to this report a tabulated statement of the employment of the former pupils of the special class showing particulars of the after histories of these girls which will be of interest.

For purposes of comparison I received from the Long Eaton Advisory Committee for Juvenile Employment a record of 46 girls who had been educated in the ordinary elementary school classes. These were picked at random from records of girls of corresponding ages. From this comparison in the majority of cases I am satisfied that the girls trained in the special class have retained their employment as satisfactorily as the normal girls.

The success of this Class has led me to hope that it will be possible to extend this particular educational work by inaugurating a similar class for boys.

Case.	Date of Leaving School.	No. of Years Left School.	No. of Employers.	Longest Period of Employment.		Period of Present Employment.		Present Wages.
				yrs.	mths.	yrs.	mths.	
A.	Sept., 1922	6¼	7	3	0	0	11	23/- to 30/-
B.	March, 1923	5¾	4	4	8	4	8	27/-
C. (delicate).	June, 1923	5½*	?	3	0	0	2	27/-
D.	Sept., 1923	5¼	1	5	3	5	3	29/-
E.	Sept., 1923	5¼	8	2	3	0	10	20/-
F.	March, 1924	4¾	4	3	0	1	6	20/- to 30/-
G.	March, 1925	3¾†	5	1	3	0	6	20/-
H.	March, 1925	3¾	2	3	7	3	7	?
I.	June, 1926	2½	4	0	9	0	? 8	23/-
J.	Sept., 1926	2¼	1	2	3	2	3	?
K.	Sept., 1926	2¼	1	2	3	2	3	29/- to 34/-
L.	March, 1927	1¾	1	1	6	1	6	20/- to 27/-
M.	March, 1927	1¾‡	constantly changing.	?		?		?
N.	June, 1927	1½	1	1	6	1	6	23/-
O.	June, 1927	1½	1	1	6	1	6	20/- to 23/-
P.	March, 1928	¾	1	0	9	0	9	10/- to 18/-
Q.	March, 1928	¾	1	0	9	0	9	?
R.	June, 1928	½	1	0	6	0	6	15/-
S.	June, 1928	½	Helps at home.					
T.	Sept., 1928	¼	Helps with father's business, has charge of shop two half-days a week.					
U.	Dec., 1923							
V.	March, 1924		All M.D. and unemployable.					
W.	March, 1926							

*No particulars are available except that the girl has been constantly employed.

†No record is available for period from April, 1925, to Feb., 1927, except that the girl was employed for a period of two months and also for six weeks during this time.

‡This girl has had numerous situations, none of which she has kept for any length of time but the home influence is not too good. In many cases the girl has left her employment without a fair trial, owing to her mother constantly agitating for higher wages.

THE NERVOUS CHILD.

The report submitted to me by Dr. Bryan, Assistant School Medical Officer for the North-Western portion of the County, I have set out almost in its entirety, for it is to my mind a paper which should be of interest to those who have to deal with School Children.

Dr. H. S. Bryan reports as follows :—

"One of the most common remarks which one hears from mothers in the course of School Medical Inspection, is that their children suffer from "Nerves."

The symptoms complained of vary from slight twitchings, timidity, unreasonable fears, chronic headache, or excessive emotional display to night terrors, somnambulism, moral delinquency or fits.

Children displaying these various conditions fall into three main groups.

I. Children whose symptoms are the result of definite disease such as Chorea, Rheumatism, Epilepsy, or Encephalitis Lethargica.

II. Children who are mentally deficient, or who suffer from some defect such as inherited nervous instability, lack of endocrine balance or astigmatism.

III. Children whose symptoms are largely or entirely due to overstrain or injudicious management.

An investigation of the nervous children in the Elementary Schools of the Peak district shows that 10% to 20% of these children fall into Group I., about 20% into Group II., while well over 50% come under Group III,

It is not always easy in the course of Medical Inspection definitely to group every nervous child, but wherever possible a thorough investigation has been made along the following lines.

The mother is carefully observed while she is detailing the child's symptoms, and if necessary questions are asked to determine whether she herself is neurotic or over anxious. The relations between mother and child are carefully noted while she is dressing and undressing it. After the symptoms have been described the child's history from birth is enquired into, with particular reference to any obscure illnesses, fainting fits, or attacks of dizziness. The mother is questioned as to the child's diet, and idiosyncrasies. The general management of the child is discussed, and information is sought from all available sources as to home conditions. The teacher is questioned as to the child's work, peculiarities, general behaviour, and relations with the other children and if necessary some of its exercise books are inspected.

Lastly the child is examined and in addition to the ordinary routine physical examination, the child's posture and facial expressions are noted, the reflexes are tested, and any tremors or inco-ordinations of muscles looked for. In certain cases the Intelligence Quotient is determined, and the child is encouraged to talk of its dreams, fears, and general attitude to school.

