

[Report 1949] / Medical Officer of Health and School Medical Officer of Health, Derbyshire County Council.

Contributors

Derbyshire (England). County Council.

Publication/Creation

1949

Persistent URL

<https://wellcomecollection.org/works/j2xukwg2>

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 1949,

BY

J. B. S. MORGAN,

B.Sc., M.B., B.Ch., D.P.H. (WALES), L.R.C.P. (LONDON), M.R.C.S. (ENGLAND)

COUNTY MEDICAL OFFICER OF HEALTH

AND

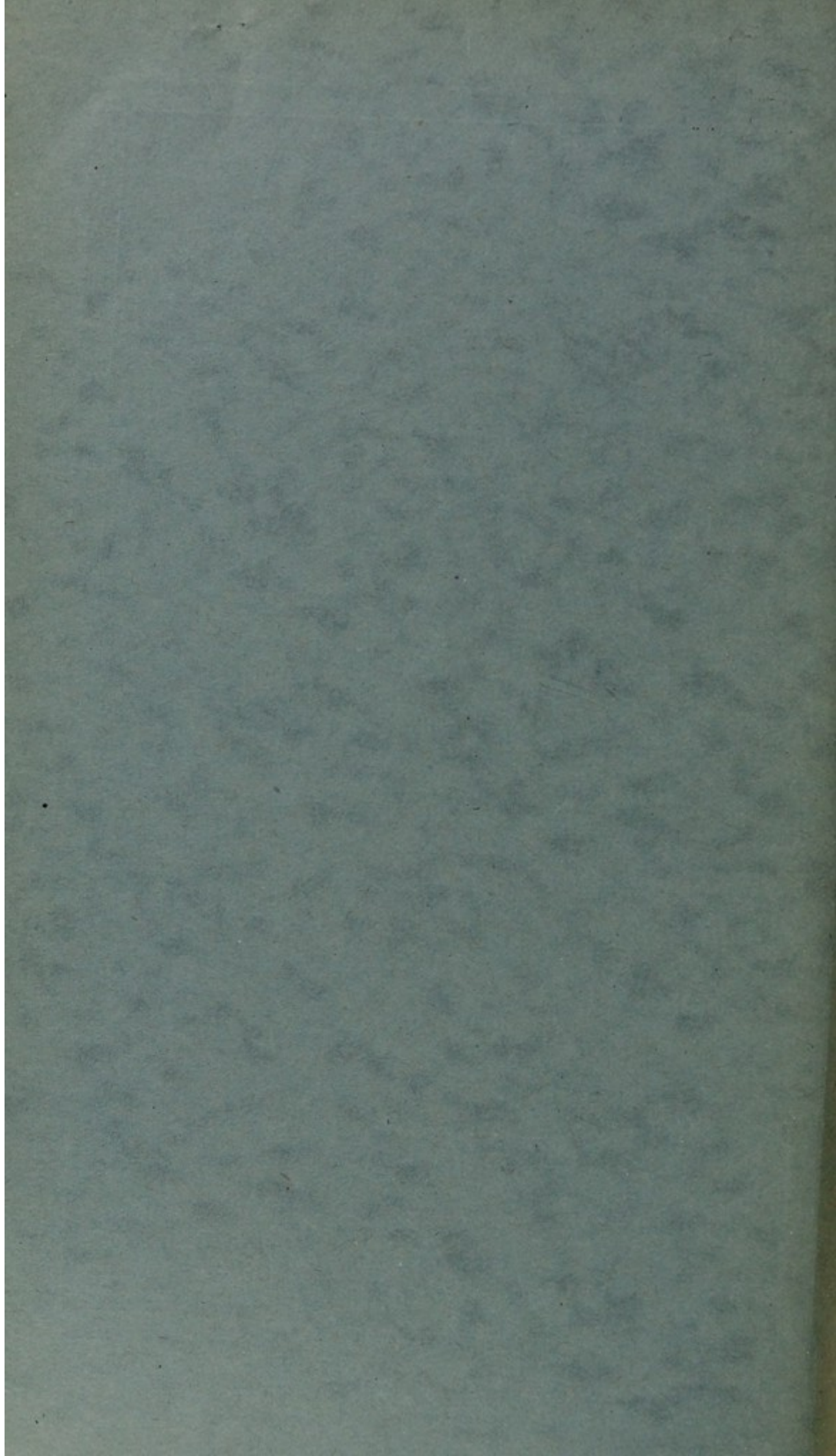
SCHOOL MEDICAL OFFICER

DERBY:

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

SEEN BY THE
MEDICAL OFFICER

MEDICAL OFFICERS LIBRARY
PUBLIC HEALTH DEPARTMENT





Derbyshire County Council.

ANNUAL REPORT

OF THE
COUNTY MEDICAL OFFICER OF HEALTH
For the Year 1949,

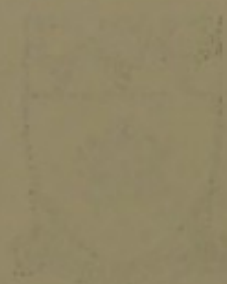
BY
J. B. S. MORGAN,

B.Sc., M.B., B.Ch., D.P.H. (WALES), L.R.C.P. (LONDON), M.R.C.S. (ENGLAND)

COUNTY MEDICAL OFFICER OF HEALTH

DERBY:

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



THE UNIVERSITY OF CHICAGO

ANNUAL REPORT

OF THE BOARD OF TRUSTEES

FOR THE YEAR 1900

CHICAGO: THE UNIVERSITY OF CHICAGO PRESS, 1901.

PRINTED BY THE UNIVERSITY OF CHICAGO PRESS

1901

THE UNIVERSITY OF CHICAGO PRESS

**MEDICAL AND DENTAL STAFF
OF THE COUNTY HEALTH DEPARTMENT
(31st December, 1949).**

COUNTY MEDICAL OFFICER OF HEALTH :

J. B. S. MORGAN, B.Sc., M.B., B.Ch., D.P.H., L.R.C.P., M.R.C.S.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH :

V. J. WOODWARD, M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICER OF HEALTH :

W. DAVIDSON-LAMB, M.C., M.B., Ch.B., D.P.H.

AREA MEDICAL OFFICER FOR CHESTERFIELD BOROUGH :

J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.

ASSISTANT COUNTY MEDICAL OFFICER FOR GLOSSOP BOROUGH
AND NEW MILLS U.D. :

F. COCKROFT, M.A., L.R.C.P., M.R.C.S., D.P.H.

COUNTY BACTERIOLOGIST :

J. L. G. IREDALE, M.B., Ch.B., D.P.H.

MATERNITY AND CHILD WELFARE MEDICAL OFFICERS :

BERYL G. ANSCOMBE, M.B., Ch.B.

ELSIE H. DINWOODIE, M.B., Ch.B., D.M.R.E.

CONSTANCE M. WHITE, M.B., B.S.

ASSISTANT MATERNITY AND CHILD WELFARE MEDICAL OFFICERS :

M. ALLAN, M.B., Ch.B., D.P.H.

H. L. BARKER, M.D., B.S., D.P.H.

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

A. H. CAMPBELL, M.R.C.S., L.R.C.P.

G. COCHRANE, M.A., M.B., Ch.B., D.P.H.

L. N. GOULD, M.R.C.S., L.R.C.P.

JOAN M. B. LEITH, M.B., Ch.B., D.P.H. (Chesterfield B.).

FLORA MACDONALD, M.B., Ch.B., D.P.H.

ETHEL W. MORRIS, M.R.C.S., L.R.C.P., D.P.H.

A. K. D. RUTHERFORD, B.A., M.B., B.Ch., B.A.O.

A. H. WEAR, M.D., B.S., D.P.H.

DENTAL STAFF :

Senior Dental Officer—

H. E. GRAY, L.D.S.

Assistant Dental Officers—

JOSEPHINE DOLAN (Dentist, 1921).

FLORA GRANT, L.D.S.

A. R. LITTLAR, L.D.S. (Senior Dental Officer, Chesterfield B.).

DOROTHY LITTLAR (Part-time).

O. F. MORDAUNT, L.D.S. (Part-time).

S. SCHATZBERG, M.D.(Vienna).

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

LADIES AND GENTLEMEN,

I have the honour to present the 60th Annual Report on the health of the County of Derby.

The Birth Rate and Death Rate from all causes per 1,000 of the estimated population, which is 677,990, were respectively 17.01 and 10.93, whereas the corresponding rates for England and Wales were respectively 16.7 and 11.7. There were 11,534 live births in the County, compared with 12,152 live births in 1948 and 13,714 in 1947.

The percentage of illegitimate births was 4.38, as compared with 4.31 in the previous year.

There were 7,409 deaths, whereas there were 6,983 in 1948 and 7,389 in 1947. Out of the 7,409 deaths, 2,210 were certified as being due to heart disease, 1,114 as being due to cancer, and 977 as being due to intra-cranial vascular lesions.

The number of new cases of tuberculosis notified during the year was 592, as compared with 513 in 1948. You are referred to page 27, where the matter is dealt with in greater detail. The number of deaths from tuberculosis was 205, as compared with 243 in the previous year. The former figure gave a death rate of 0.30 per 1,000 of the population, which is the lowest on record in the County. While I am not certain of all the reasons for this, I am inclined to think that it is probably generally due to better ascertainment of cases, and the improved methods of treatment available.

The maternal mortality rate was 1.01 per 1,000 live and still births, which, apart from 1948, when the rate was 0.72, is the lowest on record.

The infantile mortality rate per 1,000 live births was 36.50, which is the lowest figure that has ever been recorded in this County, but it should be pointed out that the figure for England and Wales is 32.

I am pleased to state that for the first time on record there were no deaths from diphtheria during the year, and that there were only seven cases notified as suffering from the disease in children of 14 years or younger. Not one of these seven children had completed a full course of immunisation. The diphtheria immunisation campaign has been a great success, due in no small measure in my opinion to the vision and drive of Sir Wilson Jameson, who has recently retired from the post of Chief Medical Officer to the Ministry of Health.

The County Health Department has been extremely busy throughout the year implementing the Proposals under the various sections of the National Health Service Act. Although there have been short periods of great activity in the Department during my twelve years sojourn in Derbyshire, they have not been nearly so prolonged as in 1949. In some respects we have been "cutting new ground," such as in providing Home Nursing, Ambulance and After-Care services; but I do feel that the work we are doing is worth while, as it brings about a reduction in human suffering.

If people are fair, it must be admitted that the National Health Service Act is drafted along the right lines, because it is providing a free medical, dental and nursing service according to need, regardless of a person's financial position. It would be a great pity, however, if it floundered because of abuse by the personnel it employs or the general public it serves. Administratively it does offer scope for improvement, but time, I have no doubt, will rectify this, because it must be remembered that the duties and powers it provides were in many respects revolutionary in character.

I should like to pay tribute once again to the staff for their diligent and loyal service. When it has been necessary to ask them to do "that little bit extra which means so much" they have done so unhesitatingly.

I should like to thank the Clerk and the Heads of Departments for many acts of kindness in various ways, which have helped considerably in the smooth working of the Department.

It would be ungrateful on my part if I did not express my thanks to the Chairmen of the County Health Committee and the Weights and Measures and Miscellaneous Services Committee in particular, as well as the members of the County Council, in supporting any measures that would improve the health of the people of Derbyshire.

I am,

Your obedient Servant,

J. B. S. MORGAN,

County Medical Officer of Health.

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

August, 1950.

TABLE OF CONTENTS.

	Page.		Page.
Ambulance Service	59	Maternal Mortality	26
Ante Natal Scheme .. .	30	Maternity Homes	31
Area	10	Mental Health Service	72
Area Sub-Committee ...	8, 81	Midwives Acts	25
Bacteriological Laboratory ...	18	Midwifery Service	44
Births	10	Milk, Accredited and T.T. Licences	20
Care and After Care	68	Mothers and Young Children, Care of	30
Cleanliness	34	Nursery Provision for Children under 5	37
Day Nurseries	38	Occupation Centres	75
Deaths	11	Occupations	10
Dental Treatment of Children under 5	35	Open Air Shelters	68
Dental Treatment at Institutions	36	Ophthalmia Neonatorum ..	26
Dental Treatment of Expectant and Nursing Mothers ...	35	Population	10
Diphtheria Immunisation ...	54	Premature Infants	34
Extra Nourishment	68	Puerperal Pyrexia	26
Food, Inspection and Supervision of	19	Rateable Value	10
Gas and Air Analgesia	44	River Pollution	24
Health Visiting	48	Sewage Purification	23
Home Help Scheme	72	Summary of Services	83
Home Nursing Service	49	Tuberculosis	27, 68
Illegitimate Children, Care of...	42	Tuberculosis Deaths	29
Infant Welfare Centres ...	33	Vaccination	54, 59
Infantile Mortality	11	Vital Statistics	10
Infectious Diseases	82	Water Supplies	21

APPENDIX.

Causes of Death in each District.

COUNTY HEALTH COMMITTEE.

(As at 31st December, 1949.)

ALDERMAN F. WILSON
(Chairman).

ALDERMAN MRS. D. M. SUTTON
(Vice-Chairman).

Aldermen.

MRS. A. M. BELFIELD.	F. A. GENT.
W. BOOT.	MRS. F. E. SHIPLEY.
MRS. M. CANTRILL.	T. W. WARDLEY.
C. FEAKIN.	C. F. WHITE.

Councillors.

W. G. M. ADDEY.	M. H. EDMUNDS.
MRS. A. D. AUSTIN.	MRS. E. HARRISON.
MRS. H. BOAM.	J. ISHERWOOD.
H. G. BOOTH.	D. PRINCE.
MRS. G. BUXTON.	MRS. E. G. REVELL.
MRS. E. N. CLEGG.	J. W. WRIGHT.
J. F. CROMPTON-INGLEFIELD.	

Co-opted Members.

DR. E. C. DAWSON.	J. R. DAVIS, Esq.
A. J. WILSON, Esq., F.R.C.S.	MRS. E. LENTHALL.
T. ALLSOP, Esq., J.P.	E. JOHNSON, Esq.
E. A. HESKETT, Esq.	F. T. EMERY, Esq.

Ambulance Sub-Committee.

ALDERMAN F. WILSON.	COUNCILLOR MRS. A. D. AUSTIN.
ALDERMAN MRS. D. M. SUTTON.	COUNCILLOR D. PRINCE.
ALDERMAN C. FEAKIN.	COUNCILLOR J. W. WRIGHT.
ALDERMAN T. W. WARDLEY.	E. A. HESKETT, Esq.
F. S. SHORT, Esq.	} Co-opted members appointed by the British Red Cross Society.
G. H. M. PAWSON, Esq., O.B.E.	

Mental Health Sub-Committee.

ALDERMAN F. WILSON.	COUNCILLOR MRS. G. BUXTON.
ALDERMAN MRS. D. M. SUTTON.	COUNCILLOR MRS. H. BOAM.
ALDERMAN MRS. A. M. BELFIELD.	COUNCILLOR MRS. E. G. REVELL.
ALDERMAN MRS. F. E. SHIPLEY.	
ALDERMAN T. W. WARDLEY.	

Staff Sub-Committee.*

ALDERMAN F. WILSON.	ALDERMAN W. BOOT.
ALDERMAN MRS. D. M. SUTTON.	ALDERMAN MRS. F. E. SHIPLEY.

* Members of the Staff Sub-Committee are also the County Health Committee representatives on the Joint Medical Services Sub-Committee.

Chesterfield Area Health Sub-Committee.

<i>Representing the County Council.</i>	<i>Representing Chesterfield Corporation.</i>
ALDERMAN F. WILSON.	ALDERMAN MISS F. ROBINSON.
ALDERMAN MRS. D. M. SUTTON.	COUNCILLOR J. ANDERSON.
COUNCILLOR MRS. H. BOAM.	COUNCILLOR MRS. A. E. COLLISHAW.
COUNCILLOR MRS. E. HARRISON (<i>Vice-Chairman</i>).	COUNCILLOR E. C. HANCOCK.
COUNCILLOR MRS. E. G. REVELL.	COUNCILLOR L. HEATH (<i>Chairman</i>).
MRS. E. LENTHALL.	COUNCILLOR J. H. HODKIN.

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE.

(As at 31st December, 1949).

ALDERMAN MRS. D. M. SUTTON
(*Chairman*).

ALDERMAN C. FEAKIN
(*Vice-Chairman*).

Aldermen.

J. F. BIRCH.	W. J. SMITH.
T. COLLEDGE.	T. W. WARDLEY.
J. B. HANCOCK.	

Councillors.

D. BARTON.	D. PRINCE.
H. G. BOOTH.	N. SMITH.
J. F. CROMPTON-INGLEFIELD.	T. W. SMITH.
A. FOWLER.	C. WASS.
B. GOWERS.	J. W. WRIGHT.
MRS. E. HARRISON.	

Milk Licence Sub-Committee.

ALDERMAN MRS. D. M. SUTTON.	ALDERMAN C. FEAKIN.
-----------------------------	---------------------

Rural Water Supplies & Sewerage Act Sub-Committee.

ALDERMAN MRS. D. M. SUTTON.	COUNCILLOR MRS. E. HARRISON.
ALDERMAN C. FEAKIN.	COUNCILLOR N. SMITH.
ALDERMAN T. COLLEDGE.	COUNCILLOR T. W. SMITH.
ALDERMAN W. J. SMITH.	

TABLE I.

**Birth Rate, Death Rate, Infantile Mortality Rate and Death Rates from
Four Important Infectious Diseases during the last Fifty-nine Years.**

	DEATH RATES PER 1,000 OF POPULATION.				Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births.
	Small Pox.	Diphtheria & Membranous Croup.	Typhoidal Fevers.	Whooping Cough			
o WHOLE COUNTY..	.028	.17	.16	.30	17.1	33.7	147
England and Wales..	.012	.27	.18	.36	18.3	29.9	153
o WHOLE COUNTY..	.004	.16	.08	.24	14.1	28.5	126
England and Wales..	.016	.17	.10	.27	15.3	27.1	128
o WHOLE COUNTY..	—	.16	.03	.16	12.66	24.07	99
England and Wales..	.000	.14	.03	.18	13.85	21.90	100
o WHOLE COUNTY..	—	.07	.01	.10	10.92	19.73	70.7
England and Wales..	.00	.08	.01	.11	12.14	18.36	71.7
o WHOLE COUNTY..	—	.07	.004	.04	11.31	15.71	56.7
England and Wales..	.00	.07	.003	.04	12.26	14.93	58.6
o WHOLE COUNTY..	—	.022	.00	.026	10.94	18.21	45.6
England and Wales..	.00	.038	.00	.032	11.92	16.04	49.8
WHOLE COUNTY..	—	.022	.001	.023	10.96	19.60	38.95
England and Wales..	.00	.01	.00	.02	11.5	19.1	43.0
WHOLE COUNTY..	—	.006	—	.026	11.26	20.89	42.81
England and Wales..	.00	.01	.00	.02	12.0	20.5	41.0
WHOLE COUNTY..	—	.006	—	.015	10.42	18.13	43.45
England and Wales..	—	.00	.00	.02	10.8	17.9	34.0
Urban Districts ..	—	—	—	.017	11.24	17.05	36.5
Rural Districts ..	—	—	—	.009	10.57	16.97	36.5
WHOLE COUNTY..	—	—	—	.013	10.93	17.01	36.5
England and Wales..	.00	.00	.00	.01	11.7	16.7	32

REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1949

STATISTICS AND SOCIAL CONDITIONS.

AREA AND POPULATION.

The Administrative County of Derby comprises 29 Sanitary Districts, 4 of which are Municipal Boroughs, 16 Urban Districts and 9 Rural Districts.

The County has an area of 635,454 acres, 98,038 in Municipal Boroughs and Urban Districts and 537,416 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1949 was as follows:—

Municipal Boroughs	138,320
Urban Districts	220,100
Rural Districts	319,570
Total Administrative County ..	677,990

RATEABLE VALUE.

The rateable value of the Administrative County in April, 1949, for County Rate purposes was £3,565,617, and a Penny Rate over the whole County was estimated to produce the sum of £13,952.

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 adjoining Lancashire are those connected with the cotton trade, whilst in the South-Eastern area adjoining Nottinghamshire the hosiery and 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 pre-dispose to pulmonary disease. 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 Table II, and the following are extracts from them, given in a form required by the Ministry of Health:—

		<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Live Births	{ Legitimate ..	3,622	5,406	11,028
	{ Illegitimate ..	274	232	506
Total ...		5,896	5,638	11,534

Live Birth Rate per 1,000 of the estimated population	17.01
Number of Still Births	285
Rate of Still Births per 1,000 (total live and still) births	24.11
Number of Deaths	7,409
Death Rate per 1,000 of the estimated population ...	10.93

Deaths and Death Rates from Puerperal Causes:—

	<i>No. of Deaths.</i>	<i>Rate per 1,000 live and still Births.</i>
Puerperal and Post-abortion		
Sepsis	2	0.169
Other Maternal Causes ...	10	0.846
	—	—
Total	12	1.015
	—	—

Death Rate of Infants under 1 year of age:—

All infants (per 1,000 live births)	36.50
Legitimate infants (per 1,000 legitimate live births) ...	35.45
Illegitimate infants (per 1,000 illegitimate live births)	59.28

<i>No. of Deaths.</i>	<i>Rate per 1,000 of estimated population.</i>
---------------------------	--

Deaths and Death Rate from:—

Cancer (all ages)	1,114	1.68
Measles (all ages)	6	.009
Whooping Cough (all ages) ...	9	.013
Diarrhoea (under 2 years of age)	38	.056

Infantile Mortality.—The infantile mortality rate for the year under review was 36.50 per 1,000 live births, compared with 43.45 in 1948 and 42.81 in 1947.

TABLE III.
INFANTILE MORTALITY RATE.

(INFANTS DYING UNDER ONE YEAR, PER THOUSAND LIVE BIRTHS).

<i>Year.</i>	<i>Rate.</i>	<i>Year.</i>	<i>Rate.</i>
1930 ...	61.4	1940	55.4
1931 ...	67.4	1941	51.0
1932 ...	63.4	1942	42.2
1933 ...	62.2	1943	48.1
1934 ...	53.0	1944	42.1
1935 ...	56.6	1945	44.5
1936 ...	58.2	1946	38.9
1937 ...	52.1	1947	42.81
1938 ...	51.1	1948	43.45
1939 ...	47.4	1949	36.50

The rate for England and Wales in 1949 was 32.

COUNTY OF DERBY. YEAR

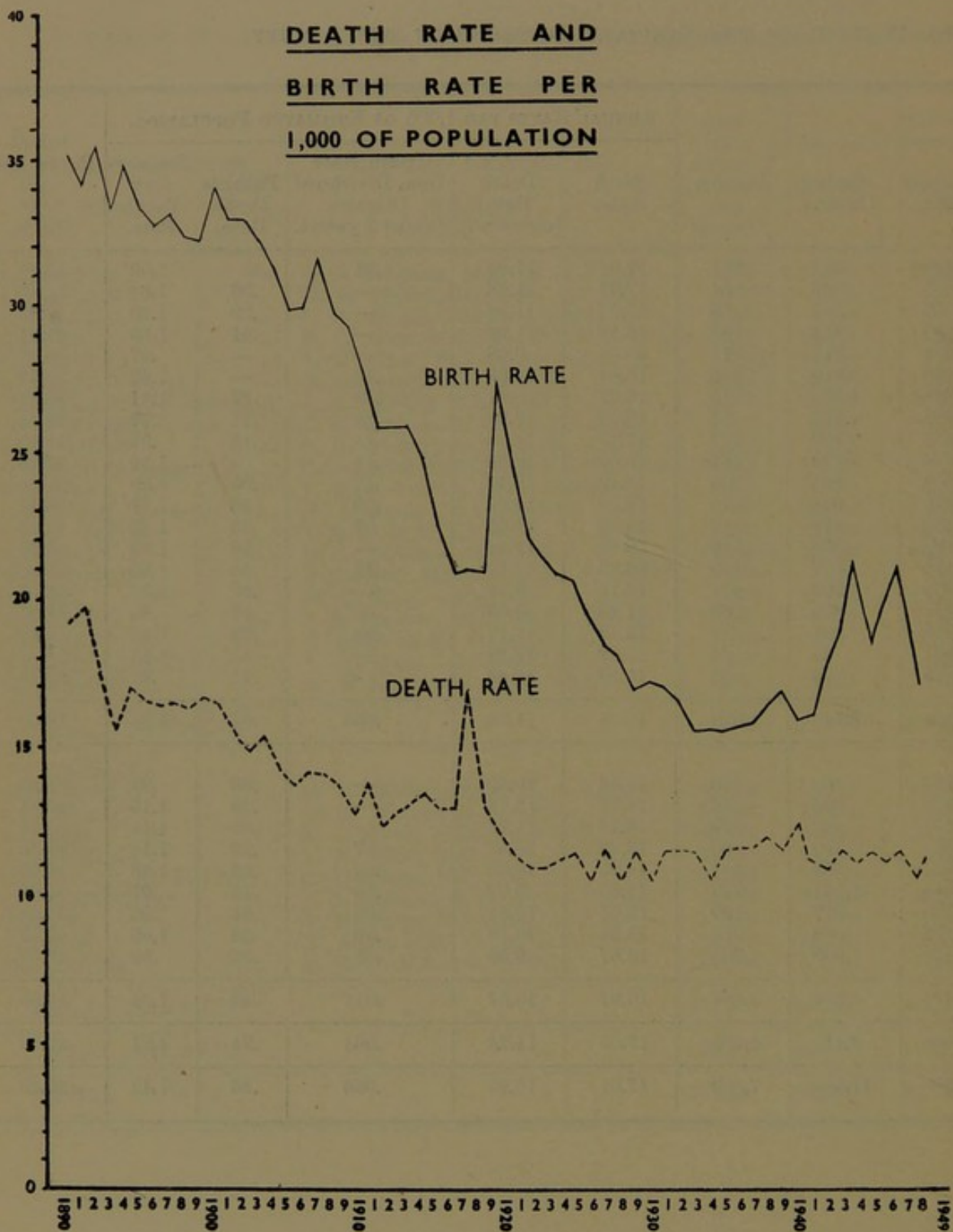
TABLE II.—TABLE GIVING BIRTH RATES AND DEATH RATES FROM SEVERAL

SANITARY DISTRICTS (URBAN.)	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water).	POPULA-	
			Census 1921.	Census 1931.
ALFRETON	S. O. Bingham, M.R.C.S., L.R.C.P. ...	5,176	21,201	22,262
ASHBOURNE	H. H. Hollick, M.R.C.S., L.R.C.P. ...	1,070	4,375	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ...	3,061	3,064	3,028
BELPER	R. C. Allen, M.R.C.S., D.P.H. ...	4,294	13,474	14,205
BOLSOVER... ..	A. H. Wear, M.D., B.S., D.P.H. ...	4,526	10,146	9,808
BUXTON (Borough) ...	G. Cochrane, M.B., D.P.H. ...	6,337	16,863	16,884
CHESTERFIELD (Borough)	J. A. Stirling, M.B., D.P.H. ...	8,472	61,232	64,160
CLAY CROSS	J. R. Graham, M.B., Ch.B., D.P.H. ...	2,349	8,846	8,781
DRONFIELD	J. R. Graham, M.B., Ch.B., D.P.H. ...	3,452	6,112	6,388
GLOSSOP (Borough) ...	F. Cockcroft, M.R.C.S., L.R.C.P., D.P.H.	3,323	21,048	20,001
HEANOR	P. H. J. Turton, M.D., D.P.H. ...	4,417	21,558	22,482
ILKESTON (Borough) ...	H. L. Barker, M.D., D.P.H. ...	3,017	32,520	33,164
LONG EATON	J. Moir, M.B., Ch.B. ...	3,559	23,050	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B. ...	16,599	15,716	16,596
NEW MILLS	F. Cockcroft, M.R.C.S., L.R.C.P., D.P.H.	5,209	8,490	8,551
RIPLEY	R. A. Ryan, L.R.C.P.I. ...	5,415	17,192	17,731
STAVELEY	J. R. Graham, M.B., Ch.B., D.P.H. ...	6,504	12,437	17,845
SWADLINCOTE	M. Allan, M.B., Ch.B., D.P.H. ...	3,755	20,211	20,604
WHALEY BRIDGE	F. G. Allan, L.R.C.P., L.R.C.S. ...	3,487	—	4,789
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B. ...	4,016	4,521	4,855
URBAN DISTRICTS ...	... ..	98,038	322,056	340,145
(RURAL).				
ASHBOURNE	H. H. Hollick, M.R.C.S., L.R.C.P. ...	86,188	11,762	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ...	85,643	19,521	19,272
BELPER	R. C. Allen, M.R.C.S., D.P.H. ...	48,074	21,545	23,106
BLACKWELL	A. H. Wear, M.D., B.S., D.P.H. ...	21,668	43,209	44,689
CHAPEL-EN-LE-FRITH ...	G. Cochrane, M.B., D.P.H. ...	103,418	22,705	18,770
CHESTERFIELD	J. R. Graham, M.B., Ch.B., D.P.H. ...	69,139	64,295	64,968
CLOWNE	A. H. Wear, M.D., B.S., D.P.H. ...	13,429	17,506	17,720
REPTON	M. Allan, M.B., Ch.B., D.P.H. ...	65,653	24,899	26,438
SHARDLOW	S. Hunt, M.R.C.S., L.R.C.P. ...	44,204	31,125	41,097
RURAL DISTRICTS ...	... ..	537,416	256,567	267,721
URBAN DISTRICTS ...	... ..	98,038	322,056	340,145
WHOLE COUNTY	... ..	635,454	578,623	607,866

ENDING DECEMBER 31st, 1949.

CAUSES, IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

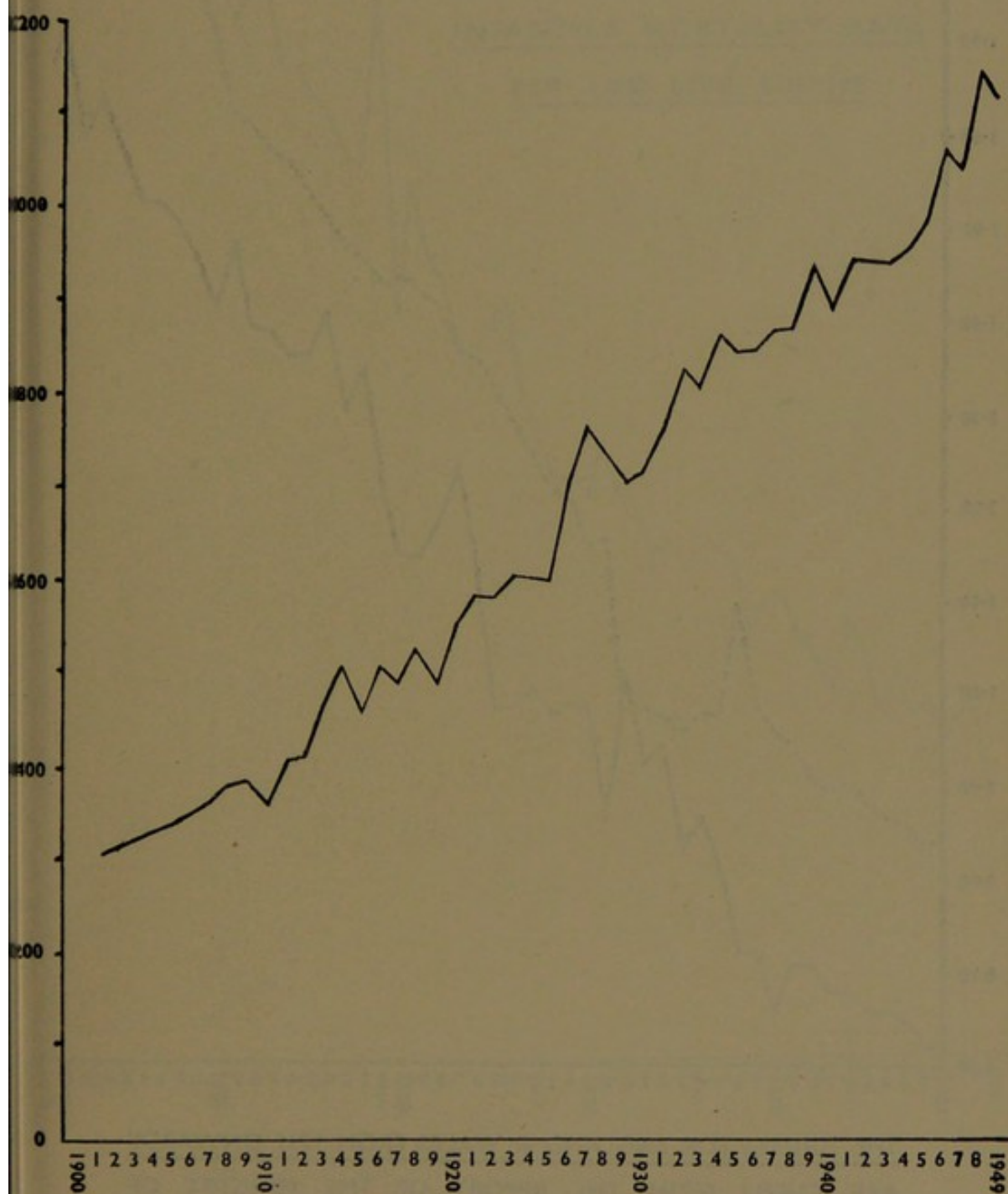
POPULATION.	Estimated 1949.	Births (Live).	Deaths.	ANNUAL RATES PER 1,000 OF ESTIMATED POPULATION.				Infant Death Rate per 1,000 Births.
				Birth Rate.	Death Rate (corrected).	Death Rate from Diarrhoeal Diseases (under 2 years).	Phthisis Death Rate.	Respiratory Death Rate.
	22,930	412	271	17.97	11.82	.21	.43	1.09
	5,480	96	64	17.52	11.68	—	.36	1.64
	3,350	52	38	15.52	11.34	—	.29	1.49
	15,490	253	185	16.33	11.94	—	.51	1.55
	10,630	213	71	20.04	6.68	—	—	.47
	19,100	316	246	16.54	12.88	.10	—	1.52
	67,780	1,130	719	16.67	10.61	.03	.22	1.01
	8,460	155	84	18.32	9.93	.23	.12	1.77
	7,400	129	107	17.43	14.46	—	.13	.94
	17,930	279	267	15.56	14.89	.11	.05	1.39
	24,350	443	255	18.19	10.47	.12	.20	1.23
	33,510	604	376	18.02	11.22	.09	.36	1.37
	28,690	472	317	16.45	11.05	.07	.38	1.32
	18,180	300	219	16.50	12.04	—	.16	1.32
	8,424	137	128	16.26	15.19	.12	.35	1.30
	18,030	292	172	16.19	9.54	—	.22	1.33
	17,670	305	160	17.26	9.05	—	.17	.85
	20,950	381	234	18.18	11.17	.04	.28	1.19
	5,191	65	64	12.52	12.33	—	—	1.15
	4,875	76	52	15.59	10.66	—	.41	.82
	358,420	6,110	4,029	17.05	11.24	.064	.24	1.21
	11,780	183	126	15.53	10.69	—	.08	.93
	19,320	295	246	15.27	12.73	—	.05	1.19
	28,040	453	329	16.15	11.73	—	.43	1.14
	43,690	799	466	18.29	10.67	.07	.39	1.14
	18,870	269	251	14.25	13.30	.05	.26	1.48
	75,380	1,331	748	17.65	9.92	.04	.14	.91
	18,920	377	199	19.92	10.52	.05	.31	.95
	31,120	509	315	16.35	10.12	.09	.38	1.09
	72,450	1,208	700	16.67	9.66	.05	.34	.92
	319,570	5,424	3,380	16.97	10.57	.047	.28	1.04
	358,420	6,110	4,029	17.05	11.24	.064	.24	1.21
	677,990	11,534	7,409	17.01	10.93	.056	.26	1.13



DERBYSHIRE

DEATHS FROM CANCER

1900—1949

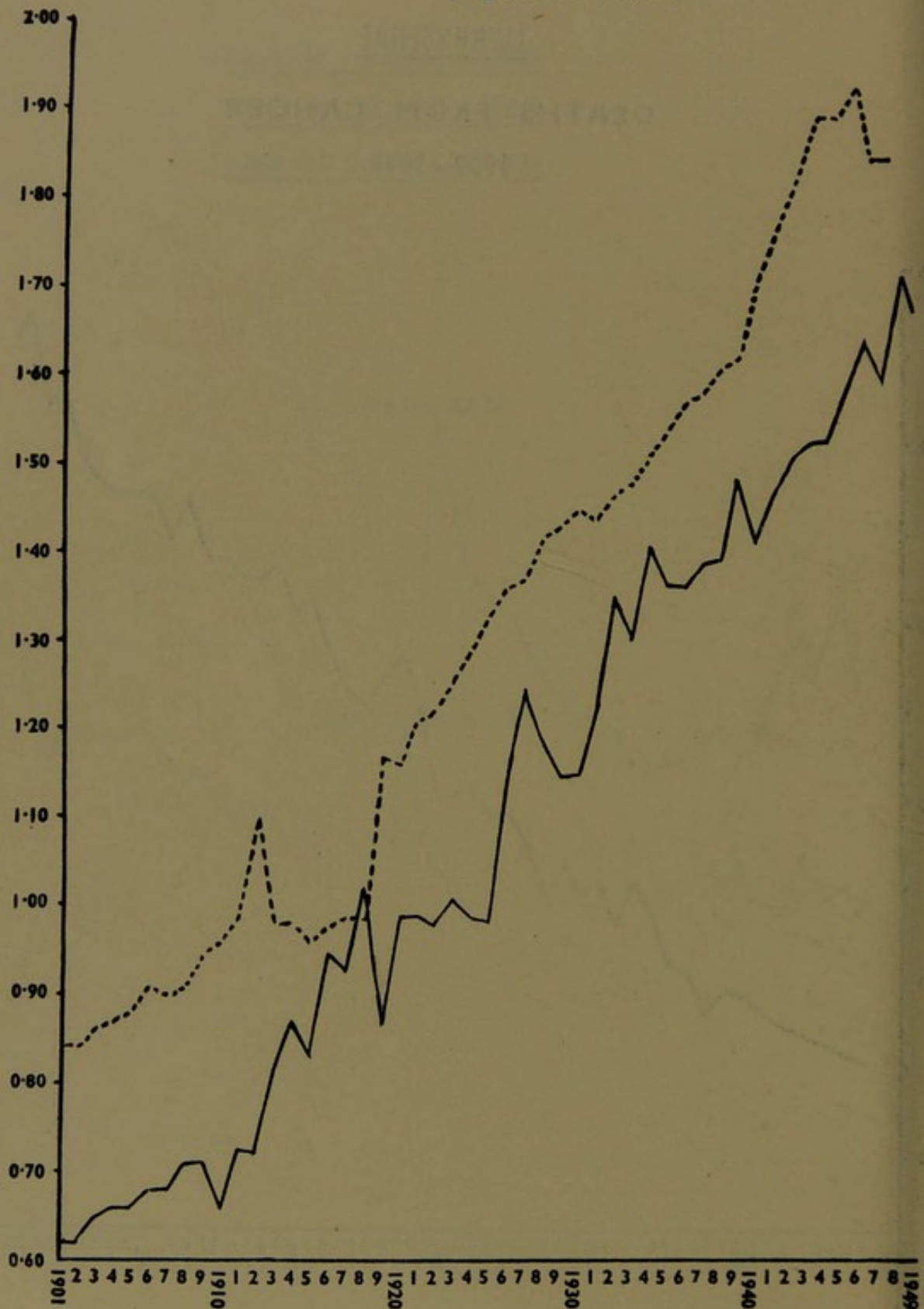


CANCER

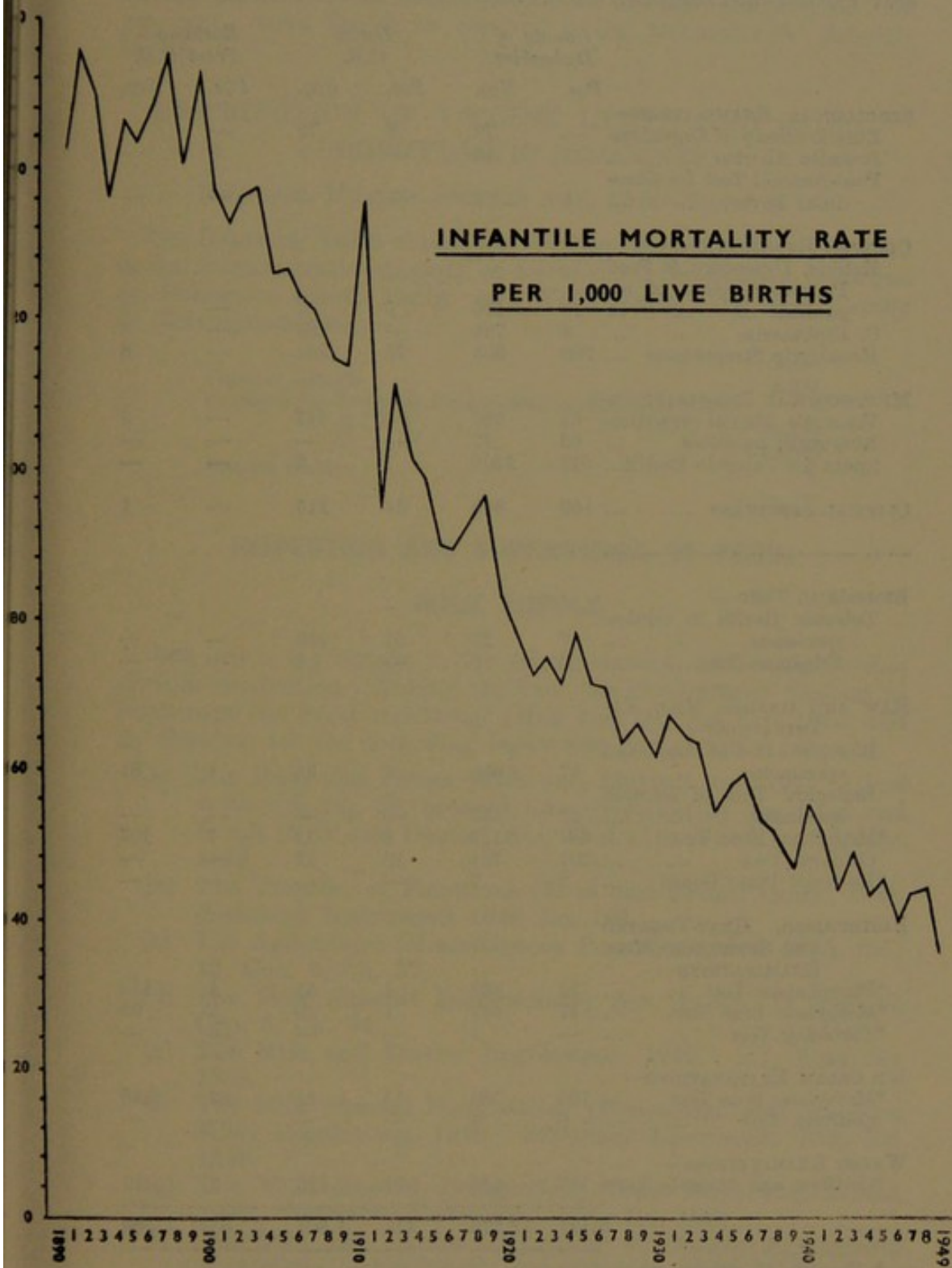
DEATHS PER 1,000 OF POPULATION

Derbyshire:- ———

England & Wales:- - - - -



THE FIGURES FOR ENGLAND & WALES FROM 1931 ONWARDS
ARE TAKEN FROM THE REPORT OF THE MINISTRY OF
HEALTH FOR THE YEAR ENDING 31st MARCH, 1948.



