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INSTITUTE OF SOCIAL
MEDICINE

10. PARKS ROAD,
OXFORD

Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

SCHOOL MEDICAL OFFICER

For the Year 1950,

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)

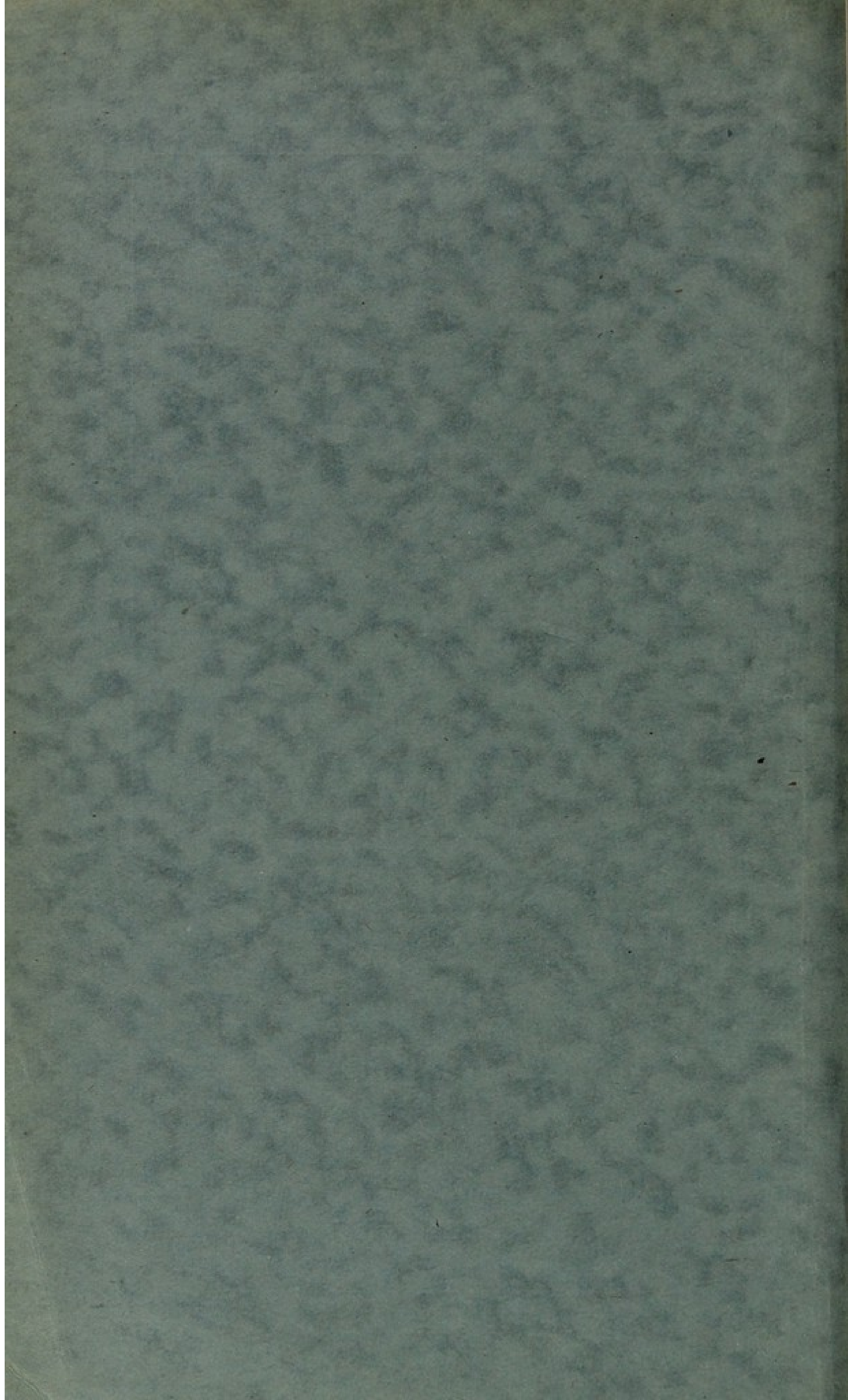
COUNTY MEDICAL OFFICER OF HEALTH

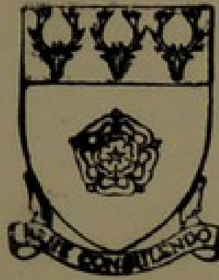
AND

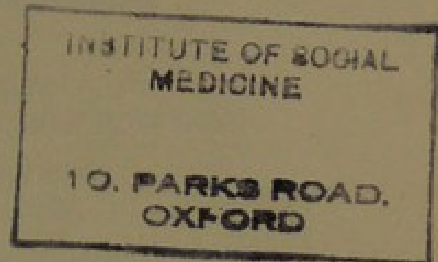
SCHOOL MEDICAL OFFICER

DERBY:

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



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COUNTY MEDICAL OFFICER OF HEALTH

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MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT (31st December, 1950).

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.
MAGRIETA A. PRETORIUS, M.B., Ch.B.
DOROTHY M. JACKSON, M.B., Ch.B.

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.
P. W. BOTHWELL, M.B., Ch.B., D.P.H. (Chesterfield B.).
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.
J. W. CRAWSHAW, M.B., Ch.B.
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 M. JACKSON, L.D.S. (Part-time).
A. R. LITTLAR, L.D.S. (Senior Dental Officer, Chesterfield B.).
DOROTHY LITTLAR (Part-time).
J. S. LYCETT (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 61st 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 684,370, were respectively 15.78 and 11.13, whereas the corresponding rates for England and Wales were respectively 15.8 and 11.6. There were 10,799 live births, compared with 11,534 in 1949, 12,152 in 1948, and 13,714 in 1947.

The percentage of illegitimate births was 3.86, as compared with 4.38 in the previous year.

There were 7,620 deaths, whereas there were 7,409 in the previous year. Out of 7,620 deaths, 2,347 were certified as being due to heart disease, 1,197 as being due to malignant disease, and 1,039 as being due to vascular lesions of the nervous system.

In the case of the 1,197 deaths from malignant disease, it is interesting to observe that the lesion was in the stomach in 224 patients, in a lung or bronchus in 141, in a breast in 113, and in the uterus in 73.

The maternal mortality rate was 1.44 per 1,000 live- and still-births, compared with 1.01 in the previous year. These figures may not be strictly comparable for the reasons stated on page 39 of this Report.

The infantile mortality rate per 1,000 live-births was 30.19, which is the lowest figure ever recorded in this County, but it should be pointed out that the figure for England and Wales is 29.8.

It gave me great pleasure to state in my Annual Report for 1949 that for the first time on record there were no deaths from diphtheria during the year. It gives me almost greater pleasure to state that in 1950 there were again no deaths from diphtheria, because it means there have been no deaths for two successive years! Immunisation against this disease has been a great success, and, while occasionally there may be good grounds for postponing it for a short time when there is a local increased incidence of polio-myelitis, it would be most unfortunate if that were used as an argument for not having it done.

A full account of the Medical Research Council's investigation on the prevention of whooping-cough by vaccination appeared in the *British Medical Journal* on the 30th June, 1951. It was

clear that whooping-cough immunisation is still in the experimental stage and, while the results of one type of vaccine (kindly supplied to this country by the Michigan Department of Health) appeared to give a measure of protection, it seemed that more research would be necessary before advocating wholesale immunisation by this method. *In fact, the Medical Research Council proposes further field trials with adequate controls with vaccines prepared in this country by the method used by the Michigan Department of Health.* It would be well, therefore, to exercise a little patience before advocating its general use—to do so prematurely might bring into disrepute a vaccine giving a degree of protection yet requiring further research for full efficacy.

There has been a decrease in the number of new cases of pulmonary tuberculosis notified from 491 to 426, and of non-pulmonary tuberculosis from 101 to 88 as compared with the previous year ; whereas the corresponding number of deaths from pulmonary as well as non-pulmonary tuberculosis diminished from 205 to 172, which constitutes a new low record. The figure of 172 gives a death rate of 0.25 per 1,000 of the population, which compares favourably with 0.36 per 1,000, which is the provisional figure supplied by the Registrar-General for England and Wales.

The year 1950 is roughly in the middle of the twentieth century, and perhaps it would be fitting to compare some of the vital statistics with some of those that were available at the time of the passing of the nineteenth century.

	1900	1950
Death rate from all causes, per 1,000 ...	16.65	11.13
Birth rate, per 1,000	32.18	15.78
Infantile Mortality rate, per 1,000 births ...	152	30.19
Diphtheria—Number of cases	450	2
Number of deaths	70	—
Enteric fever—Number of cases	678	5
Number of deaths	101	—
Measles—Number of cases	*Not Notifiable*	5261
Number of deaths	188	2
Smallpox—Number of cases	6	—
Number of deaths	—	—
Whooping-cough—Number of cases	*Not Notifiable*	2889
Number of deaths	128	10

In looking at the foregoing fignres, however, it would be well to bear in mind that the doctors of those days, in making their diagnoses, did not have the laboratory and radiological facilities so highly developed or accessible as they have to-day! I think it will be agreed, however, that, speaking generally, there have been considerable advances, which up to the present have contributed to human welfare, although some scientific advances, through being put to the wrong use, are not always in that category!

The late Dr. Sidney Barwise, the County Medical Officer of Health, in his Annual Report for 1900, reported as follows :—

> "During the year, 450 cases of diphtheria were notified, as compared with 368 in the year 1899. The case rate per thousand was 0.9 as compared with 0.74 in the previous year, but the mortality per cent. was only 15.5 as compared with 22.2 in the previous year. There were probably two causes at work to account for the decrease in mortality: First, owing to the facilities which the County Council have provided the Medical Practitioners for the bacteriological diagnosis of this disease, cases came to light which otherwise would have remained undiagnosed. In this way there is a larger number of cases upon which the deaths are calculated. In addition to this, in the Urban Districts, the Antitoxin treatment is now becoming more generally adopted. Of the value of this treatment there can be no doubt, in the face of carefully prepared statistics calculated from extended series of cases."

The bacteriological diagnosis and the anti-toxin treatment to which Dr. Barwise refers were great advances at the time in the "cure" of the disease. In spite of the anti-toxin, however, many patients died, and although a number were cured, some suffered from life-long invalidism. But to-day we can prevent the disease being contracted! While it is wonderful to cure a disease, there is always a degree of suffering, so it is far more wonderful to prevent its development! In fact, the experience gained in evaluating the curative and preventive measures in dealing with diphtheria should convince us of what our aim should be in grappling with the various diseases which attack man from time to time.

The year has been occupied in consolidating the advances made by the National Health Service Act, and the impression is gained that the general public is appreciative of the great variety of personal services rendered by the doctors, dentists, nurses and midwives, backed by various categories of medical auxiliaries, as well as the ambulance and clerical staff, without whose diligent and loyal service the Act, instead of being a success, would have been a failure!

During the year I have received from the Clerk and Heads of Departments numerous acts of kindness and a great deal of advice, for which I am indeed grateful.

Once again I should like to take this opportunity of paying tribute to Ald. F. Wilson and Ald. Mrs. Sutton, the respective Chairmen of the County Health Committee and the Weights and Measures and Miscellaneous Services Committee, for their encouragement in obtaining the support of their Committees in order to secure the approval of the County Council to measures that might bring about an improvement in the health of the people of Derbyshire. Fortunately, all the members of their Committees are "health-conscious," and with their natural sympathy for the sick or ailing little difficulty is experienced in winning their support to the reasonable expenditure of money on the health services which the Council is empowered or required to provide.

I am,

Your obedient Servant,

J. B. S. MORGAN,

County Medical Officer of Health.

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

September 30th, 1951.

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APPENDIX.

Causes of Death in each District, Table XXXII.

COUNTY HEALTH COMMITTEE.
(As at 31st December, 1950.)

ALDERMAN F. WILSON
(*Chairman*).

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

Aldermen.

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

Councillors.

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

Co-opted Members.

DR. E. C. DAWSON.
T. ALLSOP, ESQ., J.P.
A. J. WILSON, ESQ., F.R.C.S.
J. R. DAVIS, ESQ.
MRS. S. A. JERVIS.
F. T. EMERY, ESQ.
MRS. F. SHOOTER.

Ambulance Sub-Committee.

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

Mental Health Sub-Committee.

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

---

*Staff Sub-Committee.**

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

* 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.

Representing the County Council.	*Representing Chesterfield Corporation.*
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 (*Vice-Chairman*).	Councillor E. C. Hancock.
Councillor Mrs. J. M. Steele.	Councillor L. Heath (*Chairman*).
Mrs. E. Lenthall.	Councillor J. L. Radford.

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE.

(As at 31st December, 1950).

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

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

Aldermen.

J. F. Birch.
T. Colledge.
J. B. Hancock.
W. J. Smith.
T. W. Wardley.

Councillors.

D. Barton.
H. G. Booth.
J. F. Crompton-Inglefield.
A. Fowler.
B. Gowers.
Mrs. E. Harrison.
D. Prince.
N. Smith.
T. W. Smith.
C. Wass.
J. W. Wright.

Milk Licence Sub-Committee.

Alderman Mrs. D. M. Sutton.
Alderman C. Feakin.

Rural Water Supplies & Sewerage Act Sub-Committee.

Alderman Mrs. D. M. Sutton.
Alderman C. Feakin.
Alderman T. Colledge.
Alderman W. J. Smith.
Councillor Mrs. E. Harrison.
Councillor D. Prince.
Councillor N. Smith.
Councillor T. W. Smith.

TABLE I.

Birth Rate, Death Rate, Infantile Mortality Rate and Death Rates from Three Important Infectious Diseases during the last Sixty Years.

Year.		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.	Whooping Cough			
1891 to 1900	WHOLE COUNTY..	**.028**	**.17**	**.30**	**17.1**	**33.7**	**147**
	England and Wales..	.012	.27	.36	18.3	29.9	153
1901 to 1910	WHOLE COUNTY..	**.004**	**.16**	**.24**	**14.1**	**28.5**	**126**
	England and Wales..	.016	.17	.27	15.3	27.1	128
1911 to 1920	WHOLE COUNTY..	—	**.16**	**.16**	**12.66**	**24.07**	**99**
	England and Wales..	.000	.14	.18	13.85	21.90	100
1921 to 1930	WHOLE COUNTY..	—	**.07**	**.10**	**10.92**	**19.73**	**70.7**
	England and Wales..	.00	.08	.11	12.14	18.36	71.7
1931 to 1940	WHOLE COUNTY..	—	**.07**	**.04**	**11.31**	**15.71**	**56.7**
	England and Wales..	.00	.07	.04	12.26	14.93	58.6
1941 to 1945	WHOLE COUNTY..	—	**.022**	**.026**	**10.94**	**18.21**	**45.6**
	England and Wales..	.00	.038	.032	11.92	16.04	49.8
1946	WHOLE COUNTY..	—	**.022**	**.023**	**10.96**	**19.60**	**38.95**
	England and Wales..	.00	.01	.02	11.5	19.1	43.0
1947	WHOLE COUNTY..	—	**.006**	**.026**	**11.26**	**20.89**	**42.81**
	England and Wales..	.00	.01	.02	12.0	20.5	41.0
1948	WHOLE COUNTY ..	—	**.006**	**.015**	**10.42**	**18.13**	**43.45**
	England and Wales..	—	.00	.02	10.8	17.9	34.0
1949	WHOLE COUNTY ...	—	—	**.013**	**10.93**	**17.01**	**36.5**
	England and Wales ..	.00	.00	.01	11.7	16.7	32
1950	Urban Districts ..	—	—	**.019**	**11.39**	**15.91**	**27.99**
	Rural Districts ..	—	—	**.009**	**10.84**	**15.63**	**32.69**
	WHOLE COUNTY..	—	—	**.014**	**11.13**	**15.78**	**30.19**
	England and Wales..	—	.00	.01	11.6	15.8	29.8

REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1950

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 1950 was as follows :—

Municipal Boroughs	139,090
Urban Districts	222,500
Rural Districts	322,780
Total Administrative County ..	684,370

RATEABLE VALUE.

The rateable value of the Administrative County in April, 1950, for County Rate purposes was £3,638,304, and a Penny Rate over the whole County was estimated to produce the sum of £14,252.

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 III, and the following are extracts from them, given in a form required by the Ministry of Health :—

		Males.	*Females.*	*Total.*
Live Births	Legitimate ...	5,294	5,088	10,382
	Illegitimate ...	233	184	417
	Total... ...	5,527	5,272	10,799

Live Birth Rate per 1,000 of the estimated population 15.78
Number of Still Births 281
Rate of Still Births per 1,000 (total live and still) births 25 36
Number of Deaths 7,620
Death Rate per 1,000 of the estimated population ... 11.13

	No. of Deaths.	*Rate per 1,000 live and still Births.*
Deaths and Death Rate from :—		
Pregnancy, Childbirth and Abortion	16	1.444

Death Rate of Infants under 1 year of age :—
All infants (per 1,000 live births) 30.19
Legitimate infants (per 1,000 legitimate live births) ... 29.96
Illegitimate infants (per 1,000 illegitimate live births) 35.97

	No. of Deaths.	*Rate per 1,000 of estimated population.*
Deaths and Death Rate from :—		
Cancer (all ages)	1,197	1.75
Measles (all ages)	2	.003
Whooping Cough (all ages) ...	10	.014

Infantile Mortality.—The infantile mortality rate for the year under review was 30.19 per 1,000 live births, compared with 36.50 in 1949 and 43.45 in 1948.

TABLE II.

INFANTILE MORTALITY RATE.

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

Year.	*Rate.*	*Year.*	*Rate.*
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
		1950	30.19

The rate for England and Wales in 1950 was 29.8.

COUNTY OF DERBY. YEAR

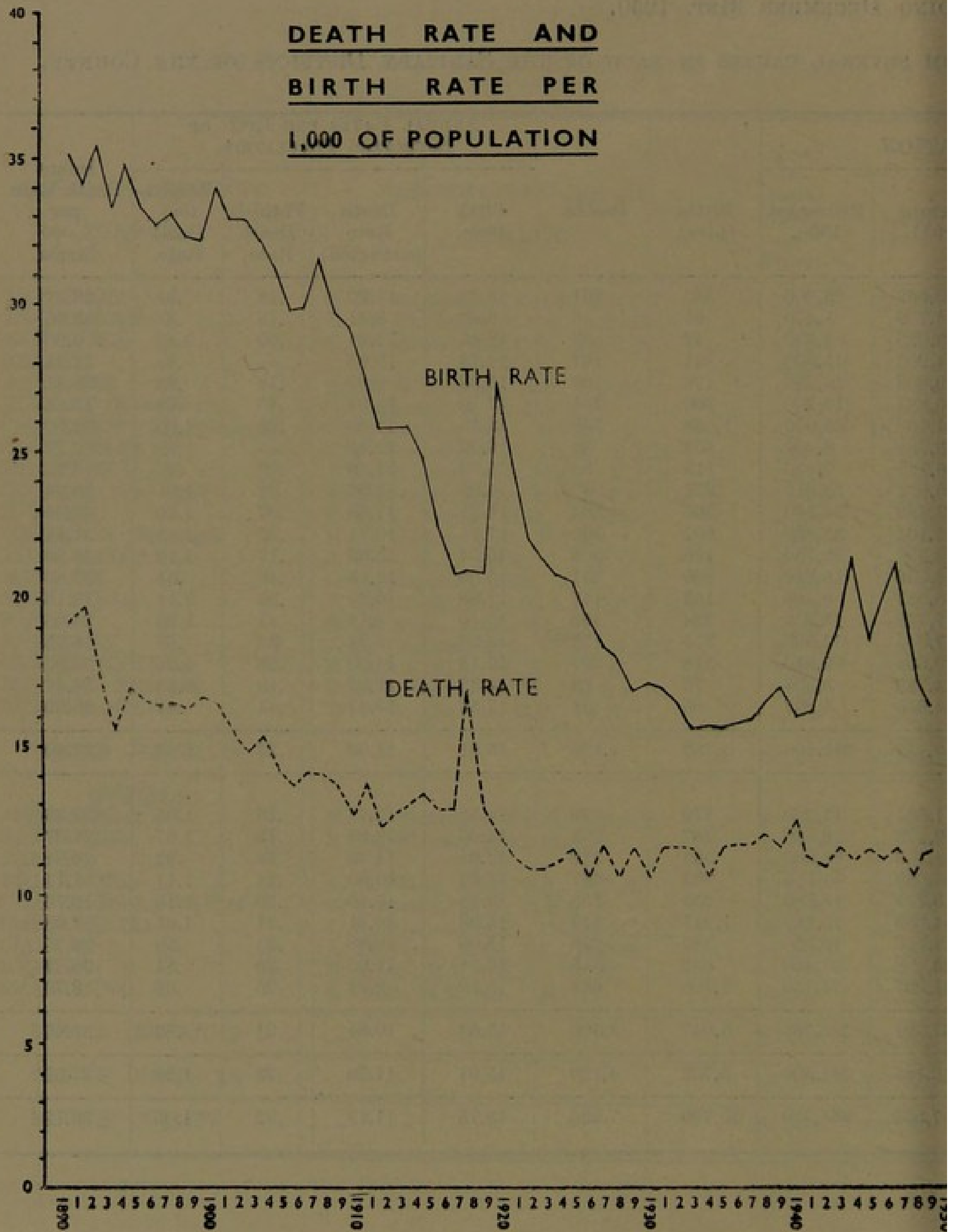
TABLE III.—TABLE GIVING BIRTH RATES AND DEATH RATES

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

NDING DECEMBER 31ST, 1950.