Sometimes it is useful to keep the child under observation in the playground for a while.

In spite of the most careful investigation, it is often difficult to make a definite diagnosis. Particularly is this the case with children who are beginning to twitch, when one has to differentiate between early Chorea, and one or other of the "Tics."

Apart from a close observation of the movements in question, and an enquiry into the origin of the trouble, a useful indication in the case of Chorea, is a recent deterioration in writing or needlework, or a marked change in behaviour or attention to work. Where a diagnosis of "Tic" or habit spasm has been made, one still has to discover the cause, whether astigmatism, carious teeth, local irritation, overstrain, mental unrest, etc. Three cases come to mind, one of a boy twitching violently down one side, who, being left-handed, was being made to write with his right hand.

Another was a boy of moderate intelligence who was being pressed by his parents to emulate his more brilliant brothers, and win a Scholarship, and was suffering considerably from overstrain in consequence. The other was a girl who had just begun to menstruate, and was too afraid of her mother to speak to her about it.

A great many of the "Tics" one sees, are due to the fact that parents or teachers have continually admonished a child to stop some little movement that had its origin in the temporary irritation of a stiff collar, a rough vest, or slight conjunctivitis, and have thereby so fixed the child's attention on it, that it has become a permanent habit.

Of the children in Group I. seen during the year, three were definite Chorea, six were epileptic, and seven gave histories of Encephalitis Lethargica. Of these last seven, three showed marked signs of moral delinquency, sufficient in one case to necessitate exclusion from school.

Amongst other children brought to my notice for misbehaviour and moral delinquency, one turned out to be a case of previously unsuspected epilepsy, and two were children of exhibitional tendencies and sub-normal intelligence who were resorting to naughtiness in order to attract attention.

In Group II. one finds a number of children whose symptoms are due to uncorrected errors of refraction, a few cases of Hyperthyroidism, a few cases of congenital nervous instability, girls whose nervous equilibrium is temporarily upset by the onset of puberty, and mental defective and retarded children who are being worked beyond their capacity.

As far as possible the Intelligence Quotient of all noticably backward children is determined so that the teachers may be advised as to how much may reasonably and safely be expected of each child.

The majority of nervous children are to be found in Group III which comprises the neurotic, the highly strung, and in many cases, the otherwise normal children in whom nervous symptoms have been brought about or accentuated by overstrain, worry, or most probable of all, mismanagement

This class of child includes many of those children who give trouble to Attendance Departments, and it also includes many of those who possess the greatest possibilities from an educational point of view, for the potential genius is often a highly strung child. Often Group III. children can be recognised at sight. They generally appear at Medical Inspection clinging to their mothers and the story these mothers have to tell is almost invariably the same—the children will not eat, cannot sleep, suffer from nightmares, are timid and jumpy, emotional, irritable, easily tired, and always ailing. The recital often ends "Of course she gets it from me, I suffer from 'Nerves' myself."

One result of my investigation stands out above all others, namely, that it is only very rarely that one comes across the mother of a nervous child who is not herself over anxious or neurotic. One is forced to the conclusion that while children may and do vary considerably as to the sensitiveness,

and stability of their nervous system, the most potent factor in the causation of "Nerves" is the treatment they receive at the hands of their mother. One sometimes sees the symptoms of a neurotic and irritable woman faithfully reflected in her step or foster child, as well as in her own offspring. which goes to prove that environment can play at least as large a part as heredity in these cases. Most of the symptoms complained of are easily explainable on the above hypothesis.

The highly strung child reacts more strongly to the various flavourings of food than his more stolid brother, and is much more prone to violent likes and dislikes; hence his frequently capricious appetite. But any child who is continually coaxed and badgered to eat, whose every mouthful is watched by an anxious eye, and whose attention becomes morbidly fixed on what should be a normal and automatic function will soon become finicky over his food. It is disturbing to think of the number of children who are being allowed to grow up with the permanent idea that they are physically incapable of digesting meat, milk, eggs, fruit, or some such equally useful and necessary foodstuff.

In the same way there are many children whose regularity of bowel action has been entirely upset by over solicitude. To continually adjure and exhort a child to go to stool, is an almost certain way of ensuring that the visit will be abortive, and to let a child's attention become fixed on its own bowels is a fatal mistake. I came across one child who at the age of ten had developed a well marked mucous-colitis, complete with casts, the result of a long course of purgatives and the fact that her motions were a constant topic of conversation in the household.