COUNTY BACTERIOLOGICAL LABORATORY.

The following Table shows the number of examinations carried out in the County Laboratory during the year for the Administrative County of Derbyshire and the County Boroughs of Derby (P.H.L.S.) and Burton-on-Trent (P.H.L.S.) :—

	<i>County of Derbyshire.</i>		<i>Derby C.B.</i>		<i>Burton-on- Trent C.B.</i>	
	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>	<i>Pos.</i>	<i>Neg.</i>
SEROLOGICAL EXAMINATIONS—						
Enteric Group of Organisms	—	79	2	79	—	—
Brucella Abortus ...	2	18	—	5	2	—
Paul-Bunnell Test for Glandular Fever ...	1	1	—	2	—	—
CULTURE EXAMINATIONS—						
Enteric, Dysentery & Food Poisoning group of organisms ...	10	126	9	52	—	4
C. Diphtheriæ ...	3	794	—	280	—	5
Hæmolytic Streptococci ...	209	805	75	251	—	8
MICROSCOPICAL EXAMINATIONS—						
Vincent's Angina organisms	21	585	12	217	—	3
Ringworm parasites ...	68	27	—	—	—	—
Sputa for Tubercle Bacilli...	213	2502	1	2	—	—
CLINICAL SPECIMENS ...	169	849	34	115	—	1
BIOLOGICAL TEST—						
Tubercle Bacilli in clinical specimens ...	7	27	51	250	—	—
Friedman Test ...	6	3	—	1	—	—
RAW AND GRADED MILK EXAMINATIONS—						
Biological Test of unselected specimens ...	17	653	3	35	4	81
Biological Test of selected specimens ...	32	222	—	—	—	—
*Methylene Blue Test ...	684	3119	9	13	7	107
Coliform Test ...	301	701	10	12	—	—
*Bacterial Plate Count ...	2	7	—	—	—	—
PASTEURISED, HEAT-TREATED AND STERILISED MILK EXAMINATIONS—						
*Phosphatase Test ...	25	580	1	51	1	119
*Methylene Blue Test ...	17	443	1	39	2	92
*Turbidity Test ...	—	1	—	—	—	—
ICE CREAM EXAMINATIONS—						
*Methylene Blue Test ...	190	283	14	44	67	136
Coliform Test ...	9	5	—	—	—	—
WATER EXAMINATIONS—						
*Coliform and Anærobe Tests	137	446	91	416	2	13
	2,123	12,276	313	1,864	85	569

* *Pos.* — *Unsatisfactory.*
Neg. — *Satisfactory.*

BIOLOGICAL TESTS FOR TUBERCLE BACILLI IN MILK.

During the year, 793 unselected samples of milk, including raw and graded milk taken in the Derbyshire County, Derby C.B. and Burton-on-Trent C.B. areas, were examined biologically for the presence of *B. tuberculosis*. 24 of these samples, or 3.03 per cent., were found to contain living transmissible tubercle bacilli.

DISTRIBUTION OF VACCINE LYMPH AND OTHER PROPHYLACTIC REAGENTS.

NATIONAL HEALTH SERVICE ACT, 1946—SECTION 26.

The following Table shows the vaccine, etc., issued during 1949 in the Administrative County of Derbyshire, the County Boroughs of Burton-on-Trent, Derby and Nottingham, and the County of Nottinghamshire :—

	<i>Doses.</i>
Vaccine Lymph	5,904
Prophylactic Reagents for Diphtheria Immunisation—	
A. P. T.	23,739
T. A. F.	11,043
Measles Serum	63

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

1949 saw a big change in the administration of the supervision of milk production. During the year the Government decided to implement the Food and Drugs (Milk and Dairies) Act, 1944, and on October 1st the following legislation came into force :—

- (a) The Food and Drugs (Milk and Dairies) Act, 1944, 7 and 8, Geo. 6, Ch. 29, brought into operation by the Food and Drugs (Milk and Dairies) Act, 1944 (Appointed Day) Order, 1949.
- (b) The Transfer of Functions (Food and Drugs) Order, 1948. Statutory Instrument 1948 No. 107.
- (c) The Agriculture (Miscellaneous Provisions) Act, 1949, 12—13, Geo. 6, Ch. 37.
- (d) The Milk (Special Designations) Act, 1949. 12 and 13, Geo. 6, Ch. 34.
- (e) The Milk and Dairies Regulations, 1949. S.I. 1944 No. 1588.
- (f) The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949. Statutory Instrument 1949 No. 1589.
- (g) The Milk (Special Designation) (Raw Milk) Regulations, 1949. Statutory Instrument 1949 No. 1590.
- (h) The Milk and Dairies (Delegation to County Agricultural Executive Committees) Regulations, 1949. Statutory Instrument 1949 No. 1847.

The following circulars were also received :—

- (a) Ministry of Health 23/48. Transfer of Functions (Food and Drugs) Order.
- (b) Ministry of Health Circular 87/49.
- (c) Ministry of Food Circulars : MF/14/49, MF/15/49, MF/17/49, and MF/19/49.

In addition, the following statutes were repealed or altered :—

- (a) The Milk and Dairies Regulations, 1926—1943 : The Milk (Special Designations) Regulations, 1936 to 1948 ; Defence (General) Regulations 55G, S.R. and O. 1944 No. 65. Repealed.
- (b) The Food and Drugs Act, 1938, Sections 20, 21, 22 and 92. Amended by the Food and Drugs Act, 1944, by the Agriculture (Miscellaneous Provisions) Act, 1949 (Section 7), and by the Milk (Special Designations) Act, 1949.
- (c) Food and Drugs (Milk and Dairies) Act, 1944 (Section 4). Amended by the Agriculture (Miscellaneous Provisions) Act, 1949 (Section 7).

The effect of this legislation has been to put the responsibility for the supervision of milk production on to the Ministry of Agriculture and Fisheries, a duty previously exercised by County Councils in respect of Graded Milks and District Councils in respect of other raw milks. The supervision of Pasteurising and Sterilising establishments was transferred, however, from District Councils to Food and Drugs Authorities. Due to the re-distribution of control, a total of 1,199 Graded Milk producers in this County ceased on the 30th September to come under the supervision of the County Sanitary Inspectors.

On the 30th September, 1949, 352 Tuberculin Tested Licences were in force, an increase of 97 over the previous year. 49 of these producers previously held Accredited Licences. The number number of Accredited Producers was 847. The following Table shows that the annual increase in the number of Tuberculin Tested Producers was not only maintained, but increased.

TABLE IV.

<i>Year.</i>	<i>Accredited.</i>	<i>Tuberculin Tested.</i>	<i>Total.</i>
1936	795	7	802
1937	818	5	823
1938	900	18	918
1939	1,004	19	1,023
1940	1,034	22	1,056
1941	1,021	21	1,042
1942	1,014	26	1,040
1943	1,050	43	1,093
1944	1,017	75	1,092
1945	1,020	109	1,129
1946	996	139	1,135
1947	971	186	1,157
1948	923	255	1,178
1949	847	352	1,199

The County Sanitary Inspectors and Sampling Officers took 3,295 samples of milk during the nine months ending 30th September, 1949, as shown in the following Table :—

TABLE V.

<i>Grade of Milk.</i>	<i>Satisfactory.</i>	<i>Unsatisfactory.</i>	<i>Total.</i>
Tuberculin Tested	477	72	549
Accredited	2,057	524	2,581
School Milk (Pasteurised) ...	51	2	53
School Milk (Undesignated) ...	10	3	13
Raw milk submitted to biological test for Tuberculosis	99	—	99

On October 1st, 1949, the Department became responsible for the licensing and supervision of all Pasteurising Establishments in the County. Initial inspections revealed that there were 19 Pasteurising Licences in force at that date, issued by 11 different Local Authorities. There were no Sterilising Establishments in the County area, such premises also being placed under County control by the Milk Regulations, 1949.

The number of Pasteurising Licences in force on 31st December, 1949, was 19.

Regulation 55G.—Plants at which milk was heat-treated were visited regularly on behalf of the Ministry of Food, and a total of 101 milk samples were taken and submitted to the Phosphatase and Methylene Blue tests. Five samples failed the Methylene Blue reduction test and one failed the Phosphatase test.

This Defence Regulation was revoked by the Milk (Special Designation) Act, 1949, with effect from the 1st October, 1949, and the description "Heat-Treated Milk" ceased to have any statutory definition. Circular MF/19/1949 gave processors of heat-treated milk until the 31st March, 1950, to obtain a Pasteuriser's or Steriliser's Licence issuable by the Food and Drugs Authority.

WATER SUPPLIES.

Rural Water Supplies and Sewerage Act, 1944.

The following schemes of water supply have been submitted to the Rural Water Supplies and Sewerage Act Sub-Committee of the County Council since the commencement of the Act :—

<i>Local Authority.</i>	<i>Parishes.</i>	<i>Estimated Cost.</i> £	<i>Remarks.</i>
Ashbourne R.D.C. ...	Northern Area ...	22,000	
" " ...	Cubley and Marston Montgomery ...	56,150	
Bakewell R.D.C. ...	Stoke Flatt ...	No request for grant.	
" " ...	Area Scheme ...	387,100	
Belper R.D.C. ...	Smalley, Mapperley and Shipley ...	47,300	
" " ...	Western Parishes ...	85,100	
" " ...	Plaistow Green, Wheatcroft, etc. ...	14,700	
" " ...	Mackworth ...	3,200	
Chapel R.D.C. ...	Aston, Brough and Shatton, Thornhill...	10,840	
Chesterfield R.D.C. ...	Brampton ...	8,000	
" " ...	Eckington ...	1,445	
" " ...	Brampton and Walton ...	34,200	
Repton R.D.C. ...	Smisby ...	3,970	
" " ...	Radbourn, Ash, etc. ...	132,046	
" " ...	Burnaston ...	3,200	
" " ...	Twyford & Stenson ...	5,431	
" " ...	Bretby ...	1,402	
" " ...	Hilton ...	1,125	
Shardlow R.D.C. ...	Parishes outside limits of Derby Borough Water Supply ...	57,115	
New Mills U.D.C. ...	Rowarth ...	11,500	Subject to Ministry of Health agreeing that this scheme relates to a rural locality.
" " " ...	Brookbottom ...	2,135	Do.

Local improvements to mains supplies and extensions of existing mains have been carried out in the year under review in many districts. The following is a summary of work carried out under this heading :—

District.

Alfreton U.D.C. ...	Local mains extensions and re-laying at various points.
Ashbourne U.D.C. ...	Main extension for Roadmeadow housing site.
Buxton Borough ...	New intake at Lightwood reservoir. Local mains extensions.
Chesterfield Borough (Chesterfield and Bolsover Water Board).	New mains laid (2,000 yards) and some existing mains re-laid (1,000 yards).
Ilkeston Borough ...	Local mains extensions, including 5,380 yards for Kirk Hallam housing site.
New Mills U.D.C. ...	Local mains extensions.
Ripley U.D.C. ...	New main installed in Street Lane area.
Chapel-en-le-Frith R.D.C. ...	Mains laid at Wormhill, and Brough and Thornhill. Extension to housing site at Hayfield.

Ministry of Health Inquiries.

Wirksworth U.D.C.

An Inquiry was held at Wirksworth on the 16th June, 1949, in connection with the Wirksworth Urban District Council's proposal to augment their existing supplies by the sinking of another bore-hole at an estimated cost of £9,000. The Ilkeston and Heanor Water Board opposed the scheme on the grounds that the sinking of the proposed new borehole was likely to affect adversely their existing sources of supply.

SEWERAGE AND SEWAGE DISPOSAL.

Rural Water Supplies and Sewerage Act, 1944.

The following schemes of sewerage and sewage disposal have been submitted to the Rural Water Supplies and Sewerage Act Sub-Committee of the County Council since the commencement of the Act :—

<i>Local Authority.</i>	<i>Parishes.</i>	<i>Estimated Cost.</i> £	<i>Remarks.</i>
Ashbourne R.D.C. ...	Brassington ...	18,800	
" " ...	Parwich ...	14,000	
" " ...	Hulland Ward ...	6,850	
" " ...	Clifton ...	10,750	
" " ...	Brailsford ...	5,000	
Bakewell R.D.C. ...	Taddington ...	8,500	
" " ...	Tideswell ...	13,260	
" " ...	Bradwell ...	34,700	
" " ...	Beeley and Great Rowsley ...	17,100	
Belper R.D.C. ...	Dethick, Lea and Holloway ...	23,000	
Chapel-en-le-Frith R.D.C. ...	Chapel ...	7,500	
Chesterfield R.D.C. ...	Kelstedge ...	2,343	
Shardlow R.D.C. ...	Little Eaton, Morley, Stanton-by-Dale, Elvaston, etc. ...	256,864	
Repton R.D.C. ...	Netherseal ...	10,800	
" " ...	Hilton ...	17,250	
" " ...	Newton Solney ...	12,500	
" " ...	Ticknall ...	16,500	
Bolsover U.D.C. ...	Whaley ...	11,000	Subject to the Ministry of Health agreeing that this scheme relates to a rural locality.
Dronfield U.D.C. ...	Dronfield Woodhouse	14,751	Not regarded as eligible for grant under the Act.
Matlock U.D.C. ...	Bonsall ...	20,900	Only Slaley portion considered to be a rural locality.
" " ...	North and South Darley	?	Not regarded as eligible for grant under the Act.
New Mills U.D.C. ...	Rowarth ...	5,150	Subject to the Ministry of Health agreeing that this scheme relates to a rural locality.

Sewer extensions continued in many districts, chiefly to new housing sites, and the following is a summary of the works carried out :—

District.

Alfreton U.D.C.	...	Cottage Farm housing site storm water sewer laid.
Ashbourne U.D.C.	...	Local extension, Derby Road (1,260 yards of 9-inch sewer).
Buxton Borough	...	Surface water and foul sewers laid for Victoria Park Schemes, and in George Street.
Ilkeston Borough	...	New sewers laid to housing site at Kirk Hallam.
Chapel-en-le-Frith R.D.C.		Extensions to sewers at Hope (270 yards of 9-inch sewer) and Hayfield (425 yards of 9-inch and 6-inch sewers).

Ministry of Health Inquiries.

Ashbourne R.D.C.

An Inquiry was held at Ashbourne on the 27th April, 1949, in connection with the Ashbourne Rural District Council's proposals for works of sewerage, costing £12,250 in the Parish of Clifton, and £20,750 for works of sewerage and sewage disposal in the Parish of Parwich. There were no objections to either scheme.

An Inquiry was held at Ashbourne on the 1st December, 1949, in connection with the Ashbourne Rural District Council's proposals for works of sewerage and sewage disposal, costing £10,800, for Hulland Ward. There was no opposition to the scheme.

Chesterfield R.D.C.

An Inquiry was held at Chesterfield on the 7th December, 1949, in connection with the Chesterfield Rural District Council's proposals for works of sewerage and sewage disposal, costing £2,355, for the hamlet of Kelstedge in the Parish of Ashover. There was no opposition to the scheme.

RIVER POLLUTION.

123 visits of inspection were paid to sewage disposal works during the year by the County Sanitary Inspectors, and 99 samples of the effluents were taken and submitted for analysis. The laboratory results are expressed in the following categories :—

Category A	...	Effluents satisfactory in all respects.
Category B	...	Effluents which seem to be well purified but which contain an excess of suspended matters.
Category B.1	...	Where the excess is not marked.
Category B.2	...	Where there is a more noticeable excess of suspended solids.
Category C	...	Effluents which have not been sufficiently purified as indicated by presence of readily oxidisable organic matter.
Category D	...	Effluents which are inadequately purified and which also contain an excess of suspended matters.

The number of samples in each category is shown in the following table :—

A	B.1	B.2	C	D	TOTAL.
16	22	9	—	52	99

Routine visits were paid to manufactories, collieries, etc., throughout the year in connection with the prevention of rivers pollution, and, as far as economic conditions allowed, the quality of trade effluents continued to be strictly controlled.

MIDWIVES ACTS, 1902-1936.

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

Number of Midwives.—At the end of 1949 there were 234 midwives on the County Roll—18 were midwives in independent practice; 13 were midwives working in Nursing Homes; 81 were midwives working in Institutions; 79 were County Midwives; and 43 were County Home Nurse/Midwives.

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

	1943	1944	1945	1946	1947	1948	1949
RECORDS RECEIVED—							
Medical Help	2044	1955	1565	1621	1603	1549	1225
Still Births	119	119	113	121	100	108	119
Deaths of Children	89	102	83	78	83	62	60
Deaths of Mothers	5	3	—	3	4	—	2
Laying out the dead	46	25	25	25	13	29	24
Liability to be a source of infection	123	126	105	100	85	48	40
Notification of Artificial Feeding (within 14 days)	189	205	193	204	216	177	265
<i>Puerperal Pyrexia—</i>							
Midwives' Cases	20	30	33	24	23	7	4
<i>Ophthalmia Neonatorum—</i>							
ALL CASES	31	23	21	14	10	6	7

Puerperal Pyrexia.—The following Table shows the total number of cases of Puerperal Pyrexia notified to me during the year 1949 and the case rate from this condition per 1,000 births :—

<i>No. of Cases of Puerperal Pyrexia.</i>	<i>No. of Live Births and Still Births in Whole County.</i>	<i>Case rate per 1,000 Births.</i>
28	11,852	2.36

Ophthalmia Neonatorum.—The incidence of Ophthalmia Neonatorum during the year 1949 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>				
* 7	4	3	6	—	—	—

* NOTE.—One case transferred out of area.

Maternal Mortality.

The maternal mortality rate for the whole County for the year 1949 was 1.01 per thousand live and still births. The following Table gives the maternal mortality rate in the County since 1931. The figures up to and including the year 1947 exclude the Borough of Chesterfield.

TABLE VI.

<i>Year.</i>	<i>Rate.</i>	<i>Year.</i>	<i>Rate.</i>
1931 ...	4.55	1940 ...	2.47
1932 ...	4.00	1941 ...	2.57
1933 ...	4.34	1942 ...	2.43
1934 ...	4.51	1943 ...	2.20
1935 ...	4.51	1944 ...	1.32
1936 ...	3.27	1945 ...	1.42
1937 ...	3.89	1946 ...	1.37
1938 ...	3.65	1947 ...	1.11
1939 ...	2.15	1948 ...	0.72
		1949 ...	1.01

TUBERCULOSIS SCHEME.

STATISTICS.

NOTIFICATIONS.

During 1949, there were 592 (491 pulmonary and 101 non-pulmonary) new cases reported, 530 being primary notifications and 62 being cases reported otherwise than by notification. The total number of new cases, both pulmonary and non-pulmonary, which reached a peak of 633 in 1941, showed a continuous decrease until the end of 1948. During 1949, however, there was an increase of 79 cases as compared with the previous year. This was such a sharp reversal of the recent trend that I consulted the Consultant Chest Physician dealing with tuberculosis, who has worked in the County for a considerable number of years. He has informed me that doctors are sending many more cases to the clinics now than they have in previous years, and that the use of X-rays for patients complaining of pulmonary symptoms is much more widely used nowadays than formerly.

This increased vigilance on the part of general practitioners is to be welcomed. In fact, the Chief Medical Officer of the Ministry of Health, writing in the Ministry's Annual Report with regard to the increased number of new cases diagnosed to be tuberculous during 1947, stated as follows :—

“This is, in part, evidence of activity and awareness on the part of both general practitioners and tuberculosis officers. Doubtless the reference of suspicious cases from mass radiography units is a factor that will become of increasing importance as the number of units is multiplied. The value to the public health of bringing ever more tuberculous patients and their contacts under some measures of supervision and control cannot be over-estimated.”

The Consultant Chest Physician adds that some cases are accounted for by the fact that the number of “displaced persons” suffering from tuberculosis has increased from 1 to 12 between 1948 and the year under review, and that mass miniature radiography discovered 10 cases in 1949 as compared with only 5 in 1948.

TUBERCULOSIS

NOTIFICATION OF ALL FORMS
OF TUBERCULOSIS -----

DEATHS FROM ALL FORMS
OF TUBERCULOSIS _____

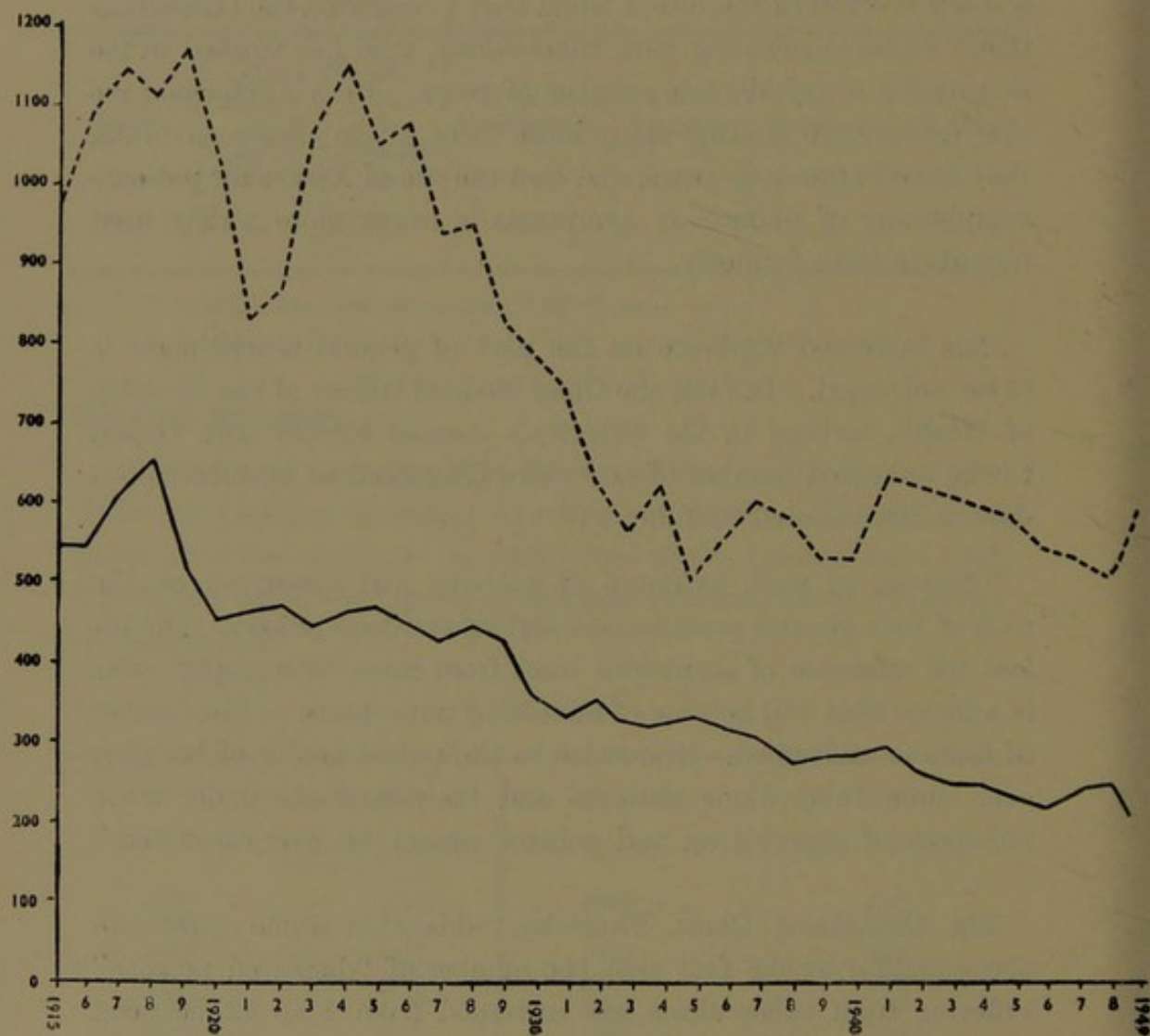


TABLE VII.

NEW CASES OF TUBERCULOSIS REPORTED
TO THE AUTHORITY DURING 1948.

<i>Age Periods</i>	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	<i>Total All Ages.</i>
Respiratory (Males) ...	1	3	2	4	9	15	36	72	53	41	38	19	2	295
Respiratory (Females)...	1	2	5	8	3	27	34	50	32	15	11	6	2	196
Non-Respiratory— (Males) ...	—	1	12	13	6	4	3	3	6	2	2	—	—	52
Non-respiratory— (Females) ...	—	2	7	13	3	5	11	4	2	2	—	—	—	41
TOTAL ...	2	8	26	38	21	51	84	129	93	60	51	25	4	592

Details of the clinical types of cases notified are shown in the following Table :—

TABLE VIII.

Pulmonary ...	...	...	...	...	...	491
Non-pulmonary :—						
Glands ...	...	...	...	...	...	59
Meningitis ...	...	...	...	...	...	6
Bones and Joints ...	...	...	...	...	...	12
Abdominal ...	...	...	...	...	...	6
Genito-Urinary ...	...	...	...	...	...	7
Miliary ...	...	...	...	...	...	7
Lupus ...	...	...	...	...	...	2
Other Forms (unspecified) ...	...	...	...	...	...	2
						101
GRAND TOTAL ...	...	...	...	...	...	592

DEATHS FROM TUBERCULOSIS.

Whilst there has been an increase in the number of notifications in 1949, it is pleasing to note that the number of deaths occurring in the County as recorded by the Registrar-General as being attributable to tuberculosis showed a decrease of 38. The actual numbers were 178 pulmonary and 27 non-pulmonary, totalling 205, as compared with a total of 243 for 1948. The general position is shown in the graph on opposite page.

The death rates per thousand of the population are as follows :—

			1949.	1948.
Pulmonary	...	...	0.26	0.30
Non-Pulmonary	...	...	0.04	0.06
Total	...	...	0.30	0.36

This figure of 0.30 deaths per thousand of population is the lowest on record for the County. The provisional figure for England and Wales supplied by the Registrar-General for 1949 is 0.45 deaths per thousand of the civilian population.

The Table below shows the notifications and deaths during the last 10 years.

TABLE IX.

<i>Year.</i>	<i>New Cases.</i>	<i>Deaths.</i>	<i>Year.</i>	<i>New Cases.</i>	<i>Deaths.</i>
1940	527	280	1945	581	227
1941	633	295	1946	542	222
1942	621	259	1947	529	242
1943	612	244	1948	513	243
1944	595	245	1949	592	205

The Sections to which reference is made in the headings to the following parts of this Report relate to the National Health Service Act, 1946.

CARE OF MOTHERS AND YOUNG CHILDREN.

(Section 22).

Ante-Natal Scheme.

Twenty-three Ante-Natal Clinics are maintained by the Council, six in the Municipal Boroughs, 14 in Urban Districts, and three in Rural Districts, as follows :—

ALFRETON	...	School Clinic, Grange Street. Each Friday, 9 a.m. to 12.30 p.m., and 1.30 p.m. to 4 p.m.
ASHBOURNE	...	Maternity Home, Green Road. 2nd and 4th Monday, 1.30 to 4 p.m. 1st and 3rd Saturday, 9 a.m. to 12.30 p.m.
BELPER	...	The Cedars, Field Lane. 2nd and 4th Mondays, 9 a.m. to 12.30 p.m.
BOLSOVER	...	School Clinic, Welbeck Road. Each Friday, 9 a.m. to 12.30 p.m.
BUXTON	...	Child Welfare Centre, Bridge Street, Buxton. 1st and 3rd Tuesday, 1.30 p.m. to 4 p.m.

CHESTERFIELD ...	Maternity Home. Each Wednesday, 10 a.m. to 3 p.m.
CHINLEY ...	School Clinic, Lower Lane, Chinley. 1st Tuesday, 10.30 a.m. to 12 noon
CLAY CROSS ...	School Clinic, High Street Each Monday, 9 a.m. to 12.30 p.m.
DERBY ...	School Clinic, Walker Lane. Each Tuesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
ECKINGTON ...	Wesleyan School. 1st and 3rd Thursdays, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
FRECHEVILLE ...	School Clinic, Fox Lane. 2nd and 4th Monday, 9 a.m. to 12.30 p.m.
GLOSSOP ...	Municipal Buildings. 1st Wednesday, 3.30 p.m. to 4.30 p.m.
HEANOR ...	School Clinic, Wilmot Street. 1st, 3rd and 5th Thursdays, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m. 2nd and 4th Thursdays, 9 a.m. to 12.30 p.m.
ILKESTON ...	School Clinic, Albert Street. Each Monday, 2 p.m. to 4 p.m.
LONG EATON ...	4, Nottingham Road. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
MATLOCK ...	Dean Hill House, Causeway Lane. Each Thursday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
NEW MILLS ...	High Lea Hall. 3rd Tuesday, 10.30 a.m. to 12 noon.
RIPLEY ...	Cottage Hospital. 2nd and 4th Fridays, 1.30 p.m. to 4 p.m.
SHIREBROOK ...	Cliff House, Church Hill. Each Monday, 1.30 p.m. to 4 p.m.
STAVELEY ...	School Clinic, Lime Avenue. 2nd, 4th and 5th Thursdays, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
SWADLINCOTE ...	School Clinic, Alexandra Road. 1st, 3rd and 5th Fridays, 9 a.m. to 12.30 p.m.

Patients residing in the Borough of Chesterfield attend the following Ante-Natal Clinics :—

CHESTERFIELD ...	Maternity Home. Each Thursday, 10 a.m. to 12 noon and 2 p.m. to 4 p.m. Each Friday, 2 p.m. to 4 p.m.
	Edmund Street. Each Tuesday, 2 p.m. to 4 p.m. 1st, 3rd and 4th Tuesday, 10 a.m. to 12 noon.

The following are the number of sessions and attendances at these Clinics during 1949 :—

Half-day Sessions	...	...	1,327
Number of new cases	...	...	5,824
Total number of attendances	...	...	25,302
Post-Natal Visits	...	...	533

Institutional Maternity Accommodation.

From the 5th July, 1948, the provision of hospital accommodation for maternity cases has been the responsibility of Regional Hospital Boards. To facilitate the admission of expectant mothers to Hospital the appropriate Hospital Management Committees set up "Bed Bureaux" in Chesterfield and Derby. All applications for admission are made to the Bed Bureaux. Forms of application are provided and advice is given at the Authority's Ante-Natal Clinics. If the Medical Officer of the Clinic recommends admission to a hospital bed on medical grounds, this is sufficient to ensure that a bed is made available. In most cases, however, the application is made to the Bed Bureau on the grounds of inadequate

home facilities, and such cases are referred to this Authority for a report on the home circumstances. These reports are made after a visit by the Health Visitor on the Committee's staff, with a recommendation as to whether the home conditions are such as to necessitate the provision of a hospital or maternity home bed. Whilst most of the cases are dealt with by the Derby and Chesterfield Bed Bureaux, the remainder are dealt with by smaller, less rigid schemes operating in the Stockport, Sheffield, Nottingham, Mansfield and Burton areas. On the whole the arrangements have worked smoothly, particularly those controlled by the Bed Bureaux at Derby and Chesterfield.

Analysis of cases visited by Health Visitors for a report on the home circumstances :—

Derby Bed Bureau.

Suitable for home confinement	28
Hospital accommodation desirable but not essential	254
Home conditions unsuitable and hospital confinement necessary	1,015
Miscellaneous visits (i.e., cancellations, miscarriages, removals from district, etc.)...	20

Chesterfield Bed Bureau.

Suitable for home confinement	12
Hospital accommodation desirable but not essential	61
Home conditions unsuitable and hospital confinement necessary	370
Miscellaneous visits (i.e., cancellations, miscarriages, removals from district, etc.)...	5

In the case of Chesterfield, the above figures refer to cases dealt with from June, 1949, when the scheme came into full operation in that area, to the end of the year. There were also 467 cases dealt with in the first half of the year, but records were not kept of the categories in which they were placed.

Other Hospitals outside the areas of the Derby and Chesterfield Bed Bureaux.

Hospital accommodation desirable but not essential	3
Home conditions unsuitable and hospital confinement necessary	52
Miscellaneous (i.e., cancellations, miscarriages, removals from district, etc.)	11

BLOOD TESTING.

Following a discussion with a Medical Officer of the Ministry of Health, arrangements were made in February, 1947, for the collection of blood from patients at Ante-Natal Clinics so that a presumptive Kahn, ABO typing, and a Rhesus test could be carried out by the Regional Transfusion Officer at Sheffield.

If the presumptive Kahn test proves positive, then it can be confirmed by performing another serological examination, that is, a Wasserman test, by a Pathologist to exclude definitely syphilis.

The advantage of the Rhesus typing is that it will avoid the risk of transfusing the mother with Rh. incompatible blood which might lead to a severe, if not fatal, reaction. Sometimes an incompatible transfusion will sensitise the mother, and this might lead to the development of erythroblastosis foetalis, which is a hæmolytic disease in the newborn. If the Rh. typing is carried out, the possibility of this occurring will be recognised in advance, and so remedial action may prevent a neo-natal death.

ABO typing is advisable before a blood transfusion takes place whatever the sex, and if a female, whether pregnant or not, in order that the appropriate blood group donor might be selected for the recipient. If these steps are not taken, unpleasant complications might develop.

The arrangements provide not only for Rh. typing, and for serum tests for syphilis, but also for ABO typing, which means in effect that three pieces of preventive medical work have been combined without splitting the blood sample or making a second vene-puncture.

INFANT WELFARE CENTRES.

At the end of 1949 there were 79 Infant Welfare Centres maintained by the Council, 11 in the Municipal Boroughs, 24 in Urban Districts, and 44 in Rural Districts.

A Health Visitor attends each Centre, which is generally under the supervision of a Doctor.

There are also five Voluntary Infant Welfare Centres situated in rural areas.

During the year under review, new Infant Welfare Centres were opened at the Methodist Church, Overseal, and the Village Hall Repton. Three voluntary Infant Welfare Centres situated at Bamford, Doe Lea, and Little Eaton, respectively, were transferred to the County Council during the year.

The following are the number of sessions and attendances at County Council centres during 1949 :—

Half-day sessions	..	..	..	..	3,851
NUMBER OF NEW CASES—					
Under one year of age	..	..	..	..	6,410
Over one year of age	..	..	..	..	620
TOTAL NUMBER OF ATTENDANCES—					
Under one year of age	..	..	..	..	83,005
Over one year of age	..	..	..	..	32,339

CARE OF PREMATURE INFANTS.

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

Statistics are now required by the Ministry of Health with regard to premature infants born at home or in private nursing homes. Similar statistics for babies born in hospitals or maternity homes are provided to the Ministry direct by the Hospital Authorities. The Ministry have, however, requested that where premature infants are discharged from hospitals or maternity homes before the 28th day, the Council's Health Visitors should keep in touch with the cases, so that the position can be reported to the hospital authorities as to whether the child has survived the first 28 days of life. For this purpose all such discharges are reported by the hospital authorities to the County Council. Under the scheme for providing Home-Nursing requisites, the provision of special cots and equipment has been included for nursing premature infants.

The total number of premature infants notified during the year (including transferred notifications) whose mothers normally reside in the Authority's area was 824 :—

Born at home	.. .. .	295
Born in hospital or nursing home under the		
National Health Service	.. .. .	451
Born in private nursing homes	.. .. .	78

Of the 295 who were born at home—

48 were transferred to hospital ;
 19 died in the first 24 hours ;
 15 died on the second to the seventh day ;
 213 survived 28 days.

Of the 78 who were born in private nursing homes—

5 died in the first 24 hours ;
 3 died on the second to the seventh day ;
 1 died on the eighth to the twenty-eighth day ;
 69 survived 28 days.

The Council's Home and Domestic Help Scheme is available for premature infants, provided the need is certified by the doctor attending the case.

CLEANLINESS OF MOTHERS AND YOUNG CHILDREN.

All Health Visitors have been instructed to impress on expectant mothers the importance of cleanliness and freedom from vermin, to include the examination of children's heads as part of their work both in homes and clinics when dealing with children under five, and to concentrate on those homes known to be in most need of help. A return of the work done in 1949 is shown in the Table over. It will be seen that, although 63 children under five years of age have been reported to be verminous or having had nits in hair, it has not been found necessary to arrange for

the cleansing of these children by Local Sanitary Authorities or by Health Visitors. It will also be seen that, with the help of detailed advice and D.D.T. Emulsion, 58 were reported quite clean by the end of the year.

TABLE X.

1. Number of visits paid by Health Visitors relating to cleanliness of children under 5 years	...	...	...	...	...	...	159
2. Number of visits paid by Health Visitors relating to cleanliness of mothers of children under 5	...	...	...	...	...	...	20
3. Number of children under 5 years found to be verminous	...	...	...	...	...	...	50
4. Number of children under 5 years with nits in hair	...	...	...	...	...	...	13
5. Number of children under 5 years having been found to be verminous or having had nits in hair during the year who were reported clean by the end of December, 1949	...	...	...	...	...	...	58
6. Number of children cleansed by Local Sanitary Authority	...	...	...	...	...	...	0
7. Number of children cleansed by Health Visitor in the presence of mothers	...	...	...	...	...	...	0
8. Applications for Lethane or D.D.T. Emulsion	...	...	...	...	...	...	63
9. Number of Derbac Combs loaned to mothers	...	...	...	...	...	...	18
10. Detailed instructions and advice relating to cleansing given to mothers of children under 5	...	...	...	...	...	...	63
11. Number of talks on personal hygiene given at Infant Welfare Centres...	...	...	...	...	...	...	53

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

The following arrangements have been made for the dental care of expectant and nursing mothers and pre-school children, so far as the present limited dental staff permits :—

At her first attendance at an ante-natal clinic every expectant mother is informed that she may receive a dental examination and free dental treatment by a Dental Officer on the Council's staff at the nearest dental clinic. Expectant mothers who for any reason have not received a dental examination under this arrangement, and nursing mothers up to nine months following their confinements, may be referred for dental treatment by the Maternity and Child Welfare Medical Officer. As part of the treatment, dentures are provided, replaced or repaired, free of charge. The Authority may, however, recover the cost of replacement or repair of any dental appliance supplied as part of the Authority's dental service if it is determined that the replacement or repair is necessitated by lack of care on the part of the person supplied. Pre-school children attending infant welfare centres are referred to the Dental Officer by the M. & C.W. Medical Officer if dental treatment is thought to be necessary.

In the event of an X-ray examination being considered desirable, facilities are available at the Derbyshire Royal Infirmary and the Chesterfield Royal Hospital. Consideration has been given to equipping selected dental clinics with X-ray units, but in view of the very depleted staff it was felt unjustifiable for Dental Officers to spend their time x-raying patients instead of carrying out purely dental work, especially when the x-ray work can be performed probably more efficiently by qualified radiologists and radiographers at the above-mentioned hospitals.

