

[Report 1933] / Medical Officer of Health and School Medical Officer of Health, Derbyshire County Council.

Contributors

Derbyshire (England). County Council.

Publication/Creation

1933

Persistent URL

<https://wellcomecollection.org/works/m9mhk7qd>

License and attribution

You have permission to make copies of this work under a Creative Commons, Attribution license.

This licence permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited. See the Legal Code for further information.

Image source should be attributed as specified in the full catalogue record. If no source is given the image should be attributed to Wellcome Collection.



Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>



Derbyshire County Council.

ANNUAL REPORTS

OF THE
COUNTY MEDICAL OFFICER OF HEALTH
AND
SCHOOL MEDICAL OFFICER,

For the Year 1933,

BY

W. M. ASH,

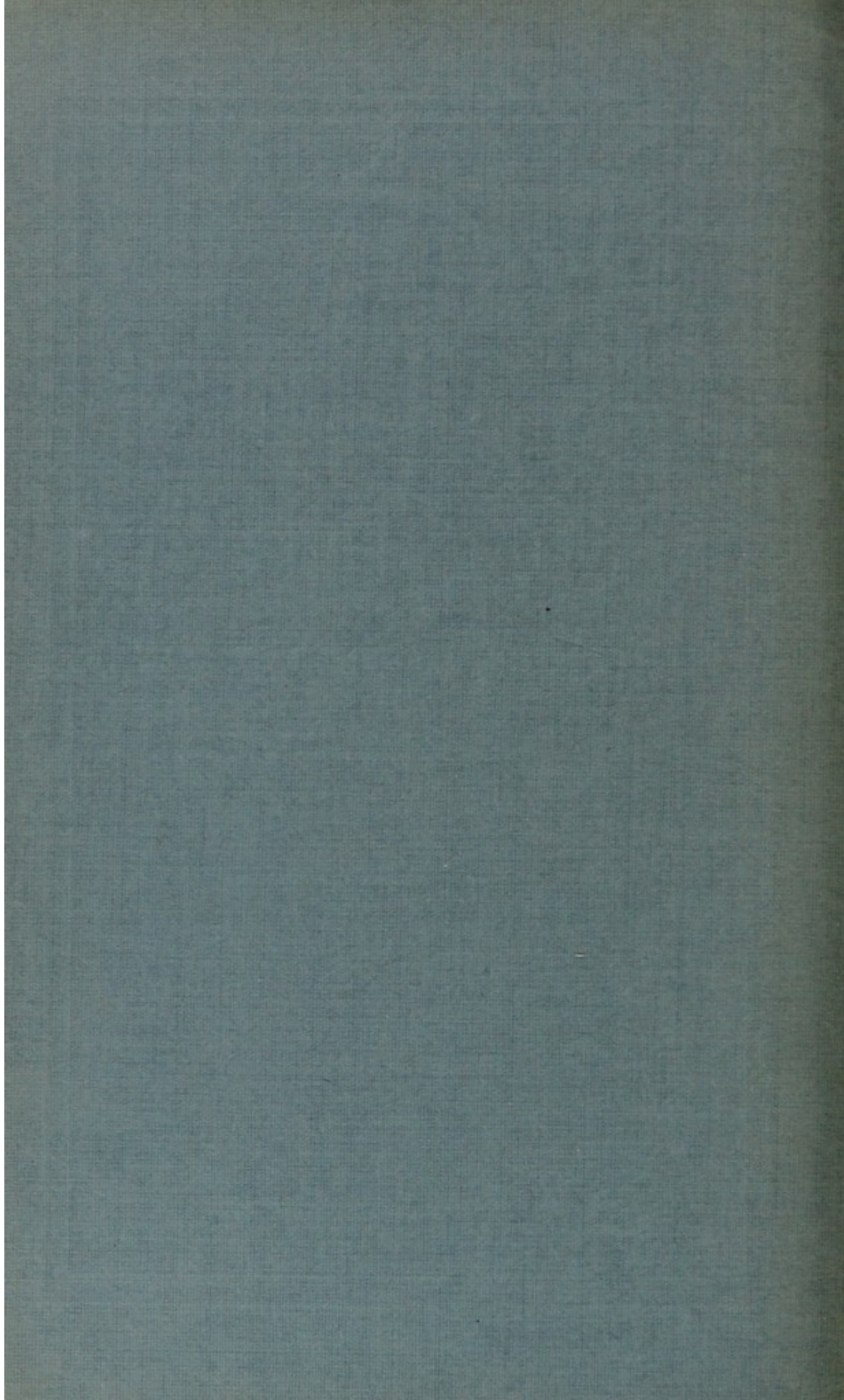
M.B., B.S. (LOND.), F.R.C.S. (ED.), D.P.H. (VICT.),
COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER.

DERBY:

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





Derbyshire County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1933,

BY

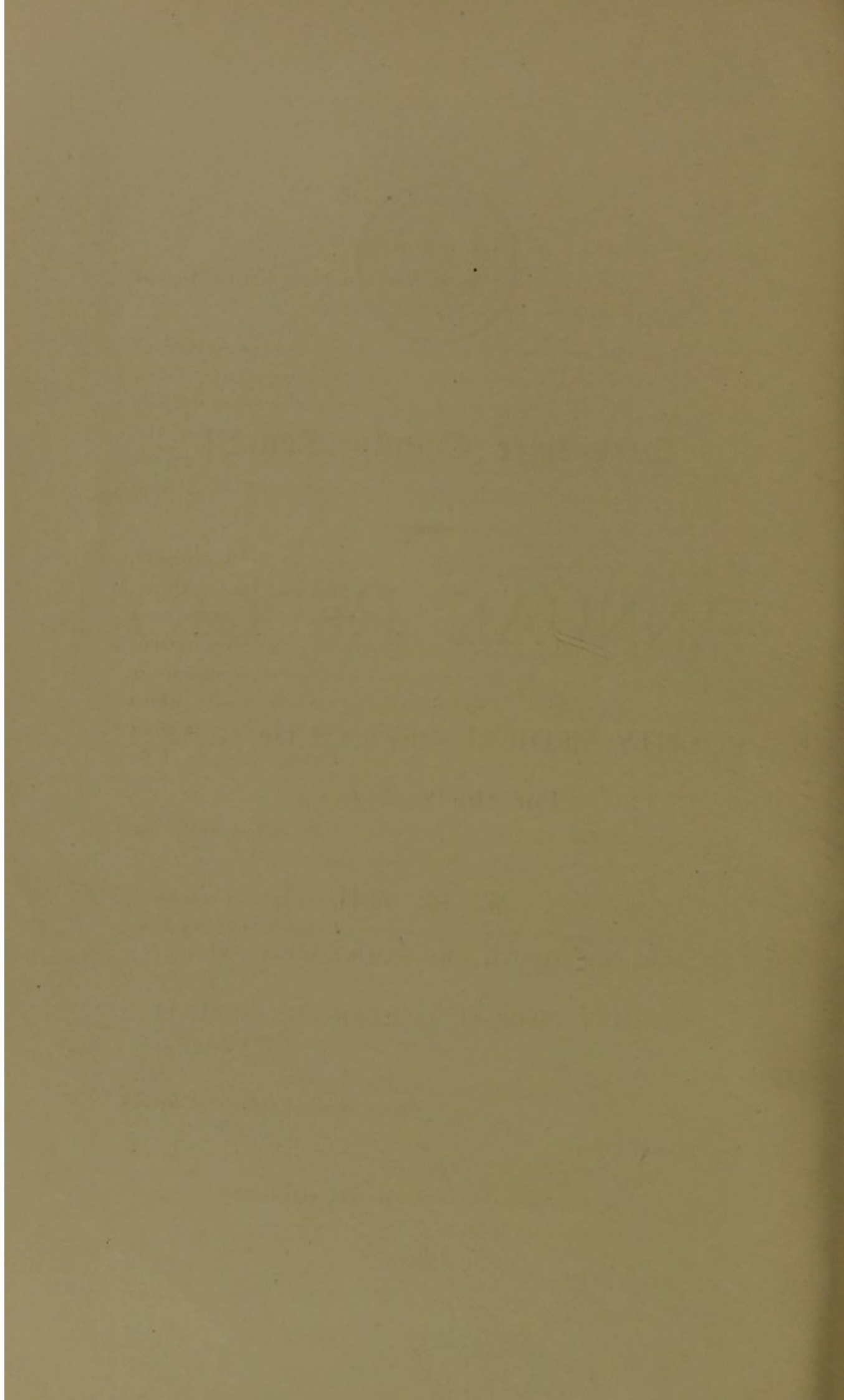
W. M. ASH,

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

COUNTY MEDICAL OFFICER OF HEALTH.

DERBY:

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



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

MY LORD DUKE, LADIES AND GENTLEMEN,

I have the honour to present to you the Forty-fourth Annual Report on the health of the County of Derby.

A large amount of work has been entailed in the preparation of the County case with regard to the changes in boundaries. The greater portion of the Ministry's Inquiry was held in the early part of the year, and the Order covering a considerable area of the County was received before this report was written. I have set out the changes in the County Districts which took effect from 1st April, 1934.

I particularly draw your attention to page 57 of this report, where I deal with the administration of the Milk and Dairies Order, 1926. I think I need add little to what I have said there, for I think my case and the action I have taken are incontrovertible. You will notice from page 31 that there has been an increase in the percentage of samples of milk containing tubercle bacilli, whilst there has been a lowering of the standard of cleanliness. In these circumstances, it is impossible to agree that there is no need for such action as I am urging in this County.

In view of the drought, I have reported fully on the water supplies in this County in the body of the report.

I would like to acknowledge the continued help and consideration I have received from the Chairmen and Members of my Committees, both collectively and individually.

I am,

Your obedient Servant,

W. M. ASH,

County Medical Officer of Health.

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

September, 1934.

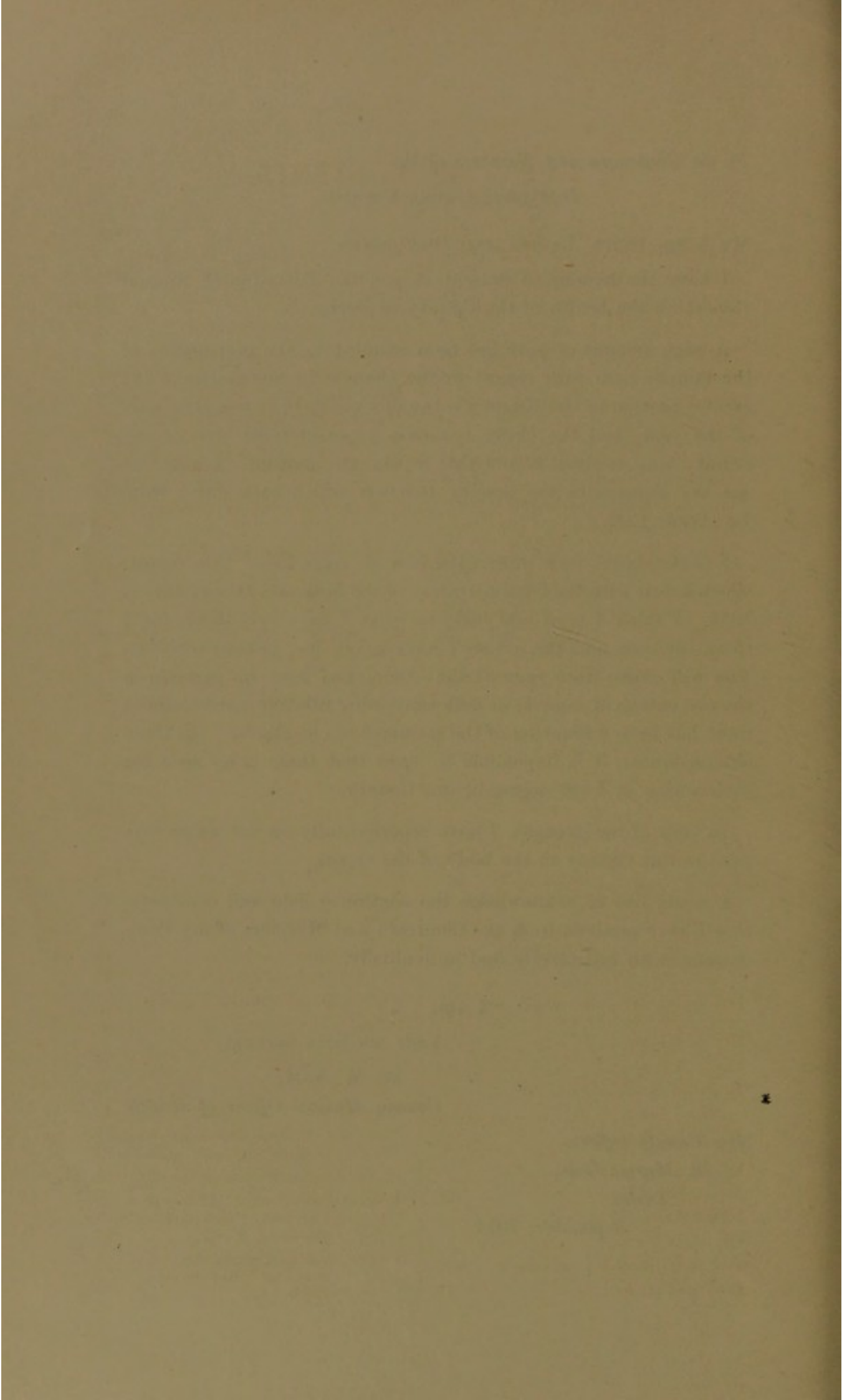


TABLE OF CONTENTS.

	Page		Page
Ambulance Facilities	37-40	Loans for Sanitary Improve- ments	101
Ante-Natal Clinics	54	Local Government Act, 1929 ...	20
Ante-Natal Scheme	54	Maternity & Child Welfare ...	44-54
Area	13	Maternity and Child Welfare Centres	51-54
Bacteriological Laboratory ...	26-31	Maternity Homes	34-36
Births	19	Maternal Mortality	49
Blind Persons	143	Measles	111
Boarded-out Children	50	Medical Out-Relief—Doctors' Areas	21-23
Cancer	112-113	Medical Treatment of Children under 5... ..	50
Clean Milk Competitions ...	104-106	Mental Deficiency Acts 1913 and 1927	143-144
Clinics and Treatment Centres...	40-42	Mental Defectives, Institutional Treatment	25
Closet Accommodation	100	Midwives Acts, 1902-1926 ...	26, 44-49
Compensation to Midwives ...	49	Midwives Subsidised	26
Dairies, Cowsheds and Milk Shops	103	Milk & Dairies (Consolidation) Act, 1915	55
Deaths	20	Milk & Dairies (Amendment) Act, 1922	56
Deaths following Child-birth ...	44	Milk and Dairies Order, 1926 ...	56-60
Derbyshire Review Order, 1933	13-17	Milk, Grade "A"	55
Diarrhœa	19	Milk Supply	55-60
Diphtheria	41, 111	Milk, Tubercle in	31
Doctors' Fees—Payment of ...	49	Notifiable Diseases	108
Encephalitis Lethargica	114	Nursing in the Home	25
Enteric Fever	114	Nursing Homes Registration Act	50
Food & Drugs (Adulteration) Act, 1928	106-107	Occupations	18
Food, Inspection & Supervision of	55-60	Ophthalmia Neonatorum	47
Free Milk for Children	49	Orthopædic Hospitals	37
General Nursing	25	Orthopædic Clinics	41
Health Visitors, Summary of Work done by	145	Physical Features	18
Health Education	20	Polio-Myelitis	111
Home Helps	54	Population	13
Hospitals Isolation	33	Poor-Law Medical Out-Relief— Doctors' Areas	21-23
Do. other	31-32	Public Assistance Institutions ...	20
Housing in Rural Areas	97-99	Public Health (Puerperal Fever & Puerperal Pyrexia) Re- gulations, 1926... ..	37
Infantile Mortality	19	Public Health (Ophthalmia Ne- onatorum) Regulations, 1926.	?
Infant Life Protection	54		
Infant Welfare Centres	50-53		
Infectious Diseases	108-115		
Infectious Diseases in Schools ...	115		
Inhabited Houses	17		

	Page		Page
Public Health Staff	9-11	Tuberculosis Order, 1925 ...	55
Puerperal Fever	47	Vaccination	23
Puerperal Pyrexia	47	Venereal Diseases	41-44
Rateable Value	17	Do. Cost of Scheme ...	42-43
River Pollution	86-88	Do. Drugs supplied to qualified Practitioners	44
Sanitary Inspections in each District	89-96	Venereal Treatment Centres ...	41-42
Scarlet Fever	111	Vital Statistics	18
Scavenging	102	Voluntary Infant Welfare Centres	53
School Clinics	40-41	Voluntary Hospitals	31-32
School Closure	115	Wasserman Reaction	30
Sewage Purification	61, 86-88	Water Supplies	61-85
Smallpox	111	Welfare of the Blind	143
Tuberculosis	36, 116-143	Whooping Cough... ..	111
Tuberculosis Dispensaries ...	41	Zymotic Diseases	20

TUBERCULOSIS.

After-Care	141	Penmore Pavilion	36, 132-133
Bacteriological work	143	Poor Law Institutions	133-134
Bretby Hall Orthopædic Hospital :—		Public Health Act, 1925	141
Accommodation	36, 126	Public Health (Prevention of Tuberculosis) Regu- lations, 1925	140
Admissions & Discharges ...	126	Sanatoria provided	36
Cost of Maintenance	131	Silicosis and Asbestosis	142
Dental Treatment	128	Sleeping arrangements of Tuber- culosis Patients	140
Infectious Diseases	128	Walton Sanatorium :—	
Massage	128	Accommodation	36, 119
Ophthalmic Treatment	128	Artificial Pneumothorax ...	122
Orthopædic Clinics	129-130	Admission & Discharges ...	119
Splints... ..	129	Condition of patients dis- charged 1915-1932	124
X-Rays	128	Cost of Maintenance	125
Deaths	135-138	Dental Treatment	122
Dispensaries	41	Diagnosis Cases	120
Extra Nourishment	142	Laboratory Work	120
Homes visited by Health Visitors	141	Meteorological Data	123
Housing	139-140	Results of Treatment	118, 120
Lupus, Treatment of	134	Treatment—Medical	121
Notifications	135	Treatment—Surgical	121
Nursing of bed-ridden cases ...	142	Ultra-Violet Light Treatment	121
Open-air Shelters	142	X-Ray work	121
Orthopædic Clinics	41	Whitworth Hospital	36, 132-133
Outside Institutions	133	X-Ray Examinations	142

TABLES.

	Page
I. Birth Rate and Death Rate from the seven Zymotic diseases, and all causes, Infantile Mortality in the whole County during the last forty-four years	12
II. & IIa. Principal Vital Statistics for each District	<i>To face</i> 18
III. Infantile Death Rate	19
IV. Accommodation at Public Assistance Institutions	20
V. Vaccinations performed during 1932	24
VI. Vaccinations performed by Public Vaccinators and Medical Officers of Public Assistance Institutions	25
VII. Bacteriological specimens examined	26
VIII. Do. do. (Waters)	27
IX. Do. from Medical Practitioners	28
X. Do. from Hospitals	29
XI. Do. under Venereal Diseases Scheme	29
XII. Do. from Dispensaries and Sanatoria	30
XIII. Do. from Schools	30
XIV. Do. of milk examined	31
XV. Isolation Hospitals—Cases removed to	33
XVI. Do. do. work done at and costs	<i>To face</i> 33
XVII. Maternity Beds at Public Assistance Institutions	36
XVIII. Ambulance Facilities	37-40
XIX. Venereal Diseases—Cases attending Clinics	42
XX Do. Specimens received from Private Practitioners	43
XXI. Medical Records received during 1933	45-46
XXII. Medical Aid Records received, Claims, etc., 1915-1934...	48
XXIII. Maternal Mortality, 1916—1933	49
XXIV. Infant Welfare Centres	51-53
XXV. Attendances at Ante-Natal Clinics	54
XXVI. Improvements at Cowsheds and farms	56
XXVII. Work done by local Sanitary Inspectors	89-96
XXVIII. Overcrowding and Sex Distribution	98
XXIX. Closet Accommodation	100
XXX. Dairies, Cowsheds and Milkshops in each District	103
XXXI. Incidence of notifiable Diseases	108
XXXII. Notifiable Diseases in age groups	108
XXXIII. Cases of Notifiable Diseases in each District	109
XXXIV. Cases, deaths, case rate per 1,000 of population, and case mortality per cent from Smallpox, Scarlet Fever, Diphtheria and Typhoid Fever	110
XXXV. Cancer, Death rate per annum in Derbyshire and England and Wales, 1901—1933	112
XXXVI. Cancer, Deaths among males and females at varying ages	113
XXXVII. Enteric Fever—Case Mortality and Death Rate...	114
XXXVIII. Schools closed during 1933... ..	115
XXXIX. Mental Deficiency Acts, 1913 and 1927	143-144
XL. Work done by Health Visitors	145

TUBERCULOSIS.

	Page
1. GENERAL SCHEME.	
T.I. Work done at Dispensaries	<i>To face</i> 116
T.II. Institutional accommodation (including Poor Law) ...	117
T.III. Extent of Institutional treatment provided	117
T.IV. Results of Treatment	118
T.V. Extent of Residential Treatment in Poor Law Institutions	134
T.VI. Notifications and Deaths	135
T.VII. Period between Notification of Cases and Deaths ...	136
T.VIII. Cases notified and Deaths, 1915-1933	138
T.IX. Death Rates, Derbyshire and England and Wales, 1891-1933	138
T.X. Cases on local Medical Officers' Registers	139
T.XI. Sleeping arrangements of Patients	140
T.XII. Bacteriological examination of sputa	143
2. DERBYSHIRE SANATORIUM.	
D.S.I. Ministry of Health classification of patients discharged	120
D.S.II. Ultra-Violet Light Treatment	121
D.S.III. Condition of Patients discharged 1915-1932	124
D.S.IV. Cost of Maintenance, 1929-1934	125
3. PENMORE PAVILION.	
P.I. Admissions and Discharges	132
4. BRETBY HALL ORTHOPÆDIC HOSPITAL.	
B.I. Admissions and Discharges	126
B.II. Location of disease of patients admitted	126
B.III. Deaths in Institution	127
B.IV. Location of disease of patients discharged	127
B.V. Attendances at Orthopædic Clinics	130
B.VI. Cost of Maintenance, 1929-1934	131
5. WHITWORTH HOSPITAL.	
W.I. Admissions and Discharges	133
DIAGRAMS, &c.	
Map shewing water supplies	<i>To face</i> 64
Housing accommodation for family of seven people	<i>To face</i> 97
APPENDICES.	
1. and 1(a). Causes of Death in each District	<i>At end</i>

PUBLIC HEALTH STAFF.

COUNTY MEDICAL OFFICER OF HEALTH:
W. M. Ash, M.B., B.S., F.R.C.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER
R. N. Curnow, M.B., B.S., M.R.C.S., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICER:
W. J. Pierce, M.B., Ch.B., D.P.H.

TUBERCULOSIS OFFICERS:
B. S. Nicholson, M.D., D.P.H.
P. Heffernan, B.A., M.D., B.Ch., B.A.O.
C. Kingston, M.R.C.S., L.R.C.P., D.P.H.

BACTERIOLOGIST:
Sheila M. Ross, M.D., B.Ch., D.P.H.

VENEREAL DISEASES OFFICER:
H. R. M. Richards, M.B., B.Ch. (part-time).

CONSULTING SURGEON, WALTON SANATORIUM:
F. J. Milward, M.A., F.R.C.S.

MEDICAL SUPERINTENDENT AT WALTON SANATORIUM:
A. N. Robertson, M.R.C.P., M.D., D.P.H.

ASSISTANT RESIDENT MEDICAL OFFICER AT WALTON SANATORIUM:
Vida Stark, M.B., Ch.B.

CONSULTING SURGEON, BRETBY ORTHOPÆDIC HOSPITAL:
Naughton Dunn, M.B., Ch.B.

MEDICAL SUPERINTENDENT, BRETBY ORTHOPÆDIC HOSPITAL:
G. A. Q. Lennane, M.A., M.B., B.Ch.

ASSISTANT RESIDENT MEDICAL OFFICER, BRETBY ORTHOPÆDIC
HOSPITAL:
Elizabeth Grierson, M.B., Ch.B.

HON. CONSULTING RADIOLOGIST AND ELECTROLOGIST:
A. R. Laurie, M.B., Ch.B., D.M.R.E.

MATERNITY AND CHILD WELFARE OFFICER:
Nellie Wilkes, M.B., Ch.B., M.C.O.G. (*resigned 31/7/33*).
E. Joyce Newton, M.D., M.M. (*resigned 31/8/33*).
Bessie Goodson, M.D., M.B., Ch.B. (*commenced 1/11/33*).
Constance M. Hoare, M.B., B.S., M.R.C.S. (*commenced 11/7/33*).

CONSULTING OBSTETRICIANS:
N. L. Edwards, F.R.C.S., Derby.
H. T. Hicks, F.R.C.S., Derby.
W. W. King, F.R.C.S., Sheffield (*died 9/7/34*).
F. H. Lacey, M.D., Manchester.
C. D. Lochrane, F.R.C.S., Derby.
M. H. Phillips, F.R.C.S., Sheffield.
C. E. Potter, M.D., Derby.

ASSISTANT SCHOOL MEDICAL AND M. AND C. W. OFFICERS:
H. S. Bryan, M.R.C.S., L.R.C.P.,
F. J. Burke, M.D., Ch.B.,
Wilhelmina W. Hendry, M.B., B.Ch., D.P.H.,
Ethel W. Morris, M.R.C.S., L.R.C.P., D.P.H.,
H. N. Popham, M.B., Ch.B., B.S.,
J. V. Walker, M.B., Ch.B., M.R.C.S., L.R.C.P., M.R.C.P. (*commenced 20/2/33*),

OPHTHALMIC SURGEON (School Medical & M.C.W.):
T. E. A. Carr, M.B., B.S.

EAR, NOSE & THROAT SURGEON (School Medical & M.C.W.):
Margaret S. Purce, M.B., B.Ch., F.R.C.S.

Public Health Staff—continued.

COUNTY ANALYST:

John White, F.I.C. (*retired 30/6/33*).
R. W. Sutton, B.Sc., F.I.C. (*commenced 1/7/33*).

SENIOR DENTAL OFFICER (School Medical & M.C.W.):

H. P. Sutcliffe, L.D.S.

DENTAL OFFICERS:

J. L. Thomas, L.D.S. (*commenced 30/10/33*).
M. Lewis, L.D.S. (*resigned 30/9/33*).
C. L. Noble, L.D.S.,
Elizabeth E. Grant, L.D.S.,
Doris M. Thomson, L.D.S.,
Christine B. Calder, L.D.S. (*resigned 28/2/33*),
Cicely Jefferson, L.D.S.,
Flora M. Grant, L.D.S.,
Josephine Dolan,
Mary Llewellyn, L.D.S. (*commenced 1/3/33*),
Also six Dental Attendants and three Dental Clerks.

COUNTY VETERINARY OFFICERS:

G. S. Reid Chalmers, M.R.C.V.S. (*commenced 1/2/34*).
J. King Shaw, M.R.C.V.S. (*commenced 1/2/34*).

ORGANISER OF INFANT WELFARE:

Miss E. Gray.

REGIONAL INSPECTORS OF MIDWIVES.

Miss Sleigh,
Miss Shand,
Miss Wilson,
Miss Woodford.

ORTHOPÆDIC NURSES:

Miss E. Garratt, C.S.M. & M.G.
Miss E. Taylor.

COUNTY SANITARY INSPECTORS:

H. Dickinson, Cert. R.S.I., Cert. Meat Inspector.
H. Mallinson, Cert. R.S.I., Cert. Meat Inspector.

FOOD & DRUGS SAMPLING OFFICER:

W. Etchells.

ASSISTANT BACTERIOLOGIST:

C. F. Peckham.

LABORATORY ASSISTANTS:

A. Morley, Cert. B.L.A., A. Yeomans.
C. H. Humphreys (*Temporary*).

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. L. Eyre, E. J. Arnot,
L. A. Buttling, Miss Alexander (*resigned 31/3/33*), Miss
Payne (*commenced 25/7/33*), Miss Waller, Miss Booth,
Miss Facer (*resigned 17/3/34*), Miss Greensmith, Miss A.
Drinkwater (*commenced 5/4/33, resigned 30/6/33*), Miss
Jones (*commenced 23/3/34*).

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

There were 80 Public Vaccinators up to the date of the County Review Order coming into force on April 1st, 1934, the number on that date being 78 (including nine at Institutions), and 72 Poor Law District Medical Officers. All are engaged in private practice. There are also 18 Vaccination Officers.

There were eight subsidised midwives at the end of 1933. One was discontinued in April, 1934.

HEALTH VISITORS.

Name.	Qualification	Reference No.*	Date commenced duty.
Gomm, G. E.	... 3, 4, 5, 6, 7	... ..	1/9/08
Harvey, A.	... 2, 3, 5	... ..	1/9/13
Spetch, R.	... 2, 3	... ..	2/4/13
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 (Regional Insp. of Midwives)	... ..	12/7/15
Liddle, A. L.	... 3, 4, 5	... ..	27/9/15
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
Blood, W. S.	... 2, 3	... ..	1/9/17
Stevens, A. L.	... 2, 3	... ..	21/9/17
Webb, E.	... 3, 4, 6	... ..	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
Martin, E.	... 3, 5, 7	... ..	10/9/18
Smith, M. L.	... 2, 3, 5	... ..	1/1/19
Clarkson, A. L.	... 1, 3, 4, 5, 6, 7	... ..	18/3/19
Woodford, D.	... 2, 3, 5 (Regional Insp. of Midwives)	... ..	8/12/19
Booth, E.	... 3, 4, 5	... ..	16/8/20
Sleigh, F.	... 2, 3, 5, 6 (Regional Insp. of Midwives)	... ..	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	... ..	1/9/21
Sterling, E. M.	... 3, 5	... ..	1/9/21
Millington, H.	... 2, 3, 5	... ..	29/5/22
Latham, B. A.	... 2, 3, 5	... ..	9/10/22
Hinchliffe, M. I.	... 2, 3	... ..	21/3/23
Wood, Irene M.	... 2, 3, 7	... ..	19/2/24
Watson, E.	... 2, 3	... ..	27/3/24
Sheldon, F.	... 1	... ..	5/1/25
Dennis, S.	... 2, 3	... ..	23/3/25
Webster, E.	... 2, 3	... ..	3/9/28
Fitzmaurice, M. M.	... 2, 3	... ..	4/2/29
Hitchcock, M.	... 2, 3	... ..	8/5/29
Avery, Florence	... 1, 2, 3	... ..	27/1/30
Easton, Alice A.	... 2, 3	... ..	17/2/30
Reid, Gladys M.	... 1, 2, 3	... ..	3/3/30
Macfarlane, A. T.	... 2, 3	... ..	10/12/30
McGaw, J.	... 2, 3, 5	... ..	10/12/30
Simmons, B. M.	... 1, 2, 3	... ..	16/3/31
Parkin, D. A.	... 1, 2, 3, 7	... ..	11/5/31
Allford, A. M. D.	... 1, 2, 3, 7	... ..	16/11/31
Whimster, Eliz. W.	... 1, 2, 3	... ..	17/10/32
Jackson, Millicent D.	... 1, 2, 3	... ..	17/10/32
Hewett, Alice M.	... 1, 2, 3	... ..	24/10/32
Wilson, Olive L.	... 1, 2, 3	... ..	8/5/33
Hardy, Doris M.	... 1, 2, 3	... ..	14/8/33

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

- *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 Work Certificate, Royal Sanitary Institute.
7. Fever Nursing or other special training.

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

TABLE I.

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 Group.	Typhoidal Fevers.	Measles.	Whooping Cough.	Diarrhoea	Seven Principal Zymotics					
1891 to 1900	...	.028	.16	.17	.16	.43	.30	.58	1.87	17.1	33.7	147
	England and Wales	...	.15	.27	.18	.39	.36	.71	2.14	18.3	29.9	153
1901 to 1910	...	.004	.10	.16	.08	.26	.24	*.58	1.58	14.1	28.5	126
	England and Wales	...	.10	.17	.10	.30	.27	.77	1.50	15.3	27.1	128
1911 to 1920	...	—	.04	.16	.03	.24	.16	.40	1.03	12.66	24.07	99	
	England and Wales	...	.04	.14	.03	.27	.18	.51	1.17	13.85	21.90	100
1921 to 1930	...	.00	.02	.07	.01	.07	.10	†.12	.39	10.92	19.73	70.7
	England and Wales	...	.02	.08	.01	.11	.11	†.15	.48	12.14	18.36	71.7
1931	...	.00	.01	.04	.01	.04	.06	.08	.24	11.08	16.72	67.4
	England and Wales	...	.02	.06	.01	.03	.07	.09	.28	12.3	15.8	66.0
1932	...	—	.01	.06	.00	.11	.06	.07	.31	11.24	16.35	63.4	
	England and Wales	...	.01	.07	.00	.11	.08	.10	.37	12.0	15.3	65.0
1933	Urban Districts	...	.01	.03	.01	.06	.05	.06	.22	11.32	14.88	65.4
	Rural Districts	...	.01	.05	.01	.00	.07	.06	.20	10.80	15.71	59.0
	WHOLE COUNTY	...	.01	.04	.01	.03	.06	.06	.21	11.07	15.29	62.2
	England and Wales	...	.02	.06	.01	.05	.05	.10	.29	12.3	14.4	64

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

† Deaths from Diarrhoea under 2 years of age only.

Report on the Health of Derbyshire for the Year 1933.

STATISTICS AND SOCIAL CONDITIONS.

AREA AND POPULATION.

The population of the Administrative County, according to the Census Return for 1931, was 614,926 and the area 640,701 acres. The Registrar-General's estimate of the population at the middle of 1933, on which the various calculations in this Report are based, is 622,300, *i.e.*, 317,400 in Boroughs and Urban Districts and 304,900 in Rural Districts.

During the year, an inquiry into the revision of the boundaries of the various districts in the County was commenced. The inquiry had to be carried out in two parts—one for the South, West and North-Western portion of the County, and one for the North-Eastern portion. The latter part of the inquiry was not held until April, 1934, having been postponed pending the decision of Parliament on the Sheffield Extension Bill proposing to take the Rural District of Norton into the City of Sheffield. Sheffield was successful in obtaining practically the whole of this Rural District, and 5,436 acres, with a population of 6,494, were absorbed by the Sheffield Corporation, leaving but 1,862 acres and 92 population, which will be absorbed into the Chesterfield Rural District.

The following table shews the Districts as constituted after the first part of the Inquiry :—

<i>District.</i>	<i>Area added.</i>	<i>Area taken away.</i>	<i>New Area.</i> (Census 1931).	
			<i>Pop.</i>	<i>Area</i> <i>in Acres.</i>
<i>Urban.</i>				
Alfreton	...Northern part of Codnor Park (from Basford R.)	—	22,276	4,957
*Alvaston and Boulton	...	—	—	—
		Whole District (to go to Shardlow R.)		
Ashbourne	...Parts of Sturston, Clifton & Compton (from Ashbourne R.)	—	4,735	1,075
Bakewell	...	—	3,012	3,061
*Baslow	...	—	—	—
		Whole District (to go to Bakewell R.)		

<i>District.</i>	<i>Area added.</i>	<i>Area taken away.</i>	<i>New Area.</i> (<i>Census 1931.</i>)	
			<i>Pop.</i>	<i>Area</i> <i>in Acres.</i>
<i>Urban.</i>				
Belper	...Parish of Milford (from Belper R.)	—	14,204	4,294
Bolsover	...	—	11,811	4,955
*Bonsall	...	Whole District (to go to Matlock U.)	—	—
Brampton and Walton	...	—	2,323	9,002
Buxton (Boro')	...Parts of Hartington Upper Quarter, Fernilee, Chapel, King Sterndale (from Chapel R.)	—	17,118	5,605
Chesterfield (Boro')	...	—	64,146	8,472
Clay Cross	...	—	8,493	1,467
Dronfield	...	—	4,530	1,045
Glossop (Boro')	...Gamesley part of Charlesworth (from Glossop Dale R.)	—	20,054	3,324
*Heage	...	Whole District (to go to Ripley U.)	—	—
Heanor	...Southern part of Codnor Park (from Basford R.)	—	22,471	4,636
Ilkeston	...Eastern part of Kirk Hallam (from Shardlow R.) and part of Shipley (from Basford R.)	—	33,212	2,821
Long Eaton	Eastern part of Sawley & Wils- thorpe (from Shardlow R.)	—	23,310	3,557
Matlock	...Bonsall, North Darley & South Darley U.D.'s, detached part of Wirksworth U.	1 Acre to go to Wirksworth U.	16,596	16,604
New Mills	...	—	8,551	5,204
*North Darley	...	Whole District (to go to Matlock U.)	—	—

<i>District.</i>	<i>Area added.</i>	<i>Area taken away.</i>	<i>New Area.</i> (Census 1931).	
			<i>Pop.</i>	<i>Area in Acres.</i>
<i>Urban.</i>				
Ripley	...Heage U. and Southern part of Crich (from Belper R.)	—	17,777	5,411
*South Darley	—	Whole District (to go to Matlock U.)	—	—
Swadlincote	Parts of Bretby and Castle Gresley (from Repton R.) Parts of Harts- horne & Woodville (from Harts- horne R.)	South-Western part of Church Gresley (to go to Repton R.)	20,798	3,754
Wirksworth	Parish of Mid- dleton-by- Wirksworth (from Ashbourne R.) 1 acre from Matlock U.	Detached portion (to go to Matlock U.)	4,855	4,011
Total of Urban Districts ...			<u>320,272</u>	<u>93,255</u>
<i>Rural.</i>				
Ashbourne	...Whole of Sudbury R.	Parts of Sturston, Clifton & Compton (to go to Ashbourne U.) Middleton-by- Wirksworth Parish (to go to Wirksworth U.)	11,637	86,183
Bakewell	...Baslow U.	2 detached parts of Outseats (to go to Chapel R.)	19,282	85,659
*Basford	... —	Part of Codnor Park (to go to Alfreton U.) Part of Codnor Park (to go to Heanor U.) Part of Shipley (to go to Ilkeston B.) Part of Shipley (to go to Belper R.)	—	—

<i>District.</i>	<i>Area added.</i>	<i>Area taken away.</i>	<i>New Area.</i> <i>(Census 1931).</i>	
			<i>Pop.</i>	<i>Area in Acres.</i>
<i>Rural.</i>				
Belper	...Part of Shipley (from Basford R.)	Part of Crich (to go to Ripley U.) Milford (to go to Belper U.) Morley & Smalley Common (to go to Shardlow R.) Parts of Mackworth & Markeaton (to go to Derby Boro')	22,956	48,118
Blackwell ...	—	—	42,691	21,239
Chapel-en-le-Frith	2 detached parts of Outseats (from Bakewell R.) Glossop Dale R. (except Gamesley) Hayfield R.	Parts of Hartington Upper Quarter, Fernilee, Chapel & King Sterndale (to go to Buxton Boro')	23,720	106,431
Chesterfield...	—	—	82,622	69,930
Clowne ...	—	—	17,720	13,429
*Glossop Dale	—	Gamesley part of Charlesworth (to go to Glossop Boro')	—	—
		Remainder of District (to go to Chapel R.)		
*Hartshorne & Seals	—	Parts of Hartshorne & Woodville (to go to Swadlincote U.) Remainder of District (to go to Repton R.)	—	—
*Hayfield ...	—	Whole District to go to Chapel R.	—	—
*Norton ...	—	Small area left in County to go to Chesterfield R.	—	—
Repton	...All Hartshorne and Seals R.D. except parts of Hartshorne & Woodville parishes Part of Church Gresley (from Swadlincote U.)	Part of Bretby (to go to Burton Boro') Part of Bretby & Castle Gresley (to go to Swadlincote U.)	26,231	65,654

<i>District.</i>	<i>Area added.</i>	<i>Area taken away.</i>	<i>New Area.</i> (Census 1931).	
			<i>Pop.</i>	<i>Area in Acres.</i>
<i>Rural.</i>				
Shardlow ...	Whole of Alvaston and Boulton U.D. Parishes of Morley and Smalley Common (from Belper R.)	Parts of Chad-desden & Spondon (to go to Derby Boro') Part of Kirk Hallam (to go to Ilkeston Boro') Part of Sawley and Wilsthorpe (to go to Long Eaton U.)	41,136	44,370
*Sudbury ...	—	Whole District (to go to Ashbourne R.)	—	—
	Total of Rural Districts ...		287,995	541,013
	WHOLE COUNTY ...		608,267	634,268

* Districts to be abolished.

It will be seen that the number of Boroughs and Urban Districts is reduced from 25 to 19 and the Rural Districts from 15 to 9.

The following are the parts of the County which have been transferred to outside Authorities :—

	<i>Population.</i>	<i>Area in Acres.</i>
<i>To Derby Borough—</i>		
Part of Markeaton Parish ...	96	712
„ Mackworth Parish...	9	115
„ Chaddesden Parish ...	8	108
„ Spondon Parish ...	—	50
<i>To Burton Borough—</i>		
Part of Bretby Parish ...	56	16
<i>To City of Sheffield (1933 Extension)—</i>		
Nearly all Norton R.D. ...	6,493	5,436
	6,662	6,437

INHABITED HOUSES.

The estimated number of houses in the County at the end of 1933, according to the information given by the Local Medical Officer of Health was 159,294 of which 80,969 are in the Boroughs and Urban Districts and 78,325 in the Rural Districts.

During 1933, 3,934 new houses were erected.

RATEABLE VALUE.

The Rateable Value of the Administrative County of Derby in April, 1934, for County Rate purposes was £2,868,556, and a Penny Rate over the whole County represents the sum of £10,615.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

The main industries which give the people of this county occupation, are coal mining carried on in the East and North-East and in a small area in the South-Western portion of the county, and agriculture, particularly in the Western and Central parts of the county. The staple industries in the extreme North-Western area of the county adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the lace trade provides the chief occupation. In this area, too, artificial silk manufactories absorb an appreciable portion of the population. In the Northern and North-Central areas the chief industries are quarrying, limestone crushing and lime burning, working and dressing millstone grit, and silica brick making. A number of these industries come under the heading of "Refractories Industries," some of which are known to be pre-disposed to pulmonary disease. As was pointed out in a Special Report on Silicosis appended to my Annual Report for 1926, the death rate from phthisis amongst workers in the refractories industries has been considerably reduced in this County.

In the extreme South-Western portion of the county, pottery manufacture is one of the prominent industries.

VITAL STATISTICS.

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

			<i>Total.</i>	<i>Males.</i>	<i>Females.</i>
Live Births	{ Legitimate	... ..	9,177	4,640	4,537
	{ Illegitimate	... ..	339	172	167
Birth Rate per 1,000 of the estimated population					15.29
Still Births					445
Rate per 1,000 (still and live) births					46.7
Deaths					6,888
Death rate per 1,000 of the estimated population					11.07

Deaths from Puerperal Causes:—

	<i>No. of Deaths.</i>	<i>Rate per 1,000 (Still and live) Births.</i>
Puerperal Sepsis	13	1.30
Other Puerperal Causes	27	2.71
Total	40	4.01

Death Rate of Infants under 1 year of age:—

All infants (per 1,000 live births)	62.21
Legitimate infants (per 1,000 legitimate births)	61.14
Illegitimate infants (per 1,000 illegitimate births)	91.4

Table II.

COUNTY OF DERBY. Year ending December 31st, 1933.

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.					BIRTHS.	DEATHS.	Annual Rates per 1,000 of Estimated Population.							
			Census. 1911.	Census. 1921.	Census. 1931.	Censal Increase or Decrease, 1921-1931. (Percentage)				Estimated Population 1933.	Birth Rate.	Death Rate.	Zymotic Death Rate.	Death Rate from Diarrhoeal Fever and (under 2 years)	Phthisis Death Rate.	Respiratory Death Rate.	Infantile Death Rate per 1,000 Births.
						Increase	Decrease										
ALFRETON...	S. O. Bingham, M.R.C.S.	4,626	19,046	20,472	21,234	3.7	...	21,340	358	226	16.77	10.59	.37	...	.33	.98	53.0
ALVASTON AND BOULTON	C. P. Druitt, M.R.C.S., L.R.C.P.	1,321	1,398	1,575	3,280	108.2	...	4,393	81	38	18.44	8.65	.22	.22	...	1.36	61.7
ASHBOURNE	E. A. Sadler, M.D.	621	4,059	4,220	4,506	6.7	...	4,519	62	49	13.72	10.84	.22	...	.88	.22	64.5
BAKEWELL	C. W. Evans, M.B.	3,061	3,078	3,064	3,028	...	1.1	3,094	33	33	10.67	10.67	...	...	...	.32	90.9
BASLOW	T. Pentem, M.D.	5,634	858	866	854	...	1.4	873	15	12	17.18	13.74	...	...	...	...	...
BELPER	R. C. Allen, M.R.C.S., D.P.H.	3,183	11,640	12,824	13,024	5.7	...	13,240	221	156	16.69	11.73	.07	.07	.45	.90	99.6
BOLSOVER	W. Stratton, L.R.C.P.I.	4,955	11,214	11,475	11,811	2.9	...	11,890	245	123	20.44	10.34	.42	...	.42	1.34	45.4
BONSALL	C. W. Sparkes, M.R.C.S., L.R.C.P.	2,447	1,248	1,167	1,173	0.5	...	1,149	21	12	18.28	10.44	...	...	...	1.74	...
BRAMPTON AND WALTON	R. A. McCrea, M.B.	9,002	2,059	2,316	2,323	0.3	...	2,408	35	39	14.53	16.19	.88	.41	2.07	2.07	142.8
BUXTON (Borough)	T. B. Flint, M.R.C.S.	3,111	13,760	15,641	15,349	...	1.8	15,020	204	168	13.58	11.18	...	...	.26	.86	29.4
CHESTERFIELD (Borough)	J. A. Stirling, M.B., D.P.H.	8,472	55,209	61,232	64,160	4.8	...	64,690	1,001	737	15.47	11.23	.23	.09	.66	1.45	77.9
CLAY CROSS	A. F. R. Pooler, M.B., Ch.B.	1,467	8,365	8,686	8,497	...	2.2	8,382	149	106	17.77	12.64	...	...	.23	1.78	100.7
DRONFIELD	O. H. Hudson, M.R.C.S.	1,045	3,943	4,434	4,530	2.1	...	4,435	61	55	13.75	12.40	...	...	.67	.45	32.7
GLOSSOP (Borough)	E. H. M. Milligan, M.D., D.P.H.	3,052	21,688	20,531	19,509	...	4.9	18,970	203	274	10.70	14.44	.05	...	.42	1.47	68.9
HEAGE	R. C. Allen, M.R.C.S., D.P.H.	2,367	3,474	3,740	4,054	8.4	...	3,953	59	36	14.92	9.10	...	...	.50	1.01	16.9
HEANOR	W. H. Turton, M.B.	3,509	19,851	21,436	22,381	4.4	...	22,520	344	225	15.29	9.99	.13	.13	.44	1.33	49.4
ILKESTON (Borough)	H. L. Barker, M.D., M.R.C.S., D.P.H.	2,526	31,657	32,266	32,813	1.7	...	32,580	511	401	15.68	12.31	.67	.24	.53	1.81	78.2
LONG Eaton	J. Moir, M.B.	3,323	19,207	22,149	22,345	0.9	...	22,890	300	220	13.14	9.63	.13	.04	.52	1.05	46.6
MATLOCKS	C. R. Wills, M.B., Ch.B.	7,001	10,343	10,545	10,599	0.5	...	10,120	122	117	12.05	11.56	.09	.09	.89	1.48	40.9
NEW MILLS	G. B. Pemberton, M.B., D.P.H.	5,204	8,998	8,490	8,551	0.7	...	8,384	87	116	10.37	13.83	.11	...	.47	1.19	34.4
NORTH DARLEY	C. B. Wills, M.B., Ch.B.	5,142	3,317	3,264	4,093	25.4	...	4,314	60	48	13.91	11.12	.69	.23	.23	1.39	83.3
RIPLEY	R. A. Ryan, L.R.C.P.I.	2,815	11,848	13,292	13,413	0.9	...	13,460	209	140	15.53	10.40	.07	...	.14	1.26	57.4
SOUTH DARLEY	J. L. Fletcher, M.B.	2,008	809	740	731	...	1.2	721	16	11	22.18	15.26	...	...	...	...	125.0
SWADLINCOTE	S. T. Cochrane, M.D., D.P.H.	3,670	18,674	20,012	20,308	1.4	...	20,240	270	209	13.34	10.32	.09	...	.49	1.58	88.8
WIRESWORTH	W. S. G. Christie, M.B., Ch.B.	3,026	3,888	3,610	3,910	8.3	...	3,875	59	53	15.22	13.67	...	...	.51	1.03	33.9
TOTAL		92,588	289,731	307,547	316,475	2.9	...	317,400	4,724	3,594	14.88	11.32	.22	.07	.48	1.31	65.4

Deaths and Death Rate from :—	No. of deaths.	Rate per 1,000 of estimated population.
Measles (all ages)	20	·03
Whooping Cough (all ages) ...	40	·06
Diarrhœa (under 2 years of age)	41	·06

Diarrhœa.—I draw particular attention to the low infantile death rate from diarrhoea—the number of deaths from this cause is amongst the lowest on record. When it is borne in mind that the year was remarkable for its high temperatures and lack of rainfall, conditions which were usually followed by a high infantile death rate, I think we can take credit for improved sanitation. I use the term “improved sanitation” in its broadest sense, including within its meaning the advantages accruing from the introduction of motor traffic in place of horses, resulting in a marked diminution of fly breedings in the form of manure dumps, and the advent of the tarred road, preventing dust, which itself in the old days contained a considerable amount of manurial matter.

Infantile Mortality.—The Infantile Mortality rate for the year under review was 62·2 per 1,000 births, as compared with 63·4, the rate for the previous year, whilst the rate for England and Wales for the year was 64.

TABLE III.
INFANTILE DEATH RATE.