Yet again the highly strung imaginative child generally finds it hard to settle off to sleep for the night; but any child whose mother is constantly tip-toeing upstairs to see if he is asleep, will soon get into the habit of lying awake, waiting for these visitations, until the acts of going to bed, and going to sleep, which should be almost simultaneous, become widely divorced from each other.

Excessive timidity, fear of the dark, phobias, etc., are usually ascribed by parents to heredity, air raids, pre-natal shock, or some such cause, but here again I am of opinion that suggestion plays a far more important part. Some children are admittedly more courageous than others—possibly because they are less imaginative or have some endocrine deficiency, but particular fears are acquired not inherited. Many a sensitive child came safely through the air raids because his mother exhibited self-control, but I know of many others who became nervous wrecks because their parents could not hide their own apprehension. The power of suggestion in this respect is frequently illustrated at Medical Inspection, when a child comes forward happy and smiling to be examined, only to dissolve into violent weeping when the mother hurries in and clasps the child to her exhorting it not to be frightened.

Fear can be a very potent factor in the causation of mental unrest in children, and where it is suspected no effort should be spared to discover and allay it.

There is no doubt that the nervous child reacts more violently to mild infections, and minor ailments than a normal child. A common cold will prostrate him for days, and he may take a week to get over a bilious attack. This, not unnaturally is an added cause of anxiety to his mother and her anxious face is a further bar to his recovery; while the inevitable coddling and overclothing in between attacks, only adds to the child's general delicacy. Thus we have a vicious circle established, the mother reacting on the child, and the child reacting on the mother, which is exceedingly difficult to break through.

There is no doubt that the greatest need of many of these children, particularly if they are only-children, is a little "Healthy Neglect," and it is a sad thought that many women, who in the eyes of the world are the very best of mothers, wearing themselves out, in their ceaseless care of their delicate children, are often in themselves the most serious obstacle to their children's perfect health.

These mothers are difficult to tackle individually. To begin with they are usually on the defensive as a result of trouble with the Attendance Officer, and quick to resent the least suggestions that there is nothing organically wrong with their children. Then while only too willing to receive advice as to diet or medical treatment, they are soon up in arms at the most tactfully-worded suggestions that they may be a little at fault in the management of their own children. For this reason I think that the problem should be tackled through Talks to Women's Institutes, and Welfare Centres. Here the mother of the nervous child could hear its various symptoms impersonally described, and pick up useful information as to treatment, without feeling that her own methods are under criticism.

The Public Health Service has done great work in educating the public with regard to infant-feeding, domestic hygiene, etc., but I feel that equally useful work could be done by extending its activities to include the mental hygiene of children. No matter how perfectly fed, clothed and hygienically housed, a child will never grow into a really healthy adult as long as it is brought up in an atmosphere of mental unrest; and such atmospheres will continue to abound until such time as those who have the care of children receive some instruction in the elements of child psychology.

A certain amount of time is given in our schools to the teaching of cooking, needlework, etc., to educate girls in housekeeping and the care of children's bodies. Could not a few hours be spared to educate them in the equally important tasks of caring for children's minds?

Many of the girls in our elementary schools will be nurse-maids before they are mothers and it is disquieting to think that a large proportion of the children of this country are placed at their most impressionable age in the hands of those who—with the best of intentions—may, through ignorance do the minds of their charges incalculable harm.

From the School Medical Inspector's point of view, one of the chief problems with regard to the nervous child is whether or not the child should attend school. In this respect I find myself in disagreement with the majority of general practitioners, whose diagnosis of "Nerves" is nearly always followed by "keep her away from school." My experience is that unless there is some definite disease such as chorea or some definite evidence that school life is having a detrimental effect, the vast majority of nervous children benefit, rather than the reverse, from attendance at an elementary school.

Of course it is impossible to dogmatise, each case has to be treated on its merits, the personality of the teacher and the child's own attitude to school have to be considered; the distance the child has to come, its general physique, and the effects of contact with other children: but all things considered it will generally be found that the child who is brought with great trepidation by its mother as a "bundle of nerves" will usually appear at the next medical inspection a healthier and happier child. The reason is not far to seek. An ordered life, a certain amount of routine, firm but kindly discipline, interest and occupation for the mind, and phyiscal exercise and games are all useful in the treatment of the nervous child; and most of these things are to be found in the modern elementary school.

It is very rare nowadays to find a child who does not like school. Lessons in school activities are becoming increasingly interesting, the vogue of the cane is passing ; order is maintained more by interest than by fear, and the atmosphere of most schools is homely. A few hours a day spent in such an atmosphere, particularly when it involves separation from a neurotic mother or a cramped unhygienic house, is definitely beneficial to the nervous child. But time and again I have found such children excluded by the family doctor when there was ample evidence that it was home life and not school life that was causing the trouble.