Mr. Gray, the Senior Dental Officer, has provided the following report :—

“The dental treatment of these classes of the community is undertaken by the Authority's dental staff in the course of the routine treatment of the school population. No particular sessions are set apart for these patients, but the appointments for inspection and treatment of the expectant and nursing mothers are dovetailed in with those of the school children. The pre-school children usually attend the clinics as ‘casuals’ and where possible are treated there and then. Where lengthy treatment or general anæsthetics are necessary, appointments are made to fit in with the routine work of the clinics. There are five Day Nurseries in the County, and the dental scheme provides for a six-monthly inspection of the children in attendance, but lack of staff prevented this being done, and only one Nursery (Chaddesden) was thus inspected. Similarly, arrangements were made for the Authority's Children's Homes to receive a six-monthly dental inspection, any necessary treatment to be provided either at a convenient clinic or at the Home if a clinic is not reasonably accessible.

Of 60,000 children of pre-school age in the County, the depleted staff were able to treat only 834. These children made 1,329 attendances, chiefly for the relief of pain; 1,154 teeth were extracted, and on 293 occasions general anæsthetics were administered. Other operations totalling 1,016 were carried out. These consisted chiefly of the deposition of metallic silver on partly decayed teeth, in attempts to prolong their usefulness. These teeth as a rule were too grossly decayed to be successfully filled. The majority of them were the temporary molars which normally should be retained until they are replaced by the permanent ones between 10 and 12 years of age. It is essential to help these teeth to be retained as long as possible, as their premature loss results later on in underdeveloped jaws and irregular and crowded permanent teeth. A small proportion of the children treated were brought to the clinics by parents who wanted advice or were anxious about ‘black spots’ appearing on some of the teeth. In these cases it was usually possible to give effective conservative treatment as the defects were dealt with before they could become serious. For these children 273 fillings were done.

Little was done for over 7,000 expectant mothers who attended the ante-natal clinics, or for the nursing mothers. As in the case of school children, lack of staff made systematic dental examinations impossible. These patients were generally advised to seek treatment under the National Health Service from their own dentists. In the whole County, 111 mothers received dental attention; 53 fillings were inserted, 261 teeth extracted, and 44 general anæsthetics were administered. Other operations, chiefly scalings and gum treatment, numbered 57, and 39 dentures were supplied.”

TABLE XI.
DENTAL WORK.

	(a) Numbers provided dental care :				(b) Forms of dental treatment provided :						
	Exam- ined.	Need- ing Treat- ment.	Treat- ed.	Made Den- tally fit.	Ex- trac- tions.	Gen- eral Anæst- hetics.	Fill- ings.	Other operations, e.g. Scalings and Dressings, Silver Nitrate Treatment.	Radio- graphs.	Dentures Provided.	
										Com- plete.	Par- tial.
Expectant and Nursing mothers ...	85	85	111	76	261	44	53	57	—	28	11
Children under five ...	879	836	834	697	1154	293	273	1016	—	—	—

NURSERY PROVISION FOR CHILDREN UNDER FIVE.

The Council's Day Nurseries at Chaddesden, Glossop, Ilkeston and Long Eaton continued to function throughout the year without major change.

PROPOSED NEW NURSERIES.

The County Health Committee's decision to provide four new hutted nurseries in the same areas as the above was communicated to the Ministry of Health for approval. It appeared at first that huts could only be allocated to areas assisting the export textile drive, such as Glossop, but the Minister ultimately approved the proposals for all four areas.

The finding of suitable sites, convenient of access for the mothers' has proved a major difficulty. Since the Minister's approval was received, five sites have been investigated at Chaddesden, four at Ilkeston and six at Long Eaton, and it is hoped, after considering the various factors involved, that it will be possible to select a suitable site in each case.

VISITS BY COMMITTEE MEMBERS.

The County Health Committee in May approved a scheme whereby each Nursery was to be visited monthly by two members of the Committee. These visits have proved a valuable link between the Committee and the day to day work of the nurseries. Suggestions for improvements and additions to the equipment have been most helpful, and as a consequence all nurseries are now equipped with refrigerators and sewing machines.

DAY NURSERIES—NURSERY STUDENT TRAINING.

To obtain uniformity in the training of Nursery Students, the Ministries of Health and Education introduced a national nursery certificate, which came into force in 1946.

Examinations for this certificate are conducted by the National Nursery Examination Board, on which both Ministries and other interested bodies are represented.

The certificate is secured by students who have passed the examination after completing theoretical and practical training on an approved course.

The students are 16 years of age when they commence the two years' course, which consists of practical work and training in the nurseries themselves, with a Further Education course in "vocational and general subjects" set out in the Board's syllabus and arranged by the local education authority under the Education Act, 1944.

Nurseries may be approved for practical training with children in the 0—2 age range only, or in the full age range 0—5 years. All five County Day Nurseries are approved as training nurseries for the certificate of the Board in the full age range 0—5 years.

Each student spends two days a week on the various studies set out in the Board's syllabus, and the remainder of her time in practical work in the nursery to which she is appointed.

At the beginning of the year, training was already in being at the Long Eaton, Chaddesden and Ilkeston Nurseries, and it has continued throughout the year.

At Long Eaton and Chaddesden the students attended approved courses of "Further Education" at the Nottingham and Derby Training Centres respectively, after arrangement with the appropriate education authority.

At Ilkeston, the students from Station Road and Whitworth Road Day Nurseries attended a "Further Education" course already established at Ilkeston.

The latter course had no facilities, in common with many similar courses throughout the country, for educating the girls in the general subjects of the Board's syllabus. This, although not preventing the students sitting and, if successful, securing the Board's certificate, had in the latter part of the year to be rectified by the education authority as the Board, tightening up previous concessions, was insisting that where general subjects were not forming part of the course they had to be provided.

Places on the Nottingham and Derby approved courses being very limited for Long Eaton and Chaddesden students, and arrangements being necessary for expanding the Ilkeston course to include general subjects, consideration was given to establishing a full course conducted by this education authority at the Technical Institute, Ilkeston. Arrangements were completed and the course commenced at the Technical Institute in September, 1949. It accepted students from the Long Eaton, Chaddesden and the two Ilkeston Nurseries. The difficulty of placing girls in full training in the four above-mentioned nurseries was immediately eased with the establishment of the new course.

At the end of 1949, 26 nursery students from the aforementioned four nurseries were in full training. During 1949, 12 students from these nurseries sat for the National Nursery Examination Board's certificate, of whom 11 passed the examination.

At Glossop no arrangements were possible for theoretical training, and therefore only practical training in the Whitfield Day Nursery could be provided. The Manchester Education Authority, when approached in 1948, was willing to accept nursery students from the Whitfield Day Nursery if vacancies on their course were available. No such vacancies were forthcoming during the year, but arrangements were completed for students to commence training at the beginning of 1950.

The staff recommended at a nursery is based on the ratio of full-time staff (excluding domestic staff) to the number of children on the register, the ratio being one staff to each five children. The establishment resulting has a certain proportion of senior staff who are on full-time duty in the nursery and junior staff who, when nursery training is available, spend part of their time out of the nursery attending courses of "Further Education," these latter being the nursery students. In non-training nurseries the ratio referred to above holds good, but in training nurseries the Ministry of Health in circular 221/45 states that "Three probationers will count for the purposes of the ratio referred to as one member of the staff." (Probationers are now known as Nursery Students.) The special arrangements with regard to students are necessary as they spend part of their time out of the nursery attending courses of "Further Education." This, in effect, means a non-training fifty-place nursery with four "student places," when full nursery student training is established, increases its complement of staff by eight, there then being twelve nursery students.

At Long Eaton, Chaddesden, Whitworth Road and Station Road Day Nurseries, there are respectively, four, three, four, and one, student places, permitting twelve, nine, twelve, and three, training nursery students. During this year, in the same order as quoted above, we have had nine, six, eight, and three, nursery students training. One student place in each training nursery has been retained for girls doing practical training and not attending lectures on "Further Education" outside the nursery, to avoid staffing difficulties on days in which the nursery students are

absent on theoretical training. When student training is fully established the full complement of nursery students at each nursery, twelve, nine, twelve, and three, will be put into effect. This, if the proportion of first and second year students is retained approximately equal, will permit the girls of each group to be absent on two different week days and thus avoid the staffing difficulty in a day nursery where both first and second year students are absent from duty for training on the same days. The first year students will then, of course, be in the nursery while the second year group are absent on theoretical training, and vice versa.

This arrangement will be put into operation as soon as practicable.

DAY NURSERIES.

(1) LONG EATON DAY NURSERY.

The average number of children on the register throughout the year was 54.3 and the average daily attendance was 40.2. The number on the waiting list on 31st December, 1949, was 210.

The Matron, in commenting on the year's work, refers to the effect on the attendance figures of the incidence of measles at the beginning of the year and later of whooping cough, followed by a chicken pox outbreak in December. The only way of combating the spread of infection is by early isolation of suspected cases, and a thorough application of the rules of hygiene in the nursery.

The Matron refers also to the improved stocks of equipment and play material and the helpful suggestions put forward by visiting committee members.

(2) CHADDESSEN DAY NURSERY.

The average number of children on the roll was 49 during the year, the average attendance being 35.8. The number on the waiting list was 136.

With reference to the waiting list, the Matron refers to the difficulty in admitting children over the age of $2\frac{1}{2}$ years. New entrants to the nursery are admitted into the babies' room and seldom leave the nursery until they reach school age. This means that the number of places made vacant by the five year olds going to school are filled by the children from the baby nursery on attaining the age of $2\frac{1}{2}$ —3 years, and consequently admissions are limited in the older age groups. Matron mentions the low incidence of infections and states the health of the children during 1949 was excellent, due mainly, in her opinion, to happiness, fresh air and cleanliness, a regular balanced diet, regular medical supervision and regular dental supervision, which, it is felt, puts the "rules for health" in a nutshell. She goes on to say that the usual precautions are taken against the spread of infection and that all the children at the nursery had been immunised against diphtheria, with one exception (due to the parent's objection). She further writes that the visits by members of the committee are greatly appreciated, and speaks of the kindness and interest shown by the visitors.

(3) STATION ROAD DAY NURSERY, ILKESTON.

This is a smaller nursery, being accommodated in a detached two-storey house. The average number of children on the register in 1949 was 37.2, the average daily attendance being 29.1. The waiting list at the end of the year was 107 children.

The Matron of this nursery, writing of the year's work, also refers to the incidence of measles in January and of whooping cough later in the year as bringing down the average attendance. The usual precautions of prompt diagnosis with early isolation of suspected cases are mentioned as helping to check the spread of infectious disease, together with wise feeding, fresh air and exercise to promote resistance to infection. The difficulty of admitting the older children is touched on, as at this nursery also, children from the younger age group already in the nursery move up to take the place of children leaving at 5 years of age. The Matron refers to the pleasure of receiving visits from the committee members and to the interest shown in the welfare and well-being of the children.

(4) WHITWORTH ROAD DAY NURSERY, ILKESTON.

The average number of children on the roll during the year under review was 51.2, with an average attendance of 41.5. The waiting list was 60 children on December 31st, 1949.

It will be noted that the waiting list at this nursery is much less than at Station Road, which shows that the need is greater in the Station Road area, and this factor has been borne in mind in considering a site for the new nursery.

In a full and interesting report on the work during 1949, the Matron refers to the prevalence of measles with smaller outbreaks of mumps and whooping cough, and also to the intensive methods used to prevent the spread of infection. She also mentions that while cases of hardship are temporarily accommodated, such as when the mother is ill or in hospital or maternity home, the mothers, with few exceptions, are in full-time work. The reasons why children leave the nursery are stated to be "leaving the district" or "mothers leaving work" because of illness, pregnancy or finding it too difficult to work and cope with a family.

During the year a new warden and two nursery nurses were appointed, all of whom were trained at Whitworth Road, and, as Matron says, all the senior staff were at one time students in the nursery.

The position regarding nursery student training, which the Matron deals with in some detail, has already been reviewed in a previous paragraph of the report.

In addition, girls from county schools have visited the nursery for short periods to encourage interest in nursing and nursery work. One girl from among these pupils has in fact joined the staff of the nursery after leaving school. One student from

Chesterfield has also attended the nursery regularly to receive training with the younger age group. The Matron refers to the keen interest shown in the nursery and staff by the visiting committee members.

(5) GLOSSOP DAY NURSERY.

The average number of children on the register in 1949 was 51.2, the average daily attendance being 44.4. The waiting list at the end of the year was 121.

The Matron of this nursery, in commenting on the year's activities, states that a marked improvement is noticeable in the children after a period at the nursery. The incidence of infectious disease has been low throughout the year, and Matron feels that the good weather which enabled children to spend so much time out of doors was partly responsible. During the year a new Deputy Matron was appointed, and the County Health Committee also agreed to the establishment being increased by the addition of one nursery nurse to bring the staff into line with the Ministry's recommendations. The Matron also refers to the help received from the visiting committee members and to the interest shown in the welfare of the children.

ILLEGITIMATE CHILDREN—YEAR 1949.

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

TABLE XII.

1.	The number of illegitimate births known to the Welfare Authority for the period 1/1/49 to 31/12/49	...	...	...	...	153
(a)	Single Mothers	...	...	...	...	139
(b)	Married Mothers	...	...	...	...	13
(c)	Widows	...	...	...	...	1
(d)	Divorced	...	...	...	...	—
2.	The number in which the mother and child :—					
(a)	Returned to live with mother's parents	...	...	...	...	78
(b)	Returned to live with other relatives	...	...	...	...	4
(c)	Found or were helped to find lodgings where they could live together (One of these children attended a Day Nursery in the County).					3
(d)	Had to separate, the baby going to a Children's Home (One of these children was removed from the care of the mother by a Court Order).	...	...	...	...	2
3.	The number of illegitimate children who had been or were being legally adopted	...	...	...	...	40
	(Two have been adopted by child's relatives).					
4.	The number of mothers who have married since the birth of the child... (One of these children attended a Day Nursery in the County).					10
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him	...	...	...	...	1
6.	The number of mothers in domestic service who have the baby with them					1

During the year, 23 mothers included in the total of 153 were accommodated at two Homes conducted by the Derby Diocesan Council-for Moral Welfare, 11 were accommodated at Magdalene Home, Chesterfield, before their confinements only, five went to Vernon Street Home, Derby, after their confinements only, and seven went to Vernon Street before their confinements and returned there temporarily with their babies. The County Council has an arrangement for the admission of unmarried mothers to both these Homes, the mother usually being resident for a month before the birth of the child. They are then transferred to one of the Maternity Homes for their confinements, and where necessary return to the Home usually for a further two months, making a total stay of approximately three months. One mother and her child, who could not be accommodated at either of these Homes, went to a Home conducted by the Bristol Diocesan Council for Moral Welfare. The Magdalene Home, Chesterfield, was closed at the end of the year under review.

This service has been free since April, 1948, when the Maternity and Child Welfare Committee reviewed the former practice of recovering the cost from the parent of the child in accordance with a financial scale.

The Children's Officer is the Guardian ad Litem in this County.

TABLE XIII.

Adoptions of illegitimate children arranged by the Children's Department... 157

(a) Illegitimate children born and adopted in Derbyshire:—

1. Born of single mothers	...	...	...	...	...	97
2. Born of married mothers	...	...	...	...	...	13
3. Born of widows	...	...	...	...	...	1

(b) Illegitimate children born elsewhere but adopted in Derbyshire:—

1. Born of single mothers	...	...	...	...	...	43
2. Born of married mothers	...	...	...	...	...	3
3. Born of widows	...	...	...	...	...	—

MIDWIFERY SERVICE.

(Section 23).

With the coming into operation of the National Health Service Act in July, 1948, the County Council became the Local Supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield. The functions of the Health Committee with regard to this Service in Chesterfield are carried out through the Area Health Sub-Committee. This has helped and assisted in the smooth transfer of the appropriate functions.

Your attention is drawn to the map on page 45 showing the areas in which the Midwives are employed. The hatched areas were, before the "appointed day," covered by District Nursing Associations, who acted as agents for the County Council in respect of Midwifery. The areas are drawn in such a way that they have regard (i) to the amount of work performed; (ii) the convenience of patients; (iii) the situation of the Midwives' residences; and (iv) the "mobility" of Midwives.

At the end of 1949, there were 234 Midwives on the County Roll—18 were Midwives in independent practice; 13 were Midwives working in Nursing Homes; 81 were Midwives working in Institutions; 79 were County Midwives; and 43 were County Home Nurse/Midwives.

GAS AND AIR ANALGESIA.

The County Health Committee in the early part of the year decided that information about the Authority's scheme for the provision of Gas and Air Analgesia for midwifery cases be set out in a leaflet which County Midwives and Home Nurse/Midwives could give to every expectant mother seeking her advice concerning the confinement. It was also resolved that information as to what was being done in the County be circulated to all newspapers, so that the public would be fully aware of the facilities available and so that the facts should be as widely disseminated as possible. The leaflet for expectant mothers pointed out that nearly all the Midwives employed by the County Council had been trained in the administration of this form of analgesia, and had been provided with the necessary apparatus. Instructions were given with regard to the necessary preliminary steps which the expectant mother should take, pointing out that the Authority's Medical Officers employed at the Council's ante-natal clinics would give the necessary advice and carry out the essential preliminary examination. It was added that there would be no objection to the patient making her own arrangements with her own doctor if she so desired. It was stressed that the County Health Committee was anxious that analgesia should be available whenever possible if the patient desired it, providing that it was permissible on medical grounds.

The number of Midwives in practice in the County at the end of the year who were qualified to administer Gas and Air Analgesia in accordance with the requirements of the Central Midwives' Board was as follows:—

Domiciliary Midwives	121
Employed in Homes and Hospitals in the National Health Service	50
Employed in Nursing Homes or in Maternity Homes and Hospitals not in the National Health Service	3

The number of cases where analgesics were administered by Midwives in domiciliary practice during the year 1949 was 1,942.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction in the administration of analgesics in institutions approved by the Central Midwives' Board.

In all cases where Gas and Air Analgesia is administered by a Midwife in domiciliary practice, a "second person" must be present who is acceptable to the patient as well as the midwife. A fee of one guinea per case is paid to persons who undertake this duty.

CARDIAC AND RESPIRATORY STIMULANTS FOR USE BY MIDWIVES.

During the year the attention of all County Midwives and Home Nurse/Midwives was drawn to the appropriate paragraph of the Rules of the Central Midwives' Board relating to the use of drugs. It was decided that cardiac and respiratory stimulants should be supplied for the nurse's use after she had received instruction from a Medical Officer on the Council's staff. A brief note describing the selected drug, the method by which it should be administered, the indications for its use in both mother and child, and the dosage, was supplied to each Midwife. As a result, ampoules of a proprietary preparation of Nikethamide B.P. were issued, providing one of the Maternity and Child Welfare Medical Officers was satisfied that the particular nurse concerned fully understood the technique of administration, including the dosage and the limited circumstances under which it might be used.

THE DETERMINATION OF BLOOD PRESSURE BY COUNTY MIDWIVES AND HOME NURSE/MIDWIVES.

The County Health Committee, in May of the year under review, agreed to a recommendation that all County Midwives and Home Nurse/Midwives be provided with a mercurial sphygmomanometer and stethoscope, and that arrangements be made to ensure that the apparatus was issued only to Midwives or Nurse/Midwives adequately trained in its use. Accordingly a scheme was put into operation by which each Midwife received instruction from a Maternity and Child Welfare Medical Officer. Only after the Medical Officer was satisfied that the Nurse was skilful and well informed in the technique, were the necessary instruments made

KEY.

<i>Area.</i>	<i>Establishment of County Midwives.</i>
1	2
2	3
3	3
4	4
5	2
5a	1
6	2
7	5
8	2
9	4
10	2
11	2
12	4
13	1
14	5
15	1
16	1
17	1
17a	1
18	2
19	1
20	3
21	1
22	1
23	1
24	2
25	3
26	1
27	2
28	2
29	1
30	2
31	1
32	2
33	1
34	9
Relief Midwives	8

COUNTY OF DERBY

Issued on the instructions of the Derbyshire County Council

1st APRIL, 1936.



Note: This Plan is based upon the Ordnance Survey Map with the sanction of the Controller of H.M. Stationery Office.

available to the Midwife for use in her practice. Written instructions were also provided to supplement the Medical Officer's teaching, setting out, in a simple form, the method of using the apparatus, the interpretation of the results, and the action which should be taken in consequence. It was particularly stressed that it was most important that if there was any departure from the normal limits in the blood pressure readings that patients should be referred for medical advice.

HEALTH VISITING.

(Section 24).

All the health visiting services in the County are carried out directly by the Authority and no agency arrangements with other bodies are in force. Nearly all of the Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as County School Medical Officer. A great deal of their work for the County Health Committee has already been referred to in Section 22, as a substantial part of the care of mothers and young children is in their hands. Including the Superintendent Health Visitor, the establishment provides for the employment of 68 Health Visitors, who would also act as School Nurses. At the end of 1949, 51 Health Visitors were employed.

A summary of the work done is appended below :—

1. MATERNITY AND CHILD WELFARE.

(a) Ante-Natal Clinics :—

Number of sessions	1,327
New cases	5,824
Ante-Natal attendances	25,302
Post-Natal attendances	533

(b) Visits to Homes :—

Expectant Mothers :—

First visits	3,374
Total visits	4,482

Children under 1 year of age :—

First visits	9,448
Total visits	32,701

Children between the ages of 1 and 5 :—

First visits	1,545
Total visits	51,072

(c) Infant Welfare Centres :—

Number of sessions	3,851
Number of new cases :—	
Under 1 year of age	6,410
Over 1 year of age	620
Total number of attendances :—	
Under 1 year of age	83,005
Over 1 year of age	32,339

(d) Child Life Protection Visits	383
---	-----

(e) Boarded-Out Visits	1,756
-------------------------------	-------

(f) Mothercraft—Number of Lectures	66
---	----

2. TUBERCULOSIS DISPENSARIES.

Number of sessions attended	1,154
Number of Visits to Homes	2,828

3. MISCELLANEOUS VISITS	4,911
--------------------------------	-------

TRAINING OF HEALTH VISITORS.

In view of the shortage of candidates to the Health Visiting branch of the nursing profession, a scheme is in operation whereby State Registered Nurses under 35 years of age who hold the certificate of the Central Midwives' Board or the first certificate under the new Central Midwives' Board's rules, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly these conditions provide for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid three-quarters of the minimum of the Health Visitor's salary for the first 12 months. Of this period, approximately seven and a half months will be spent as a student and the remainder as a Health Visitor on the County Council's staff. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training.

One student was entered for an approved course of training under this scheme during the year under review.

HOME NURSING SERVICE.

(Section 25).

This service, which became the responsibility of the County Council on the 5th July, 1948, has continued to develop during the year under review. A provisional establishment of 149 Home Nurses was fixed and, whilst during the year the staffing position has improved, it was not possible to recruit up to the full number of nurses.

At the beginning of the year the staff consisted of the following :—

FULL TIME.

Home Nurse/Midwives	44
Home Nurses	82
Total	126

PART TIME.

Home Nurses	2
---------------------	---

At the end of 1949 the staff was as follows :—

FULL TIME.

Home Nurse/Midwives	43
Home Nurses	91
Total	134

One obstacle in obtaining staff is the difficulty of securing living accommodation. In some instances local Housing Authorities have been very helpful in either letting houses to the County Council for the accommodation of home nurses, or alternatively, renting houses direct to the nurses.

It is desirable that domiciliary midwifery should be divorced from home nursing as soon as practicable, because of the possible danger of spreading infection from general nursing cases to women in childbirth. At the end of 1949, there were 91 Home Nurses, 79 County Midwives, and only 43 Home Nurse/Midwives. These figures indicate that a large measure of divorcement has been accomplished, but it is inevitable that a good many years will elapse before our object is attained, because we could only obtain the required numbers of staff by the recruitment of persons formerly employed by Voluntary District Nursing Associations who had been accustomed for many years to carrying out home nursing and midwifery in combination.

During the year all the nurses were supplied with uniform. The home nurses who practise midwifery were provided with the national uniform for midwives, and the other home nurses were provided with the uniform prescribed by the General Nursing Council for State Registered Nurses or State Enrolled Assistant Nurses as appropriate.

In order to avoid delay in dealing with emergency cases living on the Derbyshire and Leicestershire border, an arrangement was made with the Leicestershire County Council whereby whichever nurse receives a call, whether in Leicestershire or Derbyshire, she should deal with the case without a charge being made to the respective Authority.

The map on page 53 shows the areas covered by home nurses and the areas covered by home nurse/midwives, the latter serving in the hatched portion. Table XIV. gives a summary of the work carried out by the nurses during 1949.

TABLE XIV.

SUMMARY OF ACTIVITIES OF HOME NURSES AND NURSE/MIDWIVES
DURING THE YEAR 1949.

ANALYSIS OF NEW CASES NURSED DURING THE PERIOD :—

Medical	7,159
Surgical	3,866
Tuberculosis	124
Midwifery	793
Maternity	426
Miscarriages and abortions	78
Number of maternity cases nursed after discharge from hospital before 14th day	68
TOTAL	12,514

ANALYSIS OF VISITS PAID :—

General Nursing	245,338
Observation	4,141
Tuberculosis	2,136
Casual	16,809
TOTAL	268,424
Midwifery	22,706
Maternity	6,846
Ante-Natal	7,634
Post-Natal	1,463
Attendance at Ante-Natal Clinics	1,747
TOTAL	40,396

PARTICULARS OF NEW MIDWIFERY AND MATERNITY CASES :—

	<i>Midwifery.</i>	<i>Maternity.</i>	<i>Totals.</i>
Number of cases booked during period ...	875	375	1,250
Number of cancellations	51	21	72
Number of calls to emergency cases ...	49	—	49
Live Births	719	295	1,014
Still Births	14	28	42
Number of Miscarriages or Abortions ...	57	—	57
Number of Deaths of Mothers	2	6	8
Number of Deaths of Infants	3	1	4
Number of cases sent to Hospital	47	43	90
Number of Puerperal Pyrexia Cases... ..	2	1	3
Number of cases in which forceps were used...	16	42	58
Number of cases in which Gas and Air Analgesia was administered	352	—	352

NUMBER OF MEDICAL AID FORMS :—

During Pregnancy	21
During Labour	111
During Puerperium	11
For Infant	41
TOTAL	184

KEY.

<i>Area No.</i>	<i>Provisional Establishment of Nurses or Nurse/Midwives.</i>
-----------------	---

1	4
2	3
3	5
4	5
5	2
6	3
7	4
8	5
9	4
10	2
11	6
12	2
13	4
14	2
15	8
16	3
17	7
18	2
19	1
20 & 23	10
21	5
22	1
24	1
25	1
26	1
27	1
28	2
29	6
30 & 31	7
32	8
33	2
34	2
35	3
36	3
37	6
38	12
Relief Nurses in the North of the County	3
Relief Nurses in the South of the County	3

COUNTY OF DERBY

Issued on the instructions of the Derbyshire County Council

1st APRIL, 1936.



REFERENCE

Boundary Shewn thus
 Urban District Boundaries
 District Boundaries
 Boundaries

VACCINATION AND IMMUNISATION AGAINST DIPHTHERIA.**(Section 26).****IMMUNISATION.**

Section 26 of the National Health Service Act, 1946, has placed upon the Local Health Authority the duty to make arrangements with medical practitioners for the immunisation against diphtheria of all persons in the area.

While children should be immunised at or about the age of one year, if this has not been carried out it should be performed subsequently. It is also desirable, even if immunisation has been done in infancy, that a reinforcing dose be given at the age of four or five years, when school life begins, and again at the age of about ten years.

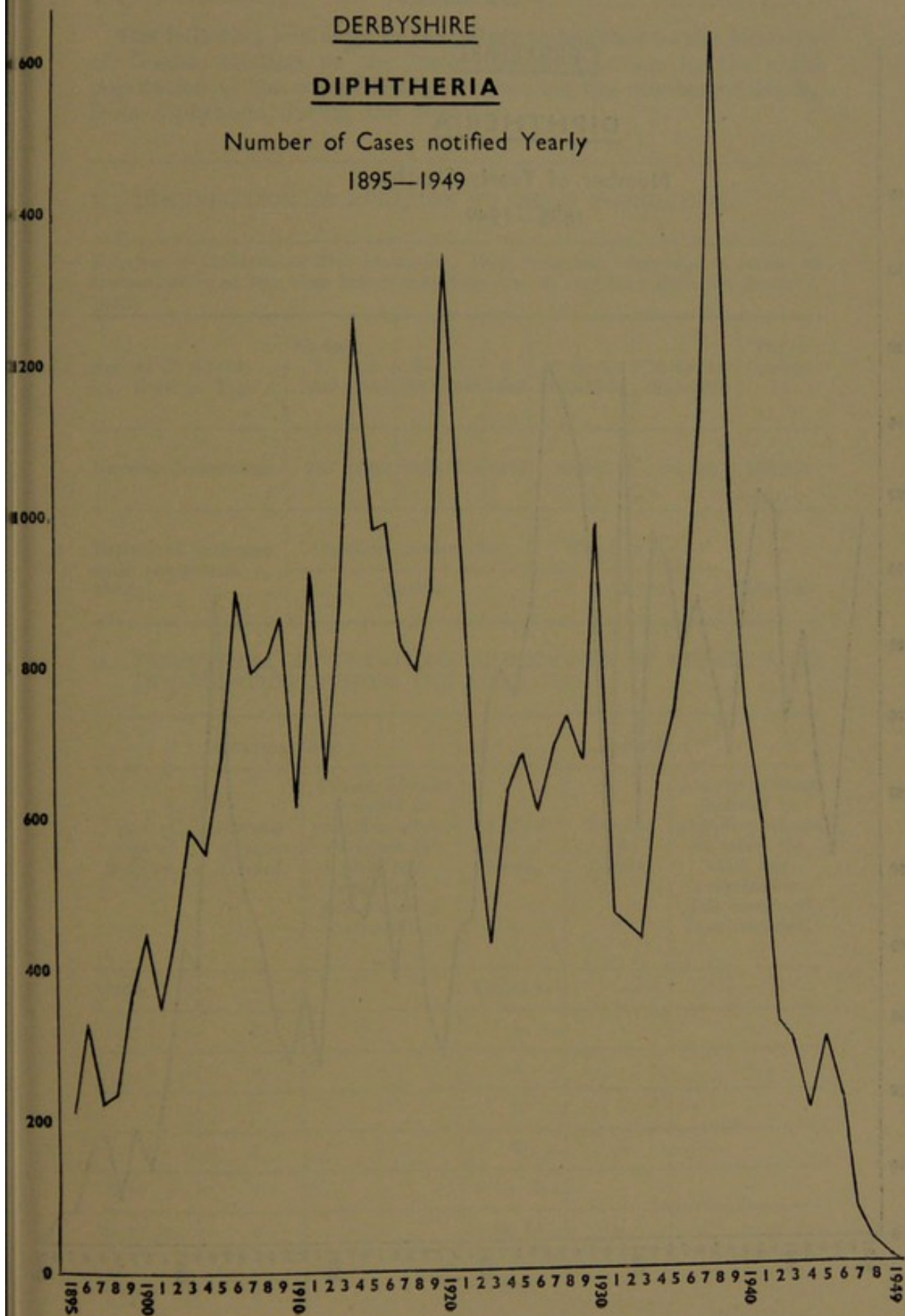
The administrative steps taken to give effect to the Authority's proposals include—

- (1) An invitation to all medical practitioners practising in the Administrative County to participate in the scheme;
- (2) A request to midwives to advise parents of the desirability of seeking advice regarding immunisation when their children attain the age of eight months;
- (3) A request to Health Visitors to take every opportunity to publicise and stress the importance of the scheme. In particular, they have been told that they have the duty of implementing the "First Birthday Card" scheme. Parents are informed that it is for them to decide whether they wish their own Doctor, or one of the Authority's Medical Officers, to carry out the immunisation;
- (4) A request to the Authority's Medical Officers to supplement the services of the general medical practitioners by carrying out immunisation at infant welfare and minor ailment clinics, as well as in schools. The facilities at the clinics are available upon request whenever the Medical Officer is in attendance;
- (5) An invitation to School Teachers to co-operate by obtaining parental consents for reinforcing injections to be given (or for primary immunisation to be carried out if necessary) in the case of school children. These children may be immunised at school, or at a reasonably accessible clinic.

Each Health Visitor is required to submit quarterly returns showing the number of children in her area who have attained the age of one year during the quarter, and also the number of children whose parents have been approached by her concerning diphtheria immunisation.

DERBYSHIREDIPHTHERIA

Number of Cases notified Yearly
1895—1949



DERBYSHIREDIPHTHERIA

Number of Yearly Deaths
1895—1949

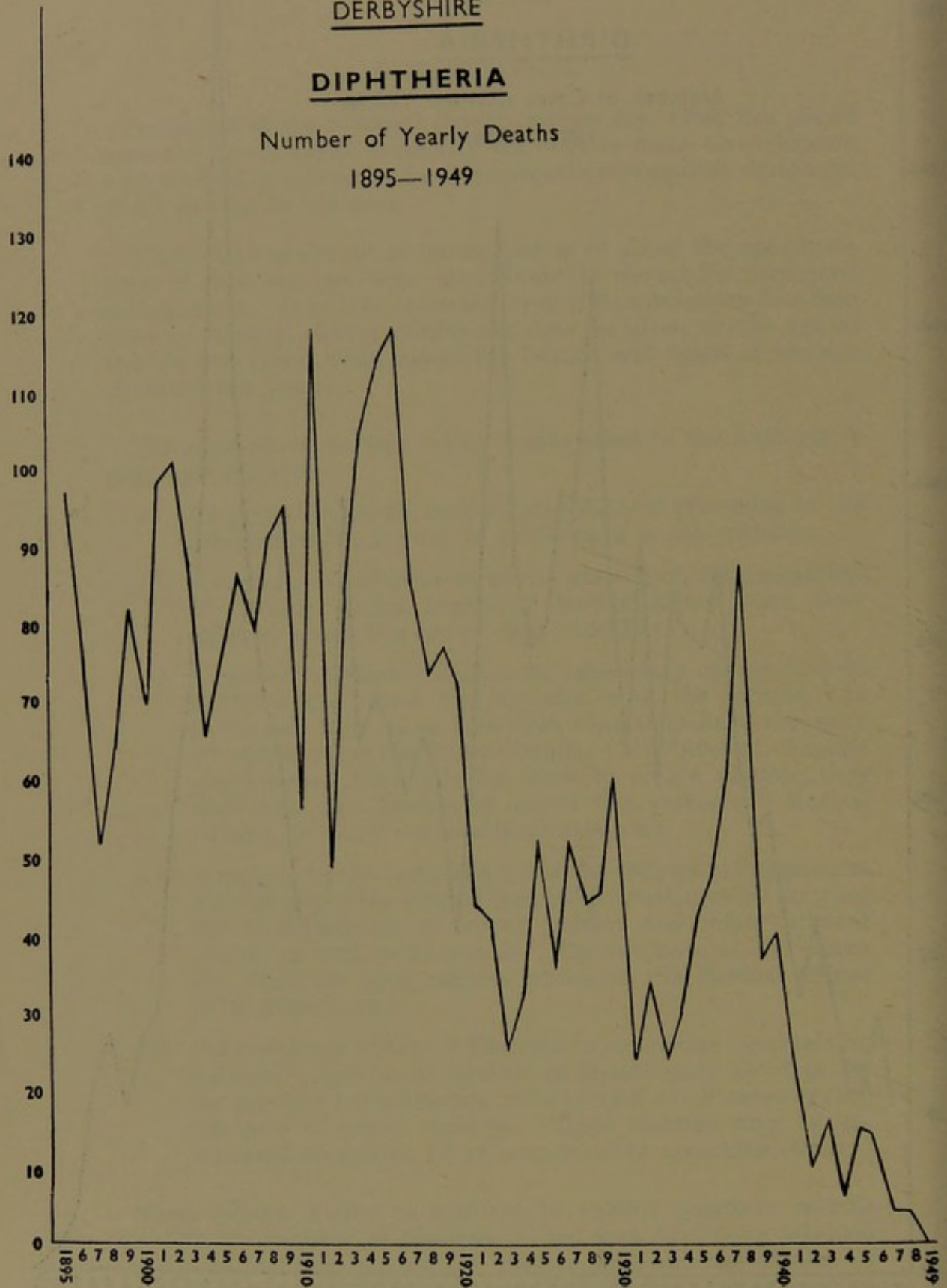


TABLE XV.

The following is a copy of the return submitted to the Ministry of Health relating to the immunisation position in the child population at the end of 1949, and showing the number of deaths from diphtheria during the year :—

I. IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of Children at 31st December, 1949, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1935).

Age at 31/12/49, i.e., Born in Year ...	Under 1 1949	1 1948	2 1947	3 1946	4 1945	5 to 9 1940-1944	10 to 14 1935-1939	TOTAL under 15
Number Immunised	320	4994	8805	7641	7476	40,642	36,503	106,381
Estimated mid-year child population 1949	Children under five 60,080					Children 5—14 94,320		154,400

II. DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION DURING THE YEAR 1949.

NOTIFICATIONS.			DEATHS.		
Age at date of Notifica- tion.	Number of cases Notified.	Number of cases included in preceding column in which the child had completed a full course of Immunisation.	Age at date of Death.	Number of Deaths.	Number of cases included in preceding column in which the child had completed a full course of Immunisation.
Under 1 ...	—	—	Under 1 ...	—	—
1 ...	1	—	1 ...	—	—
2 ...	—	—	2 ...	—	—
3 ...	—	—	3 ...	—	—
4 ...	1	—	4 ...	—	—
5 to 9 ...	1	—	5 to 9 ...	—	—
10 to 14 ...	4	—	10 to 14 ...	—	—
TOTALS ...	7	—	TOTALS ...	—	—

The following Table gives details of the number of children who have completed a course of immunisation in the various sanitary districts in the County up to the end of 1949:—

TABLE XVI.

NUMBER OF CHILDREN WHO HAD COMPLETED A COURSE OF IMMUNISATION BEFORE 31st DECEMBER, 1949.

	Under 1	1	2	3	4	Total			Total	
	Born	Born	Born	Born	Born	0 - 4	5—9	10—14	5 - 14	Total
	1949	1948	1947	1946	1945	Incl.			Incl.	
Urban Districts.										
Alfreton	4	121	151	139	169	584	2249	1521	3770	4354
Ashbourne	8	73	96	39	29	245	856	501	1357	1602
Bakewell	1	27	69	34	18	149	199	176	375	524
Belper	—	45	128	111	53	337	690	160	850	1187
Bolsover	2	81	174	188	202	647	924	820	1744	2391
Buxton (Boro') ..	14	169	165	141	143	632	1157	966	2123	2755
Chesterfield (Boro')	25	539	724	829	721	2838	4229	3850	8079	10917
Clay Cross	2	66	141	84	82	375	543	452	995	1370
Dronfield	1	18	102	26	54	201	287	243	530	731
Glossop (Boro') ..	14	177	367	228	143	929	980	1019	1999	2928
Heanor	30	346	381	378	339	1474	1740	1643	3383	4857
Ilkeston (Boro') ..	3	292	515	427	351	1588	1853	1909	3762	5350
Long Eaton	16	206	320	251	353	1146	1311	1289	2600	3746
Matlock	22	175	265	181	137	780	918	978	1896	2676
New Mills	2	39	67	63	55	226	345	365	710	936
Ripley	8	104	262	287	291	952	1033	1367	2400	3352
Staveley	1	57	71	68	144	341	629	748	1377	1718
Swadlincote	1	84	99	240	206	630	1153	950	2103	2733
Whaley Bridge	—	34	88	53	112	287	395	299	694	981
Wirksworth	1	35	193	165	82	476	416	293	709	1185
Rural Districts.										
Ashbourne	8	168	658	346	183	1363	1611	631	2242	3605
Bakewell	11	120	179	135	123	568	922	1054	1976	2544
Belper	19	229	607	508	492	1855	1774	1469	3243	5098
Blackwell	14	202	670	811	809	2506	3420	3119	6539	9045
Chapel-en-le-Frith ..	10	87	163	51	77	388	459	262	721	1109
Chesterfield	42	559	774	623	743	2741	3131	3234	6365	9106
Clowne	16	134	225	258	411	1044	1668	1409	3077	4121
Repton	13	147	232	195	194	781	1181	1415	2596	3377
Shardlow	32	660	919	782	760	3153	4569	4361	8930	12083
	320	4994	8805	7641	7476	29236	40642	36503	77145	106381

VACCINATION.

The Act has placed upon the County Council as a Local Health Authority the duty of making arrangements for the vaccination against small-pox of persons in the area of the Authority. Whilst the Act has not made it compulsory for such persons to submit to vaccination, it is desirable that publicity be given to the facilities available, and in particular that parents be encouraged to seek vaccination for their children, preferably prior to their attaining the age of twelve months. After the birth of a child has occurred, Midwives and Welfare Centre Staff advise the mother to see that the infant is vaccinated when it reaches the right age for the inoculation. Health Visitors (who are required to visit and follow-up all notified births) advise parents personally when the child reaches about three months of age of the importance of vaccination and the facilities for obtaining it.