Year.	Amongst legitimate births.	Amongst illegitimate births.	Amongst all births.
1926 ...	69·0	123·5	71·1
1927 ...	69·8	108·2	71·3
1928 ...	58·9	134·3	63·0
1929 ...	66·1	102·4	67·6
1930 ...	57·2	104·7	61·4
1931 ...	66·5	91·1	67·4
1932 ...	60·5	141·6	63·4
1933 ...	61·1	91·4	62·2

Births.—The Birth Rate for the year—15·29 per 1,000 of the population—is the lowest on record and compares with 16·35, the rate for the previous year. The numbers of registered live and still births amongst males and females, showing legitimate and illegitimate separately, are as follows:—

	Live Births.		Still Births.	
	Males.	Females.	Males.	Females.
Legitimate	4,640	4,537	214	202
Illegitimate	172	167	11	18
Totals	4,812	4,704	225	220
	9,516		445	

Deaths.—6,888 deaths occurred during the year, giving a death rate of 11·07 per 1,000 of the population as compared with 11·24, the rate for the previous year.

Zymotic Diseases.—The Zymotic Death Rate for the year was 0·21 per 1,000 of the population as compared with 0·31, the rate for the previous year.

HEALTH EDUCATION.

Health Week.—Health Week in Derbyshire was held from October 2nd to October 7th, 1933, and many organisations and authorities interested in health services were again associated with and represented on Derbyshire Health Week Committee. Special addresses were given by arrangement with the teachers, medical practitioners, school doctors, school dentists, district nurses and members of the Agricultural and Education staffs. Lantern lectures were given in a number of schools by the head teacher or a visiting lecturer. A considerable quantity of literature was distributed to the schools, Women's Institutes and Urban Councils.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LOCAL GOVERNMENT ACT, 1929.

Section 5 (1).—No alterations have been made in the administration of the services of Poor Law Medical Relief during the year.

PUBLIC ASSISTANCE INSTITUTIONS.

The following Table gives information regarding the accommodation provided at the Public Assistance Institutions within the County and the extent to which they were used during 1933 :—

TABLE IV.

PUBLIC ASSISTANCE INSTITUTIONS.

Name of Institution.	Total No. of beds.*	Average no. of beds occupied.	Admissions.	Discharges.	Deaths.	Duration of Stay.		
						4 weeks or less.	4—13 weeks.	over 13 weeks.
Ashbourne	36	22	69	43	27	37	19	14
Bakewell	81	50	170	133	36	115	34	20
Belper	126	111	227	146	58	104	48	52
Chapel-en-le-Frith	79	65	136	98	28	68	44	14
Chesterfield	207	135	865	650	212	432	376	54
Glossop	114	85	86	66	35	50	25	26
Hayfield	53	19	9	16	8	8	2	14
Shardlow	95	68	187	118	58	20	35	121
Total	791	555	1749	1270	462	834	583	315

* Excluding cots in maternity wards.

Poor Law Medical Out-Relief.—Since the publication of the Survey Report in 1930, where a complete list of the areas, districts, parishes and District Medical Officers was given, the following changes have taken place :—

<i>Area.</i>	<i>District.</i>	<i>Parishes.</i>	<i>District Medical Officer.</i>
<i>During 1931 :—</i>			
Mid-Derbyshire	No. 4	Alfreton	Dr. O. R. Allison, Greenhill Lane, Riddings, Alfreton (Vice Dr. W. A. Warters)
	No. 9	Denby Horsley Horsley Woodhouse Mapperley Morley Smalley	Dr. C. M. O'Brien, "Dunadea," Horsley Woodhouse (Vice Dr. F. R. Howse)
South-Eastern	No. 1	Ilkeston Shipley	Dr. F. B. Sudbury, Galtee House, Ilkeston (Vice Dr. W. R. Paton)
Scarsdale	No. 1	Beighton	Dr. A. R. Fordyce, The Beeches, Beighton (Vice Dr. J. Fairbrother)
	No. 10	Clay Lane Egston Stretton Woodthorpe	Dr. A. F. R. Pooler, Clay Cross (Vice Dr. T. F. Wilson)
	No. 16	Pilsley North Wingfield (part)	Dr. O. H. Bullock, Pilsley, Nr. Chesterfield (Vice Dr. J. Alexander)
<i>During 1932 :—</i>			
South-Western	No. 9	Cubley Marston Montgomery Norbury and Roston	Dr. A. H. C. Hill, The Croft House, Rocester, Staffs. (Vice Dr. K. V. Smith)
Scarsdale	No. 5	Brampton Walton	Dr. K. B. McGlashan, Ash Lodge, Brampton, Chesterfield (Vice Dr. R. A. McCrea)
High Peak	No. 9	Tideswell Blackwell Grindlow Great Hucklow Litton Taddington Wardlow Wheston	Dr. H. Brookes, Osborne House, Tideswell, Buxton (Vice Dr. F. K. B. Quanborough)

<i>Area.</i>	<i>District.</i>	<i>Parishes.</i>	<i>District Medical Officer.</i>
<i>During 1933 :—</i>			
Scarsdale	No. 12	Brimington Calow	Dr. F. O'Daly, Sutton Lodge, Brimington (Vice Dr. P. F. MacGinnis)
South-Eastern	No. 6	Breadsall Little Eaton	Dr. R. G. Morrison, Gervase House, Duffield
Mid-Derbyshire	No. 7	Hazlewood Turnditch Windley Milford Duffield Weston Underwood Ravensdale Park Kedleston Quarndon	(Vice Dr. R. Morrison)
South-Western	No. 7	Calke Smisby Ticknall Overseal Netherseal	Dr. S. C. M. Davison, The Spinney, Ashby-de-la-Zouch (Vice Dr. R. W. Logan)

The following are alterations in District Medical Officers' areas as from April 1st, 1934, consequent upon the County Review Order, 1934 :—

<i>Area.</i>	<i>District No.</i>	<i>Parishes added.</i>	<i>District Medical Officer.</i>
High Peak	1	Parts of Chapel and Fernilee	Dr. G. Cochrane
	2	Part of Green Fairfield	Dr. D. Cogan
	5	Part of Rowsley	Dr. J. L. Fletcher
	7	Part of Wirksworth	Dr. C. W. Sparks
	9	Part of Little Hucklow	Dr. H. Brookes
	11	Parts of Hathersage and Eyam	Dr. R. S. C. Edleston
Mid-Derby- shire	2	Part of Crich	Dr. R. C. Allen
	4	Part of Codnor Park	Dr. O. R. Allison
	5	Part of Cromford	Dr. W. S. G. Christie
	9	Part of Shipley	Dr. C. M. O'Brien
South- Eastern	1	Part of Kirk Hallam	Dr. F. B. Sudbury
	2	Part of Codnor Park	Dr. W. C. Robey
	6	Morley	Dr. R. G. Morrison
	13	Part of Smalley	Dr. J. W. Smith
South- Western	1	Parts of Hartshorn, Woodville & Bretby	Dr. S. T. Cochrane
	2	Part of Hartshorn	Dr. E. V. Lindsey
	7	Boundary	Dr. S. C. M. Davison

<i>Area.</i>	<i>District No.</i>	<i>Parishes taken away.</i>	<i>District Medical Officer.</i>
High Peak	1	Part of Green Fairfield	Dr. G. Cochrane
	2	Parts of Chapel and Fernilee	Dr. D. Cogan
	4	Part of Rowsley	Dr. T. Fentem
	6	Part of Little Hucklow	Dr. G. P. Lafferty
	7	Part of Cromford	Dr. C. W. Sparkes
	12	Parts of Hathersage and Eyam	Dr. W. E. Houlbrook
Mid-Derbyshire	5	Part of Wirksworth	Dr. W. S. G. Christie
	6	Part of Crich	Dr. E. M. Macdonald.
	9	Morley and part of Smalley	Dr. C. M. O'Brien
	8	Parts of Mackworth and Markeaton	Dr. N. Leys
South-Eastern	1	Part of Shipley	Dr. F. B. Sudbury
	4	Codnor Park	Dr. T. Heffron
	13	Parts of Kirk Hallam, Chellaston & Spondon	Dr. J. W. Smith
South-Western	2	Part of Bretby	Dr. E. V. Lindsey
	6	Boundary and parts of Hartshorne & Woodville	Dr. W. G. Love

Consequent upon the Sheffield Extension Act, 1933, the greater portion of the Norton Rural District, comprising Districts No. 25 and 26 in the Scarsdale Area, was added to the City of Sheffield. The remaining portions were added to No. 11 District (Dr. J. T. Wilson, Dronfield).

Vaccination.—The following Table has been prepared from the annual returns of the Vaccination Officers to the Registrar General, and relates to births registered in the year 1932. The results as at 31st January, 1934, show that of 9,670 children whose births were registered in the County, 512 died unvaccinated. Of the remaining 9,168 children, only 1,674 (18·2%) were successfully vaccinated or were certified to be insusceptible to vaccination while statutory declarations of conscientious objection were received in respect of 6,573 (71·7%).

TABLE V.

Vaccination Officer.	Number of Births registered from 1st January to 31st December, 1932.	Number of these Births duly entered by 31st January, 1934, in Vaccination Register, viz. :—			Number of these Births which on 31st January, 1934, remained unentered in Vaccination Register on account of :			Number of these Births remaining on 31st January, 1934, neither entered in Vaccination Register nor temporarily accounted for.	Number of Certificates of successful Primary Vaccinations of children under 14 received during 1933.	Number of Statutory Declarations of Conscientious Objection actually received during 1933.
		Successfully Vaccinated.	Insusceptible to Vaccination.	Statutory Declarations of Conscientious Objection.	Died Unvaccinated.	Postponement by Medical Certificate.	Removal to other Districts.				Removal to places to places of unknown and cases not found.
Mr. J. L. Kind	692	107	1	548	30	1	5	...	124	447
Mr. T. H. Widdowson	997	201	...	694	48	6	16	19	156	647
Mr. T. Turner	422	16	1	233	24	...	...	...	23	214
Mr. J. Spencer	1,223	106	1	968	57	...	6	6	123	950
Mr. C. V. Fenton	244	28	...	196	15	2	1	1	33	194
Mr. J. S. Wherrett	323	37	...	132	9	...	2	1	27	133
Mrs. B. A. Sprigg	135	50	...	65	6	1	4	6	57	43
Mr. A. M. Turner	388	62	...	241	10	...	8	66	84	248
Mr. F. C. Stafford	156	18	...	103	8	...	9	15	24	93
Mr. J. Blossom	64	25	3	29	2	1	3	3	35	42
Mr. J. Binge	332	40	...	268	13	9	...	...	31	241
Mr. G. W. Hobson	176	76	...	88	7	3	...	...	88	102
Mr. J. H. Housley	176	17	...	144	7	...	2	5	32	136
Mr. T. T. Charlton	351	21	...	232	22	1	...	74	26	229
Mr. E. Edson	439	25	...	249	22	2	6	132	25	261
Mr. H. Moorhouse	3,171	665	3	2,190	221	1	38	50	704	2,080
Mr. F. Howard	29	17	...	12	...	...	...	...	25	10
Mr. J. W. C. Payne	97	38	1	53	4	...	...	...	48	50
Mr. A. Hugh Thomas	255	115	...	128	7	1	1	...	128	142
Totals ...	9,670	1,664	10	6,573	512	28	99	734	1,793	6,262

The following table has also been prepared showing the vaccinations performed by the Public Vaccinators and the Medical Officers of Public Assistance Institutions :—

TABLE IV.

	VACCINATIONS.			Successful Re-Vaccinations.
	Under 1 Year.	1 Year and upwards.	Totals.	
By Public Vaccinators	1,374	378	1,752	57
By Medical Officers of Public Institutions	9	18	27	—
TOTALS ...	1,383	396	1,779	57

INSTITUTIONAL TREATMENT FOR THE CARE OF MENTAL DEFECTIVES.

Full particulars were given in my Annual Report for 1930, page 51, as to the accommodation available in this connection.

The County Council have one small block in connection with the Glossop Public Assistance Institution, certified by the Board of Control for the accommodation of nine males and twelve females, whilst the Chesterfield Public Assistance Institution is certified for the reception of one female case. This accommodation is always fully occupied. Apart from this, the County Council provide accommodation by contracting with certified institutions not belonging to the County Council, in which, at the end of 1933, there were accommodated for the Council 53 males and 152 females.

The County Council have recently purchased Makeney House, near Belper, as an Institution for 80 high-grade mentally defective females, and at the time of writing this Report the adaptation of the House for the purposes of such an Institution is nearing completion.

NURSING IN THE HOME.

General.—General nursing in the homes of the people is carried out over the greater part of the County through the agencies of District Nursing Associations, the majority of which are affiliated to the Derby County Nursing Association. These affiliated Associations number 82 and employ 100 nurses (29 Queen's Nurses and 71 District Nurse Midwives). I have no accurate information as to the number of Associations not affiliated to the Derby County Nursing Association.

Details as to the Grant made by the County Council to the County Nursing Association and the conditions to be complied with were given in my last Annual Report, page 21.

The County Council have an arrangement with the Derby County Nursing Association for the nursing of bedridden cases of tuberculosis and during the year this service was provided in seven instances.

TABLE VIII.
Examination of Samples of Water.

Authority.	Taken by County M.O.H. Department.	Taken by Local Authorities.	Taken by Other Persons.
Alfreton U. ... ..	...	4	...
Ashbourne U. ... ..	...	...	1
Bakewell U. ... ..	...	1	...
Belper U. ... ..	...	6	...
Bolsover U. ... ..	...	3	...
Glossop Boro' ... ..	...	8	...
Matlocks U. ... ..	...	16	...
Wirksworth U. ... ..	...	4	...
Ashbourne R.	5	...	1
Bakewell R.	1	14	6
Belper R. ... ..	...	2	2
Blackwell R.	3	8	...
Chapel-en-le-Frith R. ... ..	...	6	2
Chesterfield R.	1	10	1
Hayfield R. ... ..	...	...	1
Repton R.	4	...	...
Sudbury R.	2	...	1
Ilkeston and Heanor Water Bd.	...	...	32
Swadlincote & Ashby Water Bd.	...	...	1
Derby Corporation ... ..	...	...	24
Wiltshire... ..	...	...	2
Totals	16	82	74

TABLE IX.—Specimens received from Medical Practitioners during 1933

Districts.	Enterica.				Diph- theria.		Phthisis.		Miscell- aneous.		Total		Rate per 1,000 of Popula- tion
	Typhoid, Ptyphoid, A & B.		Gaertner, Dysentery etc.										
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	
URBAN.													
Alfreton .. ..	..	..	..	..	3	46	3	19	4	2	10	67	3.60
Alvaston & Boulton ..	..	4	..	5	..	14	..	8	2	1	2	32	7.74
Ashbourne	2	..	..	1	1	19	1	3	..	4	4	27	6.86
Bakewell .. ..	..	4	..	..	1	16	1	10	..	2	2	32	10.99
Baslow .. ..	..	..	..	..	..	1	..	..	..	..	..	1	1.14
Belper .. ..	..	12	1	9	..	12	6	22	6	6	13	61	5.59
Bolsover .. ..	..	7	..	3	..	31	2	23	2	..	4	64	5.71
Bonsall .. ..	..	..	..	..	..	3	..	1	..	..	..	4	3.48
Brampton & Walton ..	..	..	..	..	1	6	..	3	2	2	3	11	5.81
Buxton (Boro') .. ..	..	1	..	..	5	33	3	19	4	5	12	58	4.66
Chesterfield (Boro') ..	6	20	4	22	7	60	18	59	14	21	49	182	3.57
Clay Cross	1	5	..	6	4	43	1	14	..	1	6	69	8.94
Dronfield .. ..	..	..	..	..	..	1	..	7	..	..	..	8	1.80
Glossop (Boro') .. ..	..	5	..	4	..	35	3	23	9	8	12	75	4.58
Heage .. ..	..	..	..	..	..	5	2	4	2	2	4	11	3.79
Heanor .. ..	..	6	..	5	6	13	8	47	6	10	20	81	4.48
Ilkeston (Boro')	1	4	..	6	6	24	6	36	8	14	21	84	3.22
Long Eaton .. ..	..	2	..	..	2	23	4	29	3	..	9	54	2.75
Matlock .. ..	..	3	1	4	..	21	..	9	1	..	2	37	3.85
New Mills .. ..	..	..	..	..	5	56	2	7	6	24	13	87	11.92
North Darley .. ..	..	3	..	3	..	5	..	1	..	..	..	12	2.78
Ripley .. ..	..	..	..	..	..	..	2	28	5	6	7	34	3.04
South Darley .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Swadlincote .. ..	..	..	..	..	5	22	3	26	3	4	11	52	3.11
Wirksworth .. ..	..	..	..	..	..	10	3	7	3	2	6	19	6.45
<i>Urban Districts</i>	10	76	6	68	46	499	68	405	80	114	210	1162	4.32
RURAL.													
Ashbourne .. ..	..	2	..	..	1	27	1	5	1	2	3	36	3.83
Bakewell .. ..	..	16	2	7	23	98	2	13	3	4	30	138	9.21
Basford .. ..	..	..	..	..	..	..	..	..	..	..	..	..	..
Belper .. ..	..	3	..	3	6	87	9	45	28	23	43	161	7.84
Blackwell	5	8	..	12	12	92	15	69	15	29	47	210	6.02
Chapel-en-le-Frith ..	1	3	..	3	6	15	..	14	2	2	9	37	2.58
Chesterfield .. ..	..	12	4	10	11	130	11	74	9	13	35	239	3.33
Clowne .. ..	..	4	..	1	2	37	3	27	1	..	6	69	4.22
Glossop Dale	4	1	..	3	3	36	..	4	1	5	8	49	14.61
Hartshorne & Seals ..	..	..	..	..	..	9	2	23	..	4	2	36	4.37
Hayfield .. ..	..	..	..	..	..	15	1	2	1	2	2	19	4.91
Norton .. ..	..	2	10	4	..	4	..	3	1	1	11	14	2.78
Repton	6	34	30	56	4	66	5	35	17	30	62	221	15.16
Shardlow .. ..	..	2	..	..	15	98	6	77	20	24	41	201	5.87
Sudbury .. ..	..	..	..	..	..	9	..	..	..	..	..	9	3.55
<i>Rural Districts</i> ..	16	87	46	99	83	723	55	391	99	139	299	1439	5.70
<i>Urban Districts</i> ..	10	76	6	68	46	499	68	405	80	114	210	1162	4.32
<i>Whole County</i> ..	26	163	52	167	129	1222	123	796	179	253	509	2601	4.99

TABLE X.—Specimens received from Hospitals, 1933.

Hospital.	Enterica.				Diphtheria.		Phthisis.		Miscellaneous.		Total.	
	Typhoid, P'typhoid, A & B.		Gaertner, Dysentery etc.									
	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.	Pos.	Neg.
Belper .. ..	..	2	..	1	24	392	..	..	..	..	24	395
Buxton .. ..	..	..	..	..	15	34	..	..	1	1	16	35
North Derbyshire Royal Hospital..	1	10	..	11	..	..	..	..	..	..	1	21
Draycott .. ..	..	..	..	..	17	93	..	..	..	..	17	93
Dronfield .. ..	..	..	..	..	8	42	..	..	..	..	8	42
Etwall .. ..	..	..	..	..	..	68	..	..	..	..	..	68
Gamesley .. ..	..	..	..	..	2	172	..	3	5	..	7	175
High Peak	2	1	..	2	31	80	..	..	3	8	36	91
Haddon .. ..	..	..	..	..	31	170	..	..	..	..	31	170
Ilkeston Sanatorium..	..	..	..	..	7	19	..	..	1	3	8	22
Langwith	7	13	..	10	..	30	..	..	6	3	13	56
Mastin Moor	3	6	..	7	89	270	..	..	3	23	95	306
Morton .. ..	..	..	..	..	48	888	..	..	..	..	48	888
Penmore .. ..	..	4	1	5	9	123	..	1	4	8	14	141
Totals ..	13	36	1	36	281	2381	..	4	23	46	318	2,503

Venereal Diseases Specimens.

The following Table shows the number of specimens sent in under the V.D. Scheme for Examination during the year 1933 :—

TABLE XI.

	From General Practitioners.	From V.D. Clinics.	Total.
Blood for Wassermann reaction	1,875	1,579	3,454
Pus for Gonococci	... 230	130	360
Serum for Spirochætes	... 2	—	2
Cerebro-Spinal Fluid for Acetic Anhydride Test	... 1	—	1
do. do. Cell Count	2	5	7
do. do. Globulin...	—	5	5
do. Langes Gold Test	—	3	3
Culture for Gonococci	... 1	—	1
Totals	...2,111	1,722	3,833

The Wassermann Reaction. Comparison of different methods.

In February, 1933, Lt.-Colonel Harrison, of the Ministry of Health, asked the Derbyshire County Council laboratory to co-operate with him in a series of blood tests for the comparison of the delicacy of the different methods of conducting Wassermann tests.

Sera were sent in batches of 12 weekly until two hundred had been received at the laboratory, and samples of the same sera were sent to Dr. Wyler at St. Thomas's Hospital, London, no information as to the clinical condition of the patient being sent to either laboratory. The Derbyshire County Council laboratory employed Dean's method and Dr. Wyler, Harrison's No. 1 method, and the Sigma method of test.

On the completion of the work, Lt.-Colonel Harrison forwarded the comparative results, which showed that of the tests on sera from treated cases 70·3% were in agreement, and of the tests on the sera from untreated cases 95·9% were in agreement.

TABLE XII.

Specimens received from the Dispensaries and Sanatoria during 1933 :—

Dispensary or Institution.	Sputa.		Miscellaneous.		Total.
	Pos.	Neg.	Pos.	Neg.	
Ashbourne	10	19	7	3	39
Burton-on-Trent ..	11	139	10	3	163
Chesterfield	48	104	6	5	163
Chinley	15	75	33	21	144
Derby	45	169	16	12	242
Glossop	22	35	16	8	81
Ilkeston	44	212	11	8	275
Long Eaton	29	82	3	..	114
Matlocks	22	75	28	24	149
Penmore Pavilion ..	3	..	..	..	3
Derbyshire Sanatorium	..	..	68	47	115
Bretby Hall	1	..	29	25	55
Whitworth Hospital ..	16	4	1	3	24
Totals	266	914	228	159	1567

TABLE XIII.

School Specimens received during the year 1933.

	Pos.	Neg
Swabs for Diphtheria	18	1061
Hair for Ringworm	60	72
Miscellaneous	17	10
	95	1143
Total	1238	

Tubercle in Milk.

During the year, 1769 samples of milk were examined for the presence of tubercle bacilli by animal inoculation. 205 samples, or 11·58 per cent. were found to contain tubercle bacilli. The samples included 367 from Derby Borough. It should be explained that some of these samples were taken in the process of detecting the offending animal in a herd from which a mixed milk had already been found to contain Tubercle Bacilli.

During 1933, 629 samples of milk were submitted for bacterial count. Of this number 463 came within the limits of Grade "A" milk.

The percentage of samples containing tubercle bacilli has risen from 9·38 in 1932 to 11·58 in 1933, whilst the percentage coming within Grade "A" limits has fallen from 86·7 to 73·4.

The following Table gives details of the examinations :—

TABLE XIV.

	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.	Uncount- able.
No. of Tests (Total 629)	82	68	138	93	82	103	61	2
Highest Bacterial Count	10,000	20,000	50,000	99,000	198,000	992,000	17,000,000	—
Lowest Bacterial Count	Nil.	11,000	21,000	51,000	101,000	202,000	1,024,000	—
Average Bacterial Count	5,582	15,152	33,695	72,594	138,597	410,398	3,127,311	—

Limit of Bacterial Content for Grade "A" Milk.

MILK EXAMINED FOR BACILLUS COLI.

<i>Dilution.</i>	<i>Positive.</i>	<i>Negative.</i>	<i>Total.</i>	<i>Percentage with B. Coli</i>	
0·01 c.c.	...	198	431	629	31

Grade "A" Milk must be produced and treated under such conditions that a sample taken at any time before delivery to the consumer shall not contain more than 200,000 bacteria per c.c., nor any B. Coli in $\frac{1}{100}$ c.c.

HOSPITALS.

VOLUNTARY HOSPITALS.

I am unaware of any important change in the hospital services within the County during the year 1933, and the Table giving particulars of the Voluntary Hospitals within the County area facing page 27 of the Annual Report for 1932, together with the Hospitals or Maternity Homes given on that page, are, so far as I am aware, up to date.

VOLUNTARY HOSPITALS OR MATERNITY HOMES IN THE COUNTY.

<i>Name of Hospital.</i>	<i>No. of Beds.</i>
Derbyshire Royal Infirmary	347
Chesterfield & North Derbyshire Royal Hospital ...	220
Devonshire Hospital, Buxton	310
Ilkeston Hospital	60
Buxton and District Hospital	40
Derbyshire Hospital for Women, Derby ...	60
Derbyshire Hospital for Sick Children, Derby ...	80
Queen Victoria Memorial Home of Rest, Derby ...	35
Heanor, Langley Mill and District Memorial Hospital	17
Heanor Maternity Home	6
Wirksworth Cottage Hospital	16
Ashbourne Cottage Hospital (Victoria Memorial) ...	12
Bakewell and District War Memorial Cottage Hospital	10
Wood's Hospital, Glossop	20
Partington Home, Glossop	8
Whitworth Hospital, Darley Dale	14

HOSPITALS OUTSIDE THE COUNTY 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.

The hospital services for Derbyshire, whether situated within or without the County, were set out fully in the Annual Report for 1930.

APPLYING FOR A GRANT.

Haddon		Ilkeston		Repton		Shardlow		Peak	
34	38,511	25	32,580	36	24,003	50	68,304	46	33,717
10	—	10	—	10	—	27	—	14	—
23	—	11	—	28	—	137	—	10	—
3	—	10	—	17	—	26	—	12	—
5	—	3	—	1	—	—	—	—	—
3	—	1	—	—	—	—	—	—	—
34	—	25	—	46	—	163	—	31	—
34	—	25	—	46	—	16	—	33	—
10	—	6	—	8	—	20	—	6	—
1	—	1	—	3	—	1	—	3	—
331	—	338	—	331	—	32	—	38	—
Average Cost per patient per week.	Average Cost per patient per week.	Average Cost per patient per week.	Average Cost per patient per week.	Average Cost per patient per week.	Average Cost per patient per week.	Average Cost per patient per week.	Average Cost per patient per week.	Average Cost per patient per week.	Average Cost per patient per week.
£ 2 11 5	£ 2 11 5	£ 2 11 5	£ 2 11 5	£ 2 11 5	£ 2 11 5	£ 2 11 5	£ 2 11 5	£ 2 11 5	£ 2 11 5
378	378	378	378	378	378	378	378	378	378
70	70	70	70	70	70	70	70	70	70
185	185	185	185	185	185	185	185	185	185
301	301	301	301	301	301	301	301	301	301
701	701	701	701	701	701	701	701	701	701
123	123	123	123	123	123	123	123	123	123
38	38	38	38	38	38	38	38	38	38
1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000
8	8	8	8	8	8	8	8	8	8
10	10	10	10	10	10	10	10	10	10
4	4	4	4	4	4	4	4	4	4
2,003	2,003	2,003	2,003	2,003	2,003	2,003	2,003	2,003	2,003
8 0 0	8 0 0	8 0 0	8 0 0	8 0 0	8 0 0	8 0 0	8 0 0	8 0 0	8 0 0
E. Fennell B. G. Godfrey	E. Fennell B. G. Godfrey	H. A. Barker E. Godfrey	H. A. Barker E. Godfrey	J. A. Wall H. S. Askew	J. A. Wall H. S. Askew	G. H. Iatham J. Spencer	G. H. Iatham J. Spencer	Kennedy B. Bunting	Kennedy B. Bunting
120 12 00	120 12 00	70 5 0	70 5 0	138 16 0	138 16 0	270 0 0	270 0 0	7 4 0	7 4 0

TABLE XVI.

STATISTICAL INFORMATION RELATING TO ISOLATION HOSPITAL COMMITTEES APPLYING FOR A GRANT.
Year ended March 31st, 1933.

Name of Hospital.	Belper.	Penmore.	Dronfield.	Mastin Moor.	Morton.	Langwith.	High Peak.	Shardlow.	Repton.	Ilkeston.	Haddon.	
Total Number of Beds in Hospital ...	83	59	34	36	35	37	46	50	36	25	34	
Number of beds on which Grant is based ...	18	45	18	18	18	24	14	27	10	10	16	
Population of Hospital District ...	81,868	67,098	176,355				34,337	68,394	24,063	32,580	38,511	
Cases Admitted during year ended March 31st, 1933:—												
Smallpox ...	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever ...	26	57	53	41	95	49	19	137	28	11	23	
Diphtheria ...	56	31	21	115	90	27	12	26	17	10	3	
Typhoid Fever ...	1	1	7	2	7	8	—	—	1	3	5	
Other Diseases ...	3	4	—	—	1	—	—	—	—	1	3	
TOTALS ...	86	93	81	158	193	84	31	163	46	25	34	
Average number of patients in Hospital each day ...	6	9.03	8	16	10	8	3.3	16	4.6	2.57	3.4	
Permanent Staff residing in Hospital ...	12	20	8	13	14	10	6	20	8	6	10	
Non-resident Staff in addition to Clerk and Doctor ...	2	6	1	1	2	1	3	1	2	1	1	
Average number of days each case in Hospital ...	29	35.2	34.9	35.7	19.7	34.9	38	32	33.1	33.82	33.1	
SUMMARY OF EXPENDITURE:—												
	Coat.	Average Cost per patient per week.	Coat.	Average Cost per patient per week.	Coat.	Average Cost per patient per week.	Coat.	Average Cost per patient per week.	Coat.	Average Cost per patient per week.	Coat.	Average Cost per patient per week.
1. Provisions ...	£ 501 12 2	£ 447 19 0	£ 202 9 9	£ 337 8 1	£ 313 12 0	£ 332 16 0	£ 52 1 3 6	£ 673 16 2	£ 260 1 1 9	£ 211 1 9 5	£ 278 1 11 5	
2. Drugs and Medical Appliances ...	86 6 2	61 2 7	123 5 11	166 4 0	123 4 9	149 7 2	12 1 5 5	78 1 11	30 2 6	56 7 9	79 8 11	
3. Furniture, Linen, &c. ...	379 1 4 3	496 1 1 2	135 6 6	612 14 8	132 5 1	224 10 9	236 1 7 6	264 6 4	229 19 2	62 8 8	183 1 0 11	
4. Fuel ...	341 1 1 10	264 11 3	102 4 11	155 3 9	155 6 0	110 5 3	125 14 7	354 8 6	182 15 2	141 19 8	291 1 2 8	
5. Salaries ...	1,188 3 16 2	1,907 4 1 2	749 1 16 0	794 19 1	939 1 16 1	843 2 0 6	911 5 9 9	1,439 1 14 5	621 2 11 11	573 3 19 9	701 3 19 2	
6. Administration ...	236 16 5	319 13 7	240 11 6	266 6 5	312 12 0	248 11 11	431 2 10 3	351 8 5	212 17 9	123 17 1	123 13 11	
7. Renewals and Repairs ...	69 4 5	—	150 4 10	236 5 8	41 1 7	106 5 1	—	36 10	325 1 7 2	177 1 4 8	25 2 10	
8. Loans—Repayment and Interest ...	—	856 1 16 6	368 17 8	375 9 0	457 17 7	485 1 3 4	—	301 7 3	—	—	1,060 5 19 9	
9. Transport ...	49 3 1	106 4 6	27 1 3	17 5 3	21 10	18 10	7 9	35 10	15 1 3	38 5 3	8 10	
10. Miscellaneous ...	1 1	—	*458 1 2 0	*458 11 0	*458 17 7	*458 1 2 1	—	—	1 1	—	3 4	
TOTALS ...	2,880 9 4 7	4,456 9 9 9	2,504 5 0 4	3,416 4 2 1	2,951 5 13 6	2,973 7 2 11	1,954 11 7 9	3,522 4 4 8	1,875 7 16 9	1,381 9 12 3	2,663 15 0 9	
Provisions (Patients and Staff) per head per week ...	10 8	6 5	4 10	4 5	5 0	7 1	8 4	7 2	8 0	9 6	8 0	
Name of Medical Superintendent ...	B. C. Allen	J. A. Stirling	John R. Graham				N. Kennedy	C. H. Latham	J. A. Watt	H. L. Barker	T. Fentom.	
Name of Clerk ...	G. Pym	J. L. Feather.	W. E. Wakerley.				W. B. Bunting	J. Spencer	H. S. Askew	E. Godfrey.	E. G. Cadge.	
Grant due in accordance with Reports of Council, April 17th, 1937.	164 0 0	326 2 0	764 0 0				117 4 0	279 0 0	138 16 0	70 5 0	129 12 0	

* £1,830 12s. 6d. paid by North Derbyshire Hospital Committee to Sheffield Corporation for maintenance of cases of Cerebro-Spinal Meningitis sent to Lodge Moor Hospital, Sheffield.

W. M. ASH.
JOHN HUNT.

ISOLATION HOSPITALS.

TABLE XV.—Cases of Infectious Diseases notified within the following Hospital Districts and removed to Hospital.

North Derbyshire Hospital District.

DISTRICT.	Estimated Population, 1933.	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. ...	11890	—	—	25	24	4	4	4	4	33	32
Clay Cross U. ...	8382	—	—	16	16	51	51	—	—	67	67
Dronfield U. ...	4435	—	—	2	2	1	1	—	—	3	3
Blackwell R. ...	42670	—	—	116	103	28	26	15	14	159	143
Chesterfield R. ...	82230	—	—	121	104	140	133	3	2	264	239
Clowne R. ...	17770	—	—	50	48	8	8	—	—	58	56
Norton R. ...	8978	—	—	27	12	1	1	—	—	28	13
TOTALS ...	176355	—	—	357	309	233	224	22	20	612	553

Chesterfield Hospital District.

Brampton and Walton U. ...	2408	—	—	9	4	2	1	—	—	11	5
Chesterfield (Boro') ...	64690	—	—	163	118	23	20	4	2	190	140
TOTALS ...	67098	—	—	172	122	25	21	4	2	201	145

Belper Hospital District.

Alfreton U....	21340	—	—	30	26	20	20	—	—	50	46
Belper U. ...	13240	—	—	11	10	3	3	—	—	14	13
Heage U. ...	3953	—	—	2	2	—	—	—	—	2	2
Ripley U. ...	13460	—	—	28	21	10	8	—	—	38	29
Wirksworth U. ...	3875	—	—	1	1	—	—	—	—	1	1
Belper R. ...	26000	—	—	28	13	10	6	2	2	40	21
TOTALS ...	81868	—	—	100	73	43	37	2	2	145	112

Ilkeston Hospital District.

Ilkeston Boro' ...	32580	—	—	13	8	10	9	1	1	24	18
--------------------	-------	---	---	----	---	----	---	---	---	----	----

Shardlow Hospital District.

Alvaston and Boulton U. ...	4394	—	—	5	2	2	1	—	—	7	3
Long Eaton U. ...	22830	—	—	57	51	2	2	—	—	59	53
Shardlow R. ...	41170	—	—	47	32	20	20	—	—	67	52
TOTALS ...	68394	—	—	109	85	24	23	—	—	133	108

Repton Hospital District.

DISTRICT.	Estimated Population, 1933.	SMALL-POX.		SCARLET FEVER.		DIPHTH-ERIA		ENTERIC FEVER.		TOTALS.	
		No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.	No. notified.	Removed to Hospital.
Ashbourne R. (certain Parishes)	2862	—	—	15	9	1	—	—	—	16	9
Repton R. ...	18670	—	—	32	12	7	4	—	—	39	16
Sudbury R. ...	2531	—	—	2	1	—	—	—	—	2	1
TOTALS ...	24063	—	—	49	22	8	4	—	—	57	26

Haddon Hospital District.

Bakewell U. ...	3094	—	—	3	3	2	2	—	—	5	5
Baslow U. ...	873	—	—	2	2	—	—	—	—	2	2
Bonsall U. ...	1149	—	—	—	—	1	1	—	—	1	1
Matlocks U. ...	10120	—	—	9	7	3	2	1	—	13	9
North Darley U. ...	4314	—	—	15	12	1	1	—	—	16	13
South Darley U. ...	721	—	—	—	—	—	—	—	—	—	—
Bakewell R. ...	18240	—	—	12	10	30	30	—	—	42	40
TOTALS ...	38511	—	—	41	34	37	36	1	—	79	70

High Peak Hospital District.

New Mills U. ...	8384	—	—	5	3	10	9	—	—	15	12
Chapel R. ...	17780	—	—	24	20	9	9	2	2	35	31
Glossop Dale R. ...	3900	—	—	18	15	3	2	4	1	25	18
Hayfield R. ...	4273	—	—	11	4	—	—	1	—	12	4
TOTALS ...	34337	—	—	58	42	22	20	7	3	87	65

Buxton Hospital District.

Buxton (Boro') ...	15020	—	—	11	11	11	10	1	—	23	21
--------------------	-------	---	---	----	----	----	----	---	---	----	----

MATERNITY HOMES.

The County Council have provided a Maternity Home at Ashbourne and have contracted with the Chesterfield Corporation for the use of the Chesterfield Maternity Home for in-patient accommodation for County cases and for the use of the Ante-natal Clinic to be run under the clinical charge of the County Medical Staff for patients living in the County area surrounding Chesterfield, and have an agreement with the Chesterfield Corporation which embodies certain terms which were set out on page 30 of my last Annual Report.

Ashbourne.—During the year 1933, 166 cases were admitted to this Home. Of these, 151 were delivered by midwives and 15 by doctors. Nine cases were attended on the District by the Home Staff.

During the financial year ended March 31st, 1934, the number of patients admitted to this Home was 154, the percentage of beds occupied being 61·6. The gross cost during that year was £1,653 (including £516 for repayment of loan and interest and other capital charges). The sum of £788 was received as fees from patients, leaving a net cost to the County Council of £865.

Chesterfield.—During the year 1933, 223 cases were admitted to this Home from the County, of whom 77 were private patients paying the full fee.

Heanor.—This Maternity Home of 6 beds is run by the Heanor Nursing Association. The building was erected by public subscription and is not supported by grant either from the County Council or the Local Authority. The County Council have no agreement for the use of beds at this Institution.

Ilkeston.—The Municipal Maternity Home in Park Avenue contains 9 beds. The Medical Officer of Health of Ilkeston is the Medical Superintendent; Dr. A. Dobson is the Physician. Practitioners may send in cases by arrangement. The staff consists of a Matron, Sister, and two Nurses, and the Home is recognised as a Training Centre by the Central Midwives Board. The Corporation is the Maternity and Child Welfare Authority for the area and the County Council have no agreement for the use of beds at this Institution.

Nightingale Home.—During the year 1933, no cases were admitted to this Home from the County area, under the Agreement between the County Council and the Authorities of the Home.

Women's Hospital, Derby.—During 1933, 13 cases were admitted from the County area, 7 of which were cases of Puerperal Fever or Puerperal Pyrexia.

Wirksworth Cottage Hospital.—52 cases were admitted to this Hospital during the year 1933. During the financial year ended March 31st, 1934, 50 cases were admitted and 14 were treated in the District. Of the 50 cases in the hospital, 39 were delivered by midwives and 11 by doctors; of the other 14 cases, 13 were delivered by midwives and 1 by doctor. The cost to the County Council was £32. Under the agreement with this Hospital, the County gives a grant of 10s. for each midwifery case undertaken.

At **Ashbourne** and **Chesterfield**, accommodation is provided for unmarried mothers, but for the first confinement only. For subsequent confinements the unmarried mother can be provided with accommodation at most of the Public Assistance Institutions.

Public Assistance Institutions.

The following Table shews the number of beds at each of the Public Assistance Institutions and the number of cases accommodated in them during 1933 :—

TABLE XVII.

<i>Institution.</i>	<i>Beds.</i>	<i>Cases admitted.</i>	<i>Average stay. (days).</i>	<i>Cases delivered.</i>		<i>Occasions Medical Aid sought.</i>
				<i>Drs.</i>	<i>Midwives.</i>	
Ashbourne	2	1	49	1	—	—
Bakewell	3	16	14	5	11	—
Belper	3	9	20	2	7	2
Chapel-en-le-Frith	2	4	47	1	3	1
Chesterfield	24	67	14	6	61	15
Glossop	2	3	14	3	—	—
Shardlow	4	7	35	—	7	3
TOTALS	40	107	17	18	89	21

TUBERCULOSIS HOSPITALS.

Four hospitals for the accommodation of cases of tuberculosis are maintained by the County Council, namely :—

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

At Walton Sanatorium, accommodation is provided for 124 patients, *i.e.*, 74 beds for males and 50 for females, with an additional ten shelter beds for use during the summer time.

The Pavilion at Penmore provides accommodation for 14 females suffering from advanced pulmonary tuberculosis, with four additional shelter beds for use during the summer time.

Bretby Hall has 147 beds namely 65 for surgical tuberculosis in children, 32 for adult patients of both sexes suffering from surgical tuberculosis, and 50 for non-tuberculous cripples in children of both sexes.

Whitworth Hospital has a detached block of six beds for the accommodation of males suffering from advanced pulmonary tuberculosis.

Further information concerning the work at these Institutions during the year will be found on pages 116-143.

ORTHOPÆDIC HOSPITALS.

Reference to Table XIII., facing page 27 of my last Annual Report, shows the Voluntary Hospitals in the County with orthopædic departments.

The County Council has its own Orthopædic Hospital at Bretby where, in addition to orthopædic cases of a tuberculous nature, there is accommodation for 50 orthopædic cases of non-tubercular origin amongst children.

Run in conjunction with Bretby Hall and functioning in the capacity of out-patient departments are nine orthopædic clinics, which are in charge of the resident medical superintendent at Bretby. A list of these is given on pages 52-53 of the Annual Report for 1930, and amendments since the publication of that Report are given on page 41 of this Report.

PUERPERAL FEVER AND PUERPERAL PYREXIA HOSPITAL ACCOMMODATION.

Full particulars of the County Council's arrangements under the Puerperal Fever and Puerperal Pyrexia Regulations, 1926, for the treatment of these conditions were set out in the Annual Report for 1930, pages 54 and 62-64.

OPHTHALMIA NEONATORUM HOSPITAL ACCOMMODATION.

Beds are available as required for the accommodation of the mother as well as the child at the Derbyshire Royal Infirmary, Derby.

AMBULANCE FACILITIES.

(a) FOR INFECTIOUS CASES.—Ambulances for the conveyance of patients suffering from infectious diseases are provided in connection with the isolation hospitals; details are given in the Annual Report for 1930, pages 38 and 39.

(b) FOR NON-INFECTIOUS AND ACCIDENT CASES.—The following Table gives the places at which ambulances are available in the County:—

TABLE XVIII.

<i>Police Division.</i>	<i>Place where kept.</i>	<i>Telephone No.</i>	<i>Detailed Particulars of Ambulance.</i>
ALFRETON.	Morton.	Clay Cross 35.	Stonebroom and Morton Red Cross Ambulance is a Ford 22 H.P. 1927 model which will accommodate two stretchers.
	Alfreton, The Croft, King Street.	Alfreton 2 or 4	Alfreton U.D.C. Ambulance is a 23 H.P. model with accommodation for 5 sitting patients and 2 stretchers.
ASHBOURNE.	Sudbury. The Hall Garage	Sudbury 1.	Sudbury Red Cross Ambulance is a Ford make, and has accommodation for two stretchers.
	Ashbourne.	Ashbourne 58.	One 24 H.P. Ford to carry two patients.

<i>Police Division.</i>	<i>Place where kept.</i>	<i>Telephone No.</i>	<i>Detailed Particulars of Ambulance.</i>
BAKEWELL AND MATLOCK.	Bakewell. Council Garage	Bakewell 4 or 70.	Bakewell Red Cross Ambulance is a Ford make and has accommodation for two stretchers.
	Matlock. Town Hall	Matlock 1 or 7.	Matlock Red Cross Ambulance is a Ford make. It is constructed to carry one stretcher case and attendants, and has every modern convenience.
BUXTON.	Buxton. Sanders Garage	Buxton 76.	Buxton Red Cross Ambulance is a 23 H.P. Austin, which has accommodation inside for two stretcher patients and two sitting patients in addition to the attendant. There is also room for a sitting patient beside the driver.
CHAPEL-EN-LE-FRITH.	New Mills. Hague Bar Road.	New Mills 154 or 48.	New Mills Red Cross Ambulance is a 25 H.P. Daimler, 1926 model which will accommodate two stretcher cases and three sitting cases.
	Glossop.	Glossop 57.	Glossop Borough Police Ambulance is a 20 H.P. Austin, 1924 model which will accommodate two stretcher cases and four sitting cases.
CHESTERFIELD.	Chesterfield.	Chesterfield 2222.	Chesterfield Borough Police Ambulance is a 21-H.P. Wolseley and has accommodation for two stretcher cases, assistants and passengers. It is fitted with every modern convenience.
	Bolsover.	Bolsover 5.	The Bolsover Urban District Council Ambulance is a 15-H.P. Morris Commercial. It is fitted with two stretchers and has accommodation for assistant and passengers. This is an up-to-date ambulance.
DERBY AND BELPER.	Derby. Fire Station.	Derby 1.	Derby Borough Fire Station Ambulance is a 22-H.P. Ford. which carries two stretcher cases.
	Derby. 146 Burton Road	Derby 1361.	Red Cross Society's Ambulance is a 14.9 H.P. Morris Commercial which has accommodation for one stretcher patient, but could carry two in an emergency.
	Long Eaton. Fire Station Tamworth Road	Long Eaton 21.	The Long Eaton Urban District Council Ambulances are (1) 20-H.P. Armstrong Siddeley with accommodation for two stretcher cases. (2) 22-H.P. Chevrolet which has accommodation for three stretcher cases.

<i>Police Division.</i>	<i>Place where kept.</i>	<i>Telephone No.</i>	<i>Detailed Particulars of Ambulance.</i>
	Spondon.	Spondon 2200.	The British Celanese Company's Ambulance is a 22-H.P. Morris with accommodation for two stretcher cases.
	Nottingham.	Nottingham 41541	Nottingham Corporation 3 25-H.P. Talbots to carry 3 patients each. One 31-H.P. Daimler to carry 5 patients.
ECKINGTON	Creswell. Institute Garage	Creswell 8.	Creswell Red Cross Ambulance is a 25-H.P. Ford with accommodation for one stretcher case, two sitting cases and attendant.
	Worksop.	Worksop 128.	The Worksop St. John ambulances are— (1) 24-H.P. Sunbeam which will accommodate two stretcher cases or eight sitting cases and attendant. (2) 22-H.P. Studebaker with similar accommodation to No. 1.
	Sheffield.	Sheffield 23221.	Sheffield Corporation have three 21-H.P. Morris Commercial Ambulances. Each ambulance has accommodation for two stretchers, or one stretcher and four sitting cases, or eight sitting cases.
	Dronfield.	Dronfield 26 and 12.	Dronfield Urban District Council Ambulance is a 30-H.P. Hudson, with accommodation for one stretcher case and attendant or four sitting cases.
	Creswell.	Creswell 14.	Messrs. T. and A. Gilbert's Ambulance is a 23-H.P. Overland which will accommodate two lying cases and attendant or one lying and two sitting cases with attendant.
ILKESTON.	Ilkeston. Town Hall	Ilkeston 161. and 36	Ilkeston Red Cross Ambulance is a Ford make with accommodation for two stretchers.
	Ripley.		The Ripley Urban District Council Ambulance is horse drawn.
	Ripley.	Ripley 60.	Britain Colliery Ambulance is a 28-H.P. Buick with accommodation for two stretcher cases, and is available when not required for colliery cases.
	Heanor.	Langley Mill 66 or 121.	Heanor Urban District Council Ambulance is a 16 h.p. Austin, with accommodation for two stretchers, two patients, and one attendant.

<i>Police Division.</i>	<i>Place where kept.</i>	<i>Telephone No.</i>	<i>Detailed Particulars of Attendance.</i>
REPTON AND GRESLEY.	Swadlincote.	Swadlincote 7310.	The Swadlincote Urban District Council have a horse-drawn ambulance which will accommodate four sitting and two stretcher cases.
	Gresley.	Swadlincote 7153.	Gresley Colliery Ambulance is a 20-H.P. G.M.C. with accommodation for eight sitting and four stretcher cases.
	Burton. Fire Station	Burton 2222.	Burton Corporation Ambulance is an 18-H.P. Guy with accommodation for two stretcher cases and four or five sitting cases. It is equipped with all modern appliances.

CLINICS AND TREATMENT CENTRES.

SCHOOL CLINICS.

Full particulars of the School Clinics were given in my Annual Report for 1930, pages 75-78.

The following alterations have taken place since the publication of that Report :—

(1). **Minor Ailment Clinics.**

- Belper. This clinic is now held daily, a.m.
 Clay Cross. An additional clinic has been opened at Clay Cross Junior Council School on Tuesday mornings.
 Derby. An additional Minor Ailment Clinic has been opened at Derby on the first and third Saturday morning in each month.
 Long Eaton. This clinic is now held daily, a.m.
 Matlock. This Clinic is now held on Friday mornings only.
 Ripley. This clinic is not held on Thursdays now.
 Swadlincote. This clinic is now held daily, a.m.

(2). **Ear, Nose and Throat Clinics.**

The operating clinics have been suspended pending negotiations with voluntary hospitals for all operations for the removal of enlarged tonsils and adenoids to be carried out in hospitals. The clinics for the examination and other forms of treatment of ear, nose and throat conditions are as follows :—

- Chesterfield—First Tuesday in the month.
 Derby—First Wednesday in the month.
 †Matlock—Second Wednesday in the month.
 *Chinley—Fourth Wednesday in the month.
 Shirebrook—Second Thursday in the month.
 *Alfreton—First Friday in the month.
 †Long Eaton—First Thursday in the month.
 †Ashbourne—Third Friday in the month.
 *Heanor—Fourth Friday in the month.
 *Every alternate month, commencing April.
 †Every alternate month, commencing May.

(3). Eye Clinics.