But although this is the general rule, I do not hesitate to exclude in certain cases. If the discipline of the school is harsh, or the teacher unsympathetic ; if the distance the child has to come is so far as to produce fatigue, or if the child is being tormented by the other children, and has a dread of school, it is better away for a time at any rate.

In deciding whether or not to exclude, I have often found a careful enquiry into a child's dreams a considerable help. The fact that a child "schools in its sleep" so often adduced by parents as evidence that their lessons are too hard, is nothing to go by. A child who talks in its sleep, generally talks about the events of the day, whatever they are ; and attention to the digestion, bowels, adenoids, and other causes of disturbed slumber are more efficacious in dealing with their condition than exclusion from school. But a child who has recurrent night mares which can be definitely associated with school, or who persistantly dreams of inability to do certain lessons, is generally suffering from overstrain, and should be excluded for a time. An evidence of overstrain which I have sometimes found co-existing with night mare, is a temporary failure of visual accommodation. A child with no refractive error will complain of inability to see the blackboard, and the vision may be found on testing to be as bad as 6/60. Once the child is excluded, or the cause of the mental unrest has been found and dealt with, the vision soon becomes normal. A case of this kind which recently came under my notice, was of a little girl who was worried for fear she would not do well enough in her lessons to be moved into the next standard with her particular friends. When she was assured that she would be moved up in any case, all her symptoms disappeared.

I have come across a few cases of overstrain in Scholarship candidates, mostly in children of slightly sub-normal intelligence who were being worked above their capacity.

In conclusion, there were two paths open to the nervous child ; one leads very often in the direction of genius and high achievement, the other to neurasthenia, chronic invalidism, and even insanity. The path which a particular child takes depends very largely on the treatment it receives in the first few years of life, and it is therefore of vital importance that those who have the care of little children, should have some instruction in the elements of child psychology and management.

SECTION II.

TABLES OF THE BOARD OF EDUCATION.

TABLE 1.

RETURN OF MEDICAL INSPECTIONS.

A.—Routine Medical Inspections.

Number of Code Group Inspections	
Entrants	9,715
Intermediates	9,326
Leavers	7,773
Total	26,814

B.—Other Inspections.

Number of Special Inspections	2,036
Number of Re-Inspections	5,863
Total	7,899

TABLE 1a (SECONDARY SCHOOLS).

A.—Routine Inspections.

Boys	1,413
Girls	1,671
Total	3,084

B.—Special Inspections.

Boys	18
Girls	16
Total	34

C.—Re-Inspections.

Boys	216
Girls	227
Total	443

TABLE II.

A—Return of Defects found in the course of Medical Inspection in 1928

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		115	410	8	21
Uncleanliness		678	275	10	—
Skin ..	Ringworm—				
	Scalp	38	1	7	—
	Body	22	8	13	1
	Scabies	13	1	6	—
	Impetigo	224	15	49	—
	Other Diseases (non-tuberculous)	200	81	49	3
Eye ..	Blepharitis	119	39	20	1
	Conjunctivitis	44	12	10	1
	Keratitis	9	1	2	1
	Corneal Opacities & C'neal Ulcers	13	6	4	—
	Defective Vision (excl'd'g Squint)	1371	162	295	16
	Squint	265	57	43	5
	Other Conditions	51	31	26	3
Ear ..	Defective Hearing	140	22	43	—
	Otitis Media	179	23	27	1
	Other Ear Diseases	41	16	13	1
Nose and Throat	Enlarged Tonsils only	1171	1349	174	43
	Adenoids only	233	165	53	7
	Enlarged Tonsils and Adenoids	1779	386	314	36
	Other Conditions	123	99	32	9
Enlarged Cervical Glands (Non-Tuberculous) ..		126	232	32	12
Defective Speech		9	35	5	2
Teeth .. Dental Diseases		4540	366	144	3
Heart and Circulation	Heart Disease—				
	Organic	52	130	18	21
	Functional	34	209	9	18
	Anæmia	102	30	24	5
Lungs ..	Bronchitis	255	102	15	8
	Other Non-Tuberculous Diseases	18	84	10	9
Tuberculosis	Pulmonary—				
	Definite	7	12	3	4
	Suspected	17	57	11	15
	Non-Pulmonary—				
	Glands	21	43	15	3
	Spine	1	6	4	1
	Hip	3	1	1	1
	Other Bones and Joints ..	2	4	3	—
	Skin	—	2	1	—
	Other Forms	2	4	3	5
Nervous System	Epilepsy	8	15	8	10
	Chorea	7	9	13	2
	Other Conditions	20	77	12	35
Deformities	Rickets	15	47	4	2
	Spinal Curvature	36	38	9	4
	Other Forms	55	55	35	18
Other Defects and Diseases ..		479	311	106	85

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	9715	2345	24·1
Intermediates	9326	2432	26·0
Leavers	7773	1815	23·3
Total (Code Groups)	26814	6592	24·5

TABLE II. A (*continued*).