FROM SEVERAL CAUSES IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

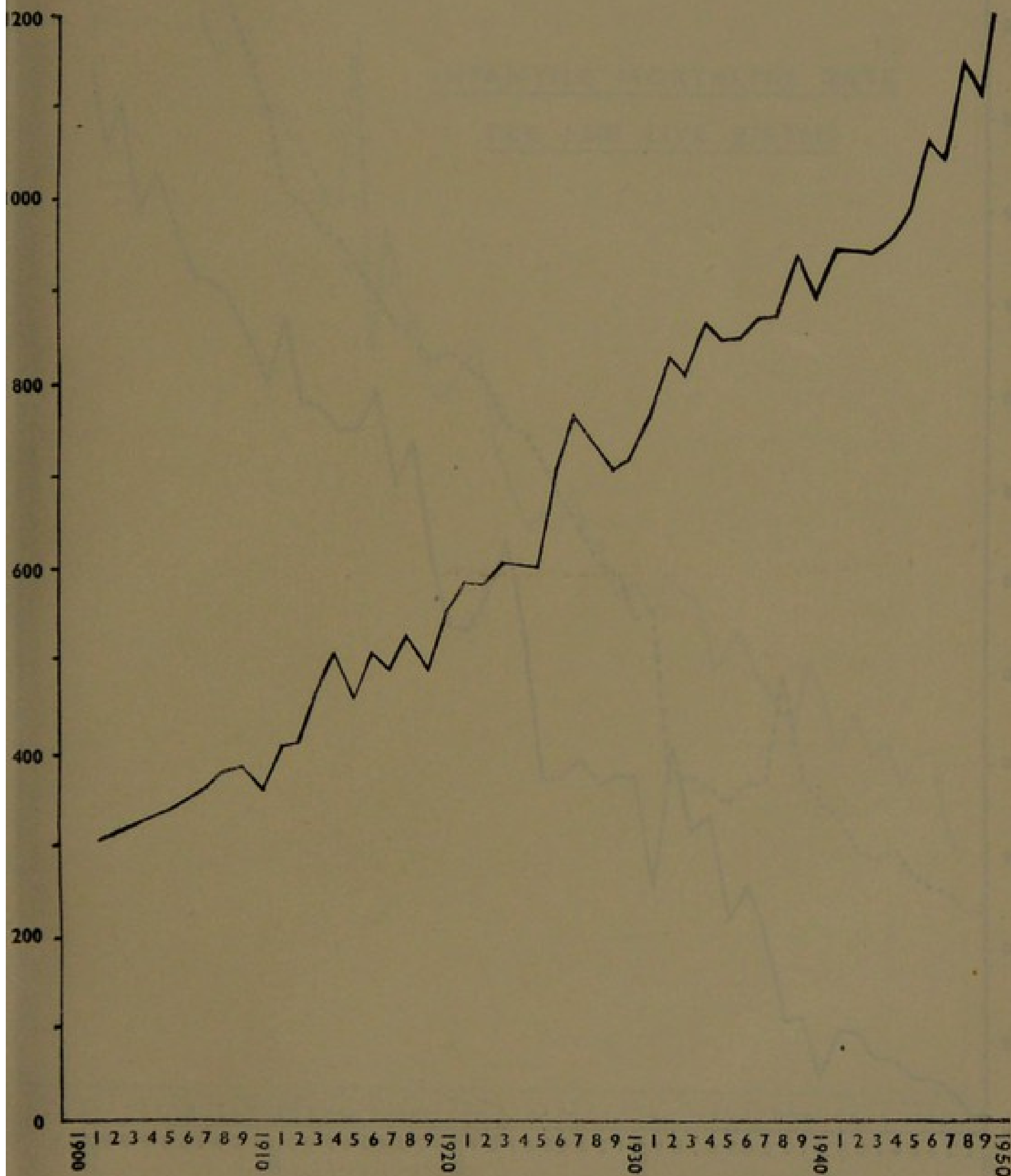
ULATION.				Annual Rates per 1,000 of Estimated Population.				
Census 1931.	Estimated 1950.	Births (Live).	Deaths.	Birth Rate.	Death Rate (corrected).	Phthisis Death Rate.	Respiratory Death Rate.	Infant Death Rate per 1,000 Births.
22,262	23,300	385	261	16.52	11.20	.13	.94	28.57
4,708	5,470	91	46	16.63	8.41	.18	.55	32.96
3,028	3,370	42	58	12.46	17.21	.59	1.48	0.00
14,205	15,630	231	167	14.78	10.68	—	.83	17.31
9,808	10,780	176	106	16.33	9.83	.18	.55	28.41
16,884	19,200	290	251	15.10	13.07	.15	.99	10.34
64,160	68,000	1,058	748	15.55	11.00	.28	1.39	34.97
8,781	8,490	153	89	18.02	10.48	—	1.53	52.28
6,388	7,470	118	85	15.79	11.38	.26	.93	16.95
20,001	18,010	271	282	15.05	15.66	.22	1.61	33.21
22,482	24,360	395	284	16.21	11.66	.37	1.39	27.84
33,164	33,880	601	363	17.74	10.71	.35	1.65	31.61
23,321	29,150	456	308	15.64	10.56	.17	1.16	28.50
16,596	18,510	296	231	15.99	12.48	.16	.54	30.40
8,551	8,499	152	142	17.88	16.70	.35	2.11	13.16
17,731	18,370	284	168	15.46	9.14	.11	1.25	24.65
17,845	17,960	274	175	15.26	9.74	.33	.55	18.25
20,604	20,940	318	237	15.18	11.32	.28	1.38	22.01
4,789	5,304	76	68	14.33	12.82	.19	1.32	39.47
4,855	4,897	85	51	17.36	10.41	.41	.41	35.29
340,145	361,590	5,752	4,120	15.91	11.39	.23	1.20	27.99
11,661	12,320	179	129	14.53	10.47	.16	1.05	22.35
19,272	19,580	287	273	14.66	13.94	.15	1.07	27.87
23,106	28,060	363	318	12.94	11.33	.21	.82	35.81
44,689	43,250	763	467	17.64	10.80	.14	1.11	51.11
18,770	18,880	253	253	13.40	13.40	.26	1.16	19.76
64,968	75,780	1,211	819	15.98	10.81	.21	1.01	37.98
17,720	19,290	349	210	18.09	10.88	.21	.93	25.79
26,438	31,490	522	348	16.57	11.05	.25	.51	38.31
41,097	74,130	1,120	683	15.10	9.21	.25	.69	18.75
267,721	322,780	5,047	3,500	15.63	10.84	.21	.89	32.69
340,145	361,590	5,752	4,120	15.91	11.39	.23	1.20	27.99
607,866	684,370	10,799	7,620	15.78	11.13	.22	1.05	30.19


DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION
BIRTH RATE
DEATH RATE
40
35
30
25
20
15
10
5
0
1890
1900
1910
1920
1930
1940

DERBYSHIRE

DEATHS FROM CANCER

1900—1950

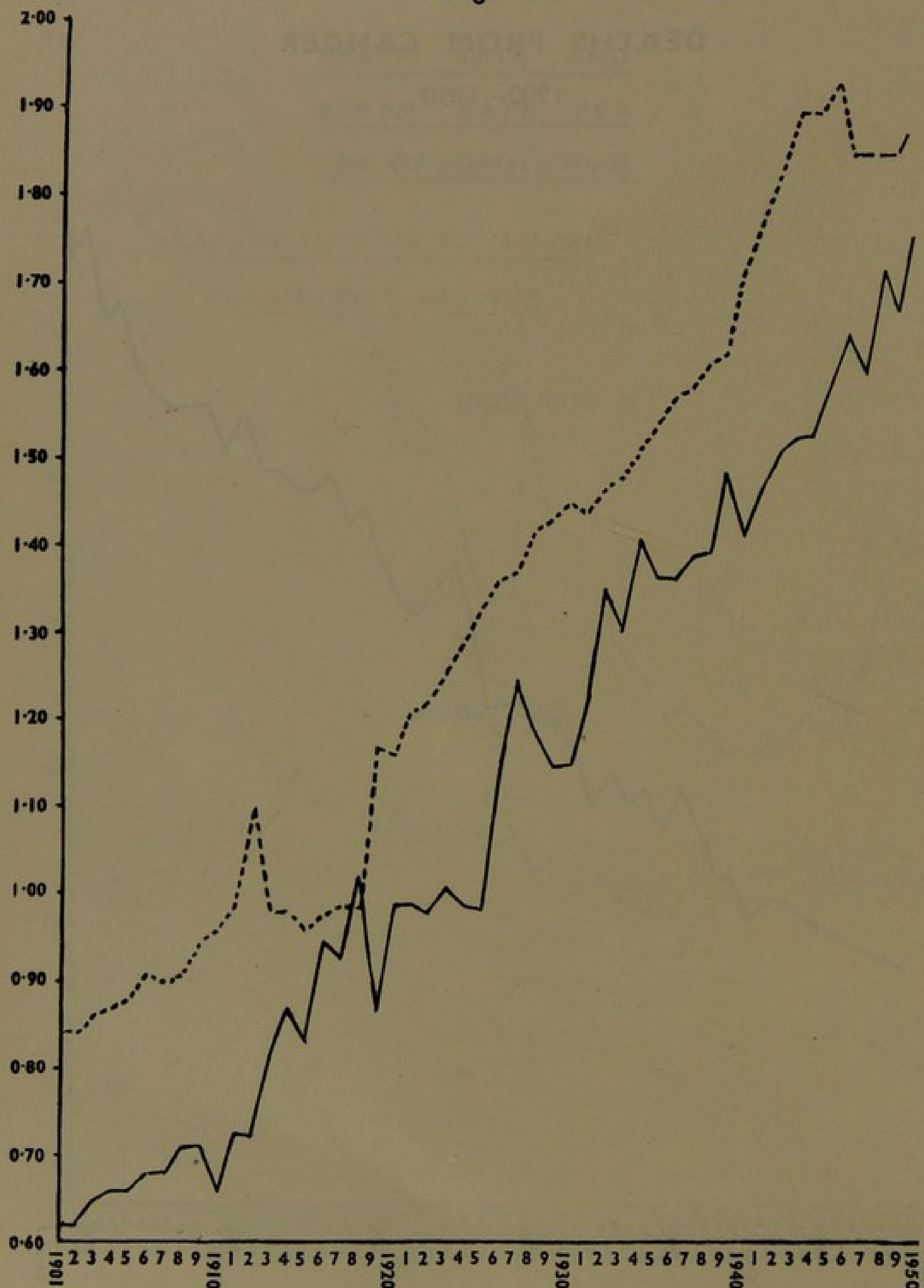


CANCER

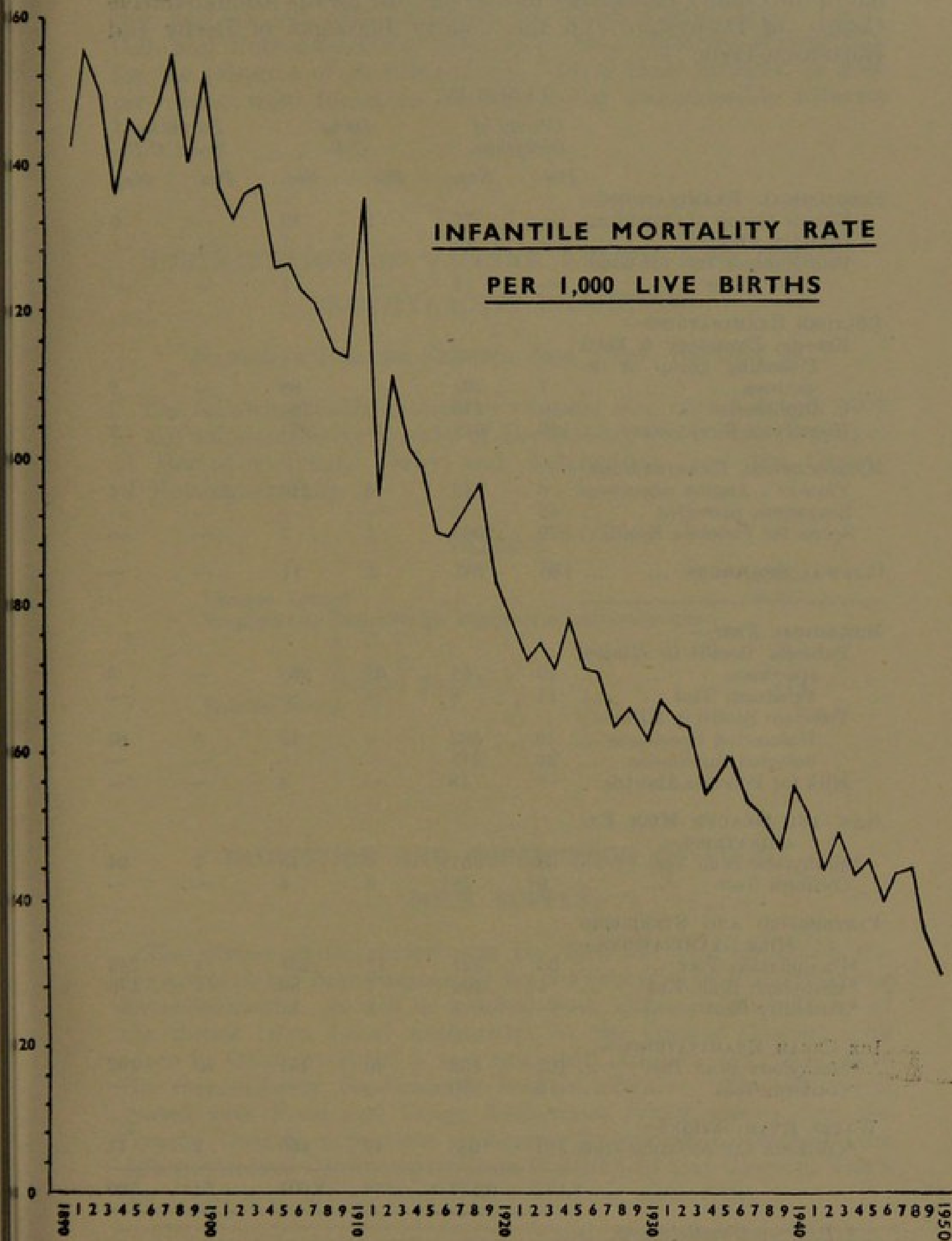
DEATHS PER 1,000 OF POPULATION

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, 1950


INFANTILE MORTALITY RATE
PER 1,000 LIVE BIRTHS

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 and Burton-on-Trent :—

TABLE IV.

	County of Derbyshire.		*Derby C.B.*		*Burton-on-Trent C.B.*	
	Pos.	*Neg.*	*Pos.*	*Neg.*	*Pos.*	*Neg.*
SEROLOGICAL EXAMINATIONS—						
Enteric Group of Organisms	—	72	1	39	—	9
Brucella Abortus	3	15	—	4	—	—
Paul-Bunnell Test for Glandular Fever	—	7	—	1	—	—
CULTURE EXAMINATIONS—						
Enteric, Dysentery & Food Poisoning group of organisms	7	293	—	88	—	2
C. Diphtheriæ	—	419	—	264	—	1
Hæmolytic Streptococci ...	127	643	73	224	—	3
MICROSCOPICAL EXAMINATIONS—						
Vincent's Angina organisms	6	343	6	210	—	1
Ringworm parasites ...	43	2	—	—	—	—
Sputa for Tubercle Bacilli...	179	2960	1	3	—	—
CLINICAL SPECIMENS	186	707	2	11	—	—
BIOLOGICAL TEST—						
Tubercle Bacilli in clinical specimens	10	52	53	265	—	3
Friedman Test	11	8	—	—	—	—
Tubercle Bacilli in Milk—						
Unselected Specimens ...	19	562	—	43	5	63
Selected Specimens ...	36	413	—	—	—	—
Milk for Brucella Abortus ...	—	18	—	4	—	—
RAW AND GRADED MILK EXAMINATIONS—						
*Methylene Blue Test ...	65†	257†	7	15	2	94
Coliform Test	9†	25†	3	4	—	—
PASTEURISED AND STERILISED MILK EXAMINATIONS—						
*Phosphatase Test	25	521	13	103	4	243
*Methylene Blue Test ...	4	394	7	89	1	175
*Turbidity Test	—	4	1	13	—	—
ICE CREAM EXAMINATIONS—						
*Methylene Blue Test ...	103	458	40	151	40	192
Coliform Test	8	39	—	—	—	—
WATER EXAMINATIONS—						
*Coliform and Anærobe Tests	331	965	49	460	2	13
	1,172	9,177	256	1,991	54	799

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

†The reduction in the number of examinations for Derbyshire is due to the transfer of the Accredited Milk sampling to the Ministry of Agriculture and Fisheries on 1st October, 1949.

BIOLOGICAL TESTS FOR TUBERCLE BACILLI IN MILK.

During the year, 692 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 3.46 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 1950 in the Administrative County of Derbyshire, the County Boroughs of Burton-on-Trent, Derby and Nottingham, and the County of Nottinghamshire :—

TABLE V.

	Doses.
Vaccine Lymph	9,303
Prophylactic Reagents for Diphtheria Immunisation—	
A. P. T.	16,167
T. A. F.	5,483
Purified Toxoid	420
Measles Serum	6

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The period under review was the first full year in which the Department has been responsible for the supervision of Pasteurising Establishments. It will be recalled that, although the transfer of the duties from Local Authorities to the County Council took place in October, 1949, it was not until January 1st, 1950, that the responsibility for licensing became effective. The control is vested with Food and Drugs Authorities, which means that the County Council supervises pasteurisation plants throughout the Administrative County apart from Chesterfield and Glossop, which are Food and Drugs Authorities in their own right.

Applications for licences were received from 20 Pasteurisers. Inspections showed that the main deficiencies were lack of temperature control instruments, which were, at that time, not readily available from the makers. In some instances where written

undertakings to provide necessary instruments and to carry out minor improvements were given, recommendations were subsequently made that the licences be granted.

Twenty Pasteurisers' Licences were issued, but no application was received for a licence for a Sterilising Plant during the year. One establishment ceased to pasteurise milk and the licence was surrendered.

The great advantage of the new system of control is that all the licensed establishments in the County area are now subject to a uniform standard, whether it be for premises or for methods. Previously this varied from district to district.

The attainment of a uniform standard throughout the country should be the ultimate aim, and indeed it is satisfactory to report that steps towards this end have been taken. A joint Conference of County Medical Officers and County Sanitary Officers was held in March, which included a three-day course on the pasteurisation and sterilisation of milk. A joint memorandum was issued setting out, within limits, the standard which it was proposed should be adopted. Close collaboration between all Food and Drugs Authorities on these matters is highly desirable if pasteurisers are to get uniform treatment.

The number of plants operating at the beginning of 1950 numbered 20, and they pasteurised a total of approximately 20,000 gallons of milk daily. Individual daily gallonages varied from 60 to 10,000. A proportion of this milk was sold outside the County, particularly from the plant operated by Wilts. United Dairies Ltd., at Egginton, as this firm has a wide distributive area in the East Midlands. Other pasteurisers dealing outside the County included Long Eaton Co-operative Society Ltd. (into Nottinghamshire), and J. H. Morton, Grindleford (into Sheffield).

On the other hand it should be remembered that much pasteurised milk is "imported" into the County area, particularly from dairies in Sheffield, Mansfield and Derby. A certain amount of sterilised milk comes into the eastern and south-eastern populated centres from Nottinghamshire. The sales of this type of milk showed a slow but steady increase during the year and averaged about 400 gallons per day.

The types of plant operated were made up as follows :—

H.T.S.T. Plants	4
Continuous Flow Holder Type	3
(Two of these were converted to H.T.S.T. during the year).	
Batch Type	13

The County Sanitary Inspector made 386 inspections at pasteurisers' premises and was generally very satisfied with the standards attained. In some cases, the improvements effected in plant routine and methods were marked and are ascribed chiefly to regular inspections, together with the readiness with which plant operators accepted advice on problems arising from the handling, treatment, storage and distribution of the milk.

Results of samples of milks submitted for examination were as follows :—

TABLE VI.

Grade.	*Satisfactory.*		*Unsatisfactory.*		*Total number of samples submitted.*
	M.B.	*Phos.*	*M.B.*	*Phos.*	
Tuberculin Tested Milk (Pasteurised)	43	60	—	7	67
Pasteurised	217	287	1	15	302

NOTE.—A total of 108 samples were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 65°F.

All samples failing the Phosphatase Test were examined for the presence of tubercle bacilli, but in each case the result was negative.

Circular M.F.11/50, issued by the Ministry of Food in June, 1950, called attention to Regulation 26 (6) (*a*), of the Milk and Dairies Regulations, 1949, which provides for the use of oxidising or preservative agents approved jointly by the Minister of Agriculture and Fisheries and the Minister of Food, as an alternative to scalding with boiling water or steam, in the cleansing of milk tankers, vessels or appliances.

All the products so far approved are solutions of sodium hypochlorite, and Regulation 26 (6) (*c*) requires that all traces of sodium hypochlorite solution (or of any oxidising or preservative agent that may in future be approved) used for cleansing purposes, shall be removed from milk tankers, vessels or appliances before they are again brought into contact with milk. Samples are accordingly tested occasionally by the County Analyst for the presence of chlorate where approved sodium hypochlorite solutions are used by the dairy, as a check on compliance with this Regulation. During 1950, 38 samples were examined, but the presence of chlorates was not detected in a single case.

PASTEURISING ESTABLISHMENTS, 1950.

Name.	*Address of Establishment.*
Atkinson & Haspel	Church Farm, Ockbrook.
Beswick, W.	South Street Dairy, Draycott.
Bingham, H. R.	53, Staffa Street, Tibshelf.
Davies & Cox Ltd.	The Dairy, Castle Road, Castle Gresley.
Express Dairy Co.	Rowsley, Matlock.
Gilbert Bros. Ltd.	Ryefield Dairy, Bargate, Belper.
Hibbert, H.	Gisbourne Dairy, Chapel-en-le-Frith.
Hutchings, S., & Sons Ltd.	Derby Road, Long Eaton.
Ilkeston Co-operative Society Ltd. ...	Oakwell Dairy, Derby Road, Ilkeston
Longden, A. V.	Hardwick Square, Buxton.
Long Eaton Co-operative Society Ltd....	Meadow Lane, Long Eaton.
Morten, R. B., & Son	The Creamery, Green Lane, Buxton.
Morton, J. H.	Allenscott Dairy, Grindleford.
Moss, H.	6, Ash Street, Ilkeston.
Nightingale, E., & Sons	The Causeway, Wirksworth.
Park Farm Dairies Ltd.	Swarkestone.
Pleasley Co-operative Society Ltd. ...	Pleasley, Nr. Mansfield.
Ripley Co-operative Society Ltd. ...	Nottingham Road, Ripley.
Wheldon, H.	94, Breedon Street, Long Eaton.
Wilts. United Dairies Ltd.	Egginton Junction, Nr. Derby.