All medical practitioners practising in the area of the Authority have been invited to participate in the arrangements for vaccination, and have been informed where they may obtain the necessary lymph. Parents are, therefore, advised, if they desire their children to be vaccinated free of cost, to consult their private Doctor, if he is providing services under the National Health Service Act.

Generally, the above-mentioned provision will probably be adequate, but it may be necessary to supplement it by arranging for the Authority's Medical Officers to carry out vaccination at infant welfare centres or clinics, and, if there was a heavy demand, it might become necessary to hold special *ad hoc* vaccination sessions. In the event of an outbreak of small-pox, in order to meet the public demand for possible "large scale" vaccination, special arrangements would be made under which all the Authority's Medical Officers and available Medical Practitioners would undertake the work. If necessary, the Authority would arrange for the provision of emergency vaccination stations and for the medical staffing of them. The public would be advised about vaccination (or re-vaccination) as a precaution, and fully informed of all the facilities available, including the services of the family doctor. Arrangements would be co-ordinated with the County District Councils responsible under the Public Health Act for the control of infectious diseases.

AMBULANCE SERVICE.

(Service 27).

STRUCTURE AND ORGANISATION.

There was no change in the structure of the Service during the year, the number of Ambulance Stations operated directly by the County Council and under Agency arrangements remaining at sixteen.

Two Stations, namely Derby and Chesterfield, continued to be manned throughout the 24 hours. The remaining 14 Ambulance Stations were manned during the day-time only, with Driver/Attendants on stand-by duty at their homes at night. The system of the use of external extensions to drivers' houses from the telephone switchboards at the respective Ambulance Stations was continued in order to ensure the use of one telephone number for each Station at all times. During the year certain difficulties were experienced, principally due to Driver/Attendants changing their places of residence, necessitating the transfer of the installation which, in some cases, was not practicable on account of the distance of their new residences to the Ambulance Stations. Whilst these difficulties were overcome, it is a recurring problem which can only be eliminated by establishing sufficient additional Main Stations, manned throughout the 24 hours.

No change was made during the year in the areas allotted to each Station for the receipt of emergency calls, which were based on telephone exchange areas. The reciprocal arrangements made with adjoining Local Health Authorities for dealing with emergency calls were also continued.

The following procedure is adopted for calling an ambulance:—

(a) URGENT CALLS.

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

(b) NON-URGENT CALLS.

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

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

In the absence of Control Centres, co-ordination of vehicle movement was achieved, as far as possible, by close liaison of adjacent Stations and, in the case of long-distance journeys, by advising the Central Office of all requests received.

In the interests of economy, the agreements which were arranged at the inception of the Service with the Sheffield County Borough, Nottingham County Council and Burton-on-Trent County Borough for the transport of Derbyshire patients from certain fringe areas in the County to places in their respective areas remained in force.

AGENCY ARRANGEMENTS.

The Ambulance Station at New Mills operated by agents on behalf of the County Council from the 5th July, 1948, became directly operated on the 1st April, 1949.

Of the remaining three Stations operated by agents, fixed charges have been agreed in the case of two, together with reimbursement of certain expenditure, and fixed rates per mile in the case of the third.

HOSPITAL CAR SERVICE.

Under the arrangements made with the Hospital Car Service, 42 journeys were carried out during the year, covering a total of 13,395 miles. The number of Drivers on the Register at the 31st December, 1949, was 26, compared with 54 in 1948. It was found more practicable to utilise the Hospital Car Service principally for long-distance journeys due to the notice required by that Service for the provision of a Hospital Car Service car.

CONVEYANCE OF MENTAL PATIENTS.

During the year there was no change in the arrangements which were implemented at the inception of the Service for the conveyance of mental patients, whereby a sitting case car was located at the Pastures Hospital, Mickleover, for conveying patients to and from that hospital, and mental patients falling outside the scope of this arrangement were dealt with by ambulance transport located at Ambulance Stations in the County.

CONVEYANCE OF MATERNITY CASES.

A suggestion has been made that three lectures be delivered to Ambulance personnel on midwifery. In my opinion, this is inadvisable, because it takes at least two years' training to qualify in midwifery, and there is a danger that Ambulance personnel who have not received that training, thinking, after having had three lectures, that they have acquired considerable knowledge. In this connection, the following is an excerpt from a circular I sent to Superintendents of Ambulance Stations on the 11th April of this year :—

"(1) I would refer you to the following question and answer given in the House of Commons on the 29th November, 1948 :—

'Sir E. Graham-Little asked the Minister of Health whether he was aware that since 5th July certain hospitals under the National Health Service, an example of which had been submitted to him, had relinquished the practice, followed before that date, of sending a trained nurse with ambulances to fetch maternity cases to hospital and had substituted untrained male attendants, and whether he would issue a directive on this subject.

Mr. Bevan: Shortage of nurses makes it impracticable to allocate them in all cases for ambulances. Local Health Authorities are already aware that hospitals should be called upon to provide a nurse when necessary to accompany a patient.'

(2) Certain Ambulance Stations, which are situated reasonably near Maternity Homes, have been in the habit of contacting the appropriate Maternity Home to see if a nurse is available to accompany the ambulance to pick up a patient. Where practicable this procedure should continue. If the procedure under (1) cannot be complied with owing to shortage of staff in the Maternity Home, then, if there is a possibility of a birth taking place in the ambulance, assistance should be sought from the nearest available midwife on the enclosed list.

(3) In the event of a baby being born before the arrival of a midwife, you should

- (a) wrap up the child to keep it warm ;
- (b) NOT attempt to separate the after-birth ;
- (c) see that the mother is kept warm and comfortable until the Midwife arrives.

If, however, you are within easy reach of the Institution, it may be preferable to proceed to the Institution without waiting for a midwife, as this may save time, but what course of action you should take would have to be left to your own discretion.

It is impossible to issue instructions to meet every eventuality, but the comments given above, it is hoped, will give you general guidance if you are confronted with an unexpected birth in an ambulance.

You appreciate that there are certain dangers in allowing persons who are not properly trained to deal with midwifery, and there is some truth in the old adage 'that a little knowledge may be dangerous,' particularly if it gives rise to too much confidence."

CONVEYANCE OF THE DEAD.

The following is a letter that I sent to Station Superintendents on this subject on the 21st July, 1949 :—

"A number of the members of the Ambulance Service have taken up with me from time to time the question of the conveyance of the dead. In order to remove any ambiguity on the subject, I thought it advisable to write you this letter.

(1) I have consulted Mr. Garrow, the Chief Constable of Derbyshire, and he informs me that the General Standing Orders of the Derbyshire Police Force require that dead bodies be removed by local undertakers and not by any other means.

(2) The County Council, as a Local Health Authority, has a responsibility placed upon it under the National Health Service Act for providing an Ambulance Service 'for the conveyance of persons suffering from illness or mental defectiveness, or expectant or nursing mothers.'

(3) The Ambulance personnel at your Station should be told that a patient should be assumed to be alive until certified dead by a medical practitioner. The advisability of this course being adopted will be obvious in a case such as coma. While this should be regarded as a general rule, Ambulance personnel will have to use their discretion in special circumstances; for example, it would be advisable to approach the Police in the case of, say, a drowned body being discovered after being missing for months."

INFECTIOUS DISEASES.

All cases of infectious diseases requiring ambulance transport are dealt with through the general Ambulance Service, and no specific vehicles are set aside for this purpose.

Personnel have been instructed in the transportation of such patients, the disinfection of ambulance bedding, equipment and vehicles.

Having regard to the need of serving the County as a whole, certain personnel at four Ambulance Stations were selected to be vaccinated against small-pox during the year. It is intended that a number of the remainder be vaccinated each year at a rate which will provide for the vaccination of all personnel every five years, and thus ensure that there are always recently vaccinated personnel available for dealing with any small-pox cases which might arise. A proportion of the ambulance personnel were immunised against diphtheria, and the remainder will be immunised as early as practicable.

CONVEYANCE OF PATIENTS BY RAIL.

In accordance with Ministry of Health circular LHAL 3/49 dated 25th May, 1949, in order to relieve the strain on the Ambulance Service, all general medical practitioners in the Administrative County were notified through the Executive Council of the arrangements which the Ambulance Service is able to make for sending patients by rail who have to make long-distance journeys.

Such arrangements have been applied, where practicable, in the interests of economy, as well as to conserve the ambulance resources for local emergency work.

PERSONNEL.

Every endeavour was made, where possible, to engage ambulance personnel with both driving and first aid qualifications in order that Drivers and Attendants would be interchangeable in their duties. In some instances, however, it was found necessary to employ personnel with only one of these qualifications, which, in the majority of cases, was driving. The County Council require that all ambulance personnel should take a refresher course in first aid every year, where practicable, and, in any case, every two years. Such persons were encouraged to obtain, as early as possible, one of the recognised First Aid Certificates and, at the end of the year, only twelve employees were not qualified in first aid.

The following Table shows the establishment and strength of Ambulance Personnel at Directly Operated Stations on the 31st December, 1949 :—

TABLE XVII.

AMBULANCE STATION.	ESTABLISHMENT.		STRENGTH.	
	<i>Station Super- intendents.</i>	<i>Driver Attendants.</i>	<i>Station Super- intendents.</i>	<i>Driver Attendants.</i>
Alfreton	1	7	1	7
Ashbourne	1	6	1	4
Bakewell	1	6	1	3
Bolsover	1	6	1	6
Buxton	1	12	1	7
Chesterfield	1	24	1	24
Glossop	1	9	1	6
Heanor	1	6	1	6
Ilkeston	1	12	1	7
Long Eaton	1	12	1	9
Matlock	1	6	1	4
New Mills	1	6	*1	5
Swadlincote	1	7	1	5
TOTALS	13	119	13	93

* Temporary part-time.

VEHICLES.

The following vehicles were operated as at the 31st December, 1949 :—

(a) DIRECTLY OPERATED AMBULANCE STATIONS.

<i>Location.</i>	<i>Number of Ambulances.</i>	<i>Number of Cars.</i>
Alfreton	4	—
Ashbourne	2	—
Bakewell	2	—
Bolsover	3	1
Buxton	4	1
Chesterfield	8	3
Glossop	3	—
Heanor	4	—
Ilkeston	4	1
Long Eaton	5	—
Mallock	2	1
New Mills	2	—
Swadlincote	3	—
Not allocated (undergoing major repairs)	2	—
On loan at—		
Derby	—	1
Mickleover	—	1
TOTALS	48	9

(b) AMBULANCE STATIONS OPERATED UNDER AGENCY ARRANGEMENTS.

<i>Location.</i>	<i>Number of Ambulances.</i>	<i>Number of Cars.</i>
Belper	1	2
Derby	6	—
Eyam	2	—
TOTALS	9	2

PROVISION OF NEW VEHICLES.

Fifteen of the new Bedford ambulances ordered in 1948, and two Austin 16 h.p. "Hire" cars ordered in 1949, were delivered during the year.

NEW LEGISLATION.

On the 16th December the National Health Service (Amendment) Act, 1949, came into force. Section 24 of this Act, which is applicable to the Ambulance Service, is quoted hereunder :—

“Where a person has travelled from a place in the area of one local health authority to a hospital in the area of another local health authority for the purpose of attending at, or being accommodated in, that hospital in order to avail himself of any hospital or specialist services and, immediately after such attendance or on the termination of the period of his accommodation in the hospital (not being a period longer than three months beginning with the date of his admission to the hospital), he is conveyed by ambulance or other means of transport made available by the local health authority for the area in which the hospital is situated, in pursuance of their duty under section twenty-seven of the Act of 1946, from that hospital to the place from which he travelled as aforesaid or to any other place in the area of the local health authority within which the first-mentioned place is situated, the cost of that conveyance shall be repaid by the last-mentioned authority to the local health authority by whom the ambulance or other means of transport was made available as aforesaid :— Provided that any local health authority may agree to waive their rights under this section against any other local health authority, either in consideration of a periodical payment or without consideration.”

The meaning of this Section is set out in Ministry of Health circular 26/50, the appropriate paragraph of which reads as follows :—

“7. Ambulance Services.—Broadly, section 24 of the Amendment Act requires the local health authority of the area where the patient lives to repay to another authority the cost of returning the patient by ambulance (or other means of transport) from a hospital in that other authority's area to the patient's home area. The Section applies to those cases where the patient's stay in the hospital does not exceed three months, and where ‘hospital and specialist services’ (*i.e.*, services under the National Health Service Act) are given. The proviso enables a local health authority to waive their rights under the Section either in consideration of a periodical payment or without consideration.

The amendment does not affect the duty under Section 27 of the National Health Service Act, 1946, to provide an ambulance or other means of transport where needed. This still remains with the authority in whose area the need for the conveyance arises.

“The Minister hopes that, in order to avoid detailed accounting, authorities will agree a compounded payment per annum, wherever possible, to cover any liability under this Section.”

STATISTICS.

The following Table shows the respective mileages of ambulances and sitting case cars directly operated by the County Council and by agents operating on behalf of the County Council.

1949	AMBULANCES.			CARS.			TOTALS.		
	Total Cases.	Emergency Cases.	Mileage.	Total Cases.	Emergency Cases.	Mileage.	Total Cases.	Emergency Cases.	Mileage.
January ...	4,623	621	64,053	1,353	51	18,930	5,976	672	82,983
February ...	4,699	676	63,750	1,327	30	20,852	6,026	706	84,602
March ...	5,872	862	77,931	1,444	61	24,304	7,316	923	102,235
April ...	5,012	829	67,246	1,355	64	22,747	6,367	893	89,993
May ...	5,844	831	70,564	1,705	69	21,619	7,549	900	92,183
June ...	5,852	836	71,052	1,354	68	19,488	7,206	904	90,540
July ...	5,986	862	76,648	1,599	51	22,693	7,585	913	99,341
August ...	5,954	883	82,434	1,575	65	21,311	7,529	948	103,745
September ...	6,240	932	81,054	1,785	83	23,839	8,025	1,015	104,893
October ...	6,441	891	85,168	1,547	58	21,895	7,988	949	107,063
November ...	6,581	812	81,654	1,494	57	24,781	8,075	869	106,435
December ...	5,973	973	75,708	1,620	47	25,279	7,593	1,020	100,987
TOTALS ...	69,077	10,008	897,262	18,158	704	267,738	87,235	10,712	1,165,000

The following Table shows the development of the Service since July, 1948 :—

Month.	Average Daily Mileage.	
	1948.	1949.
January ...	—	2,676
February ...	—	3,021
March ...	—	3,297
April ...	—	2,999
May ...	—	2,973
June ...	—	3,018
July ...	1,717	3,204
August ...	1,888	3,346
September ...	2,143	3,496
October ...	2,328	3,453
November ...	2,791	3,547
December ...	2,674	3,257

The figure for December, 1949, compared with the figure for July, 1948, represents a percentage increase of 89.6.

PREVENTION OF ILLNESS—CARE AND AFTER CARE.

(Section 28).

TUBERCULOSIS.

Schemes for the prevention and after care of tuberculosis have been in operation for a number of years. The responsibilities placed upon the Authority under the Act merely meant continuing or extending existing arrangements. A proportion of the salaries of the Chest Physicians who are under contract with the Regional Hospital Boards is to be paid by the County Council in view of the time they spend on care and after care.

Under the Public Health (Tuberculosis) Regulations, 1930, which are still in operation, it is the responsibility of District Medical Officers of Health to forward to the County Medical Officer, each week, details of the cases of tuberculosis notified by general practitioners. From this information, a register of all cases in the County is kept in the Central Office. Health Visitors are informed each week of all new cases so that they may visit and give appropriate advice to the patient and relatives. Particulars of all notified cases are also forwarded to the Chest Physicians with a view to (i) arrangements being made for the treatment of patients; and (ii) their care in the community while awaiting admissions to Sanatoria. Regarding (ii), the Chest Physicians' recommendations would be accepted concerning any services that come within the range of the Authority's "Care and After Care" scheme.

EXTRA NOURISHMENT.

In the past, milk and cod liver oil have been supplied to patients suffering from tuberculosis, free of cost on the recommendation of the Chest Physician, provided that the family income fell below a certain level. The Authority has continued this form of after care. In view, however, of the similar proposals made by the Assistance Board, it has been decided that patients will be granted extra nourishment only when they are not eligible for a grant for this purpose from the Assistance Board. It is a fundamental principle that duplicate expenditure for the same service should not be made from Public Funds. The number of persons granted extra nourishment in 1949 was 54, compared with 262 in the previous year.

SHELTERS.

These are loaned free of charge to patients suffering from tuberculosis, on the recommendation of the Chest Physician.

Number of Shelters sold during the year	..	NIL
Number in use at the end of the year	..	31
Sets of bed and bedding supplied	..	4
Shelters available but not in use	..	NIL

B.C.G. VACCINATION AGAINST TUBERCULOSIS.

During the year the Minister of Health intimated that he proposed making arrangements for the use of the vaccine known as B.C.G. (*Bacillus Calmette-Guerin*) within certain limitations and under controlled conditions. It is not yet certain that B.C.G. vaccination gives complete immunity against tuberculosis and only experience will show how far it is effective under the conditions in this country, but there is little doubt that at least it reduces the risk, and there is also some evidence that if a vaccinated person does subsequently contract tuberculosis the vaccine is likely to make it less severe.

As part of the arrangements for introducing the use of B.C.G. in England and Wales, the vaccine will be made available to individual Chest Physicians who wish to use it on their own medical responsibility; for example, for contacts of persons suffering from tuberculosis. It is necessary that responsibility for carrying out this form of vaccination should rest on physicians with special knowledge and experience of tuberculosis. As regards Chest Physicians who are in the joint service of Regional Hospital Boards and Local Health Authorities, the undertaking of B.C.G. inoculation by them will need to be in the capacity of their service to the Authorities, since it will fall within the scope of these Authorities' arrangements for the prevention of tuberculosis under Section 28 of the National Health Service Act. The carrying out of B.C.G., vaccination in a particular Local Health Authority's area is therefore, a matter for arrangement through the Authority's Medical Officer of Health in concert with the Chest Physician concerned.

The Minister emphasised that it was not intended to provide facilities for any general or indiscriminate practice of B.C.G. vaccination among the public at large, but only to make it available at the instance of a Chest Physician in any individual case in which he considered it desirable to offer it and is satisfied, through necessary preliminary tests, that it can be suitably given to the person concerned.

The Minister stated that where a Local Health Authority desired that B.C.G. vaccination be introduced, it was necessary to receive his formal approval under Section 28 of the National Health Service Act, 1946. Subsequently, at the request of the County Health Committee, the Ministry of Health approved a modification to the existing proposals by the addition to the section dealing with tuberculosis, of the following paragraph:—

"The Local Authority intends to provide for B.C.G. vaccination, by and at the instance of a physician with specialist knowledge and experience of tuberculosis, as regards persons to whom it is judged medically expedient, subject to the necessary preliminary tests, to offer such vaccination in view of their known contact with tuberculosis infection. Records of B.C.G. vaccination will be kept in such standard form as may be recommended by the Ministry, and information concerning these records will be supplied to the Ministry on request."

By the end of 1949 arrangements for the giving of the vaccine had not been completed, as the Minister had intimated that supplies would not be available for some time owing to certain technical difficulties with regard to supply.

SHERWOOD VILLAGE SETTLEMENT.

Discussions were held during the year with the Nottinghamshire County Council in co-operation with other Local Authorities in the area of the Sheffield Regional Hospital Board, for the County Council to have the use of beds in Sherwood Village Settlement. At the end of the year the discussions were still in progress.

GENERAL.

The responsibility of arranging generally for the care and after care of patients was newly placed on the Authority by the National Health Service Act, 1946, though schemes had been in operation for many years in connection with tuberculosis, mental illness and mental deficiency, and these are dealt with elsewhere in this Report. As regards patients who receive treatment in hospitals, co-operation has continued with the Hospital Authorities, and their Medical Officers and Almoners. During the year Health Visitors have carried out an increasing amount of work, providing reports on family circumstances, and following-up patients discharged from hospitals. In appropriate cases the services of Home Nurses or Home Helps have been provided, and nursing equipment supplied. Information has been received from hospitals regarding school children, who have been followed-up when necessary and the treatment noted on their medical records so that the School Doctor will be aware of the position. In the case of chronic sick and senile patients, reports are provided to the hospital authorities, on the one hand to enable them to assess the degree of urgency in arranging priorities on their waiting lists, and on the other hand in the case of patients already in hospital to assist their Medical Officer in determining whether a patient is suitable for discharge, as this may depend to some extent on the facilities and care which can be provided at home. Consideration is also given to the need for providing a Home Nurse or a Home Help, pending, or instead of, admission, or upon discharge from hospital. The Health Visitor also indicates whether in her opinion it is desirable to ask the County Welfare Officer to see whether steps should be taken to safeguard the patient's property, as the County Council through the Welfare Committee has certain responsibilities in this connection.

Arrangements for the admission of persons who are not in need of medical or nursing treatment to convalescent homes have been deferred pending a survey to determine which convalescent homes are to be used by local health authorities. The responsibility for arranging for the admission to convalescent homes of patients who are still in need of medical and nursing treatment rests with the Regional Hospital Boards through Hospital Management Committees.

The provision of nursing equipment is usually carried out through the Home Nursing Service. Initially a good deal of equipment was purchased from District Nursing Associations. During 1949 the County Health Committee authorised the purchase of further equipment to build up the stocks readily available for loan to patients. These, as previously, are supplemented by equipment loaned by the British Red Cross Society, the County Council making a grant in consideration of their assistance and co-operation in this matter.

TRAVELLING EXPENSES OF RELATIVES VISITING PATIENTS IN HOSPITALS.

In September, 1949, the Ministry of Health intimated, in Circular 85/49, that a local health authority may defray the cost of travel warrants to enable relatives to visit patients in hospitals. The Authority decided to implement this suggestion provided the following conditions were satisfied :—

- (a) the relative must be a near relative of the patient ;
- (b) the patient must be in a hospital at a considerable distance from home ;
- (c) that because of the length of the journey the relative concerned is unable to meet the cost of the travel warrant from his or her own resources without incurring substantial hardship ;
- (d) that, in medical opinion, there is urgent need for the visit because of the patient's serious condition, or, alternatively, that the visit would do the patient good and aid response to treatment.

Regarding condition (b), a minimum expenditure of 2s. 6d. a week has been prescribed. As regards (c), an income scale is applied to determine whether there is "substantial hardship," but special consideration may be given in cases where the fare is high.

In connection with condition (d), the Ministry pointed out that local health authorities would normally need to rely on information from the hospital concerned to satisfy themselves that the visit is necessary or expedient on medical grounds, and I am happy to say that the hospital staffs have been most ready to co-operate.

HEALTH EDUCATION.

Speaking generally, many opportunities are afforded the medical, dental and nursing staff, in the normal course of their duties, to carry out health education, including the occasions when they are conducting various clinics or infant welfare centres, as well as in their many contacts with the public in the course of visiting. In particular, as mentioned elsewhere in this Report, publicity is given to the desirability of diphtheria immunisation and vaccination being sought.

Advantage has been taken of the Exhibition Service of the Central Council for Health Education. Four "exhibition stands" have been purchased (in addition to one which is on extended and indefinite loan from the Central Council), upon which to display various health educational topics. The Council has provided a series of topics on short loan. In addition, the Authority purchased four topics—dealing with "Diphtheria Immunisation"; "Local Health Authority Services under Part III of the National Health Service Act, 1946"; "Food and Drink Infections"; and "Sleep"—and arrangements were made for these to be displayed in rotation at the major clinics throughout the County.

HOME HELP AND DOMESTIC HELP SCHEME.

(Section 29).

The expansion of the Home Help Service which it had been hoped to carry out during 1949 was hindered by the continuing absence from duty of the Home Help Organiser on account of illness. The Organiser, in fact, resigned her post on this account in October, and towards the end of the year steps were being taken to appoint a successor.

There were 46 part-time Home Helps on the Council's roll at the end of the year, compared with 31 at the end of 1948; 302 cases were provided with the service of a Home Help, compared with 152 during the previous year.

MENTAL HEALTH SERVICE.

(Section 51).

The Mental Health work, which is now the responsibility of the Local Health Authority, is administered by the County Health Committee with the assistance of its Mental Health Sub-Committee.

STAFF.

The Mental Health work is under the control of the County Medical Officer. Nine Medical Officers with special experience in mental deficiency are authorised to act as Certifying Officers under the Mental Deficiency Acts. The Mental Health staff includes a Senior Mental Health Social Worker, three Mental Health Social Workers and fourteen Duly Authorised Officers. The three Mental Health Social Workers are concerned chiefly with the supervision, care and after care of mental defectives, while the Duly Authorised Officers, who are also Welfare Officers on the staff of the County Welfare Department, are estimated to be employed approximately one-third of their time on Mental Health work under the Lunacy and Mental Treatment Acts, functioning from ten centres in the County. They can be contacted on the telephone or at the addresses shown on the following list throughout the 24 hours of the day :—

DULY AUTHORISED OFFICERS, LUNACY & MENTAL TREATMENT ACTS.

PARISHES, ETC.

Glossop Borough
New Mills Urban District
Whaley Bridge Urban District
Chapel-en-le-Frith Rural District
Buxton Borough

Chesterfield Borough

Bakewell Rural District
Bakewell Urban District
Matlock Urban District

Dronfield Urban District
Clay Cross Urban District
Shirland and Higham
Temple Normanton Unstone
Holmesfield Barlow
Brampton Walton
Brimington Calow
Wingerworth Hasland
Ashover Tupton
Pilsley Morton
Brackenfield Stretton
Wessington Tibshelf
Blackwell

Eckington Beighton
Killamarsh Barlborough
Clowne
Staveley Urban District

Whitwell Elmtun
Scarliffe Shirebrook
Pleasley Glapwell
Ault Hucknall Heath
Bolsover Urban District
Sutton-cum-Duckmanton
North Wingfield

Pinxton
Pentrich
South Normanton
Alfreton Urban District
Ripley Urban District
Heanor Urban District

Ashbourne Urban District
Ashbourne Rural District
Belper Rural District
(excepting the parishes of
Shipley, Mapperley and Pentrich)
Belper Urban District
Little Eaton
Wirksworth Urban District

DULY AUTHORISED OFFICERS.

H. Broadbent,
Divisional Welfare Offices,
Ellison Street,
Glossop.
Tel. Glossop 74.

H. Allen,
Divisional Welfare Offices,
Newbold Road,
Chesterfield.
Tel. Office : Chesterfield 3206 /7.

A. H. H. Seldon,
Crompton Chambers,
Dale Road,
Matlock.
Tel. Office : Matlock 211.
Home : Matlock 222.

W. Johnson,
Divisional Welfare Offices,
Newbold Road,
Chesterfield.
Tel. Office : Chesterfield 3206 /7.
Home : Holmewood 257.

W. Woods,
Parish Council Office,
Eckington.
Tel. Office : Eckington 157.
Home : Eckington 144.

W. E. Wadsworth,
Cliff House,
Shirebrook.
Tel. Office : Shirebrook 270.
Home : Shirebrook 251.

A. C. Hall,
Central Chambers,
High Street,
Alfreton.
Tel. Office : Alfreton 125.
Home : Leabrooks 261.

E. R. Jackson,
2, Wilson Street,
Derby.
Tel. Office : Derby 45468/9.
Home : Derby 4383.

PARISHES, ETC.

Ilkeston Borough	Shipley
Mapperley	West Hallam
Stanley	Morley
Dale Abbey	Ockbrook
Stanton-by-Dale	Hopwell
Sandiacre	Risley
Breaston	
Long Eaton Urban District	
Draycott and Church Wilne	

Littleover	Sinfin Moor
Elvaston	Swarkestone
Barrow-on-Trent	Chellaston
Aston	Weston
Melbourne	Derby Hills
Spondon	Stanton-by-Bridge
Chaddesden	Breadsall
Repton Rural District	
Swadlincote Urban District	
Sinfin and Arleston	
Alvaston and Boulton	
Shardlow and Great Wilne	

DULY AUTHORISED OFFICERS.

H. Bishop,
Rutland Chambers,
Lord Haddon Road,
Ilkeston.
Tel. Office : Ilkeston 492.
Home : Long Eaton 380.

C. R. Smith,
2, Wilson Street,
Derby.
Tel. Office : Derby 45468/9.
Home : Repton 338.

DUTIES OF MENTAL HEALTH SOCIAL WORKERS.

The Mental Health Social Workers are employed on field duties as set out below :—

- (a) Investigations for the purpose of ascertaining mental defectives.
- (b) Assisting with the presentation of petitions under the Mental Deficiency Acts.
- (c) Visiting mental defectives under statutory and voluntary supervision and reporting on the general care and home conditions.
- (d) Advising parents on the training of mentally deficient children, giving them information about institutions and discussing the desirability, when the matter arises, of admission of the child.
- (e) Helping, in suitable cases, to find employment.
- (f) Arranging attendance at Occupation Centres.
- (g) Supervising defectives on licence and on holiday leave from Institutions.
- (h) In co-operation with other social workers, *e.g.*, hospital almoners, probation officers, etc., dealing with the special needs of mental defectives which may arise from time to time.
- (i) In co-operation with psychiatric social workers, assisting in duties relating to the care and after care of patients suffering from mental illness.

OCCUPATION CENTRES.

CHESTERFIELD.

An Occupation Centre was opened in May, 1949, at the Ragged School, Markham Road, Chesterfield, and had an average of about 32 patients on the register during the year. The staff employed is as follows:—

Supervisor: Miss E. Walker. Supervisor's Diploma of the National Association for Mental Health.

Assistant Supervisor: Miss F. A. M. Jones. Five years' experience in the Civil Nursing Reserve.

One Guide Help.

On October 19th, 1949, the patients were taken a 'bus tour in the Peak District and were provided with a hot lunch. During the year the children also attended Bertram Mills' Circus. Arrangements are being made to increase the number of patients attending the Centre to about forty.

ILKESTON.

This Centre, which is held at St. Mary's Schools, Hallcroft Road, Ilkeston, had an average of about 33 on the register during the year, the staff being as follows:—

Supervisor: Miss E. M. Martin. Trained at the Nottingham Centre and attended a Refresher Course for Supervisors of Occupation Centres during the year.

Assistant Supervisor: Mrs. Spiby. A mental nurse with the R.M.P.A. Certificate.

One Guide Help.

On July 18th, 1949, the patients were taken by 'bus for a day's outing to Wicksteed Park and were provided with lunch and tea.

Arrangements are being made to increase the number of patients attending the Centre to about forty.

During the year all patients attending the Occupation Centres were examined by one of the Assistant Medical Officers.

Four patients attended the Derby Borough Occupation Centre.

CO-ORDINATION WITH REGIONAL HOSPITAL BOARDS AND HOSPITAL MANAGEMENT COMMITTEES.

Arrangements have been continued to co-ordinate the Authority's Mental Health work with the work of the two Regional Hospital Boards and the various Hospital Management Committees. Unfortunately, difficulties were experienced owing to the shortage of Institutional accommodation. It may be pointed out that one hundred mental defectives in the County are urgently awaiting beds in Institutions, and the demands of relatives seem to be becoming more insistent. Arrangements have been made for the supervision of all mental defectives on licence or on holiday leave from Institutions, periodical reports being forwarded to the Medical Superintendents. The Duly Authorised Officers regularly visit and report on the home conditions of patients in Mental Hospitals about to be allowed leave of absence on trial under Section 55 of the Lunacy Act, or about to be boarded out under Section 57. Reports are also sent to the various Hospital Management Committees concerning the progress of the patients whilst at home.

VOLUNTARY ASSOCIATIONS.

No duties have been delegated to Voluntary Associations in this County.

TRAINING OF MENTAL HEALTH WORKERS.

The Senior Mental Health Social Worker and one of the Duly Authorised Officers attended a Residential Course on Mental Health at Sheffield University during the year, and arrangements were made for one of the Mental Health Social Workers and one Duly Authorised Officer to attend a similar course during 1950.

WORK UNDERTAKEN IN THE COMMUNITY.

(a) UNDER SECTION 28 OF THE NATIONAL HEALTH SERVICE ACT, 1946.

As will be seen from the list of duties of the Mental Health Social Workers, a considerable part of their work concerns the care and after care of mental defectives through visiting patients and parents in their homes, etc. 803 mental defectives were under statutory supervision at home, and 480 under voluntary supervision; all of whom were visited at intervals as required, and detailed reports of all visits were forwarded to the Central Office.

(b) UNDER THE LUNACY AND MENTAL TREATMENT ACTS, 1890-1930.

The following Table shows the number of patients admitted to Mental Hospitals during the year 1949. The Duly Authorised Officers obtained Orders in respect of 485 patients and gave information and advice to relatives and others in respect of a number of the voluntary patients admitted to Mental Hospitals.

MENTAL HEALTH SERVICE.

LUNACY AND MENTAL TREATMENT ACTS.

During the period 1st January to 31st December, 1949, the following numbers of patients were admitted to Mental Hospitals :—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
The Pastures Hospital, Mickleover ...	337	312	649
Scarsdale Hospital, Chesterfield ...	95	111	206
Babington House, Belper ...	2	2	4
Kingsway Hospital, Derby ...	3	12	15
Ollersett View, New Mills ...	—	1	1
Shaw Heath Mental Hospital, Stockport	6	3	9
Parkside Mental Hospital, Macclesfield...	13	7	20
Middlewood Mental Hospital, Sheffield...	6	3	9
Notts. County Mental Hospital, Radcliffe- on-Trent ...	1	2	3
Prestwich Hospital, near Manchester ...	—	2	2
Runwell Hospital, near Wickford, Essex	1	—	1
St. Matthew's Hospital, Burntwood, near Lichfield ...	2	1	3
Mapperley Hospital, Nottingham ...	4	9	13
TOTAL ...	470	465	935

These patients were admitted in the circumstances set out in the following Table :—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
LUNACY ACT, 1890.			
Summary Reception Orders (Sec. 16) ...	124	136	260
Duly Authorised Officers' 3-day Orders (Sec. 20) ...	25	16	41
Justices' 14-day Orders (Sec. 21 (1)) ...	70	81	151
MENTAL TREATMENT ACT, 1930.			
Temporary Patients (Sec. 5) ...	11	22	33
Voluntary Patients ...	240	210	450
TOTAL ...	470	465	935

It will be seen from the previous Table that, in the County, about 18 patients suffering from mental disorder enter Mental Hospitals each week, but it must also be borne in mind that there is approximately a similar number discharged weekly, many recovered or relieved. Mental Hospitals are no longer "Asylums" in which patients are shut up to keep them from harm, but hospitals where modern treatment is given to a growing number of patients who often go in quite voluntarily and under these circumstances,

if they so wish, may leave at any time on giving 72 hours' notice. The gratifying increase in the number of voluntary patients admitted is mainly due to the improved social activities available at Mental Hospitals, the excellent reception blocks provided, and the modern medical and nursing skill that is available. More than half the Derbyshire patients admitted to Mental Hospitals last year were dealt with under the Mental Treatment Act, the great majority being voluntary patients, but in cases where a person is likely to benefit from temporary treatment and is incapable of expressing himself as willing or unwilling to receive such treatment, he may be admitted as a temporary patient under Section 5 of the Mental Treatment Act. All that is necessary is for an application to be made by a relative or, at a relative's request, by a Duly Authorised Officer, to the Medical Superintendent, the application being accompanied by recommendations signed by two doctors. A temporary patient cannot be detained for more than six months but, if recovery appears probable, the time may be extended for further periods not exceeding six months in all.

As shown in the Table, the remaining patients were admitted to Hospitals by means of various Orders under the Lunacy Act, 1890, as follows :—

- (a) **THREE-DAY ORDER (SECTION 20).**—This Order is used by a Duly Authorised Officer or Police Constable in cases where they are satisfied that a person should be placed under care and control. The Order is limited to three days, but may be extended for a further period of 14 days by a certificate of the Medical Officer of the Institution.
- (b) **JUSTICE'S FOURTEEN-DAY ORDER (SECTION 21).**—This Order is used (in any case where a Summary Reception Order might be made) for the temporary removal to an Institution of a person of unsound mind, and the Order is signed by any Justice having jurisdiction in the place where the person is. This Order, which is limited to 14 days, may be extended for a further period of 14 days by a certificate of the Medical Officer of the Institution.
- (c) **SUMMARY RECEPTION ORDER (SECTION 16).**—This Order is used in cases where, in the person's own interest, formal certification is essential. The Order is signed by a Justice, and a medical certificate is required.

Under the Lunacy Act there are other forms of procedure for securing the admission of patients to Hospitals, such as Urgency Orders, Reception Orders on Petition and Reception after Inquisition, but nowadays these are seldom used.

(c) **UNDER THE MENTAL DEFICIENCY ACTS, 1913-1938.**

The following Table gives the numbers of mental defectives in the County on January 1st, 1950, and details of the number of cases reported and dealt with during the year 1949 :—

I. PARTICULARS OF MENTAL DEFECTIVES AS ON 1ST JANUARY, 1950.

- (1) Number of Ascertained Mental Defectives found to be "Subject to be dealt with":—

	M.	F.	T.
(a) In Institutions (including cases on licence therefrom)			
Under 16 years of age	6	6	12
Aged 16 years and over	216	285	501
(b) Under Guardianship			
Under 16 years of age	—	—	—
Aged 16 years and over	2	3	5
(c) In "places of safety"	2	—	2
(d) Under Statutory Supervision (excluding cases on licence)			
Under 16 years of age	123	105	228
Aged 16 years and over	280	295	575
(e) Action not yet taken under any of the above headings	—	—	—
TOTAL ascertained cases found to be "subject to be dealt with"	629	694	1,323
Number of cases included in (b) to (e) above awaiting removal to an Institution	59	40	99

- (2) Number of Mental Defectives not at present "Subject to be dealt with", but over whom some form of voluntary supervision is maintained:—

Under 16 years of age	18	21	39
Aged 16 years and over	219	222	441
TOTAL number of Mental Defectives	866	937	1,803

- (3) Number of Mental Defectives Receiving Training:

	M.	F.	T.
(a) In day-training centres			
Under 16 years of age	22	18	40
Aged 16 years and over	16	12	28
(b) At home	—	—	—
TOTAL	38	30	68

II. PARTICULARS OF CASES REPORTED DURING THE YEAR 1949.

- (1) Ascertainment.

	M.	F.	T.
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944):—			
(i) Under Section 57 (3)	31	21	52
(ii) Under Section 57 (5):—			
On leaving special schools	2	1	3
On leaving ordinary schools	1	—	1
(b) Other ascertained defectives reported during 1949 and found to be "subject to be dealt with"	16	7	23
TOTAL ascertained defectives found to be "subject to be dealt with" during the year... ..	50	29	79
(c) Other reported cases ascertained during 1949 who are not at present "subject to be dealt with"	13	30	43
TOTAL number of cases reported during the year	63	59	122

2) Disposal of cases reported during the year.

(a) Ascertained defectives found to be "subject to be dealt with"—

	M.	F.	T.
(i) Admitted to Institutions	2	3	5
(ii) Placed under Guardianship	—	—	—
(iii) Taken to "places of safety"	—	—	—
(iv) Placed under Statutory Supervision ...	48	26	74
(v) Died or removed from area	—	—	—
(vi) Action not yet taken	—	—	—
TOTAL ascertained defectives found to be "subject to be dealt with"	50	29	79

(b) Cases not at present "subject to be dealt with"

(i) Placed under Voluntary Supervision ...	11	28	39
(ii) Later found not to be defective	2	2	4
(iii) Died or removed from area	—	—	—
(iv) Action unnecessary	—	—	—
(v) Action not yet taken	—	—	—
TOTAL cases not at present "subject to be dealt with"	13	30	43

III. NUMBER OF MENTAL DEFECTIVES IN INSTITUTIONS UNDER COMMUNITY CARE, INCLUDING VOLUNTARY SUPERVISION OR IN "PLACES OF SAFETY" ON 1ST JANUARY, 1949, WHO HAVE CEASED TO BE UNDER ANY OF THESE FORMS OF CARE DURING 1949.

	M.	F.	T.
(a) Ceased to be under care	25	23	48
(b) Died, removed from area, or lost sight of ...	17	14	31
TOTAL ...	42	37	79

IV. OF THE TOTAL NUMBER OF MENTAL DEFECTIVES KNOWN TO THE LOCAL HEALTH AUTHORITY.

(a) Number who have given birth to children during 1949 :—

(i) After marriage	10
(ii) While unmarried	5

	Males.	Females.
(b) Number who have married during 1949 ...	2	10

V. NUMBER OF PATIENTS ADMITTED TO INSTITUTIONS FOR MENTAL DEFECTIVES DURING THE YEAR 1949.

	M.	F.	T.
(a) By Order :—			
(i) Under 16 years of age	1	6	7
(ii) Aged 16 years and over... ..	5	6	11
TOTAL ...	6	12	18
(b) Admitted to "Places of Safety"	1	2	3
	7	14	21

CHESTERFIELD AREA HEALTH SUB-COMMITTEE.