SECONDARY SCHOOLS.

Return of Defects found in the course of Medical Inspection during 1928.

Enrolment—Boys 1354, Girls 1804, Total 3158.

Defect or Disease.		Number referred for Treatment.		Number requiring to be kept under observation, but not referred for treatment	
		Boys.	Girls.	Boys.	Girls.
	Malnutrition	—	—	13	3
	Uncleanliness	—	3	—	18
Skin ...	Ringworm—				
	Scalp	—	—	—	—
	Body	—	—	—	—
	Scabies	—	1	—	—
	Impetigo	3	—	—	—
	Other Diseases (Non-Tuberculous)	7	—	9	1
Eye ...	Blepharitis	5	1	2	—
	Conjunctivitis	2	—	—	1
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision	94	117	53	11
	Squint	1	1	1	2
	Other Conditions	5	1	2	1
Ear ...	Defective Hearing	6	3	7	—
	Otitis Media	6	1	1	—
	Other Ear Diseases	1	—	—	—
Nose and Throat	Enlarged Tonsils only ...	23	70	53	24
	Adenoids only	1	4	12	3
	Enlarged Tonsils & Adenoids ...	11	62	8	7
	Other Conditions	5	3	5	—
	Enlarged Cervical Glands (Non-Tuberculous) ...	4	—	17	—
	Defective Speech	—	—	5	—
Teeth ...	Dental Diseases	98	119	38	—
Heart and Circulation	Heart Disease :				
	Organic	5	—	11	23
	Functional	2	—	49	34
	Anæmia	2	13	13	9
Lungs ...	Bronchitis	2	1	3	6
	Other non-tuberculous Disease	—	—	6	1

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.
Tuberculosis.	Pulmonary—				
	Definite	—	—	1	—
	Suspected	2	—	1	2
	Non-Pulmonary—				
	Glands	3	—	6	1
	Spine	—	—	—	—
	Hip	—	—	—	—
	Other Bones and Joints ...	1	—	—	—
	Skin	—	—	—	—
	Other forms	—	—	—	1
Nervous System.	Epilepsy	—	—	—	—
	Chorea	—	—	—	—
	Other conditions	—	—	4	—
Deformities	Rickets	—	—	1	—
	Spinal Curvature	2	14	15	8
	Other forms	23	18	39	5
Other Defects and Diseases		5	15	16	18

TABLE III.

Return of all Exceptional Children in the Area.

		Boys.	Girls.	Total.
Blind (including partially blind)—	Attending Certified Schools or Classes for the Blind	5	8	13
(*i.*) Suitable for training in a School or Class for the totally blind	Attending Public Elementary Schools	3	4	7
	At other Institutions	—	—	—
	At no School or Institution ...	8	4	12
(*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	30	33	63
	At other Institutions	—	—	—
	At no School or Institution ...	2	3	5
Deaf (including deaf and dumb and partially deaf)—	Attending Certified Schools or Classes for the Deaf	11	9	20
	Attending Public Elementary Schools	—	—	—
(*i.*) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	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	11	5	16
	Attending Public Elementary Schools	40	20	60
	At other Institutions...	—	—	—
	At no School or Institution ...	—	—	—
Mentally Defective—	Attending Certified Schools for Mentally Defective Children ...	1	8	9
Feebleminded (cases not notifiable to the Local Control Authority.)	Attending Public Elementary Schools	167	119	286
	At other Institutions...	—	—	—
	At no School or Institution ...	50	39	89
Notified to the Local Control Authority *during the year.*	Feebleminded	1	2	3
	Imbeciles	23	17	40
	Idiots	5	7	12
Epileptics—	Attending Certified Special Schools for Epileptics	2	1	3
Suffering from severe epilepsy.	In Institutions other than Certified Special Schools	—	—	—
	Attending Public Elementary Schools	3	4	7
	At no School or Institution ...	13	10	23
Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	33	27	60
	At no School or Institution ...	8	10	18
Physically Defective—	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	1	—	1
Infectious pulmonary and glandular tuberculosis	At other Institutions...	—	—	—
	At no School or Institution ...	7	17	24