Shirebrook. The sessions on the first and second Thursdays have been discontinued, and an extra session every Saturday morning has been commenced.

(4). Dental Clinics.

Alfreton. No sessions are now held on Tuesdays and Fridays at this clinic.

Ashbourne. The clinic on the fourth Monday is replaced by one on the first Monday, and a clinic is held every Tuesday instead of every Wednesday. The clinic which was held on the third Thursdays has been cancelled.

Belper. The clinic on the first Monday has been cancelled.

Chinley. An additional clinic has been arranged for the first Tuesday.

Derby. The session held on the fourth Tuesday has been replaced by a session on the third Tuesday. An extra session has also been commenced every Wednesday.

Swadlincote. An extra session has been commenced on the third Thursday in each month.

(5) Orthopædic Clinics.

The Bakewell and Belper clinics have been replaced by an Orthopædic clinic at Matlock.

(6) Diphtheria Immunisation Clinic.

Dr. Graham, Medical Officer of Health to the Chesterfield Rural District Council, has held a special clinic at Staveley Middlecroft School for the immunisation of children against diphtheria. The Schick test was performed on 86 children, of whom 42 were immunised. This Clinic is held under the auspices of the Chesterfield Rural District Council.

TUBERCULOSIS DISPENSARIES.

A list of the Tuberculosis Dispensaries was given on page 79 of the Annual Report for 1930.

The only alteration since then has been that the Derby Dispensary was closed in June, 1931, and re-opened in December, 1932, after being fitted with an up-to-date X-Ray installation and re-decorated throughout.

VENEREAL DISEASES CLINICS.

The County Council maintain Venereal Diseases Clinics at the Chesterfield and North Derbyshire Royal Hospital and the Derbyshire Royal Infirmary, Derby. The number of beds provided for

in-patient treatment of the disease at these two Institutions is as follows:—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Chesterfield & North Derbyshire Royal Hospital	1	1	2
Derbyshire Royal Infirmary ...	2	2	4

Clinics are held at these Institutions at the following times:—

	<i>Males.</i>	<i>Females.</i>
Chesterfield & North Derbyshire Royal Hospital	Tuesdays, 4.30 to 6.30. Fridays, 2.30 to 4.30.	Tuesdays, 2.0 to 4.0. Fridays, 11.0 to 12.30.
Derbyshire Royal Infirmary	Mondays, 6.0 to 8.0. Wednesdays, 6.0 to 8.0. Saturdays, 11.30 a.m. to 1.30 p.m.	Mondays, 3.0 to 5.0. Thursdays, 6.0 to 8.0.

The number of new cases attending the Venereal Diseases Centres during the year 1933 and the diseases for which they required treatment are as follows:—

TABLE XIX.

	<i>Syphilis.</i>	<i>Gonorrhœa.</i>	<i>Soft Chancre.</i>	<i>Total.</i>
Burton	9	10	2	21
Chesterfield	67	119	1	187
Derby	87	99	4	190
Manchester	6	8	...	14
Mansfield	9	15	1	25
Nottingham	25	58	1	84
Salford ... ..	...	1	...	1
Stockport	2	7	...	9
Total	205	317	9	531

This total of 531 compares with 586 for last year.

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

<i>Treatment.</i>	£
Out-patients	2 792
In-patients	158
Salvarsan substitutes, Drugs, etc.	319
Travelling expenses—Doctor	36
Do. —Patients	63
Printing, Postages, etc.	18

Other Services.

Propaganda	...	...	...	...	...	...	92
Pathological Examinations	...	...	...	...	...	...	764
							<hr/>
Gross Cost	...	...	...	...	...	...	4,242
Receipts for Pathological work done for other Authorities	...	...	...	...	...	...	454
							<hr/>
Net Cost	...	...	...	...	...	...	£3,788
							<hr/>

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

				s.	d.
Chesterfield	...	...	...	3	0
Derby	...	...	...	2	0
Nottingham	...	...	...	1	9

During 1933, the number of specimens submitted by the General Practitioners was 2,111, whilst in 1932, 1931, 1930, 1929 and 1928, the number of specimens submitted was respectively 2,452, 1,709, 1,613, 1,629, and 1,545.

Details of the examinations made during 1933 are as follows:—

TABLE XX.

<i>Origin of Specimen.</i>	<i>Spirochaetes.</i>		<i>Wassermanns</i>			<i>Gonococci.</i>		<i>Other Examinations.</i>	
	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Doubt'l</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
Derbyshire } Derby Borough } Burton-on-Trent }	—	2	250	1562	63	38	192	1	3

Fourteen medical practitioners possessing the necessary qualifications and experience are entitled to receive free supplies of salvarsan and salvarsan substitutes for use within the County. Four other medical practitioners with this qualification have left the County. These drugs are kept at the Central Office and issued as required.

During the year 1933 a total of 245 doses were supplied as follows:—

<i>Doses.</i>	<i>Novarseno-</i> <i>billon.</i>	<i>Tryparsa-</i> <i>mide.</i>	<i>Stabilarsan.</i>	<i>Total.</i>
0·30 gm. ...	61	...	...	61
0·45 gm. ...	64	...	20	84
0·60 gm. ...	44	...	10	54
0·90 gm. ...	10	...	...	10
2 gm. ...	...	36	...	36
Totals ...	179	36	30	245

MATERNITY AND CHILD WELFARE.

MIDWIVES ACTS, 1902—1926.

NUMBER OF MIDWIVES.—At the end of 1933 there were 286 midwives on the County Roll. 255 were trained midwives and of these, 78 were District Nurse Midwives.

The following changes of midwives took place during the year:—

Deaths of Midwives	...	...	...	...	2
No. retired from practice voluntarily whose certificates were cancelled by the C.M.B.	...	...	...	...	2
No. of trained Midwives who have left the County, all of whom were District Nurse-Midwives	...	...	...	...	13
No. who have done temporary duty for District Nurses	...	...	...	...	19
No. of new Midwives enrolled	...	...	...	...	20

Deaths following Child-Birth.—During 1933, information was received concerning 39 women who died following child-birth. The causes of death were as follows:—

Puerperal Fever	...	...	...	...	9
Toxæmia	...	...	...	...	8
Hæmorrhage	...	...	...	...	7
Cardiac Conditions	...	...	...	...	3
Pulmonary Embolism	...	...	...	...	2
Respiratory Conditions	...	...	...	...	6
Various	...	...	...	...	4

Of these deaths, 25 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 :—

TABLE XXI.

	1927	1928	1929	1930	1931	1932	1933
<i>Records received—</i>							
Medical Help ...	1575	1675	1856	1918	1645	1716	1735
Still Births ...	126	136	160	140	146	134	130
Deaths of Children ...	36	34	46	59	48	65	63
Deaths of Mothers ...	1	2	9	7	3	9	7
Laying-out the Dead	13	21	15	22	31	18	23
Liability to be a source of infection	59	38	107	130	84	74	92
Notification of Artificial Feeding (within 10 days) ...	73	80	84	116	126	109	119
<i>Puerperal Fever—</i>							
Midwives' cases ...	12	13	21	20	17	11	9
<i>Puerperal Pyrexia—</i>							
Midwives' cases	34	26	46	44	36	27	31
<i>Ophthalmia Neonatorum</i>							
ALL Cases ...	66	57	56	65	46	57	48

The following is an analysis of the 1,735 Medical Help records received during 1933 :—

Records pertaining to the mother :—

Abortion or Miscarriage ...	95
Varicose Veins ...	7
Ante-partum Hæmorrhage ...	90
Deformed Pelvis ...	16
Discharge during Pregnancy ...	3
Organic Disease ...	8
Toxæmia ...	71
Retarded Labour ...	385
Abnormal Presentation ...	108
Retained Placenta ...	60
Lacerated Perinæum ...	374
Post-partum Hæmorrhage ...	45
Rise of Temperature ...	42
White Leg ...	4
Inflammation of the Breast... ..	6
Fits or Convulsions ...	2
Prolapse of Cord ...	10
Prolapse of Uterus ...	5
Still Births ...	29

Records pertaining to the child:—

Injuries or Malformations	...	...	32
Dangerous feebleness	...	...	113
Eyes, discharging, etc.	...	...	78
Skin Eruption	...	...	3
Navel	...	...	75
Convulsions	...	...	14
Miscellaneous	...	...	130

Inspections made.

Inspection Forms marked " Good "	...	638
" " " " Satisfactory "	...	101
" " " " Indifferent "	...	15
" " " " Bad "	...	1
No. of other inspections and visits	...	324
No. of Midwives out when visited...	...	429
Total	...	1,508

Midwives suspended from practice for being in contact with:—

Puerperal Fever	...	...	2
Puerperal Pyrexia	...	...	15
Ophthalmia Neonatorum	...	...	3
Inflammation of the Breast	...	...	2
Diphtheria	...	...	1
Septic spots (self)	...	...	1
Scarlet Fever	...	...	2
Pemphigus	...	...	1
Chicken-pox	...	...	1
Septic general case...	...	...	1

Special Letters of Warning.—Three special letters of warning were sent to midwives in the County for breaking the rules of the Central Midwives Board.

Puerperal Fever.—The following table shews the number of cases of Puerperal Fever which occurred in the practice of midwives during 1933:—

	Number of Midwives.	Number of Confinements.	Puerperal Fever Cases.	Cases per 1,000 Births.
Bona-fide Midwives	31	657	—	—
Trained Midwives, including District Nurse-Midwives	255	5445	9	1.65
	286	6102	9	1.47

Puerperal Fever and Puerperal Pyrexia.—The following table shews the total number of cases of Puerperal Fever and Puerperal Pyrexia notified to me during the year 1933 and the case rate from each of these diseases per 1,000 births :—

	<i>Whole County.</i>		<i>M.C.W. Area.</i>	
Number of births ...	9,516		7,597	
<i>Disease.</i>	<i>No. of Cases.</i>		<i>Case rate per 1,000 births.</i>	
	<i>Whole County.</i>	<i>M.C.W. Area.</i>	<i>Whole County.</i>	<i>M.C.W. Area.</i>
Puerperal Fever ...	20	18	2·10	2·36
Puerperal Pyrexia...	63	54	6·62	7·10

The number of cases admitted to hospitals under the County Council Puerperal Fever and Puerperal Pyrexia Scheme during 1933 was as follows :—

Derbyshire Royal Infirmary ...	...	4
Jessop Hospital for Women ...	...	14
Burton upon Trent General Infirmary ...	...	2
High Peak Isolation Hospital	...	—
Victoria Hospital, Worksop	...	1
Derbyshire Hospital for Women	...	7

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

Consultants.—The names of the Consultants and the Centres from which they work appear at the beginning of this Report under the heading "Public Health Staff."

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

<i>Notified.</i>	<i>Cases Treated.</i>		<i>Vision unimpaired</i>	<i>Vision impaired.</i>	<i>Total Blindness.</i>	<i>No. of Deaths.</i>
	<i>At Home.</i>	<i>In Hospital.</i>				
48	38	10	48	—	—	—

TABLE XXII.
NUMBER OF CALLS FOR MEDICAL AID AND AMOUNT PAID IN CLAIMS.

Year.	Births in whole County.	Cases attended by Midwives.	Medical Help summoned	Percentage of Medical calls.	Claims Received	Claims Paid.	Amount Paid.		Amount Received.		Net Cost.	
							£	s. d.	£	s. d.	£	s. d.
1915	13,791	10,514	704	6.69	—	—	—	—	—	—	—	—
1916	13,109	10,139	818	8.07	—	—	—	—	—	—	—	—
1917	11,831	9,130	764	8.37	—	—	—	—	—	—	—	—
1918	12,103	9,321	793	8.51	—	—	—	—	—	—	—	—
1919	11,838	9,512	889	9.34	—	—	—	—	—	—	—	—
1920	15,572	12,222	1,250	10.20	—	—	—	—	—	—	—	—
1921	14,417	10,950	1,249	11.40	—	—	—	—	—	—	—	—
1922	13,095	10,168	1,229	12.10	202	181	325	18	0	59	2	6
1923	12,681	9,867	1,240	12.50	250	233	366	5	6.	95	1	6
1924	12,615	9,199	1,353	14.70	286	265	440	0	0	212	0	0
1925	12,491	9,408	1,414	15.03	301	281	466	16	0	217	0	0
1926	11,845	8,058	1,565	19.42	518	486	758	14	3	144	11	0
1927	11,194	7,523	1,575	20.93	610	572	918	5	6	254	15	3
1928	11,112	7,892	1,675	21.22	679	642	1,012	5	9	243	1	9
1929	10,394	6,692	1,856	27.73	986	947	1,459	12	3	321	3	0
*1930	10,562	6,883	1,918	27.86	953	920	1,453	16	9	554	14	0
1931	9,231	6,105	1,645	26.94	776	737	1,274	0	0	478	0	0
1932	9,000	6,153	1,716	27.88	912	868	1,381	0	0	294	0	0
1933	8,515	6,102	1,735	28.44	995	947	1,503	0	0	196	0	0

*—In September, 1930, the Borough of Chesterfield became a Local Supervising Authority and after that year the figures do not include those for the Borough of Chesterfield.

N.B.—The figures on the left-hand side of the Table refer to the Calendar years ending December 31st, whilst the figures on the right-hand side refer to the financial years ending in the following March.

Maternal Mortality.—The maternal mortality rate for the County (excluding the Borough of Chesterfield) for the year 1933 was 4·34 per thousand births.

The following Table gives the Maternal Mortality rate in the County since 1915 :—

TABLE XXIII.

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
1929	18	1·73	21	2·02	39	3·75	10,394
1930	18	1·70	26	2·46	44	4·16	10,562
1931	18	1·95	24	2·60	42	4·55	9,231
1932	13	1·44	23	2·56	36	4·00	9,000
1933	13	1·52	24	2·82	37	4·34	8,515

As the Corporation of Chesterfield became the Local Supervising Authority for their own area in 1930, the figures for this Borough are not included since then in this table but the total figures including Chesterfield are given under the heading 'Vital Statistics' on page 18.

Compensation to Midwives.—During the year 1933, 10 claims were received for compensation to midwives for loss of practice during suspension, and the amount paid was £17 9s. 0d.

Payment of Doctors' Fees under Section 14(1) of the Midwives Act.—During the financial year ended March 31st, 1934, 995 claims were received from medical practitioners. Of these, 947 were passed for payment amounting to £1,503, the remainder being disallowed as not complying with the conditions laid down by the Midwives' Acts and the Ministry of Health or being cancelled by doctors previous to payment. Amount recoverable for the same period totalled £196.

Provision of Free Milk.—During the financial year ended March 31st, 1934, 269 applications for free milk were received. Of these, 10 were not granted. The expenditure was £83 19s. 8d. for fresh milk and £18 18s. 8d. for dried milk.

NURSING HOMES REGISTRATION ACT.

During the year 1933, six applications for registration of premises were received. Two were refused on account of unsuitability of staff and equipment.

At the end of 1933 there were 13 Homes on the County Register, as follows :—

General Nursing Homes	4
Maternity Homes	5
Mixed General and Maternity Homes ...	4

MEDICAL TREATMENT OF CHILDREN UNDER FIVE YEARS OF AGE.

There is available for children coming within the scope of the Child Welfare Committee, the treatment of minor ailments, ear, nose and throat conditions, eye conditions, dental conditions and orthopædic treatment for both in-patients and out-patients—the in-patients being treated at Bretby Hall Orthopædic Hospital.

The number of children coming for such treatment during the year 1933 was as follows :—

Ear, nose and throat conditions	180
Eye conditions	22
Dental conditions	923
Orthopædic treatment—	
In-Patients	51
Out-Patients	170

BOARDED-OUT CHILDREN.

The supervision of boarded-out children is being carried out on behalf of the Public Assistance Committee by the Maternity and Child Welfare staff. Except in the sparsely populated north-west area of the County, where the work is done by the Health Visitors, the service is in the hands of the Regional Inspectors of Midwives.

The number of children on the Register at the end of 1933 was 93, and during the year 935 visits were paid by the Health Visitors.

HEALTH VISITING IN THE HOMES.

A summary of the work done by the Health Visitors during 1933 will be found in Table XL, pages 145–146.

INFANT WELFARE CENTRES.

The Maternity and Child Welfare area of the County comprises the whole of the Administrative County with the exception of the four boroughs, Buxton, Chesterfield, Glossop, and Ilkeston and at the end of 1933 there were 49 Centres, 17 in Urban Districts and 32 in Rural Districts. Most of the Centres are under the supervision of a doctor, and a health visitor is in attendance at each session.

Youlgreave and Ockbrook are Voluntary Centres which are attended by County Health Visitors.

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

TABLE XXIV.
INFANT WELFARE CENTRES.

Address.	Frequency of Sessions.	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.	
URBAN DISTRICTS.							
ALFRETON.							
Wesleyan Church, Somercotes	Fortnightly	2nd and 4th Mons., 2—4.30	0.09	40.23	1	60	Dr. Pooler, Fortnightly
School Clinic, Grange St., Alfreton	Weekly	Tuesday, 2—5	0.21	46.53	1	167	Dr. Hoare, Fortnightly
Congregational Assembly Room, Riddings	Fortnightly	1st & 3rd Mons., 2—4	0.43	33.23	6	76	Dr. Pooler, Fortnightly
ASHBOURNE.							
St. John's Rooms	Weekly	Wednesday, 12—4	1.28	33.84	25	76	Dr. Goodson, Fortnightly
BAKEWELL.							
The Square	Do.	Thursday, 2—4	0.02	18.07	Nil	38	Dr. Bryan, Fortnightly
BELPER.							
Green Hall	Do.	Thursday, 10.30—4	0.20	36.16	5	211	Dr. Goodson, Weekly
BOLSOVER.							
Bainbridge Hall, New Bolsover	Fortnightly	2nd & 4th Thurs., 2.30—5	Nil	18.65	Nil	24	Dr. Pooler, Fortnightly
CLAY CROSS.							
The Vicarage	Weekly	Tuesday, 1.30—4	0.08	53.08	4	227	Dr. Pooler, Weekly
DRONFIELD.							
Cong. Chapel	Do.	Monday, 1—4	Nil	28.72	Nil	45	Dr. Morris, Monthly (1st)
HEANOR.							
School Clinic	Do.	Wednesday, 1—4	0.14	72.14	4	273	Dr. Goodson, Fortnightly
LONG EATON.							
4, Notts. Road	Twice Weekly	Mon. 10—12.30 & 2—4.30 Fri. 2—4.30	Nil	48.83	Nil	256	Dr. Goodson, Mondays, p.m.
MATLOCK.							
Dean Hill House	Weekly	Thursdays, 2—4.30	0.06	41.06	3	128	Dr. Hoare, Fortnightly
NEW MILLS.							
St. James' Schoolroom	Do.	Thursdays, 2—4	0.10	26.32	1	57	Dr. Pemberton Fortnightly
RIPLEY.							
Old Schools, Outram Street	Do.	Monday, 10—4	0.04	63.17	2	119	Dr. Macdonald Weekly
Bethel Chapel Marehay.	Do.	Thursdays, 10—12	0.37	51.35	6	80	Dr. Walker, 1st and 3rd
SWADLINCOTE.							
Alexandra Road	Do.	Monday, 2—6	Nil	25.04	Nil	145	Dr. Cochrane, Monthly
WIRKSWORTH.							
Parish Room	Do.	Thursday, 2—4.30	Nil	20.88	Nil	56	Dr. Popham, 1st and 3rd

Address.	Frequency of Sessions.	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.	
RURAL DISTRICTS.							
BAKEWELL.							
Tideswell Wesleyan Hall.	Fortnightly	1st & 3rd Thursdays, 1—5	0·71	21·62	2	27	Dr. Bryan, Fortnightly
Youlgreave Village Hall.	Do.	2nd & 4th Wednesdays, 2—4	Nil	13·04	Nil	40	Weighing Centre
*Hathersage. The Institute.	Do.	2nd & 4th, Wed., 2—4	—	—	—	—	Weighing Centre
BELPER.							
Duffield. Parish Room.	Weekly	Monday, 2—4	Nil	20·21	Nil	36	Dr. Popham, 2nd and 4th
BLACKWELL.							
Shirebrook. Cliff House.	Do.	Wednesday, 2—4	Nil	57·48	Nil	158	Dr. Wear, Weekly
Pleasley. Primitive Methodist Chapel.	Fortnightly	2nd & 4th Thursdays, 2—4.30	0·74	42·08	7	55	Dr. Wear, Fortnightly
Langwith. Miners' Institute.	Do.	1st & 3rd Mon., 3—5	1·01	67·52	1	62	Do.
Tibshelf. Church Room.	Do.	1st & 3rd Ths., 2.30—4.30	0·04	27·48	1	41	Do.
Blackwell. Newton Council School.	Do.	1st & 3rd Mon., 1—3	Nil	33·00	Nil	43	Do.
Hillstown. Miners' Welfare Inst.	Do.	2nd & 4th Mon., 1—5	0·33	48·91	2	45	Do.
Pinxton. Prim. Meth. School,	Do.	2nd & 4th Wednesdays 11.0—1.0	0·43	22·99	1	69	Do.
South Normanton. Mount Tabor Chapel	Do.	2nd & 4th Tues. 1.30—4	0·34	40·00	1	91	Do.
CHAPEL-EN-LE-FRITH.							
Chinley. School Clinic	Do.	2nd & 4th Thursdays, 2—4	Nil	7·59	Nil	16	Weighing Centre
CHESTERFIELD.							
Eckington. Wesleyan Schoolroom	Weekly	Mon., 1 to 4	0·12	39·66	5	97	Dr. Morris, 2nd and 4th
Barrowhill. Ebenezer Chapel	Do.	Wed., 2—4	0·18	29·48	2	83	Dr. Burke, 2nd
Unstone. Wesleyan Church	Do.	2nd & 4th Tues., 2—4	Nil	15·78	Nil	30	Weighing Centre
Staveley. P.M. Chapel	Do.	Tuesday, 1.30—4.30	Nil	54·64	Nil	145	Dr. Hoare, 1st and 3rd
Heath. Holmwood Mission Room	Do.	Wednesday, 2.30—4.30	0·31	25·86	4	89	Dr. Pooler, Fortnightly
Stonebrook. Church Institute	Do.	Monday, 10—12.30	0·14	29·79	Nil	77	Dr. Pooler, Weekly
Grassmoor. P.M. School	Do.	Wednesday, 2—4	0·53	42·55	3	61	Dr. Pooler, Fortnightly

* Opened January 24th, 1934.

Address.	Frequency of Sessions.	Day and time of Meeting.	Average Attendance per Session.		No. Attended for First Time.		Present arrangements for medical supervision.
			Expectant Mothers	Children.	Expectant Mothers	Children	
North Wingfield. Miners' Welfare.	Weekly	Thursday, 2.30—4.30	1.10	59.90	14	93	Dr. Pooler, 1st and 3rd
Brimington. Church Hall	Do.	Thursdays, 2—4	0.59	33.41	6	64	Dr. Burke, 2nd and 4th
Beighton. C. of E. Schoolroom	Do.	Tuesday, 2—4	0.02	32.31	2	155	Dr. Morris, 2nd and 4th
Killamarsh. Congregational Room	Do.	Wednesday, 2—4	0.04	28.17	2	108	Dr. Morris, 1st and 3rd
CLOWNE Clowne. P.M. Chapel.	Do.	Tuesday, 1.30—4	0.02	39.04	1	225	Dr. Wear, Fortnightly
† CRESWELL.	Do.	Wednesdays, 2—4	—	—	—	—	Dr. Morris, 2nd and 4th
HAYFIELD. Hayfield. Wesleyan Methodist Church.	Fortnightly	2nd & 4th Tuesdays, 2—4	0.04	14.81	1	20	Dr. Bryan, Monthly
NORTON. Dore. Abbeydale Hall	Do.	Wednesdays, 2—4.0	Nil	13.53	Nil	75	Dr. Morris, 2nd and 4th
SHARDLOW. Sandiacre. Lenton Street School	Do.	2nd & 4th, Mondays, 2—4.15	Nil	45.39	Nil	81	Weighing Centre
Draycott. Co-op. Stores Committee Rooms	Do.	2nd & 4th Wednesdays, 1.30—4	0.48	19.33	1	22	Weighing Centre
Spondon. Wesleyan Chapel	Do.	1st & 3rd Tuesdays, 11—4.30	1.05	28.14	4	56	Dr. Hendry, 1st and 3rd
Melbourne. Cooks Institute.	Weekly	Wednesday, 2—4.30.	0.08	20.98	1	27	Dr. Hendry, 1st and 3rd
Ockbrook.	Monthly	Last Monday each Month	0.27	21.54	2	22	Weighing Centre

† Opened on February 21st, 1934.

Voluntary Infant Welfare Centres.—During the financial year ended March 31st, 1934, 2 Voluntary Infant Welfare Centres received a Grant of £10 each from the County Council, namely:—Mickleover and Bradwell.

Ante-Natal Scheme.—The following Table gives details as to the sessions and attendances at the various Ante-Natal Centres during 1933 :—

TABLE XXV.

<i>Clinic.</i>	<i>No. of Sessions.</i>	<i>First Visits.</i>	<i>Subsequent Visits.</i>	<i>Average attendance of expectant mothers per Session.</i>	<i>Post Natal Visits.</i>
Matlock	24	64	99	6·79	11
Shirebrook	48	276	573	17·68	6
Long Eaton	48	204	487	14·39	—
Derby	28	86	113	7·11	4
Alfreton	25	211	378	23·56	20
Swadlincote	28	66	96	5·78	12
Staveley	26	98	234	12·77	—
Eckington	26	81	93	6·69	4
Ashbourne	50	207	581	15·76	8
Chesterfield	50	310	488	15·96	5
	<hr/> 353 <hr/>	<hr/> 1603 <hr/>	<hr/> 3142 <hr/>	<hr/> 13·44 <hr/>	<hr/> 70 <hr/>

The Ante-Natal Clinic at Ashbourne is run in connection with the Maternity Home.

A list of the days and times of holding the Ante-Natal Clinics will be found on page 74 of the Annual Report for 1930. To this should be added the following information regarding the Chesterfield Centre—Address, Maternity Home, Chesterfield, held weekly on Wednesdays from 10.0 a.m. to 3.0 p.m. The clinics at Bakewell, Clay Cross, New Mills and Ripley have been closed.

INFANT LIFE PROTECTION.

The Children and Young Persons Act, 1932, came into force on January 1st, 1933.

During the year 1933 the Health Visitors paid 468 visits to children cared for by foster-parents under the provisions of the Children Act, 1908. As a general rule, visits are paid bi-monthly, and more frequently if necessary.

There were 82 children on the Register at the end of 1933.

During the year, two infants taken for reward died. No inquests were necessary. One foster-parent was prosecuted under Section 2 (5) of the Children Act, 1908, for refusing admission of the visitor.

Home Helps.—Arrangements are in force with the Shirebrook and Langwith Junction Nursing Association to provide home helps for women during their confinement. The scheme was to extend not only to subscribing members of the Nursing Association, but also to non-members who had attended the County Council Ante-Natal Centres on the basis of a weekly contribution. So far, this service has had little call upon it.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

Ten licences for the production of Grade "A" milk were issued during 1933 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 under the Tuberculosis Order	... ..	454
No. with advanced tuberculosis	... ..	394
No. with tuberculosis, but not advanced	... ..	60
No. not tuberculous	... ..	Nil
Milk samples examined	... ..	1,841
,, found positive on direct examination	... ..	72
,, found positive on inoculation	... ..	205
,, found negative on inoculation	... ..	1,564

At the end of 1933, the Public Health Committee decided to appoint 2 Veterinary Inspectors for duty under the Milk and Dairies (Consolidation) Act, 1915, but they did not commence duty until February 1st, 1934.

TABLE XXVI.
Milk and Dairies (Consolidation) Act, 1915. Milk and Dairies (Amendment) Act, 1922. Milk and Dairies Order, 1926.

The following Table shows the work ascertained to have been carried out in improving the condition of Cowsheds and Farms during 1933:—

	URBAN DISTRICTS.										RURAL DISTRICTS.												
	Alfreton.	Ashbourne.	Bolsover.	Bonsall.	Chesterfield (Boro).	Clay Cross.	Dronfield.	Glossop (Boro).	Heage.	Heanor.	Ilkeston (Boro).	North Darley.	Ripley.	Swadlincote.	Wirksworth.	Chapel-en-le-Frith.	Glossop Dale.	Hartshorne and Seals.	Hayfield.	Shardlow.	Sudbury.		
COWSHEDS.																							
Number in District ...	71	8	28	82	102	37	13	86	34	55	7	?	60	41	62	491	68	195	68	708	202		
Newly built ...	1	—	2	2	2	—	—	—	1	1	—	2	2	—	1	3	—	1	—	2	1		
Entirely remodelled internally ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Not now used for milk beast ...	—	—	—	1	—	1	2	3	3	1	—	1	—	—	1	5	4	2	—	5	—		
Where new floors were laid ...	—	2	1	14	—	2	—	5	3	3	—	4	—	—	2	35	3	12	12	10	4		
Where floors were repaired ...	3	3	1	2	—	1	—	5	4	2	—	6	2	—	—	4	9	—	—	12	8		
Where feeding troughs were repaired or provided ...	—	—	—	6	—	—	—	—	4	21	—	2	1	—	—	—	4	10	—	7	1		
Where lighting and ventilation were improved ...	—	—	3	12	—	1	—	5	3	3	—	4	2	1	2	43	2	9	1	8	6		
Where lofts were removed ...	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	2	—	2	—	1	—		
Where loft floors were improved ...	1	—	—	3	—	—	—	2	—	—	—	—	1	—	1	18	—	—	—	—	—		
Where drain inlets were removed to outside ...	—	—	2	6	—	1	—	—	1	4	—	3	—	—	—	12	—	5	—	2	4		
Where drainage was provided ...	2	—	—	1	—	1	3	—	1	3	—	3	1	—	1	15	4	7	—	4	3		
Where walls were rendered in cement ...	—	—	—	14	—	—	—	—	4	3	—	7	2	—	2	25	—	4	—	2	3		
Where standings were paved ...	—	—	2	14	—	2	—	3	4	21	—	2	—	—	—	39	9	12	—	2	2		
Where approach paving was repaired ...	—	—	—	2	—	—	—	—	—	1	—	1	3	—	—	15	—	—	—	3	—		
Which were cleaned up ...	—	—	2	—	—	—	—	—	—	4	1	8	30	41	62	32	—	2	—	7	10		
Where manure dump was moved ...	—	1	1	2	—	—	—	5	2	3	1	1	2	29	—	3	47	1	—	3	—		
Where manure dump was improved ...	—	—	—	—	—	—	—	1	6	—	—	5	—	—	1	5	—	2	—	2	1		
Where work is completed ...	3	—	3	—	2	—	—	—	2	2	2	2	8	—	3	27	2	131	13	17	8		
Where work is in progress ...	—	—	—	—	1	—	—	—	2	3	—	3	1	—	5	22	23	2	2	36	1		
FARMS.																							
Number in District ...	39	8	24	40	74	29	8	47	23	34	6	?	36	29	45	336	81	111	57	350	?		
Where new dairies were built ...	1	—	1	2	—	1	—	—	1	2	—	2	1	—	—	2	1	2	—	6	1		
Where dairies were improved ...	1	—	1	1	—	1	—	1	4	2	—	5	—	—	1	2	1	4	1	2	3		
Where cow-keeping was given up ...	—	—	—	1	2	1	2	—	3	—	—	2	—	—	—	2	1	1	1	3	—		

MILK AND DAIRIES ORDER, 1926.

The administration of the Milk and Dairies Order, with the exception of Part IV., which deals with the health and inspection of cattle and is undertaken by the County Council, is a duty placed upon local sanitary authorities, and, to use the words of Circular 757 of the Ministry of Health, issued in January, 1927—

“The standard to be attained is not and could not with advantage be precisely defined in the Order, but is left to a large extent to the discretion of Local Authorities, subject, in any case of dispute, to the ruling of the Courts.”

In this County, when the Order came into force, there were some 40 Sanitary Districts, and I thought it desirable that there should be some recognised standard of administration throughout the County, and for that purpose I called a meeting of the Sanitary Inspectors of the various Local Authorities in the County on the 15th October, 1926, at the County Offices for the purpose of drafting a standard to bring into uniformity the administration of the Milk and Dairies Order throughout the County and to consider what is “sufficient” and “reasonable” for the purposes of the Order.

A mass of detail was considered at this meeting, but the important point raised was that of cubic capacity per cow in cowsheds. The booklet on the construction of cowhouses, issued in 1923 by the Ministry of Agriculture and Fisheries, Publication No. 40, stated in page 6, paragraph 3—

“The usual minimum space prescribed is 800 cubic feet per cow in cases where the cows are constantly kept and fed in the building,”

and it was almost unanimously decided that the working standard should be 800 cubic feet. This, of course, is as desirable in old cowsheds as in new, but it was considered impracticable in the case of old sheds. An effort has been made by many Local Authorities to get this figure adopted where new sheds have been constructed. As I have said, cubic capacity is an important factor, but it is a matter of opinion how a cowshed should be constructed so as to provide 800 cubic feet, and I am one of those who believe that the measurement of most importance is the floor space. It is wasteful to build to an unnecessary height. To illustrate my point I give the following table of dimensions showing how height must depend on floor space :—

Floor				
Total Width.	Width of cow Standing.	area per cow. sq. ft.	Average height of shed.	Cubic space per cow.
20'	3' 6"	70	11' 5"	800
19' 6"	3' 6"	68·25	11' 9"	800
19' 0"	3' 6"	66·5	12' 0"	800
18' 6"	3' 6"	64·75	12' 4"	800
18' 0"	3' 6"	63·0	12' 8½"	800
17' 6"	3' 6"	61·25	13' 0"	800
17' 0"	3' 6"	59·5	13' 5½"	800

Personally, I think a 20 feet wide cowshed is the best practical width. I have seen it in use, and those who use it speak very highly of the advantages to be obtained. The difference in cost, for instance, between a 19 feet and a 20 feet wide shed, each providing 800 cubic feet, is negligible.

To assist in the provision of suitable cowsheds, adopting the principle of 800 cubic feet per cow agreed to by the Sanitary Officers of the Local Sanitary Authorities and adopted by some Sanitary Authorities in the County, I prepared pamphlets and plans giving details of dimensions for the guidance of anyone who was requiring to put up a shed, and many have availed themselves of the information set out in the pamphlet. However, the 800 cubic feet and 20 feet width standard has met with criticism from our own Agricultural and Small Holdings Committees and a few others on the grounds that it is excessive. I propose, therefore, to explain in this Report to my Council why I cannot agree that it is. First of all, there are obviously two sides to this question—the side of the agriculturist and the side of the health official. As far as I can gather, the agriculturist's attitude is based almost entirely on cost. My attitude is that the Milk and Dairies Order, 1926, was issued by the Minister of Health in pursuance of his powers under the Milk and Dairies (Consolidation) Act, 1915. Part IV. of the Order, as I have stated, concerns the health and inspection of cattle, and its administration is vested in the County Council, whilst Sections 3 and 4 of the Act specifically name the County Medical Officer as the officer who shall cause the cattle in the dairy to be inspected and make such other investigations as may be necessary. I am, therefore, intimately concerned with the health of the cattle.

The health of the cattle depends greatly upon their housing conditions—a fact recognised by the Economic Advisory Council, whose report I shall quote later. Further, it is my duty to supervise the work of the Sanitary Officers of the Local Authorities, and in this connection also I am intimately concerned with the housing conditions of the cattle.

It is urged that the Ministry of Agriculture and Fisheries, in their later editions of Publication No. 40, stated that there is no definite cubic capacity laid down in the Milk and Dairies Order, 1926. Admittedly so, but the booklet goes on to state—

“It is left to the discretion of those who control the alteration or erection of cow houses to adopt such planning, spacing and heights as will afford the best facilities for keeping the buildings, the cows and the milk clean.”

This seems to have misled certain agriculturists into the belief that the construction of cow houses need only be such as to afford “the best facilities for keeping the buildings, the cows and the milk clean,” and, if a sample of milk with a low bacterial count is produced from a cowshed, then that cowshed is all that is necessary. Nothing could be further from the truth. It overlooks entirely the important point that cow houses should be such as to prevent as far as possible the spread of diseases, particularly that disease of overcrowding—tuberculosis.

Now as to a few facts on this subject of tuberculosis amongst cattle. It is rampant in this country, and it is estimated by competent authorities that at least 40% of the milch cows are affected. Such a figure, I claim, justifies me in taking every reasonable step within my limited power to minimise the danger of infection. That this danger of infection is largely due to bad housing of cattle is, I think, clear. I am convinced of it, and it appears that the Economic Advisory Council Committee is convinced also. This Committee issued a report on cattle disease, which was presented to Parliament in May, 1934, and I quote from page 13, paragraph 20 :—

“The chances of a cow encountering infection depend, in the first place, on housing conditions. Milking herds spend prolonged periods congregated in buildings. If these are of such construction as to harbour infection they may be a powerful factor in the perpetuation of disease.”

Bearing out my statement that it is a disease of overcrowding, I refer to paragraph 32 of the same report, where it says :—

“Cattle become infected with tuberculosis either by inhaling or by ingesting infected material. The source of infection is normally another cow. . . . Unfortunately cattle, even at an early stage of the disease, excrete tubercle bacilli in great numbers. The principal sources of infected material, the lungs. . . . The danger of infection through the use of premises is therefore very real.”

Now as to the effects on human beings of this disease in cattle, I quote paragraph 50 :—

“Bovine tuberculosis is responsible for over 2,500 deaths annually among the human population in Great Britain.”

I hold that such statements as I have quoted are full justification for the action I have taken since 1926 in endeavouring to get 800 cubic feet per cow in new cowsheds. I have been met with the argument that cubic space is a matter of secondary importance. Good ventilation and lighting are the all-important matters, so I am told ; also, that farmers would be apt to stop up the ventilation of larger cowsheds so as to warm them up. My reply is—and I speak from experience—that farmers stop up the ventilation when there is a draught, and I say that it is easier to ventilate 800 cubic feet without draught than it is to ventilate, say, 600 cubic feet. I go further, and say that the smaller the cowsheds the more likelihood of ventilators of all descriptions being stopped up.

The extent of tuberculosis amongst cattle is giving rise to alarm, and a vast expenditure of money is taking place in attempting to limit it, and there are those who urge that still larger expenditure should be faced for the purpose of detecting infected animals. For instance, the Council for Agriculture for England are urging a whole-time State veterinary service at an estimated cost of £360,000 per annum, whilst the Reorganisation Commission for Milk are urging the appointment of 300 whole-time veterinary inspectors for the same purpose ; but that is not all. There is a

vast expenditure incurred in making up the waste of dairy cattle due to disease. The Economic Advisory Council estimate the annual monetary loss in this connection at over £3,000,000, including the loss on meat condemned on account of disease.

Knowledge of epidemiology and preventive medicine indicates most clearly that the first step to be taken in preventing the spread of infection from this disease of overcrowding is to reduce overcrowding.

I am asked why I support 800 cubic feet. My answer is that 800 cubic feet must have been considered a reasonable figure by the Ministry of Agriculture and Fisheries when they stated it in their booklet in 1923, and nothing has happened since to suggest that it is unreasonable.

I do not want to be accused of overlooking the extra cost to the farming community of cowsheds of these dimensions. I recognise that, but I say that money would far better be spent in this direction than in replacing animals lost through disease. If, on the other hand, it can be shown that the farmer cannot afford the extra expenditure, surely it is worth consideration whether money would not be better spent by the State in giving a grant towards the construction of proper cowsheds rather than in attempting to prevent the spread of disease by removing obviously infected animals when it is generally admitted that long before the animal becomes obviously affected it has been a source of infection to others and has spread the disease.

The study of droplet infection leads me to believe that this increase of cubic capacity, bearing in mind that the superficial area is of most importance, would result in the improved health of cattle and the diminution of tuberculosis.

I recently had the privilege of inspecting the Agricultural College at Sutton Bonington, where cowsheds with a cubic capacity above 800 cubic feet and a width of 21 feet were in use. I was assured that sheds of such dimensions were justified by the improved health of the cattle, and I was not surprised.

There is no question that something has to be done to diminish tuberculosis in cattle. The detection and slaughter of cattle suffering from tuberculosis is only a very partial remedy. The Economic Advisory Council point out in paragraph 112 that—

“The evidence we have received all points to the fact that the Tuberculosis Order of 1925 has done nothing to reduce the incidence of disease.”

One has to admit that there has not been routine veterinary inspection generally carried out throughout the whole country. One has also regretfully to admit that there is a vast amount of overcrowding of cattle in small, dark, ill-ventilated cowsheds. I am firmly of opinion that until the conditions of cowsheds are greatly improved veterinary inspection within reasonable costs will do little to eliminate or diminish the incidence of tuberculosis in cattle.

SANITARY CIRCUMSTANCES OF THE AREA.**WATER SUPPLY AND SEWAGE DISPOSAL.****LOCAL GOVERNMENT ACT, 1929. SECTION 57 (1).**

This Section of the Act enables the County Council to contribute towards expenditure incurred or to be incurred by a District Council in the provision or maintenance of sewers and sewage disposal works and works of water supply such sums as appear to be reasonable, having regard to the resources of the District and the circumstances of the case. In some cases the operation of the de-rating provisions of the Local Government Act has made it impossible for such services to be provided at the sole expense of the locality, and the policy of the Act is, in such cases, to authorise the District Council and the County Council to afford some financial assistance.

Certain of the Rural District Councils, namely, Shardlow, Repton, Bakewell, and Chesterfield have already put into operation schemes providing for financial assistance for both or one of these essential services.

The matter was made urgent by the announcement of the Ministry of Health of the provision of £1,000,000 in aid of water supplies in rural areas, the distribution of this sum being contingent upon reasonable assistance being given by the District Council and the County Council. This fact, coupled with the known shortage of water in certain areas of the County, led the County Council to adopt a policy of making grants in suitable cases in aid of the provision of water supplies. It has been a difficult matter to formulate a satisfactory scheme to be adopted by the County Council. After thorough consideration, a survey was made of the existing expenses for these services throughout the county, for it is necessary to know what expenses are being faced by the various Districts before an estimate can be formed as to what is a reasonable maximum charge on any parish. The County Council have limited their commitments in the first place to £5,000 towards capital expenditure.

It is but equitable that areas which have already supplied themselves with adequate sewage disposal and water schemes should be asked to assist only those areas which cannot provide for themselves, and not those who will not. During February, 1934, on account of the outcry about the shortage of water in rural areas, I visited many of the areas, and was surprised that, even in the midst of complaining, a great number of people I approached made it clear that they were not prepared to incur any expenditure for the provision of a proper water supply, but were, of course, anxious to have it if some system could be devised by which someone else could pay for it. The main conditions attaching to a County Council grant are as follows :—

- (a) Applicants for contributions must submit plans and estimates.

- (b) The amount of any contribution should be settled by the Committee after the consideration of each case.
- (c) The Committee should require to be satisfied by the County Medical Officer that the scheme is necessary in the interests of health and sanitary administration.
- (d) No contribution should be made unless some assistance is afforded by the Rural District Council where the scheme relates to a rural parish.
- (e) In the case of water supply, the Committee should reserve the right to require the application of a scale of approved water rates or rents.

As I have pointed out, the derating provisions of the Local Government Act, 1929, has made it necessary in some cases to aid certain localities by means of grants, but it should be remembered that long before derating, in fact, since 1875, Rural District Councils have had powers to provide proper water supplies, and since 1878 it has been their duty to see that no house built or re-built since that time in a rural area should be inhabited unless it has an adequate water supply. That duty has not always been fulfilled, for one came across isolated houses or groups of houses which had no proper water supply; but that does not contradict my statement that, generally speaking, the water supplies of the County are good. Public money should not be expended for the provision of a water supply to many of these houses, for it is unreasonable to site a house anywhere and expect services to be brought to it at the cost of the ratepayers. Prehistoric man always had some regard for the availability of water before siting his dwelling, or paid the consequences, and if modern man has less foresight his neighbour should not be asked to pay for remedying the results of his lack of foresight.

This question of water supply is likely to become one of importance and possibly one of considerable expense to the community. I therefore feel that I should point out that in my opinion there is no need in this County for a vast expenditure of money for anything in the nature of a grid system. I am not at all convinced that a general grid system of water supply is within the bounds of practical economics for the average rural area, either in this County or elsewhere. It should always be considered whether it is financially a better proposition for each village, or perhaps one or two villages, to have its own or their own water supplies. The grid system, whatever its virtues, will have one great fault—it will encourage ribbon building, and that requires the opposite to encouragement. The following points, however, need very serious consideration at a time like this, when the rural districts of this country are being developed rapidly and with a conspicuous lack of planning and foresight.

All water originally comes in the form of rain. One of three things now happens. A varying amount evaporates, another portion percolates and forms or replenishes underground supplies, whilst the third portion drains off the surface or sub-surface into

the rivers and thence to the sea, and is lost. Our water supplies must, therefore, come from either underground supplies or from the surface drainage. With regard to the latter, the indiscriminate building at present going on is taking into no account the possible need for surface gathering grounds, so that that source of supply will become diminished as the need for it increases. Our lack of zoning and planning is leaving few rivers unpolluted, so that where the surface drainage is not impounded, but runs into a river, that water will be available for drinking purposes only after an unnecessarily large expenditure of money for necessary storage and filtration. It must be remembered also that our rivers to-day are being asked to take far more water than by nature they should. Upland drainage for agricultural purposes and the covering of many thousands of acres of land by impermeable surfaces both hurry water off the land into the rivers, where it is either polluted or deliberately wasted, most frequently both polluted and wasted. The remaining source of supply is the underground supply. As I have pointed out, the drainage of the upland agricultural land and the covering of rapidly increasing areas of the earth by impermeable surfaces such as roads, houses, etc., are increasing *pari passu* with the needs for replenishing the underground supplies, and although I am not suggesting that at the present time this has reached a point where a permanent shortage is likely to occur, that point must be reached sooner or later unless there is some correlation between land drainage, water supplies and building development.

Briefly, therefore, as the need for water increases with the increasing population in rural areas, the possible sources of supply are being diminished in almost exactly the same proportion under the present system of uncontrolled and indiscriminate building and lack of co-ordination.

WATER SUPPLIES.

Details of the various water supplies in the County were given in the Survey Report for 1930, and any additions, improvements or alterations during 1931 and 1932 were given in the respective Reports.

The following are the alterations and extensions which have taken place during the year 1933 :—

URBAN DISTRICTS.

Ashbourne.—A water softening plant has now been installed.

Bolsover.—This District Council has ceased to supply Hillstown, Palterton and Scarcliff, in the Blackwell Rural District, the water now being supplied by the latter's Meden Valley scheme.

Ilkeston Borough.—The new reservoir at Hassock Lane End, Heanor Road, and the new by-pass main to the old reservoir near Shipley School were completed and brought into use during the

year. Full details of this scheme were given in the Annual Report for 1931, page 51.

Matlocks.—The supply to Matlock Cliff has been improved by a main recently laid, connected with the Tansley supply.

RURAL DISTRICTS.

Ashbourne.

FENNY BENTLEY.—Improvements have been carried out at the public well.

SHIRLEY.—A scheme for supplying this village with water was carried out during 1932 by the Osmaston Manor Estate. The supply is by a ram from Shirley Mill, raised to a new covered reservoir (100,000 gallons) and piped throughout the village.

OSMASTON.—A piped supply has been provided by the Osmaston Manor Estate.

Bakewell.

EYAM.—A new reservoir of 225,000 gallons capacity has been constructed to the west of "Mompesson's Well" to replace a reservoir built in 1929, which developed serious cracks owing to the foundations being unsatisfactory, and was abandoned.

Blackwell.

HILLSTOWN, PALTERTON AND SCARCLIFF.—These areas were formerly supplied by the Bolsover Urban District Council, but are now supplied by the Meden Valley scheme of the Blackwell Rural District Council.

In February and March this year it was thought advisable to survey the state of the water supplies of the County. Each Rural District was asked for particulars of any shortage and any proposals to meet it. In addition, the various areas of the County were visited and inspected as far as time would permit. From the information obtained, the following short summary and the map opposite, have been prepared, shewing the conditions in each area at that time. It will be noted that in this summary the Districts mentioned are the new Districts as they exist from April 1st, 1934, following the Derbyshire Review Order, 1934 :—

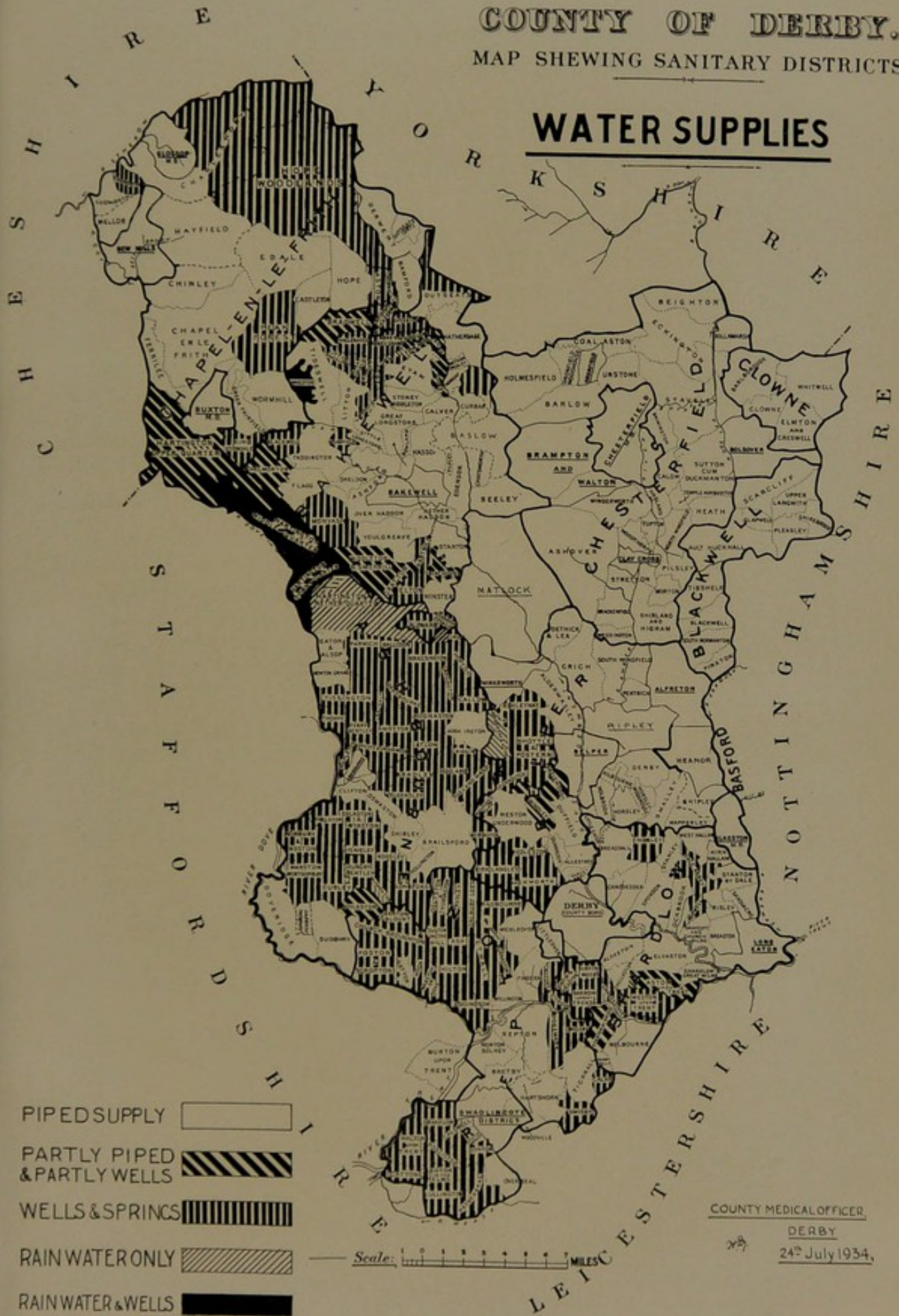
URBAN DISTRICTS.