The County Health Committee decided to form an Area Health Sub-Committee for the Municipal Borough of Chesterfield in view of its population and its experience as a Maternity and Child Welfare Authority, as well as a Local Supervising Authority under the Midwives Acts. The functions of the Sub-Committee are briefly as follows :—

(a) To manage (subject to the direction and control of the County Health Committee) the day-to-day administration within its area of the following Services under the Act of 1946 :—

- (i) The care, including dental care, of expectant and nursing mothers and of young children (S.22).
- (ii) Midwifery (S.23).
- (iii) Health Visiting (S.24).
- (iv) Home Nursing (S.25).
- (v) Vaccination and Immunisation (S.26).
- (vi) Arrangements for the prevention of illness, care and after care, excluding venereal disease, mental illness and mental defectiveness (S.28).
- (vii) Domestic help (S.29).
- (viii) Health education.
- (ix) Health Centres (S.21).

TABLE XVIII.

Cases of Notifiable Diseases notified during 1949

as reported by the Local Medical Officers of Health.

(Civilians only)

Urban Districts.	Tuberculosis		Small-Pox.	Scarlet Fever	Diphtheria	Typhoid Fever.	Puerperal Pyrexia.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmonary.	Other.									
Alfreton ...	17	5	—	32	—	—	—	—	1	—	—
Ashbourne ...	5	1	—	—	—	—	—	—	5	—	—
Bakewell ...	1	1	—	—	—	—	—	—	—	—	—
Belper ...	8	—	—	92	2	—	3	—	1	—	—
Bolsover ...	5	1	—	68	—	—	—	1	5	—	—
Buxton (Boro') ...	10	2	—	22	2	—	—	1	2	—	—
Chesterfield (Boro') ...	39	2	—	331	1	—	12	1	23	1	—
Clay Cross ...	6	1	—	52	—	—	1	—	—	—	—
Dronfield ...	1	3	—	8	—	—	—	—	1	—	—
Glossop (Boro') ...	7	3	—	27	—	—	—	—	1	1	—
Heanor ...	22	8	—	76	—	1	1	1	8	1	—
Ilkeston (Boro') ...	36	2	—	39	—	—	—	—	2	—	—
Long Eaton ...	26	1	—	102	—	—	—	—	3	—	—
Matlock ...	7	7	—	5	—	2	1	1	—	1	—
New Mills ...	1	1	—	3	—	—	1	—	—	—	—
Ripley ...	11	1	—	57	—	—	—	—	5	—	—
Staveley ...	4	2	—	161	—	—	—	1	1	—	—
Swadlincote ...	24	1	—	38	—	—	—	—	2	1	—
Whaley Bridge ...	1	3	—	2	1	—	—	—	1	—	—
Wirksworth ...	3	1	—	4	—	—	—	—	—	—	—
<i>Urban Districts ...</i>	234	46	—	1119	6	3	19	6	61	5	—
Rural Districts.	Tuberculosis		Small-Pox.	Scarlet Fever.	Diphtheria	Typhoid Fever.	Puerperal pyrexia.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmonary.	Other.									
Ashbourne ...	6	5	—	9	—	—	1	—	6	—	—
Bakewell ...	18	6	—	48	—	—	—	—	4	—	1
Belper ...	12	4	—	41	—	—	—	—	6	—	—
Blackwell ...	31	4	—	209	1	—	—	—	—	—	—
Chapel-en-le-Frith ...	10	3	—	36	1	—	2	—	—	—	—
Chesterfield ...	35	19	—	294	4	—	2	4	32	3	1
Clowne ...	16	6	—	124	—	—	2	—	10	—	—
Repton ...	16	4	—	51	—	—	—	2	—	—	—
Shardlow ...	62	7	—	89	—	—	2	1	13	—	—
<i>Rural Districts ...</i>	206	58	—	901	6	—	9	7	71	3	2
<i>Urban Districts ...</i>	234	46	—	1119	6	3	19	6	61	5	—
<i>Whole County ...</i>	440	104	—	2020	12	3	28	13	132	8	2

DERBYSHIRE COUNTY COUNCIL.

NATIONAL HEALTH SERVICE ACT, 1946.

LOCAL HEALTH SERVICES.

PART I.

RETURN OF SERVICES PROVIDED BY OR ON BEHALF OF THE COUNCIL
AS LOCAL HEALTH AUTHORITY
AND OF THE WORK DONE DURING THE YEAR 1949.

1. Births.

Number of births notified in the Authority's area during the period 1st January, 1949, to 31st December, 1949, under Section 203 of the Public Health Act, 1936, or Section 255 of the Public Health (London) Act, 1936, as adjusted by any transferred notifications:—

(a) Live births 11,589 (b) Still births 263 (c) Total 11,852

2. Care of Premature Infants.—i.e. babies weighing $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation. Stillbirths should be **excluded**.

(a) Number of premature infants notified during the year (including transferred notifications) whose mothers normally reside in the Authority's area:—

(i) Born at home 295

(ii) Born in hospital or nursing home 529

(b) Premature babies born in the area (whether their mothers normally reside in the area or not), but **excluding** babies born in maternity homes and hospitals in the National Health Service.

	Born at home							Born in private Nursing Homes*						
	Transferred to hos- pital	Nursed entirely at home					Grand total	Transferred to hos- pital	Nursed entirely in private nursing home					Grand total
		Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total			Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
		(1)	(2)	(3)	(4)	(5)			(6)	(7)	(8)	(9)	(10)		(11)	(12)	(13)	(14)
Under 3 lbs.	8	6	4	—	1	11	19	—	3	1	—	1	5	5
— 4 lbs....	19	7	4	—	9	20	39	—	—	—	—	4	4	4
— 5½ lbs.	21	6	7	—	203	216	237	—	2	2	1	64	69	69
TOTAL ...	48	19	15	—	213	247	295	—	5	3	1	69	78	78

NOTE.—* Including Maternity Homes not in the National Health Service and Mother and Baby Homes where the women are confined in the Home.

3. Infectious Diseases.

(1)	Ophthalmia Neonatorum		Pemphigus Neonatorum		Puerperal Pyrexia	
	Domi- ciliary confinement (2)	Insti- tutional confinement (3)	Domi- ciliary confinement (4)	Insti- tutional confinement (5)	Domi- ciliary confinement (6)	Insti- tutional confinement (7)
Number of cases notified during the year	7	1	1	3	13	15
Number of cases visited by officers of the Authority ...	7	1	1	—	5	—
Number of cases for whom home nursing was provided by the Authority	1	—	—	—	1	—
Number of cases removed to hospitals	1	—	—	—	4	7

Number of cases of Ophthalmia Neonatorum notified during the year, in which :—

(a) Vision was unimpaired	7
(b) Vision was impaired	—
(c) Vision was lost	—
(d) The patient died	—
(e) The patient was still under treatment at the end of the year	—
(f) The patient removed from the district	1
(g) Classification under the above heads cannot be made (details of these cases should be attached) ..	—
Total	8

4. Deaths ascribed to Pregnancy or Childbirth.

(a) Number of women attended **in the area** at home or in Nursing Homes whose deaths were ascribed to pregnancy or childbirth during the year :—

(i) From Sepsis.	(ii) From Other Causes.
Attended at home	2
Attended in Nursing Homes	10

(b) Number of women at (a) who died :—

(i) At home	2
(ii) In Nursing Homes	10
(iii) After removal to a Hospital	—

5. Ante-Natal and Post-Natal Clinics.

(1)	Number of clinics provided at end of year (whether held at Child Welfare Centres or other premises)	Number of sessions now held <i>per month</i> at clinics included in col. (2)	Number of women in attendance		Total number of attendances made by women included in col. (4) during the year
			Number of women who attended during the year	Number of new cases included in col. (4), i.e., for A.N. clinics women who had <i>not</i> previously attended any clinic during current pregnancy and for P.N. clinics women who had <i>not</i> previously attended any P.N. clinic after last confinement	
(1)	(2)	(3)	(4)	(5)	(6)
<i>Local Health Authority Clinics :</i>					
Ante-natal clinics ...	22	105	7,261	5,824	25,302
Post-natal clinics ...	4	4	* 366 (118)	* 413 (142)	* 533 (163)
<i>Clinics provided by Voluntary Organisations :</i>					
Ante-natal clinics ...	—	—	—	—	—
Post-natal clinics ...	—	—	—	—	—

NOTE.—* Women examined post-natally at ante-natal clinics should be included and also shown in brackets.

6. Ante-Natal and Post-Natal Examinations made by General Practitioners at the mother's home or the practitioner's surgery under arrangements made by the Authority.

Where a Local Health Authority, with the Minister's approval, has made arrangements for women living in outlying districts which are not served by clinics to be examined ante-natally/post-natally by general practitioners the following information about these arrangements should be supplied for the year :—

- | | |
|---|--------|
| (i) Number of women examined ante-natally | .. Nil |
| (ii) Number of ante-natal examinations made | .. Nil |
| (iii) Number of women examined post-natally | .. Nil |
| (iv) Number of post-natal examinations made | .. Nil |

7. Day Nurseries (Including 24-hour Nurseries) as at 31st December, 1949.

(1)	Number (2)	Number of approved places		Number of children on the register at the end of the year		Average daily attendance during the year	
		0-2 (3)	2-5 (4)	0-2 (5)	2-5 (6)	0-2 (7)	2-5 (8)
(a) Nurseries maintained by the Council	5	90	135	69	164	52	140
(b) Nurseries maintained by Voluntary Organisations ...	—	—	—	—	—	—	—

8. Daily Minders provided by the Authority at 31st December, 1949.

(a) Number of minders	Nil
(b) Number of children cared for	Nil

9. Domestic Helps.

- (i) Number of Domestic Helps employed at 31st December, 1949:—
- | | |
|------------------------|-----|
| (a) Whole-time | Nil |
| (b) Part-time | 46 |
- (ii) In how many cases were Domestic Helps provided during the year? 302
- (iii) Number of Domestic Help Organisers employed? .. 1

10. Child Welfare Centres.

(1)	Number of centres provided at end of year (2)	Number of Child Welfare sessions now held per month at centres in col. (2) (3)	Number of children who attended centres during the year in col. (2) (4)	Number of children who first attended the centres during the year, and who on the date of their first attendance were:*		Number of children in attendance at the end of the year who were then:—		Total number of attendances made by children included in col. 4 during the year	
				Under 1 year of age (5)	Over 1 year of age (6)	Under 1 year of age (7)	Between the ages of 1 and 5 (8)	Under 1 year of age (9)	Over 1 year of age (10)
Local Health Authority centres ...	79	320	15,078	6,410	620	5,571	9,343	83,005	32,339
Centres provided by Voluntary Organisations	4	10	345	106	7	119	217	1,652	722

NOTE.—* Excluding children who attended before 1st January, 1949, or who are known to have previously attended a centre in another district.

11. Health Visiting.

(1)	Number of Health Visitors employed at end of year		Equivalent Whole-Time Health Visitor services provided under col. (3) (all classes, including attendance at Child Welfare Centres) (4)	Number of visits paid by Health Visitors during the year							
	Whole-time on health visiting (2)	Part-time on health visiting (3)		Expectant mothers		Children under 1 year of age		Children between the ages of 1 & 5		Other cases	
				First visits† (5)	Total visits (6)	First visits† (7)	Total visits (8)	First visits† (9)	Total visits (10)	First visits (11)	Total visits (12)
Local Health Authority ...	2	49	35	3,374	4,482	9,448	32,701	1,545	51,072	3,751	9,878
Voluntary Organisations	—	—	—	—	—	—	—	—	—	—	—

NOTE.—† These figures should relate to expectant mothers and children who have never previously been visited by a Health Visitor.

12. Mother and Baby Homes.—(i.e., Homes or hostels for unmarried mothers and their babies).

Name and Address of Home or Hostel	Number of beds				Average length of stay	
	Total beds (excluding maternity and labour and cots)	†Maternity (excluding labour and isolation)	Labour beds	Cots	Ante-natal	Post-natal
(1)	(2)	(3)	(4)	(5)	(6)	(7)
*(a) Provided by the Authority :—						
*(b) Provided or used by Voluntary Organisations receiving a grant from the Authority for women from the Authority's area :—				NIL		

(c) Total number of women admitted during the year to Homes and Hostels shown in (a) and (b) (ignoring re-admissions after confinement Nil

(d) Number of admissions in (c) above for which the Authority were responsible Nil

(e) Number of cases sent by the Authority during the year to Mother and Baby Homes other than those mentioned in (a) and (b) above, payment being made on an *ad hoc* basis :—

(a) Expectant mothers 19

(b) Post-natal cases 15

13. Illegitimate Children (with special reference to Circular 2866).

(i) Do the Authority employ a Social Worker for the purpose of Circular 2866 ?

(a) Themselves ? No

(b) In combination with another Local Health Authority ? No

(ii) If not, what arrangements are made for this work to be undertaken ?
The Superintendent Health Visitor has been specially deputed to keep illegitimate children under particular observation.

14. Ambulance Services.

		Number of vehicles at 31st December, 1949	Total number of Journeys during the year	Total number of patients carried during the year	Number of accident and other emergency Journeys included in col. (3) curing the year (5)	Total mileage during the year (6)	Number of paid whole- time staff at 31st December, 1949
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Directly pro- vided service	Ambulances	48	31,862	56,744	8,152	705,424	106
	Cars ...	9	7,828	12,560	426	178,740	
Agency service(s)	Ambulances	9	9,519	12,333	1,856	191,838	15
	Cars ...	2	5,102	5,598	278	88,998	
Supplementary service(s)*	Ambulances	—	—	—	—	—	—
	Cars ...	—	42	53	—	13,395	

NOTES.—* Supplementary services are those where arrangements exist with Voluntary Organisations or other bodies for occasional use of ambulances or cars, as distinct from arrangements for a regular service on an agency basis and include arrangements with the Hospital Car Service.

Particulars of supplementary service, including arrangements with the Hospital Car Service and the number of drivers on the register at 31st December, 1949:

Arrangements exist for the use of Hospital Car Service cars. The total number of drivers on the Register at the 31st December, 1949, was 26.

15. Home Nursing.

(1)	Number of Home Nurses employed at 31st December, 1949		Equivalent Whole-time home nursing service provided in Col. (3) (4)	Number of cases attended by Home Nurses during the year (5)	Number of visits paid by Home Nurses during the year (6)
	Whole-time on home nursing (2)	Part-time on home nursing (3)			
Local Health Authority	90	43	21	12,085	268,424
Voluntary Organisations by agreement with the Authority ...	—	—	—	—	—

PART II.

RETURN OF WORK DONE BY THE AUTHORITY UNDER:—

1. Nurseries and Child-Minders Regulation Act, 1948.

	Number registered at 31st December, 1949	Number of children provided for
Premises	NIL	NIL
Daily Minders	NIL	NIL

2. Registration of Nursing Homes (Sections 187 to 194 of the Public Health Act, 1936).

	Number of Homes	Number of beds provided for:—		
		Maternity	Others	Totals
Homes first registered during 1949 ...	1	—	15	15
Homes on the register at end of 1949 ...	9	29	68	97

Names of the Councils of any County Districts to which the powers and duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936, and particulars of the powers delegated.

Chesterfield Corporation	}	The powers and duties of the County Council for respective areas.
Glossop ..		
Ilkeston ..		

PART III.

MIDWIVES ACTS, 1902-1936.

RETURN BY LOCAL SUPERVISING AUTHORITY.

1. Midwives.

	Number of Midwives practising in the area of the Local Supervising Authority at 31st December, 1949		
	Domiciliary Midwives	Midwives in Institutions	Total
(a) Midwives employed by the Authority	122	—	122
(b) Midwives employed by Voluntary Organisations—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	81	81
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	18	13	31
TOTALS ...	140	94	234

NOTE.—Midwives engaged in both domiciliary and institutional practice should be included in the capacity in which they are mainly employed.

2. Maternity Cases Attended.

Number of maternity cases in the area of the Local Supervising Authority attended by Midwives during the year ended 31st December, 1949						
	Domiciliary cases		Cases in Institutions		Total	
	As Midwives (1)	As Maternity Nurses (2)	As Midwives (3)	As Maternity Nurses (4)	As Midwives (5)	As Maternity Nurses (6)
1) Midwives employed by the Authority	3,925	1,676	—	—	3,925	1,676
2) Midwives employed by Voluntary Organisations—						
(a) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act	—	—	—	—	—	—
(b) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ...	—	—	—	—	—	—
3) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	2,644	200	2,644	200
4) Midwives in Private Practice (including Midwives employed in Nursing Homes)	147	43	190	609	337	652
TOTALS ...	4,072	1,719	2,834	809	6,906	2,528

NOTES.—(1) Where midwives are engaged in both domiciliary and institutional practice, cases attended by them should be separated into domiciliary or institutional.

(2) Where midwives are employed by a Hospital Management Committee or Board of Governors responsible for several institutions situated in the areas of more than one Local Supervising Authority, the cases attended by them should be included in the return of the Authority in whose area the cases are located.

3. Medical Aid Under Section 14 (1) of the Midwives Act, 1918.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1918, by a Midwife:—

(a) For Domiciliary cases:—

(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service—	
number	578
(ii) Others—number	684
Total	1,262

(b) For cases in Institutions 58

4. Administration of Gas and Air Analgesia.

(1) Institutional Midwives.

Number of **Institutional** Midwives in practice in the area at the end of the year qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives' Board:—

(a)	Employed in homes and hospitals in the National Health Service	50
(b)	Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	3
	Total	53

(2) Domiciliary Midwives.

(1)	Domiciliary Midwives employed directly by Local Health authority (2)	Domiciliary Midwives employed in public midwifery service under Section 23 by voluntary organisations as agents of Local Health Authority (3)	Domiciliary Midwives employed in public midwifery service under Section 23 by hospital authorities as agents of Local Health Authority (4)	Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority (5)	Total (6)
(a) Number of <i>domiciliary</i> midwives practising in the area at 31st December, 1949, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board	121	—	—	—	121
(b) Number of sets of apparatus for the administration of gas and air in use by <i>domiciliary</i> midwives employed in the Authority's domiciliary midwifery service at 31st December, 1949	120	—	—	—	120
(c) Number of cases in which gas and air was administered by midwives in <i>domiciliary</i> practice during the period 1st January, 1949, to 31st December, 1949:— (i) When acting as a midwife ... (ii) When acting as a maternity nurse	1,942	—	—	—	1,942
(N.B.—As to the distinction between midwives and maternity nurses' cases in domiciliary practice, attention is drawn to Circular 173/48).					

COUNTY OF DERBY.

Appendix.

Table of Deaths during the year 1949 in each of the Sanitary Districts, Classified according to Diseases.

DISTRICTS.	DEATHS FROM VARIOUS CAUSES.																																		
	Typhoid and Paratyphoid Fevers.	Cerebro Spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Tuberculosis of Respiratory System.	Other Forms of Tuberculosis.	Syphilitic Diseases.	Influenza.	Measles.	Acute Infectious Encephalitis.	Cancer.	Diabetes.	Intra-cranial vascular lesions.	Heart Disease.	Other Diseases of Circulatory System.	Bronchitis.	Pneumonia.	Other Respiratory Diseases.	Ulcer of Stomach or Duodenum.	Diarrhoea, (under 2 yrs.)	Appendicitis.	Other Digestive Diseases.	Nephritis.	Purpural and Post-mortem Septic.	Other Maternal Causes.	Premature Birth.	Congenital Malformations, Injuries, Infantile Diseases.	Suicide.	Road Traffic Accidents.	Other Violent Causes.	All Other Causes.	All Causes.		
(URBAN)																																			
ALFRETON	—	—	—	1	—	10	2	—	3	—	—	42	2	32	68	14	12	11	2	4	5	1	9	4	1	1	2	6	7	—	4	3	25	271	
ASHBOURNE	—	—	—	—	—	2	—	—	1	—	—	9	1	8	18	8	7	1	1	—	—	—	1	—	—	—	—	1	2	—	—	—	—	3	64
BAKEWELL	—	—	—	—	—	1	—	—	—	—	—	7	2	3	10	4	5	—	—	—	—	—	1	—	—	—	2	1	1	—	—	—	—	38	
BELPER	—	—	—	1	—	8	—	—	—	—	—	24	3	22	53	8	12	10	2	2	—	—	2	5	—	—	2	2	1	2	4	20	155		
BOLSOVER	—	—	—	—	—	—	—	—	—	—	—	8	—	9	28	—	—	3	2	—	—	—	1	2	4	—	2	4	1	1	1	2	9	71	
BUXTON (Borough)	—	1	—	—	—	—	—	—	—	—	—	39	—	28	92	4	13	12	4	2	2	—	1	1	2	—	5	5	4	2	3	18	246		
CHESTERFIELD (Boro')	—	—	—	—	—	15	3	—	3	1	—	128	5	81	238	44	34	30	5	9	2	2	2	9	—	10	10	4	5	15	48	719			
CLAY CROSS	—	—	—	—	—	1	—	—	—	—	—	12	1	13	22	3	9	4	2	2	—	—	2	2	—	1	1	1	3	—	2	3	84		
DRONFIELD	—	—	—	—	—	1	—	—	3	—	—	15	—	10	38	2	6	—	—	1	—	—	6	8	—	1	1	1	1	1	2	8	107		
GLOSSOP (Borough)	—	—	—	1	—	—	—	—	—	—	—	38	4	41	72	4	18	5	2	2	—	—	6	22	—	—	4	1	3	2	7	29	267		
HEANOR	—	1	1	2	—	5	—	—	—	—	—	47	5	31	54	13	18	8	4	4	3	—	8	1	—	2	9	4	5	6	21	255			
ILKESTON (Borough)	—	—	—	—	—	12	1	4	9	3	—	61	5	62	85	9	20	12	4	4	3	1	2	10	—	1	11	2	—	8	37	376			
LONG EATON	—	—	—	—	—	11	—	—	4	—	—	50	6	49	72	10	20	10	8	7	2	2	12	—	4	7	6	3	3	29	317				
MATLOCK	—	—	—	—	—	3	1	—	8	—	1	31	4	33	60	8	14	6	4	2	—	—	7	3	—	3	7	1	4	3	15	219			
NEW MILLS	—	1	—	—	—	3	1	—	4	—	—	19	—	18	44	8	7	3	1	1	1	1	—	4	—	1	1	—	—	1	9	128			
RIPLEY	—	—	—	—	—	4	3	—	2	—	—	29	2	25	32	4	8	10	6	—	—	—	1	2	3	—	2	4	2	1	3	29	172		
STAVELEY	—	1	—	—	—	3	2	—	—	—	—	17	2	14	68	4	10	5	—	4	—	—	4	3	—	—	4	2	4	3	8	160			
SWADLINCOTE	—	—	—	1	—	6	1	1	2	—	—	29	—	27	75	10	18	5	4	7	1	1	3	7	—	1	3	9	1	3	18	234			
WHALEY BRIDGE	—	—	—	—	—	—	—	—	1	—	—	9	—	11	24	2	4	—	2	—	—	1	2	2	—	—	—	—	—	1	1	4	64		
WIRKSWORTH	—	1	—	—	—	2	—	—	—	—	—	5	—	7	20	1	3	1	—	—	—	—	—	1	—	—	—	—	—	1	2	8	52		
URBAN DISTRICTS	—	5	1	6	—	88	14	11	53	4	1	2	619	44	524	1173	160	245	136	55	51	23	13	68	100	2	2	45	90	43	39	71	341	4,029	
(RURAL)																																			
ASHBOURNE	—	—	—	—	—	1	—	—	3	—	1	16	1	20	35	10	2	6	3	1	—	1	2	2	—	1	3	6	—	1	11	126			
BAKEWELL	—	—	1	1	—	1	—	—	5	1	—	27	4	30	87	14	12	9	2	2	—	—	10	5	—	1	4	3	4	1	5	17	246		
BELPER	—	—	—	1	—	12	1	1	5	—	1	39	—	45	106	12	12	14	6	4	—	—	1	5	6	—	7	5	2	3	6	35	329		
BLACKWELL	—	—	—	1	—	17	4	1	3	—	1	79	5	74	107	12	27	19	4	2	3	1	10	8	—	2	7	18	9	3	12	37	466		
CHAPEL-EN-LE-FRITH	—	—	—	—	—	5	—	1	3	—	2	37	1	42	87	2	16	5	7	1	1	1	3	4	—	—	6	1	4	3	19	251			
CHESTERFIELD	—	—	—	—	—	11	2	3	5	—	—	115	1	91	247	31	27	28	14	7	3	1	15	19	—	16	21	11	10	19	51	748			
CLOWNE	—	—	—	—	—	6	1	1	1	—	—	34	—	27	61	7	14	3	1	2	1	—	3	2	—	1	4	6	2	4	5	13	199		
REPTON	—	—	—	—	—	12	—	2	5	1	1	41	—	43	107	14	11	15	8	1	3	1	2	4	—	4	8	3	5	2	20	315			
SHARDLOW	—	—	—	—	—	25	5	3	4	—	—	1	107	5	81	200	28	34	25	8	10	4	1	12	17	—	4	6	14	7	8	14	77	700	
RURAL DISTRICTS	—	—	1	3	—	90	13	12	34	2	2	6	495	17	453	1037	130	155	124	53	30	15	7	63	67	—	8	49	84	45	38	67	280	3,380	
URBAN DISTRICTS	—	5	1	6	—	88	14	11	53	4	1	2	619	44	524	1173	160	245	136	55	51	23	13	68	100	2	2	45	90	43	39	71	341	4,029	
WHOLE COUNTY	—	5	2	9	—	178	27	23	87	6	3	8	1114	61	977	2210	290	400	260	108	81	38	20	131	167	2	10	94	174	88	77	138	621	7,409	

COUNTY OF DEBBY

Table showing the result of the poll taken at the County Election on the 2nd day of May 1884

Ward				Poll				Total			
No.	Name	Age	Sex	No.	Name	Age	Sex	No.	Name	Age	Sex
1	John Smith	35	M	2	James Brown	42	M	3	William Jones	28	M
4	Robert White	50	M	5	Thomas Green	38	M	6	Richard Black	45	M
7	Henry Wilson	30	M	8	George Taylor	40	M	9	Charles Adams	32	M
10	Edward Davis	48	M	11	Samuel King	35	M	12	John Lee	40	M
15	William Hall	33	M	16	Thomas Young	45	M	17	Richard Scott	30	M
20	George Baker	42	M	21	Charles Miller	38	M	22	John Clark	40	M
25	Robert Evans	35	M	26	Thomas Wright	45	M	27	Richard Hill	30	M
30	Henry Green	40	M	31	George King	35	M	32	Charles Lee	40	M
35	Edward Brown	30	M	36	Samuel Taylor	45	M	37	John Adams	35	M
40	William White	45	M	41	Thomas Green	30	M	42	Richard Black	40	M
45	George Wilson	35	M	46	Charles Young	45	M	47	John Scott	30	M
50	Robert Hall	40	M	51	Thomas Baker	35	M	52	Richard Miller	40	M
55	Henry Evans	30	M	56	George Wright	45	M	57	Charles Hill	35	M
60	Edward King	40	M	61	William Lee	30	M	62	John Adams	40	M
65	Thomas Brown	35	M	66	Richard Taylor	45	M	67	George Scott	30	M
70	Samuel White	45	M	71	Charles Green	35	M	72	John Black	40	M
75	Robert Wilson	30	M	76	Thomas Young	45	M	77	Richard Scott	30	M
80	George Hall	40	M	81	Charles Baker	35	M	82	John Miller	40	M
85	Henry Evans	30	M	86	George Wright	45	M	87	Charles Hill	35	M
90	Edward King	40	M	91	William Lee	30	M	92	John Adams	40	M
95	Thomas Brown	35	M	96	Richard Taylor	45	M	97	George Scott	30	M
100	Samuel White	45	M	101	Charles Green	35	M	102	John Black	40	M

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

County School Medical Officer

ON THE

Medical Inspection of School Children

FOR THE

Year ended 31st December, 1949.

J. B. S. MORGAN,
B.Sc., M.B., B.Ch., D.P.H., L.R.C.P., M.R.C.S.,
County School Medical Officer.

TABLE OF CONTENTS.

	PAGE
Area of County	8
Assistant School Medical Officers' Reports	52—65
Boarding Home, Maladjusted Pupils	9
Brambling House Open Air School	9, 65
Bretby Hall Orthopædic Hospital School	9, 38
Chesterfield Excepted District	10, 45, 64—65
Child Guidance	13, 23, 43, 44, 79
Children Inspected	16, 65, 70
Committee Members	4
Defective Vision	6, 22, 31, 65, 78
Defects Found by Medical Inspection	16, 62, 71—74
Dental Work... ..	6, 22, 26, 80
Diphtheria Prophylaxis	6, 39, 53, 54, 55, 57, 58, 59, 60, 61, 62, 63
Divisional Administration	10, 64, 65
Employment of Children	52
Enrolments of Schools	8, 9
Eye Clinics	6, 22, 31, 65, 78
Further Education for Handicapped Pupils	43
General Condition of Pupils 15, 52, 53, 55, 57, 59, 60, 61, 62, 63, 65, 75	
Handicapped Pupils	39—51, 56, 59, 65
Holly House Hostel... ..	9
Hygienic Condition of Schools	53, 54, 56, 58, 59, 60, 61, 62, 63, 64
Infestation with Vermin ... 5, 20, 53, 54, 55, 57, 58, 60, 61, 62, 63, 64, 76	
Maladjusted Pupils	13, 23, 43, 44, 79
Meals in Schools	5, 16, 52, 53, 55, 57, 58, 59, 60, 63, 64, 65
Medical Inspection	16, 65, 70
Mental Deficiency Acts	43
Milk in Schools	5, 16, 52, 55, 57, 58, 59, 60, 62, 63, 64
Ministry of Education Tables	11, 22, 70—80
Minor Ailments	22, 23, 77

TABLE OF CONTENTS—*continued.*

	PAGE
National Health Service Act, 1946...	6, 23, 26, 31, 34, 35, 39, 53, 54 56, 57, 59, 61, 62, 63, 64, 65
Nose and Throat Defects ...	22, 35, 78
Nursery Classes ...	9
Nursery Schools ...	9
Orthodontic Work ...	30
Orthopædic and Postural Defects ...	22, 35, 79
Physical Training ...	65, 66—69
Population ...	8
Primary Schools ...	8, 10
Pupils Found to Require Treatment ...	16, 62, 71—74
"Reported" Pupils ...	43
Schools—Nursery ...	9
—Primary ...	8, 10
—Secondary ...	8, 10
—Special ...	9, 43, 65
School Clinics—Child Guidance ...	13, 23, 44, 79
—Dental ...	6, 22, 26, 80
—Ear, Nose and Throat ...	22, 35, 78
—Eye ...	6, 22, 31, 65, 78
—Minor Ailment ...	22, 23, 77
—Orthopædic ...	22, 35, 79
—Speech Therapy ...	13, 22, 44, 79
—Sunray ...	22, 39, 65
Senior Dental Officer's Report ...	26
Spectacles ...	6, 22, 31, 65, 78
Speech Defects ...	13, 22, 44, 79
Staff ...	11, 23, 26, 34, 35, 44
Sunray Clinics ...	22, 39, 65
Uncleanliness ...	5, 20, 53, 54, 55, 57, 58, 60, 61, 62, 63, 64, 76
Vision ...	6, 22, 31, 65, 78

**MEMBERS of the DERBYSHIRE EDUCATION COMMITTEE
on 31st December, 1949.**

Chairman : ALD. F. A. GENT.

Vice-Chairman : ALD. J. B. HANCOCK.

ALD. H. A. BABBS.	ALD. MRS. D. M. SUTTON.
„ MRS. A. M. BELFIELD.	„ J. VARLEY.
„ W. BOOT.	„ F. WALKER.
„ MRS. M. CANTRILL.	„ REV. E. J. WASS.
„ A. COOPER.	„ C. F. WHITE, M.P.
„ C. FEAKIN.	„ F. WILSON.
„ MRS. F. E. SHIPLEY.	
COUN. J. W. ALLITT.	COUN. L. PATTISON.
„ T. M. BENNISON.	„ H. PIPES.
„ J. W. BROADHURST.	„ D. PRINCE.
„ A. BUCHAN.	„ F. S. SHORT.
„ MRS. G. BUXTON.	„ E. SWALE.
„ J. D. DOYLE.	„ SIR IAN WALKER, D.S.O., T.D.
„ R. FEWKES.	„ R. A. WARD.
„ A. FOWLER.	
W. ABEL, ESQ.	PROFESSOR R. PEERS.
MRS. E. E. ARMSTRONG.	W. H. SALES, ESQ., B.Sc.
REV. FATHER A. BALDWIN.	H. STANLEY, ESQ.
ALD. H. CROPPER.	G. A. STEPHENS, ESQ.
C. O. DRABBLE, ESQ., M.A.	BRIG.-GEN. E. C. W. D. WALTHALL,
REV. H. HODGKINS.	C.M.G., D.S.O.
R. A. KIRKMAN, ESQ.	MRS. E. WEBB.
REV. H. S. O'NEILL.	MRS. I. S. WELLS.

**MEMBERS of the MEDICAL SERVICES SUB-COMMITTEE of
the DERBYSHIRE EDUCATION COMMITTEE on 31st December,
1949.**

Chairman : ALD. F. WILSON.

Vice-Chairman : ALD. C. FEAKIN.

ALD. MRS. M. CANTRILL.	ALD. J. B. HANCOCK.
„ F. A. GENT.	„ MRS. D. M. SUTTON.
COUN. MRS. G. BUXTON.	COUN. E. SWALE.
„ J. D. DOYLE.	
MRS. E. E. ARMSTRONG.	R. A. KIRKMAN, ESQ.
C. O. DRABBLE, ESQ.	

ANNUAL REPORT

**of the COUNTY SCHOOL MEDICAL OFFICER
on the Medical Inspection of School Children
for the Year ended 31st December, 1949.**

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

LADIES AND GENTLEMEN,

I have the honour to present my sixth Annual Report on the health and well-being of children attending schools maintained by the Derbyshire Education Committee.

The nutritional standard of pupils generally continues at a high level, and the provision of milk and meals at school has unquestionably been an important factor in this connection. In my opinion it is preferable for meals to be cooked at the premises where they are eaten as they are more appetising, have in some instances a higher vitamin content, and are not so likely to incubate to the same extent any bacteria that may be present as in the case of meals that have to be kept warm for a longer time through being conveyed a distance from a "central kitchen." It is realised that shortage of materials and labour precludes this suggestion being implemented in many instances, but where possible it is obviously desirable.

It is gratifying to report that the incidence of scabies continues to diminish since it reached a particularly high level during the early years of the last war. Pediculosis, on the other hand, in spite of the efficacy of the new insecticides (such as D.D.T. emulsion), continues to have a relatively high incidence (although the figures show a slight decrease since 1948) and it is felt that this is due to the old "ineducable" offenders who are responsible for maintaining a reservoir of infestation. The solution of the problem is dependant on education with the assistance of the new insecticides. There is a national shortage of Health Visitors which limits the amount of instruction which can be given. It should be remembered, however, that opportunities for intimate contact are greater in the home than at school, and therefore little progress can be made without the co-operation of parents.

Although the responsibility for the diphtheria immunisation scheme rests with the County Health Committee rather than with the Education Committee, arrangements have been made for Assistant School Medical Officers to immunise children when carrying out inspections at school, if asked to do so by parents. I am sure, however, that the Members of the Education Committee would be pleased to learn that for the first time on record not a single person died in the County during the year from diphtheria and that, of the seven children under fourteen years of age who contracted the disease, not one had completed a full course of immunisation.

1949 has given us the first full year's experience of the operation of the National Health Service Act and its effect on the School Health Service. I feel sure that the Act has conferred great benefits on the whole population, including school children, but at this stage it is too soon for them to be assessed accurately. Before it came into operation in July, 1948, a section of the population, and particularly the elderly, was unable to afford medical and dental treatment of which they were in need. As a consequence, when the gates for free treatment were opened, there was a rush for what was available. Children now have to take their place in the queue, as all members of the population are now eligible for free treatment. This has brought about considerable demands on the services of general medical practitioners, hospital consultants, dentists, pharmacists and opticians and so on, and consequently children have to wait much longer for admission to hospital for non-urgent conditions, such as operation for tonsils and adenoids, and for the provision of spectacles. Then again, a large number of dentists employed by Local Health Authorities have resigned to enter private practice due to the considerable incomes they are capable of earning under the National Health Service Act. All school children can, of course, obtain free dental treatment from these dentists, but they have to take their place in the queue with the rest of the population. The dental service designed for the so-called "priority classes," namely, the school pupil, the pre-school child and the expectant and nursing mother, has largely collapsed. This is most regrettable, but it is to be hoped that some means will be provided for enabling the "priority classes" to have real priority, otherwise irreparable damage is bound to result.

In spite of certain disadvantages that have accrued to school children, the population of the country as a whole is enjoying the benefits of a free service for a host of medical and dental conditions which were denied to many previously on financial grounds. It is well to preserve a balanced judgment on this subject and to weigh the advantages against the disadvantages. The possibilities for improving the health of the people are immense under this Act, and I feel sure that, given time, many of the anomalies that at present exist will disappear.

I should like to take this opportunity of thanking the Chairman and Members of the Education Committee and the Chairman and Members of the Education Medical Services Sub-Committee for their assistance in approving or promoting measures for improving the health of the school children of Derbyshire, as well as the Director of Education for his ever-ready co-operation. It is with much pleasure that I take the opportunity also of paying tribute to the diligent and loyal service rendered in numerous ways by the medical, dental, nursing and clerical staff during a year when there were many changes in former practice.

I have the honour to be,

Your obedient Servant,

J. B. S. MORGAN,

County School Medical Officer.

County Offices,

St. Mary's Gate,

Derby.

September, 1950.

GENERAL INFORMATION AND STATISTICS.

Area and Population of Administrative County.

	MUNICIPAL BOROUGHS.	URBAN DISTRICTS.	RURAL DISTRICTS.	TOTALS.
Number of Sanitary Districts	4	16	9	29
Area in acres	21,149	76,889	537,416	635,454
Population, as estimated by Registrar-General in mid- year, 1949	138,320	220,100	319,570	677,990

Primary and Secondary Schools.

DIVISIONAL EXECUTIVE.	TYPES OF SCHOOLS AND NUMBERS.		AVERAGE NO. ON REGISTERS.
North-west ...	Primary ...	83	8,406
	Secondary ...	12	3,492
North-east ...	Primary ...	116	19,503
	Secondary ...	25	6,297
Mid-Derbyshire ...	Primary ...	83	11,676
	Secondary ...	10	3,205
South-east ...	Primary ...	62	12,474
	Secondary ...	11	3,879
South	Primary ...	96	11,877
	Secondary ...	11	3,424
Chesterfield ...	Primary ...	23	6,802
	Secondary ...	12	4,560
TOTALS—Whole Administrative County ...	Primary ...	463	70,738
	Secondary ...	81	24,857

Nursery Schools and Classes.

The following were the Nursery Schools and Nursery Classes in the County :—

Nursery Schools.

Approx. No. on Register.

NORTH-WEST DIVISION—

Glossop, Hadfield	...	...	...	...	40
-------------------	-----	-----	-----	-----	----

NORTH-EAST DIVISION—

Frecheville, Birley Moor Road	...	...	...	40
-------------------------------	-----	-----	-----	----

Nursery Classes are attached to the following schools :—

NORTH-WEST DIVISION—

Approx. No. on Register.

Glossop, Whitfield C. E.				31
--------------------------	------	------	------	----

NORTH-EAST DIVISION—

Ault Hucknall, Doe Lea C.	....	....	....	25
Dronfield C.	....	....	....	30
Heath C.	....	....	....	24
Shirland and Higham, Stonebroom J. M. & I.	....	....	....	18
Staveley, Church Street C. E.	....	....	....	19
Staveley, Speedwell C.	....	....	....	24
Scarliffe, Whaley Thorns	....	....	....	25
Shirebrook, Model Village C., I.	....	....	....	25

MID-DERBYSHIRE DIVISION—

Alfreton, Somercotes C., I.	....	....	....	26
Pinxton, Church Street, C., I.	....	....	....	32
Pinxton, Wharf C.	....	....	....	37

SOUTH-EAST DIVISION—

Ilkeston, Chaucer C., J. M. & I.	....	....	....	31
Ilkeston, Gladstone C., I.	....	....	....	29
Long Eaton, Derby Road, C., I.	....	....	....	33

CHESTERFIELD—

Brampton Primary I.	....	....	....	66
Cavendish Primary I.....	....	....	....	45
Derby Road Primary I.	....	....	....	70
Hasland, Eyre Street Primary I.	....	....	....	30
Hipper Street Primary I.	....	....	....	26
St. Helen's Street Primary J. M. & I.	....	....	....	27
St. Mary's R.C. Primary I.	....	....	....	33
Whittington Moor Primary I.	....	....	....	61

Special Schools.

Brambling House Open Air School and Children's Centre, Chesterfield	....	137
Bretby Hall Orthopaedic Hospital Special School, Bretby	....	35

Boarding Home for Maladjusted Pupils.