TABLE III.—*continued.*

		Boys.	Girls.	Total.
Physically Defective (continued)—				
Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	4	5	9
	At Certified Residential Open Air Schools	—	—	—
	At Certified Day Open Air Schools	—	—	—
	At Public Elementary Schools ...	87	77	164
	At other Institutions	—	—	—
	At no School or Institution ...	25	23	48
Delicate children (*e.g.*, pre-or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open Air Schools	4	3	7
	At certified Day Open Air Schools	—	—	—
	At Public Elementary Schools ...	98	83	181
	At other Institutions...	—	—	—
	At no School or Institution ...	7	6	13
Active non-pulmonary tuberculosis	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	35	20	55
	At Public Elementary Schools ...	10	5	15
	At other Institutions...	—	—	—
	At no School or Institution ...	32	20	52
Crippled Children (other than those with active tuberculous disease), *e.g.*, children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	4	6	10
	At Certified Residential Cripple Schools	—	1	1
	At Certified Day Cripple Schools ...	—	—	—
	At Public Elementary Schools ...	404	371	775
	At other Institutions...	—	1	1
	At no School or Instituiton ...	63	58	121

TABLE IV.

Return of Defects treated during the year 1928.

Treatment.

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	216	11	227
Ringworm Body	51	1	52
Scabies	23	6	29
Impetigo	1220	33	1253
Other Skin Disease	432	31	463
Minor Eye Defects ... ... (External and other, but excluding cases falling in Group II.)	623	33	656
Minor Ear Defects	592	94	686
Miscellaneous ... ... (*e.g.*, minor injuries, bruises, sores, chilblains, etc.)	1601	483	2084
Total	4758	692	5450

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)	2223	160	—	2383
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	82	—	—	82
Total	2305	160	—	2465

Total number of children for whom spectacles were prescribed

(*a*) Under the Authority's Scheme 1651

(*b*) Otherwise 160

Total number of children who obtained or received spectacles

(*a*) Under the Authority's Scheme 1462

(*b*) Otherwise 160

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.		
1466	577	2043	40	2083

Group IV.—Dental Defects.

(1) Number of Children who were:—

(*a*) Inspected by the Dentist:

	Aged:		
Routine Age Groups	5	2157	Total 18799
	6	2512	
	7	2637	
	8	2214	
	9	1818	
	10	1692	
	11	1833	
	12	1807	
	13	1902	
	14	227	

Specials	1143
Grand Total	19942
(*b*) Found to require treatment	17611
(*c*) Actually treated	9182
(*d*) Re-treated during the year as the result of periodical examination	2401

(2) Half-days devoted to—

Inspection	162		
Treatment	2395	Total	2557

(3) Attendances made by children for treatment 16845

(4) Fillings—

Permanent Teeth	12609		
Temporary Teeth	3730	Total	16339

(5) Extractions

Permanent Teeth	3926		
Temporary Teeth	21084	Total	25010

(6) Administrations of General anæsthetics for extractions:— 1081

(7) Other Operations

Permanent Teeth	1766		
Temporary Teeth	6112	Total	7878

Group V.—Uncleanliness and Verminous Conditions.

Average number of visits per school made during the year by the School Nurses	4
Total number of examinations of children in the Schools by School Nurses	144653
Number of individual children found unclean	1602
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

COUNTY OF DERBY.

Appendix II.

Table of Deaths during the year 1928 in each of the URBAN Sanitary Districts, Classified according to Diseases.