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 during the year :—

Local Authority.	*Parishes.*	*Estimated Cost.*
		£
Ashbourne R.D.C.	Hognaston	850
	Osmaston	1,430
	Boyleston	3,520
Do.	Longford & Hollington ...	8,800
Chesterfield R.D.C.	Brampton & Walton ...	12,159
Do.	Holmesfield ... ... / Eckington ... ... / Pilsley ... ... / Wessington ... ... / Wingerworth ... ... / Morton	5,336

The total estimated cost of schemes submitted since the commencement of the Act now stands at £920,000.

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 :—

Alfreton U.D.C.	New mains at Firs Estate and Swanwick.
Bakewell U.D.C.	Trunk main connection between Derwent Valley Water Board acqueduct and low level reservoir.
Belper U.D.C.	Some mains extensions and renewals ; reservoirs cleansed.
Buxton Borough	New mains at Victoria Park (No. 2) Estate and Lightwood Filter House. Drilling commenced at Stanley Moor borehole.
Ilkeston Borough	Croft Yard Reservoir completed.
Matlock U.D.C....	Bonsall scheme in progress. Matlock Moor reservoir and ancillary works almost completed. Mains extended and relaid in various localities.
New Mills U.D.C.	Mains extended—Wirksworth Road area.
Wirksworth U.D.C.	Work on new borehole at Longway Bank abandoned ; supply of water inadequate.
Ashbourne R.D.C.	Cubley scheme put into operation ; Yeldersley scheme commenced.
Blackwell R.D.C.	Constructional work on reservoirs at Whiteborough and Stoney Houghton completed. Supply provided to Rylah and Stockley Hill, Palterton ; other small extensions.
Chapel-en-le-Frith R.D.C. ...	Extensions at Bamford and Charlesworth housing sites.
Clowne R.D.C.	Extensions at Clowne, Creswell and Hodthorpe.

Ministry of Health Inquiries.

Bakewell R.D.C.

An Inquiry was held at Bakewell on the 16th May, 1950, in connection with an application by Bakewell R.D.C. to borrow £387,100 for works of water supply in 30 parishes in their district. The proposed scheme was to take water from the Derwent Valley Water Board's mains at two points (at Grindleford and Little Rowsley) and to pump it to two principal high level reservoirs at Eyam and Middleton Common and allow it to then gravitate throughout the area of the scheme. The construction of three new pumping stations and the laying of 74 miles of distribution mains would be required if the scheme were carried out as planned.

It was estimated that the maximum daily water consumption when the scheme was completed would be some 570,000 gallons.

Chapel-en-le-Frith R.D.C.

An Inquiry was held on the 19th October, 1950, in connection with an application by Chapel R.D.C. to borrow £24,500 for works of water supply in the parishes of Chapel-en-le-Frith and Peak Forest. The principal purpose oi the scheme was to bring a mains supply from Chapel-en-le-Frith to Peak Forest, a village which is entirely dependent on shallow wells and stored rainwater, and which is, even under normal seasonal conditions, very short of water.

SEWERAGE AND SEWAGE DISPOSAL.

Rural Water Supplies and Sewerage Act, 1944.

No schemes of sewerage and sewage disposal have been submitted to the Rural Water Supplies and Sewerage Act Sub-Committee of the County Council during 1950. This rather sudden halt to the flow of such schemes since 1945 is perhaps a reflection of the rigid economic planning now required, although, no doubt, many of the more urgent sewerage schemes have already been presented.

The total estimated cost of schemes submitted since the commencement of the Act now stands at £527,500.

The following is a summary of works of sewerage and sewage disposal carried out during the year.

Alfreton U.D.C.	New sewers to Firs Estate (1,120 yards of 6-inch sewer).
Belper U.D.C.	Three sludge drying beds reconstructed at sewage works.
Bolsover U.D.C.	Shuttlewood Road sewer completed (1,123 yards of 9 to 15-inch sewer). Carr Vale sewer completed (1,992 yards of 6 to 33-inch sewer). Carr Vale works in course of improvement.
Buxton Borough	More surface water and foul sewers laid for Victoria Park No. 2 scheme.
Ilkeston Borough	Ejectors installed at Gallows Inn; good progress made with extensions, etc., at Kirk Hallam.
Matlock U.D.C....	Bonsall scheme completed. Darley Dale storm overflow sewer almost completed. Hurst Farm Estate—sewerage system carried out on second portion.
Wirksworth U.D.C.	Extensions to sewage works at Derby Road well in hand.
Chapel-en-le-Frith R.D.C. ...	Drains laid to Bamford and Charlesworth housing sites.
Clowne R.D.C.	Extensions at Clowne, Creswell, and Hodthorpe (2,489 yards 9-inch surface water sewer and 1,596 yards 9-inch foul sewer).

Ministry of Health Inquiries.

Bakewell R.D.C.

An Inquiry was held on the 28th September, 1950, in connection with an application by Bakewell R.D.C. to borrow £35,400 for works of sewerage and sewage disposal at Bradwell. The scheme proposed the general sewering of Bradwell village and the construction of a disposal works about half a mile to the north-east of the village. There was considerable opposition to an application for a compulsory purchase order in respect of land on which these works were to be erected.

RIVER POLLUTION.

21 visits of inspection were paid to sewage disposal works during the year by the County Sanitary Inspector, and 18 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 :—

B.1 ... Where the excess is not marked.

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.
6	3	1	—	8	18

Visits were paid during the year to several manufactories in connection with the prevention of rivers pollution, and complaints investigated, as required.

Under the provisions of the River Boards Act, 1948, separate bodies, known as River Boards, were being established during the year to take over the functions of County Councils and other authorities in respect of rivers pollution. This County is being covered by four such Boards, their areas of administration corresponding approximately to those of the Catchment Boards which they are to supersede. The Boards in question are as follows :—

Yorkshire Ouse River Board.
Mersey River Board.
Cheshire River Board.
Trent River Board.

During 1950, the Yorkshire Ouse Board was fully established and began to operate as from April 1st. The area in the County for which they became responsible consists of the watersheds of the Rivers Rother and Doe Lea, two of the rivers most seriously polluted by industrial effluents. It is now known that the other three Boards will operate as from April 1st, 1951.

One of the activities of the Department affected by this transfer of duties is the inspection and sampling at sewage disposal works, which will now cease.

It is appropriate, therefore, at this juncture, to pay tribute to the work which has been done in the County over many years in connection with the prevention of the pollution of its rivers and streams. In the eastern half of the area, industrial expansion and coal mining have necessitated constant supervision of the comparatively small rivers (the Rother, Doe Lea, and Erewash) flowing through the area, and, although success has not always been achieved, every effort has been made to deal with what are, very often, difficult technical problems. The co-operation of manufacturers and managements has generally been readily obtained.

During and since the last war, the stringent economic situation has made it more difficult than ever to get remedial measures carried out, and indeed has produced additional problems, as, for example, in one case, the drainage from a dump of certain open-cast coal was extremely acid and killed all vegetation down stream for a considerable distance, as well as rendering the water unfit for animals to drink.

Many sewage disposal works have not been able to deal with greatly increased flows and local authorities have been faced with enormously inflated costs for schemes of enlargement or new works.

The new River Boards are, therefore, facing a task of no small proportions in this branch of their responsibilities, but will, no doubt, be greatly assisted by impending legislation which revises the Rivers Pollution Prevention Acts, and prescribes standards for effluents, etc. It is to be hoped that the powers with which they have been or will be invested will enable success to crown their efforts.

SANITARY CIRCUMSTANCES OF DISTRICTS, 1950.

The following four Tables give detailed figures in respect of premises and inspections carried out, sampling, water supplies, drainage, housing, in the various Sanitary Districts of the Administrative Area.

TABLE VII.

SUMMARY OF SANITARY INSPECTORS' WORK, 1950.

URBAN DISTRICTS.

District and Sanitary Inspector's Name.		PREMISES.																SAMPLING.					
											Moveable Dwellings.								Milk.		Water.		
Urban Districts.		Bakehouses.	Canal Boats.	Common Lodging Houses.	Dairies.	Factories & Workplaces.	Houses Let in Lodgings.	Ice Cream Premises.	Market Stalls.	Milk Distributors.	(a) Sites.	(b) Dwellings.	Offensive Trades.	Outworkers.	Preserved Food Stores.	Shops.	Slaughterhouses.	Ice Cream.	(a) Routine.	(b) Biological.	(a) Mains.	(b) Other Sources.	Totals.
ALFRETON.	No. on Register	14	—	1	25	108	—	50	6	23	7	11	5	57	47	486	16	...	...	...	...	...	856
	No. of Inspections made ...	60	—	5	61	198	—	94	312	11	14	23	41	11	338	1115	24	...	...	...	...	...	2307
E. Mercer.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	6	—	11	5	—	22
ASHBOURNE.	No. on Register	9	—	—	27	26	—	21	25	14	—	—	—	105	—	145	3	...	...	...	...	...	375
	No. of Inspections made ...	27	—	—	108	78	—	105	1300	42	—	—	—	210	—	145	225	...	...	...	...	...	2240
D. Powell.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	—	—	1	—	1
BAKEWELL.	No. on Register	5	—	—	1	81	—	10	61	2	—	—	—	—	4	46	7	...	...	...	...	...	217
	No. of Inspections made ...	21	—	—	15	53	—	31	156	23	—	—	—	—	27	34	60	...	...	...	...	...	420
T. W. Baker.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	11	—	4	—	15
BELPER.	No. on Register	10	—	1	3	76	—	29	3	9	—	—	—	125	35	292	—	...	...	...	...	...	583
	No. of Inspections made ...	34	—	6	15	83	—	63	10	41	—	4	—	128	69	656	—	...	...	...	...	...	1109
J. Bailey.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	45	6	51	9	12	123
BOLSOVER.	No. on Register	2	—	—	—	55	—	20	15	16	—	4	—	3	23	129	5	...	...	...	...	...	272
	No. of Inspections made ...	14	—	—	—	149	—	73	67	97	—	13	—	7	131	64	—	...	...	...	...	...	615
J. F. H. Walton.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	22	6	59	3	—	90
BUXTON (BOROUGH).	No. on Register	14	—	—	9	91	6	52	6	9	—	—	1	1	32	428	—	...	...	...	...	...	649
	No. of Inspections made ...	23	—	—	112	49	6	98	310	141	—	—	11	1	84	326	—	...	...	...	...	...	1161
A. H. Cornhill.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	28	161	230	47	—	466

CHESTERFIELD (BOROUGH).	No. on Register	36	—	1	18	326	2	172	48	103	33	41	10	13	1	299	3	...	...	...	...	...	1106
	No. of Inspections made ...	68	—	63	140	57	6	41	950	127	—	60	10	13	4	6	1143	...	...	...	...	...	2688
G. Drabble.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	41	—	36	—	3	80
CLAY CROSS.	No. on Register	4	—	1	27	28	1	18	—	17	—	1	1	1	19	165	8	...	...	...	...	...	291
	No. of Inspections made ...	—	—	—	—	—	—	4	—	—	—	2	—	—	—	—	8	...	...	...	...	...	14
L. Wilson.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4	—	—	2	2	8
DRONFIELD.	No. on Register	1	—	—	—	41	—	17	—	13	—	—	—	—	1	88	—	...	...	...	...	...	161
	No. of Inspections made ...	2	—	—	—	20	—	32	—	28	—	—	—	—	5	61	—	...	...	...	...	...	148
E. M. Housecroft	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	14	8	13	—	35
GLOSSOP (BOROUGH).	No. on Register	54	—	—	39	168	—	56	46	93	—	—	5	56	144	430	14	...	...	...	...	...	1105
	No. of Inspections made ...	129	—	—	10	240	—	40	840	63	—	—	11	2	100	508	58	...	...	...	...	...	2001
E. Dunsmore.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	21	13	12	24	9	79
HEANOR.	No. on Register	16	—	—	8	181	—	64	—	17	1	1	3	156	25	356	21	...	...	...	...	...	849
	No. of Inspections made ...	19	—	—	28	186	—	49	303	28	2	2	4	285	28	430	6	...	...	...	...	...	1370
H. W. Jefford.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	25	12	5	46	—	88
ILKESTON (BOROUGH).	No. on Register	12	14	—	15	135	—	132	17	91	—	2	1	125	80	764	2	...	...	...	...	...	1390
	No. of Inspections made ...	29	—	—	5	30	—	87	56	121	—	136	2	56	149	249	4	...	...	...	...	...	924
C. E. Adcock.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	17	—	—	7	—	24
LONG EATON.	No. on Register	12	—	—	7	181	—	51	—	9	—	—	—	109	25	142	1	...	...	...	...	...	537
	No. of Inspections made ...	36	2	—	23	148	—	58	580	18	—	90	—	32	56	301	147	...	...	...	...	...	1491
T. W. Walton.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	—	—	—	2	2
MATLOCK.	No. on Register	19	—	—	3	168	—	78	—	3	6	12	1	15	19	328	5	...	...	...	...	...	657
	No. of Inspections made ...	36	—	—	13	136	—	86	14	8	6	12	8	21	26	110	9	...	...	...	...	...	485
C. R. Lill.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	15	—	—	160	—	175

TABLE VII—*continued*. **URBAN DISTRICTS**—*continued*.

District and Sanitary Inspector's Name.		PREMISES.																SAMPLING.					
											Moveable Dwellings								Milk.		Water.		
Urban Districts.		Bakehouses.	Canal Boats.	Common Lodging Houses.	Dairies.	Factories & Workplaces.	Houses Let in Lodgings.	Ice Cream Premises.	Market Stalls.	Milk Distributors.	(a) Sites.	(b) Dwellings.	Offensive Trades.	Outworkers.	Preserved Food Stores.	Shops.	Slaughterhouses.	Ice Cream.	(a) Routine.	(b) Biological.	(a) Mains.	(b) Other Sources.	TOTALS.
NEW MILLS.	No. on Register	15	—	—	4	71	—	39	8	7	—	1	—	—	11	189	1	...	...	...	...	...	346
	No. of Inspections made ...	18	—	—	12	140	—	46	16	33	—	1	—	—	21	83	109	...	...	...	...	...	479
A. P. Bates.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	55	76	37	73	3	244
RIPLEY.	No. on Register	9	—	—	3	268	1	35	74	11	—	10	—	73	18	384	16	...	...	...	...	...	902
	No. of Inspections made ...	11	—	—	18	10	4	48	40	17	—	22	—	4	40	78	2	...	...	...	...	...	294
D. Bamford.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	36	—	18	3	3	60
STAVELEY.	No. on Register	8	—	—	6	56	—	17	9	—	—	11	1	4	1	164	2	...	...	...	...	...	279
	No. of Inspections made ...	14	—	—	12	56	—	19	60	—	—	11	25	4	10	200	60	...	...	...	...	...	471
H. Nuttall.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	—	—	22	—	22
SWADLINCOTE.	No. on Register	12	—	—	14	150	—	52	35	34	—	—	—	11	31	332	21	...	...	...	...	...	692
	No. of Inspections made ...	53	—	—	79	215	—	256	168	143	—	28	—	3	83	101	7	...	...	...	...	...	1136
G. Ainsworth.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	155	149	43	19	4	370
WHALEY BRIDGE.	No. on Register	4	—	—	4	32	—	23	4	16	—	—	—	8	13	88	1	...	...	...	...	...	193
	No. of Inspections made ...	14	—	—	17	48	—	31	15	25	—	—	—	—	31	52	6	...	...	...	...	...	239
A. McLane	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	12	6	—	6	3	27
WIRKSWORTH.	No. on Register	4	—	—	1	30	—	12	25	1	—	3	—	6	6	80	3	...	...	...	...	...	171
	No. of Inspections made ...	8	—	—	18	21	—	70	51	17	—	6	—	6	16	106	4	...	...	...	...	...	323
J. Taylor.	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	70	23	—	49	2	144

TABLE VII—*continued.*

RURAL DISTRICTS.

District																							
ASHBOURNE. D. J. Cowen T. R. Sambrook	No. on Register	6	—	—	—	49	—	8	—	5	1	7	—	39	4	51	6	...	...	...	...	...	176
	No. of Inspections made ...	11	—	—	—	11	—	17	—	2	2	13	—	—	20	29	31	...	...	...	...	...	136
	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	—	—	2	9	11
BAKEWELL. R. F. R. Davies T. M. Kilyon	No. on Register	15	—	—	11	110	—	66	—	13	15	44	1	2	13	265	25	...	...	...	...	...	580
	No. of Inspections made ...	24	—	—	40	121	—	123	—	44	25	44	2	3	26	73	127	...	...	...	...	...	652
	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	—	—	53	—	53
BELPER. J. Laycock.	No. on Register	4	—	—	13	60	—	10	—	24	3	61	—	85	—	—	—	...	...	...	...	...	260
	No. of Inspections made ...	3	—	—	13	6	—	18	—	13	—	132	—	—	—	—	—	...	...	...	...	...	185
	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	—	—	26	8	35
BLACKWELL. R. Clarkson. I. N. Creear.	No. on Register	11	—	—	22	121	—	70	22	32	5	9	—	38	27	310	26	...	...	...	...	...	693
	No. of Inspections made ...	47	—	—	67	142	—	256	50	46	20	38	—	52	343	915	79	...	...	...	...	...	2055
	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	135	21	50	37	15	258
CHAPEL-EN-LE-FRITH. W. E. Colston.	No. on Register	11	—	—	52	85	—	50	—	53	6	4	—	2	—	196	—	...	...	...	...	...	459
	No. of Inspections made ...	15	—	—	63	45	—	76	—	63	17	12	—	2	—	64	—	...	...	...	...	...	357
	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	—	—	49	14	63
CHESTERFIELD. T. W. Binns.	No. on Register	38	—	1	5	149	—	115	11	63	2	21	1	19	37	734	—	...	...	...	...	...	1196
	No. of Inspections made ...	22	—	3	5	117	—	101	4	203	—	180	4	19	51	201	15	...	...	...	...	...	925
	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	—	—	58	—	58
CLOWNE. A. A. Short.	No. on Register	9	—	—	7	29	1	24	1	14	—	—	1	2	34	44	1	...	...	...	...	...	167
	No. of Inspections made ...	79	—	—	71	174	4	62	6	92	—	—	29	3	240	110	52	...	...	...	...	...	922
	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	—	1	30	13	46
REPTON. F. Lomas.	No. on Register	17	—	—	8	97	—	46	—	8	—	13	—	7	34	294	18	...	...	...	...	...	542
	No. of Inspections made ...	9	—	—	17	52	—	74	—	19	—	60	—	14	39	130	18	...	...	...	...	...	432
	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	43	1	—	20	19	83
SHARDLOW. G. L. Roe.	No. on Register	14	—	—	60	179	—	184	—	120	3	9	—	118	—	600	12	...	...	...	...	...	1299
	No. of Inspections made ...	28	—	—	120	50	—	184	—	120	81	81	—	118	—	200	24	...	...	...	...	...	1006
	Samples taken	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	7	9	—	47	24	87

TABLE VIII.

WATER SUPPLIES.

	URBAN DISTRICTS												
	ALFRETON.	ASHBOURNE.	BAKEWELL.	BELPER.	BOLSOVER.	BUXTON (BOROUGH).	CHESTERFIELD (BOROUGH).	CLAY CROSS.	DRONFIELD.	GLOSSOP (BOROUGH)	HEANOR.	ILKESTON (BOROUGH).	LONG EATON.
No. of Houses— Connected to mains ...	6922	11704	975	4485	2952	4635	19140	2466	2352	6144	6962	9385	8638
Population involved ...	22930	2430	3320	15470	10630	18206	67964	8350	7470	17932	24360	33834	28937
Supplied from standpipes on mains	—	10	—	38	—	2	4	—	—	—	18	16	20
Population involved ...	—	45	—	144	—	8	15	—	—	—	63	40	67
Supplied from other sources	—	6	7	10	—	251	8	25	7	26	—	2	—
Population involved ...	—	25	30	38	—	986	21	80	30	78	—	6	—
No. of premises connected during year	157	47	18	56	46	52	314	59	16	65	156	129	77

TABLE IX.

DRAINAGE.

	URBAN DISTRICTS												
	ALFRETON.	ASHBOURNE.	BAKEWELL.	BELPER.	BOLSOVER.	BUXTON (BOROUGH).	CHESTERFIELD (BOROUGH).	CLAY CROSS.	DRONFIELD.	GLOSSOP (BOROUGH)	HEANOR.	ILKESTON (BOROUGH).	LONG EATON.
No. of Houses— Connected to sewers ...	5282	1688	957	4372	2826	4646	19086	2221	2187	6135	6907	9306	8589
Population involved ...	17463	5220	3260	15289	10177	18249	67800	7751	6960	17900	24161	33630	28773
Not connected	1640	32	26	161	126	242	66	227	165	35	75	97	69
Population involved ...	5467	80	90	363	453	951	200	769	540	110	262	250	232
Premises connected during year	242	64	13	71	51	52	265	56	16	64	154	131	78
No. of closets converted during year	85	—	1	4	7	2	—	—	23	—	4	5	10

							RURAL DISTRICTS									
	NEW MILLS.	RIPLEY.	STAVELEY.	SWADLINCOTE.	WHALEY BRIDGE.	WIRKSWORTH.	ASHBOURNE.	BAKEWELL.	BELPER.	BLACKWELL.	CHAPEL-EN-LE-FRITH.	CHESTERFIELD.	CLOWNE.	REPTON.	SHARDLOW.	TOTAL.
2	2653	5384	4896	5816	1787	1485	1894	5202	7565	11376	4979	20588	5464	6805	21556	188,952
7	7667	17987	17625	20672	5196	4663	7195	17456	25719	43250	15757	72058	19222	23796	72572	651,065
3	—	—	—	91	—	17	35	240	46	199	13	4	13	305	56	1,190
0	—	—	—	318	—	60	130	810	154	731	45	12	41	1107	196	4,206
1	210	13	2	4	34	61	1093	513	938	8	704	987	7	1531	—	6,788
4	735	43	7	10	108	152	4153	1734	3186	22	2993	3310	27	5369	—	24,337
5	28	60	82	194	43	49	231	85	155	113	57	421	48	107	746	3.726

							RURAL DISTRICTS									
	NEW MILLS.	RIPLEY.	STAVELEY.	SWADLINCOTE.	WHALEY BRIDGE.	WIRKSWORTH.	ASHBOURNE.	BAKEWELL.	BELPER.	BLACKWELL.	CHAPEL-EN-LE-FRITH.	CHESTERFIELD.	CLOWNE.	REPTON.	SHARDLOW.	TOTAL.
2	2715	5058	4853	5849	1650	1502	959	3300	6807	11049	3517	18403	5252	6785	20938	177,181
7	8000	16900	17480	20780	4792	4723	3636	10046	23141	42401	10760	64552	18420	23745	70410	611,416
4	153	339	45	63	171	61	2278	2655	1742	534	2474	3176	221	1856	1063	20,596
4	424	1130	170	220	512	152	8656	9954	5922	1602	8109	10748	870	6527	3720	71,297
4	23	59	87	172	37	45	20	26	34	120	118	376	63	99	757	3,417
1	1	87	—	—	—	5	6	78	57	277	14	301	20	80	20	1,158

TABLE X.