Holly House, Chesterfield		15
---------------------------	------	----

New Schools opened since 1st January, 1949.

	<i>Date of Opening.</i>
NORTH-WEST DIVISION.	
Bakewell Secondary Modern County Girls'	11th January, 1949.
NORTH-EAST DIVISION.	
Eckington Gleadless County J. M. & I.	31st October, 1949.
MID-DERBYSHIRE DIVISION.	
Matlock Tansley County J. M. & I. . .	25th April, 1949.
SOUTH DIVISION.	
Alvaston and Boulton, Shelton County J.M.	25th April, 1949.
Littleover Carlisle Avenue County I. . .	25th April, 1949.
Littleover Secondary Modern County S.M.	10th January, 1949.

Schools closed since 1st January, 1949.

	<i>Date of Closing.</i>
NORTH-WEST DIVISION.	
Litton Mills County J. M. & I. ..	2nd August, 1949.
MID-DERBYSHIRE DIVISION.	
Matlock Tansley C.E. M.	5th April, 1949.
SOUTH DIVISION.	
Radbourne C.E. J. M. & I.	2nd August, 1949.

Schemes of Divisional Administration.

(1) Under a Scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A Scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945. Briefly, the Borough Council exercises the following functions in respect of the Borough relating to the School Health Service in particular :—

(i) The duty of providing special educational treatment for those children who have been ascertained as needing such treatment,

(ii) The duty of carrying out the medical inspection of pupils in attendance at any school maintained by the Authority and securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(iii) The exercise of the duties relating to the power to ensure cleanliness.

(iv) The powers and duties relating to reports to local authorities under the Mental Deficiency Acts.

(v) The duty of carrying out the medical inspection of pupils receiving primary or secondary education otherwise than at school, and of securing that such pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

(vi) Where an arrangement has been made between the Authority and the Proprietor of an Independent School in the Borough, the duty of carrying out the medical inspection of pupils in attendance at the school, and securing that the pupils are enabled to receive free medical treatment in accordance with the arrangements made by the Authority.

Staff.

The Ministry of Education requested a numerical return of the staff of the School Health Service on 31st December, 1949 and the following information was provided:—

STAFF OF THE SCHOOL HEALTH SERVICE

(excluding Child Guidance):—

School Medical Officer J. B. S. MORGAN.
Senior Dental Officer H. E. GRAY.

	Number.	Aggregate Staff in terms of the equivalent number of whole-time officers.
(a) Medical Officers*	18	9.15
(b) Dental Officers*	7	4.55
(c) Physiotherapists, Speech Therapists, etc.—		
(i) Physiotherapists	4	1.84
(ii) Speech Therapists	2	1.90
(d) School Nurses	50	18.00
(e) Nursing Assistants	4	3.25
(f) Dental Attendants	10	7.00

*—All Officers of the School Health Service (including the School Medical Officer and the Senior Dental Officer) other than those employed part-time for specialist examinations and treatment only.

The following Table gives details of the staff during the year (including Child Guidance staff) :—

Staff.	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service.	Public Health.
COUNTY SCHOOL MEDICAL OFFICER—		
J. B. S. MORGAN, B.Sc., M.B., B.Ch., D.P.H., L.R.C.P., M.R.C.S.	20%	80%
DEPUTY COUNTY SCHOOL MEDICAL OFFICER—		
V. J. WOODWARD, M.B., Ch.B., D.P.H.	40%	60%
CHIEF ASSISTANT SCHOOL MEDICAL OFFICER—		
W. DAVIDSON-LAMB, M.C., M.B., Ch.B., D.P.H.	60%	40%
WHOLE-TIME ASSISTANT SCHOOL MEDICAL OFFICERS—		
JANET BARRY, M.B., Ch.B., D.C.H., D.R.C.O.G. (Commenced 21/3/49; transferred to Maternity and Child Welfare duties from 15/6/49)	80%	20%
F. J. BURKE, M.D., B.Ch.	75%	25%
A. H. CAMPBELL, M.R.C.S., L.R.C.P.	75%	25%
A. DONALDSON, M.B., Ch.B., D.P.H. (Left 19/1/49 upon being appointed an Area Medical Officer and M.O.H. of an Urban District in Northumberland)	93%	7%
L. N. GOULD, M.R.C.S., L.R.C.P. (Granted leave from 4/10/49 to June, 1950, for post-graduate Course)	70%	30%
G. JARRATT, M.B., B.S., L.M.S.S.A. (This was a temporary appointment, from 12/7/49 to 30/9/49)	55%	45%
FLORA MACDONALD, M.B., Ch.B., D.P.H. (Commenced 24/1/49)	75%	25%
ETHEL W. MORRIS, M.R.C.S., L.R.C.P., D.P.H.	85%	15%
A. K. D. RUTHERFORD, B.A., M.B., B.Ch., B.A.O. (Commenced 15/6/49)	80%	20%
D. M. STEVENS, M.B., B.S. (Left 2/3/49 upon obtaining an appointment as E.N.T. Registrar to the County Hospital, Whiston, and the Broadgreen Hospital, Liverpool)	95%	5%
(One vacancy, which will be filled by Dr. J. W. Crawshaw on 16/1/50).		
PART-TIME ASSISTANT SCHOOL MEDICAL OFFICERS—		
M. ALLAN, M.B., Ch.B., D.P.H.	23%	77%
H. L. BARKER, M.D., B.S., D.P.H.	50%	50%
G. COCHRANE, M.A., M.B., Ch.B., D.P.H.	25%	75%
F. COCKCROFT, M.A., L.R.C.P., M.R.C.S., D.P.H. (Commenced 1/1/49)	35%	65%
S. W. LUND, M.B., Ch.B., D.P.H.	33%	3%
A. H. WEAR, M.D., B.S., D.P.H.	45%	55%

Staff.	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service.	Public Health.
BOROUGH SCHOOL MEDICAL OFFICER FOR CHESTERFIELD EXCEPTED DISTRICT—		
J. A. STIRLING, D.S.C., M.B., Ch.B., D.P.H.	24%	76%
ASSISTANT SCHOOL MEDICAL OFFICERS FOR CHESTERFIELD EXCEPTED DISTRICT—		
J. S. HAMILTON, M.B., Ch.B., D.P.H.	72%	28%
JOAN M. B. LEITH, M.B., Ch.B., D.P.H.	28%	72%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CHILD PSYCHIATRISTS—		
H. S. BRYAN, M.R.C.S., L.R.C.P. (Left on 30/4/49 upon securing an appointment under the Liverpool Regional Hospital Board)	90%	10%
DAISY G. ILIFF, B.A., M.R.C.S., L.R.C.P., D.P.M. (Commenced 1/4/49)	90%	10%
(One vacancy).		
EDUCATIONAL PSYCHOLOGISTS—		
GRACE M. CLARKE, M.A. (Chesterfield Excepted District)	40%	—
MIRIAM E. S. FLINT, B.A. (Commenced 1/2/49) ...	50%	—
CHILD PSYCHO-THERAPISTS—		
CONSTANCE S. SIM, M.A., B.Ed. (Chesterfield Excepted District. Commenced 1/10/49)	100%	—
PHYLLIS M. TRAILL, M.A. (Chesterfield Excepted District. Left 31/8/49)	100%	—
(One vacancy).		
PSYCHIATRIC SOCIAL WORKERS—		
BERYL R. ELTON, B.A. (Commenced 17/1/49) ...	90%	10%
(Three vacancies).		
SPEECH THERAPISTS—		
MARGARET SWALE, L.C.S.T. (Chesterfield Excepted District)	100%	—
JEAN F. WARD, L.C.S.T. (Commenced 21/9/49) ...	90%	10%
JOYCE L. WILKINS, F.C.S.T. (Left April, 1949) ...	9%	—
(Three vacancies).		

Staff.	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service.	Public Health.
DENTAL STAFF—		
SENIOR DENTAL OFFICER—		
H. E. GRAY, L.D.S.	75%	25%
WHOLE-TIME ASSISTANT DENTAL OFFICERS—		
G. K. CATCHPOLE, L.D.S. (Left 13/3/49)	75%	25%
JOSEPHINE DOLAN (Dentist, 1921)	75%	25%
FLORA GRANT, L.D.S.	75%	25%
O. F. MORDAUNT, L.D.S. (Whole-time until 3/12/49— only two sessions weekly thereafter, as he entered private practice)	75%	25%
S. SCHATZBERG, M.D. (Vienna) (Eight and 2/11ths vacancies).	75%	25%
PART-TIME ASSISTANT DENTAL OFFICERS—		
G. E. JACKSON, L.D.S. (Left 25/2/49)	36%	—
DOROTHY LITTLAR, L.D.S.	50%	5%
CHESTERFIELD EXCEPTED DISTRICT—		
A. R. LITTLAR, L.D.S. (Borough Senior Dental Officer)... (Two vacancies).	91%	9%

Nursing Staff at 31/12/1949.	Number of Officers.		Aggregate of time given to School Health Service work in terms of whole- time Officers.	
	Whole County (including Chesterfield)	Chesterfield Excepted District	Whole County (including Chesterfield)	Chesterfield Excepted District
School Nurses (17 vacancies).	50	5	18.00	2.4
Physiotherapists (1 part-time vacancy).	4	2	1.84	0.5
Nursing Assistants	4	—	3.25	—
Dental Attendants (7 2/11ths vacancies).	10	2	7.00	2.0

THE SCHOOL HEALTH SERVICE IN RELATION TO PRIMARY AND SECONDARY SCHOOLS.

General Condition of Pupils.

Below is a Table showing the general condition of pupils as found at routine medical inspection, on the lines suggested by the Ministry of Education, and presented for the first time in my Report for 1947. The categories are, "A, those of good general condition"; "B, those of normal or fair general condition"; and "C, those below the normal, or poor." More detailed figures appear in the Statistical Tables at the end of this Report (page 75).

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED. DURING 1949.

DIVISIONAL EXECUTIVE.	A.—%	B.—%	C.—%
North-west	36.3	60.6	3.1
North-east	24.1	69.4	6.5
Mid-Derbyshire	21.9	75.5	2.6
South-east	53.5	44.2	2.3
South	21.4	76.5	2.1
Chesterfield	18.3	77.0	4.7
WHOLE ADMINISTRATIVE COUNTY ...	29.5	66.5	4.0

I have commented in previous Reports that different examining medical officers have widely differing personal ideas as to what constitutes a "good," a "fair" or a "bad" general condition, so that the figures on this point should be treated with some reserve. The general impressions of the Assistant School Medical Officers are, I feel, more reliable, and it will be seen from their comments, which appear towards the end of this Report, that it is generally agreed that the nutritional standard is being maintained at a high level.

The number of pupils examined in the prescribed groups was 24,362, compared with 27,593 in 1948. (These figures exclude the "other periodic inspections," which relate to children attending Brambling House Open-air School, Chesterfield, all of whom, of course, had defects). The number found to require treatment (excluding uncleanliness and dental defects) increased from 3,824 in 1948 to 4,590 in the year under review. The following Table shows the numbers medically inspected in the three age-groups as well as those found to require treatment, compared with the last published percentages for England and Wales. It will be seen that the figures for this County are not materially different from those for the country as a whole.

Group.	Number of Pupils Inspected.	Total Individual Pupils found to Require Treatment.		
		Derbyshire.		England and Wales (1947). Percentage of Nos. inspected.
		Number.	As percentage of Column 2.	
Entrants ...	10,778	2,148	19.93	18.31
Second Age Group ...	7,308	1,361	18.62	18.93
Third Age Group ...	6,276	1,081	17.22	18.22
Totals ...	24,362	4,590	18.84	18.51

Provision of Meals, and the Milk-in-Schools Scheme.

Tables A and B give statistics relating to the numbers of meals and quantities of milk provided.

TABLE A.
Meals.

DIVISIONAL EXECUTIVE.	RETURN FOR ONE DAY IN	NUMBER OF CHILDREN PRESENT.		MEALS PROVIDED FREE.		MEALS PROVIDED FOR FULL OR PART PAYMENT.		TOTALS.		%	
		Primary.	Sec.	Primary.	Sec.	Primary.	Sec.	Primary.	Sec.	Primary.	Sec.
North-west	February	7,334	2,923	649	301	3,646	1,944	4,295	2,245	58.5	76.8
	June ...	8,212	2,791	710	317	3,979	1,860	4,689	2,177	57.09	78.0
	October	7,838	3,036	643	343	3,660	2,074	4,303	2,417	54.89	79.56
North-east	February	17,422	5,328	1,630	586	8,817	3,297	10,447	3,883	59.9	72.8
	June ...	18,882	5,074	1,786	599	8,621	3,013	10,407	3,612	55.1	71.18
	October	17,876	5,754	2,312	711	8,529	3,454	10,841	4,165	60.6	72.38
Mid- Derbyshire	February	10,238	2,688	729	211	4,100	1,726	4,829	1,937	47.1	72.06
	June ...	10,705	2,631	807	203	4,267	1,669	5,074	1,872	47.39	71.1
	October	10,517	2,949	803	216	3,934	1,857	4,737	2,073	56.05	70.36
South-east	February	10,794	3,361	653	164	3,272	1,523	3,925	1,687	36.3	50.19
	June ...	11,375	3,182	710	157	3,248	1,381	3,958	1,538	34.78	48.3
	October	11,451	3,645	716	161	3,292	1,603	4,008	1,764	35.0	48.95
South	February	10,497	2,563	536	152	4,401	1,273	4,937	1,425	47.0	55.6
	June ...	11,266	2,441	633	150	4,464	1,153	5,097	1,303	45.2	53.37
	October	10,939	3,031	491	198	4,514	1,678	5,006	1,876	43.76	61.89
Chesterfield	February	6,121	3,838	791	517	1,773	1,724	2,564	2,241	41.89	58.38
	June ...	6,513	3,715	849	494	1,908	1,673	2,757	2,168	42.3	58.3
	October	6,141	4,211	718	516	1,915	1,959	2,633	2,475	42.87	58.77
TOTALS—											
Whole Ad- ministrative County	February	62,406	20,701	4,988	1,931	26,009	11,487	30,997	13,418	49.6	64.8
	June ...	66,953	19,834	5,495	1,920	26,487	10,749	31,982	12,669	47.7	63.8
	October	64,762	22,626	5,683	2,145	25,845	12,625	31,528	14,770	48.68	65.28

TABLE B.
Milk-in-Schools Scheme.

DIVISIONAL EXECUTIVE.	RETURN FOR ONE DAY IN	NUMBER OF CHILDREN PRESENT.		MILK PROVIDED FREE. 1/3 pint.		%	
		Prim.	Sec.	Prim.	Sec.	Prim.	Sec.
North-west	Feb. ...	7,334	2,923	6,515	2,285	88.8	78.17
	June ...	8,212	2,791	7,416	2,256	90.3	80.8
	Oct. ...	7,838	3,036	7,028	2,436	89.66	80.23
North-east	Feb. ...	17,422	5,328	16,314	4,530	93.6	85.0
	June ...	18,882	5,074	17,475	4,295	92.5	84.6
	Oct. ...	17,876	5,754	16,558	4,626	92.52	80.39
Mid- Derbyshire	Feb. ...	10,238	2,688	9,580	2,190	93.5	81.4
	June ...	10,705	2,631	9,830	1,902	91.8	72.29
	Oct. ...	10,517	2,949	9,629	2,146	91.46	72.77
South-east	Feb. ...	10,794	3,361	9,620	2,203	89.1	65.5
	June ...	11,375	3,182	10,248	1,929	90.09	60.6
	Oct. ...	11,451	3,645	10,343	2,110	90.49	60.66
South ...	Feb. ...	10,497	2,563	9,347	1,933	89.0	75.4
	June ...	11,266	2,441	10,047	1,938	89.17	79.39
	Oct. ...	10,939	3,031	9,830	2,292	89.95	78.92
Chesterfield	Feb. ...	6,121	3,838	5,290	2,481	86.4	64.6
	June ...	6,513	3,715	5,759	2,493	88.4	67.1
	Oct. ...	6,141	4,211	5,470	2,861	89.07	67.94
TOTALS—							
Whole Ad- ministrative County	Feb. ...	62,406	20,701	56,666	15,622	90.8	75.46
	June ...	66,953	19,834	60,775	14,813	90.77	74.68
	Oct. ...	64,762	22,626	58,858	16,471	90.88	72.79

TABLE C.
Milk-in-Schools Scheme.

Figures taken from Table B in this and previous Reports, showing the percentage of pupils in primary and secondary schools partaking of free milk, in October of each year, since the free milk scheme started in 1946.

YEAR.				PRIMARY SCHOOLS.	SECONDARY SCHOOLS.
1946..	..	..	..	94.8	89.3
1947..	..	..	..	90.8	79.1
1948..	..	..	..	91.9	79.1
1949..	..	..	..	90.9	72.8

The provision of milk to school children has been free since August, 1946. It has still not been possible for the Ministry to allow more than one-third of a pint per day to be allotted to each child.

The percentage of children partaking of school meals in October of the year under review was 48.68 in the case of primary schools, and 65.28 in the case of secondary schools. This compares with figures of 49.2 and 66.4 respectively in 1948.

The percentage of children taking milk in primary schools during the year was approximately 90.8, which compares with 91.2% in February of 1948 and 91.9% in October, 1948. In secondary schools a smaller percentage of children partook of free milk. The February figure was 75.46%, and this dropped to 74.68% in June, and dropped again to 72.79% in October. In 1948 the figures varied between 77.4% and 79.1%. It should be stated that, in spite of the percentages, the total number of children taking milk in October, 1949, was 75,329 as compared with 74,870 in October, 1948.

The opinions of the Assistant School Medical Officers are unanimously favourable concerning the part that school milk and meals play in maintaining a satisfactory state of nutrition in the children attending County schools.

Source and Quality of Supply of Milk under the Milk-in-Schools Scheme.

It has been the view of the Education Committee that wherever possible milk supplied to schools under the milk-in-schools scheme should be pasteurised. In accordance with this view a continuous effort is made to obtain the highest grades of milk, and the position in the various Divisions of the County on 31st December, 1949, is shown in the following Table :—

Type of Milk.	DIVISIONAL EXECUTIVE.												TOTALS— Whole Adminis- trative County.	
	North-west.		North-east.		Mid- Derbyshire.		South-east.		South.		Chester- field.			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Pasteurised ...	66	70.2	123	86.0	83	89.2	70	95.9	67	61.5	35	100.0	409	79.9
Uncultured pasteurised ...	7	7.4	9	6.3	—	—	1	1.4	5	4.6	—	—	22	4.3
Unpasteurised ...	16	17.0	10	7.0	9	9.7	2	2.7	26	23.9	—	—	63	12.3
Graded ...	4	4.3	1	0.7	1	1.1	—	—	5	4.6	—	—	11	2.1
Cream notified ...	1	1.1	—	—	—	—	—	—	6	5.4	—	—	7	1.4
TOTALS ...	94	100.0	143	100.0	93	100.0	73	100.0	109	100.0	35	100.0	512	100.0

In view of the Education Committee's policy favouring the provision of pasteurised milk, it is gratifying to observe that the percentage of schools supplied with this type of milk has increased from 75.2 in 1947 to 79.9 in the year under review.

Up to the 30th September, 1949, the supervision of the Milk-in-Schools Scheme with regard to cleanliness and freedom from tubercle bacilli continued as in previous years, *i.e.* pasteurised and heat-treated milks were sampled at the schools at an approximate rate of four times per annum and submitted for the usual tests for cleanliness by the County Council's Sanitary Inspectors and Sampling Officers. Other milks produced in the County were sampled on the farm at about the same rate, when inspections of the cowsheds and dairies were also carried out. These milks were tested for tubercle bacilli in addition to the routine tests for cleanliness. It is satisfactory to note that of 99 samples of raw milk submitted for biological test for tubercle bacilli, not one proved positive.

On October 1st, 1949, the control of milk production passed to the Ministry of Agriculture and Fisheries in accordance with The Milk and Dairies Regulations, 1949, and sampling of these milks at the farms by the County Council's Sanitary Inspectors ceased from that date. A scheme was formulated whereby the milk supplies to schools would in future be sampled at the school in every case, the pasteurised milks being subjected to the Phosphatase test and Methylene Blue test and the raw milks to the Methylene Blue test and biological test for tubercle bacilli.

Infestation with Vermin.

The law relating to an Education Authority's power to ensure cleanliness in school children, while retaining the broad principles of the past, was amended and restated in the Education Act, 1944 (Section 54). Health Visitors and Assistant School Medical Officers have been informed that pupils attending all schools maintained by the Education Authority should be periodically examined for uncleanness. Health Visitors have been asked to inspect every school in their areas at least once a term, and so far as possible at the commencement of the term.

Under Section 54 of the Education Act, 1944, children may be excluded from school on grounds of uncleanness and the parent served with a notice requiring him to "cause the person and clothing of the pupil to be cleansed." If, on re-examination of the child, it is found that the cleansing has not been carried out, a "Cleansing Order" may be made, and the Authority may then cleanse the child under their own arrangements. If at a subsequent date a child who has been cleansed in this manner becomes re-infested the parent may be prosecuted at the discretion of the Authority. It should be pointed out that there is no penalty prescribed in the Act against a parent who resists or obstructs the examination of

a child or the execution of a Cleansing Order. In such cases it is necessary for the Medical Officer to direct that the child be excluded from school and for the Authority then to prosecute the parent for the child's non-attendance. The fact that the child has been excluded is not a defence if the exclusion was necessitated by the wilful default of the parent. It will be seen that there are difficulties in using legal powers in these cases to enforce cleanliness, and it is felt that a continued "informal" approach to the parents by the Health Visitors is more likely to be successful. In such cases an informal "Private Notice" is issued to the parent drawing attention to the condition of the child's head, and giving simple directions for cleansing. The notice contains no warning of the possibility of cleansing by the Authority. A second informal "Notice" may be given similar to the former, but stating in addition that the child has been excluded from school. If these efforts are without avail, a "Cleansing Notice" is issued, stating that unless the child is cleansed to the satisfaction of an authorised officer of the Authority the necessary cleansing will be carried out under the Authority's arrangements. Health Visitors have been instructed that Cleansing Notices should be served only after "informal" action has failed and that with the introduction of the new insecticides (such as D.D.T. emulsion) the issue of a Cleansing Order should be rarely required. The advantages of D.D.T. emulsion are considerable, in that it may be applied and twenty-four hours later the hair may be washed, leaving no objectionable odour or greasiness. Further, the lethal action of the insecticide persists for several days, and this effect lasts long enough to deal with any nits which hatch out during the incubation period, which is about one week. It should be realised, however, that, as mentioned in the Ministry of Health's Circular 230A/Med., and further emphasised in a Report of the Chief Medical Officer to the Ministry of Education, although inspections and cleansing can do much for the individual, they cannot eradicate the root cause of the trouble, namely, the reservoir of infestation provided by an unsatisfactory home where the verminous condition of other members of the household is not subject to inspection.

It will be seen from Table III at the end of this Report that 4,137 pupils were found to be infested during the year, compared with 5,079 in 1948 and 4,993 in 1947. The school population varied during 1949 between 91,873 and 95,595, giving an approximate incidence of $4\frac{1}{2}\%$, as against 6% in 1948. The figure for England and Wales in 1947 was 9.3%. It should be borne in mind, however, that the total number of inspections dropped from 198,946 in 1948 to 188,245 in the year under review, which may mean that not so many cases of uncleanness have been found, as it will be apparent that a more frequent inspection is more likely to detect the type of case which is infested for a short time only. It is, however, the general opinion that the position regarding uncleanness has been maintained, or improved, though it is doubtful if this has been as marked as the figures would suggest.

It will be noticed from Table III that 12 Cleansing Orders were issued in the North-western Divisional Executive area. These were all at the request of Dr. Gould, and in his report, quoted on page 55, he comments, "It is noteworthy that, as a result of the enforcement of these Cleansing Orders, no case of subsequent re-infestation has been detected when seen several months later."

School Clinics.

The Ministry of Education has asked for a return showing the school clinic facilities as at 31st December, 1949, and a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

I. NUMBER OF SCHOOL CLINICS (*i.e.*, PREMISES at which clinics are held for school children) provided by the Local Education Authority for the medical and/or dental examination and treatment of pupils attending maintained primary and secondary schools.

Number of School Clinics.. .. 29

II. TYPE OF EXAMINATION AND/OR TREATMENT provided at the school clinics returned above, either directly by the Authority or under arrangements with the Regional Hospital Board, for examination and/or treatment to be carried out at the clinic.

Examination and/or Treatment. (1)	Number of School Clinics (<i>i.e.</i> , premises) where such treatment is provided—	
	Directly by the Authority. (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals. (3)
A. Minor Ailment and other non-specialist examination or treatment	24	—
B. Dental	22	—
C. Ophthalmic*	19	1
D. Ear, Nose and Throat ...	—	1
E. Orthopædic	—	16
F. Pædiatric†	—	—
G. Speech Therapy	5	—
H. Others (specify):—		
Sunray	3	—

*—Arrangements made with the Supplementary Ophthalmic Service are returned in column (2) and those made with the Hospital and Specialist Service in column (3).

†—Clinics for children referred to a specialist in children's diseases.

III. CHILD GUIDANCE CENTRES.

- (i) Number of Child Guidance Centres provided by the Authority—12.

Staff of Centres.	(a) Number.	(b) Aggregate in terms of the equivalent number of whole-time officers.
Psychiatrists	1	0.9
Educational Psychologists ...	2	0.9
Psychiatric Social Workers ...	1	0.9
Others (specify) :—		
Child Psycho-therapists ...	1	1.0

State whether the Psychiatrists are directly employed by the Authority or whether their services are made available by arrangement with the Regional Hospital Board or Board of Governors of a Teaching Hospital :—

The Authority's establishment provides for the direct employment of two Child Psychiatrists, but there is a vacancy for one such officer at present.

- (ii) If the provision under (i) is supplemented by arrangements made with Child Guidance Clinics provided by the Regional Hospital Board or by the Board of Governors of a Teaching Hospital, particulars should be given :—

There are no such arrangements, although it is appreciated that there may be scope in some instances for patients to be referred to Psychiatrists employed by the Regional Hospital Boards and likewise for children who attend clinics provided by Regional Hospital Boards to be referred to the Child Guidance Clinics provided by the Local Education Authority.

Minor Ailments.

The number of sessions held during the year was 2,524, compared with 2,564 in 1948. The number of individual children treated was 4,121, compared with 4,968 in the previous year, and the total attendances dropped from 17,899 to 13,575. I remarked in my last Annual Report that the numbers attending minor ailment clinics were decreasing in the latter part of 1948, but it was then difficult to say whether this was due to the free service available from patients' private doctors under the National Health Service Act. It now seems clear, from the figures and the reports received from Assistant School Medical Officers, that this is the case. It is obvious from Table D, which indicates the work done during the year, that the numbers attending per session are, generally speaking, very small. It should be borne in mind, however, that the majority of the sessions conducted between Mondays and Fridays are "short sessions," often held prior to other clinics (such as infant welfare centres), but those on Saturday mornings occupy the whole of a half-day session. The work is not limited to the treatment of minor ailments, as other duties are performed, such as diphtheria immunisation, examinations of special cases, etc.

DRONFIELD. Infants' C. School ...	Monday. a.m.	45	—	191	—	—	—	—	—	191	—	297	—	—	—	297
FRECHEVILLE. Fox Lane ...	Saturday. a.m.	47	—	33	—	—	—	—	—	33	—	136	—	—	—	136
GLOSSOP. Municipal Buildings ...	Monday to Friday, 9—10 a.m. ...	232	493	—	—	—	—	—	—	493	1314	—	—	—	—	1,314
HEANOR. Wilnot Street ...	Thursday, p.m. 1st, 3rd and 5th Saturday, a.m.	73	—	—	114	—	—	—	—	114	—	—	114	—	—	114
ILKESTON. Albert Street ...	Daily, a.m. ...	306	—	—	430	—	—	—	—	430	—	—	2817	—	—	2,817
LONG EATON. 4, Nottingham Road ...	Monday, Wednesday and Saturday, a.m.	200	—	—	186	—	—	—	—	186	—	—	383	—	—	383
MATLOCK. Causeway Lane ...	4th Monday, a.m.	10	—	—	4	—	—	—	—	4	—	—	19	—	—	19
MELBOURNE. Penn Lane ...	Wednesday, a.m. ...	52	—	—	—	34	—	—	—	34	—	—	—	133	—	133
NEW MILLS. High Lea Hall ...	1st, 2nd, 3rd and 5th Saturday, a.m. ...	37	84	—	—	—	—	—	—	84	94	—	—	—	—	94
RIPLEY. Infants' C. School ...	3rd Thursday, a.m.	33	—	—	70	—	—	—	—	70	—	—	84	—	—	84
SHIREBROOK. Cliff House ...	Wednesday a.m. ...	60	—	55	—	—	—	—	—	55	—	101	—	—	—	101
STAVELEY. Lime Avenue ...	2nd and 4th Saturday, a.m. ...	17	—	28	—	—	—	—	—	28	—	38	—	—	—	38
SWADLINCOTE. Alexandra Road ...	Daily, a.m. ...	289	—	—	—	131	—	—	—	131	—	—	—	481	—	481
TOTALS ...	...	2,524	1007	654	215	730	226	1289	4,121	2520	1115	397	3314	764	5465	13,575

Dental Work.

Table V on page 80 sets out the work carried out in the form required by the Ministry of Education. Mr. Gray, the Senior Dental Officer, has reported on the dental work as follows :—

“The progressive disintegration of the school dental service noted in the previous two years continued in 1949, and before the year was out the service had completely broken down. In no way can it function efficiently and meet the needs and demands of the school population and cope with the other priority classes consisting of the expectant and nursing mothers and the pre-school children. At the end of the year, the staff had been reduced to five whole-time and two part-time officers, the equivalent of 5·8/11ths whole-time officers. Mr. Jackson, a part-time officer, resigned in February, Mr. Catchpole, a whole-time officer, resigned at the beginning of March, and Mr. Mordaunt, a whole-time officer resigned whole-time duty at the beginning of December but agreed to undertake part-time duty, on one day per week, for a period. This assistance will cease shortly before midsummer, 1950. The staff is faced with (i) a school population of 95,595; (ii) expectant and nursing mothers, of whom 7,261 attended the ante-natal clinics during 1949. The number of these for whom dental treatment should be provided through the County Health scheme is not known, but it is felt that many would avail themselves of such treatment if it could be made available; (iii) pre-school children numbering approximately 59,000 (of whom one in five at the age of five years requires dental treatment).

It is estimated that a full-time staff of about thirty dental officers is required to deal comprehensively with the situation set out above. It will, therefore, be realised how complete is the failure to provide a service to cover the dental welfare of the community. The position is tragic. The majority of the present school population can only be considered as an almost total loss with regard to possessing sound teeth which can function properly. The increase in the amount of oral sepsis is very great, by reason of the fact that the children are not receiving anything like adequate treatment, either under the School Dental Service or under the National Health Service. Many cases sought treatment at the school clinics after trying unsuccessfully to obtain it from the National Health Service Practitioners, who are overwhelmed by the adult public demand on them. The inspections carried out in the schools showed increasing numbers in need of treatment and the standard of dental fitness rapidly falling, due to the lack of timely measures at not less than yearly intervals.

When the School Dental Service was functioning with reasonable efficiency, an inspection of any large number of children of all ages showed that they could be placed in one of four groups according to the general condition of their mouths and teeth :—

- GROUP I.—Those with good mouths and sound teeth due to varying degrees of natural immunity to dental caries ;
- GROUP II.—Those with good mouths and teeth due to regular systematic treatment at the school clinics ;
- GROUP III.—Those with bad mouths, gross caries and sepsis. (The parents of this group invariably refused all offers of treatment or were indifferent) ;
- GROUP IV.—This group, always a very small one, had had treatment given privately. The mouths and teeth generally were not in such good condition as those in Group II. Treatment had often been haphazard, and conservative measures were not always likely to have very long beneficial effects in the preserving of teeth. This is no reflection on the abilities and skill of the practitioners who undertook the treatment. The fact of the matter was that the parents did not seek advice or treatment until they were conscious that something was wrong. Thus many of the efforts of the private practitioners to give treatment of lasting success were handicapped by having to deal with conditions in an advanced state of disease. (This is the reason for the often repeated remark about conservative dentistry, 'Oh, fillings are no good, they only come out.').

Only by *controlled* regular inspection (such as is possible in an efficient School Dental Service) and the treatment of defects in the early stages can the teeth be successfully preserved and dental health achieved. This is the essence of any adequate and comprehensive dental service, and only thus can such a service contribute *economically* to the general health of the nation. Any other measures are merely palliative and need to be paid for over and over again. This neglect of the school children now will greatly increase the cost of, and the burden placed upon, the National Health Service in the years ahead.

A first class, efficient dental service must have the following essentials :—

- (i) Well qualified staff of good standing with a vocational interest in the work ;
- (ii) Working conditions and facilities to enable the dental officer to have full scope for his abilities ;
- (iii) Remuneration to compare reasonably with that of private practice, taking into consideration that premises, equipment, materials and assistance are provided by the Local Authority.

The lack of the third of these essentials is the chief cause of the collapse. Newly qualified men with little experience of private practice or public health work can obtain assistantships at £1,500—£2,000 per year against the maximum of £795 of the assistant school dental officer. Not until there is some solution to this problem can there be any hope of a revival of the School Dental Service.

Inspections.

Consideration was given to encouraging large numbers of children to benefit from regular dental care throughout school life. With this end in view, a leaflet was drawn up, for distribution to the parents on the occasions of the periodical school inspections, explaining in simple terms the aim of the School Dental Service, the benefits and the reason why treatment should be early, regular and not delayed. The leaflet has a detachable portion, upon which parents are asked to signify their consent or refusal for regular treatment throughout school life. This form was brought into use, so far as the limited staff permits, in the latter part of the year, with a most gratifying response. In some instances the acceptance rates were between 80% and 90%.

Of the enrolment of approximately 95,000 children, less than one-third received a dental inspection at school. Not all of those found with defects were referred for treatment. Priority was given to those with sepsis, and gross caries likely to cause pain in the near future, while only those children with well cared-for mouths, where the minimum amount of time and treatment were required to maintain them in good condition, were referred for conservative treatment. This is very unsatisfactory. It leaves untreated large numbers with defects which, although not serious at the moment, will rapidly become so and necessitate radical treatment later.

Towards the end of the year, in view of the serious shortage of Assistant Dental Officers, Assistant School Medical Officers were instructed to inform parents of dental defects found at routine school medical inspections, so that they might be aware of the need to seek treatment through the National Health Service, or the School Dental Service where facilities are available in the area.

Actual Number Treated.

Fewer children than ever were treated, only 15,777, compared with 23,480 in 1948, 27,739 in 1947 and 29,669 in 1946. In about 50% of the cases, treatment was not sufficiently comprehensive (only the worst of the decayed teeth being extracted) to make them dentally fit, taking dentally fit to mean that the child is not likely to require further treatment for about 9 to 12 months.

Attendances for treatment.

Following upon the smaller number of children treated, the attendances, which numbered 22,088, were over 12,000 fewer than in 1948, and over 25% of them were of a casual nature, *i.e.* not by appointment. This high rate of casual attendances greatly interfered with the routine working of the clinics and necessitated a reduction in the number of fixed appointments per session.

Preventive and Conservative Treatment continued to decline: 12,682 fillings were done, compared with 21,599 in 1948, 30,727 in 1947, and 39,632 in 1946.

The downward acceleration in the last three years, of this, the most important aspect of dentistry, is clearly shown in the following Table :—

Year	1946	1947	1948	1949
Number of fillings per 100 children treated	133	110	92	82

Extraction Work.

The number of teeth extracted was very great, 3,386 being permanent teeth and 19,701 being temporary teeth. For the smaller number of children treated, the number of teeth which had to be removed was relatively higher than in previous years. The following Table illustrates this :—

Year	1946	1947	1948	1949
Number of teeth extracted per 100 children treated	94	101	131	146

In the three years of very inadequate or no systematic inspection and treatment, the number of unsaveable teeth which had to be extracted increased by well over 50%.

Children requiring multiple extractions were given general anæsthetics of nitrous oxide and oxygen, of which 3,171 were administered. Others were treated under local or regional anæsthesia. The large numbers requiring general anæsthetics meant the arrangement of extra sessions devoted entirely to this work and extra calls upon the time of the assistant school medical officers who acted as anæsthetists.

Other Operations, mostly of a minor nature, numbered 5,215.

Dentures : 57 partial dentures were fitted to children who had lost some of their front teeth.

Orthodontics, the treatment of irregularities of the teeth and jaws causing disfigurement, was carried out on a much modified scale. About two-thirds of the number of cases treated in 1948 were dealt with, and these were undertaken only at the express wish of the parents. This work necessitates much time, and individual cases require careful study in order to obtain satisfactory results. The following Table indicates the work performed during the year :—

	DIVISIONAL EXECUTIVE.						TOTALS.
	North-west	North-east	Mid-Derbyshire	South-east	South	Chester-field	
Number of patients under treatment on 31/12/1949... ..	13	1	9	—	5	19	47
Number of appliances supplied during 1949... ..	12	12	13	4	34	32	107
Number of cases in which treatment was completed during the year ...	7	9	11	2	31	34	94

Special Inquiry.

In the course of periodic inspections carried out by the Senior Dental Officer the opportunity was taken to note particularly the dental condition of children aged five years, on the lines recommended by the Chief Medical Officer of the Ministry of Education in his Report for the years 1939-45. The five-year age group was taken for observation as at this age the full complement of twenty temporary teeth should generally be present. Each child's mouth was carefully examined and all decayed, missing or filled teeth ("D M F teeth") noted. Each child with all the teeth sound, as far as visual inspection with mirror and probe could determine, was also recorded. The data obtained showed that in a cross-section of this particular age group less than one in five had a sound, healthy mouth, while there was an average of over four decayed, missing or filled teeth per child. The details are set out in the following Table :—

Area.	No. of children aged 5 examined.	No. of Decayed, Missing and Filled teeth.	No. of children showing no D M F teeth.	Percentage of children showing no D M F teeth.	Average No. of D M F teeth per child.
Derbyshire...	322	1,363	59	18.3%	4.2

A similar investigation undertaken by the Ministry of Education some years ago in a few selected areas showed an average of slightly more than four D M F deciduous teeth per child aged five years, and rather more than 20% of the children of that age group as having no D M F teeth. It will be seen that the figures for this County are not markedly different."

Visual Defects.

Table E shows the number of children who attended the eye clinics and the number of attendances. (The second column indicates when the clinics are held at the time of writing this Report). Attention is also drawn to Ministry of Education Table IV, Group II, on page 78, where the total number of defects treated is shown to be 2,054, compared with 3,788 in 1948. The number of glasses prescribed was 1,126, compared with 1,952 in the previous year.

As mentioned in my last Report, the position regarding the treatment for eye defects has been affected by the introduction of the National Health Service Act. The Authority's clinics continued to provide facilities for the examination of children attending maintained schools, and glasses were prescribed in appropriate cases. The prescriptions were made out on a special form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements could be made for the glasses to be provided. From mid-1948, the actual provision of spectacles ceased to be the responsibility of the Education Authority, and the Committee's contract for the supply of glasses lapsed from that time. It is common knowledge that, owing to the heavy demands for spectacles which followed the introduction of free treatment under the National Health Service, there has been, and still is, considerable delay in the provision of glasses, extending in some instances to nine months and longer. In all the circumstances it has not been possible to state the actual number of glasses obtained during the year, which in any case would have little relation to the glasses prescribed during that period. Health Visitors are, of course, informed of the treatment prescribed for cases who attend the County Eye Clinics, and are thus able to follow them up and submit reports in the event of any neglect to secure the treatment advised.

DRONFIELD. County Inf. School (c)...	3rd Wednesday ...	17	—	92	—	—	—	—	—	143	—	—	143
FRECHEVILLE. Fox Lane ... (c) ...	1st Thursday ...	22	—	122	—	—	—	—	—	179	—	—	179
GLOSSOP. Municipal Build'gs (b) ...	Friday, p.m. ...	33	125	—	—	—	—	—	—	125	131	—	131
HEANOR. Wilnot Street ... (a) ...	1st Tuesday, a.m. ...	1	—	—	8	—	—	—	8	—	—	—	8
ILKESTON. Albert Street ...	1st & 3rd Friday a.m. 3rd Wednesday ...	—	—	—	—	—	—	—	—	—	—	—	—
KILLAMARSH. County B. School (c) ...	4th Thursday ...	20	—	108	—	—	—	—	—	108	—	—	152
LONG EATON. Grange School ...	2nd and 4th Tuesday a.m. ...	—	—	—	—	—	—	—	—	—	—	—	—
MATLOCK. Dean Hill House, Causeway Lane (e) ...	2nd and 4th Friday a.m.,	4	6	—	17	—	3	—	26	7	17	—	27
NEW MILLS. High Lea Hall ... (e) ...	2nd Monday a.m. ...	3	16	—	—	—	—	—	16	17	—	—	17
SHIREBROOK. Cliff House ... (c) ...	2nd Thursday ...	20	—	101	—	—	—	—	101	—	157	—	157
STAVELEY. Lime Avenue ... (c) ...	3rd Friday ...	18	—	106	—	—	—	—	106	—	151	—	151
SWADLINCOTE. Alexandra Road ...	2nd and 4th Thursday p.m., ...	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS ...	...	298	210	828	82	8	3	772	1,903	228	1212	88	31314 2,853

MEDICAL OFFICER CONDUCTING CLINIC :—(a) Dr. T. E. A. Carr ; (b) Dr. P. E. Malloch ; (c) Dr. E. W. Morris ;
(d) Dr. W. M. Muirhead and Dr. H. C. Muirhead ; (e) Dr. N. Warwick.