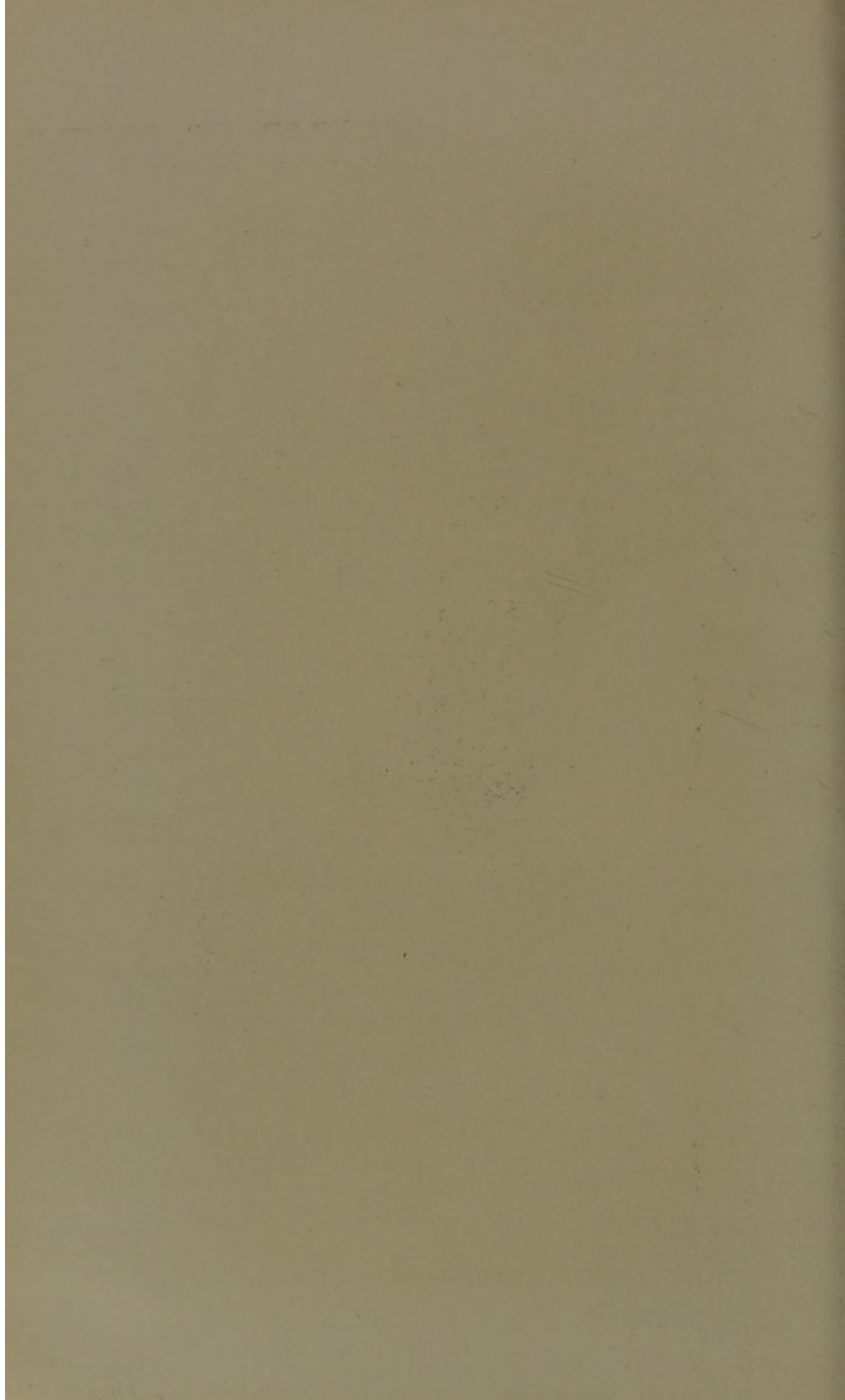
Alfreton.—Mainly piped supply from Lindway Reservoirs, fed by springs and a borehole near by. Supply can be augmented by pumping water from Oakerthorpe Colliery. A borehole has been sunk at Dethick and a scheme prepared for pumping this water to the main at Lindway.

Alfreton supply can also be augmented from the Derwent Valley Water Board.

COUNTY OF DERBY.
 MAP SHEWING SANITARY DISTRICTS

WATER SUPPLIES





Ashbourne.—Two boreholes at Rodsley and one at Ashbourne. The water is pumped to a reservoir on the Derby Road.

One of the Rodsley boreholes lowers 120' and the other 94' in 9 hours pumping, but both fill up again very quickly.

The water is now softened. Piped supply. No shortage.

Bakewell.—Piped supply from reservoir. No shortage. The supply to the reservoir is from springs on Beeley Moor.

A further source from seven springs in Manner's Wood supplies property near the station.

Belper.—There are four reservoirs—Bessyloan, Bullsmoor, Springwood, and Ladywell. The three last-named reservoirs are fed by springs, and can, in addition, be supplied from a bore-hole in The Meadows, which also supplies Bessyloan reservoir. Piped supply. No shortage.

The U.D.C. also supplies the Heage Ward of Ripley U.D. and several parishes in Belper R.D.

Bolsover.—Water from a borehole at Whaley is pumped to a concrete water tower in Bolsover, where a softening and filtering plant is installed. In an emergency, the supply can be augmented by springs in the railway tunnel, and a borehole 140' deep near Bolsover station. Piped supply. No shortage.

The Whaley Thorns area of Bolsover is supplied by the Sheepbridge Coal and Iron Co.'s, Langwith Colliery Scheme.

The Bolsover U.D.C. water undertakings are now merged with those of Chesterfield Borough, and a pipe now connects the two sets of mains.

Brampton and Walton.—Many of the houses are supplied by Chesterfield Borough, whose source of supply (other than that with Bolsover U.D.) is derived from this area. Scattered farms have wells. A few houses are supplied from Chatsworth Estate. No shortage.

Buxton Borough.—Piped supply from reservoirs fed by moorland springs. No shortage.

Chesterfield Borough.—Piped supply from three reservoirs at Linacre, augmented by two boreholes and reservoirs at Whispering Well, Holymoorside; a borehole at Hunger Hill, another at Wadshelf, and a reservoir at Slatepit Dale. No shortage.

Chesterfield's water undertakings are now merged with those of Bolsover U.D., and a new main has been laid from Bolsover to Chesterfield *via* main road.

Clay Cross.—Piped supply from reservoir, fed by the Woferley springs, Grinder's Well and the Press Brook, and a borehole, 297' deep, in the Millstone Grit. The Press Brook and Grinder's Well water is filtered. No shortage.

Dronfield.—Piped supply in bulk from Chesterfield R.D.C.'s northern scheme. The water is received into a covered reservoir at Dronfield, known as Stubble Reservoir. No shortage.

Glossop Borough.—Piped supply from reservoirs fed by moorland springs. The water is filtered and treated for plumbo-solvency. No shortage.

Heanor.—Piped supply from Ilkeston and Heanor W. Bd. No shortage. Water chlorinated, softened and filtered at High Peak Junction and pumped to a reservoir at Chadwick Nick from which the water gravitates to service reservoirs. The water is derived from the Meerbrook Sough and two boreholes at High Peak Junction. No shortage.

Ilkeston Borough.—Piped supply from Ilkeston and Heanor Water Board. (See "Heanor"). No shortage.

Long Eaton.—Borehole and headings at Stanton-by-Bridge. Water pumped to a reservoir. Supply can be augmented from Derwent Valley Water Board. Piped supply. Stanton supply was somewhat restricted in 1933-4.

The U.D.C. also supplies Kegworth and Castle Donington, in Leicestershire, and the village of Stanton-by-Bridge, in Shardlow R.D. Threatened shortage.

Matlock.—Piped supply from several reservoirs in Matlock, North Darley, South Darley, and Bonsall, fed by springs. One source in Hackney Lane is chlorinated. Riber, Starkholmes, Hearthstone, High Lees and Tansley are supplied from local springs. No shortage.

New Mills.—Mainly piped supply from reservoirs—filtered. Higher portions above 600 O.D. have some difficulty in being supplied.

U.D.C. have power to take water from Stockport Corporation Reservoir at Disley.

A scheme for taking a supply for the higher parts of New Mills from the Jordanwall Nook reservoir belonging to Hayfield R.D.C. (now Chapel R.D.C.) was not sanctioned by the Ministry of Health. New Mills U.D.C. have agreed to take 25,000 gallons per day from the new Stockport Corporation main, laid in connection with their Goyt Valley reservoir now in course of construction, which will have a top water level of 800 O.D. No shortage.

Ripley.—Piped supply from the Ilkeston and Heanor Water Board and Derwent Valley Water Board mains. No shortage.

The Heage Ward is supplied by meter from Belper U.D.C.

Swadlincote.—Piped supply from Swadlincote and Ashby Joint Water Committee. Water is derived from a heading and gravitates to a pumping station at Milton, where it is softened and pumped to a 3,000,000 gallons reservoir at Boundary.

The supply to the parish of Woodville (Repton R.) is augmented from this source as required. No shortage.

Wirksworth.—Piped supply from reservoirs fed by springs. Shortage.

Wirksworth U.D.C. have sunk a borehole at Wigwell Valley, and now propose to pump water to their existing reservoirs. Borehole minimum yield, 87,000 gallons per day in Nov.-Dec., 1933. Pumps to be set at 175' deep—borehole 200' deep, to be lined with 16" steel tubing for the first 50'. New work expected to be finished about September, 1934.

MIDDLETON has also a piped supply from two reservoirs fed by springs. Reservoirs 200,000 and 20,000 gallons capacity. Latter one covered.

There has been some shortage recently in Wirksworth. No shortage on March 27th, 1934. Reservoirs maintaining level during "draw off" period (spring supply).

Middleton had to be rationed during a short period whilst repairs were being done at one of the reservoirs.

RURAL DISTRICTS.

Ashbourne.

- 4 Parishes have a public piped supply.
- 7 " " a private piped supply.
- 2 " " a partly piped and partly well supply.
- 34 " " well supplies.
- 1 Parish has rain-water supply only.

No serious shortage except in Hartington areas, but the shortage here is no new departure. I must, however, point out that there is in the vicinity an ample supply of good water which could and should be made use of.

UNSATISFACTORY SUPPLIES AT :—

Hartington Town Quarter.	Wells.
Hartington Nether Quarter.	Rain water.
Hulland.	Wells.
Hognaston.	Wells.

PROPOSALS :—

Messrs. Elliott and Brown, Nottingham, have reported on a scheme to supply :—Hulland, etc., Atlow, Kniveton, Hognaston, Bradbourne, Carsington, Brassington, Hopton, Ballidon, Parwich, and possibly Hartington Town Quarter and Hartington Middle Quarter.

CONDITIONS AT VARIOUS PARISHES.

ALKMONTON.—Very few houses and farms. Good spring to a farm and another on roadside to a small farm. Village pump not failed.

ALSOP.—(See “Eaton and Alsop”).

ATLOW.—Wells and springs. Complaints as to shortage.

BALLIDON.—Wells. Shortage.

BIGGIN (Hartington Nether Quarter).—Wells. Shortage.

BRAILSFORD.—Semi-public supply. No shortage.

BRADBOURNE.—Wells. Some fail.

BRADLEY.—Pumps and springs. Samples of water satisfactory.

BRASSINGTON.—Wells. Some failed. A new lead mine 40' deep has been sunk near the school, and water was reached at 12'. Water is 30° hardness.

BOYLESTON.—Ram supply and wells. Shortage. Water not satisfactory in some cases.

CALLOW.—Wells.

CARSINGTON.—Wells. No complaints as to shortage.

CLIFTON.—Private piped supply from Wyaston to almost all village. Shallow wells in Green Lane area.

CUBLEY.—Wells and ram. Some shortage at Cubley Common.

DOVERIDGE.—Piped supply through meter from Uttoxeter U.D.C. Scheme at Somersal Herbert.

EATON AND ALSOP.—Ram supply.

EDLASTON AND WYASTON.—Wells. (See “Wyaston”).

FENNY BENTLEY.—One public well—not failed. Small scheme prepared.

HARTINGTON NETHER QUARTER.—Rain water only.

HARTINGTON TOWN QUARTER.—Wells. Shortage in upper part of village. Scheme prepared and alternative sources of supply being investigated.

HOGNASTON.—Wells. No shortage. Water unsatisfactory, the well needing regular attention and clearing out.

HOLLINGTON.—Semi-private piped supply from ram and reservoir. Water not satisfactory.

HOPTON.—Wells.

HULLAND.—Wells—some unsatisfactory. The spring at Hulland Moss said to be insufficient for piped supply.

CROSS O' HANDS is without proper water supply, except one part.

HUNGRY BENTLEY.—Wells. Scattered area.

IBLE.—Spring water to troughs—constant.

KIRK IRETON.—Piped supply from reservoir, fed by rams. No shortage. Supply restricted later.

KNIVETON.—One public well—has not failed.

LEA HALL.—Wells. No complaints as to shortage.

LONGFORD.—Mainly shallow wells—have not failed. Water in one case unsatisfactory. The Longford Dairy has a borehole, but recently the supply has not been too plentiful.

MAPLETON.—Wells—not good. A small scheme is being prepared by the owner of the village.

MARSTON MONTGOMERY.—Wells—one or two have failed occasionally. Sufficient in March, 1934.

MERCASTON.—Wells.

NEWTON GRANGE.—Private ram supply to several farms.

NORBURY AND ROSTON.—Wells. No shortage.

OFFCOTE AND UNDERWOOD.—Wells. Scattered area.

OSMASTON.—Private piped supply.

PARWICH.—Wells and a private borehole. Some wells failed.

RODSLEY.—Wells—not a plentiful supply. No complaints. Could be supplied from the Ashbourne U.D.C. pumping station near the village.

SHIRLEY.—Private ram supply from Shirley Mill to a reservoir and piped throughout the village.

SNELSTON.—Ram and wells.

SOMERSAL HERBERT.—The Uttoxeter U.D.C. springs and reservoir are at Somersal Herbert, and the mains supply all but the Rectory, Somersal Farm and two cottages.

STURSTON.—Mainly wells. Derby Road area wells are not sufficient. Arrangements made for supply from Ashbourne U.D.C., to which this area passes under the revision of boundaries. There is a good spring near Shepherd's Folly.

SUDBURY.—Semi-private piped supply. No serious restrictions except the water being turned off at nights occasionally. DALE BROOK HAMLET.—Wells—not failed.

THORPE.—Private supply for a portion—remainder wells.

TISSINGTON.—Wells—some failed in 1933 for the first time.

WYASTON.—Wells—some failed recently for a short time.

YEAVELEY.—Wells and ram supply—not failed.

YELDERSLEY.—A few houses. Wells.

Bakewell.

22 Parishes have a public piped supply.

15 „ „ a private piped supply.

1 Parish has a partly-piped and partly well supply.

14 Parishes have well supplies.

2 „ „ have rain-water supply.

SHORTAGE IN 1933 AT :—

BRADWELL.—Supply since improved. Reservoir cleaned out. No shortage since.

ELTON.—Wells. Shortage, but supply improved temporarily by piping a private supply from Oddo Farm.

HARTINGTON MIDDLE QUARTER.—Rain water and meres. Earl Sterndale could be supplied from the Greensides scheme of Chapel R.D.C. Shortage.

LITTON.—Piped from Tideswell scheme. Improvement lately.

MONYASH.—Wells—polluted. Scheme (1933) for supply from Flagg not sanctioned by Ministry of Health.

WHESTON.—Mainly rain-water. Very few houses.

WINSTER.—Stand pipes. Reservoir fed by springs. The replacement of a defective length of collecting main has since provided a better supply.

PROPOSALS TO OVERCOME SHORTAGE :—

ELTON.—To pipe water from Rock Farm to Elton and purchase water rights, or to pump water from Shothouse Spring, in combination with Winster.

WHESTON.—Matter referred to the Council's engineers, who have been asked to submit an estimate of cost (29/3/34).

WINSTER. Negotiations in progress for the purchase of the Shothouse Spring (24,700 gallons per day).

BIRCHOVER.—Negotiations in progress for purchase of water rights.

STOKE FLAT SCHEME supplies Froggatt, Calver, Stoney Middleton, Great Longstone, Little Longstone, Rowland, Hassop and Ashford. Service reservoirs at Rowland and Ashford. It is proposed to construct a 3,000,000 gallon storage reservoir at Stoke Flat, where the water is treated. On the 13th March, 1934, there was a flow of 130,000 gallons per day, and overflow was taking place at the treatment tanks.

ROWSLEY.—The Haddon Estates Co. proposes to increase the storage capacity.

GREAT HUCKLOW.

LITTLE HUCKLOW.

WARDLOW.

WARDLOW MIRES (hamlet).

WINDMILL (hamlet).

FOOLOW.

GRINDLOW.

} Scheme submitted to Ministry of Health for obtaining a supply to these places from springs on the moorland near Camphill Farm. (£9,000).

CHELMORTON.—Engineers reported on a scheme for the provision of a 100,000 gallon tank. (£1,350).

HARTINGTON MIDDLE QUARTER.—The neighbouring Rural District Council of Chapel to be approached with a view to a supply being taken from their Greensides scheme.

CONDITIONS AT VARIOUS PARISHES :—

The extent to which shortage of water for domestic consumption prevails in this District at the present time is negligible, and in the Parishes mentioned below, unless there is particular mention of shortage, it can be taken that there have been no complaints in this connection.

ABNEY AND ABNEY GRANGE.—Scattered area. Moorland springs.

ASHFORD.—Piped supply from Stoke Flat Scheme.

ALDWARK.—Springs piped to public trough. Private installation. (Note :—The *Ashbourne* R.D.C. proposed Northern Scheme could, if necessary, serve this area).

BASLOW.—Piped supply from reservoir fed by springs.

BRADWELL.—Piped supply from reservoir fed by springs. Parish Council have had powers delegated to them. Shortage last summer. Reservoir cleaned out and spring supply improved.

BLACKWELL.—Scattered place. Piped supply from reservoir of Chatsworth Estate.

BRUSHFIELD.—Scattered farms. Wells—no shortage.

BIRCHOVER.—Piped supply from Stanton Estate.

BEELEY.—Private piped supply from Chatsworth Estate.

CHATSWORTH.—Private supply by Chatsworth Estate.

CALVER.—Piped supply from Stoke Flat Scheme.

CURBAR.—Piped supply from two reservoirs at Curbar Edge, fed by springs. Only one reservoir is used now. (Controlled by R.D.C.)

CHELMORTON.—Piped supply from reservoir, fed by springs. (R.D.C. control).

EDENSOR.—Piped supply from covered reservoir, fed by springs. (Chatsworth Estate).

ELTON.—Well supply—polluted. Well has been closed. Supply temporarily improved by piping a private supply from Oddo Farm. (See "Proposals").

EYAM.—Piped supply from reservoir, fed by springs. A second new reservoir has had to be constructed owing to defective foundation of the first one.

EYAM WOODLANDS.—Piped supply from reservoir, fed by springs. Parish Council have delegated powers.

FLAGG.—Stand pipe supply from reservoir fed by water pumped from disused lead mine in village. A scheme was submitted to the Ministry of Health in 1933 for utilizing this water to supply Monyash. Scheme not yet sanctioned.

FOOLOW.—Springs. Shortage. Joint Scheme submitted to Ministry of Health, combining several parishes. (See "Proposals").

FROGGATT.—Piped supply from Stoke Flat Scheme.

GREAT HUCKLOW.—Wells. Shortage. (See "Proposals").

GRINDLOW.—Shortage. (See "Proposals").

GREAT LONGSTONE.—Stoke Flat Scheme.

GREAT ROWSLEY.—Private piped supply by Haddon Estate Co.

GRATTON.—Few farms. Piped supply from springs.

HATHERSAGE.—Piped supply from springs near Toad's Mouth, Burbage Brook; reservoir near Hathersage. Water is treated for plumbo-solvency.

HIGHLOW.—Scattered area. Few wells.

HASSOP.—Stoke Flat Scheme.

HARTHILL.—Scattered farms. Wells.

HARTINGTON MIDDLE QUARTER. — Shortage. Rain-water and meres. Earl Sterndale village could be supplied from the Greensides scheme belonging to Chapel R.D.C.

HAZELBADGE.—Scattered farms. Few wells.

IVONBROOK GRANGE.—Scattered farms. Wells.

LITTLE HUCKLOW.—Shortage. (See "Proposals").

LITTON.—Piped supply from Tideswell main. No shortage recently. CRESSBROOK.—Private piped supply. Intend to put a storage tank in Well Yard and collect a spring from the hillside to augment supply. (Matthew Dickie, Ltd.).

LITTLE LONGSTONE.—Stoke Flat Scheme.

MONYASH.—Wells and meres. Shortage—water polluted.

MIDDLETON AND SMERRILL.—Private piped supply, pumped from spring to reservoir (Capt. Waterhouse).

NETHER HADDON.—Private piped supply from Chatsworth Estate.

NETHER PADLEY.—Piped supply, privately owned (Maynard Estate).

OFFERTON.—Scattered area. Few wells.

OUTSEATS.—Piped supply from Hathersage system.

OVER HADDON.—Private supply from ram in Lathkill Dale.

PILSLEY.—Private supply from Chatsworth Estate.

ROWLAND.—Stoke Flat Scheme.

STOKE.—Scattered area. Part served by private piped supply from reservoir, fed by springs. (Capt. Hunter).

STONEY MIDDLETON.—Stoke Flat Scheme.

SHELDON.—Piped supply, pumped from a spring near R. Wye, in Ashford Dale.

STANTON.—Piped supply by Stanton Estate.

TIDESWELL.—Piped supply from reservoir, fed by springs. Powers delegated to Parish Council. Flow of springs much reduced.

TADDINGTON.—Piped supply. The collection of the springs has been improved, and it is proposed to provide additional storage capacity.

WARDLOW.—Shortage. (See "Proposals").

WHESTON.—Only about nine houses. Mainly rain water. R.D.C. considering what can be done. There is a mine shaft which may be available. Matter in hands of engineers.

WINSTER.—Stand pipes. Reservoir fed by springs north of Birch-over. Shortage last summer. Negotiations in hand to obtain a supply from Shothouse Spring in combination with Elton.

YOULGREAVE.—Semi-public piped supply.

Belper.

15	Parishes	have a public piped supply.
7	„ „	a partly piped and partly well supply.
6	„ „	well supplies.

SHORTAGE IN 1933 AT :—

KIRK LANGLEY.—Wells. Could be supplied from Derby Borough.

MACKWORTH.—Wells. Could be supplied from Derby Borough.

TURNDITCH.—Some wells failed early in 1934.

CONDITIONS AT VARIOUS PARISHES.

No complaints of shortage have been received from any Parishes in this District, except where specifically mentioned.

ALDERWASLEY.—Partly piped supply. Others, open wells fed by springs.

ALLESTREE.—Piped supply from Derby Borough.

ASHLEYHAY.—Scattered area. Mainly farms. Open public well, piped from a spring.

CRICH.—Piped supply from R.D.C. works at Dethick.

DARLEY ABBEY.—Piped supply from Derby Borough.

DENBY.—Piped supply from Belper U.D.C. scheme.

DUFFIELD.—Piped supply from Cross o' Hands and Handley Wood.

DETHICK AND LEA.—Piped supply from Dethick scheme.

HAZELWOOD.—Springs and wells, and a portion served by the Duffield Scheme (Cross o' Hands).

HOLBROOK.—Piped supply from Belper U.D.C.

HORSLEY.—Piped supply from Belper U.D.C.

HORSLEY WOODHOUSE.—Piped supply from Belper U.D.C.

IDRIDGEHAY.—Piped supply to eight houses by gravitation from spring. Remainder wells. Some shortage at the wells, but ample for fetching from the overflow of the piped system which passes into a trough. There appears to be ample available water in the district.

KEDLESTON. — Mainly wells. Ram supply to Hall and some cottages.

KILBURN.—Piped supply from Belper U.D.C.

KIRK LANGLEY.—Wells—some shortage.

MACKWORTH.—Wells—some shortage.

MAPPERLEY.—Piped supply from the Shardlow R.D.C.'s Stanley and West Hallam mains.

MARKEATON.—Northern portion, piped supply. Southern portion, wells.

PENTRICH.—Piped supply from the Dethick scheme.

QUARNDON.—Partly public supply from Derby Borough, remainder wells and springs.

RAVENSDALE PARK.—Scattered area. Isolated farms. Wells. No present shortage.

SHOTTLE AND POSTERN.—Scattered area. Wells.

SMALLEY.—Piped supply from Belper U.D.C.

SOUTH WINGFIELD.—Piped supply from Dethick scheme.

TURNDITCH.—Mainly wells. Some shortage in 1933 at upper end of village.

WESTON UNDERWOOD.—Ram, piped supply.

WINDLEY.—Twelve to fifteen houses; piped supply from Duffield system. Two or three isolated farms have wells.

Blackwell.

All of the Parishes have a piped supply. There is no shortage for domestic consumption. With the exception of the Parishes below mentioned, the District is supplied from the Meden Valley Joint Water Scheme.

DOE LEA (GLAPWELL).—The R.D.C. were to take over the supplying of water in this parish from the Sheepbridge Coal and Iron Co., Ltd., on the 1st April, 1934.

PINXTON.—The R.D.C. are about to purchase mains belonging to the Pinxton Colliery Co.

SHIREBROOK.—The portion of Shirebrook known as the Model Village is still supplied by the Shirebrook Colliery Co.

STONEY HOUGHTON.—Supplied by Chatsworth Estate.

UPPER LANGWITH.—A part of the old village near the Devonshire Arms public-house is supplied by the Exors. of the late William Birkett. The newly-built-up area of the Parish is supplied by the Langwith Colliery Scheme (Sheepbridge Coal and Iron Co., Ltd.).

Chapel-en-le-Frith.

- 13 Parishes have a public piped supply.
- 1 Parish has a private piped supply.
- 3 Parishes have a partly piped and partly well supply.
- 6 Parishes have well and/or spring supplies.

PROPOSALS :—

PEAK FOREST.—R.D.C. considering connecting up with the Wormhill system.

HAYFIELD.—Scheme prepared for the provision of a 180,000 gallons storage reservoir (3 days' supply).

CONDITIONS AT VARIOUS PARISHES :—

I am not aware of any shortage of water in this District. Should the drought continue, it is probable there may be shortage at Fernilee and Sparrowpit, but I am informed that the Council are considering what steps can be taken to relieve the situation should it become necessary to do so.

ASTON.—Scattered area. Few wells.

BAMFORD.—Piped supply—reservoir at Clough Cottage. Village also linked up with Derwent Valley Water Board main.

BROUGH AND SHATTON.—Very scattered—farms. Few wells.

CASTLETON.—Piped supply by Castleton W. Works Co. Reservoir near Brackett's Booth Farm, 1½ mile north of village, fed by springs, but liable to pollution.

An Inquiry was held 12/10/32 to obtain a loan (£2,500) to purchase the Waterworks, but sanction has not been received.

CHAPEL.—Piped supply from several reservoirs fed by springs.

CHARLESWORTH.—Mainly piped supply from reservoir fed by springs—remainder wells and springs.

CHINLEY.—Piped supply from Chapel system.

CHISWORTH.—Partly piped supply from Charlesworth—remainder wells.

DERWENT.—D.V.W.B. supply by branch main.

EDALE.—Piped supply from reservoir at Grindlow Knoll, one mile north of Edale.

FERNILEE.—Piped supply from three separate sources.

GREEN FAIRFIELD.—Piped supply from Doveholes main. Also linked up with Buxton Borough main.

HARTINGTON UPPER QUARTER.—Piped supply from Harpur Hill and from Greensides Scheme. Part wells.

HAYFIELD.—Piped supply, fed by springs on Kinder.

HOPE WOODLANDS.—Scattered area. Few wells.

HOPE.—Piped supply from reservoir at Fullwood Hill, $1\frac{1}{4}$ miles north of Hope, fed by springs at Jagger's Clough, $2\frac{1}{2}$ miles from reservoir.

KINGSTERNDALE.—Scattered area. Mainly farms. Few pumps.

LUDWORTH.—Piped supply, augmented from Mellor mains.

MELLOR.—Piped supply from Hayfield system.

OUTSEATS (detached).—Piped supply from Hathersage system.

PEAK FOREST.—Wells—shortage in times of drought.

THORNHILL.—Open public well. Well has been cleaned out, but needs protecting.

WORMHILL.—Piped supply from reservoir at Bole Hill. Water pumped from springs at Wormhill Moor to the north.

Chesterfield.

The R.D.C. own two main water undertakings—the Northern Scheme and the Southern Scheme (the Barbrook and the Press Schemes respectively). There is also a small undertaking for Ashover. The Council have, I believe, done all in their power to assure the maintenance of a good supply of water in their District, and the drought has shewn conclusively that their efforts to increase their resources are thoroughly justified.

97% of the whole R.D. has a public piped supply.

Total storage capacity, 172,000,000 galls.

In storage 9/3/34, 127,300,000 galls.

As a result of thorough inspection, the February, 1934, consumption was 1,220,000 g.p.d., as compared with a consumption of 1,470,000 g.p.d. during a similar period in 1933.

SHORTAGE AT :—Peakley Hill and Barlow Lees (nr. Cowley).

PROPOSALS :—

The R.D.C. have approved the provision of a piped supply to outlying hamlets, etc., in Parishes of Barlow, Dronfield Woodhouse and Unstone, to be carried out during the next five years. The work could be done in a month if necessity arose. Inquiry 24th May, 1934, for supply to new housing estate (Hallowes) in Unstone Parish, also Peakley Hill and Barlow Lees.

In 1931 a scheme was submitted to the Ministry of Health for the enlargement of the Barbrook Reservoir in the northern area and for the taking of water from the Ilkeston and Heanor W. Bd. for the southern area. Sanction not yet received. No adequate available other local sources of supply have been found.

24th May, 1934. Inquiry held for scheme to supply new housing estate (Frecheville) from Sheffield mains at 1/3 per 1,000 galls.

Clowne.

Piped supply to every Parish.

No shortage. Piped supply from reservoir at Sparken Hill pumped from Manton Colliery, east of Worksop.

Gravitates from reservoir to Hodthorpe—pumped here to reservoir and tower at Barlborough. (The tower supplies the high parts of Barlborough only).

Some outlying farms have wells. No complaints of shortage.

BELPH village is also supplied from this system.

Repton.

- 7 Parishes have a public piped supply.
 5 " " a partly piped and partly well supply.
 30 " " well supplies.
 1 Parish has a private piped supply.

THE PUBLIC SUPPLIERS ARE :—

The Rural District Council.
 The South Staffs. Water Co.
 The Tutbury (Staffs.) R.D.C.
 Derby Corporation.
 Swadlincote and Ashby Joint Water Committee.

SHORTAGE IN 1933 AT :—

Walton-on-Trent.
 Coton-in-the-Elms.
 Rosliston.
 Cauldwell.
 Etwall.
 Egginton.
 Stenson.

There are no known local available sources other than large water concerns.

SMISBY has several polluted wells. A supply could be got from either the tower at Boundary or the Swadlincote and Ashby Joint Committee, also at Boundary.

PROPOSALS.—Provide a supply from South Staffs. Waterworks Company to Coton-in-the-Elms and Rosliston, and from Derby Borough to Stenson. The proposal to provide a supply from the South Staffs. Waterworks Co. to Walton-on-Trent and Egginton are not to be proceeded with.

CONDITIONS AT VARIOUS PARISHES.

The Repton Rural District Council pay 50% of the net charges for new water scheme from their general rate fund. The area is somewhat difficult to administer from the point of view of water supply, although there are but few instances where a substantial source of supply for domestic purposes is available, and it will be seen from the list below that the water is apparently supplied by public supply companies.

The County Council have taken steps to relieve any immediate shortage in the parishes of Coton-in-the-Elms, Rosliston and Cauldwell and Walton-on-Trent, by arrangement with the South Staffs. Waterworks Company. In the event of shortage occurring in the other parishes referred to, some difficulties may arise as to the conveyance of water from the nearest available supply, which is some three or four miles distant.

Apart from the parishes where special mention is made, the water supplies of the Rural District appear to be sufficient generally, and no serious effect of the drought is being experienced. It will be seen that many of the parishes have a main supply.

ASH.—Few scattered houses. Pumps.

BARTON BLOUNT.—Scattered houses—mainly farms. Pumps. Fairly good water, but hard.

BEARDWARDCOTE.—Few scattered houses. Pumps.

BRETBY.—Few pumps. Mainly supplied by D.C.C. (and through South Staffs. Waterworks Co.) and Mr. Wragg.

BURNASTON.—Pumps.

CASTLE GRESLEY.—Few draw wells. These gradually being done away with and the South Staffs. water laid on.

CALKE.—Few scattered houses only. Wells.

CATTON.—Scattered population—mainly farms.

CAULDWELL.—Small place—well supply. Shallow and liable to pollution. An extension of the proposed scheme to supply Rosliston could serve this village.

CHURCH BROUGHTON.—Pumps. School without a well.

COTON-IN-THE-ELMS. Pumps—many have failed. Water had to be carried. (See "Proposals").

DALBURY LEES.—Pumps—supply fairly satisfactory.

DRAKELOW.—Scattered farms—pumps. Mainly South Staffs. supply.

EGGINTON.—Pumps—shallow wells 3' to 4' deep. No shortage, but wells liable to pollution.

ETWALL.—Pumps—liable to pollution.

FINDERN.—Supplied mainly by South Staffs. Water Co.

FOREMARK.—Almost all farms. Scattered. Pumps.

FOSTON AND SCROPTON.—In flood-time, some wells get flooded from the River Dove. Pumps—none failed. Could be supplied from the Hatton main if required.

HARTSHORNE.—Piped supply from reservoir (30,000 galls.) near Church, in Manchester Lane, fed by springs from Several Wood—not failed.

HATTON.—Supplied by main from Tutbury R.D.

HILTON.—Pumps. Two wells on Sutton Lane have been deepened and yield increased.

HOON.—Few scattered houses. Pumps.

INGLEBY.—Almost all farms—scattered. Pumps. Swadlincote & Ashby Joint Water Committee's main runs through the parish.

LINTON.—Mainly South Staffs. Water Co.'s supply. A few wells remain.

LONG LANE VILLAGE.—Isolated hamlet. Three or four draw wells and one pump well, about 40' deep.

LULLINGTON.—Scattered farms. Pumps.

MARSTON-ON-DOVE.—Scattered houses. Pumps.

MICKLEOVER.—Supplied by Derby Borough.

NETHERSEAL.—Wells.

NOTE.—South Staffs. Water Co. have a borehole at Chilcote, $1\frac{1}{4}$ miles away, and will probably lay a new main through the parish to link up with the Linton and Castle Gresley main during the next two years.

NEWTON SOLNEY.—South Staffs. Water Co.'s supply, except to scattered farms. The castle is supplied by the Company, the water having to be boosted.

OSLESTON AND THURVASTON.—Pumps—no shortage. Very scattered area.

OVERSEAL.—(See Woodville).

RADBOURNE.—Pumps and shallow wells. School well; water not satisfactory.

REPTON.—Mainly from South Staffs. Water Co. Very few pumps left.

ROSLISTON.—Pumps—have failed. Polluted. One or two wells closed on account of plumbo-solvency. (See "Proposals").

SMISBY (including Boundary).—Well supply—two pumps out of order. Samples of water from seven of the wells proved to be unsatisfactory. The school is without drinking water. A supply could most likely be obtained from the elevated tank at Boundary.

STENSON (TWYFORD AND STENSON).—The hamlet of Stenson is served by wells, the water of which in almost every case is unsatisfactory. 68 new houses are proposed to be erected in Stenson Lane. A scheme has been submitted for a supply to be taken from Derby Borough.

SUTTON-ON-THE-HILL. — Scattered houses. Pumps — ample supply.

TICKNALL.—Piped supply to stand pipes in village, which has not failed.

TRUSLEY.—Scattered houses. Partly supplied by Coke Estate ; other houses have pumps, which have not failed.

TWYFORD AND STENSON.—(See also Stenson). Twyford consists of scattered houses and farms.

WALTON-ON-TRENT.—Wells—liable to pollution. A scheme for a supply from the South Staffs. Water Co. is not being proceeded with.

WILLINGTON.—Mainly supplied by South Staffs. Water Co.

WOODVILLE AND OVERSEAL.—The Parishes are supplied from the Water Tower at Boundary (water pumped from a borehole near by). The supply is augmented, when required, from Swadlincote and Ashby Joint Water Committee's Scheme. At present these two parishes are receiving two-thirds of their supply from the latter source.

Shardlow.

The only parish in this Rural District where difficulty has been experienced so far is Melbourne, where it has been necessary to restrict the supply in the evenings.

The Council have instructed their engineer to prepare a scheme for obtaining an additional supply for the Rural District, some details of which I have mentioned below under the heading of proposals.

21	Parishes	have a public piped supply.
3	„	„ a partly piped and partly well supply.
9	„	„ well supplies.

SHORTAGE IN 1933 AT :—

Weston-on-Trent.	Wells.
Dale Abbey.	„
Melbourne.	Piped. Supply restricted at nights.

PROPOSALS :—

Scheme prepared for taking water from a newly-sunk borehole on the bye-pass road at Little Eaton, and by a series of new mains here and there, linking up the whole of the four piped systems. A reservoir at 500 O.D. would be constructed on Breadsall Moor.

This scheme would provide an adequate supply for every parish in the Rural District.

 CONDITIONS AT VARIOUS PARISHES :—

ALVASTON AND BOULTON.—Piped supply from Derby Borough.

ASTON-ON-TRENT.—Piped supply. Derwent Valley Water Board supply to the reservoir at Dunshill.

BARROW-ON-TRENT.—Shallow wells—no complaints. Could be supplied by new scheme.

BREADSALL.—Piped from Derby Corporation.

BREASTON.—Piped supply from Dunshill Reservoir.

CHADDESDEN.—Piped supply from Derby Corporation.

CHELLASTON.—Piped supply from Dunshill Reservoir.

CHURCH WILNE.—Shallow wells—no complaints.

DALE ABBEY.—Shallow wells—shortage. Could be connected to Dunshill Reservoir mains.

DERBY HILLS.—(See Melbourne).

DRAYCOTT AND CHURCH WILNE.—Piped supply from Dunshill Reservoir to Draycott.

ELVASTON.—Several connections (particularly in Ambaston) have been made to the Derby Borough main. Other supplies by wells.

GREAT WILNE.—Shallow wells—no complaints.

HOPWELL.—Scattered area. Few houses connected to the Dunshill Reservoir main. All could be connected.

KIRK HALLAM.—From Ilkeston and Heanor mains.

LITTLE EATON.—Piped supply from Derby Corporation.

LITTLEOVER.—Piped supply from Derby Corporation. Service reservoir at Littleover.

MELBOURNE.—Piped supply. R.D.C. borehole and reservoir. Precautionary measures taken. Supply restricted in 1933-4. The proposed new scheme would link up Melbourne.

MORLEY.—Wells and springs. Could be supplied by proposed grid system.

OCKBROOK.—Piped supply from Ockbrook Reservoir. (Derwent Valley Water Board's water).

RISLEY.—Piped supply from Risley reservoir, pumped from Sandiacre scheme.

SANDIACRE.—Borehole, augmented by Derwent Valley Water Board water, pumped to a reservoir at Risley. Piped supply.

SAWLEY.—Piped supply, either from Dunshill Reservoir or Long Eaton Scheme. (Sawley village is now part of Long Eaton U.D.).

SHARDLOW.—Piped supply from Dunshill Reservoir.

SINFIN MOOR.—Isolated area. Shallow wells—no complaints.

SINFIN AND ARLESTON.—Scattered area. Shallow wells—no complaints.

SPONDON.—Piped supply from Derby Corporation.

STANLEY.—Piped supply from the Stanley and West Hallam mains. Water is pumped from West Hallam Colliery to a reservoir at Smalley Common.

STANTON-BY-BRIDGE.—Nineteen houses are supplied from the Long Eaton Scheme, by agreement. Other houses could be supplied by new scheme.

STANTON-BY-DALE.—Piped supply from Ilkeston and Heanor main.

SWARKESTONE.—Shallow wells—no complaints. Proposed to be supplied by new scheme.

WEST HALLAM.—Piped supply from Stanley and West Hallam mains. (See "Stanley").

WESTON-ON-TRENT.—Shallow wells—shortage in time of drought. This village could be supplied by the new scheme.

RIVER POLLUTION AND SEWAGE PURIFICATION.

I have spoken of the difficulties created in the provision of water supplies by lack of proper country planning. Difficulties almost as great are created by the same deficiency in connection with sewage disposal. The difficulties are, of course, amplified if there is not available a piped water supply. Apparently there is no restriction as to what may be termed "available building land" or "desirable building site."

I know of many instances where houses are erected on land which could not be drained by gravitation into a near-by sewer, and anyone with a modicum of common sense should have been able to appreciate that fact. These houses are often of good middle-class standards, with all modern internal sanitary conveniences, and very shortly their cesspools are overflowing and creating a nuisance. This is immediately followed by an appeal to the Sanitary Authorities for some other method of disposing of the sewage; for instance, pumping stations to lift the sewage to an existing sewer.

Again, there is a tendency to place these pumping stations as near to the existing houses as possible so as to avoid laying what is termed unproductive sewer, when it is obvious that building is likely to continue below the pumping station. There are other instances where almost immediately after the laying of the sewers, in spite of the fact that there are building sites available which could be drained into the sewer, building is commenced outside the area which is so drained, or sometimes in an area just beyond the sewer. Apparently building is carried on here because the land is cheaper, and it is recognised that sooner or later the sewer and water supply will be extended at somebody else's expense. In other words, there are innumerable instances all over the County where country planning, which would simplify sanitation and water supply, is conspicuous by its absence.

Full details of the conditions existing in 1930 were given in the Annual Report for that year on pages 107-114, and any alterations and improvements during 1931 and 1932 were given in the respective Annual Reports.

The following are the alterations and improvements which have taken place during 1933 :—

URBAN DISTRICTS.

Alfreton.

HIGHFIELD.—A petrol-driven pump has been installed to lift the sludge from the settling tank to the sludge beds.

NEWLANDS ROAD.—These small sewage works were re-modelled during the year. The tank capacity has been increased and a circular filter provided in place of the old rectangular filter, which had fixed spray pipes.

Bolsover.

Considerable improvements have been effected to the main disposal works. These consist of converting the filter arrangements from primary and secondary filtration to single filtration, with the necessary deepening of the filters and extra dosing chambers, as well as the provision of a storm water tank and improvements to the sludge beds.

Clay Cross.

BACON SPRINGS.—The settling tanks have been improved.

Dronfield.

The six old contact beds have been adapted for use as storm water filters or tanks with a three times dry weather flow sill fixed in the channel from the settling tanks.

Ilkeston Borough.

The enlargement of these sewage works, consisting of four rectangular filters, motor house and two humus tanks, was completed during the year.

Ripley.

SOUTHERN.—A new pump and pump-house were provided during the year to lift the humus tank sludge and also to pump the sludge bed drainage back for treatment.

Wirksworth.

Extensions, consisting of a new filter, dosing chamber and extra humus tank, were completed during the year to deal with the sewage of Middleton-by-Wirksworth. A new sewer was laid from the bottom of Cromford Road to Rise End at Middleton.

RURAL DISTRICTS.

Belper.

SOUTH WINGFIELD (BIRCHES LANE).—A small sewage disposal scheme has been provided for this area. The works consist of a detritus tank, a settling tank, a filter and a humus tank.

HOLBROOK.—A new circular filter has been provided in place of the old rectangular filter, which had fixed pipe sprays.

SMITHY HOUSES.—The small works here have been improved by the reconstruction of the filter and the provision of a pump to lift the sewage to the filter.

Chesterfield.

ARKWRIGHT TOWN.—A grit chamber has been abolished and a storm overflow manhole substituted. A new screening chamber has been constructed, the media of the two filters has been renewed and a new humus tank provided.

CALOW ALLEY.—Scum boards have been provided to the tanks, new media has been added to the filter, and the sludge bed accommodation has been extended and improved.

CALOW VILLAGE.—A new screen has been provided, extra media added to the filters, new dosing syphon and sprinkler fitted to the secondary filter, a humus tank provided, and both sludge beds reconstructed and underdrained.

COAL ASTON.—New sewage works, consisting of a detritus tank, two settling tanks, a storm water tank, a filter, two humus tanks, were constructed during the year.

COMMONSIDE (BARLOW).—New arms have been fitted to the sprinkler.

ECKINGTON.—A petrol-driven pump has been provided at these works to pump back the sludge bed drainage for treatment.

HAGUE LANE.—A small sewage disposal plant has been provided to deal with the sewage of nine houses in Hague Lane.

HEPTHORNE LANE.—Both filter floors have been reconstructed and the media of the filters washed and the wastage replaced.

MORTON.—The storm tank floor has been sloped to facilitate sludging, the sludge beds have been reconstructed and underdrained to a new sump, and scum boards have been fitted to the humus tanks.

MOSBOROUGH.—The old grid tanks have been demolished and two new concrete tanks provided. New sprinkler arms have been fitted.

WILLIAMTHORPE.—A petrol-driven pump has been provided at these works to pump back the sludge bed drainage for treatment.

SEWAGE EFFLUENTS.

During the year 1933, 483 samples of sewage effluents were collected and analysed. The samples were classified as follows:—

Good	...	...	...	179
Satisfactory	...	...	...	173
Unsatisfactory	...	...	...	59
Bad	...	...	...	72

The results of the analyses are sent to the Engineer or Surveyor concerned, and, where necessary, special letters are sent pointing out defects existing at the works or making suggestions for effecting improvement in the condition of the final effluents.

URBAN DISTRICTS—continued.

Buxton (Boro') W. O. Coates.	Inspections made	...	95	16	29	...	155	11	635	68	34	321	547	275	562	84	...	49	17	...	109	177	40	37	28	98	235	3649	
	Informal Notices served	...	2	...	...	8	1	...	7	1	10	25	7	14	2	...	2	2	...	14	12	...	...	4	2	8	123	
	Legal Notices served	...	2	...	1	1	...	137	...	...	21	6	...	...	1	...	...	...	1	...	2	...	...	...	...	...	...	172
	Nuisances abated	...	4	...	1	35	1	148	7	2	70	278	41	264	10	...	6	4	...	14	12	...	...	4	4	4	48	956
Chesterfield (B.) A. S. Carter.	Inspections made	...	3	...	...	158	8	914	57	...	166	375	158	437	70	...	26	49	33	3	9	33	27	39	145	...	213	2923
	Informal Notices served	...	1	...	...	52	2	280	19	...	52	121	46	139	22	...	8	15	11	1	3	11	9	13	3	...	71	879
	Legal Notices served	...	...	...	...	1	1	37	...	...	5	6	10	10	2	...	1	2	...	...	...	...	...	1	...	...	...	76
	Nuisances abated	...	1	...	...	71	4	395	19	...	67	126	71	171	33	...	12	20	12	2	2	7	11	13	1	...	113	1151
Clay Cross W. A. T. Lynam	Inspections made	...	3	342	...	27	5	238	2	...	117	94	41	45	186	...	15	12	...	38	...	5	...	...	...	...	83	1256
	Informal Notices served	...	1	39	...	23	1	52	1	...	34	37	14	17	30	...	1	11	...	15	...	2	...	...	...	42	321	
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	...	...	1	4	
	Nuisances abated	...	1	127	...	24	2	147	1	...	94	85	35	40	57	...	1	12	...	34	...	2	...	...	...	50	713	
Dronfield R. C. Haycock.	Inspections made	...	100	100	20	16	...	100	3	80	1	19	33	8	2	14	14	14	...	170	24	30	3	2	6	1	3	11	774
	Informal Notices served	...	...	10	...	5	...	5	...	7	...	19	15	3	2	7	12	4	...	18	...	...	3	2	1	2	11	126
	Legal Notices served	...	...	33	...	...	...	33	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	66
	Nuisances abated	...	...	110	...	5	...	...	...	7	...	19	5	3	2	7	3	3	...	18	...	...	3	2	...	...	11	198
Glossop (Boro') H. Dane.	Inspections made	...	3038	...	...	600	...	402	15	...	1200	...	834	800	575	575	200	50	...	108	20	25	53	60	2	...	28	9385
	Informal Notices served	...	600	...	...	250	...	400	15	...	400	...	...	...	...	300	5	...	5	108	...	25	53	6	2	...	26	2190
	Legal Notices served	...	...	...	...	1	...	...	...	...	...	...	...	...	59	...	...	...	...	...	...	...	...	...	...	2	62	
	Nuisances abated	...	680	...	...	250	...	400	15	...	400	...	600	...	...	...	10	...	10	108	...	25	53	6	2	...	26	2575
Heage A. J. Fortnam.	Inspections made	...	131	49	18	15	...	50	25	...	105	52	10	120	10	...	7	18	...	12	20	...	70	6	...	20	...	738	
	Informal Notices served	...	20	6	...	10	...	50	1	...	13	10	2	10	10	...	7	4	...	12	20	...	10	...	...	...	...	185
	Legal Notices served	...	6	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	13
	Nuisances abated	...	20	7	15	9	...	25	1	...	5	52	2	5	2	...	...	...	...	6	...	...	10	...	...	...	...	159
Heanor A. A. Wilson	Inspections made	...	11	50	400	14	8	365	4	...	100	80	101	424	50	26	25	60	4	30	40	20	15	30	6	43	10	80	1996
	Informal Notices served	...	...	11	59	7	3	100	...	...	20	15	15	43	32	7	10	5	4	9	3	8	8	3	11	3	59	449
	Legal Notices served	...	...	47	348	...	...	1	...	...	...	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...	1	403
	Nuisances abated	...	11	47	348	7	8	360	2	...	74	74	91	262	48	25	23	31	4	35	23	8	11	20	4	11	7	161	1695

URBAN DISTRICTS—continued.