HOUSING.

	URBAN DISTRICTS											
	ALFRETON.	ASHBOURNE.	BAKEWELL.	BELPER.	BOLSOVER.	BUXTON (BOROUGH).	CHESTERFIELD (BOROUGH).	CLAY CROSS.	DRONFIELD.	GLOSSOP (BOROUGH)	HEANOR.	ILKESTON (BOROUGH).
No. of Dwelling Houses— Inspected ...	354	130	21	84	540	535	57	125	80	388	215	289
Found not to be fit in all respects ...	17	20	—	81	529	511	57	111	80	382	204	286
Found to be unfit for habitation ...	5	—	—	3	3	24	20	24	2	10	11	11
Rendered fit ...	93	6	4	52	456	153	49	65	69	362	315	323
Subject of Demolition Orders...	1	1	—	2	1	20	—	—	—	9	5	1
Demolished in pursuance of Demolition Orders ...	—	—	—	4	4	—	2	—	2	—	4	9
Demolished in pursuance of Clearance Areas ...	—	—	—	—	—	—	—	—	—	—	—	—
Subject of Undertakings ...	4	—	—	1	1	—	—	—	—	—	15	2
Subject of Closing Orders ...	—	1	—	—	—	4	—	—	—	—	—	—
No. of Houses erected during the year by— (*a*) Local Authority ...	132	34	12	42	42	46	204	40	6	54	121	83
(*b*) Private Enterprise ...	25	6	—	4	4	3	61	6	10	7	21	46

*—Includes Houses erected by Other Local Authorities.

						RURAL DISTRICTS									
NEW MILLS.	RIPLEY.	STAVELEY.	SWADLINCOTE.	WHALEY BRIDGE.	WIRKSWORTH.	ASHBOURNE.	BAKEWELL.	BELPER.	BLACKWELL.	CHAPEL-EN-LE-FRITH.	CHESTERFIELD.	CLOWNE.	REPTON.	SHARDLOW.	TOTAL.
64	82	167	955	101	167	160	54	83	618	1394	1226	2439	1316	499	13,701
48	82	133	602	45	162	160	52	65	209	1175	504	207	939	360	7,641
15	—	1	7	—	5	1	2	13	8	4	14	27	23	33	269
38	91	133	484	42	139	40	52	52	584	890	350	223	380	169	6,118
5	—	2	—	—	3	5	—	2	6	—	6	—	7	11	87
17	—	2	—	—	—	—	—	2	2	—	20	—	—	3	71
—	—	—	—	—	—	—	—	—	—	—	96	—	—	—	96
7	—	—	7	—	—	5	—	11	2	4	14	1	—	8	84
2	—	1	—	—	2	—	—	—	—	—	3	—	—	—	13
24	48	84	149	35	40	6	14	109	96	77	242	40	78	328	2,316
10	10	3	22	3	5	8	9	17	16	8	61	4	25	*406	835

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 1950 there were 218 midwives on the County Roll—12 were midwives in independent practice; 8 were midwives working in Nursing Homes; 77 were midwives working in Institutions; 83 were County Midwives; and 38 were County Home Nurse/Midwives.

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

TABLE XI.

	1944	1945	1946	1947	1948	1949	1950
RECORDS RECEIVED—							
Medical Help	1955	1565	1621	1603	1549	1225	961
Still Births	119	113	121	100	108	119	101
Deaths of Children	102	83	78	83	62	60	27
Deaths of Mothers	3	—	3	4	—	2	2
Laying out the dead ...	25	25	25	13	29	24	16
Liability to be a source of infection	126	105	100	85	48	40	52
Notification of Artificial Feeding (within 14 days)	205	193	204	216	177	265	309
Puerperal Pyrexia— Midwives' Cases ...	30	33	24	23	7	4	5
Ophthalmia Neonatorum— ALL CASES	23	21	14	10	6	7	7

Puerperal Pyrexia.—The following Table shows the total number of cases of Puerperal Pyrexia notified to me during the year 1950 and the case rate from this condition per 1,000 births:—

TABLE XII.

No. of Cases of Puerperal Pyrexia.	*No. of Live Births and Still Births in Whole County.*	*Case rate per 1,000 Births.*
24	11,295	2.12

Ophthalmia Neonatorum.—The incidence of Ophthalmia Neonatorum during the year 1950 and the results of treatment are set out in the following Table :—

TABLE XIII.

Notified.	*Cases Treated.*		*Vision Unimpaired.*	*Vision Impaired.*	*Total Blindness.*	*No. of Deaths.*
	At Home.	*In Hospital.*				
7	5	2	7	—	—	—

Maternal Mortality.

The maternal mortality rate for the whole County for the year 1950 was 1.44 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 XIV.

Year.	*Rate.*	*Year.*	*Rate.*
1931	4.55	1941	2.57
1932	4.00	1942	2.43
1933	4.34	1943	2.20
1934	4.51	1944	1.32
1935	4.51	1945	1.42
1936	3.27	1946	1.37
1937	3.89	1947	1.11
1938	3.65	1948	0.72
1939	2.15	1949	1.01
1940	2.47	1950	1.44

Up to 1950 the Registrar-General made available to local authorities, annual statistics showing the number of deaths occurring in the County under various headings. Two of these headings were entitled "Puerperal and Post-Abortion Sepsis" and "Other Maternal Causes" respectively. These statistics were used to estimate the maternal mortality rate per thousand live and still births, the figure in 1949 being 1.01 per thousand. This year deaths under the above headings have not been categorised in the Registrar's returns, but have been replaced by a single item entitled "Pregnancy, Childbirth, Abortion." The death rate under this heading for the year 1950 was 1.44 per thousand live and still births, but it must not be assumed that this is strictly comparable with the figures given for maternal mortality rates in previous years.

REGISTRATION OF NURSING HOMES.

The County Council acts as the Authority for the Registration of Nursing Homes under Sections 187 to 194 of the Public Health Act, 1936, for the whole of the Administrative County except the Boroughs of Chesterfield, Glossop, and Ilkeston, the duties having been delegated to the Corporations of these Boroughs by the County Council under Section 194 of the same Act. Nursing Homes are registered for an approved number of maternity or general nursing beds, after a visit by a Medical Officer on the staff of the County Health Department. During the year under review no new Homes were registered, there being only one application, which was subsequently withdrawn after a visit by a Medical Officer of the Department. The position on December 31st, 1950, regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below :—

Name and Address of Nursing Home.	*Accommodation approved.*
Heanor Nursing Home, Heanor	10 Maternity cases.
Portland Nursing Home, "Craiglands", The Park, Buxton	15 Medical cases.
Riber Dene, Starkholmes Road, Matlock... ...	3 Medical cases.
Willow Grove, Horsley Woodhouse	1 Medical case.
Lone Oak Nursing Home, Church Side, Hasland...	3 Surgical cases.
Derby House Nursing Home, Broad Walk, Buxton...	28 Medical cases.
Ednaston Lodge, St. Mary's Nursing Home, Ednaston	12 Medical and Surgical cases.
Dalton House, Broad Walk, Buxton	16 Medical cases. (Provided that if more than 8 cases are admitted, not less than 4 S.R.N's are employed).

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

The purpose of this Act is to place on Local Health Authorities the duty of ensuring that children are well cared for when attending day nurseries or when in the care of a child-minder.

The Authority must keep a register "of premises in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or any substantial part thereof or for any longer period not exceeding six days." The County Council's own day nurseries and others administered by certain voluntary bodies are exempt from registration, as are hospitals, nursery schools, and residential nurseries covered by the Child Life Protection part of the Public Health Act, 1936.

The Authority must also keep a register "of persons in their area who for reward receive into their homes children under the age of five to be looked after as aforesaid," *i.e.* by the day or up to six days at a time. There is, however, no penalty for not registering unless the number of children exceeds two, the children

coming from more than one household and the child-minder is not a relative of the children.

The Act is applied by requiring registration with the Local Health Authority and by giving to that Authority powers of entry and inspection and of imposing requirements, with penal clauses in case of default or non-compliance.

The Authority may by order specify the maximum number of children to be received in any premises registered under the Act, and in the case of a registered child-minder may limit the number of children in the home; conditions may also be laid down with regard to the precautions against infectious disease. In the case of day nurseries (but not in the case of child-minders) requirements may be imposed regarding the number and qualifications of the staff, the maintenance of the premises and equipment, the arrangements for feeding, the adequacy and suitability of the diet, the medical supervision, and the records and particulars to be kept about the children.

Provision is made in the Act for certificates of registration to be issued. Penalties are laid down for failure to register, and for any breach of the Authority's requirements, which may also entail cancellation of a registration if this appears to the Authority to be desirable.

During the year no application for registration was received—in fact since the Act came into operation not a single person's name has appeared on the register, although a few people have made tentative enquiries regarding its implications.

TUBERCULOSIS SCHEME.

Public Health (Tuberculosis) Regulations, 1930.

Notifications.

During the year 1950 there were 514 (426 pulmonary and 88 non-pulmonary) new cases reported, 465 being primary notifications and 49 being cases reported otherwise than by notification. The total number of new cases, both pulmonary and non-pulmonary, reached a peak of 633 in 1941, and shewed a decrease until 1949, when there was an increase of 79 cases as compared with the previous year. This was a sharp reversal of the recent trend, but it is pleasing to report that during 1950 there was a decrease of 78 cases (65 pulmonary and 13 non-pulmonary). Whilst the number of new pulmonary cases occurring each year has been fairly constant since 1941, with the exception of the year 1949, the non-pulmonary cases have decreased from 223 in 1941 to 101 in 1949 and now to 88 in 1950.

A graph is given on page 42 of the notifications of and deaths from tuberculosis.

TUBERCULOSIS

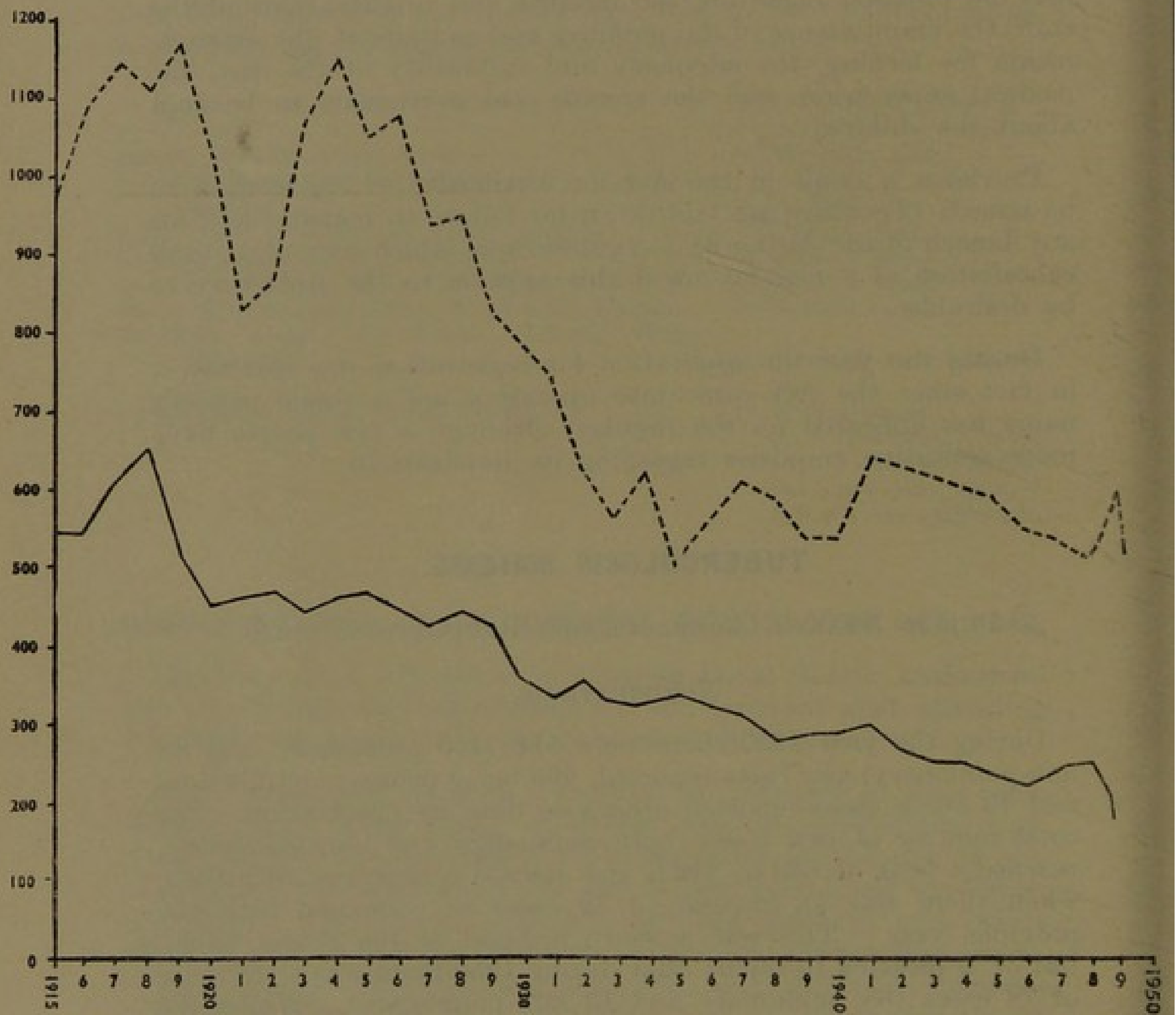


TABLE XV.

NEW CASES OF TUBERCULOSIS REPORTED TO THE AUTHORITY DURING 1950.

Age Periods ...	0—	1—	2—	5—	10–	15–	20–	25–	35–	45–	55–	65–	75–	*Total All Ages.*
Respiratory (Males) ...	2	1	3	5	6	15	19	67	53	35	25	10	5	246
Respiratory (Females)...	–	–	7	5	4	31	37	47	28	8	6	3	4	180
Non-Respiratory— (Males)	–	2	7	13	7	3	2	6	4	1	2	1	1	49
Non-respiratory— (Females) ...	–	2	9	9	4	7	3	2	1	–	1	1	–	39
TOTAL	2	5	26	32	21	56	61	122	86	44	34	15	10	514

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

TABLE XVI.

Pulmonary		426
Non-pulmonary :—		
Glands	49	
Meningitis	14	
Bones and Joints	12	
Abdominal	–	
Genito-Urinary	7	
Miliary	1	
Lupus	5	
Other Forms (unspecified)	—	
		88
GRAND TOTAL		514

DEATHS FROM TUBERCULOSIS.

The number of deaths attributable to tuberculosis occurring in the County as recorded by the Registrar-General shows a decrease of 33 as compared with 1949 ; this follows a decrease of 38 that year. The actual number of deaths in 1950 was :—

Pulmonary	154
Non-pulmonary	18
Total...	172

These figures are the lowest on record.

During the last ten years the deaths from pulmonary tuberculosis have decreased from 230 in 1941 to 154 in 1950, and the deaths from non-pulmonary tuberculosis have decreased from 65 to 18.

It should not be assumed from the above that the improvement in the statistics relating to deaths from non-pulmonary tuberculosis means that there has been an improvement in the milk supply from the point of view of tuberculous infection. The increased consumption of pasteurised milk would help to lower the number of such deaths, but it is not always realised that at least 70 per cent. of the deaths from non-pulmonary tuberculosis are due to the human type of bacillus and not to the bovine variety. This means that the majority of deaths from non-pulmonary tuberculosis cannot be attributed to the drinking of infected milk, and consequently any great improvement in the mortality rate from this disease may well reflect a general improvement in the social and hygienic conditions as well as an improvement in the milk supply.

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

	1949.	1950.
Pulmonary	0.26	0.22
Non-pulmonary	0.04	0.03
Total	0.30	0.25

This figure of 0.25 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 1950 is 0.36 deaths per thousand of the home population.

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

TABLE XVII.

Year.	*New Cases.*	*Deaths.*	*Year.*	*New Cases.*	*Deaths.*
1941 ...	633	295	1946 ...	542	222
1942 ...	621	259	1947 ...	529	242
1943 ...	612	244	1948 ...	513	243
1944 ...	595	245	1949 ...	592	205
1945 ...	581	227	1950 ...	514	172

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-four Ante-Natal Clinics are maintained by the Council, six in the Municipal Boroughs, 15 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. Each Thursday, 9 a.m. to 12.30 p.m., and 1.30 p.m. to 4 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 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.
DRONFIELD ...	"The Grange." 1st and 3rd Fridays, 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 Mondays, 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. Each Wednesday, 9 a.m. to 12.30 p.m., and 1.30 p.m. to 4 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 Tuesdays, 10 a.m. to 12 noon.

The following are the number of sessions and attendances at these Clinics during 1950 :—

Half-day Sessions	1,310
Number of new cases	5,159
Total number of attendances	21,338
Post-Natal Visits	686

INSTITUTIONAL MATERNITY ACCOMMODATION.

This is now the province of the Regional Hospital Boards covering the Administrative County. Bed Bureaux have been set up by the Sheffield Regional Hospital Board at Chesterfield and Derby to facilitate the administrative arrangements with regard to the admission of patients to Maternity Homes and maternity beds in Hospitals. 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 Council'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.

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

Derby Bed Bureau.

Suitable for home confinement	16
Hospital accommodation desirable but not essential	119
Home conditions unsuitable and hospital confinement necessary	1,464
Miscellaneous visits (i.e., cancellations, miscarriages, removals from district, etc.)...	20

Chesterfield Bed Bureau.

Suitable for home confinement	9
Hospital accommodation desirable but not essential	101
Home conditions unsuitable and hospital confinement necessary	729
Miscellaneous visits (i.e., cancellations, miscarriages, removals from district, etc.)...	11

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

Hospital accommodation desirable but not essential	4
Home conditions unsuitable and hospital confinement necessary	45
Miscellaneous (i.e., cancellations, miscarriages, removals from district, etc.)	1

INFANT WELFARE CENTRES.

At the end of 1950 there were 82 Infant Welfare Centres maintained by the Council, 11 in the Municipal Boroughs, 24 in Urban Districts, and 47 in Rural Districts.

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

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

During the year under review, new Infant Welfare Centres were opened at the Memorial Hall, Bradwell; the Women's Institute, Ashover; and the Methodist Church Schoolroom, High Street, Chellaston.

The following are the number of sessions and attendances at County Council centres during 1950 :—

Half-day sessions	4,126
NUMBER OF NEW CASES—	
Under one year of age	5,938
Over one year of age	411
TOTAL NUMBER OF ATTENDANCES—	
Under one year of age	79,748
Over one year of age	31,313

CARE OF PREMATURE INFANTS.

(*i.e.*, Babies weighing 5½ lbs. or less at birth).

As set out in the report for 1949, the Ministry of Health require Local Health Authorities to provide statistics about premature babies born at home or in private nursing homes. Similar statistics are also required concerning babies discharged from Hospitals or Maternity Homes before the 28th day. Information regarding the subsequent history of these cases is obtained through the Council's Health Visitors, and the appropriate statistics are forwarded to the Ministry of Health.

The total number of premature infants notified during the year (including transferred notifications) whose mothers normally reside in the Authority's area was 790 :—

Born at home	276
Born in hospital or nursing home under the National Health Service	455
Born in private nursing homes	59

Of the 276 who were born at home—

52 were transferred to hospital ;
5 died in the first 24 hours ;
4 died on the second to the seventh day ;
2 died on the eighth to the twenty-eighth day ;
213 survived 28 days.

Of the 59 who were born in private nursing homes—

2 were transferred to hospital ;
2 died in the first 24 hours ;
2 died on the second to the seventh day ;
1 died on the eighth to the twenty-eighth day ;
52 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 and mothers of young children 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 need of most help. A return of the work done is shown in the following Table. It will be seen that the number of visits necessary for this purpose has been much less than in previous years, and that out of the 12 children found to be verminous or having nits in their hair, with the help of D.D.T. Emulsion and detailed advice the 12 were reported clean by the end of the year.

TABLE XVIII.

1.	Number of visits paid by Health Visitors relating to cleanliness of children under 5 years	28
2.	Number of visits paid by Health Visitors relating to cleanliness of mothers of children under 5	8
3.	Number of children under 5 years found to be verminous	5
4.	Number of children under 5 years with nits in hair	7
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, 1950	12
6.	Applications for D.D.T. Emulsion	9
7.	Number of Derbac Combs loaned to mothers	10
8.	Detailed instructions and advice relating to cleansing given to mothers of children under 5	12
9.	Number of talks on personal hygiene given at Infant Welfare Centres...	17

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 welfare of the Expectant and Nursing Mothers attending the Authority's ante-natal clinics has ceased to have any meaning. The overwhelming demands of the school population and lack of staff caused this work to be drastically curtailed. New cases attending the ante-natal clinics were advised to seek

dental treatment under the National Health Scheme. However, 61 cases with urgent symptoms were dealt with and about a third of them rendered dentally fit. The others only received palliative measures to keep them free of pain.

The following Table gives details of this work :—

TABLE XIX.