I referred last year to the difficulty which was being experienced in obtaining the services of an Ophthalmologist to succeed Dr. Carr. In point of fact, this was not possible during 1949. I also mentioned that Dr. Nina Warwick had agreed to undertake refraction clinics at Buxton. Subsequently the latter also agreed to conduct clinics at Matlock and New Mills, but it was not until October that these arrangements could take effect. It will be seen from Table E that owing to the shortage of medical staff the number of children examined was 1,903, compared with 3,753 in 1948. However, children attending maintained schools were able, like other members of the community, to receive free treatment and glasses as part of the National Health Service.

It is intended that a general service of sight-testing shall be made available as part of the Hospital and Specialist Services provided by Regional Hospital Boards, but to implement this scheme will take a considerable time. Towards the end of the year under review, however, the Sheffield Regional Hospital Board intimated that certain Ophthalmic Consultants had been offered contracts by the Board which included providing specialist services at a number of the Authority's eye clinics, and Mr. H. C. Muirhead commenced conducting the eye clinic in Chesterfield under these arrangements. From the beginning of 1950, Mr. J. E. Coates will conduct eye clinics at Derby, Ilkeston, Long Eaton and Swadlincote, and Mr. D. B. H. Dawson at Alfreton, Belper, Heanor and Matlock. This scheme entails the spectacles prescribed being provided under arrangements made by the Hospital and Specialist Services, and not through the Supplementary Ophthalmic Services described earlier in this Report. The two systems will, therefore, operate side-by-side in this County for some time to come.

Ear, Nose and Throat Clinic.

The following Table indicates the work carried out at the Ear, Nose and Throat Clinic conducted at Municipal Buildings, Glossop, by Mr. A. I. Goodman, who attends on alternate Wednesday afternoons :—

TABLE F.

When Held.	No. of Clinic Sessions.	Children attending Maintained Schools.	
		No. of individual children who attended during the year.	Total number of attendances during the year.
Monday to Friday a.m.; second and fourth Wednesday p.m.	215	8 (for treatment)	382
		105 (for consultation)	184

It may be said that with regard to specialist treatment in general, the Ministry of Education in Circular 179 stated that it will be through the facilities of the National Health Service that education authorities will normally discharge their obligations to secure free medical treatment for school children. Generally, therefore, school children, like other members of the community, receive specialist treatment at the local hospital, but at Glossop the Manchester Regional Hospital Board finds it more convenient to arrange for an Ear, Nose and Throat Clinic to be conducted at the Municipal Buildings, the services of the Visiting Surgeon being paid for, of course, by the Board.

Orthopaedic and Postural Defects.

The County Education Committee's Orthopaedic Clinics will ultimately be bound up and correlated with the Hospital and Specialist Services. For the time being, the Clinics are conducted as hitherto, the salaries of the Specialist Medical Officers, however, being borne by the appropriate Regional Hospital Board. In effect, this means that there has been little change in the service offered. It will be realised that Regional Hospital Boards must of necessity continue to use the premises provided by local authorities under their existing arrangements for some time to come.

Table G shows the attendances at the Clinics. Reference may also be made to the Statistical Tables at the end of this Report (Table IV, Group IV, on page 79).

It will be observed that the number of individual children who attended during the year was 1,114, compared with 1,439 in 1948, 1,344 in 1947 and 1,453 in 1946. The total number of attendances was 7,379, compared with 9,532 in 1948, 9,341 in 1947 and 10,896 in 1946. It is true that the number of sessions held at some of the clinics was rather less than usual, due to the absence from duty of one of the orthopaedic nurses following an accident, and the resignation of the part-time orthopaedic nurse at Glossop on November 18th; but it will be seen from an inspection of the Table as a whole that there has been a real decrease in the numbers attending—probably due to the effect of the National Health Service, under which patients may be referred by their family doctor for free treatment by a specialist at a hospital.

TABLE G.
Annual Return of Orthopaedic Work—Year ended 31st December, 1949.

CHILDREN ATTENDING MAINTAINED SCHOOLS.																
ORTHOPAEDIC CLINIC.	When Held.	Actual Number of Clinic Sessions.	Number of Individual Children who attended during the year.						Total Number of Attendances during the year.							
			DIVISIONAL EXECUTIVE.						TOTAL.	DIVISIONAL EXECUTIVE.						
			North-west.	North-east.	Mid- Derbyshire.	South-east.	South.	Chesterfield.		North-west.	North-east.	Mid- Derbyshire.	South-east.	South.	Chesterfield.	
ALFRETON. Grange Street ...	Thursday a.m. and p.m. ...	84	—	24	51	—	—	—	75	—	199	243	—	—	—	442
BOLSOVER. Welbeck Road ...	Friday p.m. ...	40	—	32	—	—	—	—	32	—	184	—	—	—	—	184
BUXTON. Bridge Street ...	4th Thursday, alt., months.	6	36	—	—	—	—	—	36	39	—	—	—	—	—	39
CHESTERFIELD. Brimington Road ...	Wednesday a.m. and p.m. ...	66	3	64	—	—	—	7*	74	4	246	—	—	—	40*	290
CHESTERFIELD EXCEPTED DISTRICT. Town Hall ...	Tuesday and Friday	222	—	—	—	—	—	290	290	—	—	—	—	—	—	2,689
CHINLEY. Lower Lane ...	2nd and 4th Mon- day, a.m. and p.m.	42	68	—	—	—	—	—	68	210	—	—	—	—	—	210

Following the resignation of the orthopaedic nurse in Glossop difficulty was experienced in appointing a successor, and at the same time the part-time Orthopaedic Surgeon ceased her attendance. Commencing in April, 1950, the Manchester Regional Hospital Board has arranged for Mr. J. L. Mangan, F.R.C.S., to visit this clinic once a month, and one of the whole-time orthopaedic nurses on the Authority's staff will attend on two days a month.

The Authority administers an approved Special School at Bretby Hall Orthopaedic Hospital, and the following report has been provided by the Head Teacher, Miss L. E. Swain:—

"In spite of numerous changes in the staff during the first half of the year, the children have continued to make satisfactory progress. The only candidate to remain for all three parts of the scholarship examination passed, and is now attending Chesterfield Grammar School.

There has been no outbreak of infectious disease in the children's wards since June 19th, 1949

The school library continues to function and is playing a great part in preventing boredom out of school hours. I am hoping for an increase in supply of books for the seniors early in the new year.

The series of school broadcasts introduced into the school curriculum are much enjoyed; these lessons definitely bring to the children the 'personal' touch which they miss through confinement here.

In the summer, friends held a Gymkhana near to the hospital; 'walking' cases were conveyed to the field, and an enjoyable afternoon was spent. The proceeds from this event are to be spent in supplying 'tropical' fish for the wards.

On November 1st the children were moved to wards 6, 7, 8, part of the 'East Wing' had previously been evacuated owing to dry-rot. The new wards are very bright and airy, but, in view of the limited space available, not so good from an educational point of view.

At the end of the school year we were fully staffed for the first time since May, 1948.

The school year ended happily with a school party on December 20th.

Number of children on Admission Register on	
January 1st, 1949	50
Number of children on Admission Register on	
December 31st, 1949	35
Number of children who have passed through	
the School during 1949	153
Average number of scholars on Admission Register during 1949	39
Number of times School was opened during the	
school year, January 1st to December 31st,	
1949	391"

Sunray Clinics.

Sunray treatment is available at clinics at Derby, Chesterfield and Glossop. The following figures show the work done during 1949 in respect of school children:—

TABLE H.

	DIVISIONAL EXECUTIVE.				TOTALS.
	North-west.	Mid-Derbyshire.	South.	Chesterfield.	
Sessions	(Total 136	—Not apportionable).		18	154
First Attendances ...	56	1	13	135	205
Subsequent Attendances ...	757	10	287	524	1,578

Diphtheria Immunisation.

The National Health Service Act, 1946, placed on Local Health Authorities the duty of making arrangements with medical practitioners for the immunisation of persons against diphtheria.

While children should be immunised at or about the age of one year, if this has not been carried out it should be performed subsequently. It is also desirable even if immunisation has been done in infancy that a reinforcing dose be given at the age of four or five years, when school life begins, and again at the age of about ten years. So far as children attending maintained schools are concerned, all medical practitioners practising within the area of the Authority have been given an opportunity of participating in the arrangements. The Authority's Medical Officers also carry out immunisation at clinics and schools. The assistance of Teachers and Health Visitors in connection with this scheme has been much appreciated. This matter is dealt with more comprehensively in my Report as County Medical Officer of Health.

HANDICAPPED PUPILS.

A few years ago, the Ministry of Education requested a return which provided basic information on the incidence of handicapping defects as on January 20th, 1947, and details appeared in my Annual Report for 1946. The Ministry has intimated that it is not proposed to ask for a similar return in the near future, but it is felt nevertheless that it would be useful to provide information regarding handicapped pupils who require education at special schools or placing in boarding homes. This information is designed to show, (a) for the calendar year, the progress made in ascertaining such pupils, and (b) at the end of the year, the number of pupils from the Authority's area attending day and boarding special schools, and the number for which the Authority has been unable to secure places. (Children sent to, or awaiting places at, Hospital Special Schools are excluded from this return).

RETURN FOR WHOLE ADMINISTRATIVE COUNTY.

Categories.	(1) Blind. (2) Partially Sighted.		(3) Deaf. (4) Partially Deaf.		(5) Delicate. (6) Physi- cally Handi- capped.		(7) Educa- tionally sub-normal. (8) Mal-adjusted.		(9) Epi- leptic.	TOTAL (1) — (9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
In the calendar year:—										
A. Handicapped Pupils newly placed in Special Schools or Homes	1	1	5	1	32	2	4	7	8	61
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	2	—	2	1	43	15	54	15	7	139
On or about December 1st:—										
C. Number of Handicapped Pupils from the area:—										
(i) Attending Special Schools as—										
(a) Day Pupils ...	—	—	3	2	—	—	2	47	—	54
(b) Boarding Pupils...	17	4	31	10	16	5	12	13	15	123
(ii) Boarded in Homes...	—	—	—	—	—	—	—	1	—	1
(iii) Attending Assisted Schools (under approved arrangements)	—	—	—	—	3	—	1	—	—	4
Total (C)	17	4	34	12	19	5	15	61	15	182
D. Number of Handicapped Pupils from the area requiring places in Special Schools or Homes but remaining unplaced ...	2	2	2	—	10	19	124	9	3	171
E. Number of Handicapped Pupils receiving home tuition (including those also returned in D) ...	—	—	—	—	—	4	—	—	—	4

RETURNS FOR DIVISIONAL EXECUTIVE AREAS—*continued*.

Division.	Categories.	(1) Blind. (2) Partially Sighted.		(3) Deaf. (4) Partially Deaf.		(5) Delicate. (6) Physi- cally Handi- capped.		(7) Educa- tionally sub-normal. (8) Mal-adjusted.		(9) Epi- leptic.	TOTAL (1) — (9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
South-east.	A	1	1	—	—	4	—	—	2	2	10
	B	1	—	1	—	4	4	5	2	2	19
	C (i) (a)	—	—	—	—	—	—	2	—	—	2
	C (i) (b)	3	1	3	—	—	—	1	—	1	9
	C (ii)	—	—	—	—	—	—	—	—	—	—
	C (iii)	—	—	—	—	—	—	—	—	—	—
	Total (C)	3	1	3	—	—	—	3	—	1	11
	D	—	—	1	—	—	7	11	1	—	20
South.	E	—	—	—	—	—	—	—	—	—	—
	A	—	—	—	—	2	—	—	—	1	3
	B	1	—	1	—	2	1	10	1	1	17
	C (i) (a)	—	—	—	—	—	—	—	—	—	—
	C (i) (b)	4	1	8	4	1	2	1	6	3	30
	C (ii)	—	—	—	—	—	—	—	—	—	—
	C (iii)	—	—	—	—	—	—	—	—	—	—
	Total (C)	4	1	8	4	1	2	1	6	3	30
Chesterfield.	D	1	—	1	—	—	2	28	1	—	33
	E	—	—	—	—	—	—	—	—	—	—
	A	—	—	1	—	—	—	—	—	—	1
	B	—	—	—	—	2	—	2	—	1	5
	C (i) (a)	—	—	—	—	—	—	—	46	—	46
	C (i) (b)	—	—	4	—	—	—	—	—	—	4
	C (ii)	—	—	—	—	—	—	—	—	—	—
	C (iii)	—	—	—	—	—	—	—	—	—	—
	Total (C)	—	—	4	—	—	—	—	46	—	50
	D	—	1	—	—	1	—	2	—	1	5
	E	—	—	—	—	—	4	—	—	—	4

During the year the following numbers of pupils were reported by the Education Authority to the Local Health Authority, as being ineducable (section 57 (3), Education Act, 1944), or as requiring supervision after leaving school, by reason of a disability of mind (section 57 (5), Education Act, 1944).

DIVISIONAL EXECUTIVE.	Under section 57 (3) of the Education Act, 1944.		Under section 57 (5) of the Education Act, 1944.	
	Boys.	Girls.	Boys.	Girls.
North-west	4	3	1	—
North-east	12	4	—	—
Mid-Derbyshire	6	4	—	—
South-east	2	6	1	—
South	10	5	1	—
Chesterfield	1	1	—	—
TOTALS	35	23	3	—

Full-time Courses of Further Education for the Handicapped.

On December 31st, 1949, the following students were in training :

Blind Cases.

Royal Normal College	2
Yorkshire School for the Blind, York	1

Crippled Cases.

Derwen Cripples' Training College, Oswestry	2
---	---

Development Plan.

The Authority has given careful consideration to the problem of providing special educational treatment for the various categories of Handicapped Pupils. It was apparent that the provision for certain categories could most economically be made on a regional basis, whilst for others it would be better for each Authority to make its own arrangements. Discussions have, therefore, taken place between the Authorities in the North Midlands Region, and liaison has also been made with the Authorities in the West Midlands. Certain proposals have been embodied in the Authority's Development Plan, but it will be appreciated that the curtailment of building restricts their implementation. Two buildings have, however, been secured for adaptation as residential special schools for educationally sub-normal pupils at Buxton and Overseal, and negotiations are proceeding for the acquisition of premises for use as a Hostel for maladjusted children.

Maladjusted Pupils and Speech Therapy.

The treatment of maladjusted children is still in an experimental stage, and it is expected it will be dealt with in a variety of ways according to individual circumstances and needs. Where the child's condition is thought to be due to his home circumstances, it may be necessary only to remove him from his home and to board him either with foster parents or at a boarding home, and to arrange for his attendance at an ordinary school. He may or may not require treatment at a child guidance clinic. Another child may continue to live at home and attend an ordinary school but may need child guidance treatment. It is important that there should be appropriate handling of the child's difficulties by his teacher in the course of his school work, and this could best be secured by the Child Psychiatrist keeping in close touch with the teachers concerned. Where the maladjustment is serious and treatment can most effectively be given in an atmosphere and under a discipline consistent during the whole day, a boarding school associated with child guidance treatment is required.

A Child Guidance Clinic is usually established to deal with the so-called maladjusted child showing some form of persistent behaviour disorder. At the Clinic the mother of the child is generally interviewed and the child is examined physically and psychologically. It may be necessary for the home and school to be visited to discover if possible the factors causing the maladjustment, and for the child to be observed at work and play. Finally, consideration should be given to its future at a conference attended by the various people who have been interested in the case. A fully-equipped Clinic should be staffed by a psychiatrist, a psychologist, a social worker, and possibly a play-therapist, all of whom should act in close association with the School Health Service. The psychiatrist should be responsible for the individual examination of all new cases, and for the regular treatment of children suitable for psycho-therapy. The duties of the psychiatrist include the co-ordination of the work of the other members of the team. The services of a psychologist are required in carrying out intelligence and scholastic tests. The psychiatric social worker's function should be three-fold: (1) a preliminary investigation of the child's home environment, health record, etc.; (2) explanatory interviews with the mother at the clinic; and (3) follow-up visits to the home. It is important that children attending the play-therapy room be kept under constant observation and a note made of their reactions both to other children and to the play material. There are many advantages in placing a speech clinic in the same premises as the Child Guidance Clinic, since frequently some psycho-therapy may be necessary.

The Authority's establishment for the whole County provides for the appointment of two Child Psychiatrists, two Educational Psychologists, two Child Psycho-therapists, four Psychiatric Social Workers and five Speech Therapists. There is, however, a general

shortage of suitably qualified officers, and at the time of writing this Report there are vacancies for a Child Psychiatrist, a Child Psycho-therapist, three Psychiatric Social Workers and three Speech Therapists. Arrangements were made for the Child Psychiatrist to visit Brambling House Centre in Chesterfield Excepted District for two days weekly, and of the above-mentioned staff the Excepted District also has the whole-time services of an Educational Psychologist, a Child Psycho-therapist and a Speech Therapist. Treatment is provided here for patients from the Borough and the surrounding area in the north-east of the County

Table IV, Group V, on page 79, shows the number of pupils treated by Child Guidance and Speech Therapy. The following information (which does not include work carried out at Brambling House Children's Centre) has been provided by members of the Child Guidance "team" and the Speech Therapist:—

(1) Dr. Iliff, Child Psychiatrist.—

Since the beginning of 1949 the Child Guidance Service has seen changes in and additions to staff. Dr. Bryan, the Child Psychiatrist, resigned at the end of April, and Dr. Iliff, who was appointed as from April 1st, originally as a second Child Psychiatrist, remains the only one in the County. Miss Elton was appointed Psychiatric Social Worker in January, and Mrs. Flint, Educational Psychologist in February, 1949.

Several rooms at the Clinic in Belper were prepared and furnished for the Child Guidance Service, and are now in use. This is the Child Guidance Clinic headquarters, where the records are kept. A new recording system with punched cards has been adopted, including cases from January 1st, 1949, which should prove an excellent source of comprehensive information. Besides Belper, weekly visits are paid to Long Eaton, Swadlincote, Matlock and Buxton. The Psychologist visits Long Eaton and Swadlincote Clinics regularly, the Psychiatrist visits Matlock and Buxton, and the Psychiatric Social Worker attends these centres as required and when time allows. There is now usually a fortnightly or monthly visit to Derby, but cases in the Derby area are asked where possible to attend at Belper, where there are better facilities. During the year visits have also been made to Glossop, Alfreton and Heanor Clinics. No definite regular time intervals are allotted for these visits as they depend on the waiting lists in these areas and the time available.

The Educational Psychologist has undertaken to supervise remedial teaching by Training College Students on Mondays at Matlock Clinic, and this scheme is working very well.

Owing to the difficulties in covering the wide areas with a small staff, the number of cases "under supervision or having only occasional interviews" is large. Lack of time also accounts for the proportion of those cases where progress is temporarily "not known." A serious difficulty arises where placement has to be considered. Hostel accommodation for maladjusted children is difficult to find, and there is no provision in the County for maladjusted boys over eleven years. This applies also to boys of eleven who are due to leave Holly House Hostel because of their age, but who are still maladjusted. A great need is felt for foster-homes suitable for maladjusted children as temporary or permanent arrangements. Sometimes quite a short stay in a suitable foster-home would prove beneficial.

(2) Mrs. Flint, Educational Psychologist.—

Between April and December, 1949, 138 children were tested in the Child Guidance Service, 24 of these having been accepted as suitable for play therapy and remedial teaching by the Psychologist. Weekly visits to Swadlincote and Long Eaton Clinics were made by the Psychologist, who saw children regularly and their parents or guardians at occasional intervals. A number of schools throughout the County have also been visited in connection with children who are attending Child Guidance Clinics.

At Matlock a few students from the Training College helped weekly, under the supervision of the Psychologist, with coaching and simple remedial teaching of several children who through ill-health had missed a good deal of schooling or who were backward through lack of ability and had also become maladjusted. The hope that this work may stimulate interest among the students in the backward child is being realised, and something in a slight degree, one feels, is also being done towards helping to overcome the big problem of the backward child, many of whom become delinquent if too frustrated.

(3) Miss Elton, Psychiatric Social Worker.—

In 1949 there has for the first time been a Psychiatric Social Worker in the Derbyshire Child Guidance Service, and the year has, therefore, been one of development. At the beginning the Psychiatric Social Worker was very badly hampered by lack of accommodation. This problem has been to a considerable extent solved by the provision of Child Guidance accommodation at Belper Clinic, but difficulties still exist elsewhere.

It is impossible for one Psychiatric Social Worker to give adequate service over the whole County; occasional visits have been made to the Clinics at Alfreton, Buxton, Chesterfield, Glossop, Heanor, Long Eaton and Swadlincote, chiefly for the purpose of obtaining social histories on new cases, and intensive work has been concentrated at Derby, Matlock and Belper (in the last few months

more especially at the latter). At these clinics there have been weekly interviews with selected mothers, and less regular but repeated interviews with others, as well as initial history-taking for diagnostic purposes. At Belper a Mothers' Group was held for a few weeks, but it was not possible to continue; it is hoped to form another as soon as conditions allow. In some cases it has been felt that the father, too, should be seen, and where his work has made it difficult for him to attend at normal times, special evening clinic sessions or evening home visits have been arranged.

The Psychiatric Social Worker has treated a number of children (all of whom were first seen by the Psychiatrist) by play therapy, both individually and in small groups. These children were seen at Matlock and Belper.

Since the Psychiatric Social Worker now attends between six and eight clinic sessions per week, time for home visiting is limited. The visits that have been paid have been to deal with sudden emergencies, for follow-up purposes, to obtain histories on new cases where lack of space or other considerations make it impossible for the Psychiatrist and the Psychiatric Social Worker to see mother and child at the same clinic session, and on children under five. It has been found that, in the case of these very young children, one or two visits may suffice to clear up the difficulty without the child's attendance at the clinic being necessary, and it is felt that interviews at an early stage with mothers who are anxious about such problems as toilet or feeding difficulties, excessive tempers, or jealousy of a new baby, may save much trouble later on.

While it is true that more follow-up visits should be paid than are at present possible, and that a home visit could often supplement the information obtained at an initial interview in the clinic, intensive interviews that are designed to help the mother to deal with her problem in relation to the child are far better carried out in the impersonal and relatively uninterrupted atmosphere of the clinic. For this reason, wherever a full treatment service is to be developed, adequate clinic accommodation is as essential for the Psychiatric Social Worker as for the Psychiatrist.

(4) Statistical Information.—

CHILD GUIDANCE WORK.	DIVISIONAL EXECUTIVE.					TOTALS.
	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	
(1) CASES CLOSED DURING 1949 :—						
(i) Adjusted	2	—	11	5	20	38
(ii) Improving	5	—	17	4	9	35
(iii) Partially adjusted ...	1	—	7	3	6	17
(iv) Unadjusted	2	—	4	4	2	12
(v) Unknown	—	1	—	1	1	3
(vi) Diagnostic and advice only	9	5	11	7	18	50
TOTALS	19	6	50	24	56	155
(2) CASES HAVING REGULAR INTERVIEWS FOR PSYCHIATRIC TREATMENT, PLAY-THERAPY, OR REMEDIAL TEACHING :—						
(a) PSYCHIATRIST—						
(i) Making satisfactory progress	7	—	3	2	—	12
(ii) Some improvement ...	1	—	2	1	1	5
(iii) No improvement ...	1	—	—	—	—	1
TOTALS	9	—	5	3	1	18
(b) EDUCATIONAL PSYCHOLOGIST—						
(i) Making satisfactory progress	—	—	2	4	7	13
(ii) Some improvement ...	—	—	—	2	2	4
(iii) No improvement ...	—	—	—	—	—	—
TOTALS	—	—	2	6	9	17
(c) PSYCHIATRIC SOCIAL WORKER—						
(i) Making satisfactory progress	—	—	3	—	1	4
(ii) Some improvement ...	—	—	2	—	1	3
(iii) No improvement ...	—	—	3	—	1	4
TOTALS	—	—	8	—	3	11
TOTAL TREATMENT CASES	9	—	15	9	13	46
(3) CASES HAVING ONLY OCCASIONAL INTERVIEWS, OR UNDER SUPERVISION :—						
(i) Making satisfactory progress	2	1	3	2	5	13
(ii) Some improvement ...	5	2	5	2	9	23
(iii) No improvement ...	2	—	5	5	3	15
(iv) Not known	9	4	16	12	10	51
TOTALS	18	7	29	21	27	102
(4) CASES RECENTLY OPENED ...	6	4	11	5	6	32

CHILD GUIDANCE WORK.	DIVISIONAL EXECUTIVE.					TOTALS.
	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	
(5) SUMMARY :—						
(i) Number of "open cases"...	33	11	55	35	46	180
(ii) Number of "closed cases"...	19	6	50	24	56	155
TOTAL NUMBER OF CASES DEALT WITH DURING 1949...	52	17	105	59	102	335
(6) NUMBER OF CASES ON WAITING LIST, AS AT 31ST DECEMBER, 1949 	9	1	9	12	17	48
(7) NUMBER OF REPORTS TO MAGISTRATES 						26
(8) PSYCHIATRIST'S VISITS :—						
(i) To Schools 	7	—	—	2	2	11
(ii) To Institutions 						1
(iii) To Hospitals 						1
(9) EDUCATIONAL PSYCHOLOGIST (Mrs. Flint) :—						
(i) Number of children tested	36	10	37	30	25	138
(ii) Treatment cases 	—	—	2	6	9	17
(iii) Cases closed 	—	—	2	1	—	3
(iv) Cases recently opened ...	—	—	1	3	—	4
(10) PSYCHIATRIC SOCIAL WORKER (Miss Elton) :—						
(i) Number of home visits ...	18	4	64	39	47	172
(ii) Number of visits to schools	2	—	1	2	2	7

(5) Miss Ward, Speech Therapist.—

From September 21st to December 31st the work has been concerned with the establishment of three clinics, at Derby, Belper and Matlock. Generally speaking, four sessions a week have been held at Derby, and three sessions weekly at each of the other two clinics, leaving one session for visiting schools. The attendance of the children, all of whom have their own appointments, has been very good, and they are treated for approximately half an hour. At present all patients are treated individually. Home practice is supervised by the parents, whom I have found very co-operative. It is regrettable that only ten patients are able to attend twice weekly; this inevitably prolongs the period of treatment. More and localised speech clinics would solve this problem by reducing the time taken for patients to travel to and from the clinics, but this is, of course, impracticable until more Speech Therapists can be appointed. Valuable information and help has been obtained by visits to schools, the staff of which can greatly assist in the ultimate cure of the defects. Twice-termly visits by the Speech Therapist to each school attended by patients under treatment are desirable, but at present impossible. The figures stated in the annual return of work for the numbers of interviews with parents are indicative of those not less than a quarter of an hour in length. In addition, home assignments and progress are briefly discussed with the parents after each treatment. Of cases seen, four girls out of a total of 21 patients are stammerers, and 16 out of a total of 32 have defects of articulation. A considerable proportion of patients are over eight years old, some of whom have been waiting three years for treatment.

SPEECH THERAPY.	DIVISIONAL EXECUTIVE.					TOTALS.
	I. N.W.	II. N.E.	III. MID.	IV. S.E.	V. S.	
(1) NUMBER OF PATIENTS WHO RECEIVED TREATMENT DURING THE YEAR :—						
NEW CASES—						
Stammerers	2	—	10	4	5	21
Articulation Defects ...	1	1	7	11	12	32
Other Speech Disorders ...	—	—	—	—	1	1
OLD CASES—						
Stammerers	—	—	—	—	—	—
Articulation Defects ...	—	—	—	—	—	—
Other Speech Disorders ...	—	—	—	—	—	—
TOTAL NUMBER OF INDIVIDUAL PATIENTS	3	1	17	15	18	54
TOTAL ATTENDANCES FOR TREATMENT	24	4	172	64	160	424

SPEECH THERAPY.	DIVISIONAL EXECUTIVE.					TOTALS.
	I. N.W.	II. N.E.	III. MID.	IV. S.E.	V. S.	
(2) RESULTS OF TREATMENT OF CASES SEEN DURING 1949:—						
CASES CLOSES:—						
STAMMERERS—						
Cured	—	—	—	—	—	—
Improved	—	—	—	—	—	—
Not improved	—	—	—	—	—	—
Discontinued for various reasons	—	—	2	1	—	3
ARTICULATION DEFECTS—						
Cured	—	—	—	—	—	—
Improved	—	—	—	—	—	—
Not improved	—	—	—	—	—	—
Discontinued for various reasons	—	—	—	2	2	4
OTHER SPEECH DISORDERS—						
Cured	—	—	—	—	—	—
Improved	—	—	—	—	—	—
Not improved	—	—	—	—	—	—
Discontinued for various reasons	—	—	—	—	—	—
TOTAL NUMBER OF CASES CLOSED	—	—	2	3	2	7
CASES STILL UNDER TREAT- MENT—						
Stammerers	2	—	8	3	5	18
Articulation Defects	1	1	7	9	10	28
Other Speech Disorders	—	—	—	—	1	1
TOTAL NUMBER OF CASES ALREADY SEEN, CARRIED FORWARD TO 1950...	3	1	15	12	16	47
(3) NUMBER OF PATIENTS WAITING TO BE SEEN FOR THE FIRST TIME, AS AT 31ST DECEMBER, 1949	1	—	2	1	3	7
(4) VISITS:—						
To Schools	—	—	7	2	5	14
To Homes	—	—	—	—	1	1
(5) NUMBER OF INTERVIEWS WITH PARENTS	5	1	23	17	24	70
(6) TOTAL NUMBER OF SESSIONS CONDUCTED AT CLINICS ...						133

Other Work of Assistant School Medical Officers.

In addition to the routine medical inspection of children in schools, and considerable work in connection with Handicapped Pupils, the Assistant School Medical Officers performed the following duties during the year:—

Examinations of children for employment	632
(Fit, 618 ; unfit, 14).	
Visits to Homes	1,046
Number of sessions administering general anæsthesia to dental patients	168
Examinations of Blind Persons	141
Examinations for superannuation purposes	249
Examinations of Mental Defectives	57
Number of sessions at Infant Welfare Centres ..	274

REPORTS RECEIVED FROM ASSISTANT SCHOOL MEDICAL OFFICERS.

The following are relevant extracts from reports which I have received from individual Assistant School Medical Officers:—

DR. COCKCROFT (N.W. Division (Glossop, Charlesworth and Chisworth)) :—

The general health and well-being of the children has been well maintained during 1949. I consider that two of the most important factors for further improvement are firstly for every family to be in possession of a satisfactory home, and secondly for proper use to be made of modern amenities such as baths and windows that will open. A number of children have benefited from ultra-violet light therapy, and many parents have reported an increase in appetite following a course of treatment. Minor illnesses and infectious diseases continue to cause a certain amount of lost school attendance. At one school during the Christmas term almost 50% of the children developed chicken-pox.

The average standard of nutrition is good. In a number of families school meals and milk undoubtedly play an important role. The meals are of good quality, but the all-important factor of taste suffers owing to the meals being cooked a few hours before consumption and having to be transported in containers from Manchester. Some children do not like cold milk in winter time. In a number of cases this is overcome by standing the bottles in warm water for about an hour before consumption.

The standard of cleanliness of children has not improved. The number of individual children found to be infested with vermin has risen from 344 in 1948 to 509 in 1949, which is an increase from 6.8% to 9.6% of those examined. There are a number of families who are frequent offenders and only remain clean for a short time after the school nurse's visit and subsequent action. The cases of scabies have fallen from 13 to 7. I am sure that overcrowding and lack of baths in so many homes plays a part, but many families do not make the best use of facilities available. Lack of personal pride in appearance and in some cases ignorance also play a part. Exclusion of the children suits some parents, as they can make use of them doing errands and jobs at home; their education is not given a thought.

The response to diphtheria immunisation has been fairly satisfactory, especially as the number of visits to families has been limited because there has only been one Health Visitor. The percentage of school children who have been immunised is good. I find complete absence of medical logic responsible for many of those not protected. The parents have heard of some one else's child having been immunised and at some period afterwards developing an ailment usually quite unconnected with the immunisation. They consider the child's condition is the result of the immunisation—"*post hoc, ergo propter hoc.*"

The hygienic conditions of the schools leave much to be desired. The ventilation is unsatisfactory in several schools. The natural lighting of many of the class rooms in the schools is inadequate. The sanitation at almost every school is of an obsolete type, and often flushed at rare intervals. In order that the children should develop a better standard of cleanliness it is essential that improved lavatory accommodation with adequate facilities for subsequent washing and drying the hands be provided. There is a lack of suitable accommodation everywhere for the desired standard of school canteen facilities. The heating of the schools is not always evenly distributed, and parts of a school may be warm while other parts are cold.

The National Health Service appears to have had the effect of reducing the number attending the minor ailment clinic. The local general medical practitioners have been very co-operative, particularly with regard to the treatment of school children who require medicine prescribing.

DR. COCHRANE (N.W. Division (Buxton)) :—

The work for the year 1949 amongst the school children reveals that the general health is very good and there has been no marked epidemic in the Borough.

The nutrition of the children remains at a high level, and few children show any signs of lack of nourishment. The taking of school meals by the children shows no marked rise, and the same causes for refusal of taking meals at school remain, i.e.,

the reluctance on the part of the child, the fact that the mother makes the main meal of the day when father comes home after school hours, and the fact that some mothers prefer to make the meals themselves for the children.

With regard to the cleanliness of the children, there has been no case of scabies throughout the year, and this complaint seems, temporarily at least, to have completely disappeared. There were 109 cases of pediculosis, but one always finds this complaint amongst the old offenders.

Diphtheria immunisation scheme: Throughout the year 589 children were given stabilising doses of prophylactic and 83 children over five were immunised for the first time. Immunisation has come to stay, and only the odd parent refuses to have the child protected. One generally finds full co-operation from the parents and teachers in schools, and on the whole the scheme is now accepted as a necessary adjunct to school life.

Several of the schools in the Borough are old and in many ways obsolete as regards layout and arrangement. The playgrounds of some are totally inadequate. The older schools are badly ventilated, the sanitary conveniences are of a very old type, and only a complete rebuilding of new schools would eradicate the many faults that exist. In some of the schools canteen facilities are elementary and there is no proper provision of dining accommodation, a hall or classroom being used for the service of the meals.

The National Health Service in some ways has almost "tollled the death bell" for the school service. The Minor Ailment Clinic is a ghost of its former self, and one can well appreciate the reluctance of a parent to bring a child to the school clinic only to be told to go to the family doctor for the necessary prescription. Again, the reference of the children, for the greater part of the year, for visual defects to the family doctor, and the necessity of seeking the help of the family doctor for defects of ear, throat and nose, have prejudiced the good work of the school clinic. The abolition of the scheme for the treatment of tonsils and adenoids and the cessation of post-operative supervision on the part of the School Health Service over the children who previously were dealt with by the clinic, has led to complete ignorance of what now takes place under the National Health Service Act. Many children may have their tonsils and adenoids removed in hospital at the request of the family doctor, but no records are available to the School Health Service of such treatment given. It may only be casually that the knowledge reaches the Health Visitor or the School Medical Officer. Similarly, those children who receive treatment for visual defects under the National Health Service are unknown for record purposes to the School Health Service. It may be that in the course of time there will evolve some scheme to correlate the National Health Service with the schemes formerly run so successfully under the Education Act.

DR. GOULD (mainly N.W. Division, and the north-western part of the Southern Division):—

General health and well-being of the children: During the many opportunities for contact with children at clinics, schools and in their homes, I believe their general health has been well maintained, and no deterioration in their well-being has been detected.

Nutrition: This has always been a difficult factor to assess owing to the wide variation in standards. I conclude that children in the rural areas of my division tend to exhibit a higher general standard of nutrition, no doubt due to their closer association with the farms. Children in the urban areas show wider variations. From the higher income homes a good standard of nutrition is the rule, while from the lower income homes I feel nutrition is often at a much lower ebb, providing only sufficient to maintain a negative state of bodily health, and not that buoyancy and exuberance I should like to see in these children. It is this group especially that is deriving much benefit from the nutritional supplements of the school meals, and milk-in-schools scheme. But for these two great schemes I am certain there would be more cases of clinical malnutrition in the urban and more industrialised areas.

Cleanliness: I have always considered this to be the most disappointing feature of school health in my area. Scabies has without doubt declined markedly since the war years, and it is now a rarity. Not so with pediculosis. This infestation is as rampant as ever. To maintain a high standard of cleanliness it is essential that the school and home co-operate. Pediculosis, however, is more a problem for the parents, who should be guided by the experience of the Health Visitor. Failure of the parents to follow such advice has finally led to the request for several Cleansing Orders during 1949 as being the only avenue left open to deal with the hard kernel of persistent offenders who have remained infested not for months, but for years without break. It is noteworthy that, as a result of the enforcement of these Cleansing Orders, no case of subsequent re-infestation has been detected when seen several months later. Personal cleanliness and hygiene should, I believe, be inculcated as much by the school as the home. I see so many children in class with dirty hands and faces and untidy hair, while close at hand are facilities for ablution. This is the only field where I would request more co-operation from the teaching staff. Why not a twice-daily inspection of hands, face, hair, shoes, and the carrying of a handkerchief to foster personal cleanliness, that it might be continued after school life?

The Diphtheria Immunisation Scheme still remains popular. Many additional primary and reinforcing doses have been administered as a result of arrangements enabling immunisation sessions to be held in the schools now—children who would doubtless otherwise have failed to seek this immunity. Much health propaganda is still needed to reach the all-important pre-school children.

Hygienic conditions of the schools: Being in the main a rural area, a wide diversity of conditions exists between the more primitive rural districts and the facilities of a piped water supply to the urban localities. Much yet remains to be brought up to standard, for there are many schools where washing facilities are totally inadequate, and sanitary accommodation is primitive in the extreme. Ventilation is generally good, though many schools seem reluctant to make full use of the hopper windows. Lighting standards vary enormously from paraffin lamps to electric light. In many of the older schools the floors are well worn and throw up much dust during normal school-time activities. More general oiling of floors would considerably abate this nuisance, as opposed to the present less effective oiled sweeping compound. One school much troubled by a dust problem has been quite free of air dust since adopting this technique of oiling twice a year. Upper respiratory conditions of the children and staff have in consequence been reduced. Canteen facilities, when present, are good, as they are recent additions and therefore conform to present-day standards.

Effects of the National Health Service: While much scope for treatment has been taken from the School Health Service, the need for the preventive and health education aspect remains as paramount as ever. More facilities for providing treatment could be usefully invested in the School Health Service whereby an approved list of simple remedies for minor ailments (*e.g.*, ointments, nit combs, etc.) could be supplied to the patient on prescription, and also authority for refraction (other than through the School Health Service) could be signed at the time of inspection, and thus save duplication by the patient having to appear before a second doctor.

Educational Subnormality: During 1949 many new cases of supposed educationally subnormal children have been brought to my notice, while the already ascertained children have been re-examined and their scholastic attainments reviewed. In no case during the year has it been found possible to remove an educationally subnormal child from the list as such. One boy has been admitted to a residential special school for educationally subnormal pupils. Several educationally subnormal pupils have attained school leaving age, and in all such cases the Juvenile Employment Office has been advised as to limitations of employment. A long list of children remains for admission to special schools, and, while their continued presence in the class absorbs much of the teacher's efforts, the progress of the educationally normal tends to suffer. When ascertainment of these children can be resumed, many new cases will appear, serving to underline still further the pressing need for facilities for special educational treatment, both residential and day, for the subnormal children.

DR. MORRIS (Part of N.E. Division) :—

During 1949 I visited 28 Primary Schools, three Secondary Modern and three Secondary Grammar Schools. The general level of nutrition in both primary and secondary school children appears to have been well maintained. The improvement is undoubtedly due to the present economic conditions of greater employment and to the fact that a great number of the children have milk and a good mid-day meal at school. These dinners are especially good at the schools where the cooking is done on the premises and the meals are served direct from kitchen to dining room.

There has been a great improvement in the cleanliness of the children, and the incidence of pediculosis and scabies greatly reduced. Although there are occasional lapses in those areas where there is no Health Visitor, these conditions are soon remedied when a special visit is made to the school by a nurse.

The parents have co-operated well in the immunisation scheme in the primary schools and many children whose parents refused treatment when the child was a year old have been immunised during 1949. This may be because the child is immunised during school hours and the parents are, therefore, saved the time spent in visiting the surgery or clinic. Whatever the reason, of 525 children in the N.E. area examined at the routine examination, only 27 (approximately 5%) refused to have their children immunised, and in one junior school every parent consented.