Table XXVII. 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 and Yards.	Roots, Raves 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.				
Ilkeston (Boro') J. B. Duro.	Inspections made	67	...	...	40	3	55	6	20	9	46	66	104	7	38	69	18	2	1	...	2	...	1	1	26	1	282	864	
	Informal Notices served	...	...	...	40	...	55	6	20	9	46	66	104	7	38	69	18	2	1	...	2	...	1	1	26	1	282	861
	Legal Notices served	2	864		
	Nuisances abated	67	...	...	40	3	55	6	20	9	46	66	104	7	38	69	18	2	1	...	2	...	1	1	26	1	282	864	
Long Eaton J. Tomlinson.	Inspections made	11	...	...	77	9	1189	124	5	236	312	195	10	7	...	...	...	15	4	24	146	26	52	25	38	14	472	3140
	Informal Notices served	4	...	...	5	1	633	44	2	33	68	19	3	1	...	...	...	3	2	10	4	4	12	7	11	5	133	1024
	Legal Notices served	1	...	...	2	...	6	...	...	1	...	3	...	...	...	...	...	...	...	1	...	...	...	...	...	...	2	18
	Nuisances abated	3	...	...	15	2	547	52	2	82	157	68	14	2	...	...	...	5	1	19	34	12	12	7	26	9	176	1305
Matlocks J. D. Evans.	Inspections made	7	...	...	10	2	16	50	...	207	33	3	21	...	7	7	3	...	...	3	6	...	...	...	2	1	31	520
	Informal Notices served	...	...	...	2	2	4	50	...	106	33	3	21	...	7	7	3	...	...	3	6	...	...	2	1	6	306	
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	6	16	
	Nuisances abated	5	...	...	10	2	4	50	...	106	33	3	21	...	7	7	3	...	...	2	6	...	...	...	...	1	25	330
New Mills W. C. Sheard	Inspections made		
	Informal Notices served	4	4	...		
	Legal Notices served	...	...	...	1	...	1	...	3	10	...	2	...	...	...	...	...	...	1	...	...	1	...	...	1	...	21	...
	Nuisances abated	1	...	49	...	3	15	2	1	1	73	...		
North Darley F. B. Dickinson.	Inspections made	24	...	...	...	...	33	24	...	42	69	...	27	17	...	...	4	2	42	...	...	...	2	...	...	20	326	
	Informal Notices served		
	Legal Notices served		
	Nuisances abated	30	...	...	26	...	33	24	...	43	70	...	27	17	...	...	4	2	40	...	...	...	2	...	...	21	371	

URBAN DISTRICTS—continued.

Ripley W. E. Clark.	Inspections made	...	42	104	225	6	25	...	50	6	2	38	67	42	32	18	14	41	54	6	30	23	6	18	8	3	12	6	45	923
	Informal Notices served	...	19	50	130	2	12	...	74	2	1	25	41	19	18	12	7	8	23	2	13	6	2	9	6	1	4	18	507	
	Legal Notices served	...	...	10	23	...	...	...	...	...	...	...	1	2	2	...	...	...	2	...	...	...	...	...	...	...	...	2	43
	Nuisances abated	...	20	31	75	4	20	...	110	4	1	16	59	28	25	14	12	17	24	2	26	9	2	10	7	1	2	21	541	
South Darley H. Crowder.	Inspections made	...	416	15	...	...	137	...	...	...	...	6	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	577
	Informal Notices served	...	2	...	...	...	...	...	...	...	...	4	...	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	9
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated	...	2	4	3	9
Swadlincote G. Pollard.	Inspections made
	Informal Notices served
	Legal Notices served
	Nuisances abated	...	...	2	...	...	42	12	272	10	...	7	12	33	135	3	24	53	81	3	23	45	3	...	...	...	...	322	1086
Wirksworth A. E. Parry.	Inspections made	...	16	...	...	...	12	2	360	...	...	9	12	...	6	2	5	6	...	175	1	4	5	2	2	...	4	8	629
	Informal Notices served	...	15	3	1	...	8	...	145	...	...	4	7	4	7	5	16	19	7	1	...	2	3	1	...	...	44	292	
	Legal Notices served	...	...	...	...	...	...	...	1	56	...	1	1	...	1	...	...	1	2	10	3	...	...	...	...	...	...	76	
	Nuisances abated	...	20	1	...	...	6	1	173	...	2	2	7	...	4	...	...	1	3	137	...	1	2	1	...	...	...	3	364

RURAL DISTRICTS.

Ashbourne J. H. Wheeldon	Inspections made	...	10	15	...	...	...	...	150	3	30	55	24	13	13	6	14	16	20	...	50	...	3	45	4	...	...	...	471
	Informal Notices served	...	4	6	...	...	...	...	100	...	8	22	7	4	2	...	8	8	8	...	18	...	...	23	1	...	...	219	
	Legal Notices served	...	1	...	...	...	...	...	...	1	4	5	4	1	1	1	...	...	...	...	1	...	1	5	...	...	...	25	
	Nuisances abated	...	5	6	...	...	...	...	100	1	14	27	11	5	3	1	8	8	8	...	19	...	1	28	1	...	...	246	
Bakewell A. Seaton. A. Green.	Inspections made	...	100	62	23	47	10	42	26	31	32	149	66	...	79	23	81	73	94	...	79	27	15	44	2	1	13	98	1217
	Informal Notices served	...	38	28	9	21	6	28	13	16	20	63	37	...	22	11	12	9	13	...	28	7	6	19	2	1	6	53	468
	Legal Notices served	...	6	...	...	1	1	...	...	6	6	7	...	...	6	6	3	3	6	...	...	1	1	...	...	...	1	1	49
	Nuisances abated	...	26	28	10	21	6	28	13	16	20	58	37	...	19	8	9	9	10	...	16	4	4	19	2	1	6	48	420

RURAL DISTRICTS—continued.

Table XXVII. 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 and Yards.	Roots, 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.					
Basford V. V. Yates	Inspections made	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	14		
	Informal Notices served	3	...	...	...	...	6	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3	14			
	Legal Notices served	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Nuisances abated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Belper W. G. Cooper James Laycock	Inspections made	238	39	75	20	71	15	...	79	105	17	115	34	9	41	37	2	2	9	12	9	44	...	...	...	...	...	...	...	...
	Informal Notices served	67	29	15	2	33	1	51	76	62	5	53	17	5	27	19	2	2	5	6	6	16	...	...	...	...	...	...	...	...
	Legal Notices served	...	1	4	...	...	3	...	2	4	1	24	1	...	...	1	...	...	1	...	...	1	...	...	...	...	...	...	...	...
	Nuisances abated	58	39	23	8	36	4	68	75	74	5	77	17	5	25	25	2	2	4	6	6	16	...	...	...	...	...	...	...	...
Blackwell I. N. Creear. S. Wilmot.	Inspections made	304	398	71	...	34	20	488	173	235	337	521	41	84	369	473	...	...	30	19	16	108	18	12	...	...	...	...	...	...
	Informal Notices served	33	...	...	...	8	73	...	26	45	27	56	11	12	3	35	...	...	2	5	1	8	1	4	...	...	...	...	...	...	...
	Legal Notices served	12	211	21	...	...	...	...	1	32	39	67	5	...	16	22	...	...	1	1	1	26	1	...	...	...	...	...	...	...	...
	Nuisances abated	199	218	33	...	14	235	...	122	137	150	316	28	18	275	406	...	...	20	5	5	95	6	4	...	...	...	...	...	...	...
Chapel-en-le- Frith T. Dinsdale.	Inspections made	39	86	...	42	12	14	49	141	33	24	252	9	80	110	139	5	5	66	4	2	94	5	2	...	...	...	...	...	...	...
	Informal Notices served	8	9	...	6	6	4	11	39	15	5	57	1	14	23	21	1	1	33	1	1	70	2	1
	Legal Notices served	4	6	...	1	2	2	3	...	3	3	3	12	1
	Nuisances abated	23	30	...	23	8	6	35	65	19	15	132	1	41	61	100	2	2	29	1	1	79	4	1

RURAL DISTRICTS—continued.

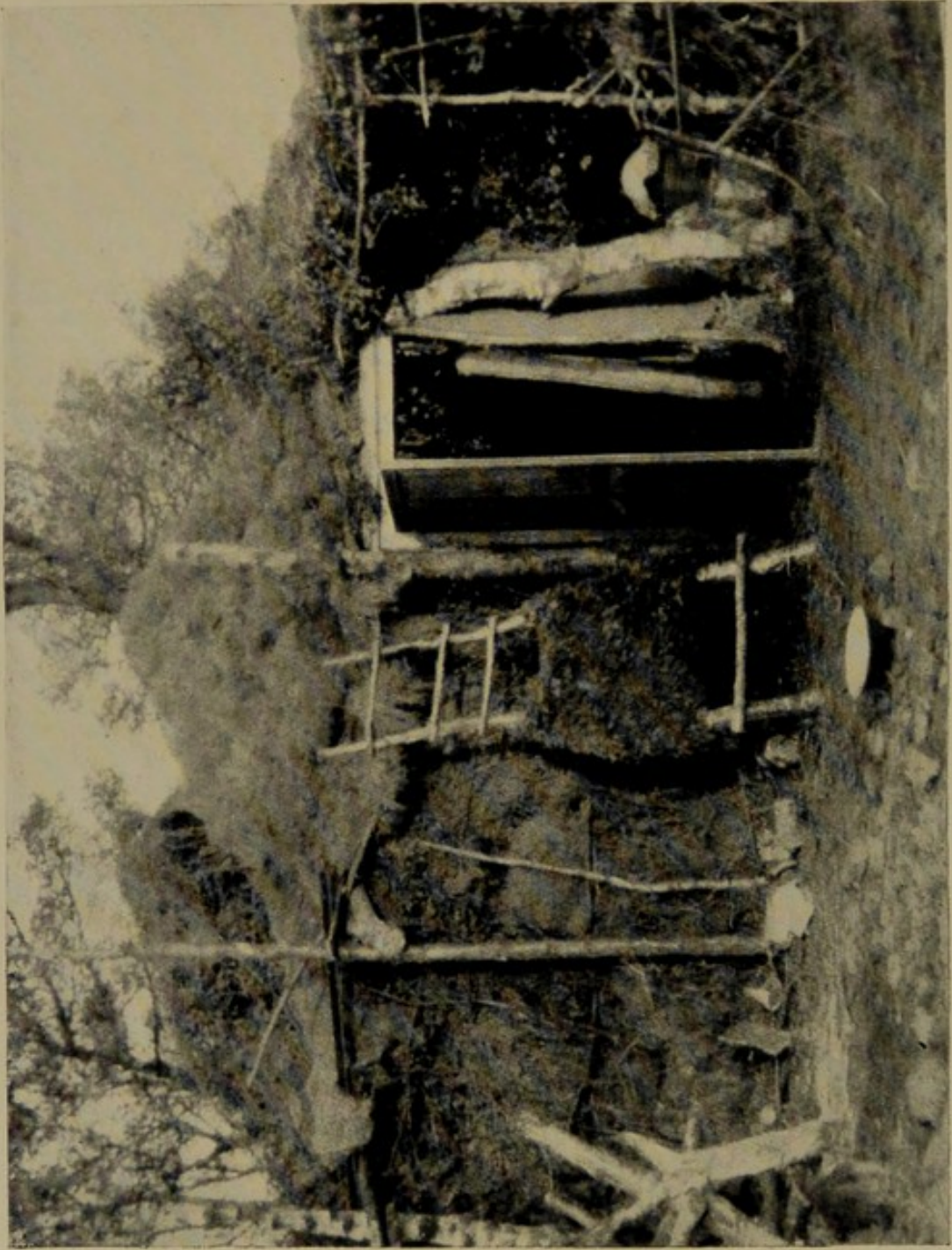
Chesterfield T. W. Binns E. Waterfall	Inspections made	4	1651	4	...	23	10	347	18	12	632	189	242	203	42	9	69	120	31	89	13	18	239	14	14	5	...	10	346	4340
	Informal Notices served	...	664	2	...	29	3	676	12	4	266	150	195	201	15	3	38	65	11	6	8	9	116	8	8	7	...	7	188	2983
	Legal Notices served	...	6	5	10	...	13	8	4	5	...	5	57
	Nuisances abated	...	668	2	...	8	1	676	12	5	258	97	181	161	10	3	40	34	7	28	...	7	118	2	2	2	...	4	235	2567
Clowne W. J. Gallagher	Inspections made	127	100	6	...	26	31	148	52	47	54	27	147	...	...	...	...	1	...	...	5	...	3	...	14	...	1	...	789
	Informal Notices served	51	100	6	...	26	25	148	52	47	54	27	147	...	...	...	...	1	...	...	5	...	3	...	14	...	1	...	707
	Legal Notices served
	Nuisances abated	...	51	6	...	26	25	148	52	47	54	27	119	...	...	...	...	1	...	...	...	...	3	...	12	...	...	...	581
Glossop Dale R. E. Williams	Inspections made	5	15	24	...	1	52	2	...	99
	Informal Notices served	5	15	24	...	1	...	5	...	...	3	4	2	2	2	6	...	...	25	...	...	...	1	...	...	1	2	...	96
	Legal Notices served	...	15	24	...	1	...	5	...	...	...	...	2	2	2	6	...	...	57	...	...	2	1	...	...	...	...	...	115
	Nuisances abated	...	15	24	...	...	...	5	...	...	3	4	2	2	2	3	...	...	...	...	...	2	1	...	...	...	1	...	63
Hartshorne & Seals J. Crabtree	Inspections made	19	67	11	21	14	5	34	7	2	5	7	15	37	15	31	13	21	3	18	...	3	11	2	2	2	7	5	31	406
	Informal Notices served	12	42	4	10	8	4	26	3	2	10	21	8	28	8	21	17	9	1	11	...	2	9	1	1	3	15	18	294	
	Legal Notices served	4	1	1	95
	Nuisances abated	10	54	6	16	10	7	60	4	1	10	19	10	67	7	50	36	33	1	30	...	2	9	2	2	3	26	34	540	
Hayfield E. Swift.	Inspections made	44	62	...	...	5	...	32	...	1	38	44	...	6	...	...	7	6	...	2	...	...	4	...	...	...	...	4	255
	Informal Notices served	2	2	...	...	2	...	18	...	1	12	17	...	2	...	...	3	2	...	2	...	...	1	...	...	...	...	...	64
	Legal Notices served	10	22	...	...	...	...	22	...	...	...	...	...	2	...	...	2	2	...	2	...	...	...	...	...	...	...	1	63
	Nuisances abated	12	27	...	...	2	...	43	...	1	12	17	...	2	...	...	2	2	...	2	...	...	1	...	...	...	...	1	124
Norton E. J. Banner.	Inspections made	37	130	5	10	14	5	135	17	3	70	15	97	97	40	40	97	40	10	25	5	40	10	5	7	5	7	15	981	
	Informal Notices served	4	30	...	1	1	...	35	1	1	35	4	...	3	...	...	...	5	3	1	...	...	...	...	...	...	...	1	126
	Legal Notices served	3	52	...	1	...	...	52	...	...	54	1	...	5	...	...	1	2	1	...	...	...	...	...	...	2	...	174	
	Nuisances abated	7	96	...	2	3	...	158	7	1	101	12	9	12	1	...	1	7	1	1	...	3	5	...	...	1	2	431	
Repton E. W. Bullock G. V. Peace.	Inspections made	219	74	40	27	27	10	151	34	62	132	83	49	327	83	116	93	152	6	133	27	23	211	13	18	7	18	393	2528	
	Informal Notices served	94	27	14	10	17	5	80	16	35	71	39	21	189	33	54	40	84	2	17	7	4	96	4	6	1	4	222	1192	
	Legal Notices served	37	18	4	2	...	...	31	7	29	49	14	19	48	29	44	29	34	...	5	3	7	15	...	...	...	...	153	577
	Nuisances abated	118	39	14	10	17	10	80	16	35	77	42	21	183	38	59	43	52	2	16	1	11	97	4	6	1	4	280	1276	

RURAL DISTRICTS—continued.

Table XXVII. 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 and 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.	
Shardlow F. G. Forman.	Inspections made	57	925	1030	...	39	176	1409	479	19	1221	97	81	184	348	70	123	153	8	740	22	7	126	3	2	1	34	160	7514	
	Informal Notices served	31	34	27	...	12	40	310	236	5	235	46	34	65	91	32	45	56	3	66	2	...	35	2	...	4	73	1485		
	Legal Notices served	2	...	3	...	...	...	...	...	6	...	...	5	7	14	...	6	7	...	19	3	...	3	...	...	...	...	...	78
	Nuisances abated	23	192	256	...	13	45	276	227	8	280	52	19	26	50	30	12	19	2	187	6	3	90	2	1	7	28	1854		
Sudbury C. E. Ingham	Inspections made	4	7	...	...	...	...	6	...	...	3	...	...	5	...	...	...	...	1	1	...	3	...	2	...	...	...	3	35
	Informal Notices served	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Legal Notices served
	Nuisances abated	4	7	...	...	...	...	6	...	...	...	3	...	...	5	...	...	...	1	1	...	3	...	2	...	...	...	3	35





HOUSING IN RURAL AREAS.

Housing in rural areas is now intimately the concern of the County Council, and the difficulties will be no less than those in urban areas—in some cases I think they may even be greater. The problem of the slum clearance is admittedly not on so vast a scale in the rural as in the urban areas where slums were built up largely at the time of the industrial revolution. In rural areas now, houses will be required for re-housing their own displaced tenants, but it appears as though many displaced tenants from urban areas will be re-housed in rural areas, and if we are not careful all the mistakes of the industrial revolution, which are now giving us the slums in our urban areas will be re-enacted, and we shall have removed the slums from the urban areas and created conditions which will within a short period develop into slums in the rural areas. This is not a mere prophecy—it has already happened in many places. The difficulty that we are finding in rural areas with tents, vans and sheds is often merely another variety of the slum problem. Admittedly, outside the doors of this new form of slum dwelling you may have green fields at the moment, but in many places this type of slum is springing up at a sufficient rate to cover anything in the nature of green fields over large areas. I show a picture opposite of one form of housing in a rural area in this County which was erected to re-house a family displaced from a Borough where it was considered their conditions were over-crowded. This hut, which was built of mud and bracken, housed a family consisting of a man and wife and five children, varying from 16 years of age to four months. There was no arrangement for refuse disposal of any kind—rubbish was scattered to the four winds—there were no sanitary arrangements, whilst the only water supply was the streams in the vicinity. My picture shows, admittedly, the worst of a bad lot of structures on this estate.

There are powers we can use to do something to prevent this, but the power we should have, and apparently have not got, is to punish the owner of land who lets it for this purpose. At the present moment he is apparently untouchable. Needless to say, this shack was pulled down within a week of its discovery. It was discovered in "following up" a notified birth, fortunately before the onset of wet weather, or the conditions would have been appalling. This dwelling—if one dare call it such—was an effort on the part of the displaced people to provide some form of roof over their heads. As I have said, they were displaced because of over-crowding: now, to my mind, slum clearance and re-housing are matters of comparative simplicity, generally speaking, compared with the problem of remedying overcrowding, which problem, I gather, is being left over until slum clearance has been dealt with.

Overcrowding and the problems which it presents appear to be but imperfectly appreciated by a large number of people, and in order that there shall be some fuller understanding of these difficulties and those of sex separation, I give below a number of typical instances which we have actually come across in the course of housing inspection in this County, and I leave it to my readers to ask themselves what is the solution of the problem?

The standard of overcrowding set out in the Ministry of Health Model Byelaws XIII.(c) allows 40 sq. ft. per person over five years and 30 sq. ft. under five years, with a height of eight feet. If the height is below 8 feet, then the required floor space is correspondingly increased.

The usual dimensions of rooms in types of houses usually built by municipal housing authorities is as follows :—

Living room	...	150-180 sq. ft.
First bedroom	...	120 sq. ft.
Second bedroom	...	100 sq. ft.
Third bedroom	...	65-80 sq. ft.

From these figures one can estimate how far the usual type of house would go towards solving overcrowding difficulties—and there are many of them.

TABLE XXVIII.
OVERCROWDING AND SEX DISTRIBUTION.

Serial No.	No. of Persons.	No. of Bedrooms.	SLEEPING ARRANGEMENTS.				Weekly Rent.
			First Bedroom.		Second Bedroom.		
			Males.	Females.	Males.	Females.	
1	2	3	4	5	6	7	8
1	9	2	H. 20, 4	W.	7	17, 12, 10, 8	2s. 6d. and rates.
2	10	2	H.	W. & baby	11, 9, 6	15, 14, 8, 4	13s. 10d.
3	9	2	H. 4	W. 6, 2	16	19, 14, 9	2s. 6d. and rates.
4	8	2	H.	W. 5, 9,	11	18, 15, 13	1s. 9d. and rates.
5	7	2	H.	W. 12, 5	16, 14, 10	—	1s. 10d. and rates.
6	7	2	H.	W.	15, 8	13, 10, 5	3s. 0d. and rates.
7	8	2	H. 5	W. 12, 11, 2	18, 9	—	1s. 5d. and rates.
8	8	2	4	W. 4 daughters	H. 16	—	2s. 2d. and rates.
9	6	1	H. 15, 14, 11	W. 18	—	—	2s. 6d. and rates.
10	9	2	H.	W. 12, 10, 7	—	19, 15, baby	?
11	5	1	H. 14	W. 12, 8	—	—	3s. 0d. and rates.
12	10	2	H. 8, 6, 1½	4	One baby	W. two females	2s. 5d. and rates.
13	6	1	H. 5, 3, 1½, ½	W.	—	—	3s. 0d.
14	6	1	H. 7, 6, 3	W. 5	—	—	3s. 6d. inclusive.
15	11	2	H.	W. 8, 6, 3	13, 10	23, 19, 18, 16	4s. 6d.
16	10	2	H.	W. 4	Three sons	16, 14, 10, 8	4s. 1d.

H=Husband.

W.=Wife.

The numbers in columns (4—7) are the ages of the other persons.

In going round these overcrowded houses, one is struck by the low mentality of many of the parents and their families. Perhaps this is a matter for congratulation, for living in the conditions prevailing it could not be beneficial to be possessed of well-developed critical faculties. Where there are intelligent and educated members in a household of this type, one cannot but feel sorry for their plight, whilst admiring their stoicism.

It must be remembered also that often in the case of these large families overcrowding is still increasing, *e.g.*, in one case, at our first inspection a little over three years ago, the problem which faced us was the abatement of overcrowding for a family of father, mother, and six young children. The mentality of these particular parents placed them in the category of low wage earners—often they were out of work altogether. At our recent visit, the family had increased by three more children, and a fourth was expected in a month or two.

From the foregoing facts it is clear that amongst the greatest housing difficulties to be overcome are those consequent upon overcrowding. It must be admitted that the ordinary type of municipal dwelling will do little to mitigate serious cases of overcrowding, and the rent of a house of sufficient capacity to overcome it is outside the bounds of practical economics for the people concerned.

TABLE XXIX

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	74	2,539	3,420	41	1	40
Alvaston & Boulton	5	3	1,385	—	—	—
Ashbourne	5	—	964	288	—	—
Bakewell	154	51	557	—	16	—
Baslow	115	4	230	—	—	—
Belper	59	432	2,756	111	2	18
Bolsover	110	380	2,270	6	27	222
Bonsall	27	278	25	—	—	—
Brampton & Walton	327	28	260	—	5	—
Buxton (Boro') ...	12	65	3,705	8	—	1
Chesterfield (Boro')	189	—	14,878	288	—	—
Clay Cross	302	1	1,818	12	127	—
Dronfield	98	19	1,107	—	110	1
Glossop (Boro') ...	5	50	3,617	479	—	2
Heage	54	527	492	8	—	—
Heanor	85	884	5,145	—	47	348
Ilkeston (Boro') ...	8	165	7,870	307	—	—
Long Eaton	7	91	6,985	74	—	—
Matlocks	304	365	2,094	2	43	—
New Mills	69	19	1,082	532	—	—
North Darley	300	19	761	106	26	—
Ripley	86	943	2,492	—	31	75
South Darley	84	86	73	—	15	—
Swadlincote	48	9	4,745	71	2	2
Wirksworth	85	89	836	4	8	—
<i>Urban Districts ...</i>	2,612	7,047	69,567	2,337	460	709
RURAL.						
Ashbourne	1,137	1,020	270	13	—	—
Bakewell	1,992	1,226	1,075	—	27	10
Basford	10	227	199	—	—	—
Belper	389	2,302	3,755	29	41	23
Blackwell	946	5,367	3,389	27	218	33
Chapel-en-le-Frith	1,228	525	3,104	5	30	—
Chesterfield	7,730	630	11,559	41	666	2
Clowne	1,733	1,398	1,189	—	100	6
Glossop Dale	217	105	561	12	22	14
Hartshorne & Seals	572	223	1,036	—	54	6
Hayfield	353	64	953	40	27	—
Norton	123	109	2,248	—	96	—
Repton	1,411	980	2,395	7	39	14
Shardlow	641	3,060	8,373	54	192	256
Sudbury	496	59	44	7	7	—
<i>Rural Districts ...</i>	18,978	17,295	40,150	235	1,519	364
<i>Urban Districts ...</i>	2,612	7,047	69,567	2,337	460	709
<i>Whole County ...</i>	21,590	24,342	109,717	2,572	1,979	1,073

APPLICATIONS FOR LOANS

FOR PROVISION OF SEWERAGE AND SEWAGE DISPOSAL
WORKS AND WATER SCHEMES DURING 1933.

<i>District.</i>	<i>Date of Inquiry.</i>	<i>Amount of Loan.</i>	<i>Purpose.</i>	<i>Result of Inquiry.</i>
Alfreton U.	July 6	£10,200	Improvements to Water Supply	Not yet sanctioned.
Long Eaton U.	Sept. 14	£42,750	Sewerage and Sewage Disposal	Scheme sanctioned.
Matlocks U.	Apr. 25	£13,000	Improvements to Water Scheme	£10,500 sanctioned.
Bakewell R.	June 21	£3,518	Water Supply to Monyash & Flagg	Sanction refused.
Belper R.	June 22	£2,000	Sewerage & Sewage Disposal of Darley Abbey	Scheme sanctioned. Contract being prepared.
Blackwell R.	Sept. 27	£19,000	Sewerage & Sewage Disposal of Ault Hucknall, Glapwell and part of Scarcliff	Scheme sanctioned.
Chesterfield R.	Apr. 25	£3,869	Sewerage & Sewage Disposal of Ashover	Not yet sanctioned.
Hayfield R.	Nov. 17	£520	Ludworth & Mellor Joint Sewage Works	Scheme sanctioned.

The results of the following Inquiries, held in 1932, which were not known at the end of that year, are as follows :—

<i>District.</i>	<i>Date of Inquiry.</i>	<i>Amount of Loan.</i>	<i>Purpose.</i>	<i>Result of Inquiry.</i>
Chapel R.	Oct. 12	£2,500	Castleton Water	Application abandoned.
Chesterfield R.	Mar. 10	£45,749	Water Supply for the Northern area	Not yet sanctioned.
Chesterfield R.	Mar. 10	£44,304	Water Supply for the Southern area	Not yet sanctioned.

SCAVENGING.

Reference to page 117 of the Annual Report for 1930 shows the arrangements for scavenging in the various Districts in the County at that time, and any alterations which took place during 1931 and 1932 were given in the Annual Reports for those years.

From the Reports I have received for the year 1933, I find the following alterations have taken place during that year:—

URBAN DISTRICTS.

- | | |
|---------------|---|
| Belper. | The whole of this District is now dealt with by the Council, part having been formerly let to a contractor. |
| Bolsover. | Night work gradually being abolished. |
| North Darley. | Two disposal sites acquired at Northwood and Farley. |

RURAL DISTRICTS.

- | | |
|------------|--|
| Bakewell. | Full scheme adopted for Great Longstone. |
| Blackwell. | Northern part of area now dealt with by the Council—previously under contract. |
| Clowne. | New tip provided at Steetley. |
| Norton. | Dry refuse deposited on tip owned by Council ;
Wet refuse sold to farmers. |

DAIRIES, COWSHEDS, AND MILKSHOPS.

DETAILS OF WORK DONE BY LOCAL SANITARY INSPECTORS
DURING 1933.

TABLE XXX.

<i>Urban Districts.</i>	<i>Number on Register.</i>	<i>Inspections made.</i>	<i>Notices served.</i>	<i>Nuisances abated.</i>
Alfreton	77	132	—	5
Alvaston & Boulton	16	11	—	2
Ashbourne	31	62	15	25
Bakewell	26	30	—	—
Baslow	10	4	—	—
Belper	42	87	—	3
Bolsover	55	90	6	15
Bonsall	40	95	8	27
Brampton & Walton	78	102	—	—
Buxton (Boro') ...	68	261	16	27
Chesterfield (Boro')	299	186	4	3
Clay Cross	38	46	4	4
Dronfield	10	50	12	7
Glossop (Boro') ...	105	664	35	35
Heage	20	35	24	10
Heanor	102	75	34	33
Ilkeston (Boro') ...	174	127	2	2
Long Eaton	48	189	16	16
Matlocks	161	94	2	43
New Mills	84	50	—	—
North Darley	43	74	—	10
Ripley	56	65	4	27
South Darley	19	27	18	—
Swadlincote	29	176	54	54
Wirksworth	45	61	48	3
	1676	2793	302	351
<i>Rural Districts.</i>				
Ashbourne	690	250	100	95
Bakewell	518	585	75	279
Basford	25	30	2	6
Belper	384	382	29	28
Blackwell	367	458	19	22
Chapel-en-le-Frith...	336	263	41	219
Chesterfield	608	346	131	175
Clowne	65	114	51	21
Glossop Dale	68	147	17	13
Hartshorne & Seals	116	72	29	25
Hayfield	58	83	4	4
Norton	90	63	—	20
Repton	256	602	16	110
Shardlow	400	86	53	17
Sudbury	202	189	—	18
<i>Rural Districts ...</i>	4183	3670	567	1052
<i>Urban Districts ...</i>	1676	2793	302	351
<i>Whole County ...</i>	5859	6463	869	1403

CLEAN MILK COMPETITIONS.

During the year the usual competitions for clean milk were continued, under the organisation of Mr. J. R. Bond, M.B.E., M.Sc., the County Agricultural Organiser, who reports as follows:—

“The work done during the spring and summer of 1933 differed in some ways from that of the previous five years. Hitherto we have dealt chiefly with voluntary competitors working to a high standard and producing milk of a quality that is as yet much above the commercial demand. On this occasion we dealt with the produce of more than 100 farms delivered to a depot and sampled at the request of the depot management.

The scheme developed from a request by the Management Committee for advisory assistance in connection with a periodical filter-pad test which had been adopted at the depot. The adoption of this test had effected rapid improvement in the visible sediment present in the samples; but there was reason to believe that this result did not indicate improvement in methods of production, but had been brought about by the use of more effective straining devices on the farms, the use of which we strongly disapprove. The introduction of tests based on bacterial activity in the milks at once revealed the fact that any milk which owes its apparent cleanliness to filtration is not really clean and of good keeping quality.

In all, six surprise samples of milk were taken from each producer at intervals from one to two weeks.

The results of each series were circulated among the farmers concerned, and were adopted by the depot committee as a basis of differential payment, the cleanest producers receiving 1d. per gallon more than those in the bottom section of the list.

As it was impracticable to apply the plate-count method of testing to the whole of the 101 samples taken on each occasion, other means of differentiation were investigated, and a satisfactory technique developed. After the 4th series of samples, however, special tests were applied to about a dozen of the milks from producers whose results had to this stage been consistently good. The following results of the 6th sample taken on 31st July indicate the standard attained by these producers:—

Producer.	Bac. Count per c.c.	Coliform Organisms. (- absent)	Keeping		Designation Quality.
			Quality Days.	Reductase Minutes.	
R. T. A.	4,200	- in 1 c.c.	3	490	Certified
G. S.	1,720	- in 1 c.c.	3	732	„
T. S.	3,690	- in 1 c.c.	2½	592	„
T. R. Y.	3,150	- in .1 c.c.	3	732	„
W. G. P.	7,900	- in 1 c.c.	2½	732	„
T. G.	7,300	- in .1 c.c.	3	732	„
C. F.	19,700	- in 1 c.c.	2½	365	„
M. T.	20,000	- in 1 c.c.	2½	592	„
W. R.	1,330	- in 1 c.c.	2¾	732	„
M. W.	94,000	- in .1 c.c.	2¼	592	Grade A
T. R. P.	227,000	- in 1 c.c.	2¼	592	—
N. G.	99,000	- in .1 c.c.	2¼	662	Grade A

All competitors had received information and advice on clean milk production, including a copy of the Seven Rules as published in last year's report. It was thought, nevertheless, that notes based on a visit to the most successful competitors would serve to emphasise the main factors. Accordingly, arrangements were made for an inspection of seven of the best farms by our Veterinary Adviser and the College Bacteriologist, who had co-operated with us in carrying out the tests. Mr. Rowland's report, of which a summary is appended, was accordingly circulated and published. It is the same story again—that clean milk production is the result of methods and attention to detail rather than the effects of expensive housing and equipment.

The Cowsheds and Dairies.—With one exception, the sheds were of average construction, with brick floors and clay front to the standings. The walls were in all cases well whitewashed, and the floors were clean, but there was no evidence of any excessive care being taken in maintaining clean conditions.

The milk rooms were in most cases open at least one side, and the floors were of concrete, making it easy to maintain clean by swilling with water. Some could have been easily boarded up to prevent contamination of the milk from dust during the cooling process.

Preparation of the Cows for Milking.—No bedding was used on five of the farms, but in two cases the standings were littered in order to prevent splashing of dung. The use of bedding in summer is not to be recommended, however, as it tends to give rise to a large volume of dust, which is likely to contaminate the milk.

On one farm the udders were clipped, thus rendering the cleaning of the cows before milking much easier. The advantages of clipping are more noticeable in winter when the cows are lying in than in summer when the udders are usually clean.

No elaborate cleaning of the cows before milking was undertaken on any of the farms. In most cases the udders were washed and then dried with a damp cloth. In two instances, however, the cows were simply wiped with a brush or dry cloth. The use of a damp cloth for the udders is to be recommended, as it helps to settle the dust on to the udder, which would otherwise drop into the pail at milking.

Milking.—Dry-handed milking was practised on all the farms. Open pails were used, but one farmer converted his open pails into covered ones by the use of butter muslin, which, however, greatly increases the risk of contamination unless the cloths are thoroughly boiled before each milking.

Cooling.—Most of the farms were making the best use of the cooler by running the milk slowly over, so as to obtain the best results possible. On one farm the cooling water was stored in a tank in the roof, and as a result the water as used for cooling was 10 degrees warmer than the water entering the tank from the spring. Where the cooling water tank is in the roof, it should be filled with cold water just before cooling begins, in order to avoid warming of the water and loss of cooling efficiency.

Care of Utensils.—On all the farms visited, the utensils were scrupulously clean. The general method of cleaning adopted was first of all to rinse them out in plenty of cold water, followed by scrubbing in hot. The after treatment varied considerably from farm to farm. Steaming the utensils was only carried out on one farm, and a cheap, economical and ingenious method was used. Most of the farms were using the farm copper for obtaining a supply of boiling water for scalding. Some of the farms were not making the best use of the boiling water available owing to the distance it was carried before use; the utensils should be scalded by the side of the copper, as the germs are only killed when the water used for scalding is boiling. Any bacteria left un-killed after scalding multiply rapidly between milkings on the surface of utensils, and it is therefore an advantage to scald the utensils shortly before milking commences.

Conclusion.—The seven farms visited were producing a very clean milk in ordinary cowsheds, and used methods which were neither laborious nor expensive. Whereas cowsheds and dairies were clean, they were not of model construction. Their success can be attributed to a thorough understanding of the essential factors, and especially of the importance of clean sterile utensils."

The above Report is one of great interest, and I very much appreciate Mr. Bond's co-operation in reporting each year.

However, I feel I would like to add the following remarks :—

I entirely agree with Mr. Bond as to the value of methods and attention to detail. I also agree that expensive housing and equipment are not necessary—on the other hand, I think there is a necessity for a standard below which housing and equipment should not fall, and I think many cowsheds in which milk is produced fall below that standard.

However, it is obvious to everyone that where housing and equipment fall below a reasonable standard, any inattention to detail, whether careless or accidental, will have a much more detrimental effect on the milk. I have found that the man who pays attention to detail is almost always one who pays attention to housing and equipment, and the two go hand in hand. On the other hand, it is very rare to find that a man who neglects his housing and equipment, or who does not realise the value of a proper standard, will pay much attention to detail.

I note that Mr. Bond has found no evidence of excessive care being taken in maintaining clean conditions ; nor have I in my experience. Incidentally, it seems to me that “excessive care” is a little difficult to define in connection with the production of such a food as milk, so the term has possibly the same meaning when used by either Mr. Bond or myself.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Mr. R. W. Sutton, B.Sc., F.I.C., the County Analyst, reports on the work carried out under the Act, as follows :—

“The collection of samples for analysis under the above Act is made by Sampling Officer William Etchells, who is a whole-time Officer, duly appointed by the County Council under the Food and Drugs (Adulteration) Act. In addition, he acts as Official Sampler and Inspector under the Fertilisers and Feeding Stuffs Act, 1926. His work is supervised by me as County Analyst and Agricultural 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 1933 :—

<i>Total samples analysed.</i>	<i>Percentage adulterated.</i>	<i>Milk samples.</i>	<i>Percentage adulterated.</i>
2078	2·0	779	4·0

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

<i>Non-fatty solids.</i>	<i>Fat.</i>	<i>Total solids.</i>
8·72	3·60	12·32

THE PUBLIC HEALTH (PRESERVATIVES IN FOOD) REGULATIONS.

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.

Sausages, Coffee Extract, Pickles and Sauces may contain Preservatives as provided in the Schedule, but information of their presence is to be given to the purchaser, either by a label on the goods or a notice displayed in the shop.

All appropriate samples were examined for preservatives, and the provisions of the Regulations appear to be well observed by traders in the County.

The whole of the samples of milk, butter, cream, and margarine were free from preservatives.

Two samples of Orange Squash, two of Dried Apricots and five of Valencia Raisins were found to contain Sulphur Dioxide preservative in excess of the quantity permitted. These samples were traced back to the manufacturers or the importers, and representations made that a more rigid analytical control must be exercised before such articles are placed on the market.

Water.—During the year, 135 samples of waters and effluents were analysed for the Urban and Rural District Councils in the County.

Miscellaneous.—Samples of water, sewage effluents, etc., 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."

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

Notifiable Diseases.—The following Table, prepared from information given by the Local Medical Officers of Health and compiled at the request of the Ministry of Health, shews the incidence of notifiable diseases in the County during the year 1933 :—

TABLE XXXI.

	<i>Total Cases Notified.</i>	<i>Cases admitted to Hospital.</i>	<i>Deaths.</i>
Smallpox	—	—	—
Scarlet Fever... ..	1079	806	4
Diphtheria	440	394	24
Enteric Fever	40	30	5
Puerperal Fever	26	14	13
Puerperal Pyrexia	72	30	27
Pneumonia	1045	52	421
Cerebro-spinal Fever	60	59	24
Erysipelas	201	16	—*
Ophthalmia Neonatorum	54	9	—*
Encephalitis Lethargica	6	2	—*
Measles	—*	—*	20
Chickenpox	—*	—*	—*

* Information not available.

TABLE XXXII.

Analysis in Age Groups of Cases of Notifiable Diseases during 1933.

Age Group.	Small-pox.	Scarlet Fever.	Diphtheria.	Typhoid Fever.	Puerperal Fever.	Puerperal Pyrexia.	Pneumonia.	Erysipelas.
Under 1 year	—	4	5	—	—	—	76	3
1 "	—	26	13	—	—	—	47	1
2 "	—	48	21	—	—	—	31	2
3 "	—	71	18	—	—	—	44	1
4 "	—	104	26	—	—	—	25	5
5 "	—	395	107	4	—	—	104	3
10 "	—	249	106	4	—	—	67	2
15 "	—	71	53	9	4	2	64	6
20 "	—	79	51	10	15	44	175	30
35 "	—	24	25	6	6	23	137	32
45 "	—	7	12	7	1	3	191	66
65 and over	—	1	3	—	—	—	83	41
Total	—	1,079	440	40	26	72	1,044	192

TABLE XXXIII.

Cases of Notifiable Diseases notified during 1933
as reported by the Local Medical Officers of Health.

Urban Districts	Tuberculosis.		Small-Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puer-peral Fever.	Puer-peral Pyrexia	Cerebro-Spinal Fever.	Ery-sipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulm-onary.	Other										
Alfreton ..	9	5	..	30	20	..	1	3	2	4	2	..
Alvast'n & Boul't'n	1	2	..	5	2	..	..	..	..	..	..	..
Ashbourne ..	5	3	..	9	1	2	..	1	..	4	..	..
Bakewell ..	4	1	..	3	2	..	..	..	..	3	1	..
Baslow ..	..	..	..	2	..	..	..	..	..	..	..	..
Belper ..	8	7	..	11	3	..	1	3	..	6	..	..
Bolsover ..	6	6	..	25	4	4	..	3	5	5	1	1
Bonsall ..	..	..	..	..	1	..	..	..	..	..	..	..
Brampt'n & Walt'n	..	..	..	9	2	..	..	1	..	1	..	..
Buxton (Boro') ..	7	4	..	11	11	1	1	1	..	4	..	..
Chesterfield (Boro')	61	24	..	163	23	4	6	12	13	22	3	1
Clay Cross ..	7	2	..	16	51	..	2	..	8	3	..	..
Dronfield ..	2	2	..	2	1	..	1	2	..	2	..	..
Glossop (Boro') ..	18	11	..	86	2	..	..	2	..	4	1	..
Heage ..	4	1	..	2	..	..	..	..	..	2	1	..
Heanor ..	15	4	..	19	15	..	2	1	5	8	1	..
Ilkeston (Boro') ..	24	7	..	13	10	1	..	5	1	4	1	..
Long Eaton ..	10	2	..	57	2	..	..	1	..	4	..	..
Matlocks ..	8	2	..	9	3	1	..	1	..	..	..	..
New Mills ..	5	4	..	5	10	..	..	..	1	4	2	..
North Darley ..	4	1	..	15	1	..	..	..	..	2	..	..
Ripley ..	5	1	..	28	10	..	..	..	2	11	2	..
South Darley ..	1	..	..	..	..	..	..	..	..	..	..	..
Swadlincote ..	12	10	..	40	4	..	..	6	..	4	1	..
Wirksworth ..	4	..	..	1	..	..	..	1	..	..	3	..
<i>Urban Districts</i>	220	99	..	561	178	13	14	43	37	97	19	2

Rural Districts	Tuberculosis.		Small Pox.	Scarlet Fever.	Diphtheria.	Enteric Fever.	Puer-peral Fever.	Puer-peral Pyrexia	Cerebro-Spinal Fever.	Ery sipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulm-onary	Other.										
Ashbourne ..	4	2	..	15	1	..	..	..	..	2	..	..
Bakewell ..	5	4	..	12	30	..	..	3	1	9	2	..
Basford ..	2	..	..	1	5	..	..	..	..	1	..	..
Belper ..	16	14	..	28	10	2	..	4	1	7	1	..
Blackwell ..	31	17	..	116	28	15	4	1	4	15	3	..
Chapel-en-le-Frith	6	10	..	24	9	2	2	2	..	3	1	..
Chesterfield ..	58	36	..	121	140	3	3	10	12	33	15	2
Clowne ..	13	4	..	50	8	..	1	2	2	8	1	..
Glossop Dale ..	2	2	..	18	3	4	..	1	..	1	1	..
Hartshorne & Seals	4	4	..	14	..	..	..	1	1	5	1	..
Hayfield ..	2	1	..	11	..	1	1	..	1	4	1	..
Norton ..	3	1	..	27	1	..	..	..	..	3	1	..
Repton ..	15	2	..	32	7	..	..	3	..	4	2	1
Shardlow ..	26	5	..	47	20	..	1	2	1	9	6	1
Sudbury ..	..	..	..	2	..	..	..	..	..	..	..	..
<i>Rural Districts</i>	187	102	..	518	262	27	12	29	23	104	35	4
<i>Urban Districts</i>	220	99	..	561	178	13	14	43	37	97	19	2
<i>Whole County</i>	407	201	..	1079	440	40	26	72	60	201	54	6

TABLE XXXIV.

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

	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.
URBAN DISTRICTS.																
Alfreton	31	...	1.45	...	19	2	.89	...	...	...	...	...
Alvaston & Boulton	4	...	.91	...	2	...	.45	...	...	...	...	...
Ashbourne	9	...	1.99	...	1	...	.22	...	2	...	.22	...
Bakewell	3	...	.96	...	2	...	.64	...	...	...	...	...
Baslow	2	...	2.29	...	...	...	...	...	...	...	...	...
Belper	12	...	.90	...	3	...	.22	...	...	...	...	...
Bolsover	24	...	2.01	...	4	1	.33	25.00	4	...	.33	...
Bonsall	2	...	1.74	...	...	...	...	...
Brampton & Walton	9	...	3.73	...	2	1	.83	50.00	...	...	...	...
Buxton (Boro')	11	...	.73	...	9	...	.59	...	1	...	.06	...
Chesterfield (Boro')	163	1	2.51	.61	23	2	.35	8.69	4	...	.06	...
Clay Cross	16	...	1.90	...	52	...	6.20	...	...	...	...	...
Dronfield	2	...	.45	...	1	...	.22	...	...	...	...	...
Glossop (Boro')	86	...	8.53	...	2	1	.10	50.00	...	...	...	...
Heage	3	...	.75	...	2	...	.50	...	...	...	...	...
Heanor	16	...	.71	...	13	...	.57	...	...	...	...	...
Ilkeston (Boro')	12	1	.36	8.33	10	...	.30	...	1	1	.03	100.00
Long Eaton	57	...	2.49	...	2	...	.08	...	...	...	...	...
Matlocks	9	...	.88	...	3	...	.29	...	1	1	.10	100.00
New Mills	5	...	.59	...	10	1	1.19	10.00	...	...	...	...
North Darley	15	...	3.47	...	1	1	.23	100.00	...	...	...	...
Ripley	27	...	2.00	...	10	...	.74	...	1	...	.07	...
South Darley
Swadlincote	39	...	1.92	...	4	...	.19	...	...	...	...	...
Wirksworth	1	...	.25	...	1	...	.25	...	...	...	...	...
<i>Urban Districts</i>	556	2	1.75	.37	178	9	.56	5.05	14	2	.04	14.28
RURAL DISTRICTS.																
Ashbourne	10	...	.98	...	1	...	.09	...	...	...	...	...
Bakewell	11	...	.60	...	27	1	1.48	3.70	...	...	...	...
Basford	1	...	.54	...	5	...	2.70	...	...	...	...	...
Belper	28	...	1.07	...	10	1	.38	10.00	2	...	.07	...
Blackwell	116	...	2.71	...	28	4	.65	14.28	15	3	.35	20.00
Chapel-en-le-Frith...	24	...	1.34	...	9	1	.50	11.11	2	...	.11	...
Chesterfield	118	1	1.43	.84	144	7	1.75	4.86	3	...	.03	...
Clowne	50	1	2.81	2.00	8	1	.45	8.33	...	...	...	...
Glossop Dale	18	...	4.61	...	3	...	.76	...	4	...	1.02	...
Hartshorne & Seals	11	...	1.26	...	...	...	...	...	...	...	...	...
Hayfield	11	...	2.57	...	...	...	...	...	1	...	.23	...
Norton	27	...	3.00	...	1	...	.11	...	...	...	...	...
Repton	25	...	1.33	...	7	...	.37	...	...	...	...	...
Shardlow	47	...	1.14	...	20	...	.48	...	...	...	...	...
Sudbury	2	...	.79	...	...	...	...	...	...	...	...	...
<i>Rural Districts</i>	499	2	1.63	.40	263	15	.86	5.70	27	3	.08	11.11
<i>Urban Districts</i>	556	2	1.75	.35	178	9	.56	5.05	14	2	.04	14.28
<i>Whole County</i>	1055	4	1.69	.37	441	24	.70	5.44	41	5	.06	12.20

Smallpox.—No cases occurred during the year.