Total attendances.	*No. initially examined.*	*Actual No. trtd.*	*No. made dentally fit.*	TREATMENT.				NO. OF DENTURES		
				Fillings.	*Extractions.*	*Admin. of Gen. Anæsthetics*	*Other operations.*	*Supplied.*	*Repaired.*	*Remodelled.*
111	62	61	22	12	114	27	62	7	1	—

PRE-SCHOOL CHILDREN

758 pre-school children were treated in the year This was 54 fewer than in 1949. The type of treatment was chiefly palliative and entailed the extraction of 1,193 teeth against 1,097 for the previous year. Many of these children required multiple extractions and this occasioned the administration of 370 general anæsthetics. A small amount of conservative treatment was given, but lack of opportunity to follow this up when the children begin school undoes much of its value.

The following Table gives the details of this work :—

TABLE XX.

Total attendances.	*Actual No. treated.*	*No. made dentally fit.*	*No. of fillings.*	*No. of extractions.*	*Admin. of General Anæsthetics.*	*Other operations, dressings, applications of silver nitrate.*
1,157	758	275	102	1,193	370	980

A disturbing feature among these children was the fairly large number who had hardly a sound tooth in the whole complement of 20. In nearly all cases it was found that these children had never had their diet supplemented with codliver oil. In striking contrast is the condition of children who have spent 2 to 3½ years in the care of a Day Nursery. There the diet is balanced, varied and the children get a regular daily issue of codliver oil. These children with very few exceptions have well-formed, hard teeth, and any defects are of a minor nature. It may well be that if codliver oil could be made a regular part of the diet of children up to 15 or 16 years of age (*i.e.* during the period of active growth and development), the need for the present-day drastic dentistry would be greatly reduced."

NURSERY PROVISION FOR CHILDREN UNDER FIVE.

During the year under review the Council's Day Nurseries at Chaddesden, Glossop, Ilkeston and Long Eaton continued to operate satisfactorily.

Provision of Additional Day Nurseries.

During the previous year, the Ministry of Health had approved in principle the Council's proposals to provide additional Day Nurseries at all four areas referred to above.

In view of the announcement by the Prime Minister regarding the need for retrenchment on capital expenditure, the Ministry of Health indicated that only a strictly limited amount of building work could proceed. Before the Minister could consider a proposal to provide more Nurseries, he would have to be satisfied that there was a permanent need on social grounds, that is, for children of mothers who are unmarried, widowed or who for other reasons are the sole support of their families, and consequently in full-time employment.

While appreciating the economic difficulties and building material shortages, efforts were continued to find in Glossop a suitable site for a new nursery as a replacement for the existing nursery building. The present premises (requisitioned during the war) will revert to their former use as a school after December, 1952, unless agreement with the Education Committee can be reached on this point. On being approached on the matter, the Ministry of Health replied that they did not feel able to approve in principle the proposal, as it was felt on social grounds the degree of need would not justify the expenditure. This was the position so far as new nursery provision was concerned at the end of the year.

Nursery Student Training.

The training of Nursery Students from the four Nurseries in the south of the County at the Technical Institute in Ilkeston was discontinued in March, as the Ministry of Education withheld from recognition the further education part of the syllabus. Apparently the Ministry was anxious to establish training at main centres rather than to recognise numerous smaller training courses. In view of the above, arrangements were made with the Nottingham and Derby Education Authorities whereby the students from Ilkeston and Long Eaton were to be accepted at the Nottingham Nursery Student Training Course and the students from Chaddesden at the Derby Course. The new arrangement became effective in September, 1950, and has worked smoothly.

It was decided to accede to the request of the Derby Borough Education Authority that students from their training course, who were unable to gain the necessary nine months' practical experience with children under the age of two years, be allowed to attend the Chaddesden Day Nursery, where children are admitted from birth up to five years of age.

At Glossop, by arrangement with the Manchester Education Authority, students from the Whitfield Day Nursery commenced training in January at the Nursery Training Centre, Southall Street, Manchester.

During the year 29 Nursery Students have been in training from the five County Day Nurseries, and of these, nine have been successful in securing the National Nursery Examination Board's Certificate, which qualifies them for the senior posts in Nurseries. Some of these successful students have been placed in the County Nurseries, while others have secured placement with other Authorities.

Charges to Parents.

In the past, charges to parents of children attending Day Nurseries under Section 22 of the National Health Service Act, were allowed only to cover the cost of food provided for the children. The National Health Service (Amendment) Act, 1949, extended the charge to include the cost of preparation and cooking. The County Health Committee considered the matter in April and resolved that the daily charge per child should be increased from 1/- to 1/6 per day from May 1st, 1950.

DAY NURSERIES.

(1) Long Eaton Day Nursery.

The average number of children on the roll was 54 during the year, the average attendance being 43.1. The number on the waiting list on 31st December, 1950, was 182.

With reference to the waiting list, the Matron refers to the difficulty of reducing it. When vacancies arise in the older age groups, younger children already in the Nursery move up, and accordingly vacancies for new admission only arise for children aged 0—1 year.

Attendance of children has been very good, absences being due to illness or school holidays in almost every case.

During the year 24 children were discharged and 31 children were admitted. Of these latter, 13 were cases admitted by reason of family hardship and three of them were given special priority when admission had been specially sought. Of the three given special priority, all were withdrawn after only a short period, although it seemed, when the original application was received, that the need was likely to be rather prolonged.

Infectious disease was largely responsible for absences of children through illness, namely, chickenpox, mumps and coryza, which occurred chiefly in December and January. In the latter part of December, epidemic gastro-enteritis arose in a mild form and, although repeated laboratory examinations were carried out, no particular pathogenic organism could be ascertained as responsible. Gastro-enteritis at the time was widespread in the general popu-

lation, and undoubtedly its introduction into the Nursery was the result of a number of cases occurring among adult members of the families of children attending.

The Matron, in commenting on the year's work, refers to improvements at the Nursery consequent on suggestions put forward by visiting Committee members.

(2) Chaddesden Day Nursery.

The average number of children on the register throughout the year was 44 and the average daily attendance was 30.5. The number on the waiting list was 158.

With reference to the waiting list, which increases weekly, very few vacancies become available for children over the age of two. As older children leave, the younger ones become of age to take their places, and vacancies therefore arise mainly in the baby nursery. Most children, the Matron states, are admitted about the age of seven months and leave the Nursery at the age of five to attend school.

The Matron remarks that the severe winter curtailed the usual walks and outdoor play of the children, and during the year there were only two cases of infectious disease apart from the last quarter, when 19 cases were notified. The general health of the children attending has been good and it has been a great satisfaction to the staff to see the improvement in the general health and well-being of the children admitted. Routine medical and dental inspections were made and satisfactory reports were received, except for two children found to require dental treatment.

The Matron has been indeed grateful to the members of the County Health Committee for their visits and remarks on the keen interest shown in the Nursery.

(3) Station Road Day Nursery, Ilkeston.

This is the smallest of the five County Day Nurseries as it accommodates only 35 children. The average number of children on the register in 1950 was 36, the average daily attendance being 27. The waiting list at the end of the year was 88.

The Matron, in writing of the year's work, refers to the waiting list at the end of the year and states that it would have been much larger but for the fact that for some time no children over the age of two have been accepted, as so few vacancies ever arise for that group and, if they do, they are usually taken up by priority cases.

The attendance of the children has been very good and, apart from an outbreak of gastro-enteritis which closed the Nursery for two weeks in July, the Nursery was free from infectious disease until November, when several children were absent owing to measles and whooping-cough.

The Matron reports the Nursery was very pleased to welcome Committee visitors during the year and records her appreciation of the help given by their recommendations.

(4) Whitworth Road Day Nursery, Ilkeston.

The average number of children on the roll during the year under review was 52, with an average attendance of 41. The waiting list was 93 on December 31st, 1950.

The Matron comments on the very limited admissions available for children in the 2—5 age group on the waiting list. Of this group only eight children were admitted throughout the year, and in five of these cases the mothers were the sole support of the family.

In an interesting and comprehensive report, the Matron refers to infectious disease, pointing out that, apart from one case of whooping-cough, measles and chickenpox were the infectious illnesses encountered among the children. Gastro-enteritis also occurred at this Nursery, but only to a minor extent.

Girls from County Schools have continued to visit the Nursery by arrangement, and some of them have taken up nursery work. In addition, local members of the Girl Guides have visited during the school holidays, prior to taking their Child Nurse Badge examination, for which the Matron has acted as examiner.

Twelve visits by Committee members have been made during the year, and their suggestions have proved most helpful.

(5) Whitfield Day Nursery, Glossop.

The average number of children on the register in 1950 was 54, the average daily attendance being 41. The waiting list at the end of the year was 110.

In commenting on the year's work in the Nursery, the Matron states absences of children have been rather high, largely due to minor illnesses, for which the inclement weather has been responsible. Infectious illness has been less common, and cases occurred only during the first three months and the last month of the year, and were limited to odd cases of whooping-cough, measles and scarlet fever.

The waiting list is long, but admissions from it have taken place at the rate of about four per month.

The Matron states it is difficult to secure the right type of junior staff, as the average girl in the area prefers working as a shop assistant or in the mills, where the remuneration is greater.

The general health of the children has been good, and the Matron remarks on the fact that children admitted are often of a poorer type and, therefore, gain considerable benefit by attendance at the Nursery.

Gratitude for the help resulting from the visits of Committee members has been expressed by the Matron in her report.

ILLEGITIMATE CHILDREN—YEAR 1950.

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

TABLE XXI.

1. The number of illegitimate births known to the Welfare Authority for the period 1/1/50 to 31/12/50 ...	109
(a) Single Mothers ...	109
(b) Married Mothers ...	—
(c) Widows ...	—
(d) Divorced ...	—
2. The number in which the mother and child :—	
(a) Returned to live with mother's parents ...	59
(b) Returned to live with other relatives ...	3
(c) Found or were helped to find lodgings where they could live together ...	2
(Of these 64 children, 5 attended a Day Nursery in the County).	
3. The number of illegitimate children who had been or were being legally adopted ...	36
4. The number of mothers who have married since the birth of the child...	7
5. The number of mothers who, with their babies, are living with the father of the child, though not married to him ...	2

During the year 22 unmarried mothers included in the total of 109 were accommodated in Vernon Street Home, Derby, which is conducted by the Derby Diocesan Council for Moral Welfare The County Council has an arrangement for the admission of unmarried mothers to this Home, 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. Ten mothers who could not be accommodated at Vernon Sreet went to homes conducted by Diocesan Councils of Moral Welfare outside this County, and one went to the Salvation Army Home at Higher Broughton.

From April, 1948, to May, 1950, this service was free, but in May, 1950, the County Health Committee resolved that the Home should be requested to collect the sum of £1 1s. 0d. per week from each girl accommodated wherever possible, in view of the fact that she will be in receipt of benefits from National Insurance or the National Assistance Board.

MIDWIFERY SERVICE.

(Section 23).

As set out in previous reports, the County Council is responsible for providing a domiciliary midwifery service under Section 23 of the National Health Service Act, being also the Local Supervising Authority under the Midwives Acts for the whole of the Administrative County including the Borough of Chesterfield. The hatched portions in the map on page 59 show the districts covered by County Midwives. These were drawn having regard to (1) the amount of work performed; (2) the convenience of patients; (3) the situation of the Midwives' residences; and (4) the "mobility" of Midwives.

MIDWIVES ACT, 1936.—SECTION 6.

The Minister of Health may make an Order under the Act prohibiting unqualified persons acting as maternity nurses for gain. Before making such an Order the Minister must be satisfied that "the provision of a service of domiciliary midwives" is adequate for the needs of the area. An application was made to the Minister of Health by the County Council in 1940, but this was unsuccessful. In October, 1950, a letter was received from one of the Ministry's officers advising the County Council to make a further application in view of the excellent Midwifery Service which the Council was now providing. The County Health Committee at their meeting in October agreed that a further formal application be made to the Minister of Health for an Order under Section 6 so that the whole of the Administrative County would be covered. The Order was in fact made by the Minister on the 23rd February, 1951, to come into operation on the 1st May of that year.

At the end of 1950, there were 218 Midwives on the County Roll: 12 were Midwives in independent practice; 8 were Midwives working in Nursing Homes; 77 were Midwives working in Institutions; 83 were County Midwives; and 38 were County Home Nurse/Midwives.

GAS AND AIR ANALGESIA.

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	118
Employed in Homes and Hospitals in the National Health Service ...	46
Employed in Nursing Homes or in Maternity Homes and Hospitals not in the National Health Service	2

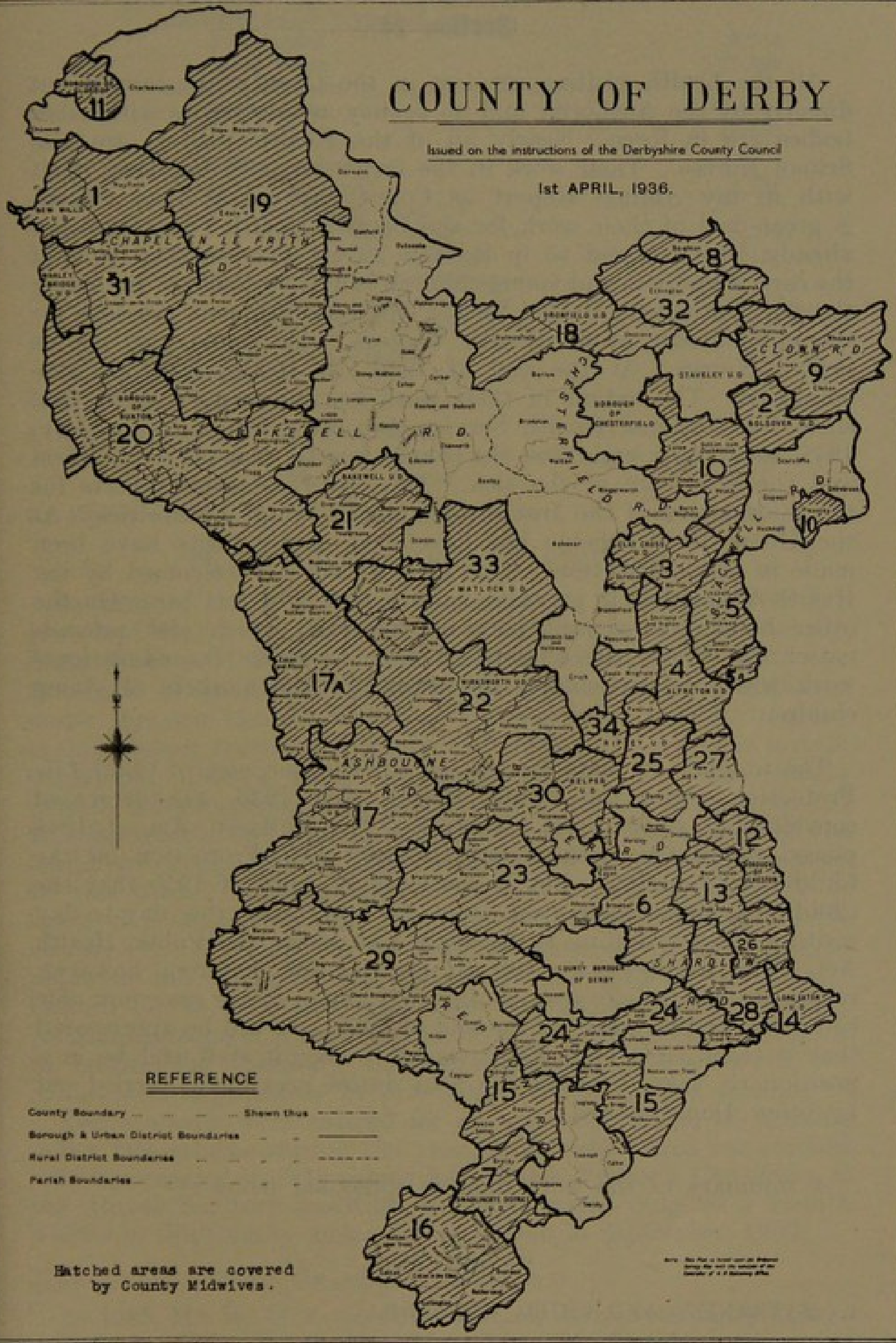
The number of cases where analgesics were administered by Midwives in domiciliary practice during the year 1950 was 2,313.

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.

KEY.

Area.	*Establishment of County Midwives.*
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	4
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	2
34	1
Relief Midwives	7
Chesterfield B.	9


COUNTY OF DERBY
Issued on the instructions of the Derbyshire County Council
1st APRIL, 1936.
REFERENCE
County Boundary ... Shown thus
Borough & Urban District Boundaries
Rural District Boundaries
Parish Boundaries
Hatched areas are covered by County Midwives.

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 1950, 50 Health Visitors were employed. The extent of their work has increased a great deal since the National Health Service Act came into force in July, 1948, as it now embraces the whole family, the old and infirm and the after-care of the sick. This involves many reports for the information of the Institutions and Hospital Authorities. As the Home Help Scheme has developed, many visits have been made in this connection. This type of work is welcomed by the Health Visitors as it provides variety and is of real use. On the other hand, the present shortage of staff, which also prevails nationally, limits the amount of time available for educational work which is particularly important for the mothers of young children.

The number of visits carried out for the purposes of Child Life Protection under the Public Health Act, 1936, has decreased considerably since April 1st, 1950. The Children Act of 1948 placed the duties with regard to Child Life Protection on the Children's Committee, but it was only in April of 1950 that the Children's Department was able to take over the day-to-day visiting of cases falling to be dealt with under the Public Health Act. The number of visits to boarded-out children, however, relates to the whole year as the Children's Officer was not able to take over this work by the end of 1950. It will be appreciated that it takes time for a Department to recruit staff and be in a position to take over all the field duties previously carried out by other Departments.

A summary of the work done is appended below :—

TABLE XXII.

1. MATERNITY AND CHILD WELFARE.

(*a*) Ante-Natal Clinics :—

Number of sessions	1,310
New cases	5,159
Ante-Natal attendances	21,338
Post-Natal attendances	686

(*b*) Visits to Homes :—	
Expectant Mothers :—	
First visits	3,234
Total visits	4,433
Children under 1 year of age :—	
First visits	8,344
Total visits	27,496
Children between the ages of 1 and 5 :—	
First visits	1,270
Total visits	42,605
(*c*) Infant Welfare Centres :—	
Number of sessions	4,126
Number of new cases :—	
Under 1 year of age	5,938
Over 1 year of age	411
Total number of attendances :—	
Under 1 year of age	79,748
Over 1 year of age	31,313
(*d*) Child Life Protection Visits	105
(*e*) Boarded-Out Visits	1,641
(*f*) Mothercraft—Number of Lectures	112
2. TUBERCULOSIS DISPENSARIES.	
Number of sessions attended	1,078
Number of Visits to Homes	2,811
3. MISCELLANEOUS VISITS	2,604

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.

Two students were entered for an approved course of training under this scheme during the year under review, and one student who was entered in 1949 passed her Health Visitor's Certificate of the Royal Sanitary Institute and commenced duty as a Health Visitor in this County under her agreement in September, 1950.

New Clinic, "The Grange," Dronfield.

In 1945, Mr. W. D. Jamieson intimated that as residuary legatee under the Will of the late Mrs. Kate E. Fletcher, widow of Alderman Dr. Howard B. Fletcher, he wished to place to some public use, as a memorial to the late Dr. and Mrs. Fletcher, "The Grange," Dronfield, where they resided for nearly fifty years.

In view of Dr. Fletcher's profession and his interest in maternity and child welfare, he thought the premises might be adapted for use as a maternity home, but after careful inspection they were considered to be too small to be run economically for this purpose. On reflection although Mr. Jamieson was somewhat disappointed, he suggested they might be suitable for use as a Maternity and Child Welfare Clinic. It was pointed out to him that although they were suitable for this purpose they would be costly to adapt. Mr. Jamieson thereupon made a most generous offer of £2,500 towards the cost of adaptation and provision of equipment. This was gratefully accepted, and the conveyance of the property to the Derbyshire County Council was subsequently effected. The necessary adaptations were carried out, and on December 18th, 1950, the Clinic was officially opened by Mrs. W. D. Jamieson, to provide the following services : Ante-natal clinic ; infant welfare centre ; eye clinic ; orthopædic clinic ; dental clinic ; minor ailment clinic ; and child guidance centre.

STATISTICS RELATING TO MATERNITY AND CHILD WELFARE.

Certain statistics regarding the Authority's Maternity and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this Report on page 97.

The following are selected facts extracted for use in the Department, but appear likely to be of general interest and are set out below in a convenient form for easy reference. The headings under which the statistics appear are self-explanatory, and give a brief resumé of the position from year to year with regard to certain of the services provided under Section 22 of the National Health Service Act. It will be appreciated that all the figures are based on the number of notified births, which vary slightly from the number of registered births which is compiled by the Registrar-General and which is to be found on page 12.

TABLE XXIII.

Number of Notified Births.	*1948 (*see below*).	1949	1950
Live Births	11,496	11,589	11,044
Still Births	268	263	251
Total Births	11,764	11,852	11,295
Domiciliary Midwifery.			
L.H.A. Midwives—Number of cases attended			
As Midwives ...	3,670	3,925	3,808
As Maternity Nurses	1,124	1,676	1,488
Total	4,794	5,601	5,296
Midwives in private practice—Number of cases attended			
As Midwives ...	226	147	50
As Maternity Nurses	94	43	34
Total	320	190	84
Domiciliary Cases—Grand Total	5,114	5,791	5,380
Number of Domiciliary Cases attended as a percentage of all notified births	43.47	48.8	47.6

ANALGESIA.			
Number of cases in which Gas and Air was administered by L.H.A. Midwives in Domiciliary practice	1,344	1,942	2,311
Number of cases of Analgesia as a percentage of domiciliary births	28.03	34.6	43.6
ANTE-NATAL CLINICS.			
Number of L.H.A. Clinics	22	22	23
Number of new cases attending during the Year	5,552	5,824	5,159
Number of new ante-natal cases as a percentage of all notified births	47.2	49.1	45.7
POST-NATAL CLINICS.			
Number of L.H.A. Clinics	2	4	2
Number of new cases attending during the year (including post-natal cases at Ante-Natal Clinics)	162	413	409
Number of new post-natal cases as a percentage of all notified births	1.4	3.5	3.6
INFANT WELFARE CENTRES.			
Number of L.H.A. Centres	77	79	82
Number of Voluntary Centres	5	4	3
Number of children who first attended an Infant Welfare Centre during the year,			
Under one year	6,090	6,516	6,051
Over one year	512	627	421
Total	6,602	7,143	6,472
Number of first attendances at I.W.C's as a percentage of notified live births ...	57.42	61.6	58.6

*—*These figures are based on a return to the Ministry of Health for the period 5th July, 1948, to 31st December, 1948, but have been doubled in order to obtain an approximate figure for the whole year.*

HOME NURSING SERVICE.