URBAN SANITARY DISTRICT.	DEATHS FROM SUBJOINED CAUSES.																																				Total All Causes.
	Enteric Fever.	Smallpox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Hæmorrhage, etc.	Heart Disease.	Arterio Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of the Stomach or Duodenum.	Diarrhœa, etc. (under 2 yrs)	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Accidents and Diseases of Pregnancy & Parturition.	Congenital Debility and Malformation, including Prematurity Birth	Suicides.	Other Deaths from Violence.	Other Defined Diseases.	Causes ill-defined or unknown	Polio-myelitis.	Polio-encephalitis.	Anthrax.	
ALFRETON	...	...	4	...	1	1	4	...	...	9	4	21	1	3	11	21	13	4	13	1	2	3	1	...	5	1	...	10	2	8	56	1	1	..	...	261
ALVASTON & BOULTON	...	...	1	...	...	...	...	...	...	...	...	4	...	1	...	3	1	1	2	..	...	1	1	...	1	1	...	5	...	2	10	1	...	...	...	35
ASHBOURNE	...	...	...	...	...	...	1	...	...	1	1	6	...	1	1	4	3	2	2	1	...	...	...	...	4	...	...	3	2	1	24	1	...	...	...	58
BAKEWELL	...	...	...	...	...	...	...	...	...	3	2	2	...	1	4	4	1	3	...	...	...	...	...	...	1	...	1	1	...	1	6	...	...	...	...	32
BASLOW	...	...	...	...	...	...	1	...	...	...	...	...	...	2	..	3	1	...	...	...	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	10
BELPER	...	...	2	...	1	1	...	2	...	11	3	18	1	3	1	29	11	11	10	...	...	2	1	3	4	...	1	11	2	4	23	...	...	...	...	155
BOLSOVER	...	...	2	...	1	...	...	...	...	5	7	8	1	3	5	14	6	7	12	2	2	2	1	1	2	2	2	7	3	4	22	2	...	...	...	123
BONSALL	...	...	1	...	..	..	2	...	...	2	...	2	..	..	3	3	...	...	...	1	...	...	...	...	...	...	...	2	1	1	8	...	..	...	...	26
BRAMPTON & WALTON	...	...	1	...	...	...	...	...	...	2	1	3	...	...	2	...	...	...	1	...	...	...	...	1	2	1	...	1	...	1	9	...	...	...	...	25
BUXTON (Boro')	...	...	1	...	...	2	3	1	...	6	3	32	...	2	15	17	14	5	14	2	2	...	5	1	9	...	1	7	1	10	31	...	..	...	...	184
CHESTERFIELD (Boro')	...	...	4	1	1	7	14	4	1	38	19	93	1	6	42	112	20	35	52	6	4	8	4	2	11	2	1	36	6	27	104	6	...	...	...	667
CLAY CROSS	...	...	6	...	...	...	1	1	...	5	3	11	3	2	9	13	2	5	7	2	..	1	...	...	2	...	...	6	2	5	14	...	...	...	...	100
DRONFIELD	1	...	3	...	3	...	2	...	...	4	3	6	...	...	1	11	4	3	3	2	...	...	...	...	1	...	...	2	...	1	8	...	...	...	...	58
GLOSSOP (Boro')	...	...	...	...	...	1	7	1	...	4	2	36	...	5	16	51	12	8	11	5	...	1	1	1	5	1	1	11	4	9	60	3	...	1	...	257
HEAGE	...	...	...	...	1	...	...	...	...	4	...	4	...	...	1	7	...	2	2	1	...	...	...	...	...	...	...	2	1	...	15	...	...	...	...	40
HEANOR	1	...	4	...	1	1	3	1	...	12	...	21	2	2	7	23	11	17	13	2	2	3	...	...	5	1	1	16	2	12	44	1	...	...	...	208
ILKESTON (Boro')	...	...	...	...	1	2	2	1	...	18	4	32	2	1	25	51	16	27	22	3	1	6	2	...	16	2	3	11	3	18	64	2	...	...	...	335
LONG EATON	...	...	...	...	...	1	...	...	...	16	4	30	...	5	12	27	8	7	7	4	2	...	5	...	8	1	1	8	3	8	66	...	...	...	...	223
MATLOCKS	...	..	...	...	...	...	...	...	...	6	1	14	...	1	11	21	11	5	8	2	1	..	..	2	3	...	...	2	2	1	21	1	...	...	...	113
NEW MILLS	...	...	1	1	3	1	4	1	...	2	...	12	...	2	11	8	5	4	7	1	2	1	2	1	1	...	..	2	2	2	21	...	...	...	...	97
NORTH DARLEY	...	...	...	...	...	...	1	...	...	3	...	4	...	1	2	4	5	...	3	...	...	...	...	...	3	1	...	...	...	2	8	1	...	...	...	38
RIPLEY	...	...	1	1	1	...	1	...	...	9	...	16	2	...	15	16	10	5	6	1	...	1	1	...	4	...	..	6	3	7	30	...	...	...	...	126
SOUTH DARLEY	...	...	...	...	1	...	...	...	...	...	...	3	...	...	...	2	...	...	...	...	...	...	...	...	2	...	...	1	...	1	3	...	...	...	...	13
SWADLINCOTE	...	...	11	...	2	9	...	...	...	13	5	22	...	1	10	42	3	5	5	2	3	2	1	1	6	1	1	14	3	9	49	1	...	...	...	221
WIRKSWORTH	...	...	...	...	...	...	1	...	...	5	1	1	...	2	9	15	4	...	6	1	...	...	...	...	2	...	...	1	...	2	9	..	...	...	...	59
TOTAL OF URBAN DISTRICTS	2	...	42	3	17	26	47	12	1	180	63	401	13	44	213	501	161	156	206	39	21	31	25	13	97	14	13	165	42	137	707	20	1	1	...	3414

COUNTY OF DERBY.

Appendix IIa.

Table of Deaths during the year 1928 in each of the RURAL Sanitary Districts, Classified according to Diseases.