Diphtheria.—The number of cases of Diphtheria notified during the year, as given by the Registrar-General is 441, compared with 450 in 1932, whilst the number of deaths was 24, compared with 34 in the previous year. The case mortality in 1933 was 5·44 as compared with 7·55, the rate for the previous year.

All the District Councils in the Administrative County supply diphtheria antitoxin free of charge where necessary.

The numbers of specimens received at the County Bacteriological Laboratory for examination for the diphtheria bacillus during the past nine years are as follows:—

1925	...	5,802
1926	...	5,102
1927	...	4,154
1928	...	3,976
1929	...	4,695
1930	...	8,407
1931	...	4,664
1932	...	5,748
1933	...	5,092

Scarlet Fever.—During the year 1,055 cases of this disease are stated by the Registrar-General as having been notified, of which 4 proved fatal, compared with 790 cases and 7 deaths in 1932. The figures for the year under review give a case mortality of 0·37 compared with 0·88, the rate for the previous year.

Whooping Cough. 40 deaths occurred during the year from this disease, giving a death rate of 0·06 per thousand of the population.

Measles. Twenty deaths occurred from this disease in 1933, compared with 65 in the previous year.

Polio-Myelitis. During the year, 11 cases of this disease were notified. Four of these were investigated by the Orthopædic Surgeon.

Cancer.—The following Table gives the number of deaths and the death-rate from this disease in the County compared with the rates for England and Wales since 1900 :—

TABLE XXXV.—**Cancer.**

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

Year.	Death Rates.		No. of Deaths in Derbyshire.
	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 ...	1·42 ...	1·190 ...	743
1929 ...	1·43 ...	1·148 ...	717
1930 ...	1·45 ...	1·155 ...	721
1931 ...	1·48 ...	1·238 ...	766
1932 ...	1·51 ...	1·351 ...	837
1933 ...	... ...	1·306 ...	813

TABLE XXXVI.

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

Year.	AGES.								Totals.		Grand Total.
	Under 25		25—45		45—65		65 and over.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1916	6	5	21	38	101	143	96	103	224	289	513
1917	3	5	10	35	102	143	90	101	205	284	489
1918	3	6	13	38	112	153	98	109	226	306	532
1919	5	5	12	37	101	129	85	107	203	278	481
1920	5	2	21	36	114	149	120	112	260	299	559
1921	4	1	24	32	103	152	130	140	261	325	586
1922	3	5	19	34	122	178	105	119	249	336	585
1923	3	3	11	36	126	177	121	129	261	345	606
1924	3	4	15	32	126	149	141	135	285	320	605
1925	2	5	16	29	132	146	139	135	289	315	604
1926	5	5	12	40	148	182	152	166	317	393	710
1927	5	3	23	41	166	209	156	171	350	424	774
1928	2	6	20	38	150	187	177	161	349	394	743
1929	6	1	22	24	147	157	167	193	342	375	717
1930	5	4	12	27	157	169	179	168	353	368	721
1931	4	2	13	37	163	176	203	168	383	383	766
1932	3	2	19	43	178	194	191	207	391	446	837
1933	5	3	25	45	164	187	198	186	392	421	813

Enteric Fever. 41 cases of this disease occurred during the year, with five deaths, giving a case mortality of 12·19, compared with 6·52, for the previous year. The following table gives the case mortality per cent., the death rate per 1,000 of population and the case rate per 1,000 of population for the last thirty-four years:—

TABLE XXXVII.—**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
1929	26	23·07	·01	·04
1930	26	19·23	·008	·04
1931	35	17·14	·009	·05
1932	46	6·52	·005	·07
1933	41	12·19	·008	·06

Encephalitis Lethargica.—During the year 1933, six cases of this disease were notified.

SCHOOLS CLOSED ON ACCOUNT OF INFECTIOUS DISEASES.

The number of schools closed during the year on account of infectious diseases is given in the following Table. Two schools were closed by the School Medical Officer and 17 by the Local Sanitary Authority.

TABLE XXXVIII.

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.
1922	44	27	17	11	22	5	1	2	—	—	3
1923	42	23	19	2	21	6	1	5	—	—	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	—	—
1929	14	2	12	7	1	1	—	3	1	—	1
1930	22	2	20	2	11	1	1	5	—	—	2
1931	22	1	21	5	6	4	1	—	5	—	1
1932	21	1	20	6	6	4	—	—	5	—	—
1933	19	2	17	15	3	—	1	—	—	—	—

TUBERCULOSIS SCHEME.

This scheme consists of two main units, viz., Dispensary and Institutional.

DISPENSARY UNIT.

This unit consists of nine dispensaries together with nine orthopædic clinics geographically situated to serve the whole of the administrative County. There are three whole-time Tuberculosis Officers between whom the County is divided.

There was no change in the Dispensary service during the year.

Dispensary Statistics.—Details of the work done at or in connection with the County Dispensaries are given in Table T.1. At the end of the year there were 3,057 cases of tuberculosis in the County, and of this number 1,892 cases (1,341 pulmonary and 551 non-pulmonary) were on the Dispensary registers, giving a percentage of 61·89 persons suffering from tuberculosis who had taken advantage of the County scheme—a slight increase over the figure for last year. In addition to the 1892 definite cases mentioned above, there were on the Dispensary registers at the end of the year 35 undiagnosed cases still under observation.

960 new cases attended at the Dispensaries during the year, and of that number 369, or a percentage of 38·44, were found to be suffering from tuberculosis. Examination of contacts revealed a further 18 definite cases. Of the total of 387 new definite cases, 275 were pulmonary and 112 were non-pulmonary. Of the pulmonary cases, only 16 were children under 15 years of age, whilst of the non-pulmonary 75 were children under 15.

580 new cases were notified as suffering from tuberculosis or came to my knowledge otherwise than by notification, and of this number 66·72% came under the tuberculosis scheme. If the number of persons who died before coming to my knowledge, or within 14 days of notification, are excluded, the percentage is increased to 79·31. Taking only the pulmonary cases, 71·24% of the new cases coming to my knowledge attended at the Dispensaries, and again excluding those who died before I heard of them, or within 14 days of notification, the figure is 81·36%. These percentages show a slight increase over those of last year. It will be seen, therefore, that the majority of the sufferers from tuberculosis take advantage of the scheme.

The number of cases written off the registers as recovered was 357, as against 331 for last year. It should be remembered that the pulmonary cases must remain on the register for at least five years and the non-pulmonary for at least three years after the disappearance of active symptoms before they can be written off as recovered. From information supplied by the Ministry of Health, the ratio of recovered cases in this County appears to be considerably higher than that of other County or County Boroughs, but at the same time the ratio of recovered cases which return, is no higher than the average of other authorities.

The decrease in the number of home visits by the Tuberculosis Officers was to a large extent due to one officer being away from duty on account of illness for a considerable part of the year.

TABLE T. I.

REPORT SHOWING THE WORK OF THE TUBERCULOSIS DISPENSARIES during the Year 1933.

DISPENSARIES.	ASH-BOURNE.	BURTON.	CHESTER-FIELD.	CHINLEY.	DERBY.	GLOSSOP.	ILKESTON.	LONG EATON.	MATLOCK.	WHOLE COUNTY 1933.	WHOLE COUNTY 1932.
Estimated Population, 1933 ...	14,960	35,410	269,830	46,160	101,040	25,810	65,580	30,180	33,330	622,300	619,200
A. New Cases reported—											
Pulmonary ...	6	17	176	20	63	19	39	20	26	386	424
Non-Pulmonary ...	5	18	91	19	23	14	12	4	8	194	221
Total ...	11	35	267	39	86	33	51	24	34	580	645
B. NEW CASES ATTENDING—											
(a) Definitely Tuberculous											
i. Pulmonary ...	6	13	108	15	47	12	30	14	16	261	287
ii. Non-Pulmonary ...	4	7	42	16	16	10	7	1	5	108	91
(b) Doubtfully Tuberculous ...	...	1	6	3	3	1	...	3	2	19	26
(c) Non-Tuberculous ...	4	60	246	55	48	36	65	19	39	572	620
Total ...	14	81	402	89	114	59	102	37	62	960	1024
C. CONTACTS—											
(a) Definitely Tuberculous											
i. Pulmonary ...	...	1	6	...	1	1	2	2	1	14	18
ii. Non-Pulmonary ...	...	1	1	...	1	...	1	...	...	4	2
(b) Doubtfully Tuberculous ...	2	...	4	7	...	...	...	...	3	16	18
(c) Non-Tuberculous ...	41	81	545	104	115	39	196	45	86	1,252	1355
Total ...	43	83	556	111	117	40	199	47	90	1,286	1393
D. CASES WRITTEN OFF DISPENSARY REGISTERS.											
(a) Recovered											
i. Pulmonary ...	14	8	42	45	21	12	11	10	38	201	225
ii. Non-Pulmonary ...	7	7	33	44	10	13	10	7	25	156	106
(b) Diagnosis not confirmed or Non-Tuberculous ...	46	143	810	170	170	78	270	66	127	1,880	2043
Total ...	67	158	885	259	201	103	291	83	190	2,237	2374
E. NUMBER ON REGISTERS ON DECEMBER 31st, 1933											
(a) Diagnosis completed											
i. Pulmonary ...	53	77	413	137	224	70	146	103	118	1,341	1484
ii. Non-Pulmonary ...	15	47	205	64	58	32	55	25	50	551	622
(b) Diagnosis not completed ...	2	1	10	10	3	1	...	3	5	35	44
Total ...	70	125	628	211	285	103	201	131	173	1,927	2150
1. Number on Register Jan. 1st, 1933	90	133	649	289	279	120	225	147	218	2,150	2383
2. No. of transferred and "lost-sight-of" Cases returned ...	1	2	11	4	4	1	4	3	3	33	44
3. No. transferred, and lost sight of ...	3	4	12	10	10	6	6	8	1	60	67
4. No. died during year ...	7	12	96	13	20	8	31	13	5	205	253
5. Total Attendances ...	137	401	1959	433	717	402	1071	410	419	5,949	5679
6. Attendances at Orthopaedic Clinics	...	...	...	...	...	...	...	...	...	864	786
7. Insured Persons under Domiciliary Treatment Dec. 31st, 1933 ...	8	...	1	10	...	8	...	...	6	33	62
8. Consultations with Medical Practitioners:—(a) Personal ...	7	27	43	35	11	...	...	...	...	...	...
(b) Other ...	20	89	311	59	121	26	87	4	10	250	281
9. Total Number of visits by T.O.'s to Patients' Homes. ...	20	199	512	99	363	61	213	144	67	1,687	2322
10. Number of:—											
(a) Sputum, etc., Examinations	39	163	163	144	242	81	275	114	149	1,370	1083
(b) X-ray Examinations ...	19	19	410	102	205	26	68	24	52	925	786
11. No. of "Recovered" cases restored to Dispensary Register and included in B(a) and B(b) above ...	...	...	3	...	1	1	...	...	1	6	4
12. No. of "T.B." plus cases on Dispensary Registers on Dec. 31st, 1933	21	39	292	80	128	45	92	68	64	830	846

REPORT SHOWING THE WORK OF THE TUBES

No.	TUBES		MATERIALS		REMARKS
	NO.	SIZE	NO.	SIZE	
1	10	10	10	10	...
2	10	10	10	10	...
3	10	10	10	10	...
4	10	10	10	10	...
5	10	10	10	10	...
6	10	10	10	10	...
7	10	10	10	10	...
8	10	10	10	10	...
9	10	10	10	10	...
10	10	10	10	10	...
11	10	10	10	10	...
12	10	10	10	10	...
13	10	10	10	10	...
14	10	10	10	10	...
15	10	10	10	10	...
16	10	10	10	10	...
17	10	10	10	10	...
18	10	10	10	10	...
19	10	10	10	10	...
20	10	10	10	10	...
21	10	10	10	10	...
22	10	10	10	10	...
23	10	10	10	10	...
24	10	10	10	10	...
25	10	10	10	10	...
26	10	10	10	10	...
27	10	10	10	10	...
28	10	10	10	10	...
29	10	10	10	10	...
30	10	10	10	10	...
31	10	10	10	10	...
32	10	10	10	10	...
33	10	10	10	10	...
34	10	10	10	10	...
35	10	10	10	10	...
36	10	10	10	10	...
37	10	10	10	10	...
38	10	10	10	10	...
39	10	10	10	10	...
40	10	10	10	10	...
41	10	10	10	10	...
42	10	10	10	10	...
43	10	10	10	10	...
44	10	10	10	10	...
45	10	10	10	10	...
46	10	10	10	10	...
47	10	10	10	10	...
48	10	10	10	10	...
49	10	10	10	10	...
50	10	10	10	10	...

INSTITUTIONAL UNIT.

The following Table gives particulars of the institutional accommodation for the treatment of tuberculosis provided by the County Council :—

TABLE T. II.

NAME OF INSTITUTION.	FOR PUL-MONARY CASES.		FOR NON-PUL-MONARY CASES.		TOTAL
	Adults.	Children under 15	Adults.	Children under 15	
Derbyshire Sanatorium An additional 10 shelter beds are available during the summer time.	104	20	—	—	124
Penmore Hospital An additional 4 shelter beds are available during the summer time.	14	—	—	—	14
Whitworth Hospital... ..	6	—	—	—	6
Bretby Hall Orthopædic Hospital	—	—	32	65	97*
Poor Law Institutions.					
Ashbourne	1	—	—	—	1
Bakewell	2	—	1	—	3
Belper	8	—	—	—	8
Chapel-en-le-Frith... ..	4	—	—	—	4
Chesterfield	7	1	1	2	11
Glossop	—	—	1	—	1
Hayfield (no beds specially provided for the treatment of tuberculosis)	—	—	—	—	—
Shardlow	2	1	2	1	6
Total	148	22	37	68	275

* Six beds on the average are occupied by patients from other Authorities.

TABLE T.III.

Return showing the extent of residential treatment and observation during the year in Institutions (other than Poor Law Institutions) approved for the treatment of Tuberculosis.

		In Institu-tions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institu-tions.	In Institu-tions on Dec. 31st.
Number of doubtfully tuberculous cases admitted for observation.	Adult males	5	8	12	—	1
	Adult females	1	9	10	—	—
	Children	5	11	11	—	5
	Total	11	28	33	—	6
Number of definitely tuberculous patients admitted for treatment.	Adult males	82	176	142	23	93
	Adult females	51	140	120	13	58
	Children	70	50	57	1	62
	Total	203	366	319	37	213
GRAND TOTAL		214	394	352	37	219

**Return showing the results of observation of doubtfully tuberculosis cases
discharged during the year from Institutions approved for the
treatment of Tuberculosis.**

Diagnosis on discharge from observation	For Pulmonary Tuberculosis.						For Non-Pulmonary Tuberculosis						Totals		
	Stay under 4 weeks			Stay over 4 weeks			Stay under 4 weeks			Stay over 4 weeks					
	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.
Tuberculous ...	1	1	-	6	2	2	-	-	-	-	-	-	7	3	2
Non-tuberculous	1	-	-	3	5	1	-	-	-	1	-	8	5	5	9
Doubtful ...	-	1	-	-	1	-	-	-	-	-	-	-	-	2	-
Totals	2	2	-	9	8	3	-	-	-	1	-	8	12	10	11

WALTON SANATORIUM.

Accommodation is provided for 124 patients, 74 beds for males and 50 for females. An additional ten shelter beds are available for use during the summer time.

The Medical Superintendent of the Institution, Dr. A. Niven Robertson, reports on the work at this Institution during 1933, as follows :—

“ Statistics.

	<i>Males.</i>	<i>Females.</i>	<i>Children.</i>	<i>Total.</i>
Admissions	148	98	14	260
Discharges	136	98	22	256

Average number of beds occupied—122·8.

Average length of stay of the patients—159 days.

Average gain in weight of the patients—9 lbs., 9 ozs.

Patients Discharged.

MINISTRY OF HEALTH CLASSIFICATION. TABLE D.S.I.

	M.	F.	C.	Total.
PULMONARY.				
1. Class T.B. Minus ...	38	36	17	91
2. Class T.B. Plus ...				
Group I. ...	8	2	—	10
Group II. ...	17	18	1	36
Group III. ...	67	34	3	104
TOTALS ...	130	90	21	241
NON-PULMONARY.				
Bones and Joints ...	—	—	—	
Abdominal ...	1	—	—	1
Other Organs ...	—	1	—	1
Peripheral Glands ...	—	—	—	—
NON-TUBERCULOUS ...	5	6	1	12
IN TOO SHORT A PERIOD FOR DIAGNOSIS ...	—	1	—	1
TOTALS ...	136	98	22	256

General Results of Treatment.

Quiescent ...	39
Not Quiescent ...	184
Died in the Institution ...	21
Doubtfully or not Tuberculous ...	12
	<u>256</u>

Cases Admitted for Diagnosis.

Twenty-four cases were under observation during the year, with the following results :—

Tuberculous ...	12
Doubtfully Tuberculous ...	2
Bronchiectasis ...	1
Tumour of the Lung ...	1
Visceroptosis ...	1
Heart Disease ...	2
Malignant Glands ...	1
Locomotor Ataxia ...	1
Non-Pulmonary Catarrh ...	3

Laboratory Work.

1,748 sputums and 1,656 urines were examined in the year. No modern staining method appears to be an improvement on the old and original Ziehl-Neelsen method.

Six throat swabs of doubtful Diphtheria and 14 pleural fluids were sent to the County Laboratory for further examination.

In diagnosis cases, 16 blood sedimentation tests, 16 blood precipitation tests and 16 arneth counts were performed. Eight differential blood counts were done.

X-Ray Work.

A considerable amount of the Laboratory assistant's time is now taken up with developing and printing X-Ray photographs.

462 X-Ray photographs were taken in the year and 987 screenings were done in artificial pneumothorax cases, being 109 more screenings than last year.

Ultra Violet Light Treatment.

TABLE D.S.II.

<i>Disease.</i>	<i>No. of Cases.</i>	<i>Cured.</i>	<i>Much Improved</i>	<i>Improved</i>	<i>I.S.Q.</i>	<i>Worse.</i>
Hilus Tubercle. ...	12	—	2	10	—	—
Pul. Tub. ...	5	—	—	5	—	—
Bronchiectasis ...	2	—	—	2	—	—
Lupus ...	1	—	—	1	—	—
T.B. Sinus ...	1	1	—	—	—	—
T.B. Larynx ...	1	—	—	—	—	1
T.B. Peritonitis ...	1	—	—	1	—	—
T.B. Wrist ...	1	—	—	1	—	—
Total ...	24	1	2	20	—	1

Owing to the marked reduction in the number of children admitted there has been a corresponding reduction in the amount of ultra-violet light treatment.

Gold Treatment.

Four cases had Solganal B Oleosum. Two cases of Stage III. were not improved. Two cases, +2 Stage, showed some fibrosis by X-Ray, and were improved.

Two cases had Oleo-Sanocrysin. One was a case of advanced bilateral disease who showed no improvement, but his general arthritis of spine and shoulders was completely cured. The other case was +3 who had also A.P. and Phrenicectomy. He considered that the Sanocrysin improved his condition more than the surgical treatment. His A.P., however, was of short duration owing to obliteration.

Four cases had Allochrysin.

Case 1. Stage +2. Given 14 injections of Allochrysin. Much improved. X-Ray showed marked fibrosis, drawing up of the diaphragm as after a phrenicectomy.

Case 2. Stage +3 on admission. 22 injections of Allochrysin. Marked improvement, defervescence, gain of 15 lbs. and fibrosis by X-Ray.

Case 3. Stage +2. Old advanced cavitation entire left lung. 15 doses of Allochrysin. No improvement.

Case 4. Stage +2. Bilateral disease. 14 injections. Improved. Trace of albumin appeared in urine.

Of the three preparations I have found Allochrysin the most effective and Oleo-Sanocrysin better than Solganal B.

Phrenic Evulsion.

Mr. Milward performed this operation in three cases. In one case it assisted fibrosis slightly, in the second case it had no effect on the size of the cavity or the disease, in the third it caused immediate congestive hæmoptysis; but I am hoping for a final good effect.

Artificial Pneumothorax.

Twenty-six new cases (18 males and 8 females) were commenced on this treatment and twenty-two old cases (13 males and 9 females) were continued. There were 587 refill operations, 38 gas replacements, 9 aspirations, 21 de-pneumothorax operations, and 1 pressure reading performed in the year. There were 245 outpatient attendances for refills.

Condition in 1932 of all cases treated by artificial pneumothorax since 1915 and whose treatment had been completed by 1932.

These cases can be divided into two divisions.

A. Successfully induced cases.

These had either a complete or partial pneumothorax space of some size and not merely a pocket and had collapse of some duration.

B. Unsuccessful Cases.

These were unsuccessful because no pleural space of any size was obtainable owing to adhesions.

A. Sixty were successfully Induced.

Of these, 38 have died, 22 are well and alive, and 18 are at work.

60 successful A.P.'s.	63% died.
	37% well and alive.
	30% at work.

B. Twenty-one Unsuccessful Cases.

Of these, 14 have died, 7 are well and alive, 5 are at work.

21 Unsuccessful A.P.'s.	67% died.
	33% well and alive.
	24% at work.

Total Cases (A & B).	64% died.
	36% well and alive.
	28% at work.

The effects of artificial pneumothorax should not be judged by the general final result in a large number of cases, but rather by the individual brilliant result in a fair number of otherwise probably fatal cases. This may be seen by a consideration of the stage or classification of the disease before treatment in those 18 patients who as the result of successful treatment are now on full work. All were T.B. + cases.

Two cases were Stage IA.	} I., II., III.=Slight, medium, extensive disease in the lungs.
Two cases were Stage IIA.	
One case was Stage IIB.	
Two cases were Stage IIC.	} A, B, C=Slight, moderate, severe general symptoms.
Five cases were Stage IIIA.	
Two cases were Stage IIIB.	
Four cases were Stage IIIC.	

All cases except two were beyond the first stage of disease as far as extent of disease in the lungs is concerned, and 9 cases were suffering from severe toxæmia. One of the cases in the first stage would have died of hæmoptysis but for the A.P., and it may safely be said that practically all of these patients but for A.P. would not now be alive.

Gelatinothorax.

One case had this treatment. The patient who had Pyopneumothorax died of Toxæmia before the completion of the treatment.

Dental Work.

125 extractions, 4 scalings and 2 fillings were carried out during the year.

Meteorological Data.

Wind (highest hourly mean) ...	20.78 miles	Jan. 2nd.
	per hour	
Highest Dry Kata ...	40.4	Feb. 26th.
Highest Wet Kata ...	73.2	Feb. 24th.
Lowest Dry Kata ...	2.6	Aug. 5th.
Lowest Wet Kata ...	15.3	Aug. 3rd.
Highest Outdoor Temp. ...	86° F.	July 3rd.
Lowest Outdoor Temp. ...	31° F.	Feb. 24th, 26th ; Jan. 24th.
Highest Radiant Heat ...	130.1° F.	May 22nd.
Greatest amount of Ultra-violet Light ...	9.5	July 4th.
Highest Rainfall ...	2.59 inches	Oct. 10th.
Highest Maximum Temp. ...	87° F.	July 3rd.
Highest Minimum Temp. ...	19° F.	Jan. 22nd, Dec. 20th.
Day of Maximum Hours of Sun- shine ...	14.3 hours	June 3rd.
Total Rainfall for Year ...	21.96 inches.	

February had the highest cooling power (Dry Kata average 30.1), the highest cooling power by evaporation (Wet Kata 54), the most wind (average 9.23 miles per hour). August had the greatest sunshine, average 7.6 hours daily, and the highest radiant heat 87.30°F, but July had the most ultra-violet light. October was the only month with a normal amount of rain, 4.4 inches. All the other months had a rainfall below normal, so that the total rainfall for the year was exceptionally small, being only 21.96 inches. December had the greatest barometric pressure, 29.61 inches and relative humidity 85.2%.

From a nine-year record of the weights gained by patients each month, it is found that the greatest gain is in October, each patient gaining 13 ozs. per week, and the next greatest gain is in September—11 ozs. per week. There is also invariably a greater gain in winter than in summer. These facts are probably associated with the effect of the cooling power of the atmosphere."

TABLE D.S. III.

Condition of Patients discharged from the Derbyshire Sanatorium, Chesterfield, from 1915-1932 inclusive.

Condition in 1933.	YEAR OF DISCHARGE FROM SANATORIUM.														Total			
	1915-1925.		1926.		1927.		1928.		1929.		1930.		1931.			1932.		
	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 ...	1095	40.26	105	35.23	66	30.14	60	23.08	26	8.44	5	1.81	2	.76	1	.37	1360	29.48
Arrested ...	51	1.88	28	9.40	19	8.68	39	15.00	68	22.08	75	27.18	53	19.93	19	7.11	352	7.63
Not arrested ...	16	.59	9	3.02	11	5.02	9	3.46	25	8.11	34	12.32	78	29.32	143	53.54	325	7.04
Condition not ascertain'd	14	.52	3	1.01	2	.90	3	1.15	4	1.30	4	1.45	3	1.13	4	1.50	37	.80
Lost sight of or not Tuberculous ...	529	19.46	44	14.77	39	17.80	40	15.39	46	14.94	55	19.93	28	10.52	28	10.50	809	17.54
Dead ...	1014	37.29	109	36.57	82	37.46	109	41.92	139	45.13	103	37.31	102	38.34	72	26.98	1730	37.51
Total ...	2719	100.00	298	100.00	219	100.00	260	100.00	308	100.00	276	100.00	266	100.00	267	100.00	4613	100.00

TABLE D.S. IV.

DERBYSHIRE SANATORIUM.

Comparative Statement of Cost.

Year ending March 31st,

		1930.		1931.		1932.		1933.		1934.	
Average daily number of		121.1		122.1		124.4		119.4		124.9	
Patients		37.9		37.9		37.6		37.8		38.0	
do. do. Staff											
		Total Cost. £		Total Cost. £		Total Cost. £		Total Cost. £		Total Cost. £	
		Cost per week per Patient. £ s. d.		Cost per week per Patient. £ s. d.		Cost per week per Patient. £ s. d.		Cost per week per Patient. £ s. d.		Cost per week per Patient. £ s. d.	
Salaries and Wages	...	4,534	0 14 4½	4,860	0 15 3	4,629	0 14 3	4,741	0 15 2	4,922	0 15 1
Provisions	...	4,060	0 12 10½	4,095	0 12 10	3,886	0 12 0	3,709	0 11 11	3,813	0 11 9
Drugs and Medical Appliances	...	419	0 1 4	475	0 1 6	472	0 1 5½	598	0 1 11	528	0 1 8
Fuel, Light and Water	...	1,147	0 3 7½	1,127	0 3 7	1,234	0 3 10	1,053	0 3 4	1,122	0 3 5
Domestic and Laundry	...	636	0 2 0	799	0 2 6	511	0 1 7	566	0 1 10	630	0 1 11
Renewals and Repairs	...	593	0 1 10½	340	0 1 1	256	0 0 9½	438	0 1 5	446	0 1 5
Miscellaneous	...	489	0 1 6½	512	0 1 7	589	0 1 10	540	0 1 9	580	0 1 9
Rates, Taxes and Insurance	...	597	0 1 10½	580	0 1 10	638	0 2 0	605	0 1 11	632	0 1 11
Loan Repayment and Interest	...	896	0 2 10	896	0 2 10	896	0 2 9	894	0 2 10	707	0 2 2
Capital Expenditure out of Revenue (garage)	...	—	—	—	—	—	—	—	—	—	—
Gross Totals	...	13,371	2 2 4	13,684	2 3 0	13,111	2 0 6	13,144	2 2 1	13,380	2 1 1
Deduct Profit on Farm Account	...	144	0 0 6	71	0 0 3	17	0 0 0½	144	0 0 5½	149	0 0 5½
Deduct other Income	...	51	0 0 2	76	0 0 3	55	0 0 2	93	0 0 3½	66	0 0 2½
Net Cost	...	13,176	2 1 8	13,537	2 2 6	13,039	2 0 3½	12,907	2 1 4	13,165	2 0 5
Food per person per week	...	...	9/9½d.	...	9/10d.	...	9/2d.	...	9/-	...	9/-

BRETBY HALL ORTHOPÆDIC HOSPITAL.

Dr. Lennane, Medical Superintendent of this Institution, reports as follows :—

“ During the year the number of beds available was reduced by an average of 15 owing to structural repairs having to be carried out in the Hall. In spite of this, the number of admissions was only 16 less than in the previous year. The waiting list is now of only normal proportions, and it is possible to take in urgent cases at very short notice.

A satisfactory feature of the statistics is the reduction of the average length of stay of tubercular patients—from 521 to 468 days. This is mainly due to the fact that there are less neglected and chronic cases of Non-Pulmonary Tuberculosis coming under treatment.

TABLE B.I.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
No. of Patients in Hospital at Midnight, Dec. 31, 1932.			
Tubercular	62	31	93
Non-Tubercular	33	15	48
	95	46	141
Admissions during 1933.			
Tubercular	33	33	66
Non-Tubercular	51	60	111
	84	93	177
Eleven patients did not accept offer of treatment at the Hospital.			
No. of patients treated during 1933.			
Tubercular	95	64	159
Non-Tubercular	84	75	159
	179	139	318
No. of patients discharged during 1933.			
Tubercular	39	29	68
Non-Tubercular	64	57	121
	103	86	189

TABLE B.II.

Cases admitted as Non-Pulmonary Tuberculosis treated during 1933.				Cases of Non-Tubercular Diseases treated during 1933.			
<i>Site of Lesion.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	<i>Disease.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Spine	31	20	51	Rickets	14	12	26
Hip	25	21	46	Talipes	12	4	16
Knee	14	5	19	Poliomyelitis	21	20	41
Other bones and joints	8	8	16	Spastic Paraplegia... ..	6	3	9
Abdomen	2	1	3	Torticollis	3	2	5
Glands... ..	15	8	23	Scoliosis	3	12	15
Skin	—	1	1	Perthes' Disease	6	—	6
				Miscellaneous	19	22	41
Total	95	64	159	Total	84	75	159

There were five deaths during the year, as shown in the following Table :—

TABLE B.III.

<i>Lesion.</i>	<i>Cause of Death.</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Spina Bifida	Broncho-Pneumonia	—	1	1
Tuberculosis of Hip ...	Amyloid Disease ...	1	—	1
Renal Rickets	Uræmia	1	—	1
Tuberculosis of Spine	Tuberculous Meningitis ...	1	—	1
Tuberculosis of Abdomen	Tuberculous Peritonitis ...	1	—	1
	Total	4	1	5

The following Table shows the location of disease of the patients discharged :

TABLE B.IV.

(a) TUBERCULAR.

<i>Site of Lesion.</i>	<i>Diagnosis not Confirmed.</i>		<i>Discharged.</i>		<i>Died.</i>		<i>Total.</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Spine	1	1	11	6	1	—	20
Hip	4	1	7	8	1	—	21
Knee	1	—	4	3	—	—	8
Other Bones & Jts	—	2	3	5	—	—	10
Abdomen	—	—	2	2	1	—	5
Lymph Glands ...	—	—	6	1	—	—	7
Total	6	4	33	25	3	—	71

(b) NON-TUBERCULAR.

<i>Disease.</i>	<i>Discharged.</i>		<i>Died.</i>		<i>Total.</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Rickets	11	12	1	—	24
Torticollis	1	2	—	—	3
Talipes	16	5	—	—	21
Poliomyelitis	13	9	—	—	22
Spastic Paraplegia	4	2	—	—	6
Scoliosis	2	11	—	—	13
Miscellaneous	17	16	—	1	34
Total	64	57	1	1	123

Average length of stay of patients :—

Tubercular Cases	468 days.
Non-Tubercular Cases	131 „
All Cases	247 „

The number of operations performed is 38 less than in the previous year. This is partly due to a reduction in the number of tonsillectomies, and also to the fact that cases are seen earlier, thus allowing deformities to be prevented.

During the year 1933 the following operations were performed :—

Stabilisation of Foot...	...	...	...	...	...	10
Open Elongation of Tendo Achilles	...	...	...	...	...	5
Plantar Fasciotomy and Wrenching	...	...	...	...	...	15
Wrenching Alone	...	...	...	...	...	1
Tenotomy Alone	...	...	...	...	...	7
Transplantation of Tendon	...	...	...	...	...	3
Osteotomy	...	...	...	...	...	14
Osteoclasis	...	...	...	...	...	16
Sequestrectomy	...	...	...	...	...	3
Reduction of Dislocated Hip	...	...	...	...	...	3
Open correction of Club Foot	...	...	...	...	...	1
Tenotomy of Sterno Mastoid	...	...	...	...	...	5
Correction of Hammer Toe	...	...	...	...	...	1
Arthrodesis of Knee	...	...	...	...	...	1
Arthrodesis of Shoulder	...	...	...	...	...	1
Plastic Operation Left Hand	...	...	...	...	...	1
Manipulation	...	...	...	...	...	2
Incision of Abscess	...	...	...	...	...	6
Removal of Exostosis	...	...	...	...	...	1
Ligation of Femoral Artery	...	...	...	...	...	1
Partial Synovectomy Left Knee	...	...	...	...	...	1
Removal of Tonsils and Adenoids	...	...	...	...	...	16
Removal of Tonsils alone	...	...	...	...	...	3
Removal of Adenoids alone	...	...	...	...	...	1
Removal of Aural Polypi	...	...	...	...	...	1
Others	...	...	...	...	...	5
						<hr/>
					Total ...	...124
						<hr/>

Consulting Surgeon.—Mr. Naughton Dunn, the Consulting Surgeon, visited the Hospital on 12 occasions and performed 38 operations.

Massage.—During the year under review, 247 patients were treated in the massage department. The total number of treatments was as follows :—

Exercises	...	...	...	...	99
Massage	...	...	...	...	118
Sunlight	...	...	...	...	14
Electrical Treatment	...	...	...	...	16
					<hr/>
				Total ...	247
					<hr/>

X-Rays.—329 patients were X-Rayed during the year, 584 films being taken.

Dental Work.—The following work was carried out by the County Dental Staff :—

CHILDREN.				
<i>Actually Treated.</i>	<i>Attendances.</i>	<i>Fillings.</i>	<i>Extractions.</i>	<i>General Anæsthetics.</i>
125	199	224	230	28
ADULTS.				
15	61	15	100	<i>Dentures supplied.</i> 10 11

Ophthalmic Work.—Monthly visits were made by the County Ophthalmic Surgeon and 16 cases received treatment from him.

Infectious Diseases.—Ten cases of Whooping Cough, one case of Chicken-pox, and one of Influenza occurred during the year.

Splints.—The number of Splints made and repaired in the Hospital, Workshops, and Splintroom reached a total of over a thousand during the year. The value of the Splints made and of the repairs carried out amounted to £368 11s. 9d. The following are the details of the work done :—

HOSPITAL.

Callipers	19
Thomas's Bed Splints	1
Thomas's Walking Splints	16
Pattens	30
Spinal Frames	9
Boots Raised	20
Other Alterations to Boots	101
Crutches (Pairs)	11
K.K., side and double irons	16
Other Metal Splints	23
Repairs and Alterations to Splints	99
Plaster Boots	33
Posterior Spinal Supports	14
Block Leather Jacket	1
Miscellaneous	84
Total	477

CLINICS.

Callipers	13
Thomas's Bed Splints	1
Thomas's Walking Splints	3
Pattens	11
Boots Raised	85
Other Alterations to Boots	178
K.K., side and double irons	25
Other Metal Splints	8
Repairs and Alterations to Splints	127
Posterior Spinal Supports	3
Frame and Saddle	1
Plaster Boots	6
Miscellaneous	58
Total	519

CELLULOID SPLINTS.

Celluloid Jackets	6
Hip Spicas	14
Knee Splints	12
Head Pieces	9
Total	41

Orthoæpdic Clinics.—The total number of patients on the register has increased slightly from last year. The number of attendances, however, is rather smaller. This is particularly noticeable in the clinics at Swadlincote, Heanor, Derby, and Alfreton. In the case of Derby there is also a decrease in the number of patients on the register. This is due to the fact that the Derby Borough Authorities have started an Orthoæpdic Clinic of their own and, in consequence, we do not receive their patients at our Derby Clinic."

TABLE B. V.
ATTENDANCES AT ORTHOPAEDIC CLINICS.
(a) **Tubercular Cases.**

Situation of Lesion.	Alfreton.	Matlock.	Chesterfield.	Chinley.	Derby.	Heanor.	Long Eaton.	Shirebrook.	Swadlincote.	TOTAL.
Spine	7	1	22	6	10	6	8	2	3	65
Hip	6	2	17	3	8	1	1	4	8	50
Knee	4	—	6	7	3	2	2	4	4	32
Other Joints ..	1	3	14	1	5	4	2	—	2	32
Abdomen	1	—	2	—	—	—	—	—	2	5
Periph'al Glands	2	6	5	5	1	1	—	3	—	23
Other Organs	—	—	—	—	—	1	—	—	1	2
Total ...	21	12	66	22	27	15	13	13	20	209

(b) **Non-Tubercular Cases.**

Lesion.	Alfreton.	Matlock.	Chesterfield.	Chinley.	Derby.	Heanor.	Long Eaton.	Shirebrook.	Swadlincote.	TOTAL.
Rickets	38	19	44	4	14	7	14	12	13	165
Scoliosis	13	13	22	4	8	2	19	10	16	107
Inf. Paralysis..	14	10	36	13	18	7	7	12	12	129
Spastic Para- plegia	7	2	10	3	12	7	5	5	6	57
Cong. Deformity	12	5	15	9	27	10	9	9	19	115
Unclassified ..	7	1	12	—	8	—	—	4	10	42
Others... ..	9	11	15	17	18	18	12	9	20	129
Total ...	100	61	154	50	105	51	66	61	96	744
Total Attend- ances	600	413	786	276	685	459	627	468	821	5135
No. of Plasters Applied ..	35	17	56	13	45	25	8	23	45	267

TABLE B. VI.

BRETBY HALL ORTHOPÆDIC HOSPITAL.

Comparative Statement of Costs.

Year ending March 31st.

	1930		1931		1932		1933		1934	
	Total Cost.	Cost per week per patient.	Total Cost.	Cost per week per patient.	Total Cost.	Cost per week per patient.	Total Cost.	Cost per week per patient.	Total Cost.	Cost per week per patient.
Average Daily No. of Patients	71.8		135.8		145.2		142.4		130.5	
do. Staff	29.4		50.4		60.8		60.9		56.4	
Salaries, and Wages	2,660	£ s. d. 14 3	4,146	£ s. d. 0 11 9	5,335	£ s. d. 14 2	5,434	£ s. d. 14 8	5,335	£ s. d. 15 8
Provisions	1,949	10 5	3,216	0 9 1	3,182	8 5	3,047	8 2½	2,923	8 7
Drugs and Medical Appliances...	377	2 1	885	0 2 6	695	1 10	654	1 9	667	2 0
Fuel, Light and Water	802	4 3	983	0 2 9	1,001	2 8	1,439	3 10½	1,204	3 6
Domestic and Laundry	700	3 9	564	0 1 7	943	2 6	755	2 0	622	1 10
Renewals and Repairs	1,133	6 0	1,605	0 4 6	1,803	4 9	1,968	5 4	1,512	4 5
Miscellaneous	288	1 6	378	0 1 1	358	0 11	290	0 9	282	10
Rates, Taxes and Insurance	284	1 6	304	0 0 10	377	1 0	382	1 0	463	1 4
Loan Repayment and Interest	2,672	14 3	3,322	0 9 4	3,429	9 1	3,460	9 4	3,874	11 5
Gross Totals	10,865	2 18 0	15,403	2 3 5	17,123	2 5 4	17,429	2 6 11	16,882	2 9 7
Deduct Rents, etc.	314	1 8	480	0 1 4	450	1 2	487	1 3	608	1 9
Nett Totals	10,551	2 16 4	14,923	2 2 1	16,673	2 4 2	16,942	2 5 8	16,274	2 7 10
Food per person per week		7/4		6/8		5/11		5/9		6/2

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. B. S. Nicholson, the Tuberculosis Officer for the Chesterfield area.

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

TABLE P.I.

Patients in the Pavilion on the 1st January, 1933	...	9
Admissions	... ..	38
Discharges	... ..	34
Patients in the Pavilion on the 31st December, 1933		13
Condition of patients on discharge :—		
Quiescent	... ..	5
Not quiescent	... ..	20
Died in the Institution	... ..	9
		—
		34
		—

14 beds are provided in the Pavilion and 4 additional shelter beds are available for use when necessary and when climatic conditions permit. During the year it was found necessary to use only 2 of the shelter beds and these were available from May to September. The daily average number of beds available was, therefore, 15, and the average number of beds occupied was 12 or 81 per cent. of the full capacity. The average duration of stay of the 34 patients discharged or who died was 122·5 days, and the average gain in weight of the patients who were improved as a result of treatment in the Institution was 9 lbs.

Dr. Nicholson reports that there have been considerable improvements in the grounds of the Pavilion.

The cost per patient per day for the year ended March 31st, 1934, was 6s. 1d.

WHITWORTH HOSPITAL.

At this Hospital there is a self-contained block of six beds, which is leased by the County Council from the Trustees of the Hospital for the treatment of male pulmonary cases of the "hospital" type. Dr. P. Heffernan, the Tuberculosis Officer for the North-Western area of the County, is in clinical charge.

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

TABLE W.I.

Patients in the Hospital on January 1st, 1933	...	6
Admissions	... ..	15
Discharges	... ..	15
Patients in the Hospital on December 31st, 1933	...	6
Condition of patients on discharge :		
Improved	... ..	7
No material improvement	... ..	5
Died in the Institution	... ..	3

As a result of treatment in the Hospital, the working capacity of 4 patients was restored.

The average duration of stay of the 15 patients discharged during the year was 158 days and the average number of beds occupied was 5·7 or 94·6 per cent. of the full capacity. The cost per patient per day for the year ended March 31st, 1934, was 7s. 3d.

OTHER INSTITUTIONS.

With the institutional accommodation now provided by the County Council for the treatment of tuberculosis, only in exceptional cases is it necessary to admit patients to institutions not belonging to the Council.

Four such cases were admitted to outside institutions during the year ; two were bone and joint cases, one was a pulmonary case with advanced disease, and one was a case of ileum and mesenteric glands.

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

Patients in the Institutions on January 1st, 1933	...	Nil
Admissions	... ..	4
Discharges	... ..	3
Patients in Institutions on December 31st, 1934	...	1
Condition of patients on discharge :—		
Improved	... ..	1
No material improvement	... ..	1
Died in the Institution	... ..	1

POOR LAW INSTITUTIONS.

The number of beds available, on December 31st, 1933, in Poor Law Institutions belonging to the County Council for the treatment of tuberculosis is given in Table T.II, and the following return shows the number of persons suffering from tuberculosis who were treated in these Institutions during the year, and who were chargeable to the County Council.

TABLE T.V.

RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT PROVIDED DURING THE YEAR IN POOR LAW INSTITUTIONS FOR PERSONS CHARGEABLE TO THE COUNCIL.

		In Institu- tions on Jan. 1st.	Admitted during the year.	Discharged during the year.	Died in the Institu- tions.	In Institu- tions on Dec. 31st.
Number of patients suffering from pul- monary tuberculosis admitted for treatment.	Adult males	2	11	2	7	4
	Adult females	4	5	3	3	3
	Children	1	—	—	—	1
	Total	7	16	5	10	8
Number of patients suffering from non- pulmonary tuberculosis admitted for treatment.	Adult males	6	2	4	1	3
	Adult females	1	1	—	—	2
	Children	1	4	—	5	—
	Total	8	7	4	6	5
GRAND TOTAL	... ..	15	23	9	16	13

Treatment of Lupus.—Three new cases were reported to me for treatment during the year, two of which were provided with treatment in the Derbyshire Royal Infirmary and the third in the Manchester and Salford Hospital for Skin Diseases. In addition to these, treatment for four old cases was continued in the Derbyshire Royal Infirmary.

The following table shows the location of the disease of the patients concerned, treatment given, and the results of the treatment :—

<i>Location of Disease.</i>	<i>Treatment given.</i>	<i>Result of Treatment.</i>
Face.	Diathermy, 1932. Kromayer Lamp, 1933.	Good, treatment dis- continued on account of pregnancy.
Face, right arm and left heel.	Kromayer lamp. Disease too extensive for diathermy.	Face healed.
Left hand.	Kromayer lamp, Diathermy and Ultra- violet rays.	Improving considerably.
Right cheek.	Diathermy and C.O.2 Snow.	Improving.
Right knee.	Mercury vapour lamp.	Still under treatment.
Right buttock.	Diathermy.	Awaiting result.
Nose.	Kromayer lamp, Ultra- violet lamp and C.O.2 Snow.	Excellent.

NEW CASES AND MORTALITY DURING 1933.

The following table gives particulars of new cases of Tuberculosis and of deaths from the disease amongst all cases occurring during the year.

TABLE T.VI.

Age periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— ...	—	—	4	7	—	1	4	5
1— ...	3	1	19	13	1	—	9	6
5— ...	14	11	43	48	2	—	9	10
15— ...	51	51	12	15	38	30	4	6
25— ...	49	59	13	4	30	39	6	1
35— ...	34	20	2	5	29	11	—	1
45— ...	30	16	1	2	26	13	2	1
55— ...	29	10	1	3	20	9	—	1
65 and upwards	5	3	1	1	4	5	—	1
Totals ...	215	171	96	98	150	108	34	32
Total—all cases ...	580				324			

NOTIFICATION OF TUBERCULOSIS.

During the year there were 513 primary notifications of all forms of Tuberculosis, and a further 67 new cases came to my knowledge otherwise than by notification, making a total of 580—386 being pulmonary and 194 being non-pulmonary. This is the lowest number of new cases reported in any one year since the inception of compulsory notification; the numbers of new cases reported each year since 1915 are given in Table T. Details of the age groups of the new cases notified and cases coming to my knowledge otherwise than by notification are given in Table T. The case rate per 1,000 of population for the year was 0.93.

DEATHS FROM TUBERCULOSIS.

There has been a slight decrease in the number of deaths from tuberculosis during the year, the number recorded by the Registrar General being 324 as compared with 348 during 1932. As against the 324 recorded by the Registrar General, 331 deaths of persons suffering from tuberculosis came to my knowledge during the year, but it should be borne in mind that tuberculosis may not have

been the cause of death in all these cases. The following Table shows the source of information from which the 331 deaths were received, the number of which were notified under the Public Health (Tuberculosis) Regulations and the percentage so notified.

<i>Source of information.</i>	<i>Number of Deaths.</i>	<i>Number Notified before death</i>	<i>Percentage notified before death</i>
Local Registrars	224	185	82·59
Further deaths recorded on the Quarterly Summaries furnished under the Public Health (Tuberculosis) Regulations, 1934, by the Local Medical Officers	80	70	87·5
Transferable Deaths reported by Registrar General ...	27	9	33·33
Total ...	331	264	79·75

The following table shows the period which elapsed between the date of receipt of the notifications and the date of death :—

TABLE T.VII.

	Number of deaths reported in 1933.	Percentages
Cases not notified	41	12·39
Notified after death	26	7·86
Notified less than 1 week before death ...	19	5·74
1— 2 weeks before death ...	6	1·81
2— 3 weeks before death ...	5	1·51
3— 4 weeks before death ...	5	1·51
1— 2 months before death ...	25	7·55
2— 3 " " " ...	14	4·23
3—12 " " " ...	52	15·71
Over 1 year " " ...	138	41·69
	331	100·00

There was a considerable increase in the number of deaths from Tuberculosis of persons who had not been notified—41, or 12·39%, of the total deaths from Tuberculosis, as compared with 28, or 7·80%, in the previous year. This was to some extent due to an increase in the number of transferable deaths reported to me by the Registrar General—15 in 1933, as against 10 in 1932. Five deaths were given on the quarterly summaries received from the District Medical Officers. It was impracticable to enquire into the reasons for non-notification in these 20 cases.

21 of the 41 deaths of cases not notified were received from the Local Registrars, as against 14 in 1932. Enquiries were made as to why notification had not been made in these cases, and the information given below was elicited.

The main increase in the figure mentioned above occurred amongst those cases who had been attended by more than one doctor, and the second doctor was under the impression that notification had already been made. Under the Public Health (Tuberculosis) Regulations, 1930, it is obligatory for a medical practitioner to notify any person whom he discovers as suffering from Tuberculosis, unless he has reasonable cause for believing that the case has already been notified. If a medical practitioner has any doubt whatever as to whether notification has been made, it is desirable that he should notify, as the system of record keeping in the central office will reveal any duplication.

	<i>Pulmonary.</i>	<i>Non-Pulmonary.</i>	<i>Total.</i>
Complicated cases presenting difficult diagnosis (including meningitis cases) ...	1	7	8
Attended by more than one doctor. Thought to have been notified by doctor first attending	5	1	6
Doctor not called in until shortly before death ...	3	—	3
Disease discovered after post-mortem	1	2	3
Not notified for "psychological" reasons	1	—	1
	11	10	21

Notification should not be withheld for psychological reasons. There is no need for patients to know that they have been notified, as the Public Health Service of the County Council have undertaken not to take any action through its officers in the way of visits, etc., if the doctor when notifying expresses a wish to that effect. This undertaking on the part of the Public Health Service, of course, is given only on the clear understanding that the doctor will take all necessary steps to prevent the spread of infection and all such action as the Public Health Service usually take in this connection.

TABLE T. VIII.

NOTIFICATIONS AND DEATHS.*

Year.	Notifications.		Deaths.	
	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	805	1,082	345	454
1924	829	1,167	359	476
1925	790	1,057	364	481
1926	719	1,092	337	467
1927	602	943	323	439
1928	643	947	321	452
1929	563	843	340	442
1930	525	816	265	368
1931	511	763	258	336
1932	424	645	273	348
1933	386	580	258	324

*(Registrar General's figures).

†The figures for 1923 and subsequent years include fresh cases coming to the knowledge of the Medical Officer of Health otherwise than by notification.

The Death Rates per 1,000 of population from pulmonary and other forms of tuberculosis since 1891, for Derbyshire and all England and Wales, are as follows:—

TABLE T. IX.