(Section 25).

This service has continued to develop since its inception on the 5th July, 1948. A provisional establishment of 149 Home Nurses was fixed, but, whilst it was not possible to recruit up to the full number of Nurses, the staffing position has improved as is shown below :—

	NUMBER OF NURSES AND HOME NURSE-MIDWIVES ON THE STAFF ON :		
	December 31*st*, 1948.	*December* 31*st*, 1949.	*December* 31*st*, 1950.
FULL-TIME.			
Home Nurse-Midwives ...	44	43	38
Home Nurses	81	91	104
Total	125	134	142
PART-TIME.			
Home Nurses	2	—	2
Total full-time and part-time	127	134	144

In order that a Nurse may be readily available, it is a rule that she should live in the area for which she is responsible. Newly appointed Nurses often experience difficulty in securing accommodation in their areas, but in some instances Local Authorities have been helpful in either letting houses to the County Council for the accommodation of Home Nurses or alternatively renting houses direct to the Nurses.

It has been pointed out in the past that Domiciliary Midwifery should be divorced from Home Nursing as soon as practicable, because of the possible danger of the spread of infection from general nursing cases to women in childbirth. This is being carried out wherever possible as the figures set out above have indicated. It is inevitable that some years must elapse before Domiciliary Midwifery and Home Nursing can be completely separated, because in the first instance the required number of staff could be appointed only by the recruitment of Nurses formerly employed by voluntary district nursing associations who had been accustomed for many years to carry out Home Nursing and Midwifery in combination.

Many Nurses are taking advantage of the County Council's scheme for the granting of loans to enable them to purchase cars, and of the number of Nurses on the staff on the 31st December, 1950, 97 were using cars or motor-cycles in connection with their duties. It will be appreciated that, particularly in a country area, a Nurse with a car is able to attend emergency cases quicker, and much time is saved in travelling from patient to patient.

During the year a considerable amount of nursing equipment was purchased, and all the Nurses have been provided with sufficient to meet reasonable requirements. Where necessary, Nurses have been provided with cupboards in which to store the equipment. In addition, depots have been established at the County Offices, Derby, and the Clinic, Brimington Road, Chesterfield, for the storage of reserve equipment and unusual items, such as wheel chairs, Dunlopillo mattresses and beds with self-lifting poles for paraplegic cases. These are issued as the occasion demands.

Furthermore, the nursing equipment provided by the County Council was supplemented by equipment loaned from the British Red Cross Society, the County Council having made a grant in consideration of their assistance and co-operation in this matter.

The map on page 67 shows the areas covered by Home Nurses and the areas covered by Home Nurse/Midwives, the latter serving in the hatched portions. Table XXIV gives a summary of the work carried out by the Nurses during 1950.

TABLE XXIV.

SUMMARY OF ACTIVITIES OF HOME NURSES AND NURSE/MIDWIVES During the Year 1950.

Analysis of New Cases nursed during the period:—

Medical	7,867
Surgical	3,965
Tuberculosis	99
Midwifery	718
Maternity	432
Miscarriages and abortions	72
Number of maternity cases nursed after discharge from hospital before 14th day	57
Total	13,210

Analysis of Visits paid:—

General Nursing	284,790
Observation	3,991
Tuberculosis	2,763
Casual	15,856
Total	307,400

Midwifery	12,070
Maternity	5,916
Ante-Natal	6,727
Post-Natal	1,309
Attendance at Ante-Natal Clinics	1,391
Total	27,413

Particulars of New Midwifery and Maternity Cases:—

	Midwifery.	*Maternity.*	*Totals.*
Number of cases booked during period ...	739	291	1,030
Number of cancellations	61	28	84
Number of calls to emergency cases ...	46	—	46
Live Births	658	275	933
Still Births	18	16	34
Number of Miscarriages or Abortions ...	36	—	36
Number of Deaths of Mothers	—	—	—
Number of Deaths of Infants	4	—	4
Number of cases sent to Hospital	34	39	73
Number of Puerperal Pyrexia Cases... ...	2	1	3
Number of cases in which forceps were used...	12	28	40
Number of cases in which Gas and Air Analgesia was administered	393	—	393

Number of Medical Aid Forms:—

During Pregnancy	17
During Labour	78
During Puerperium	23
For Infant	19
Total	137

KEY.

Area No.	*Provisional Establishment of Nurses or Nurse/Midwives.*
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.
CHAPEL EN LE FRITH R. D.
BAKEWELL R. D.
BOROUGH OF BUXTON
BOROUGH OF CHESTERFIELD
MATLOCK U. D.
ASHBOURNE R. D.
SHARDLOW R. D.
CLOWN R. D.
COUNTY BOROUGH OF DERBY
REFERENCE
County Boundary ... Shown thus
Borough & Urban District Boundaries
Rural District Boundaries
Parish Boundaries
AREAS SERVED BY HOME NURSE-MIDWIVES
AREAS SERVED BY HOME NURSES

VACCINATION AGAINST SMALLPOX 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 ;

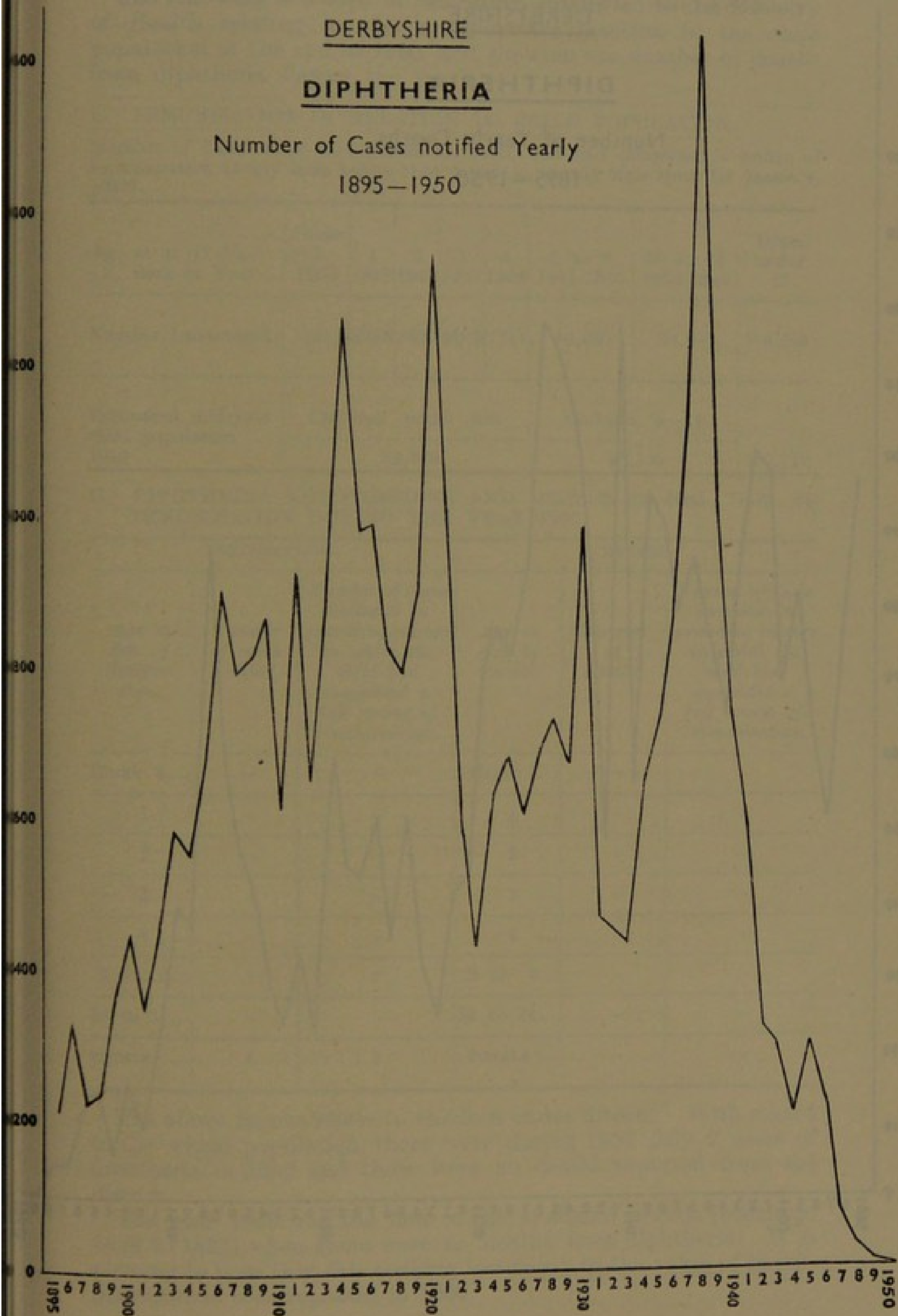
(2) A request to midwives to advise parents of the desirability of seeking advice regarding immunisation when their children attain the age of eight months ;

(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.


DERBYSHIRE
DIPHTHERIA
Number of Cases notified Yearly
1895—1950
0
200
400
600
800
1000
1200
1400
1600
1895
1900
1910
1920
1930
1940
1950

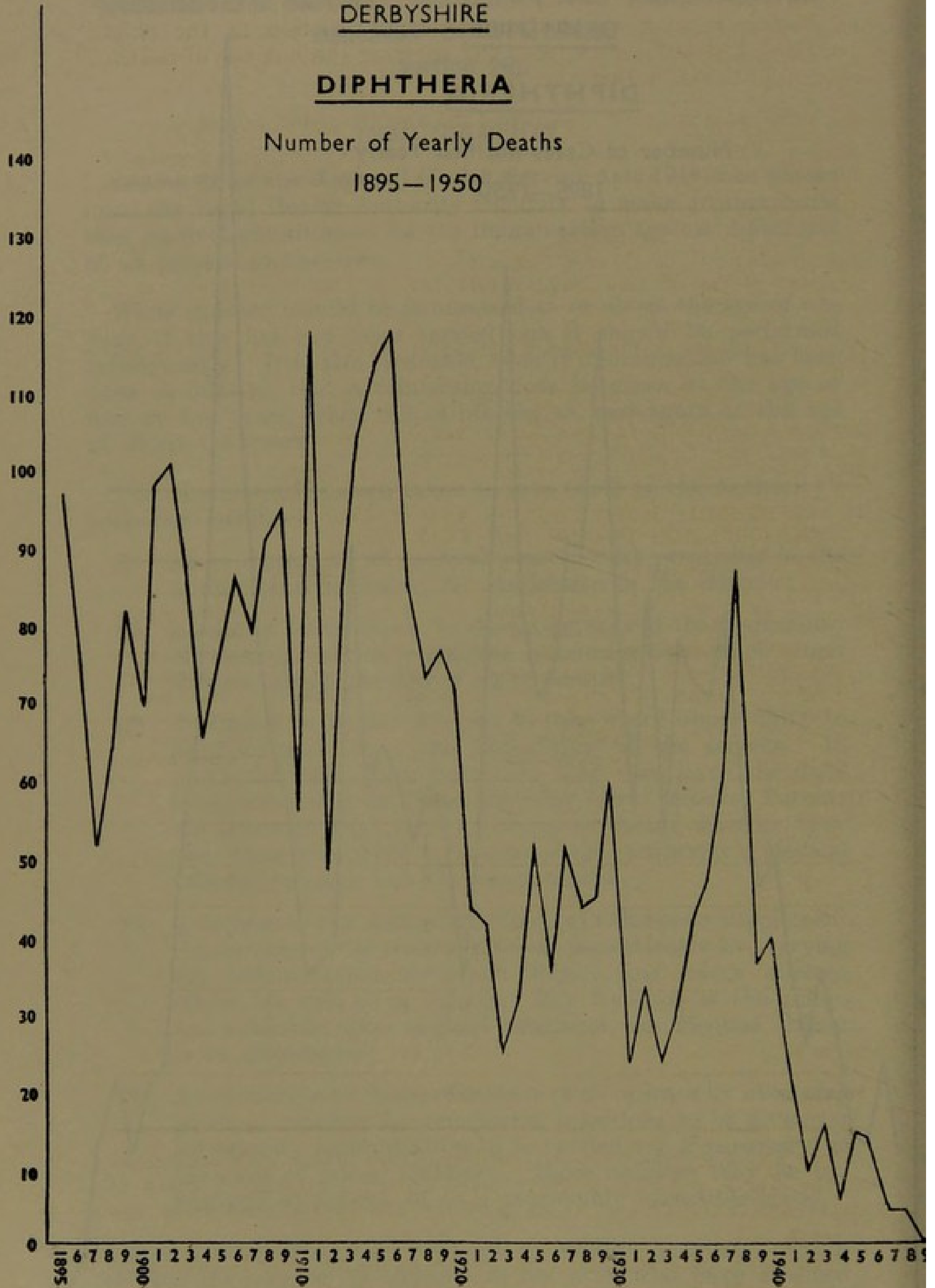

DERBYSHIRE
DIPHTHERIA
Number of Yearly Deaths
1895—1950
140
130
120
110
100
90
80
70
60
50
40
30
20
10
0
1895 6 7 8 9 1900 1 2 3 4 5 6 7 8 9 1910 1 2 3 4 5 6 7 8 9 1920 1 2 3 4 5 6 7 8 9 1930 1 2 3 4 5 6 7 8 9 1940 1 2 3 4 5 6 7 8

TABLE XXV.

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 1950, and showing the number of deaths from diphtheria during the year :—

I. IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of Children at 31st December, 1950, who had completed a course of Immunisation at any time before that date (*i.e.*, at any time since 1st January, 1936).

Age at 31/12/50, *i.e.*, Born in Year ...	Under 1 1950	1 1949	2 1948	3 1947	4 1946	5 to 9 1941-1945	10 to 14 1936-1940	TOTAL under 15
Number Immunised	121	3248	5930	9102	7781	40,690	37,678	104,550
Estimated mid-year child population 1950	Children under five 59,760					Children 5—14 97,350		157,110

II. DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION DURING THE YEAR 1950.

NOTIFICATIONS.			DEATHS.		
Age at date of Notification.	*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 ...	–	–
2 ...	–	–	2 ...	–	–
3 ...	–	–	3 ...	–	–
4 ...	–	–	4 ...	–	–
5 to 9...	1	1	5 to 9...	–	–
10 to 14...	–	–	10 to 14...	–	–
TOTALS ...	1	1	TOTALS ...	–	–

The above figures relate to children under fifteen. With regard to the whole population, there were during 1950 only 2 cases of diphtheria notified and there were no deaths reported from the disease.

The year 1949 was the first in the available records (which go back to 1895) when there were no deaths from diphtheria. It is pleasing to note that this striking testimony to the value of immunisation has been repeated in 1950.

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 1950 :—

TABLE XXVI.

NUMBER OF CHILDREN WHO HAD COMPLETED A COURSE OF IMMUNISATION BEFORE 31st DECEMBER, 1950.

	Under 1	1	2	3	4	**Total**	5—9	10—14	**Total**	**Total**
	Born 1950	Born 1949	Born 1948	Born 1947	Born 1946	**0 - 4 incl.**	1941 /45	1936 /40	**5 - 14**	
Urban Districts.										
Alfreton	6	85	161	196	150	**598**	1195	1679	**2874**	**3472**
Ashbourne	2	32	84	102	39	**259**	711	573	**1284**	**1543**
Bakewell	1	19	28	69	34	**151**	178	183	**361**	**512**
Belper	—	26	71	133	114	**344**	649	297	**946**	**1290**
Bolsover	6	67	103	179	190	**545**	986	850	**1836**	**2381**
Buxton (Boro') ..	7	174	209	168	143	**701**	1083	1007	**2090**	**2791**
Chesterfield (Boro')	10	402	626	733	852	**2623**	4424	3956	**8380**	**11003**
Clay Cross	—	27	77	144	84	**332**	520	480	**1000**	**1332**
Dronfield	—	13	20	103	26	**162**	296	252	**548**	**710**
Glossop (Boro') ..	12	176	220	385	237	**1030**	943	1014	**1957**	**2987**
Heanor	2	152	365	386	378	**1283**	1743	1669	**3412**	**4695**
Ilkeston (Boro') ..	—	166	392	531	435	**1524**	1847	1899	**3746**	**5270**
Long Eaton ..	4	128	253	327	254	**966**	1561	1294	**2855**	**3821**
Matlock	—	39	177	266	181	**663**	873	966	**1839**	**2502**
New Mills	5	33	48	86	66	**238**	365	383	**748**	**986**
Ripley	4	105	133	271	288	**801**	1125	1300	**2425**	**4226**
Staveley	1	48	67	75	75	**266**	727	789	**1516**	**1782**
Swadlincote ..	5	68	102	110	245	**530**	1135	991	**2126**	**2666**
Whaley Bridge ..	6	21	41	89	53	**210**	435	318	**753**	**963**
Wirksworth ..	—	20	39	195	166	**420**	445	324	**769**	**1189**
Rural Districts.										
Ashbourne	2	66	193	662	349	**1272**	1479	828	**2307**	**3579**
Bakewell	3	49	141	189	139	**521**	871	1033	**1904**	**2425**
Belper	3	113	266	611	510	**1503**	1955	1536	**3491**	**4994**
Blackwell	5	165	247	678	815	**1910**	3884	3197	**7081**	**8991**
Chapel-en-le-Frith ..	1	67	100	165	52	**385**	455	307	**762**	**1147**
Chesterfield ..	14	320	668	815	643	**2460**	3428	3253	**6681**	**9141**
Clowne	2	110	154	233	261	**760**	1759	1465	**3224**	**3984**
Repton	—	88	184	255	203	**730**	1151	1368	**2519**	**3249**
Shardlow	20	469	761	946	799	**2995**	4467	4467	**8934**	**11929**
	121	3248	5930	9102	7781	**26182**	40690	37678	**78368**	**104550**

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.
(Section 27).

STRUCTURE AND ORGANISATION.

The number of Ambulance Stations operated directly by the County Council and under agency arrangements remained the same throughout the year, that is, sixteen.

The Chesterfield and Derby Stations continued to be manned throughout the twenty-four hours, whilst the remaining 14 Am-

bulance Stations were manned during the day-time only. In order to ensure the use of one telephone number at all times, the system of external extensions to drivers' houses from the telephone switchboard at their respective Ambulance Stations was continued where night cover was effected by stand-by arrangements. The policy of establishing additional Main Stations to be directly operated by the County Council was pursued during the year; this will eventually eliminate some of the problems encountered, such as those in connection with stand-by duty at night.

There was only one change during the year in the areas allotted to each Station for the receipt of emergency calls, namely, at Glossop, which is now manned from 7 a.m. to 7 p.m. only, as difficulties had been experienced with the stand-by arrangements at night. As from August 7th 1950, all emergency calls for "Ambulance" from the Glossop area were put through by the Telephone Exchange operator at all times to the Stalybridge Ambulance Station. This station is manned throughout the 24 hours, but between the hours of 7 a.m. and 7 p.m., if it is geographically more expedient, the calls are relayed to the Glossop Ambulance Station. This arrangement was made with the Cheshire County Council in the interests of efficiency. From the early days of the National Health Service Act the New Mills Ambulance Station, which is under the control of the Derbyshire County Council, has been responsible for covering the Disley area of Cheshire throughout the 24 hours of the day. Undoubtedly reciprocal arrangements of this type increase the efficiency and at the same time often decrease the cost of the Service.

In fact similar arrangements, although modified to take account of local circumstances, have been made with other neighbouring authorities along the whole of the County boundary.

(*a*) Urgent Calls.

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

(*b*) Non-Urgent Calls.

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

The Council has kept all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domi-

ciliary 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.

As far as possible, co-ordination of vehicle movement was continued by the close liaison of adjacent Stations, whilst all requests for ambulance transport for long distance journeys were referred to the Central Office.

In the interests of economy, the agreements were continued with the Sheffield County Borough, Nottinghamshire County Council and Burton-upon-Trent County Borough for the transport of Derbyshire patients from certain fringe areas in the County to places in their respective areas.

AGENCY ARRANGEMENTS.

Three Stations continued to be operated by agents under financial arrangements similar to those previously in force. Fixed charges, together with reimbursement of certain expenditure, were paid in the case of two agents and fixed rates per mile in the case of the third.

HOSPITAL CAR SERVICE.

There were no journeys undertaken by the Hospital Car Service during the year. To some extent this was due to the fact that the number of drivers on the Register on the 31st December, 1950, had decreased over the year to as low as five compared with 26 in 1949. Furthermore, it is a rule that at least 48 hours' notice is required before the Hospital Car Service can arrange to provide transport and it was found, therefore, more expedient for the journeys to be undertaken by our own directly operated service, particularly as our own fleet of sitting-case cars has been increased. There is one added complication in that the charge per mile made by the Hospital Car Service is 7d., whereas, under the recommendations of the County Councils Association in respect of journeys undertaken under Section 24 of the N.H.S. (Amendment) Act, 1949, when discharging patients from hospital for other Local Health Authorities, who are financially responsible, only sixpence per mile can be charged.

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. Mental patients falling outside the scope of this arrangement were dealt with by ambulance transport located at Ambulance Stations in the County.

INFECTIOUS DISEASES.

All cases of infectious diseases requiring ambulance transport continued to be dealt with by the Ambulance Service and no specific vehicles were set aside for this purpose. Personnel have been instructed in the transportation of such patients, and in the disinfection of ambulance bedding, equipment and vehicles.

In order to deal with any cases of smallpox that might arise, further ambulance personnel attached to four selected Ambulance Stations in the County were vaccinated during the year. An additional 70 ambulance personnel were immunised against diphtheria during the year.

CONVEYANCE OF PATIENTS BY RAIL.