Since the end of the war, I have endeavoured to test the eyesight of all children as soon as possible after their entrance to the infant school and I have found that this can be done with "numbers" or the "E" test-type. It is no longer necessary to state on the medical card that the child does not know letters, as even backward children can be tested with "pictures." As routine examinations are now held at the age of 5 plus or 10 plus, I think it essential that the vision should be tested early so that any necessary treatment can be begun as soon as possible. Before the National Health Service came into operation, school children were provided with spectacles within 14-21 days of their examination, but since July, 1948, many children have had to wait from 6 to 10 months before they obtain their glasses.

DR. BURKE (Part of N.E. Division) :—

General condition of the children: On examination of the classification tables of the general condition of 2,511 children, I found that the percentage classified as "A" was considerably higher than in 1948. The percentage classified as "C" was about the same as in 1948. I am sure there has been a gradual improvement in the physique and nutrition of the entrants in comparison with those of ten years ago. This improvement is maintained in the older age groups, the eleven year group

comparing favourably with the twelve year group of ten or more years ago. Rickets and other deficiency conditions are rare, the exception being the occurrence of minor nutritional anæmia in the entrant group, which is fairly common. Clinical evidence is obtainable, *i.e.*, pallor and hæmic murmurs, but of course blood counts cannot be obtained, which alone can give an accurate estimate of the degree of anæmia. Restoration usually occurs before the children are older than six or seven years, as witnessed by the disappearance of clinical signs. The difficult time for maintaining the nutrition of children, in my opinion, is between the age of three years or thereabouts, when the attendance at infant welfare centres ceases usually, and the age of entry into school. I am sure that the provision of school meals and of milk at school has a beneficial effect.

Cleanliness of pupils : Four children were found to be suffering from scabies during 1949. Four pupils, all girls, were found to have pediculosis capitis at medical inspections. One case of scalp ringworm and 34 cases of impetigo were found.

Diphtheria immunisation at schools as part of routine medical inspection was begun in my area in February, 1949. The response has been good. Very few parents have refused to have their children immunised, but some parents have failed to bring their children for completion of the course without reasonable excuses, appointments made for these to attend being simply ignored. Among pupils for "re-examination" and "special examination" I have found often children who have not been immunised or who were in need of a reinforcement dose. On the whole the co-operation of parents and teachers is good. In parts of my area which are at a considerable distance from infant welfare centres or school clinics I have had requests from parents to have babies and children of pre-school age immunised at school with their older children, and I have encouraged them to bring the children, with satisfactory results. Except in very small schools it has been necessary to hold special immunisation sessions, and usually also sessions for second primary injections. I have found that appointments made at school clinics for second primary injections have not been successful on the whole, particularly when clinics are at a distance from the schools or homes of children, but a second or even a third visit to school is much more successful.

Hygiene : The conversion of Creswell C. of E. School from conservancy to water carriage drainage is a great improvement. I have had to report inadequate heating at one school where the stoves used for heating were inefficient and did not warm the classrooms to a comfortable temperature or the cloakrooms sufficiently to dry wet clothes. School canteens when erected have in some schools been found to be not large enough for the number of children taking school meals. Where the cooking is done on the canteen premises the resulting meals are usually

more appetising than where the meals are cooked elsewhere and kept warm in containers. This is particularly so with vegetables. Many children do not like green vegetables much, and it must make a great difference whether the vegetables are tastefully cooked and served, or otherwise.

Effect of the National Health Service on the School Health Service: I have not found that there is much difference in the relations between the School Health Service and general medical practitioners, except that I have had some requests from doctors to send children with defective vision direct to the School Oculist without referring to them first, and on two occasions I have had children who required operative treatment for nose and throat conditions referred to me to expedite treatment at hospital. As this is contrary to the recommendations made by the medical practitioners themselves, I was obliged to refer the cases back to their own doctors, explaining the situation. The Welfare Department at Chesterfield Royal Hospital has been very helpful.

DR. CAMPBELL (Part of N.E. and part of Mid-Derbyshire):—

The general health of the school children in my area has on the whole been very good. As regards nutrition, an extremely small number of children came into Category C. There were no cases of scabies, and only two pupils with pediculosis capitis were detected at medical inspections.

The school meals and milk-in-schools scheme undoubtedly play a big part in at least maintaining, if not improving, the general nutrition of most children who take advantage of the facilities, especially those from the poorer homes. One school in my area has its milk delivered in bulk, and it has to be ladled out into cups. I feel that this method is very unhygienic, and all schools should be supplied with milk in one-third pint bottles filled under as sterile conditions as possible.

The Diphtheria Immunisation Scheme works well, although I noticed a decrease in the number of consent forms received from schools towards the end of the year.

During 1949, six handicapped pupils were admitted to special schools, bringing the total attending such schools up to twelve. There were also twelve children discharged, and all these had benefited greatly from the special educational treatment provided.

The hygienic conditions of schools in my area were quite good. Some of the rural schools still have bucket-type latrines which under the circumstances are reasonably satisfactory.

DR. WEAR (Part of N.E. and part of Mid-Derbyshire) :—

The general health and well-being of the children throughout the year has been very good, except for an outbreak of scarlet fever. The nutrition of the average child showed no signs of worsening. The number classified as "Nutrition C" remained low and much the same as in previous years; such cases mostly came from families where parents are too careless or selfish to allow their offspring the small amount of money to pay for mid-day meals, but, of course, in cases of poverty no charge to the parent is made. There is no doubt that the extra milk and mid-day meal added to the rations at present supplied is only just sufficient to keep many children in the normal category. An outbreak of scarlet fever which broke out in the autumn may possibly have been due to lack of resistance due to the small amount of butter and eggs children are allowed.

The number of cases of scabies continued to drop. There were 980 school children in 1943 who received treatment, 98 in 1948 and 57 in 1949; the numbers still continue to go down. Partly owing to the shortage of Health Visitors, there are still a considerable number of children with some infestation of the head, but the number of serious cases treated at the Infestation Centre dropped from 60 in 1948 to 29 in 1949.

The response to the diphtheria immunisation scheme by the parents of entrants and the 11-year-olds is satisfactory: there are still a very few children in practically all the schools whose parents obstinately refuse to agree to immunisation and nothing which can be said to them makes them change their minds. If a child develops a serious illness soon after being immunised the parents blame the injections for it. There is, however, no strong feeling against immunisation as there was against vaccination for small-pox, the reason being that after vaccination the child is often indisposed for a while, whereas the effects of immunisation are trifling.

Hygienic conditions of schools: Two schools in my area are most unsatisfactory from a hygienic point of view, the lighting, heating and sanitation being primitive and out of date. Both schools have been on the condemned list for years and as soon as conditions allow should be demolished. Scarcliffe School, which for many years was most unsatisfactory, has recently been reconditioned and is now up to modern standards. The sanitation of another school, which had an influx of girls and boys over 14 when it was converted from an ordinary school into a secondary school, is most unsatisfactory. Lavatories are urgently required for the girls and the urinal for the boys should be automatically flushed with water. A further school does not come up to modern requirements as regards sanitation and washing arrangements; however, it is a small county school in a remote part, and owing to the absence of a sewer modern sanitation is impossible.

The canteen arrangements at all the schools in the area appear to be up to standard.

The following are some of the effects of the National Health Service on the School Health Service :—

- (1) The long delay before children with defective vision are supplied with glasses (one boy with severe myopia has had to wait since March, 1949, and up to date (February 13th, 1950) has not received the glasses);
- (2) The long delay before children urgently needing their tonsils and adenoids removed are operated upon;
- (3) The difficulty in obtaining dental treatment for school children in the southern part of the area;
- (4) Children are more inclined to attend their own doctor for minor ailments than come to the clinic for treatment, and as a result attendance at the clinics has dropped.

DR. MACDONALD (Mainly Mid-Derbyshire and a small part of South Derbyshire) :—

As I have only been in Derbyshire for twelve months, I am not able to compare the children's condition with other years, but I feel that their general health is satisfactory and their condition compares favourably with other areas. There are very few children showing signs of malnutrition, and taking the school meals does seem to have improved those who were noted in previous years as having subnormal nutrition.

Pediculosis is present in a very small percentage of children in most schools, but there are a few black spots where the percentage is higher. Scabies is not active at present.

I think the Diphtheria Immunisation scheme a good one, and should be continued, as I find that parents will send their children to be immunised at school when they will not trouble to take them to their own doctor.

There are very few schools in my area where the hygienic conditions are entirely satisfactory, and even in the newest schools I find that the areas from which they draw their pupils are growing so rapidly that the schools are becoming too small for the numbers waiting for admission. In some of the older schools, the classes are much too large and every available room is used as a classroom, so that the teachers have no staff room, and there is no place to interview parents or other visitors. School canteens are satisfactory on the whole, but some of the canteen cookery staffs show lack of imagination and tend to serve the same food on certain days of the week. I consider that this is one of the causes why in certain areas the attendance at school dinners is not as high as in others.

The National Health Service Act, by restricting the powers of the School Health Service to give treatment or to refer cases direct to hospitals for treatment, has virtually made minor ailment clinics redundant, except for cases of defective vision. This is probably a good thing, except in the case of enlarged tonsils and adenoids, as it prevents any chance of differing treatments being prescribed at the same time.

DR. RUTHERFORD (Mainly S.E. Derbyshire and a small part of Mid-Derbyshire) :—

Since this has been my first year as an Officer of the School Health Service I am not in a position to compare the general health and well-being of the children in my area with that of previous years. However, I can say from what I have seen in the past nine months that the general health and well-being of the children inspected is of a very high order indeed, and that this applies to over 90% of them. The number of children falling into Category C is very small indeed—somewhere in the region of 2% to 3%—and it is my opinion that the main reason for this is the provision of school meals and milk in school. From a nutritional standpoint the state of the children is excellent and I believe the high standard of 1948 has been well maintained.

The cleanliness of pupils in all schools inspected is very good. A small number of cases of pediculosis and ringworm of the head was encountered, but not a single case of scabies was noted.

Of definite conditions requiring medical or surgical treatment by far the largest number was of enlarged tonsils and adenoids, followed by visual defects, otorrhœa from old otitis media with perforation, and minor orthopædic defects such as genu-valgum and pes planus.

The Diphtheria Immunisation scheme is working well. The number of children entering school who have not been immunised in infancy is very low and parents are very co-operative and anxious to avail themselves of the facilities provided. One might add that teachers are very helpful in this matter as well and fully alive to the resulting benefit.

On the whole the standard of hygiene of the school buildings is good. There are some, however, where much improvement could be achieved, particularly with regard to lighting, both natural and artificial, and sanitation. In many schools there is insufficient provision for hand washing, and towels are conspicuous by their absence. The scheme to provide paper towels is excellent and, if possible, should be widened.

DR. BARKER (S.E. Division, Ilkeston) :—

The general health of the scholars has been good on the whole apart from epidemic disease. Of the latter there were approximately 80 cases of measles, 30 cases of chicken-pox and 24 cases of scarlet fever. In spite of the epidemic character of infantile paralysis during the summer in the country as a whole, only one scholar was notified and he made an almost complete recovery. The nutrition of the majority of the pupils was very satisfactory, but my impression of the leaver group was that the nutrition was not quite so good as in the previous year. The school meals are still well attended and the milk-in-schools scheme is operating to the great advantage of the scholars.

The improved degree of cleanliness has been maintained. No cases at all of scabies were heard of. The number of pupils found at cleanliness inspections to be infested with vermin was 394, which is a percentage of 8% compared with 10% in 1948, 15% in 1947 and 18.7% in 1946.

To encourage immunisation against diphtheria an immunisation session has been held once a month at the clinic. An average of about 100 children are dealt with at each session. 126 pupils from the schools have attended there for the first time, while 94 received "booster" doses. The percentage of children under 15 years who have been immunised is 64.4.

The hygienic conditions of the schools are for the most part satisfactory.

The effect of the National Health Service Act on the School Health Service is not yet stabilised. There is at present difficulty in getting pupils operated on for enlarged tonsils and adenoids, although less cases of this nature are being seen at the clinics. The scarcity of school dentists prevented any dental sessions being held during the first half of the year. After June it was possible to hold two sessions in alternate weeks only. The effect of the lack of dental treatment is now apparent. During the routine inspection of 356 leavers in the current year dental treatment was found to be necessary in 17 per cent. No specialist sessions were held at the clinic during the year for the treatment of eye defects.

DR. ALLAN (Part of South Derbyshire) :—

The general health and well-being of the children has improved since the end of the war, and the best way to judge it is to watch the children in their free play during the break at school, when their "positive health" is obvious by the way they bounce round the playground, and it is only the odd child who does not take part, and usually in these cases there is some general medical condition present and already known to the School Health Service. There is no doubt that the nutrition is improving.

The school meals vary a good deal, and from the works being carried out at the various schools I see that some are having their own kitchens, which I think is the ideal to be aimed at. In many cases, however, no dining hall is being attached to the school canteen, which is to be deplored, because many of the children have to sit at their desks in school for meals, and this is most unsatisfactory. A dining hall would permit all the teachers having their meals together with the children and would result not only in good table manners, but also assist in the building up of good character in the children. Manners maketh men and women, and I think if it were pointed out to the children by the Head Teachers that table manners are not something arbitrarily forced by the adult on the child, but part of the training for citizenship, the children would accept them more readily and understand their meaning, and be more willing to obey instructions of teachers at meal-time.

The milk-in-schools scheme has been greatly beneficial to the children, but not enough persuasion is used to encourage the children to drink milk. In many of the schools a child is allowed his own choice, and if he elects not to take the milk then he continues in this habit without being encouraged to take the milk. In some of the schools in my area less than 75% of the children have the milk, and I think this figure could be greatly increased by a little personal effort on the part of the school staff.

The incidence of pediculosis and scabies has greatly diminished during 1949.

It is difficult to comment generally on the hygienic conditions of the schools, for some of them are only fit for demolition, and others (unfortunately very few) are ideal for the children and for the staff, and are a pleasure for the Assistant School Medical Officers to work in. Usually I make special comment by letter following a school medical inspection on the schools which have been particularly bad, and no doubt all these defects are well known to the County Architect's staff, and things have been considerably curtailed because of the national economic condition. Many of the school canteens are unsatisfactory, and one was in a deplorable condition, and of course that was the subject of a special report.

Since the National Health Service Act came into operation more parents are making use of the doctors for diphtheria immunisation, and the parents are certainly more readily taking their children to their general practitioner because there is no financial obligation.

The following report has been received from DR. J. A. STIRLING, the Borough School Medical Officer, concerning the EXCEPTED DISTRICT OF CHESTERFIELD :—

During the year 1949, 3,135 children were examined in the prescribed groups, with a slight improvement in the classifications of general condition of the pupils chiefly due to the lowering of the classification C by 2% over last year. It is interesting to note the steady fall in C classifications from 2.84 in entrants to 1.26 in the third age group, whereas the classification A rises from 16.71 to 22.52 in the same groups. I think that this is to some extent at least due to the provision of school meals and the healthy regimen with physical training, etc., over a number of years in schools. The percentage of children taking school dinners was just over 50%.

The incidence of scabies and impetigo again show a fall, that for scabies to the remarkably low figure of 12.

A number of children took advantage of the facilities provided to attend holiday camps and camp schools. The value of such camps is undeniable, the children returning much fitter and looking and feeling healthier as a result. Both the children and the teachers who accompanied them speak highly of the facilities provided for games, sport and attaining local knowledge. The meals were also excellent.

The Open Air School continues to fulfil its purpose most excellently, and the facilities have been improved by the addition of a Jungle Gymnasium in the woods behind the school. This is extremely popular with all the children. Sunray equipment has also been installed and is undoubtedly proving beneficial. In addition to the general remedial physical training classes provided, a special class was commenced for teaching remedial breathing exercises to asthmatic children attending the Open Air School with considerable benefit to a large proportion of them. A small heart school with six beds has been established at the Ashgate Annexe to the Chesterfield Royal Hospital and, although small, it does fill a long-felt need in the Borough. The teacher is provided by the Borough Education Committee and the medical side is in the charge of a consultant physician to the hospital.

There is still practically no modification of the service consequent on the coming into operation of the National Health Service Act. All the specialist clinics previously provided are still carried on in our buildings under the same arrangements as previously, except that we do not now pay the specialists. The advantage of keeping them in the same way are—continuity, records, follow-up, relief of hospital out-patient buildings, etc., and less loss of school time. It is hoped that this arrangement will continue indefinitely.

Although the waiting period for the supply of spectacles has shown some improvement, it is still very often at least six months before the children receive them. In a number of cases delays of over a year have been reported. The introduction late in the year of the system of priority is a definite advance, although the number of priorities provided is too small to be more than a drop in the ocean.

REPORT OF THE SENIOR ORGANISERS OF PHYSICAL EDUCATION FOR THE YEAR ENDING DECEMBER 31st, 1949.

(1) Introduction.

A number of changes of staff have taken place during the year. Miss D. Hyden, who had been an Organiser in the County for over 20 years, retired on December 31st, 1948, and Mr. A. McDonald left to become Director of Physical Education at Belfast University. Their places were taken by Messrs. K. A. Miller and R. F. Hodgson, B.A.

During the summer of 1949, a one-day course on Primary School Physical Education was held in Derbyshire and visits made to many of the primary schools.

(2) Secondary Schools.

(a) *Girls*.—During the last year specialist and semi-specialist teachers have been appointed, and a number of teachers have attended residential holiday courses. As a result, there has been a great improvement in the standard of the work in some of the schools. There are still, however, far too many schools with limited facilities for gymnastic work and without suitably trained teachers. Some schools have introduced dancing into the curriculum, but there is still much work to be done in this direction.

Considerable progress has been made in the teaching of games. Courses have been organised for the teaching and coaching of tennis, hockey and netball, and a number of schools have been provided with tennis and netball courts. Other schools have obtained the use of public and private courts. The standard of the hockey is improving and further schools have been equipped for the game but progress is limited due to the lack of suitable pitches.

Inter-school and inter-area hockey and netball matches have been played and the netball section of the Schools Sports Association has been revived. The provision of the additional clothing, including blouses for the senior girls, and extra storage equipment has maintained the improvement made in the hygiene of the physical education lesson.

(b) *Boys*.—The emphasis has been on the work in the specialist fields of the major games. With still limited facilities for gymnastic work progress is restricted, and consequently it was felt that emphasis on athletics and games might fulfil a gap in the physical education of the secondary boy. To some extent accommodation for games has been increased by the renting of fields, tennis courts and resurfacing of other grounds. It is hoped that with the laying of concrete wickets some improvement in the standard of cricket will be seen. Association football continues to be the chief game and the standard reached is good.

(3) Primary Schools.

(a) *Junior and All-age Schools.*—Progress in the work has been maintained and further schools have been equipped with climbing apparatus. The concentration on movement and the teaching of basic skills during the previous year showed its reward in 1949. The standard reached was good; enthusiasm and keenness for the new type of work were evident. Practically all primary schools now teach the new approach, and a wide range of movement by the children is fairly general. Boys and girls tackle climbing apparatus fearlessly and with skill. This progress will eventually influence the type of work done in the secondary schools.

(b) *Infants.*—Good progress has been made in the physical education of the infant school children. There has been an excellent attendance at the training courses which have been conducted throughout the County, and a great interest has been shown in the new teaching methods. Climbing apparatus which was provided in 1948 has been well used, and its value in the training of the children is obvious. As a result, additional schools have been provided with similar apparatus. The training of dance movement in the infant school is now being widely discussed.

(4) Training of Teachers.

Many more courses in all branches of the work were held. All were well attended and considerable keenness was apparent. It was found impossible to hold the annual residential course at Derby Training College, but week-end courses were held in the major games. The total number of sessional courses held in primary and secondary work was 13. Most were of six to eight weeks' duration and attended by an average of 30 teachers per course. Courses were also held in Association Football Coaching, Basket Ball, Athletics, Hockey, Netball, Tennis and Dancing. It is hoped to hold a residential Cricket Course in 1950.

(5) Equipment.

(a) *Secondary.*—A large number of schools have been supplied with portable apparatus. Two schools have had fixed apparatus installed and two more will be completed early in 1950.

(b) *Primary.*—The Committee approved an annual expenditure of £2,000 on primary school climbing and heaving apparatus for the next five years. By this it is hoped to equip 40 schools each year with some form of this apparatus.

(c) *Small Equipment.*—Large quantities of small apparatus have been purchased and practically all schools are now equipped; the shortage of supply during the war years has now been overcome. Large cupboards are now being placed in the schools for the safe storage of apparatus and small equipment.

(d) *Clothing*.—Increased quantities of gym. shoes and shorts have been allocated to the schools. Approval was also given for the purchase of blouses for the senior girls and football jerseys for senior boys. Total quantities issued in 1949 were as follows :—

Gym. Shoes	..	..	20,953
Shorts	..	..	11,171

(e) *Gym.-Kit Lockers*.—A number of schools were supplied with gym.-kit lockers. After experiment it was found that a 40-compartment wire cage locker for the boys and a 25-double-compartment locker for the girls were most suitable and economical. These lockers ensure that pupils can store and use their physical education clothing hygienically.

(6) **New Schools.**

All new schools opened in 1949 were well supplied with apparatus both portable and small. The new primary schools were also given some type of the new climbing apparatus.

(7) **Playing Fields.**

In spite of difficulties of labour and shortage of material, several fields have been levelled and relaid. In connection with this, the question of maintenance of the Committee's existing playing fields has been considered. A scheme has been drawn up for the provision of a complete gang-mowing unit team for each Division. The first team will be in operation in the North-East Division in April, 1950, and it is hoped that a second team will be installed in the South-East Division early in 1951. Once this scheme is in full operation, there will be a considerable reduction in the cost of maintenance of playing fields.

(8) **Further Education and Youth Work.**

The Committee's Organisers have co-operated fully with the County Youth Service and youth clubs; evening schools and games centres were visited regularly. There has been a considerable increase in the number of Folk, National and Ballroom Dancing classes and many Folk Dancing sessions were held at women's institutes throughout the County. These were regularly visited. In addition, the Physical Education Organisers have been available for advice and help in the organisation of area youth sports. Three week-end courses were held for Youth Leaders and Evening School Teachers.

(9) Swimming.

Facilities for swimming are poor, but in spite of this a large number of schools applied to take swimming during school hours. Approximately 17,000 children attended the swimming baths for instruction and certificates were awarded as follows :—

Learners	2,079
Intermediate	1,338
Proficiency	435

The policy of giving more time at the baths to non-swimmers continues, so that a greater percentage of children learn to swim.

(10) Conclusion.

During July, 1949, the Senior Man Organiser and one Woman Organiser attended "The Lingiad" in Stockholm. At this festival 16 countries demonstrated modern developments in Physical Education. Amongst them was a large contingent from Britain, including some members from Derbyshire. The work shown gained high praise from all and reflected credit on the standard of health and fitness apparent in this country to-day.

Both men and women organisers have attended during the year National and Regional Courses in Dance Movement, Health Education, Athletics and Mountaineering.

D. W. JAMES.

D. M. REECE.

TABLES OF THE MINISTRY OF EDUCATION.
Ministry of Education—Medical Inspection Returns—Year ended 31st December, 1949.
Local Education Authority—Derbyshire.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Special Schools).

	DIVISIONAL EXECUTIVE.					TOTALS.
	North-west.	North-east.	Mid- Derbyshire.	South-east.	South.	Chester- field.
A. PERIODIC MEDICAL INSPECTIONS* :—						
Number of Inspections in the Prescribed Groups :—						
Entrants	2,210	3,209	1,734	1,640	824	1,161
Second Age Group ...	1,000	2,150	1,382	1,342	486	948
Third Age Group ...	731	1,746	1,343	1,019	411	1,026
TOTALS	3,941	7,105	4,459	4,001	1,721	3,135
Number of Other Periodic Inspections	—	—	—	—	—	290
GRAND TOTALS	3,941	7,105	4,459	4,001	1,721	3,425
B. OTHER INSPECTIONS :—						
Number of Special Inspections...	918	3,239	1,591	487	617	1,188
Number of Re-inspections ...	827	1,566	175	1,070	370	5,594
TOTALS	1,745	4,805	1,766	1,557	987	6,782
						17,642

*—(Regulation 49 (2) of the Handicapped Pupils and School Health Service Regulations, 1945.)

TABLE I (continued).

C.—Pupils found to Require Treatment.

Number of Individual Pupils found at periodic medical inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

- NOTES.—(1) Pupils found at Periodic Medical Inspection to require treatment for a defect should not be excluded from this return by reason of the fact that they are already under treatment for that defect.
- (2) No individual pupil should be recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

DIVISIONAL EXECUTIVE	GROUP.	For Defective Vision (excluding Squint).	For any of the Other Conditions recorded in Table II A.	Total Individual Pupils.
North-west	Entrants	49	531	564
	Second Age Group	115	203	297
	Third Age Group	91	136	210
	TOTAL (Prescribed Groups)	255	870	1071
	Other Periodic Inspections	—	—	—
	GRAND TOTAL	255	870	1071
North-east	Entrants	24	721	744
	Second Age Group	144	319	437
	Third Age Group	141	190	322
	TOTAL (Prescribed Groups)	309	1230	1503
	Other Periodic Inspections	—	—	—
	GRAND TOTAL	309	1230	1503
Mid-Derbyshire	Entrants	5	220	224
	Second Age Group	61	104	160
	Third Age Group	60	77	137
	TOTAL (Prescribed Groups)	126	401	521
	Other Periodic Inspections	—	—	—
	GRAND TOTAL	126	401	521

TABLE I (continued).

DIVISIONAL EXECUTIVE.	GROUP.	For Defective Vision (excluding Squint).	For any of the Other Conditions recorded in Table II A.	Total Individual Pupils.
South-east	Entrants	15	248	253
	Second Age Group	50	170	218
	Third Age Group	102	113	213
	TOTAL (Prescribed Groups) ...	167	531	684
	Other Periodic Inspections ...	—	—	—
	GRAND TOTAL	167	531	684
South	Entrants	14	146	153
	Second Age Group	57	63	117
	Third Age Group	28	28	56
	TOTAL (Prescribed Groups) ...	99	237	326
	Other Periodic Inspections ...	—	—	—
	GRAND TOTAL	99	237	326
Chesterfield	Entrants	—	210	210
	Second Age Group	18	118	132
	Third Age Group	48	103	143
	TOTAL (Prescribed Groups) ...	66	431	485
	Other Periodic Inspections ...	1	136	136
	GRAND TOTAL	67	567	621
TOTALS—WHOLE ADMINISTRATIVE COUNTY.	Entrants	107	2,076	2,148
	Second Age Group	445	977	1,361
	Third Age Group	470	647	1,081
	TOTAL (Prescribed Groups) ...	1,022	3,700	4,590
	Other Periodic Inspections ...	1	136	136
	GRAND TOTAL	1,023	3,836	4,726

TABLE II.

**A.—Return of Defects found by Medical Inspection in the Year ended
31st December, 1949.**

PART I—WHOLE ADMINISTRATIVE COUNTY.

NOTE.—All defects noted at Medical Inspection as requiring treatment should be included in this return, whether or not this treatment was begun before the date of inspection.

Defect Code No.	Defect or Disease. (1)	PERIODIC INSPECTIONS.		SPECIAL INSPECTIONS.	
		NO. OF DEFECTS		NO. OF DEFECTS	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
		(2)	(3)	(4)	(5)
4	Skin	426	198	272	39
5	Eyes —a. Vision ...	1,022	880	720	559
	b. Squint ...	258	189	141	115
	c. Other ...	144	101	206	39
6	Ears —a. Hearing ...	47	100	59	27
	b. Otitis Media ...	151	138	118	31
	c. Other ...	65	51	48	11
7	Nose or Throat ...	1,160	1,766	573	429
8	Speech	136	93	52	34
9	Cervical Glands ...	96	783	45	133
10	Heart and Circulation ...	88	429	43	165
11	Lungs	311	474	102	165
12	Developmental—				
	a. Hernia ...	60	45	20	7
	b. Other ...	57	109	19	16
13	Orthopaedic—				
	a. Posture ...	204	188	41	23
	b. Flat Foot ...	251	529	99	70
	c. Other ...	258	510	168	117
14	Nervous System—				
	a. Epilepsy ...	17	13	25	16
	b. Other ...	30	60	37	44
15	Psychological—				
	a. Development ...	62	81	68	121
	b. Stability ...	101	111	64	43
16	Other	429	335	460	270

TABLE II (continued).

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1949.

PART II—DIVISIONAL EXECUTIVES.

Defect Code No.		PERIODIC INSPECTIONS.										SPECIAL INSPECTIONS.												
		NUMBER OF DEFECTS										NUMBER OF DEFECTS												
		Requiring Treatment.					Requiring to be kept under observation, but not requiring treatment.					Requiring Treatment.					Requiring to be kept under observation, but not requiring treatment.							
		DIVISIONAL EXECUTIVE.					DIVISIONAL EXECUTIVE.					DIVISIONAL EXECUTIVE.					DIVISIONAL EXECUTIVE.							
		North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.					
4	Skin	100	200	39	26	20	41	21	75	40	22	11	29	43	68	12	33	6	110	3	20	12	2	1
5	Eyes— <i>a.</i> Vision	255	309	126	167	99	67	58	211	113	69	84	345	99	225	138	29	87	142	12	195	183	11	50
6	<i>b.</i> Squint	52	71	26	74	29	6	8	80	39	26	7	29	10	54	17	5	39	16	1	56	40	4	10
	<i>c.</i> Other	48	39	3	7	14	33	5	59	12	3	7	15	26	23	1	49	1	106	1	19	3	4	4
7	Ears— <i>a.</i> Hearing	15	16	8	2	—	6	8	24	18	18	4	28	14	12	9	13	1	10	1	11	10	—	2
	<i>b.</i> Otitis Media	10	61	9	18	12	41	5	24	35	31	16	27	7	26	9	31	3	42	1	11	9	4	5
8	<i>c.</i> Other	12	25	3	2	1	22	1	26	5	3	1	15	3	11	2	6	—	26	4	1	4	2	—
	Nose or Throat	224	398	134	254	67	83	98	390	310	125	445	43	199	170	23	38	100	206	7	129	206	15	43
9	Speech ...	8	102	5	1	4	16	22	24	16	16	3	12	10	18	10	1	5	8	2	11	13	5	3
10	Cervical Glands	24	35	4	21	3	9	70	326	124	79	21	163	6	23	7	—	4	5	12	57	42	3	4
11	Heart & Circulation	6	7	1	3	7	64	32	109	98	30	9	151	3	13	3	2	9	13	6	85	54	3	12
12	Lungs ...	107	80	28	8	23	65	50	91	175	48	27	83	27	27	15	2	13	18	9	67	58	—	29
13	Developmental— <i>a.</i> Hernia	21	18	5	3	5	8	5	3	12	4	2	19	1	11	2	2	2	2	1	1	5	—	—
	<i>b.</i> Other	13	13	4	13	7	7	2	62	17	14	4	10	2	9	2	—	2	4	—	10	2	—	2
14	Orthopaedic— <i>a.</i> Posture	125	19	8	14	7	31	18	43	22	12	8	85	21	9	5	—	3	3	2	12	5	1	3
	<i>b.</i> Flat Foot	70	48	30	43	10	50	25	41	140	12	10	301	20	12	35	2	6	24	1	27	34	—	8
15	<i>c.</i> Other	65	76	48	28	12	29	23	122	165	76	14	110	52	44	35	5	4	28	11	36	57	1	9
	Nervous System— <i>a.</i> Epilepsy	3	6	3	1	1	3	4	2	6	1	—	—	3	10	3	3	3	3	2	9	5	—	—
16	<i>b.</i> Other	8	15	1	1	—	5	8	22	15	5	2	8	6	9	—	6	1	15	3	34	7	—	—
	Psychological— <i>a.</i> Development	26	11	12	2	11	—	4	34	14	8	7	14	17	17	18	11	3	2	5	64	25	6	15
17	<i>b.</i> Stability	10	5	4	2	15	65	21	47	14	5	13	11	12	11	9	—	9	23	6	13	13	—	4
	Other ...	118	132	40	33	21	85	44	136	86	23	13	33	82	51	23	43	2	259	91	48	61	124	5

TABLE II (continued).

B.—Classification of the General Condition of Pupils inspected during the Year in the Age Groups.

DIVISIONAL EXECUTIVE.	Age Groups.	Number of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
			No.	% of Col. (3)	No.	% of Col. (3)	No.	% of Col. (3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
North-west	Entrants	2,210	799	36.2	1,320	59.7	91	4.1
	Second Age Group	1,000	276	27.6	698	69.8	26	2.6
	Third Age Group	731	355	48.6	369	50.5	7	0.9
	Other Periodic Inspections...	—	—	—	—	—	—	—
	TOTALS	3,941	1,430	36.3	2,387	60.6	124	3.1
North-east ...	Entrants	3,209	701	21.9	2,248	70.0	260	8.1
	Second Age Group	2,150	490	22.8	1,527	71.0	133	6.2
	Third Age Group	1,746	523	30.0	1,155	66.1	68	3.9
	Other Periodic Inspections...	—	—	—	—	—	—	—
	TOTALS	7,105	1,714	24.1	4,930	69.4	461	6.5
Mid- Derbyshire.	Entrants	1,734	389	22.4	1,298	74.9	47	2.7
	Second Age Group	1,382	272	19.7	1,068	77.3	42	3.0
	Third Age Group	1,343	316	23.5	1,002	74.6	25	1.9
	Other Periodic Inspections...	—	—	—	—	—	—	—
	TOTALS	4,459	977	21.9	3,368	75.5	114	2.6
South-east ...	Entrants	1,640	896	54.6	700	42.7	44	2.7
	Second Age Group	1,342	750	55.9	555	41.4	37	2.7
	Third Age Group	1,019	493	48.4	515	50.5	11	1.1
	Other Periodic Inspections...	—	—	—	—	—	—	—
	TOTALS	4,001	2,139	53.5	1,770	44.2	92	2.3
South ...	Entrants	824	183	22.2	617	74.9	24	2.9
	Second Age Group	486	47	9.7	429	88.3	10	2.0
	Third Age Group	411	138	33.6	271	65.9	2	0.5
	Other Periodic Inspections...	—	—	—	—	—	—	—
	TOTALS	1,721	368	21.4	1,317	76.5	36	2.1
Chesterfield	Entrants	1,161	194	16.7	934	80.5	33	2.8
	Second Age Group	948	172	18.1	756	79.8	20	2.1
	Third Age Group	1,026	231	22.5	782	76.2	13	1.3
	Other Periodic Inspections...	136	—	—	48	35.3	88	64.7
	TOTALS	3,271	597	18.3	2,520	77.0	154	4.7
TOTALS— Whole Ad- ministrative County.	Entrants	10,778	3,162	29.4	7,117	66.0	499	4.6
	Second Age Group	7,308	2,007	27.4	5,033	68.9	268	3.7
	Third Age Group	6,276	2,056	32.7	4,094	65.3	126	2.0
	Other Periodic Inspections...	136	—	—	48	35.3	88	64.7
	GRAND TOTALS	24,498	7,225	29.5	16,292	66.5	981	4.0

TABLE III.

Infestation with Vermin.

NOTES.—A statement as to the arrangements made by the Local Education Authority for the examination and cleansing of infested pupils should appear in the body of the School Medical Officer's Report.†

All cases of infestation, however slight, should be recorded.

The return should relate to individual pupils and not to instances of infestation.

	DIVISIONAL EXECUTIVE.					TOTALS.
	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chester-field.
(i) Total number of examinations in the schools by the school nurses or other authorised persons ...	25,537	36,210	22,457	43,266	25,171	35,604
(ii) Total number of individual pupils found to be infested ...	798	1,104	316	928	540	451
(iii) No. of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ...	11	10	5	3	—	63
(iv) No. of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...	12	—	—	—	—	—
						12

† See page 20.

TREATMENT TABLES.

NOTES.—(a) The Tables should deal with all defects treated, or under treatment, during the year, however they were brought to the Authority's notice, i.e., whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(b) Owing to the difficulty of distinguishing between cases treated under the Authority's schemes and those treated otherwise, the Treatment Tables (excluding dental) should include all cases known to the Authority to have received treatment, whether at their own clinics or elsewhere.

GROUP I.—Minor Ailments (excluding Uncleanliness, for which see Table III).

No. of Defects Treated, or Under Treatment, during the Year.		DIVISIONAL EXECUTIVE.					TOTAL.
		North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.
(a) SKIN—							
Ringworm—Scalp—							
(i) X-ray treatment. If none, indicate by dash							
(ii) Other treatment		17	1	1	1	—	—
Ringworm—Body		2	1	—	10	—	2
Scabies		14	11	—	1	1	12
Impetigo		37	22	6	82	12	80
Other skin diseases		40	21	8	33	21	222
EYE DISEASE—							
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)		52	122	42	144	35	240
EAR DEFECTS—							
(Treatment for serious diseases of the ear (e.g. operative treatment in hospital) should not be recorded here, but in the body of the School Medical Officer's Annual Report)		51	19	10	56	7	88
MISCELLANEOUS—(e.g. minor injuries, bruises, sores, chilblains, etc.)		824	459	149	394	155	1,347
TOTALS		1,037	656	216	730	231	1,991
(b) Total number of Attendances at Authority's minor ailment clinics		2,520	1,115	397	3,314	764	5,465
							13,575

TABLE IV (continued).

GROUP II.—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I.).

		DIVISIONAL EXECUTIVE.					TOTALS.
		North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chester-field.
ERROES OF REFRACTION (including Squint). (Operations for Squint should be recorded separately in the body of the School Medical Officer's Report)		293	801	82	8	3	793
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)		14	30	—	—	11	19
TOTALS		307	831	82	8	14	812
Number of Pupils for whom Spectacles were (a) Prescribed		252	425	46	5	2	396
(b) Obtained							162
							1,126 not known

GROUP III.—Treatment of Defects of Nose and Throat.

		DIVISIONAL EXECUTIVE.					TOTALS.
		North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chester-field.
Received Operative Treatment :—							
(a) For Adenoids and Chronic Tonsilitis		17	90	—	4	43	226
(b) For Other Nose and Throat Conditions		1	—	—	—	2	3
Received Other Forms of Treatment		8	5	—	—	6	14
TOTALS		26	95	—	4	51	243
							380
							6
							33
							419

TABLE IV (continued).

GROUP IV.—Orthopaedic and Postural Defects.

	DIVISIONAL EXECUTIVE.					TOTALS.
	North-west.	North-east.	Mid- Derbyshire.	South-east.	South.	Chester- field.
(a) No. treated as in-patients in hospitals or hospital schools	19	44	40	24	36	29
(b) No. treated otherwise, e.g. in clinics or out-patient departments	185	242	131	93	168	300
						1,119

GROUP V.—Child Guidance Treatment and Speech Therapy.

	DIVISIONAL EXECUTIVE.					TOTALS.
	North-west.	North-east.	Mid- Derbyshire.	South-east.	South.	Chester- field.
Number of pupils treated—						
(a) Under Child Guidance arrange- ments	55	59	108	66	106	80
(b) Under Speech Therapy arrange- ments	4	8	19	24	18	100
						474
						173

TABLE V.
Dental Inspection and Treatment.*

DIVISIONAL EXECUTIVE.	Number of Pupils Inspected by the Authority's Dental Officers.			Number found to require Treatment	Number Actually Treated	Attendances made by Pupils for Treatment	Half-days devoted to			Fillings			Extractions			Administrations of general anaesthetics for extraction	Other Operations		
	Periodic age- groups	(b) Specials	(c) TOTALS (Periodic & Specials)				(a) Inspection	(b) Treatment	TOTALS (a) and (b)	Permanent Teeth	Temporary Teeth	TOTALS	Permanent Teeth	Temporary Teeth	TOTALS		Permanent Teeth	Temporary Teeth	TOTALS
North-west ...	3,526	151	3,677	2,063	1,546	2,713	32	Not Apportionable.	Not Apportionable.	1,284	108	1,392	477	1,816	2,293	88	204	45	249
North-east ...	6,150	—	6,150	3,398	3,528	4,910	45	Not Apportionable.	Not Apportionable.	2,181	56	2,237	761	5,050	5,811	628	1,235	775	2,010
Mid-Derbyshire ...	5,904	—	5,904	4,033	2,428	3,489	37	Not Apportionable.	Not Apportionable.	3,122	68	3,190	535	2,333	2,868	453	427	444	871
South-east ...	500	—	500	312	626	1,008	5	Not Apportionable.	Not Apportionable.	370	18	388	158	999	1,157	181	49	161	210
South ...	8,032	—	8,032	5,171	4,173	5,974	68	Not Apportionable.	Not Apportionable.	3,371	336	3,707	776	6,269	7,045	994	256	355	611
Chesterfield ...	1,418	3,023	4,441	3,060	3,476	3,994	20	612	632	1,574	194	1,768	679	3,234	3,913	827	474	790	1,264
TOTALS ...	25,530	3,174	28,704	18,037	15,777	22,088	207	2,954	3,161	11,902	780	12,682	3,386	19,701	23,087	3,171	2,645	2,570	5,215

* For the present the ...

* For the present the Ministry are not asking for information regarding treatment carried out apart from the Authority's scheme.