Years.	PULMONARY.		NON-PULMONARY.		TOTAL.	
	Derbyshire.	England & Wales	Derbyshire.	England & Wales	Derbyshire.	England & Wales
1891-1900	1.08	1.37	—	—	—	—
1901-1910	.81	1.16	.49	.49	1.30	1.65
1911-1920	.71	1.07	.32	.35	1.03	1.42
1921-1930	.54	.81	.19	.20	.73	1.01
1931	.42	.74	.12	.15	.54	.89
1932	.44	.68	.12	.15	.56	.83
1933	.41	—	.11	—	.52	—

The following table shows the number of persons suffering from tuberculosis on the registers of the district Medical Officers of Health on 31st December of each year shown. Reference has already been made to this Table under the heading of Dispensary Statistics.

TABLE T. X.

Year.	PULMONARY.			NON-PULMONARY.			TOTAL
	Males.	Females.	Total.	Males.	Females.	Total.	
1928	1519	1260	2779	691	614	1305	4084
1929	1498	1283	2781	744	632	1376	4157
1930	1380	1238	2618	720	628	1348	3966
1931	1296	1172	2468	660	600	1260	3728
1932	1164	1055	2219	682	577	1259	3478
1933	1054	928	1982	571	504	1075	3057

HOUSING.

The following table shows the housing conditions of the patients on the lists of the Health Visitors, giving the 1933 cases and the old cases separately. It will be seen that there has been a considerable improvement in the sleeping accommodation amongst the most important class of case, viz., the infectious pulmonary case, presumably as a result of visiting by the Tuberculosis Officers and Health Visitors.

TABLE T. XI.
SLEEPING ARRANGEMENTS FOR TUBERCULOSIS PATIENTS.

	Cases visited for first time during 1933				Old Cases			
	Number			Percent- age	Number			Percent- age
	Under 15	Over 15	Total		Under 15	Over 15	Total	
1. Pulmonary cases considered In- fectious, Patients having :—								
(a) Separate Bedroom	1	73	74	44.05	10	356	366	62.46
(b) Separate bed, but room shared	—	14	14	8.33	5	87	92	15.70
(c) Bed shared with another person	2	78	80	47.62	9	119	128	21.84
TOTAL	3	165	168	100.00	24	562	586	100.00
2. Pulmonary Cases considered non- infectious :—								
(a) Separate Bedroom	5	34	39	45.88	44	151	195	40.88
(b) Separate bed, but room shared	7	5	12	14.12	43	74	117	24.53
(c) Bed shared with another person	5	29	34	40.00	28	137	165	34.59
TOTAL	17	68	85	100.00	115	362	477	100.00
3. Non-pulmonary cases :—								
(a) Separate Bedroom	19	16	35	24.48	86	138	224	36.72
(b) Separate bed but room shared	45	7	52	36.37	126	48	174	28.53
(c) Bed shared with another person	33	23	56	39.15	100	112	212	34.75
TOTAL	97	46	143	100.00	312	298	610	100.00
GRAND TOTAL	117	279	396	—	451	1,222	1,673	—

PUBLIC HEALTH (PREVENTION OF TUBERCULOSIS)
REGULATIONS, 1925.

No action was taken under these regulations during the year.

The case of a farm labourer who was suffering from tuberculosis, and who may have been engaged in the milk trade, came to my knowledge. After a course of sanatorium treatment his sputum became negative, and subsequently he ceased to be employed as a farm labourer. No action, therefore, was necessary.

A further patient—a female—who was reported to me in 1932, was given a period of sanatorium treatment, and on her discharge, during 1933, was not well enough to undertake any work in connection with the milk trade.

PUBLIC HEALTH ACT, 1925 (SECTION 62).

Two males and one female patients who were suffering from advanced pulmonary tuberculosis, and who were in an infectious state, were referred to me with a view to action being taken to secure their compulsory removal to an institution.

In the first case—a man who had recently discharged himself from a Public Assistance Hospital—when the Tuberculosis Officer examined the patient he was of opinion that he was not well enough to undertake the journey from the home to an institution ; in fact, the patient died within a few days of being seen by the Tuberculosis Officer.

In the second case, the patient refused a bed in a Public Assistance Institution, but ultimately the man was persuaded to accept a bed in the Barwise Ward at Walton. He died there a week after admission.

The third case—a female—at first refused to be admitted to an institution, but when she was actually offered a bed in Penmore she accepted it, and remained there for nearly three months.

No legal action was, therefore, necessary in these cases.

AFTER-CARE.

There are five After-Care Committees functioning in the County, viz., Chesterfield Borough, Glossop Borough, Ilkeston Borough, Long Eaton, and Ripley. Three of these Committees administer, on behalf of the County Council, the scheme for the provision of extra nourishment in their areas. Apart from this, the work of these Committees is purely of a voluntary nature—they raise money locally for the assistance of necessitous cases.

OTHER SERVICES.

Arrangements for the home visiting of tuberculous patients by the County Health Visitors, the provision of shelters, the granting of extra nourishment and the home nursing of bed-ridden cases of tuberculosis by District Nurses have been described in previous reports. The work done under these services is tabulated below :—

Homes visited by Health Visitors—

Dispensary Cases	...	...	6,303
Other Cases	...	...	1,813
			<hr/>
Total	...	...	8,116
			<hr/>

Shelters.

Number sold during the year	...	...	12
Number in use at the end of the year	...	...	61
Number in store at the end of the year	...	...	20
Sets of bed and bedding supplied	...	...	18
Shelters supplied but not in use	...	...	21
Shelters available for use at Institutions	...	...	14

Extra Nourishment.

Number of patients to whom milk was granted...	135
Cost for financial year ended March 31st, 1934...	£521

Nursing of Bed-ridden Cases.

Number referred to District Nurses	...	...	7
Number of visits paid by District Nurses	...	...	218

X-Rays.

The following Table gives details of the X-Ray work done at the Council's Institutions and Dispensaries:—

<i>Dispensary Area.</i>				<i>No. of Patients.</i>
Ashbourne	...	...	...	19
Burton	...	...	...	19
Chesterfield	...	...	...	410
Chinley	...	...	...	102
Derby	...	...	...	205
Glossop	...	...	...	26
Ilkeston	...	...	...	68
Long Eaton	...	...	...	24
Matlock	...	...	...	52
				925
Derbyshire Sanatorium	...	...	...	1,511
Bretby Hall Orthopædic Hospital	...	...	...	583
				3,019
			Total	...

**SILICOSIS AND ASBESTOSIS (MEDICAL ARRANGEMENTS)
SCHEME, 1931.**

The County Council, at the request of the Home Office, allow their Tuberculosis Officers to carry out initial medical examinations of new employees in industries which come within the provisions of this scheme. During the year, 10 persons were examined and were found to be fit for employment. Two of the workers examined were employees in the Refractories Industries and 8 in the Sandstone Industry.

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. XII.

	<i>Pos.</i>	<i>Neg.</i>	<i>Total.</i>
From Medical Practitioners ...	123	796	919
From Dispensaries and Sanatoria	266	914	1,180
From Hospitals	—	4	4
Total	389	1,714	2,103

Specimens examined by the Ellerman and Erlandsen method.

Up to 10 years		11—20		21 & over		Totals	
<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
—	77	15	225	33	545	48	847

BLIND PERSONS ACT, 1920.

At the end of 1933 there were 857 Blind Persons (453 males and 404 females) on the Register. Of these, 412 were in receipt of County relief at a total cost of £10,108 per annum. The average amount of relief per case was 9s. 5d. per week.

The arrangements made in 1931 for the domiciliary medical relief of necessitous blind persons were continued during the year 1933.

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 1932 are shown in the following table :—

TABLE XXXIX.

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
A.—NUMBER OF CASES “ SUBJECT TO BE DEALT WITH ” :—			
1. Under “ Order ” :—			
(a) (1) In Institutions (excluding cases on Licence) ...	53	152	205
(2) On Licence from Institutions	5	4	9
(b) (1) Under Guardianship (ex- cluding cases on Licence)	2	8	10
(2) On Licence from Guardian- ship	—	—	—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
2. In " places of safety "	—	—	—
3. Under Statutory Supervision of whom :—	225	165	390
(a) Attending Occupation Centres	—	—	—
(b) Awaiting removal to an Institution	48	21	69
4. Action not yet taken under any one of the above headings—			
(a) Notified by Local Education Authorities, Sec. 2(2)	2	—	2
(b) Mental Defectives in receipt of Poor Law Relief :—			
(1) Indoor Relief	54	79	133
(2) Outdoor Relief	71	104	175
(c) Otherwise " ascertained "	3	5	8

B.—NUMBER OF CASES WHO MAY BECOME
" SUBJECT TO BE DEALT WITH " :—

1. In Institutions or under Guardian- ship dealt with under Sec. 3 :—			
(a) In regard to whom the Local Authority contributes un- der its permissive powers	—	4	4
(b) Maintained wholly by parents, relatives or others	6	2	8
2. Reported to the Local Authority from any reliable source but as to whom no action has been taken	232	216	448
3. Under Voluntary Supervision (Supervised by Health Visitors).			
Of whom, attending Occupa- tion Centres	—	—	—

TABLE XL.
**SUMMARY OF WORK DONE BY HEALTH VISITORS
 DURING 1933.**

1. MATERNITY AND CHILD WELFARE.

(a) *Ante-Natal*—

Number of Sessions	353
--------------------	-----	-----	-----	-----

Attendances:

Ante-Natal	4,745
------------	-----	-----	-----	-------

Post-Natal	70
------------	-----	-----	-----	----

				4,815
--	--	--	--	-------

Visits to homes—

First visits	1,267
--------------	-----	-----	-----	-------

Subsequent visits	1,049
-------------------	-----	-----	-----	-------

				2,316
--	--	--	--	-------

(b) *Infant Welfare*—

First visits to infants	8,092
-------------------------	-----	-----	-----	-------

Other visits (under 1 year)	30,826
-----------------------------	-----	-----	-----	--------

Visits to children 1—5 years	54,218
------------------------------	-----	-----	-----	--------

				93,136
--	--	--	--	--------

(c) *Attendances at Infant Welfare Centres*—

Number of Sessions	1,898
--------------------	-----	-----	-----	-------

Expectant mothers (at Centres)				418
--------------------------------	--	--	--	-----

Infants under 1 year	36,731
----------------------	-----	-----	-----	--------

Children over 1 year	31,776
----------------------	-----	-----	-----	--------

				68,925
--	--	--	--	--------

2. TUBERCULOSIS—

No. of Dispensary sessions attended	818
-------------------------------------	-----	-----	-----	-----

No. of visits to homes	8,116
------------------------	-----	-----	-----	-------

3. SCHOOL MEDICAL INSPECTION—

Number of Inspections:—

Elementary	36,484
------------	-----	-----	-----	--------

Secondary	2,339
-----------	-----	-----	-----	-------

Verminous conditions	143,762
----------------------	-----	-----	-----	---------

Other Inspections	19,231
-------------------	-----	-----	-----	--------

Home visits to school children	11,111
--------------------------------	-----	-----	-----	--------

				212,917
--	--	--	--	---------

Clinic sessions attended—

Tonsil and Adenoid operations ...	292	
Ear	263	
Eye	451	
Dental anæsthetic	109	
	—	1,115
4. MENTAL DEFICIENCY—		
Visit to homes	2,47	
5. BLIND PERSONS ACT—		
Visit to homes	53	
6. Infant Life Protection Visits	468	
7. Boarding-out Visits	935	
8. Miscellaneous Visits	1,547	

DERBYSHIRE EDUCATION COMMITTEE.

REPORT

OF THE

School Medical Officer

ON THE

Medical Inspection of School Children

FOR THE

Year ended 31st December, 1933.

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

TABLE OF CONTENTS.

	PAGE
Bacteriological Examinations	42
Blind, Deaf, Defective and Epileptic Children	38
Bretby Hall Orthopædic Hospital	20
Camp for Debilitated School Children	37
Child Guidance	43
Children Inspected (Elementary Schools)	48
Do. (Secondary Schools)	48
Children in Hospital	20
Co-operation of Parents	37
Do. School Attendance Officers	37
Do. Teachers	37
Do. Voluntary Bodies	38
Co-ordination with other Services	7
Crippling Defects	18
Defects Found (Elementary Schools)	49
Do. (Secondary Schools)	51
Dental Defects	17
Diphtheria Immunisation Clinic	22
Ear Diseases	17
Ear, Nose and Throat Diseases	12
Employment of Children and Young Persons	41
Eye Diseases	15
Exclusions	26
Following-up	28
Health Education	43
Heart Disease and Rheumatism	20
Infectious Diseases	24
Ionisation	17
Malnutrition and Provision of Meals	28
Meals, Provision of	28
Medical Inspection, Extent of	8
Do. Findings at	9
Minor Ailments	9
Nursing Service	42
Open-Air Schools	28
Operations Performed	11-12
Ophthalmic Surgeon's Report	16
Physical Training	31
Pupil Teacher Candidates, Examination of	28
Rheumatism and Heart Disease	20
Schools, Number of and Enrolment at	7
Do. Secondary	40
Do. Closure of	24
School Clinics	21

TABLE OF CONTENTS—continued.

	PAGE
School Hygiene	7
Special Visits to Schools	27
Skin Diseases	14
Staff, School Medical	4
Surgical Appliances Fund	41
Tonsils and Adenoids	9
Tuberculosis	13
Uncleanliness	9
Vaccination	22
Verminous Conditions	59
Vision, Defective	15

TABLES.

A.	Sanitary Condition of Schools	8
B.	Work done at Schools by County Architect's Dept. ...	8
C.	Tonsil and Adenoids. Cases referred for Treatment	11
D.	Do. Number found Defective ...	11
E.	Do. Operations	11
F.	Ear, Nose and Throat Cases examined ...	12
G.	Tonsil and Adenoids. Operations at Clinics ...	12
H.	Tuberculosis Notifications	13
J.	Eye Diseases, Work of Ophthalmic Department ...	15
K.	Refraction and Treatment at Eye Clinics	17
L.	Crippling Defects	19
M.	Children in Bretby during the year	20
N.	Vaccination	23
O.	School Closure	25
P.	Children temporarily excluded from School	26
Q.	Children permanently excluded from School	27
I.A.	Children Inspected, Routine Examinations	48
I.B.	Do. Other Examinations	48
I.(a)A.	Secondary Schools, Routine Inspections	48
I.(a)B.	Do. Special Inspections	48
I.(a)C.	Do. Re-inspections	48
II.A.	Defects found, Elementary Schools	49
II.A. (Contd.)	Do. Secondary Schools	51
II.B.	Children requiring Treatment	50
III.	Exceptional Children	53
III (Contd.)	„ „ Suffering from Multiple Defects	55
III.A.	Number of Children notified to Mental Deficiency Authority	55
IV. (1)	Minor Ailments Treated	56
IV. (2)	Defective Vision, Cases Treated	57
IV. (3)	Treatment of Defects of Nose and Throat	58
IV. (4)	Orthopaedic and Postural Defects	58
IV. (5)	Dental Defects	59
V. (6)	Uncleanliness and Verminous Conditions	59

SCHOOL MEDICAL STAFF.

COUNTY SCHOOL MEDICAL OFFICER—

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

DEPUTY SCHOOL MEDICAL OFFICER—

R. N. CURNOW, M.B., B.S., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS—

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

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

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

A. MACMILLAN, M.B., Ch.B., D.P.H. (resigned 31/1/33).

ETHEL W. MORRIS, M.R.C.S., L.R.C.P., D.P.H.

W. J. PIERCE, M.B., Ch.B., D.P.H.

H. N. POPHAM, M.B., B.S.

J. V. WALKER, M.B., Ch.B., M.R.C.P. (appointed 20/2/33).

Also 7 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—

G. A. Q. LENNANE, M.B., B.Ch.

SENIOR DENTAL OFFICER—

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

DENTAL OFFICERS—

CHRISTINE B. CALDER, L.D.S. (resigned 28/2/33).

JOSEPHINE DOLAN.

ELIZABETH GRANT, L.D.S.

FLORA GRANT, L.D.S.

CICELY JEFFERSON, L.D.S.

MOLLY LLEWELLYN, L.D.S. (appointed 1/3/33).

M. LEWIS, L.D.S. (resigned 30/9/33).

C. L. NOBLE, L.D.S.

J. L. THOMAS, L.D.S. (appointed 30/10/33).

DORIS M. THOMSON, L.D.S.

Also 6 Dental Attendants and 3 Dental Clerks.

ORTHOPÆDIC NURSES—

Miss M. E. GARRATT, C.S.M. & M.G.

Miss E. TAYLOR.

SCHOOL NURSES—

53 School Nurses are employed.

CLERICAL STAFF—

7 Clerks.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER, 1933.

To the Chairman and Members of the Derbyshire Education Committee.

LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the School Medical Service in Derbyshire for the year 1933.

Generally the arrangement of the Report is as in previous years, but on the grounds of economy I have limited it as far as possible to essentials.

The work of the medical service has continued on the lines described in my previous reports. I would particularly draw your attention to the comparative preponderance of conservative dentistry practised by the dental staff in this County, and to the great reduction in the number of operations done for the removal of tonsils and adenoids. All I said two years ago, when I first drew attention to the tonsil question, has been amply justified. During these two years there has appeared an overwhelming expression of opinion on the part of the medical profession, whether physicians, surgeons or aural surgeons, against operation for enlarged tonsils. So generally is it agreed to-day that enlargement of the tonsils is no indication for their removal, still less for the removal of tonsils and adenoids, that, it will be noted, the official report of the Board of Education no longer speaks of operations for enlarged tonsils. It is agreed by all competent authorities that, with few exceptions, the only indication for the removal of tonsils is chronic tonsillitis, giving rise to persistently recurring sore throats, which have failed to re-act to non-operative (conservative) treatment. Not until those conditions have been fulfilled is the operation of tonsillectomy justified.

In conclusion, I would like to express my thanks to the Committee for their very real interest in the work of the School Medical

Service, and for their continued help, advice and support. I would like to make special reference to the friendly co-operation which existed between myself and Mr. Feek, until recently Director of Education—I think it would be impossible to imagine smoother working. I would also like to thank Mr. Briggs, the present Director, for his interest in the work and the help which he is giving me. Finally, I would like to express my indebtedness to my Deputy, Dr. Curnow, who has been largely responsible for the compilation of this report.

I have the honour to be,

Your obedient Servant,

W. M. ASH,

School Medical Officer.

*New County Offices,
St. Mary's Gate,
Derby.
March, 1934.*

SECTION I.

NUMBER OF SCHOOLS AND ENROLMENTS.

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

The schools and enrolments are as follows :—

	<i>Schools.</i>	<i>Enrolments.</i>
Urban Districts ...	95	28,474
Rural Districts ...	282	47,055
	377	75,529

New Schools.

No new permanent elementary schools have been completed during the year.

Nursery Schools. The Education Committee has provided no Nursery Schools in the County area.

CO-ORDINATION.

Co-ordination between the various medical services in the County continues on the lines indicated in previous reports.

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 schools in his area, makes a survey of the premises and reports on any defects found. During the year 486 departments

were inspected, and details of the conditions found are given in Table A below :—

TABLE A.

	Good.	Insufficient.	Defective and needs attention.
Cleanliness	485	1	—
Heating	477	3	6
Lighting	473	13	—
Ventilation	474	4	8
Water Supply	472	12	2
Washing Arrangements	467	16	3
Cloak Room Arrangements	477	6	3
Sanitary Arrangements	455	7	24
Playgrounds	454	2	30
Buildings	475	—	11

The serious defects in the sanitary condition of any department are at once referred to the County Architect. The following Table (Table B) shows the work done by the County Architect during the last five years, part of which was undertaken as a result of the reports of the medical inspectors :—

TABLE B.

TYPE OF WORK.	1929.	1930.	1931.	1932.	1933.	Total.
Improvements to heating apparatus	18	61	75	46	22	222
Heating improved by stoves, etc. ...	4	12	17	14	12	59
Conveniences converted	9	2	2	15	9	37
Drainage improved	6	14	16	14	9	59
Ventilation improved	7	12	22	22	6	69
Electric light installed	17	12	14	13	25	81
New floors	10	28	34	32	24	128
Supplied with Cookery Centre ...	2	1	1	—	—	4
Supplied with Manual Rooms ...	3	—	—	—	1	4
General repairs carried out	232	275	124	405	593	1,629

Medical Inspection.—The work of medical inspection is continued in the manner described in previous reports, and set out in detail in the Report of 1930. In addition, the School Nurse visits each school from time to time to examine the children for personal cleanliness and verminous conditions. During 1933, each school received on an average 4·7 such visits.

(a) **The Age Groups** inspected were those prescribed by the Board of Education (Special Services) Regulations, 1925. Statistical particulars are given in Table I. appended to this Report.

(b) **Extent to which the Board's Schedule of Medical Inspection has been followed** :—All inspection has been carried out in accordance with the Schedule of Medical Inspection of the Board of Education.

FINDINGS OF MEDICAL INSPECTION AND MEDICAL TREATMENT.

Appended to this Report will be found the Tables prescribed by the Board of Education shewing defects found at Medical Inspections during 1933 (Table II., Section A.); number of children found to require treatment (Table II., Section B.); whilst Group IV. of Table IV. shows the dental defects found, and Group V. of Table IV. relates to uncleanliness and verminous conditions.

Malnutrition is discussed in the Section relating to the Provision of Meals. Particular attention has been paid during the year at Routine Medical Inspections to the Special Examination of children believed by the Head Teachers to be suffering from malnutrition. In cases where the diagnosis is confirmed, appropriate action has already been taken under the scheme for the provision of milk to school children. During the year, 404 children were found to be suffering from malnutrition at routine medical inspection; of these, 86 were found to require treatment.

(a) **Uncleanliness.** During the year, 143,762 inspections and re-inspections for this condition were made—60,408 of boys and 83,354 of girls. 1,942 individual children were found to be verminous; of these, 172 were boys and 1,770 were girls. 0·44% of boys were verminous and 4·80% of girls.

(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 3,928 minor ailments treated. Of these, 3,302 were treated under the Authority's scheme, and 626 otherwise.

(c) **Tonsils and Adenoids.** During the year, 4,455 children were found with enlarged tonsils and adenoids, 756 of them being referred for treatment. 361 cases of enlarged tonsils or adenoids were operated on by the Aural Surgeon, 162 received their operations elsewhere, making a total of 523 for the year.

The significant change of title of this section in the Board's Statistical Tables from "Enlarged Tonsils" to "Chronic Tonsillitis" occurred too late for figures as to the incidence of chronic tonsillitis to be collected for 1933.

It will be noted that the number of operations performed for the removal of tonsils and adenoids has again fallen very considerably. The policy of conservative treatment described in my previous reports has been amply justified by its results and endorsed by leading authorities throughout the country. It is now generally admitted that enlargement of the tonsils is no indication for their removal in the absence of chronic intractable tonsillitis as evidenced by frequently recurring sore throats. A large number of children who would previously have been referred for immediate operation have recovered or considerably improved without it, while there is no evidence to shew that those who have eventually required the

operation have suffered in any way as a result of a period of conservative treatment.

So-called associated conditions which have in the past been considered primary indications for the operation are now only taken into account after the decision has been reached on the points described below. Some of them have even been shewn to be worse after the operation, *e.g.*, the dangers of tonsillectomy in children suffering from sub-acute rheumatism are well known, while attacks of bronchitis, laryngitis and pneumonia occur quite as frequently after the operation as they do before. The decision on the advisability of operation must be founded on the presence of chronic intractable tonsillitis irrespective of any of these so-called associated conditions.

In a series of 750 cases treated by conservative methods, only 301 have so far been referred for operation. These results have been obtained despite the worst possible conditions; in areas where the disadvantages of rural conditions do not exist and supervision during the period of conservative treatment is not made difficult by the distances patients have to travel, still better results could be obtained.

No child is advised by a member of the County staff to undergo this operation if it can possibly be avoided. Those who refuse the preliminary dental treatment automatically disqualify themselves from operative treatment of the tonsils under the County scheme, for it is impossible to justify the removal of tonsils behind dental sepsis. The pain, suffering and danger necessarily associated with the operation can be justified in each individual case referred for operation under the present system, which requires the following essentials to be fulfilled before any such recommendation is made :—

1. Evidence that a period of at least six months conservative treatment, including dental treatment, has been properly carried out.
2. Evidence that the child is suffering from chronic tonsillitis, as shewn by frequent attacks of sore throat.
3. Evidence that in spite of careful conservative treatment the condition has failed to improve.
4. Evidence that the recurrent tonsillitis is doing or is likely to do harm to the child.
5. Consideration of environmental factors which may be responsible for the chronic attacks of sore throat.

Negotiations with voluntary hospitals are proceeding, in order to arrange for all operations to be carried out at hospitals where children can be retained at least one night after the operation. In the North-West of the County, arrangements have already been made with Ancoats Hospital, Manchester, and the Chinley Operating Clinic has therefore been closed. Elsewhere, the operating clinics

have been closed for the winter months, and it is hoped that arrangements with the voluntary hospitals will be completed in the near future.

TABLE C.

TONSILS AND ADENOIDS REFERRED FOR TREATMENT.

(Incidence per 1,000 Routine Inspections.)

		<i>Derbyshire.</i>	<i>England and Wales.</i>
1927	...	113·8	60·9
1928	...	118·7	63·0
1929	...	143·7	66·8
1930	...	140·2	66·5
1931	...	83·1	64·6
1932	...	16·2	—
1933	...	17·9	—

TABLE D.

			<i>Total No. found Defective.</i>	
			<i>Referred for Treatment.</i>	<i>Referred for Observation.</i>
1928	...	...	3,724	1,986
1929	...	...	4,108	1,584
1930	...	...	4,336	1,862
1931	...	...	2,876	2,805
1932	...	...	588	3,472
1933	...	...	756	3,699

TABLE E.

RECEIVED OPERATIVE TREATMENT.

	<i>By the County Surgeon.</i>	<i>Total (including Hospital, etc.).</i>
1928	1,466	2,043
1929	1,716	2,240
1930	1,742	2,316
1931	1,970	2,626
1932	841	1,187
1933	361	523

TABLE F.
EAR, NOSE, AND THROAT CASES EXAMINED.

<i>Area.</i>	<i>New Cases.</i>	<i>Old Cases.</i>	<i>Re-examinations</i>
Ashbourne	90	79	22
Alfreton	161	279	76
Belper	69	237	7
Bretby Orthopædic Hospital...	10	40	11
Chinley	72	178	13
Clay Cross	23	335	4
Chesterfield	283	547	116
Derby	104	428	3
Heanor	77	180	7
Long Eaton	17	74	2
Matlock	59	153	10
Shirebrook	105	335	39
Swadlincote	86	218	28
Total	1,156	3,083	338

Total number of Examinations ... 4,577,
i.e., 4,397 Education Cases,
180 M. & C.W. Cases.

TABLE G.
OPERATIONS PERFORMED FOR ENLARGED TONSILS
AND ADENOIDS.

<i>Area.</i>	<i>Education. cases.</i>	<i>M. & C.W. cases.</i>	<i>Secondary School cases.</i>	<i>Others.</i>	<i>Totals.</i>
Alfreton ..	67	—	—	—	67
Ashbourne	19	—	—	2 Staffs.C.C.	21
Bretby ...	20	—	—	—	20
Chesterfield	123	6	3	—	132
Chinley ..	4	6 Buxton Borough Cases.	—	6 Buxton Borough Cases.	16
Derby ...	61	2	2	—	65
Shirebrook	47	2	—	—	49
Totals ..	341	16	5	8	370

POST OPERATIVE COMPLICATIONS.

Hæmorrhage	...	...	...	...	20
Cervical Adenitis	...	...	...	...	2
Acidosis	...	...	...	...	1
Pneumonia	...	...	...	...	1
Bronchitis	...	...	...	...	2
Chorea	...	...	...	...	1
Acute Otitis	...	...	...	...	2
Mastoiditis	...	...	...	...	1
Catarrhal Jaundice	...	...	...	...	1

(d) **Tuberculosis.** In the course of School Medical Inspection, cases of tuberculosis or suspected tuberculosis amongst children are referred to the Tuberculosis Department, where the necessary treatment is carried out.

PULMONARY				1933	1932
Definite	...	...	...	35	22
Suspected	...	...	...	42	43
NON-PULMONARY.					
Glands	...	...	...	85	84
Bones and Joints	...	...	...	27	28
Skin	...	...	...	6	4
Other forms	...	...	...	21	26

The following Table shews the notification of school children aged 5 to 15 for the past ten years :—

TABLE H.

Year.	PULMONARY.		NON-PULMONARY.		Total Notifications Ages 5—15
	M.	F.	M.	F.	
1924	65	58	82	63	268
1925	71	82	64	31	248
1926	63	43	78	52	236
1927	37	33	77	53	200
1928	33	39	59	62	193
1929	27	32	61	48	168
1930	23	22	54	52	151
1931	24	25	55	42	146
1932	10	25	45	32	112
1933	13	11	39	41	104

Assistant School Medical Officers in this County are instructed that as a general rule, before notifying school children as suffering from pulmonary tuberculosis, diagnosis should be confirmed by one of the Council's Tuberculosis Officers.

School children requiring institutional treatment for Pulmonary Tuberculosis are accommodated at the County Council's Sanatorium at Walton, where 20 beds are available for children. Cases of

surgical tuberculosis are accommodated at the County Council's Orthopædic Hospital, Bretby, where there are 55 beds allotted for children under 16 years of age suffering from non-pulmonary tuberculosis.

The number of children receiving treatment in the County Sanatorium during the year is shewn in the following tables :—

	Males.	Females.	Total.
Children in Sanatorium, 1st January, 1933	6	7	13
Admissions during 1933	6	8	14
Discharges during 1933	11	11	22
Children in Sanatorium, 31st December, 1933	1	4	5

Condition of patients on discharge :—

Condition.	Class T.B. Minus.	Group +I	Group +II.	Group +III.	Total.
Quiescent	10	—	1	—	11
Not Quiescent	5	1	2	2	10
Died in the Institution	—	—	—	—	—
Not Tuberculous	—	—	—	—	1
Doubtfully Tuberculous	—	—	—	—	—

Skin Diseases. *Ringworm of the Body.* At Routine Medical Inspection, 12 children were found to be suffering from ringworm of the body, and 11 cases were found otherwise, making a total of 23 cases. All these cases were treated at the school clinics.

Ringworm of the Scalp. During the year, 14 cases of ringworm of the scalp were found at routine medical inspection and 22 otherwise, making a total of 36 children discovered to be suffering from this disease, 33 of whom were treated under the Authority's scheme and 3 otherwise.

The Education Committee has two centres of its own for X-ray treatment of ringworm, one being at the County Offices, Derby, and the other at the County Council Clinic at Chesterfield. The work done at these clinics during the year is as follows :—

DERBY.	Total number of cases	...	...	2
	Number of ringworm cases treated satisfactorily by X-rays	...	...	2
CHESTERFIELD.	Total number of cases	...	...	8
	Number treated by X-rays	...	...	4
	Number treated by other means	...	...	4
	Consultations only	...	...	3

Scabies. 30 cases of scabies were discovered during the year at school medical inspection, 19 of whom were treated under the Authority's scheme.

Impetigo. During the year, 205 cases of Impetigo were found at School Medical Inspection, 445 being discovered otherwise, making a total of 650, of whom 644 were treated under the Authority's scheme, and 6 received their treatment elsewhere.

Other Skin Diseases. 329 cases were found at medical inspection to require treatment, 120 of whom were treated under the Authority's scheme.

(f) **External Eye Disease.** 251 cases of external eye diseases were discovered during the course of medical inspection. Of these, 150 were found to be suffering from blepharitis; 178 cases were referred for treatment. A considerable number of such cases are also referred to the Minor Ailment Clinics by the Teachers, Health Visitors, and Attendance Officers. 291 cases were treated under the Authority's scheme and 40 otherwise.

(g) **Vision.** In the course of routine medical inspection, 2,654 children were found to be suffering from defective vision, excluding squint, 1,547 of whom required treatment. 2,128 cases from all sources were referred for refraction, 1,975 of these being treated under the Authority's scheme.

The statistical details of the work of the Ophthalmic Department are given in Tables "J" and "K"; other statistics are given in Tables III. and IV. at the end of this report.

TABLE J.

No abnormality	...	...	...	...	...	167
Hypermetropia and hypermetropic astigmatism	...	...	...	...	...	1129
Myopia, myopic astigmatism and mixed astigmatism	...	...	...	...	...	721
Disturbances of muscle balance:—						
Squint, convergent	...	...	...	...	...	266
" divergent	...	...	...	...	...	22
Other disturbances of balance	...	...	...	...	...	11
Affections of the lids:—						
Blepharitis	...	...	...	...	...	29
Other affections of the lids	...	...	...	...	...	24
Affections of the Conjunctiva	...	...	...	...	...	42
Affections of the Cornea—Corneal Ulcers	...	...	...	...	...	7
Keratitis	...	...	...	...	...	7
Corneal Opacities	...	...	...	...	...	41
Other affections of the Cornea	...	...	...	...	...	6
" " Lachrymal apparatus	...	...	...	...	...	8
" " Iris	...	...	...	...	...	9
" " Lens	...	...	...	...	...	20
" " Fundus oculi	...	...	...	...	...	53
Other affections of the eye	...	...	...	...	...	47
Affections of the central nervous system	...	...	...	...	...	32
Symptoms due to non-ocular disease	...	...	...	...	...	37
Examinations incomplete	...	...	...	...	...	25

The following are extracts from an interesting report received from Mr. Carr, the County Ophthalmic Surgeon :—

“ It may be of interest to analyse some of the figures shewn under the above headings, and in particular to compare them with those of previous years.

Cases of corneal opacity remain at virtually the same figure as in 1932, but they are much less frequent than they were some years ago, and will, I believe, show a continued decrease in years to come. The reasons for this gratifying improvement are simple. The chief causes of corneal scarring are (1) ophthalmia neonatorum, and (2) keratitis of phlyctenular type. Not only has the incidence of ophthalmia neonatorum been decreasing to a marked degree for some time past, but with the more modern methods of supervising the new-born, and facilities for calling on medical advice and obtaining treatment without delay, the number of neglected cases must nowadays be few indeed. It may be unhesitatingly stated that no corneal trouble need ever develop in a case which receives early and effective treatment. As regards the second group, the increasing attention paid to the health of the young, and the efforts directed against surgical tuberculosis, with perhaps other factors, have resulted in a marked reduction of those cases of recurrent keratitis which at one time were such a prominent feature of the outpatient departments of our hospitals.

I have had the opportunity of looking after several acute cases, either as in-patients or out-patients at the Derby Children's Hospital, where I have also had a number of operation cases referred from the School Eye Clinics. The former included four operations for squint, two for ptosis, four for cataract, and one for intra-ocular tumour. (This last was of a most unusual nature and was the subject of a communication by Mr. H. B. Stallard and myself to the ophthalmic press).

In the Chesterfield area, children requiring Hospital treatment attend the Chesterfield Hospital, and I should like to take this opportunity of expressing the gratitude due to Mr. Muirhead, who not only deals with the cases referred to him, but very kindly and willingly gives me the benefit of his advice in cases of doubt or difficulty.”

The figures relating to the several Clinics are as follows:—

TABLE K.

CLINIC.	NEW CASES.		OLD CASES.		Total.
	Re- fraction.	Treat- ment.	Re- fraction.	Treat- ment.	
Mr. T. E. A. CARR.					
Alfreton ...	222	16	70	3	311
Belper ...	94	3	22	—	119
Chinley ...	135	2	8	—	145
Chesterfield ...	444	15	149	12	620
Derby ...	230	14	85	15	344
Heanor ...	188	5	53	—	246
Long Eaton ...	96	—	15	—	111
Matlock ...	112	2	31	3	148
Swadlincote and Bretby ...	126	15	36	9	186
	1647	72	469	42	2230
Dr. E. W. MORRIS.					
Bolsover ...	46	4	49	5	104
Bolsover ...	44	11	41	7	103
Clowne ...	41	7	51	7	106
Dronfield ...	56	4	85	28	173
Eckington ...	22	7	34	14	77
Killamarsh ...	154	20	185	110	469
Shirebrook ...					
	363	53	445	171	1032

GRAND TOTAL 3262

(h) **Ear Diseases.** During the course of medical inspection, 278 children were found to be suffering from discharging ears, 222 from defective hearing, and 151 from other ear diseases. Further statistical details of the Ear, Nose and Throat Department have been tabulated under the heading of Tonsils and Adenoids.

Ionisation.

In addition to the ordinary routine treatment of discharging ears, which has been carried out in the school clinics for many years, a series of special sessions has been held, during which the County Ear, Nose and Throat Surgeon has treated 46 cases by means of ionisation.

Nineteen cases were cured—6 after one application, 5 after two applications, 5 after three applications, 2 after five applications, and 1 after six applications. 15 cases were improved, the discharge becoming less in quantity and not so objectionable.

In 12 cases there was no change.

(i) **Dental Defects.** 44,789 children were inspected by the Dental Officers during 305 sessions devoted to inspections. 8,029 (17.9%) were found dentally fit; 15,318, or 41.6%, of those found

to require treatment were actually treated, shewing an increase of approximately 8·4% over the corresponding figures last year.

Details of the work done by the dental department are presented in statistical form in Table IV., Group IV., at the end of this report.

It is very satisfactory to note that again the number of fillings has exceeded the number of extractions, thus demonstrating the continuance of the conservative policy which has been adopted by the dental service for some years.

The following table, which shews a comparison between the Derbyshire figures and those for England and Wales as a whole, still further illustrates the preponderance of fillings over extractions in this County.

Details of treatment per 100 children treated.

	<i>Fillings.</i>	<i>Extractions.</i>	<i>Other Operations.</i>
Derbyshire, 1933 ...	202·4	191·8	93·3
England & Wales, 1932	70·8	200	21·2

The following are extracts from the Annual Report of the Senior Dental Officer relating to the work of his department during the year 1933 :—

“ 59·3% of the children attending elementary schools were inspected during the 305 sessions devoted to this work, *i.e.*, an average of 146·6 children per session. The number of inspection sessions has been curtailed in order to devote more time to treatment.

3,550 children have been referred and treated as specials ; 2,240 of these were treated in accordance with the scheme of conservative treatment for enlarged tonsils and adenoids, the remaining 1,310 representing those who attended on account of pain. The great majority of this latter group are found to have refused treatment after routine dental inspection, and they are therefore not allowed to interfere with sessions devoted to children who have previously accepted routine treatment ; they are only treated on the understanding that in future they will accept treatment at the proper time.

The number of extractions has shewn a steady decline during the last 3 years. The actual figures for 1931-1933 are 43,840, 31,173 and 29,374. The number of filling operations has again exceeded the number of extractions. On an average, each child treated received 2·02 fillings, 1·91 extractions, and 0·93 other operations during the average of 1·7 attendances.”

(j) **Crippling Defects.** The Orthopædic Scheme consisting of the Central Orthopædic Hospital at Bretby and clinics functioning as out-patient departments in various parts of the County continues to work satisfactorily. Full details were given in my report of 1930.

The following tables shew the work done during the year:—

TABLE L.

1932	School Age.				Total.	Under Sch. Age.		Total.	Grand Total.
	Boys.		Girls.			Boys.	Girls.		
	Attending Clinic or County Inst.	Attending other Institutions	Attending Clinic or County Inst.	Attending other Institutions					
<i>Tuberculosis—</i>									
Cervical Adenitis	6	—	—	—	6	—	—	1	7
Abdominal Glands	5	—	3	—	8	—	—	—	8
Spine	11	—	23	—	34	—	1	1	35
Hip	20	—	7	—	27	—	2	2	29
Knee	18	—	8	—	26	—	—	—	26
Foot	3	—	3	—	6	—	—	—	6
Elbow	3	—	—	—	3	—	2	2	5
Hand	1	—	2	—	3	—	1	1	4
Rib	2	—	—	—	2	—	—	—	2
<i>Paralyses—</i>									
Poliomyelitis ...	57	—	66	—	123	2	7	9	132
Spastic	27	—	19	—	46	7	2	9	55
Pseudo-Hypertrophic ...	1	—	—	—	1	—	—	—	1
<i>Rickets—</i>									
Scoliosis	33	—	62	—	95	—	—	—	95
Kyphosis	4	—	5	—	9	—	—	—	9
Torticollis	4	—	7	—	11	—	—	—	11
Bow legs, etc. ...	45	—	55	—	100	41	54	95	195
Congenital Defects	38	—	29	—	67	24	19	43	110
Injuries	7	—	5	—	12	—	—	—	12
Others	48	—	51	—	99	22	8	30	129

TABLE M.

NUMBER OF CHILDREN OF SCHOOL AGE (5—16) IN
HOSPITAL DURING THE YEAR 1933.

	NON. T.B. CASES.	NON. PULM. T.B. CASES.
Children in Hospital on Jan. 1st, 1933	37	53
Admitted during 1933	73	39
Discharged during 1933	90	42
Died	2	1
Children in Hospital on Dec. 31st, 1933	28	49

NOTE.—Ward 5 was closed by the County Architect for repairs in February, and was not used again during the year, with the result that the average number of beds available was 100 instead of 115.

BRETBY HALL ORTHPÆDIC HOSPITAL SCHOOL.

Bretby is an approved Special School under Part V. of the Education Act, 1921. The timetables, as approved by the Board of Education, and details of the work, were set out fully in my Annual Report for 1930.

Number of children on Admission Register on January 1st, 1933	93
Number of children on Admission Register on December 31st, 1933	81
Number of children who have passed through the School during 1933	211
Average number of scholars on Admission Register during 1933	84.6
Number of times School was opened during the School year Jan. 1st, 1933—Dec. 31st, 1933	456

The Head Teacher reports as follows:—

The work of teaching the patients of school age has been conducted by the Head Teacher, with two assistants.

A school library has been started and supplements the County Library, providing for even the tiniest patients whose reading is at the picture book stage.

(k) **Heart Disease and Rheumatism.** During the year, 142 cases of organic heart disease were found at Routine Medical Inspection, of whom 10 were referred for treatment. A special rheumatism clinic has been opened at Alfreton on the fourth Friday afternoon in each month for the supervision of children suffering from rheumatism and organic heart disease in that area.

SCHOOL CLINICS.

Full particulars of the School Clinics were given in my Annual Report for 1930, since when the following alterations have been made :—

(1) **Minor Ailment Clinics.**

BELPER. This clinic is now held daily, a.m.

CLAY CROSS. An additional clinic has been opened at Clay Cross Junior Council School on Tuesday mornings.

DERBY. An additional Minor Ailment Clinic has been opened at Derby on the first and third Saturday mornings in each month.

LONG EATON. This clinic is now held daily, a.m.

MATLOCK. This clinic is now held on Friday mornings only.

RIPLEY. This clinic is not held on Thursdays now.

SWADLINCOTE. This clinic is now held daily, a.m.

(2) **Ear, Nose and Throat Clinics.**

The operating clinics have been suspended pending negotiations with voluntary hospitals for all operations for the removal of enlarged tonsils and adenoids to be carried out in hospitals. The clinics for the examination and other forms of treatment of ear, nose and throat conditions are as follows :—

First Tuesday in the month.	Chesterfield.
First Wednesday in the month.	Derby.
Second Wednesday in the month.	†Matlock.
Fourth Wednesday in the month.	*Chinley.
Second Thursday in the month.	Shirebrook.
First Friday in the month.	*Alfreton.
First Thursday in the month.	†Long Eaton.
Third Friday in the month.	†Ashbourne.
Fourth Friday in the month.	*Heanor.

* Every alternate month commencing April.

† Every alternate month commencing May.

(3) **Eye Clinics.**

SHIREBROOK. The sessions on the 1st and 2nd Thursdays have been discontinued and an extra session every Saturday morning has been commenced.

(4) Dental Clinics.

ALFRETON. No sessions are now held on Tuesdays and Fridays at this clinic.

ASHBOURNE. The clinic on the fourth Monday is replaced by one on the first Monday, and a clinic is held every Tuesday instead of every Wednesday.

The clinic which was held on the 3rd Thursdays has been cancelled.

BELPER. The clinic on the first Monday has been cancelled.

CHINLEY. An additional clinic has been arranged for the first Tuesday.

DERBY. The session held on the fourth Tuesday has been replaced by a session on the third Tuesday.

An extra session has also been commenced every Wednesday.

SWADLINCOTE. An extra session has been commenced on the third Thursday in each month.

(5) Orthopaedic Clinics.

The Bakewell and Belper Clinics have been replaced by an Orthopaedic Clinic at Matlock.

(6) Diphtheria, Immunisation Clinic.

Dr. Graham, Medical Officer of Health to the Chesterfield Rural District Council, has held a special clinic at Staveley Middlecroft School for the immunisation of children against diphtheria. The Schick Test was performed on 86 children, of whom 42 were immunised. This clinic is held under the auspices of the Chesterfield Rural District Council.

VACCINATION.

The following Table shews the vaccinal conditions of the children examined at medical inspection, of whom an enormous percentage are unvaccinated.

TABLE N.

Division and District.	Number Examined.	Number Vaccinated	Unvaccinated.	
			Number	Percentage
NORTH-EAST DERBYSHIRE.				
Chesterfield Rural	4,800	1,189	3,611	75·2
Blackwell Rural	2,220	508	1,712	77·1
Clowne Rural	733	290	443	60·4
Norton Rural	268	148	120	44·8
Bolsover Urban... ..	926	195	731	78·9
Brampton & Walton Urban	132	43	89	67·4
Clay Cross Urban	426	90	336	78·9
Dronfield Urban	282	68	214	75·9
Alfreton Urban	1,119	219	900	80·4
Heanor Urban	1,304	246	1,158	88·8
Ripley Urban	704	110	594	84·4
Total	12,914	3,106	9,808	75·9
WEST DERBYSHIRE.				
Bakewell Rural	927	360	567	61·2
Bakewell Urban	110	54	56	50·9
Baslow Urban	20	10	10	50·0
Bonsall Urban	38	4	34	89·5
Matlocks Urban	548	100	448	81·7
North Darley Urban	216	40	176	81·5
South Darley Urban	17	4	13	76·5
Ashbourne Rural	437	243	194	44·4
Ashbourne Urban	221	117	104	47·1
Chapel-en-le-Frith-Rural	767	362	405	52·8
Repton Rural	948	422	526	55·5
Sudbury Rural	136	115	21	15·4
Total	4,385	1,831	2,554	58·2
SOUTH-EAST DERBYSHIRE.				
Basford Rural	42	4	38	90·5
Belper Rural	1,254	251	1,003	80·0
Belper Urban	887	142	745	84·0
Heage Urban	192	36	156	81·2
Wirksworth Urban	236	24	212	89·8
Shardlow Rural	1,389	376	1,013	72·9
Long Eaton Urban	1,095	213	882	80·5
Alvaston & Boulton Urban	160	33	127	79·0
Total	5,255	1,837	3,418	65·0
NORTH-WEST DERBYSHIRE.				
Hayfield Rural	70	17	53	75·7
Glossop Rural	117	32	85	72·7
New Mills Urban	470	192	278	59·0
Total	657	241	416	63·3
SOUTH DERBYSHIRE.				
Hartshorn & Seals Rural	569	150	419	73·6
Swadlincote Urban	972	127	845	86·9
Total	1,541	277	1,264	82·0
THE WHOLE COUNTY	24,752	7,292	17,460	70·5

INFECTIOUS DISEASES.

The arrangements for the detection and prevention of infectious disease, fully described in my previous report, continued to work satisfactorily.

During the year 129 investigations into outbreaks of infectious disease were carried out by Assistant School Medical Officers. The following table shews the number of children examined by them in this connection :—

Chicken Pox...	...	...	517
Diphtheria ...	...	...	2,806
Measles ...	...	...	831
Mumps ...	...	...	209
Scarlet Fever ...	...	...	174
Whooping Cough ...	...	...	256
Ringworm ...	...	...	4
			<hr/>
Total ...	...	...	4,797
			<hr/>

SCHOOL CLOSURE.

The number of schools closed by the School Medical Officer and by the Local Sanitary Authority on account of infectious disease is shown in Table O.

TABLE 0.
SCHOOL CLOSURE.

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.	
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	1	5
1925	52	10	42	11	33	6	—	—	1	1	1	—
1926	14	1	13	—	8	3	—	2	1	1	—	—
1927	128	16	112	100	14	2	1	1	1	1	2	7
1928	19	3	16	—	15	1	—	2	1	1	—	—
1929	14	2	12	7	1	1	—	3	1	1	—	1
1930	22	2	20	2	11	1	1	5	—	—	—	2
1931	22	1	21	5	6	4	1	—	5	5	—	1
1932	21	1	20	6	6	4	—	—	—	5	—	—
1933	19	2	17	15	3	—	1	—	—	—	—	—

EXCLUSIONS FROM SCHOOL.

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

TABLE P.
CHILDREN TEMPORARILY EXCLUDED FROM SCHOOL
ON MEDICAL GROUNDS.

(Excluding Verminous conditions).

<i>Tuberculous Conditions</i>	58	<i>Debility.</i>	80
<i>Pre-Tuberculous Conditions</i>	9		
<i>Skin Diseases.</i>			
Eczema	1	<i>Nervous Diseases.</i>	
Impetigo	17	Asthma	10
Ringworm	9	Chorea	18
Scabies	25	Epilepsy	5
Other Skin Diseases	3		
<i>Infectious Diseases.</i>			
Cerebro-spinal Fever	5		
" Contacts	25	<i>Blood and Heart Diseases.</i>	
Chicken Pox	17	Anæmia	29
" Contacts	2	Heart Disease	3
Diphtheria	119	" " and Rheumatism	2
" Carriers	4		
" Contacts	373		
Influenza	9		
Measles	2	<i>Other Diseases.</i>	
" Contacts	1	Adenitis	8
Membranous Croup	1	Arthritis	3
" " Contacts	3	Bronchitis	43
Mumps	7	Gastritis	6
Scarlet Fever	231	Glands	10
" Contacts	341	Mastoiditis	7
Tonsillitis	26	Rheumatism	6
Typhoid Fever	6	Other conditions	59
" Contacts	5		
Whooping Cough	1		
Other Diseases	2		
Poliomyelitis	1		
" Contact	1		
<i>Eye Diseases.</i>			
Asthenopia	4	Tonsil and Adenoid Operations	
Blepharitis	3		353
Conjunctivitis	4		
Corneal Ulcers	3		
Defective Vision... ..	5	Total	1973
Myopia	1		
Squint	7		

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

TABLE Q.