Wherever possible arrangements have been made for patients to travel by rail on long distance journeys. In this connection at least 48 hours' notice is normally required in order that the necessary steps can be taken with the Railway Executive for the reservation of suitable accommodation on the train. Providing ambulances are provided to and from the railway stations rail travel is often an improvement on ambulance transport for long journeys and, furthermore, conserves vehicle and man-power resources for local purposes.

FIRST AID EQUIPMENT.

Various types of resuscitation apparatus already formed part of the equipment of certain ambulances when taken over by the County Council. During the year sufficient "Novox" Resuscitators were purchased to ensure that at least one apparatus was located at each Ambulance Station. Following the recommendations of the Medical Research Council, all the resuscitators in the County Ambulance Service were fitted with cylinders of Oxygen and not Oxygen/Carbon Dioxide. Circular 51/50, dated the 1st May 1950, received from the Ministry of Health, recommended to Local Health Authorities scales of medical and first aid equipment for ambulances. The Ministry pointed out that their scales may require modification to suit each authority's requirements. The County Ambulance Stations were already supplied with a certain amount of first aid equipment, and the additional items needed to meet the Ministry's recommended basic scales were purchased.

CONVEYANCE OF PATIENTS' RELATIVES.

As there appeared to be some misconception regarding the use of the Ambulance Service for the conveyance of patients' relatives, it was thought advisable to write the following letter to Station Superintendents giving general guidance on the matter :—

"Under the National Health Service Act, a duty has been placed on every Local Health Authority, that is, every County Council

and every County Borough Council, 'to make provision for securing that ambulances and other means of transport are available, where necessary, for the conveyance of persons suffering from illness or mental defectiveness, or expectant or nursing mothers, from places in their area to places in or outside their areas.'

The duty of the County Council, therefore, is to convey patients and not relatives but, as an act of grace, it is permissible

(i) to allow one or two relatives to accompany a patient to hospital in an ambulance if necessary and accommodation is available ;

(ii) if a Derbyshire County Council ambulance is returning after taking a patient to hospital to convey one or two relatives in the ambulance ;

(iii) if an ambulance is proceeding to collect a patient being discharged from hospital for one or two relatives to travel in the ambulance from the Ambulance Station, if they make a specific request for this privilge ;

provided,

(*a*) the relatives understand that they should be ready to go in the ambulance immediately it is proposed to start the journey, as substantial waiting periods would impair the efficiency of the Service, and

(*b*) there is no diversion of the ambulance from its usual route when returning from hospital to the Station.

There would be, however, an exception to (*b*) where, say, late at night, no public transport was available for conveying the relatives to their homes where their homes happen to be at some point off or beyond the route from the hospital to the Ambulance Station. Even under these circumstances, of course, it is subject to the requirements of the Service, because the paramount duty of the County Council is to convey patients and not relatives.

Relatives, however should be informed that when stretcher cases are conveyed an Attendant is generally available with the Driver for carrying the patient, and as a consequence, in many instances relatives are not needed to accompany the patient to hospital. The Ambulance personnel should therefore use their discretion in determining the need for one or two relatives accompanying the patient, bearing in mind the comments I have made above.

In the absence of relatives it would be in order for a close friend to travel in an Ambulance vehicle in the above-mentioned circumstances."

ACCOMPANYING OF PATIENTS BY NURSES AND/OR AMBULANCE ATTENDANTS.

The following is a letter that I sent to all Station Superintendents on this subject on 31st March, 1950 :—

"The County Health Committee has given consideration recently to the question when a nurse or an attendant should accompany a patient inside an ambulance.

(i) Your attention is drawn 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 the patient.'

(ii) When a patient is about to be *conveyed to hospital* consideration should be given as to the need for the hospital being asked to provide a nurse. In this connection the advice of the doctor, nurse or midwife on the spot might be sought, but if they are not available you will have to use your own discretion.

(iii) *When a stretcher case is conveyed to hospital* the ambulance should be manned by a driver, as well as an attendant, and, obviously, if a nurse is not necessary, the attendant should accompany the patient inside the ambulance.

(iv) It is assumed that the Hospital Authority will provide a nurse, when necessary, to accompany *a patient discharged from hospital*.

(v) *When a child under fifteen years of age is being discharged from hospital*, the County Health Committee has asked me to issue an instruction that an attendant should accompany the patient inside the ambulance in all cases where a nurse has not been provided by the Hospital Authority. In future, I should like you to be particularly careful to carry out this instruction as the Committee consider it undesirable that children should travel alone inside an ambulance."

TELECOMMUNICATIONS.

The question of the provision of wireless, either as an independent scheme for the sole use of the Ambulance Service or as a joint scheme in conjunction with another Department of the County Council, received consideration but was still under review at the end of the year.

PREMISES.

CHESTERFIELD.

On the 3rd of December the occupation of the new Ambulance Station, Ashgate, took place. The premises replaced the accommodation at the Drill Hall, Ashgate Road, Chesterfield, which was far from satisfactory for the expanded service. After carrying

out inspections of a large number of premises in Chesterfield in 1948, these particular premises were chosen for two special reasons :—

(a) We thought it was advisable that in order that there should be economical running of ambulances the Station should be sited near the main hospital centre. There was no site available near the Chesterfield Royal Hospital or the Scarsdale Hospital. We then thought of the future hospital extensions at Ashgate (where there was already in existence the Ashgate Maternity Home and the Rehabilitation Centre, as well as the Ashgate Annexe to the Chesterfield Royal Hospital). Taking a long term view, therefore, the Ashgate site for an Ambulance Station had obvious advantages.

(b) From the Civil Defence point of view there was much to be said for an Ambulance Station being placed on the periphery of a town.

After the site was selected and the adaptations were well under way, a Circular was received from the Ministry of Health in April, 1950, of which the following is an extract :—

"In war-time, ambulance stations would need to be sited with two main considerations in mind—

(i) avoidance so far as possible of the immediate neighbourhood of factories or installations especially liable to attack, and

(ii) ease and convenience of access both to the Council's own area and to other areas to which they might be required to give assistance.

In the case of the larger towns and other target areas as many war-time stations as possible—especially the bigger ones—would, therefore, be sited on the periphery rather than in the centre, but so placed in relation to main roads as to have ready access to the centre and to other parts of the Council's and neighbouring areas.

In war-time covered accommodation would not always be available for all the vehicles needed to be stationed at points satisfying the criteria mentioned in the preceding paragraph, and vehicles would have to be parked in the open, dispersed and protected as far as possible against blast and contamination."

It can be said that all these criteria are satisfied on this site. Furthermore, this Station will be one of the most important in Derbyshire, as it is intended to serve most of the north-east of the County and not merely the town of Chesterfield.

New Mills.

During the year the County Council received notice to quit the Garage premises used by the Ambulance Service at New Mills. The accommodation which was that previously used by the Agents operating the Station on our behalf was unsatisfactory for our requirements. Pending the erection of a new Ambulance Station temporary arrangements were made with the New Mills U.D.C. for the use of garage accommodation at their Depot in Hague Bar Road on the 22nd December 1950.

PERSONNEL.

Safe Driving Awards.

In consequence of the County Health Committee's resolution in June 1949 drivers employed at Directly Operated Ambulance Stations were entered for the National "Safe Driving" Competition of The Royal Society for the Prevention of Accidents.

The Chairman of the County Health Committee, Alderman F. Wilson, has journeyed to the different Ambulance Stations from time to time in order to present the awards to the successful entrants.

Establishments.

When the establishments of driver/attendants at the respective Directly Operated Stations throughout the County were authorised, we had no experience of what the demands would be on a free ambulance service. Experience has shown that the establishments at some stations were too high, while others were too low. The introduction of a 44-hour week, as opposed to the 48-hour week previously in operation, accentuated those that were too low. The establishments were re-adjusted at the respective stations without, however, increasing the total authorised establishment for the County. It was possible to effect these changes without creating redundancies or transferring personnel, due to the fact that, at those stations where the establishments were decreased, driver/attendants had not been engaged up to establishment.

The following Table shows the establishment and strength of Ambulance personnel at Directly Operated Stations on the 31st December, 1950 :—

TABLE XXVII.

Ambulance Station.	Establishment.		Strength.	
	Station Superintendents.	*Driver Attendants.*	*Station Superintendents.*	*Driver Attendants.*
Alfreton	1	8	1	8
Ashbourne	1	5	1	5
Bakewell	1	5	1	5
Bolsover	1	8	1	7
Buxton	1	8	1	8
Chesterfield	1	33	1	33
Glossop	1	7	1	7
Heanor	1	8	1	6
Ilkeston	1	8	1	8
Long Eaton	1	9	1	9
Matlock	1	8	1	8
New Mills	1	6	1	6
Swadlincote	1	6	1	6
Totals	13	119	13	116

VEHICLES.

The following vehicles were operated as at the 31st December, 1950 :—

(*a*) DIRECTLY OPERATED AMBULANCE STATIONS.

Location.	*Number of Ambulances.*	*Number of Cars.*
Alfreton	4	1
Ashbourne	2	–
Bakewell	2	–
Bolsover	3	1
Buxton	4	1
Chesterfield	10	2
Glossop	3	–
Heanor	4	1
Ilkeston	4	1
Long Eaton	5	–
Matlock	2	1
New Mills	3	–
Swadlincote	3	–
Not allocated ('Pool' Vehicles ...	7	–
On loan at—		
Derby	–	1
Mickleover	–	1
TOTALS	56	10

(*b*) AMBULANCE STATIONS OPERATED UNDER AGENCY ARRANGEMENTS.

Location.	*Number of Ambulances.*	*Number of Cars.*
Belper	1	2
Derby	6	–
Eyam	2	–
TOTALS	9	2

PROVISION OF NEW VEHICLES.

Orders were placed on the 28th March, 1950, for the supply of the following new vehicles :—

6 Bedford (Lomas) Ambulances

2 Austin 16 H.P. "Hire" Cars

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.

TABLE XXVIII.

1950	AMBULANCES.			CARS.			TOTALS.		
	Total Cases.	*Emergency Cases.*	*Mileage.*	*Total Cases.*	*Emergency Cases.*	*Mileage.*	*Total Cases.*	*Emergency Cases.*	*Mileage.*
January ...	6,833	850	85,499	1,604	77	24,882	8,437	927	110,381
February	6,779	711	76,978	1,436	51	22,609	8,215	762	99,587
March ...	7,669	787	88,599	1,919	50	26,619	9,588	837	115,218
April ...	6,871	743	80,072	1,616	33	23,138	8,487	776	103,210
May ...	7,762	801	90,631	2,117	48	30,287	9,879	849	120,918
June ...	8,484	801	92,187	1,969	69	29,011	10,453	870	121,198
July ...	8,079	878	92,999	2,016	65	27,604	10,095	943	120,603
August ...	8,019	783	86,865	1,914	88	25,964	9,933	871	112,829
September	7,444	754	84,618	1,820	61	25,474	9,264	815	110,092
October ...	8,873	791	97,101	1,585	57	23,846	10,458	848	120,947
November	8,814	761	93,358	2,122	66	29,085	10,936	827	122,443
December	8,430	770	88,853	2,058	73	27,190	10,488	843	116,043
TOTALS ...	94,057	9,430	1,057,760	22,176	738	315,709	116233	10,168	1,373,469

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

Month.	*Average Daily Mileage.*		
	1948.	1949.	1950.
January	—	2,676	3,560
February	—	3,021	3,556
March	—	3,297	3,716
April	—	2,999	3,440
May	—	2,973	3,900
June	—	3,018	4,039
July	1,717	3,204	3,890
August	1,888	3,346	3,639
September	2,143	3,496	3,669
October	2,328	3,453	3,901
November	2,791	3,547	4,081
December	2,674	3,257	3,743

The figure for December, 1950, compared with the figure for July, 1948, represents a percentage increase of 117.9.

PREVENTION OF ILLNESS—CARE AND AFTER CARE.
(Section 28).

TUBERCULOSIS.

The scheme for the prevention and after-care of patients suffering from tuberculosis has continued to operate on well-established lines.

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 admission 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 general, the National Assistance Act, 1946, provides a scheme of financial assistance to all persons in need, and offers a higher scale of grant to patients who have "suffered a loss of income in order to undergo treatment for tuberculosis of the respiratory system." Patients and their dependents are assisted to obtain any financial support available under this Act The result of this has been that the numbei of patients granted extra nourishment under the County Council's scheme has considerably decreased since the coming into force of the Act, and during 1950 24 patients were granted two pints of milk daily.

SHELTERS.

These are loaned to patients suffering from tuberculosis on the recommendation of the Chest Physician. At the end of the year 21 were in use and nine were available but not in use. One old shelter was sold to a patient during the year.

BACILLUS CALMETTE-GUERIN (B.C.G.) VACCINATION AGAINST TUBERCULOSIS.

This form of vaccination was dealt with at some length in the Annual Report for 1949, when it was pointed out that 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 vaccination is likely to make it less severe.

Briefly, the Minister of Health has arranged for the vaccine to be available to individual Chest Physicians who wish to use it on their own medical responsibility.

At the end of 1949 arrangements had been made for the giving of B C.G vaccination in this County, but early in January, 1950, the Minister of Health indicated that supplies would not be available for a time owing to certain technical difficulties with regard to the supply Later in the year supplies became available, and by the end of 1950 the scheme was operating to a limited degree and in all 38 patients were vaccinated.

It is hoped to report more fully in the next Annual Report, as the scheme for B.C.G. vaccination develops.

MASS RADIOGRAPHY.

Mobile Units which are under the jurisdiction of Regional Hospital Boards visit this County from time to time, when groups of workpeople, members of the public, and to a limited extent school children are dealt with.

Mass Radiography is of first importance in case-finding, and in discovering latent infective cases among groups of the population so as to check the spread of infection.

During 1950 Mobile Units operated to a limited degree in this County, but full details of the work carried out are not available. However, arrangements have now been made whereby this Authority is informed of the activities of the Mobile Units and also receives records of the surveys carried out This arrangement only came into operation early in 1951 and it is hoped to give details of the work carried out in subsequent Annual Reports.

SHERWOOD VILLAGE SETTLEMENT

It will be remembered that in 1949 discussions took place regarding the question of the establishment of a Joint Board for the purpose of administering this settlement. Further discussions took place in the early part of 1950 but subsequently it became known that the question of providing means of employment for the tuberculous was under consideration between the Ministry of Health and the Ministry of Labour and National Service, from the standpoint of the various statutes in which they are respectively concerned, and particularly the Disabled Persons (Employment) Act which is the responsibility of the Ministry of Labour and National Service. Pending a decision on this matter, the question of the establishment of the Joint Board is in abeyance.

APPOINTMENT OF WHOLE-TIME CONSULTANT CHEST PHYSICIAN IN THE NORTH DERBYSHIRE AREA.

The Sheffield Regional Hospital Board decided to appoint a new Consultant Chest Physician in the Northern part of Derbyshire, and invited this Authority to appoint one medical and one lay member to a Sub-Committee of the Regional Board to make the appointment. Subsequently, Dr. T. A. Blyton was appointed to this post and he commenced duty on the 26th June, 1950. In view of the work performed by this officer in connection with the County Council's Care and After-Care arrangements, this Authority pays 3/11ths of his salary, employer's superannuation, National Insurance contributions and travelling expenses.

NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

This Association is a voluntary body which has been in existence for 51 years. It is "dedicated to research, propaganda and education." The Association undoubtedly performs good work, and this Authority has decided to make an annual contribution of ten guineas to the Association.

TRAVELLING EXPENSES OF RELATIVES VISITING PATIENTS IN HOSPITALS.

In September, 1949, the Ministry of Health intimated, in Circular 85/49, that in the Minister's view it would be open to a local health authority, within the scope of its arrangements under S.28 of the National Health Service Act for the care of persons suffering from illness, to defray the cost of travel warrants to enable relatives to visit patients in hospitals. The Authority decided to implement this suggestion, providing certain conditions were satisfied (*e.g.* that there was urgent need on medical grounds for the visit, and that financial hardship would be suffered unless assistance was forthcoming). During 1950, fifteen persons were assisted under these arrangements.

It may be mentioned that the legality—and, in view of the powers of Regional Hospital Boards and the National Assistance Board, the propriety—of following the course suggested by the Ministry has been questioned by various bodies, but the County Health Committee came to the conclusion that they should, nevertheless, continue to implement the original Ministry circular, as otherwise hardship might ensue to the relatives. It was felt, however that the matter was properly one for the Regional Hospital Boards and it was hoped that the necessary powers would be made available to enable the Boards to meet these expenses.

It should be pointed out that early in 1951 it became desirable that the Authority should review their estimates of future expenditure with a view to securing economies, and it was then decided to cancel this scheme as from 1st March, 1951.

GENERAL.

The Authority's "general" responsibilities under the heading "Prevention of illness, care and after-care" may be said to be a summation of almost all the items of service carried out by the Department.

It is obvious that there must be a close integration of the duties under this section with those set out on previous pages with regard to Sections 22—27 of the Act, and to the Home Help Service and Mental Health Service reviewed on later pages.

A close liaison is maintained with the Hospitals in the area. Cases awaiting admission are investigated by Health Visitors to help in the allocation of priority. This is particularly the case where the patients require admission to hospital for a long period. Liaison is also maintained with the County Welfare Officer, who often has responsibilities under the National Assistance Act, such as the safeguarding of a person's effects while he or she is in hospital. Similarly, on a patient's discharge the hospital authorities forward reports in many cases so that home visits can be paid and advice given by the Health Visitor. Arrangements are then made for the Home Nurse or Home Help to play her part, in appropriate circumstances.

Further aid is given by lending articles of nursing equipment without charge. These vary from small items of common use to special beds and mattresses. The provision of wheeled chairs for permanent disabilities is a matter for the Hospital Authorities, who operate this service through the Ministry of Pensions, but wheeled chairs are loaned temporarily, in suitable cases, by the County Health Department.

HOME HELPS AND DOMESTIC HELP SCHEME.
(Section 29).

As stated in the Annual Report for 1949, steps were being taken to appoint a new Home Help Organiser, and at the beginning of March 1950, Miss P. Jackson commenced duty in this capacity.

An intense recruitment campaign was started in May. The Clerks of all the local authorities in the County were asked to display posters in prominent positions, and similar posters were exhibited in the Infant Welfare and Ante-Natal Clinics. Various Women's Organisations were notified of the Service, and several invited Miss Jackson to address their members on the subject. The result was very satisfactory, and it was noticed that a large number of new applicants showed great interest in the work, rather than regarding it solely as paid employment. In many cases the appointment of one excellent Home Help resulted in the applications of several more of similar type in the same area.

Improvements were made in the conditions of employment for Home Helps, overalls being issued to full-time personnel. All Home Helps became eligible for travelling time payment at the rate of 2/- per hour whenever this exceeded 40 minutes per day.

In June, 1950, a new scale of assessment was brought into force making allowances for the increased cost of living, and this reduced the number of cases who were refusing the service on account of the cost. At the same time Health Visitors were notified of the names and addresses of all available Home Helps in their area whom they could contact in cases of great urgency and so prevent unnecessary delay.

There were 130 Home Helps on the Council's roll at the end of the year compared with 46 at the end of 1949 ; 584 cases were provided with the service of a Home Help compared with 234 during the previous year.

MENTAL HEALTH SERVICE.

(Section 51).

The Mental Health work, which is 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 Office's under the Mental Deficiency Acts. The Mental Health staff includes a Senior Mental Health Social Worker, three Mental Health Social Workers and fifteen 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 Committee are employed about one-third of their time on Mental Health work under the Lunacy and Mental Treatment Acts, functioning from various centres in the County They may be contacted on the telephone or at the addresses shown on the following list at any time throughout the twenty-four hours of the day :—

List of Duly Authorised Officers, Lunacy & Mental Treatment Acts.

Parishes, Etc.	Duly Authorised Officers.
Glossop Borough New Mills Urban District Whaley Bridge Urban District Chapel-en-le-Frith Rural District Buxton Borough	H. Broadbent, Divisional Welfare Offices, Ellison Street, Glossop. Tel. Office: Glossop 74. Home: Glossop 700.
Chesterfield Borough	D. Bostock, Divisional Welfare Offices, Newbold Road, Chesterfield. Tel. Office: Chesterfield 3206/7.
Bakewell Rural District Bakewell Urban District Matlock Urban District	A. H. H. Seldon, Crompton Chambers, Dale Road, Matlock. Tel. Office: Matlock 211. Home: Matlock 222.

Parishes, Etc.	Duly Authorised Officers.
Dronfield Urban District Clay Cross Urban District Shirland and Higham Temple Normanton Holmesfield Brampton Brimington Wingerworth Ashover Pilsley Brackenfield Wessington Blackwell Unstone Barlow Walton Calow Hasland Tupton Morton Stretton Tibshelf	H. Allen, Divisional Welfare Offices, Newbold Road, Chesterfield. Tel. Office : Chesterfield 3206/7. Home : Chesterfield 4056.
Eckington Killamarsh Clowne Beighton Barlborough Staveley Urban District	W. Woods, Parish Council Office, Eckington. Tel. Office : Eckington 157. Home : Eckington 144.
Whitwell Scarcliffe Pleasley Ault Hucknall Elmton Shirebrook Glapwell Heath Bolsover Urban District Sutton-cum-Duckmanton North Wingfield	W. E. Wadsworth, Cliff House, Shirebrook. Tel. Office : Shirebrook 270. Home : Shirebrook 251.
Pinxton Pentrich South Normanton Alfreton Urban District Ripley Urban District Heanor Urban District	A. C. Hall, Westminster Bank Chambers, 1, Chesterfield Road, Alfreton. Tel. Office : Alfreton 125. Home : Leabrooks 261.
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	E. R. Jackson, 2, Wilson Street, Derby. Tel. Office : Derby 45468/9. Home : Derby 48383.
Ilkeston Borough Mapperley Stanley Dale Abbey Stanton-by-Dale Sandiacre Breaston Shipley West Hallam Morley Ockbrook Hopwell Risley Long Eaton Urban District Draycott and Church Wilne	H. Bishop, Rutland Chambers, Lord Haddon Road, Ilkeston. Tel. Office : Ilkeston 492. Home : Long Eaton 380.
Littleover Elvaston Barrow-on-Trent Aston Melbourne Spondon Chaddesden Sinfin Moor Swarkestone Chellaston Weston Derby Hills Stanton-by-Bridge Breadsall Repton Rural District Swadlincote Urban District Sinfin and Arleston Alvaston and Boulton Shardlow and Great Wilne	C. R. Smith, 2, Wilson Street, Derby. Tel. Office : Derby 45468/9. Home : Repton 338.