RURAL SANITARY DISTRICTS.	DEATHS FROM SUBJOINED CAUSES.																																			TOTALS
	Enteric Fever.	Smallpox	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Encephalitis Lethargica.	Meningococcal Meningitis.	Tuberculosis of Respiratory System.	Other Tuberculous Diseases.	Cancer, Malignant Disease.	Rheumatic Fever.	Diabetes.	Cerebral Hæmorrhage, &c.	Heart Disease.	Arterio Sclerosis.	Bronchitis.	Pneumonia (all forms).	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhœa, etc. (under 2 years)	Appendicitis and Typhlitis.	Cirrhosis of Liver.	Acute and Chronic Nephritis.	Puerperal Sepsis.	Other Accidents and Diseases of Pregnancy and Parturition.	Congenital Debility & Malformation (including Premature Birth).	Suicides.	Other Deaths from Violence.	Other defined Diseases.	Causes ill-defined or unknown.	Poliomyelitis.	Polio-encephalitis	Anthrax.	All Causes.
ASHBOURNE	...	...	1	...	1	...	2	...	...	2	2	7	...	4	8	20	7	3	5	...	...	...	...	...	5	...	...	6	...	4	41	...	...	...	...	118
BAKEWELL	...	...	...	1	...	...	7	...	1	5	1	28	1	...	11	50	11	12	13	4	1	...	...	...	9	...	1	4	3	6	48	1	...	...	...	218
BASFORD	...	...	...	...	..	...	...	...	...	...	...	1	...	1	2	2	1	1	...	...	...	...	...	...	1	...	...	...	...	1	6	...	...	...	...	16
BELPER	...	...	2	...	1	1	3	...	...	11	3	25	1	8	12	37	10	10	17	2	2	1	...	1	10	1	...	13	3	11	40	...	...	...	...	225
BLACKWELL	...	...	2	...	2	...	5	1	2	30	13	43	4	7	22	55	16	19	18	4	..	11	2	2	8	1	6	42	5	16	78	5	...	...	...	428
CHAPEL-EN-LE-FRITH ...	...	...	...	...	...	...	5	1	...	5	...	24	...	1	14	16	6	2	6	5	...	...	...	1	2	1	1	2	4	7	49	...	...	...	...	152
CHESTERFIELD	2	...	9	1	1	12	16	3	2	36	29	90	2	9	45	104	36	46	65	7	6	4	12	3	29	2	4	74	9	35	153	2	...	...	...	848
CLOWN	...	...	3	..	2	...	1	...	...	8	4	17	...	1	17	16	9	10	11	4	1	1	2	1	3	...	1	4	5	6	36	...	...	...	...	163
GLOSSOP DALE	...	...	...	...	...	...	...	...	...	2	2	11	...	1	5	5	4	6	3	1	1	...	...	...	...	1	..	1	2	1	9	...	...	...	...	55
HARTSHORNE & SEALS ...	...	...	5	...	...	1	2	...	...	...	1	13	...	1	9	14	2	3	6	1	2	2	...	...	2	...	1	3	1	3	22	..	...	...	...	91
HAYFIELD...	...	...	...	...	...	...	...	...	1	1	1	9	...	1	5	13	1	4	3	...	...	...	...	...	2	...	...	...	...	4	10	...	...	...	...	55
NORTON	...	...	...	1	...	...	3	...	...	1	1	11	...	2	4	13	5	1	1	...	1	...	1	...	4	...	...	1	1	1	10	...	...	...	..	62
REPTON	...	...	5	...	1	2	2	1	...	10	2	24	1	...	14	33	4	9	4	3	...	1	...	1	6	...	...	6	2	6	29	...	...	...	...	166
SHARDLOW	...	...	1	1	1	2	3	...	...	20	9	35	2	3	13	52	11	13	15	2	3	1	2	3	14	1	...	20	...	20	83	..	...	...	...	332
SUDBURY	...	...	...	...	...	...	...	...	...	1	...	4	...	1	1	1	2	1	2	...	1	...	...	...	2	...	...	2	...	...	5	...	...	...	...	23
TOTAL OF RURAL DISTRICTS	2	...	28	4	9	18	49	6	6	141	68	342	11	40	182	431	125	140	169	33	18	21	19	12	97	7	14	178	35	121	621	8	...	...	...	2955
WHOLE COUNTY.																																				
RURAL DISTRICTS	2	...	28	4	9	18	49	6	6	141	68	342	11	40	182	431	125	140	169	33	18	21	19	12	97	7	14	178	35	121	621	8	...	...	...	2955
URBAN DISTRICTS	2	...	42	3	17	26	47	12	1	180	63	401	13	44	213	501	161	156	206	39	21	31	25	13	97	14	13	165	42	137	707	20	1	1	...	3414
WHOLE COUNTY	4	...	70	7	26	44	96	18	7	321	131	743	24	84	395	932	286	296	375	72	39	52	44	25	194	21	27	343	77	258	1328	28	1	1	...	6369