PERMANENT EXCLUSIONS,

Nervous and Mental Diseases.

Mental Deficiency	...	...	...	...	...	3
Imbecility	...	...	...	...	...	8
Feeble-mindedness	...	...	...	...	...	1

Other Diseases

Pseudo-hypertrophic Muscular Dystrophy and Feeble-mindedness	...	...	...	...	1
Total	...	...	...	...	13

**OTHER WORK BY THE ASSISTANT SCHOOL
MEDICAL OFFICERS.**

Special Visits to Schools. It has been found necessary from time to time to ask the Assistant School Medical Officers to visit schools 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	...	...	211
Mental Tests	...	...	314
Special defects	...	...	262
Camping party examined			182
			969

Other Visits and Inspections. During the year the following inspections and visits were made by the Assistant School Medical Officers in addition to their work in the schools and clinics :—

Home visits to Defective Children	...	...	1231
Blind Persons Examined	...	...	182
Mental Defectives Examined (M.D. Act)...	...	...	89
Child Guidance Examinations	...	...	21
Examinations under Superannuation Scheme	...	...	25
Compensation Examinations	...	...	6
Miscellaneous	...	...	103
			1,657

MEDICAL EXAMINATION OF PUPIL TEACHER CANDIDATES.

There were 172 intending pupil teachers examined during 1933, 85 boys and 87 girls, with the following results :—

	Boys.	Girls.	Total.
Number accepted	85	86	171
Number deferred for the remedy of various defects	—	1	1
Number Rejected	—	—	—
	85	87	172
	—	—	—

FOLLOWING UP.

The method of following up children found to be defective at routine medical inspection, which was fully described in my 1930 Annual Report, continues to work satisfactorily. The number of home visits to School Children by Health Visitors amounted to 11,101 during the year.

OPEN-AIR SCHOOLS.

Day Open-Air Schools. The type of school at present being built in Derbyshire, of which there are already 14 in existence, is constructed on open-air principles. A detailed report on the construction of these schools was included in my Report for 1929.

Playground Classes, etc. No comprehensive arrangements have been made for playground classes, school journeys, or open-air classes in Elementary Schools. Classes are, however, held outside in a good number of schools when the weather is suitable, but arrangements for these are in the hands of Head Teachers.

Further details on open-air recreation and camping are given by Mr. Hobson, the Organiser of Physical Training, in his report on pages 31-37.

PROVISION OF MEALS.

Towards the end of the year the Education Committee decided to provide milk to necessitous malnourished children in public elementary schools as a service which falls within the provisions of Sections 82-84 of the Education Act, 1921. The arrangements are in compliance with Article 23 of the Grant Regulations No. 19, 1925.

The Sections of the Act mentioned provide for the recovery of the whole or part of the cost unless the Education Committee are satisfied that the parents are unable to pay, and further stipulates

that where money is furnished out of rates for the provision of meals for necessitous cases, such children must be unable by reason of lack of food to take full advantage of the education provided for them.

All milk issued in the schools is subject to supervision by the Medical Department, and, if the milk falls below a reasonable standard, a warning is given to the producer that on a second occasion the milk will be stopped and a supply obtained elsewhere. Records are kept of the medical condition, height, weight, etc., of each child at the commencement of the feeding, and these children are brought forward for special examination when the Assistant School Medical Officers visit the school for the purposes of routine medical inspection, so that the effect of feeding on the nutrition of the children can be gauged.

The scheme did not come into operation till January, 1934, so no milk was provided at the cost of the ratepayers during 1933, although throughout the year, and even before 1933, there were many schools which had voluntary schemes for the provision of milk or milk substitute on payment, whilst in some instances a free supply for necessitous children was arranged in co-ordination with these local schemes. I have no information of any scheme organised by a voluntary agency to provide free milk to necessitous children apart from the individual school schemes worked by the teachers.

Although these particulars I am about to give relate to 1934, and should not therefore be given in this report, I am nevertheless giving them as an indication as to the progress of the Scheme under Sections 82-84 of the Education Act, 1921.

By the beginning of March, 826 applications had been received from the teachers for the supply of free milk to children under their charge. Of these applications, 628 were allowed on the grounds that the child came within the income scale adopted by the Education Committee, whilst 198 were disallowed owing to financial circumstances being above the scale.

From a nutritional point of view, all the applications were classified in three groups—supernormal, normal and sub-normal—the classification being based mainly on the Quetelet factor. The group of 628 children whose applications were allowed shewed 72 supernormal, 165 normal and 391 sub-normal; whilst of the 198 disallowed, 12 were supernormal, 63 normal and 123 sub-normal.

In the case of the 123 sub-normal children above the income scale, the obvious indication was for a health visitor to visit the homes and attempt to teach the parents how to feed the child. That step has, of course, been taken.

It would be inadvisable from the small numbers I have quoted to draw any conclusions farther than to say that from the figures it is obvious that it is not always in the families in the poorer circumstances that you find the most malnourished children. It may be remembered that in a previous investigation carried out in this

County there was very definite evidence that housewives who had been in domestic service were able to make money go further in the provision of food than could those who had not had that useful training. It goes to shew that the teaching of simple food values and the preparation of simple foods by methods available in the poorest of households could with advantage be given a much higher place in the school curriculum.

It is essential that girls who are likely to become housewives and mothers should be taught how to draw up a family dietary and how to cook food with the facilities available in an ordinary home.

Generally speaking, they will be bored to distraction if you attempt to teach them the intricacies of calories and accessory food factors. Such things have been known to cause friction even amongst eminent dietitians! However, it is by no means essential from the practical point of view, and knowledge thus gained is, perhaps fortunately for the household, but rarely applied in practical cookery in an ordinary home. What should be taught is what are cheap and nutritious foods, how they should be properly balanced, and the usual quantities which are required for various members of the household at various ages.

This is not a difficult subject to teach, and it can be made one of absorbing interest to those who desire to know how to feed the average human being, regarding him as such and not a complicated piece of chemical apparatus or, as is the usual simile, a steam engine requiring fuel which by appropriate processes is converted into energy. I can conceive of nothing more devastating to the appetite of the ordinary healthy individual than the contemplation of food in terms of protein, fat, carbo-hydrate and calories.

I am very appreciative of the full and ready co-operation in this County between the Education Department and the Medical Department on matters of this kind. Consequently, with their help, I have been able to arrange evening "House-keeping" classes for expectant mothers and mothers attending our Infant Welfare Centres. At the time of writing, it is hoped to institute seven such classes in different parts of the County.

At these classes we are helped by the Domestic Science staff of the Education Committee. The extent to which the Classes are appreciated can best be judged by attending one, whilst the extent of what is learnt there and its practical value in the homes can best be appreciated by visits to the homes of these people, where it will be found that they put into practice for the benefit of their families what they have learnt at the Classes.

The great value of the work is founded on the desire of the Health Visitors and Teachers to teach what is practical, and only what is practical, and to arrive at this I have been able to arrange with the Director of Education for his staff to go with my Health Visitors into the homes and see what facilities there are for the preparation and storage of food in the homes. The Health Visitor sees that these facilities are as good as possible in the circumstances, whilst

the Cookery Teacher takes them as a model of the apparatus required for her talks on cookery at the Centres.

In this connection I wish to acknowledge the help I have received from Miss Evans, County Organiser of Girls' and Women's Work.

PHYSICAL TRAINING.

The report of Mr. Hobson, Organiser of Physical Training, for the year 1933 is as follows :—

“ Three factors have had an important bearing on the physical training in primary schools during the year.

1. The long period of dry weather has allowed of regular training in the open-air almost without interruption.

2. The heat of the summer months encouraged the wearing of only light, loose clothing, in which more effective movement was possible.

3. The anticipation of the publication of a new Syllabus of physical training for schools has keyed up interest in the subject. (The Syllabus was published at the end of October).

These three factors have had, or will have, a very beneficial effect upon the health of school children, and it is anticipated that teachers and children will approach the physical training lessons with renewed interest and greater zest.

New movements, games and the developments in the methods of teaching since the publication of the “ Syllabus of Physical Training for Schools, 1919,” have been introduced into the schools during normal visits of inspection and by special courses for teachers ; but there has been a real need for a reference book which teachers could consult when planning their schemes of work on the new lines. The new Syllabus will satisfy this need, and the work should now go ahead smoothly and effectively.

The new Syllabus emphasises “ the fact that a full understanding of the newer methods cannot be obtained from the Syllabus alone. Practical teaching and demonstration by an expert instructor are also necessary.”

Special courses, sufficient in number to accommodate all the primary school teachers, will occupy a considerable proportion of the Organiser's time during the next twelve or fifteen months. This branch of the Organiser's work is, however, the most effective, and the time and energy expended on these courses should have far-reaching results.

The Physical Training Lesson.

The long period of dry weather has enabled teachers to secure quicker progression through the various stages of activities, to extend the range of agility exercises and games, and to obtain a higher standard of performance.

The more formal section of the lesson has, generally, been improved by a better linking up of the various exercises, though where the new type of exercise "performed with a rhythmical swing" has been introduced some teachers have experienced difficulty in securing satisfactory movements. This difficulty, however, should be overcome as the teachers and children become more familiar with the exercises.

Most teachers employ the team system in the physical training lessons, but there is still need for more careful and thorough training of leaders who will be able to get their groups to work without loss of time and maintain full activity during the period of the group work.

A more careful selection and grading of the group activities is desirable, and their relation to the progressive scheme of training towards the major games and athletics should be kept constantly in mind.

Definite progress has been made in this direction, but, as indicated, much remains to be done.

Senior Work.

In the re-organised senior schools, a hall with portable apparatus is necessary if the training is to follow the lines of the "Reference Book of Gymnastic Training for Boys" or the "Supplement for Older Girls."

At the present time, four boys' and four girls' schools have the use of portable apparatus, some of which—balance benches and vaulting box—has been made in school handwork centres at very low cost.

The need for an extension of this work is supported by the fact that the new Syllabus is designed, primarily, for use in junior and infant schools. Though it may be used in the training of children up to 14 years of age, the training will not be as effective nor of such interest to the older pupils as that given with the use of apparatus.

More technical knowledge will be required by those responsible for this type of work, and only those who have attended one of the following courses should give the instruction:—

1. A Training College Course based upon the "Reference Book of Gymnastic Training for Boys."
2. One of the Committee's Courses in Physical Training for Senior Schools.
3. A recognised course in Physical Training for Senior Schools at one of the Summer Vacation Schools.

Clothing.

Miss Hyden, Assistant Organiser, reports that "the suitable weather of the summer has been largely responsible for the enthusiasm with which girls have received the suggestion of discarding unnecessary clothing during physical exercises. Many girls now

readily change into shorts and athletic vest—discarding stockings—for their physical training lessons. Patterns of shorts, which are practical, reasonably cheap and becoming have been introduced into the schools, many of which have adopted some type of uniform.”

In one rural school, most of the senior scholars change into shorts, vests and rubber-soled shoes during the recreation periods, and it is astonishing how speedily the changing is done.

Organised Games.

(a) **IN THE PLAYGROUND.** The Playground games are usually the minor team games and practices which lead up to the major field games and athletics. Skill, positional play and tactics are acquired, and the child learns the meaning of and the need for co-operation in team games.

Good work has been noticed in this section, and it has been very pleasing to learn of nervous children who through this type of simple activity have gained confidence and even a desire to take their place in the games.

(b) **ON THE PLAYING FIELD.** Games periods on the playing fields have been possible throughout the summer and autumn terms. The planning of schemes of field games has been more satisfactory, and there has been abundant evidence that teachers are realising the need for and the value of preliminary practices on the field prior to the commencement of the actual game. The effect of this coaching is seen in the higher degree of skill and more intelligent play during the major games.

Playing Fields.

The problem of keeping the grass short during the summer months has not been solved. Encouragement has been given to the grazing of the fields by sheep, but difficulty has been experienced in (a) getting available sheep to the field owing to the approach (through school grounds or over land between the road and the field), and (b) finding a farmer or butcher willing to graze the field only when the children are not using the field. In only a very few cases has it been possible to get someone to scythe the field in return for the grass.

In view of these difficulties, it would seem that a test of the cost of keeping the grass reasonably short for games might be made in some of the fields owned by the L.E.A. Such a test would provide some guide as to future action in relation to this question.

During the year the Committee has authorised the renting of eight additional playing fields. A field has been purchased for the Somercotes Central School (boys and girls), and the Ripley Urban District Council have generously placed a field at the disposal of the Ripley Council Senior Girls' School.

At the present time, 250 fields are available for use by 343 departments of schools.

Swimming.

The warm summer has had a stimulating effect upon swimming in so far as it has created a desire for entry into the water. Few, if any, complaints have been heard that children have got cold by attending the baths. Attendances have been more regular, and it is not surprising that more children have learned to swim (226) and that there has been a large increase in the number of the Committee's Proficiency Certificates earned (607 third class, 200 second class, and 194 first class).

The instruction has been given by the teachers and by part-time instructors (11) and instructresses (12).

The following tables shew how the figures for the year 1933 compare with those of previous years:—

NUMBER OF SCHOOLS, PUPILS AND ATTENDANCES.

Year.	No. of Schools using the Baths.	No. of Pupils.			No. of Attendances.		
		Boys.	Girls.	Totals.	Boys.	Girls.	Totals.
1931	114	3,522	3,060	6,582	41,544	36,626	78,170
1932	120	3,328	2,877	6,205	36,677	31,704	68,881
1933	118	3,645	3,005	6,650	43,695	35,379	79,074

CHILDREN WHO LEARNT TO SWIM AND PARTICULARS OF CERTIFICATES GAINED.

	1931.			1932.			1933.		
	Boys.	Girls.	Totals.	Boys.	Girls.	Totals.	Boys.	Girls.	Totals.
No. of Learners ...	1,084	910	1,994	1,292	910	2,212	1,426	1,012	2,438
3rd Class Certificates ...	731	641	1,372	874	624	1,498	1,247	858	2,105
2nd „ „ ...	369	284	653	433	325	758	625	333	958
1st „ „ ...	185	151	336	223	164	387	371	210	581
Endorsements for $\frac{1}{4}$ Mile or more ...	42	55	97	62	61	123	81	50	131
R.L.S.S. Awards ...	53	29	82	24	22	46	35	24	59

Almost two-thirds (4,339) of the total number of pupils (6,650) who received instruction were unable to swim at the beginning of the course of 16 lessons. As shown in the table, above 2,438 learned to swim, a percentage result of 56.1, or 6% higher than for any previous year.

The total cost of the instruction was £1,290 11s. 4d.

Reports from six secondary schools show that the boys gained 233 Proficiency Certificates—124 third class, 73 second class, and 36 first class.

The organisation of swimming classes at the Glossop Bath has been discontinued owing to the very small number of children over 12 years of age in the Charlesworth C.E. and Undenominational and Chisworth Wesleyan Schools. Seventeen baths have been used during the year, but after five lessons at the Ormonde Colliery Bath, Loscoe, the instruction was stopped owing to the very high temperature of the water and the lack of adequate means of reducing it.

Camps.

The Derbyshire Education Committee have granted assistance to 767 needy children to enable them to attend school camps during the year.

Teachers' Classes.

Courses of instruction for teachers have been held in the centres shewn below. These courses are of great value to the teachers who are brought into touch with modern developments in physical training and they undoubtedly give an impetus to the work. The courses taken this year have prepared the ground for a quicker conception and more accurate interpretation of the requirements of the new Syllabus.

Mixed classes for men and women teachers :—

Whaley Thorns (53) and Spondon (44).

Classes for Women teachers in Senior Schools :—

Somercotes :—(25).

Classes for women teachers in un-reorganised schools :—

Clay Cross (29), Staveley (40), Belper (38), Woodville (42), and Ashbourne (35).

The figures represent the number of students enrolled.

Voluntary Associations.

(a) The Derbyshire Schools' Camping Association. Extracts from the Committee's report for the year 1933 :—

“ Association Camps at Sutton-on-Sea. These were held on the same sites as last year, and the number of children attending exceeded all previous records. As in past years, a great preference was shewn for the first two weeks of August, and after carefully exploring all possibilities it was decided to organise camps of two weeks duration.”

“ The children again enjoyed much freedom and spent many happy hours on the beach, where they were always under the supervision of members of the staff. Weekly visits were made to Mablethorpe, and each Sunday large parties attended the churches in Sutton. Sing-songs were organised several evenings, and each week the public was invited to a camp concert in the Boys' Marquee. Very interesting programmes, including songs, recitations, sketches and dances were provided.

A party of teachers and boys from the Chesterfield Grammar School Camp at Winthorpe was entertained by the Boys' Camp.

A party of Girl Guides from Warsop attended the Girls' Camp ; this was the first time that an outside party had been admitted to an Association Camp, and the experiment proved very successful.”

CHILDREN IN CAMP DURING 1933.

<i>Association Camp.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Totals.</i>
Derbyshire Education Committee	429	171	600
Chesterfield do. ...	29	33	62
Ilkeston do. ...	47	42	89
Buxton do. ...	11	—	11
Ilkeston Rotary Club ...	4	5	9
Long Eaton Rotary Club ...	12	8	20
Matlock Rotary Club ...	9	11	20
Girl Guides ...	—	15	15
Others ...	10	—	10
	551	285	836
Individual School Camps (6) ...			167
	Total ...		1,003

(b) The English Folk Dance and Song Society (Derbyshire Branch) has extended its influence by opening new folk dance centres at Bakewell, Chesterfield, Killamarsh, Little Eaton, Ockbrook and Borrowash, Shirebrook, and Staveley.

Nearly 40 courses of instruction have been held at the various centres in the county. The effect of these courses upon the dancing in the schools was reflected in the presence of 138 teams (1,037 dancers) at the three children's folk dance festivals held at Derby, Ripley, and Staveley in the summer.

(c) The activities of the Derbyshire Elementary Schools' Swimming Association have been conducted with the usual enthusiasm. Most of the nine local schools' associations have organised their own galas and have sent representatives to the County Championship gala.

The members of the local associations have again assisted the Organisers considerably by undertaking the organisation of the examination for the Committee's Swimming Proficiency Certificates. Examinations for the awards of the Royal Life Saving Society have also been conducted by some of the members of the association.

(d) The Derbyshire Schools' Sports Association has carried out its customary programme of activities with success. Its efforts have been directed towards consolidating the position of its sections—Football, Net-ball and Athletics—in all of which competitions have been completed.

Close co-operation between these voluntary organisations and the Organiser has been maintained throughout the year, and he is deeply conscious not only of the valuable social service rendered on behalf of the children, but of all the assistance and loyal co-operation extended to him in connection with the work of the schools.

In concluding this report, the Organiser wishes to record his thanks once again to the Education Committee and the late and present Directors of Education for their continued support, and to Miss Hyden and the teachers for their helpful co-operation."

CAMP FOR DEBILITATED CHILDREN.

Through the kind offices of the Derbyshire Rural Community Council, an Open-air Camp was again arranged in the grounds of Chatsworth Park by the British Red Cross Society, Mrs. Burke and members of the local Voluntary Aid Detachment. Twenty debilitated schoolgirls specially selected by the Assistant School Medical Officers on account of their poor physical condition were taken to the camp by car from various parts of the County on June 8th.

The arrangements for the accommodation and care of these children were the same as those fully described in my Annual Report last year. The children remained at the Camp until June 29th and derived great benefit from their stay. A grant towards the cost of the camp was made by the Derbyshire Education Committee at the rate of 10s. per head per week, and the parents were also asked to contribute 2s. per head per week except in necessitous cases.

CO-OPERATION OF PARENTS.

All parents are invited to be present at Medical Inspections, and during the year 14,526 or 32% of parents attended.

CO-OPERATION OF TEACHERS.

The co-operation of the teaching staffs of schools is very much appreciated by myself and the Assistant School Medical Officers. They help us very considerably in preparing for medical inspections, bringing forward special cases and following up cases recommended for treatment.

CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The closest co-operation continues to exist between School Attendance Officers and the School Medical Department, considerable help being given by the former in bringing cases of prolonged absenteeism due to ill health to the notice of the School Medical Officer. I would again like to thank Mr. Barnes, the chief School Attendance Officer, for the valuable 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 generally neglected	...	23
Children neglected and requiring medical treatment	... ..	6

BLIND, DEAF AND DEFECTIVE CHILDREN.

A. Ascertainment.

The great majority of blind children are known before they attain school age. Every case of ophthalmia neonatorum is carefully followed up by the health visitor, and if and when a child becomes blind the Maternity and Child Welfare Committee has arranged for its admission to a Sunshine Home. It is a matter of some satisfaction to be able to report that at the present time there are no children under the age of 5 on the Derbyshire Register of Blind Persons. Children suffering from any other form of defect are discovered by examination at Infant Welfare Centres, or are referred to the County Service by their own private practitioners before the children reach school age, while a large proportion are also detected by the health visitor in the course of her routine visits to homes. The few children with serious defect who commence to attend school without having had their defect discovered are either referred by the Head Teacher for special examination or come before the Assistant School Medical Officer as "Entrants."

A small number of children are found by the Tuberculosis Officers to be tuberculous when they are examined as contacts of a known case.

B. Supervision of Mentally Defective Children not in Special Schools.

It will be seen from the section devoted to mentally defective children in Table III. at the end of this report that no less than 239 out of 341 children certifiable as mentally defective are attending public elementary schools, while 75 are at no school or institution. Careful supervision is maintained over all these children by the Assistant School Medical and Health visiting staffs, who arrange to examine them at least once every year, and forward a report on their mental condition. A special effort is made to secure the admission of such children to certified schools if they prove to be troublesome at the ordinary elementary schools or a special request is made by the parents.

I am unaware of the existence of a branch of the Central Association for Mental Welfare in the County Elementary Education area.

C. Special Schools.

Bretby Hall Orthopaedic Hospital has the only recognised Special School in the Administrative County (see Page 20). Children suffering from special defects other than orthopaedic are sent to special schools outside the County—blind children to the Sheffield Blind School; deaf children to the Derby Deaf and Dumb Institution; epileptic children to the Soss Moss Special School, Manchester; delicate children to the West Kirby Convalescent Home; and crippled children not in need of active treatment to The Lord Mayor Treloar's Cripples Hospital, Alton, Hants; St. Michael's Orthopaedic Hospital and Special School, Clacton-on-Sea; and the Heritage Craft School, Chailey, Sussex. All children under the age of 16 discharged from special schools are followed up by the Health Visitors and Assistant School Medical Officers, who submit an annual report on each child, making recommendations as to its education and any further treatment found necessary.

Children discharged from the Bretby special school are followed up by one of the Orthopaedic Nurses and also by the Health Visitor of the district in which the child lives. Efforts are made to secure the child's regular attendance at an orthopaedic clinic for advice and treatment by the County Orthopaedic Surgeon in cases where this is necessary.

Assistance is available from a voluntary fund known as the "Surgical Appliance Fund" for the provision of appliances and of wheeled chairs, if necessary, to enable children to be taken to and from school, if otherwise they would be unable to attend. The following table is the summary of the after-careers of Derbyshire children who have attended Bretby Special School and special schools maintained by other authorities.

	School Age.			Over School Age.		Dead.	Left County.	No Information.	In Institution.	Under School Age.
	Total.	At Ordinary School.	Not at School.	Employed.	Not Employed.					
Orthopaedic Cases Discharged from Bretby ...	584	324	39	97	32	21	26	4	—	41
Cripples (discharged from Schools other than Bretby) ...	3	—	—	1	—	—	—	1	1	—
Blind ...	13	—	3	1	—	—	—	2	7	—
Deaf ...	23	—	—	11	5	—	4	2	1	—
Epileptic ...	7	—	—	1	1	1	2	—	2	—
Delicate ...	43	26	7	1	1	—	2	5	1	—

FEEBLE-MINDED.

Not Transferred to M.D.Act Comm	At Certified Institution.	Under Guardianship.	Under Stat. Supervision.	Total.
3	7	1	2	13

D. Full-time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Children.

No full-time courses of higher education for such students are provided by the Derbyshire Education Committee. Arrangements are made for the higher education of Derbyshire Blind Students generally at the Royal Midland Institution for the Blind, Nottingham.

When a child in attendance at a special school for the blind reaches the age of 16, the Derbyshire Education Committee gives careful consideration to the question of sending him for a course of higher education so as to enable him to earn his own living either independently or with the help of the Augmentation of Wages Scheme of the Royal Midland Institution for the Blind. Suitable cases are also from time to time referred for training by a Home Teacher or the Secretary of the Royal Midland Institution for the Blind; in each case a medical certificate is obtained stating that the candidate is suitable for training.

During the year 1933 there were 13 students under training at the Royal Midland Institution, two at the Royal Normal College, London, and one at Henshaw's Blind Institution, Manchester.

After Careers of Students who have completed training.

At the end of 1933 there were 18 home workers in Derbyshire employed and assisted in accordance with the Home Workers' Scheme of the Blind Persons Act Committee. The following table shews the occupations and the average weekly wage of the home workers. In each case, 10s. per week is paid by the Royal Midland Institution for the Blind in augmentation of their wages.

<i>Occupation.</i>	<i>No. of Workers.</i>	<i>Weekly Wage.</i>
Piano Tuning	6	2s. 3d. to 17s. 0d.
Machine Knitting	5	8s. 0d. to 18s. 7d.
Chair Caning	1	7s. 8d.
Basket Making	4	6s. 6d. to 8s. 4d.
Boot Repairing	2	12s. 1d. to 15s. 5d.

SECONDARY SCHOOLS.

Inspection of Secondary School children was carried out as in previous years. The number of children inspected is shewn in Table IA, while the results of the Medical Inspection are set out in Table IIA, at the end of this report.

The arrangements for medical inspection and treatment, following up, and recovering the cost of treatment from parents were fully described in my Annual Report for 1931. Staveley Netherthorpe Grammar School was added, in 1932, to the schools submitted to a full annual medical inspection. During the year 1933, five cases of enlarged tonsils and adenoids received operative treatment at the County Council School Clinics, 79 Secondary School Children were found at the school clinics to require spectacles, and 140 received dental treatment under the authority's scheme.

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.	Errand Boy.	Domestic Employment.
120	—	120	114	3	1	2

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 for necessitous cases.

For the year 1932-33, £448 6s. 9d. was collected, as compared with £482 18s. 7d. for 1931-32, and distributed as follows:—

	£	s.	d.
Surgical Appliance Fund	196	14	1
Derbyshire Royal Infirmary	70	10	3
Chesterfield Royal Hospital	29	4	3
Derbyshire Children's Hospital	27	19	10
Mansfield and District Hospital	21	14	1
Burton-on-Trent Infirmary	17	18	4
Derbyshire Women's Hospital	12	8	6
Miscellaneous (less than £10 each)	71	17	5
	£448	6	9

Surgical instruments and spectacle for school children are also supplied from the above fund. During the year ended March 31st, 1933, the expenditure in this connection was as follows:—

	£	s.	d.
Cost of surgical appliances, etc.	149	5	0
Cost of glasses provided	215	3	8
	£364	8	8

Nature of Surgical Appliances supplied during the year:—
 Calipers (iron and aluminium), Double Irons, Knock-knee Irons, Straight Frames and Saddles, Cock-up Splints, Block Leather Spicas, Back Supports, Leather and Celluloid Jackets, Boots raised with cork and Boots tubed and heeled, Abduction Frames, Walking Thomas Splint, Invalid Chair, and repairs to Artificial Limbs.

BACTERIOLOGICAL EXAMINATIONS.

During the year ending December 31st, 1933, 1,238 specimens from school children were examined in the County Bacteriological Laboratory. Details of these are as follows:—

	<i>Positive.</i>	<i>Negative.</i>
Swabs for Diphtheria	18	1,061
Hairs for Ringworm	60	72
Urine for Albumin and Sugar ...	1	3
Urine (microscopic examinations)...	3	4
Tonsils and Adenoids (culture examination)	6	2
Ear Swabs (culture examinations) ...	5	—
Eye Cultures	—	1
Miscellaneous	2	—
	<hr/>	<hr/>
Totals	95	1,143
	<hr/>	<hr/>

SCHOOL NURSING SERVICE.

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

Medical Inspections (Elementary Schools)	36,484
Medical Inspections (Secondary Schools)	2,339
	<hr/>
	38,823
Verminous Inspections	143,762
Other Inspections	19,231
Visits to Homes following up cases	11,101
Visits to Mentally Deficient Persons	2,475
Visits to Blind Persons	53
	<hr/>
	215,445
	<hr/>

HEALTH EDUCATION.

The influence of continuous education in health matters which takes place at the schools and the school clinics is accentuated once a year by the holding of the special Health Week, and I think there can be no doubt that the improvement in cleanliness with the consequent steady fall in the incidence of such dirt diseases as impetigo, scabies and ringworm can be attributed to the influence of constantly repeated health precepts to the parents of the children.

Further reference to the activities in the direction of health education will be found in the section dealing with the Provision of Meals, where a description is given of evening classes for mothers attending Maternity and Child Welfare Centres.

At these special sessions, time is devoted to the teaching of practical subjects, such as cookery and sewing, which will enable the mothers to make the best use of the money at their disposal to preserve and maintain the health of their children. The doctors and nurses at these special sessions are careful to avoid that emphasis on disease which tends, unfortunately, to figure so largely in many so-called health talks.

The special Health Week organised by the Derbyshire Health Week Committee, of which I, as County Medical Officer, am Honorary Medical Adviser, was held from October 2nd to October 7th. Addresses were given in each of the elementary schools and several of the secondary schools. Assistant School Medical Officers gave lectures to 3,430 scholars in 24 different schools; in addition, 146,850 pamphlets and 9,065 posters were issued by the Derbyshire Health Week Committee, who also awarded prizes for essay competitions on the subjects of the lectures.

CHILD GUIDANCE.

Dr. Bryan reports on this branch of the work as follows:—

	<i>New Cases.</i>	<i>Old Cases.</i>	<i>Attendances.</i>
“ Matlock Clinic ...	73	20	214
Chinley Clinic ...	28	—	45
Other Clinics, etc. ...	27	7	41
	—	—	—
Total ...	128	27	300
	—	—	—
Home Visits ... ..	...	...	23
Special Visits to Schools ... ..	...	...	13
Visits to Institutions ... ..	...	...	5
Attendances at Children's Courts ... ..	...	...	2
	—	—	—
Total Visits ... ..	...	...	43
	—	—	—

CONDITIONS FOR WHICH ADVICE WAS SOUGHT.

	<i>New Cases.</i>	<i>Old Cases.</i>
Sleep Disorders (Night terrors, somnambulism, etc.) ...	12	4
Digestive Disorders (Refusal of food, cyclic disturbances, etc.)	18	4
Nervous Disorders (Phobias, hysteria, excessive timidity, etc.)	35	5
Behaviour Disorders (Tantrums, instability, unmanagebleness)	15	5
General Instability (Excessive liability to fatigue, etc.) ...	12	—
Chorea and allied conditions, encephalitis, etc.	9	—
Enuresis	6	2
Speech Defects	2	—
Backwardness and Mental Defects	9	4
Delinquency (Stealing, truancy, etc.)	10	3
	—	—
Total	128	27
	—	—

RESULTS OF TREATMENT.

	<i>New Cases.</i>	<i>Old Cases.</i>
Apparently Cured	23	8
Much Improved	28	8
Progress Satisfactory	8	3
Progress not Satisfactory	6	2
No recent information or treatment discontinued	10	1
Co-operation not established	2	2
Appropriate action taken or necessary advice given	25	2
Still under Treatment	26	1
	—	—
Total	128	27
	—	—

The work of Child Guidance has shown a big increase in the County during the past year. Nearly twice as many new cases have been handled as in 1932, and there have been over three times as many attendances at Clinics.

This has not been due to any special drive on the part of the County Health Service, but would appear to be owing to a greater eagerness on the the part of parents living within reach of the Child Guidance Clinic to accept the facilities which it offers. The fact

that some 150 children, in a comparatively small area of Derbyshire, have been found to require psychological treatment suggests that there must be considerable scope for Child Guidance in the county at large: and the fact that parents have thought it worth their while to travel right across the County to attend the Clinic suggests that the time is ripe for an extension of the work. It is obviously impossible for such parents—where means are limited—to make frequent journeys to Matlock, should this be necessary; it is equally impossible to conduct psychological investigations—requiring absolute freedom from distraction and interruption—in the home of the patient. The use of a well-organised Clinic is essential.

Many of the cases which attended during the year were of a superficial nature, and easily dealt with; but some required hours of investigation and treatment spread over a period of months. Fortunately, these latter cases were in the minority, or it would have been quite impossible to cope with such numbers single-handed. I have again felt the need of trained Psychiatric Social Workers to make the preliminary investigations and follow up the cases. I have received very valuable help from Health Visitors—and from one in particular—but as a rule it takes a psychologically-trained worker to pick out the important points in a child's mental history, to describe adequately its family background, and to appreciate the finer points involved in adjusting it to its environment.

The Children's Act of 1933 places a new responsibility on the local Education Authority with regard to juvenile offenders. This Act makes it obligatory for the police to notify the Local Authority with regard to any child or young person who is to be brought before a Children's Court for any offence, and requires the Local Authority to investigate and render available to the Court such information as to the home surroundings, school record, health, and character of the child or young person as appears to them to be likely to assist the Court. The Act does not altogether encourage the sending of young children to Approved Schools, but provides instead for their being boarded out by the Local Authority under the care of fit persons. I suggest that, if the child is to get the full benefit of these provisions—specifically designed for his welfare—the preliminary investigation, the recommendation to the Magistrates, and the subsequent supervision of the child must be in the hands of persons who have some special knowledge of Child Psychology.

Juvenile delinquency is frequently only a symptom, whose underlying cause is some environmental defect or emotional factor which is capable of adjustment; but it takes a trained psychologist both to detect that defect and to suggest the best method of dealing with it. The untrained investigator may report on the economics, morality, and discipline of the child's home; he may furnish a schoolmaster's report as to the child's behaviour and scholastic progress; he may produce a medical report on the child's health; but all the time the motive which prompted the child to misbehave—and which is really the most vital factor in the case—may

not even be guessed. In the same way, whether the child be boarded out, returned to its home, or even sent to an Approved School—and who that has not made a psychological investigation of the case is in a position to advise as to which course is best—this vital factor may continue to exert its influence upon the child's mind, and, if untreated, lead to further delinquency.

Investigation into the causes of crime in adult offenders who have been committed to prison has often revealed an underlying sense of grievance, or deprivation, stretching back into early childhood. If this condition is present in the mind of a juvenile delinquent, and is allowed to remain undetected and unalleviated, or is even accentuated by the treatment which the child receives, it must constitute a perpetual menace both to the child's mental and moral development and to the society in which he lives.

It should always be our aim to adjust the child to his environment rather than remove him from it, but when the latter course does become necessary the choice of a new environment is of the utmost importance. Some children require more discipline, others more freedom, some more adventure, others more interest, some more firmness, others more affection, and in any case the child will require expert supervision during the period of adjustment. Up to now this supervision has been exercised by the Probation Officer, and while I do not suggest for one moment that this official has not done invaluable work, particularly with regard to older offenders, I do suggest that he is not necessarily the best possible person for dealing with very young delinquents. As a rule he has had no special training in child psychology, and—with the best will in the world—may entirely fail to understand the erring child who has been placed under his care. Exhortations to good behaviour and threats as to the consequences of further misbehaviour are likely to have but a transitory effect on a child who is being urged to misconduct by some force which it does not understand and cannot control. Only a psychological insight into its case and treatment along sound psychological lines are likely to effect a permanent cure.

The System of Probation has a further disadvantage in that the frequent visits of the Probation Officer only serve to perpetuate the offence in the mind of the child and in the minds of its companions and neighbours.

The Local Authority has been at great pains in dealing with its physical and even its mental defectives, and has spared no expense which might result in these children being fitted for satisfactory life in the community; surely it is an equally sound economic proposition to make a deliberate endeavour to perform a similar service for the potential criminal, not to mention the potential lunatic and psycho-neurotic.

Derbyshire was among the first—if not the first—Local Authority to experiment with Child Guidance, and, in spite of the difficulties under which the work has been carried on, I think that the experiment can be considered to have succeeded. In the last three years,

252 children have passed through the Clinic. Of these we have failed, through lack of following up facilities, to maintain contact with about 20%. Another 20% were found only to require advice, or were deemed unsuitable for treatment owing to mental defect or other cause. Of the remainder, only 5% have failed to show any improvement. Thanks to Child Guidance, a considerable number of unhappy children have been helped back to happiness or relieved of nervous disorders which were threatening to spoil their lives; a like number of parents have been relieved of serious anxiety, and in some instances, at least, the community has been relieved of the likelihood of having at some future date to incur considerable expenditure in dealing with adult mental or moral failure.

I venture to suggest that the time has come to proclaim the success of our experiment in Derbyshire, and extend our activities not only to take in a larger part of the County, but also to deal with the new responsibilities incurred by the Local Authority under the Children's Act of 1933."

Dr. Bryan also reported a number of interesting cases, giving details, but for reasons of both space and economy I have reluctantly omitted them from this report.

It seems to me that it would be an improvement in the working of this particular portion of the Children's Act if the following up of delinquents was undertaken by the Local Authority. I think it is the duty of the Local Authority to attempt to prevent delinquency by Child Guidance and otherwise. Where we fail and delinquency results it is to my mind undoubtedly the proper procedure that the delinquent should be dealt with by the Children's Court, and the future treatment or supervision of that case should be under the direction of the Court. To leave that in the hands of a Local Authority would place upon the Local Authority a duty which, in my opinion, should not be placed upon them, and which I suggest no Local Authority would wish. On the other hand, I think the deal arrangement would be for the supervision or following up of these cases to be undertaken by the Local Authority under the instructions of the Court, and I agree with Dr. Bryan that it would usually be to the advantage of all concerned, particularly the child, that this should be done by a skilled Health Visitor rather than a Probation Officer.

SECTION II.

TABLES OF THE BOARD OF EDUCATION.

TABLE I.

RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups :—

Entrants	...	...	...	...	...	8,443
Second age group	...	...	...	...	...	8,004
Third age group	...	...	...	...	...	8,305
					Total	<u>24,752</u>

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	...	...	7,812
Number of Re-Inspections	...	...	...	...	<u>13,377</u>
				Total	<u>21,189</u>

TABLE 1a (SECONDARY SCHOOLS).

A.—ROUTINE INSPECTIONS.

Boys	...	...	...	...	...	2,168
Girls	...	...	...	...	...	2,136
				Total	...	<u>4,304</u>

B.—SPECIAL INSPECTIONS.

Boys	...	...	...	...	...	19
Girls	...	...	...	...	...	19
				Total	...	<u>38</u>

C.—RE-INSPECTIONS.

Boys	...	...	...	...	...	167
Girls	...	...	...	...	...	184
				Total	...	<u>351</u>

TABLE II.

A—Return of Defects found by Medical Inspection in the year ended 31st December, 1933.

DEFECT OR DISEASE.					Routine Inspections.		Specials.	
					Requiring treatment	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
Malnutrition					86	318	24	126
Skin ..	Ringworm—							
		Scalp			9	1	4	—
		Body			6	1	5	—
		Scabies			25	—	5	—
		Impetigo			156	3	44	2
Other Diseases (non-tuberculous)					167	105	48	9
Eye ..	Blepharitis				68	23	44	15
	Conjunctivitis				32	18	23	5
	Keratitis				1	—	—	—
	Corneal Opacities & Corneal Ulcers				5	9	5	3
	Defective Vision (excl'd Squint)				1018	827	529	280
	Squint				218	118	58	36
Other Conditions					36	44	20	20
Ear ..	Defective Hearing				71	70	48	33
	Otitis Media				143	45	78	12
	Other Ear Diseases				37	86	15	13
Nose and Throat	Enlarged Tonsils only				112	1551	96	492
	Adenoids only				11	62	17	9
	Enlarged Tonsils and Adenoids				160	1273	360	312
	Other Conditions				123	129	47	137
Enlarged Cervical Glands (Non-Tuberculous)					71	712	26	167
Defective Speech					26	84	14	26
Heart and Circulation.	Heart Disease—							
		Organic			10	132	9	71
		Functional			15	230	1	27
Anæmia					73	70	17	43
Lungs ..	Bronchitis				138	195	21	35
	Other Non-Tuberculous Diseases				23	91	13	27
Tuberculosis	Pulmonary—							
		Definite			7	16	1	11
		Suspected			7	21	3	11
	Non-Pulmonary—							
		Glands			18	34	9	24
		Bones and Joints			5	14	2	6
	Skin			1	2	3	—	
	Other Forms			5	6	8	2	
Nervous System	Epilepsy				5	26	3	23
	Chorea				11	20	10	15
	Other Conditions				26	82	21	79
Deformities	Rickets				5	150	7	21
	Spinal Curvature				32	53	14	15
	Other Forms				80	107	47	58
Other Defects and Diseases*					353	464	156	266

* Excluding Uncleanliness and Dental Diseases.

**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)	
PRESCRIBED GROUPS :—			
Entrants	8443	846	10·20
Second Age Group	8004	1082	13·52
Third Age Group	8305	974	11·73
Total (prescribed groups)... ..	24752	2902	11·72

TABLE II. A (continued).

SECONDARY SCHOOLS.

Return of Defects found by Medical Inspection in the year
ended 31st December, 1933.

Enrolment—Boys 2187, Girls 2349, Total 4536.

DEFECT OR DISEASE.					Number referred for Treatment.		Number requiring to be kept under observation, but not referred for treatment.	
					Boys.	Girls.	Boys.	Girls.
Malnutrition	...	...	...	...	1	—	13	—
Skin	...	Ringworm—			—	—	—	—
		Scalp			—	—	—	—
		Body			—	—	—	—
		Scabies			—	—	—	—
		Impetigo			1	1	—	—
		Other Diseases (Non-Tuberculous)			13	13	12	6
Eye	...	Blepharitis			3	3	1	3
		Conjunctivitis			—	5	—	—
		Keratitis			—	—	—	—
		Corneal Opacities			—	—	1	—
		Defective Vision, excluding Squint			130	142	178	68
		Squint			4	3	8	1
		Other Conditions			2	3	48	19
Ear	...	(Defective Hearing			3	—	2	—
		Otitis Media			8	5	4	3
		Other Ear Diseases			2	4	9	5
Nose and Throat	...	(Enlarged Tonsils only			1	12	85	27
		Adenoids only			—	1	1	3
		Enlarged Tonsils & Adenoids			2	15	16	45
		Other Conditions			21	13	5	—
Enlarged Cervical Glands (Non-Tuberculous)					5	1	23	10
Defective Speech					—	1	7	—
Heart and Circulation	...	Heart Disease:			—	—	13	17
		Organic			—	—	13	17
		Functional			1	—	25	37
		Anæmia			4	8	3	7
Lungs	...	Bronchitis			3	3	1	6
		Other non-tuberculous Disease			—	—	3	1

TABLE II A—*continued.*SECONDARY SCHOOLS—*continued.*

Return of Defects found by Medical Inspection.

DEFECT OR DISEASE.					Number referred for treatment.		Number requiring to be kept under observation, but not referred for treatment.	
					Boys.	Girls.	Boys.	Girls.
<i>Tuberculosis.</i>	{	Pulmonary—						
		Definite			—	—	—	—
		Suspected			—	—	2	—
		Non-Pulmonary—						
		Glands			1	2	4	—
		Bones and Joints			—	—	—	—
		Skin			—	—	—	—
		Other forms			—	—	1	1
<i>Nervous System.</i>	{	Epilepsy			—	1	—	—
		Chorea			—	1	1	1
		Other conditions			1	1	7	2
<i>Deformities</i>	{	Rickets			—	—	4	—
		Spinal Curvature			5	18	17	9
		Other forms			10	30	33	48
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases) ...					20	17	23	13

TABLE III.

Return of all Exceptional Children in the Area,
December 31st, 1933.

CHILDREN SUFFERING FROM MULTIPLE DEFECTS 38

BLIND CHILDREN.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
9	2	—	3	14

PARTIALLY BLIND CHILDREN.

At Certified Schools for the Blind.	At Certified Schools for the Partially Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
6	—	27	—	12	45

DEAF CHILDREN.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
28	3	—	1	32

PARTIALLY DEAF CHILDREN.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
13	—	15	—	1	29

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
24	239	3	75	341

TABLE III—*continued.*

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
4	13	—	23	40

PHYSICALLY DEFECTIVE CHILDREN.

A. TUBERCULOUS CHILDREN.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	70	6	24	100

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
44	154	1	49	248

B. DELICATE CHILDREN.

At Certified Special Schools	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
8	103	—	46	157

C. CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
19	307	3	75	404

D. CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
—	73	—	27	100

Children Suffering from Multiple Defects.

Defects.	At Elementary School.	Not at School.	Special School.
Feeble-minded and Blind ...	—	1	
Feeble-minded and Deaf ...	—	1	1 Deaf and Dumb Inst.
Feeble-minded, Cripple and Epileptic ...	—	1	
Feeble-minded and Cripple ...	13	11	1 Bretby Hall Orth. Hospital.
Feeble-minded and Epileptic ...	4	3	
Blind and Cripple ...	—	1	
Cripple and Active T.B. ...	1	—	
	18	18	2
	38		

TABLE III. A

Statement of the Number of Children notified during the year ended December 31st, 1933, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of Children notified, 37

ANALYSIS OF THE ABOVE TOTAL

DIAGNOSIS.	BOYS.	GIRLS.
1. (i.) Children incapable of receiving benefit or further benefit from instruction in a Special School—		
(a) Idiots	1	3
(b) Imbeciles	11	15
(c) Others	2	1
(ii.) Children unable to be instructed in a Special School without detriment to the interests of other children		
(a) Moral Defectives	—	—
(b) Others	—	—
2 Feeble-minded children notified on leaving a Special School on or before attaining the age of 16 ...	1	2
3 Feeble-minded children notified under Article 3 i.e., 'special circumstances' cases... ..	1	—
(NOTE.—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority).		
4 Children who in addition to being mentally defective were blind or deaf	—	—
(NOTE.—No blind or deaf child should be notified without reference to the Board—See Article 2, proviso (ii).)		
Grand Total	16	21

TABLE IV.

Return of Defects treated during the year 1933.

Group I.—Minor Ailments (excluding Uncleanliness,
for which see Group VI.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :—			
Ringworm Scalp (in brackets are the number treated by X-Rays)	*34 (6)*	3	37*
Ringworm Body	23	—	23
Scabies	19	10	29
Impetigo	644	6	650
Other Skin Disease	120	16	136
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	291	40	331
Minor Ear Defects	293	95	388
Miscellaneous (e.g., minor injuries, bruises, sores, chil- blains, etc.)	1878	456	2334
Total	3302	626	3928

* This figure includes 1 case X-Rayed for Ilkeston Borough.

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.	By private practitioner or at hospital apart from the Authority's Scheme.	Otherwise	Total.
Errors of Refraction (including Squint)	1975	153	—	2128
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	200	30	—	230
Total	2175	183	—	2358

Number of children for whom spectacles were prescribed

(a) Under the Authority's Scheme	...	...	...	1253
(b) Otherwise	...	...	...	133

Number of children who obtained or received spectacles

(a) Under the Authority's Scheme	...	...	...	926
(b) Otherwise	...	...	...	437

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 Author- ity's Scheme.				Total.					
Tonsils only.	Adenoids only.	Tonsils & Adenoids.	Other Defects.	Tonsils only.	Adenoids only.	Tonsils & Adenoids.	Other Defects.	Tonsils only.	Adenoids only.	Tonsils & Adenoids.			Other Defects.
7	4	*343	7	30	—	132	—	37	4	*475	7	2410	2933

* This figure includes 8 cases treated for other authorities.

Group IV.—Orthopædic and Postural Defects.

	Under the Authority's Scheme.			Otherwise.			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-residential treat- ment at an orthopædic clinic.	Residential treatment with education.	Residential treatment without education.	Non-residential treat- ment at an orthopædic clinic.	
Number of chil- dren treated	199	—	678	—	—	—	708

Group V.—Dental Defects.

(1) Number of Children who were:—

(a) Inspected by the Dentist:

	Aged :		
Routine Age Groups	5	3927	} Total 41239
	6	4349	
	7	4540	
	8	4803	
	9	4714	
	10	4647	
	11	4670	
	12	4641	
	13	4451	
	14	497	

Specials	3550
----------	-----	-----	-----	-----	-----	-----	-----	------

Grand Total	44789
-------------	-----	-----	-----	-----	-----	-----	-----	-------

(b) Found to require treatment	36760
--------------------------------	-----	-----	-----	-----	-----	-----	-----	-------

(c) Actually treated	15318
----------------------	-----	-----	-----	-----	-----	-----	-----	-------

(2) Half-days devoted to—

Inspection	305	
Treatment	3286	
		Total 3591

(3) Attendances made by children for treatment	26888
--	-----	-----	-------

(4) Fillings—

Permanent Teeth	29149	
Temporary Teeth	1865	
		Total 31014

(5) Extractions

Permanent Teeth	5090	
Temporary Teeth	24284	
		Total 29374

(6) Administrations of General anæsthetics for extractions:—	2834
---	------

(7) Other Operations

Permanent Teeth	2400	
Temporary Teeth	11909	
		Total 14309

Group VI.—Uncleanliness and Verminous Conditions.

Average number of visits per school made during the year by the School Nurses	4.7
--	-----	-----	-----	-----	-----	-----	-----	-----	-----

Total number of examinations of children in the Schools by School Nurses	143762
--	--------

Number of individual children found unclean	1942
---	-----	-----	-----	-----	------

Number of children cleansed under arrangements made by the Local Education Authority	Nil
---	-----	-----	-----	-----	-----

Number of cases in which legal proceedings were taken:—

(a) Under the Education Act, 1921	Nil
-----------------------------------	-----	-----	-----	-----	-----

(b) Under School Attendance Byelaws	Nil
-------------------------------------	-----	-----	-----	-----	-----