OCCUPATION CENTRES.

Chesterfield.

This Centre, which is held at the Ragged School, Markham Road, Chesterfield, had an average attendance of about 40 pupils 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.

The Supervisor reports as follows concerning the work of the Centre during the year 1950 :—

"On May the 9th, 1949, the Occupation Centre was opened with 13 children and two staff—Miss Jones (the Assistant Supervisor) and myself. Mrs. Hill, the Guide Help, commenced one month later. A happy atmosphere was soon established between children and staff. The numbers have gradually increased and in January, 1950, the number on the register was 33. In September 10 more children were admitted, these from a wider area, two buses being needed now to collect the children, five children travelling by themselves. Two have been excluded during the year, making the number on the register 43 at the end of December, 1950.

As far as possible the children have been graded into three groups, helping us a little in achieving progress owing to the various ages and different mentality, the programme being varied to try and hold the interest of each child, consisting of Assembly, Hymn, Prayers, Hygiene, Sense Training, Physical Training, Paper Work, Drawing, Handwork, Singing, Dancing, Percussion Band and Eurhythmics, all of which are enjoyed, particularly music. Due to the steady increase in numbers, progress generally has been handicapped, although definite improvement has been achieved.

Two Open Days have been held, parents' co-operation much appreciated ; a Sale of Work has been held, most of the work being bought by parents ; Christmas festivities were held in the true festive spirit, Mr Wetton (School Transport) giving us most valuable help.

During the different seasons of the year the children have been taken walks in Queen's Park, which is only a few minutes from the Centre. These walks were taken to arouse interest in nature, always ending in the pleasure part where swings and the mountain slide are great favourites. One day, whilst walking through, a small amusement fair was sighted. It was closed, but the proprietor, seeing the children's interest, very kindly offered them a free ride, the little ones enjoying the roundabout and the older ones the swinging boats. Through these walks a nature book has been made and interest aroused. In July the children were taken to Cleethorpes for their yearly day's outing, which proved a great success.

School dinners have been quite satisfactory, two children receiving free dinners due to the fact of the father not working or deceased. Mid-morning milk has been provided.

The radio and telephone have proved successful ; the programmes 'Music and Movement' and 'Listen with Mother' were enjoyed by all.

During February, Miss Gavin from the Board of Control paid us a visit. Dr. Davidson-Lamb visited twice and Miss Beardmore periodically to inspect the children's heads. Several members of the Committee made monthly visits. Mr. Wynne and Mr. Shimwell visited the Centre frequently, thus keeping contact between home and Centre. On November 15th Miss Britton, a student of the Supervisor's Course, National Association for Mental Health, commenced work at the Centre, and on December 7th Mrs. Blake, the Assistant Tutor of the Course, visited Miss Britton.

The use of the small room has proved invaluable also the nursery table and chairs. Miss Jones has had the little ones separate most of the day. As our number of little ones is increasing I have found having a student a great help, the student and myself having two groups, Mrs. Hill helping Miss Jones when she has finished her duties.

The year as a whole has been a successful one and I would like to add my thanks and appreciation to Miss Jones and Mrs. Hill for their loyal support especially to Miss Jones who has put her heart and soul into her work. She will be missed by all when she leaves us in March 1951. To Mr. Wynne and Mr. Shimwell for their co-operation and not forgetting Mr. Middleton, the caretaker, who has kept the Centre clean and warm."

Ilkeston.

This Centre, which is held at St. Mary's Schools, Hallcroft Road, Ilkeston, had an average of about 40 pupils on the register during the year, the staff being as follows :—

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

Assistant Supervisor : Mrs I. Wall. Previous experience as Assistant Supervisor at the Derby Occupation Centre.

One Guide Help.

The Supervisor reports as follows concerning the work at the Centre during the year 1950 :—

"The year opened with 34 names on the register. During the year, 11 new patients were admitted, two died, four left and two were excluded, leaving 37.

The staff took an evening course in Physical Education and new apparatus was purchased. This has been used to considerable advantage.

On Monday, June 26th, 28 patients spent a very enjoyable day at Wicksteed Park. Each was given an ice-cream and sweets in addition to lunch and tea. After rides in the motor launch and on the miniature railway, cricket and the Amusement Park were the chief attractions.

In the Handwork class, 78 articles were made, consisting of wool mats, felt toys, cushion covers, calendars and other small items. Stool seating was attempted by the boys with some success, three being completed. Sixty-one of these articles were sold at the Open Day on Tuesday, December 12th, realising £9 16s. 1d. Songs, dancing and percussion band items were given by the patients to approximately eighty parents and friends.

The school meals have been of a very high standard, resulting in very little wastage.

Good progress was made in colour work and cutting out by the younger children.

The highlight of the year was the Christmas Party on Wednesday, December 20th, enjoyed by 32 patients. After receiving a small gift and a bag containing sweets, nuts and fruit, a large ice-cream cake was consumed at tea-time along with other good fare.

Four boys and three girls showed little improvement, but, on the credit side, five boys and five girls have made exceptionally good progress."

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

Four County pupils attended the Derby Borough Occupation Centre.

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

During the year 1950, the co-ordination of the Health Authority's Mental Health work and the work of the two Regional Hospital Boards and the various Hospital Management Committees was continued. Great difficulties were experienced owing to the lack of accommodation in Institutions for Mental Defectives, 120 mental defectives in the County are urgently awaiting beds in Institutions and the demands from distracted relatives are becoming increasingly insistent. Arrangements were made on behalf of the various Hospital Management Committees for the Mental Health Social Workers to supervise all mental defectives on licence or holiday leave from Institutions, while the Duly Authorised Officers visited and reported on the home conditions of patients about to be allowed leave of absence on trial from Mental Hospitals.

VOLUNTARY ASSOCIATIONS.

In this County no duties have been delegated to Voluntary Associations.

WORK UNDERTAKEN IN THE COMMUNITY.

(*a*) Under Section 28 of the National Health Service Act, 1946.

A considerable part of the work of the Mental Health Social Workers concerns the care and after-care of mental defectives in their homes. During the year 837 mental defectives were under statutory supervision at home and 461 under voluntary supervision. All these cases were visited at varying intervals during the year and detailed reports 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 1950. The Duly Authorised Officers obtained Orders in respect of 409 patients and gave information and advice to relatives and others concerning a number of voluntary and temporary cases admitted to Mental Hospitals.

Lunacy and Mental Treatment Acts

During the period 1st January to 31st December, 1950, the following numbers of patients were admitted to Mental Hospitals :—

TABLE XXIX.

	Males.	*Females.*	*Total.*
The Pastures Hospital, Mickleover	297	386	683
Scarsdale Hospital, Chesterfield	74	59	133
St. Matthew's Hospital, Burntwood, near Lichfield	2	—	2
Shaw Heath Mental Hospital, Stockport ...	10	4	14
Parkside Mental Hospital, Macclesfield	25	14	39
Middlewood Mental Hospital, Sheffield	8	4	12
Mapperley Hospital, Nottingham	12	10	22
Kingsway Hospital, Derby	3	9	12
Lake Hospital, Ashton-under-Lyne	1	—	1
Belvedere Hospital, Burton-on-Trent	3	2	5
Ollersett View, New Mills	—	3	3
Saxondale Hospital, Radcliffe-on-Trent	—	2	2
Total	435	493	928

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

TABLE XXX.

	Males.	*Females.*	*Total.*
Lunacy Act, 1890.			
Summary Reception Orders (Sec. 16) ...	123	141	264
Duly Authorised Officers' 3-day Orders (Sec. 20)	30	24	54
Justices' 14-day Orders (Sec. 21 (1)) ...	73	67	140
Mental Treatment Act, 1930.			
Temporary Patients (Sec. 5)	11	15	26
Voluntary Patients	198	246	444
TOTAL	435	493	928

It will be seen from the previous Table that it was necessary to obtain Orders under the Lunacy Acts in less than half the cases, the remainder entering the Hospitals as voluntary or temporary patients under the Mental Treatment Act.

(c) Under the Mental Deficiency Acts, 1913-1938.

The following Table gives the numbers of mental defectives in the County on January 1st, 1951, and details of the number of cases reported and dealt with during the year 1950 :—

I. Particulars of Mental Defectives as on 1st January, 1951.

	M.	F.	T.
(1) Number of Ascertained Mental Defectives found to be "Subject to be dealt with" :—			
(a) In Institutions (including cases on licence therefrom)			
Under 16 years of age	10	7	17
Aged 16 years and over	218	283	501
(b) Under Guardianship			
Under 16 years of age	—	—	—
Aged 16 years and over	2	3	5
(c) In "places of safety"	4	1	5
(d) Under Statutory Supervision (excluding cases on licence)			
Under 16 years of age	140	115	255
Aged 16 years and over	280	292	572
Total ascertained cases found to be "subject to be dealt with"	654	701	1,355
Number of cases included in (b) to (d) above awaiting removal to an Institution ...	67	45	112
(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	13	19	32
Aged 16 years and over	207	222	429
Total number of Mental Defectives	874	942	1,816

(3) Number of Mental Defectives Receiving Training :	M.	F.	T.
(a) In day-training centres			
Under 16 years of age	32	25	57
Aged 16 years and over	15	12	27
Total ...	47	37	84

II. Particulars of Cases Reported during the Year 1950.

(1) Ascertainment.

	M.	F.	T.
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :—			
(i) Under Section 57 (3)	29	17	46
(ii) Under Section 57 (5) :—			
On leaving special schools	1	—	1
On leaving ordinary schools	—	3	3
(b) Other ascertained defectives reported during 1950 and found to be "subject to be dealt with"	5	5	10
Total ascertained defectives found to be "subject to be dealt with" during the year...	35	25	60
(c) Other reported cases ascertained during 1950 who are not at present "subject to be dealt with"	14	20	34
Total number of cases reported during the year	49	45	94

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	3	2	5
(ii) Placed under Guardianship	—	—	—
(iii) Taken to "places of safety"	1	—	1
(iv) Placed under Statutory Supervision ...	31	22	53
(v) Died or removed from area	—	1	1
(vi) Action not yet taken	—	—	—
TOTAL ascertained defectives found to be "subject to be dealt with"	35	25	60

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

	M.	F.	T.
(i) Placed under Voluntary Supervision ...	10	16	26
(ii) Later found not to be defective ...	4	4	8
(iii) Died or removed from area	—	—	—
(iv) Action unnecessary	—	—	—
(v) Action not yet taken	—	—	—
TOTAL cases not at present "subject to be dealt with"	14	20	34

III. NUMBER OF MENTAL DEFECTIVES IN INSTITUTIONS UNDER COMMUNITY CARE, INCLUDING VOLUNTARY SUPERVISION OR IN "PLACES OF SAFETY" ON 1ST JANUARY, 1950, WHO HAVE CEASED TO BE UNDER ANY OF THESE FORMS OF CARE DURING 1950.

	M.	F.	T.
(a) Ceased to be under care	23	13	36
(b) Died, removed from area, or lost sight of ...	18	20	38
TOTAL ...	41	33	74

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

(a) Number who have given birth to children during 1950 :—

(i) After marriage	4
(ii) While unmarried	1

	Males.	*Females.*
(b) Number who have married during 1950 ...	3	5

V. NUMBER OF PATIENTS ADMITTED TO INSTITUTIONS FOR MENTAL DEFECTIVES DURING THE YEAR 1950.

	M.	F.	T.
(a) By Order :—			
(i) Under 16 years of age	6	4	10
(ii) Aged 16 years and over...	5	7	12
Total admitted by Order	11	11	22
(b) Admitted to "Places of Safety"	3	2	5
TOTAL	14	13	27

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 XXXI.

Cases of Notifiable Diseases notified during 1950

as reported by the Local Medical Officers of Health.

Urban Districts.	Tuberculosis		Small-Pox.	Scarlet Fever	Diphtheria	Typhoidal Fevers.	Puerperal Pyrexia.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmonary.	Other.									
Alfreton	11	2	—	18	—	—	1	—	—	—	—
Ashbourne	5	2	—	2	—	—	—	—	2	—	—
Bakewell	4	—	—	3	—	—	—	—	2	—	—
Belper	4	5	—	36	—	—	1	—	—	2	—
Bolsover	6	1	—	45	—	—	—	—	2	—	—
Buxton (Boro') ...	9	2	—	47	—	—	—	—	1	1	—
Chesterfield (Boro')	43	—	—	148	—	—	11	—	15	—	—
Clay Cross	3	1	—	29	—	—	—	—	—	—	—
Dronfield	5	1	—	28	—	—	—	—	—	—	—
Glossop (Boro') ...	5	1	—	48	1	—	1	—	1	—	—
Heanor	15	2	—	64	—	1	—	—	9	1	—
Ilkeston (Boro') ...	24	1	—	38	—	—	—	—	1	—	—
Long Eaton ...	30	—	—	74	—	—	1	—	7	—	—
Matlock	—	—	—	6	—	1	1	2	2	—	1
New Mills	2	3	—	6	—	—	—	—	2	—	—
Ripley	9	3	—	32	—	—	—	—	5	—	—
Staveley	11	—	—	96	—	—	—	1	3	—	—
Swadlincote ...	30	4	—	37	—	—	—	—	1	—	—
Whaley Bridge ...	1	1	—	7	—	—	—	—	1	—	—
Wirksworth ...	3	—	—	2	—	—	—	—	—	—	—
Urban Districts ...	220	29	—	766	1	2	16	3	54	4	1

Rural Districts.	Tuberculosis		Small-Pox.	Scarlet Fever.	Diphtheria	Typhoidal Fevers.	Puerperal Pyrexia.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Neon.	Enceph. Letharg.
	Pulmonary.	Other.									
Ashbourne	3	5	—	9	—	—	1	—	4	—	—
Bakewell	9	7	—	18	—	1	—	—	4	—	—
Belper	14	5	—	33	—	1	—	1	5	-	—
Blackwell	24	5	—	195	—	—	1	—	5	—	—
Chapel-en-le-Frith...	3	6	—	35	—	—	—	—	—	—	—
Chesterfield ...	39	5	—	208	—	—	6	3	18	3	—
Clowne	7	4	—	176	—	—	1	—	5	—	—
Repton	14	5	—	59	—	—	—	—	3	—	—
Shardlow	63	9	—	86	1	1	—	1	9	—	—
Rural Districts ...	176	51	—	819	1	3	9	5	53	3	—
Urban Districts ...	220	29	—	766	1	2	16	3	54	4	1
Whole County ...	396	80	—	1585	2	5	25	8	107	7	1

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 1950.

1. Births.

Number of births notified in the Authority's area during the period 1st January, 1950, to 31st December, 1950, 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:—
(i) Domiciliary......5,099
(ii) Institutional ...5,945

(*b*) Still births:—
(i) Domiciliary...... 88
(ii) Institutional ...163

(*c*) Totals:—
(i) Domiciliary......5,187
(ii) Institutional ...6,108

GRAND TOTAL 11,295

2. Care of Premature Infants.—*i.e.* babies weighing 5½ 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 276
(ii) Born in hospital or nursing home 514

(*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*						
		Nursed entirely at home							Nursed entirely in private nursing home					
	Trans-ferred to hos-pital	Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Sur-vived 28 days	Total	Grand total	Trans-ferred to hos-pital	Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Sur-vived 28 days	Total	Grand total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
er 3 lbs.	8	3	1	—	—	4	12	—	—	—	—	1	1	1
lbs....	23	1	2	—	8	11	34	—	1	1	—	—	2	2
½ lbs.	21	1	1	2	205	209	230	2	1	1	1	51	54	56
L ...	52	5	4	2	213	224	276	2	2	2	1	52	57	59

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	
	Domiciliary confinements (2)	Institutional confinements (3)	Domiciliary confinements (4)	Institutional confinements (5)	Domiciliary confinements (6)	Institutional confinements (7)
Number of cases notified during the year	5	2	1	2	8	16
Number of cases removed to hospitals	—	—	—	—	—	—

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	—
(*g*)	Classification under the above heads cannot be made (details of these cases should be attached) ..	—
	Total	7

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	1	2
Attended in Nursing Homes	—	—

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

(i)	At home	1
(ii)	In Nursing Homes	—
(iii)	After removal to a Hospital	2

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) (2)	Number of sessions now held *per month* at clinics included in col. (2) (3)	Number of women in attendance: Number of women who attended during the year (4)	Number of women in attendance: Number of new cases included in col. (4), i.e., for A.N. clinics women who had *not* previously attended any clinic during current pregnancy and for P.N. clinics women who had *not* previously attended any P.N. clinic after last confinement (5)	Total number of attendances made by women included in col. (4) during the year (6)
[...]al Health Authority Clinics :					
[A]nte-natal clinics ...	23	109	6,633	5,159	21,338
[P]ost-natal clinics ...	2	2	* 472 (347)	* 409 (290)	* 686 (419)
[Cli]nics provided by Voluntary Organisations :					
[A]nte-natal clinics ...	—	—	—	—	—
[P]ost-natal clinics ...	—	—	—	—	—

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

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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, 1950.

	Number	Number of approved places		Number of children on the register at the end of the year		Average daily attendance duri[ng] the year	
		0–2	2–5	0–2	2–5	0–2	2–5
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
(*a*) Nurseries maintained by the Council	5	91	134	74	165	55	128
(*b*) Nurseries maintained by Voluntary Organisations ...	—	—	—	—	—	—	—

8. Daily Minders receiving fees from the Authority under Section 22 of the National Health Service Act, 1946, at 31st December, 1950.

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

9. Domestic Helps.

(i) Number of Domestic Helps employed at 31st December, 1950 :—
(*a*) Whole-time 50
(*b*) Part-time 80

(ii) Number of cases where Domestic Help was provided during the year :—
(*a*) Maternity (including expectant mothers) 221
(*b*) Tuberculosis 9
(*c*) Others 354

(iii) Number of Domestic Help Organisers employed ? .. 1

10. Child Welfare Centres.

	Number of centres provided at end of year	Number of Child Welfare sessions now held *per month* at centres in col. (2)	Number of children who attended centres in col. (2) during the year	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 attendances ma[de] by children included in col. 4 during the year	
				Under 1 year of age	Over 1 year of age	Under 1 year of age	Between the ages of 1 and 5	Under 1 year of age	Over year age
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10
Local Health Authority centres ...	82	345	14,317	5,938	411	5,499	8,386	79,748	31,3
Centres provided by Voluntary Organisations	3	8	279	113	10	80	199	1,503	1,2

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: Whole-time on health visiting (2)	Part-time on health visiting (3)	Equivalent Whole-Time Health Visitor services provided under col. (3) (all classes, including attendance at Child Welfare Centres) (4)	Expectant mothers: First visits (5)	Expectant mothers: Total visits (6)	Children under 1 year of age: First visits (7)	Children under 1 year of age: Total visits (8)	Children between the ages of 1 & 5: First visits (9)	Children between the ages of 1 & 5: Total visits (10)	Other cases: First visits (11)	Other cases: Total visits (12)
ll Health ithority ...	—	49	33.5	3,234	4,433	8,344	27,496	1,270	42,605	2,732	8,537
intary rganisations	—	—	—	—	—	—	—	—	—	—	—

Columns (5)–(12): Number of visits paid by Health Visitors during the year.

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

Name and Address of Home or Hostel (1)	Number of beds: Total beds (excluding maternity and labour and cots) (2)	Maternity (excluding labour and isolation) (3)	Labour beds (4)	Cots (5)	Number of admissions (ignoring re-admissions after confinement) during the year (6)	Number of admissions in col. (6) for which the authority was responsible (7)	Average length of stay: Ante natal (8)	Post natal (9)
Provided by the Authority :— NIL								
Provided or used by Voluntary Organisations with which the Authority make arrangements under S.22 (1), or to which the Authority make payment under S.22 (5), for women from the Authority's area :— NIL								

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

(*a*) Expectant mothers 28

(*b*) Post-natal cases 19

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.

(1)		Number of vehicles at 31st December, 1950 (2)	Total number of Journeys during the year (3)	Total number of patients carried during the year (4)	Number of accident and other emergency Journeys included in col. (3) during the year (5)	Total mileage during the year (6)	Number paid whole-ti drivers a attendar at 31st Decemb 1950 (7)
Directly provided service	Ambulances	56	40,312	81,359	7,678	897,423	120
	Cars ...	10	7,632	13,125	470	201,033	
Agency service(s)	Ambulances	9	8,991	12,518	1,430	160,337	15
	Cars ...	2	5,460	9,051	254	114,676	
Supplementary service(s)*	Ambulances	—	—	—	—	—	—
	Cars ...	—	—	—	—	—	

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, 1950 :

Arrangements exist for the use of Hospital Car Service cars. The total number of drivers on the Register at the 31st December, 1950, was 5.

15. Home Nursing.

(1)	Number of Home Nurses employed at 31st December, 1950		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)			
...cal Health Authority	104	40	20	12,097	307,400
...luntary Organisations by agree-...ment 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, 1950	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 ...	—	—	—	—
Homes on the register at end of 1949 ...	8	17	75	92

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 Glossop ,, Ilkeston ,,	The powers and duties of the County Council for the respective areas.

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, 1950		
	Dodiciliary Midwives	Midwives in Institutions	Total
(*a*) Midwives employed by the Authority	121	—	121
(*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	—	77	77
(*d*) Midwives in Private Practice (including Midwives employed in Nursing Homes)	12	8	20
TOTALS ...	133	85	218

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*, 1950					
	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)
[M]idwives employed by the [A]uthority	3,808	1,488	—	—	3,808	1,488
[M]idwives employed by [V]oluntary Organisations— [(a)] Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—	—	—	—
[(b)] Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ...	—	—	—	—	—	—
[M]idwives employed by [H]ospital Management Com[m]ittees or Boards of [G]overnors under the [N]ational Health Service [A]ct	—	—	2,980	208	2,980	208
[M]idwives in Private Prac[t]ice (including Midwives [e]mployed in Nursing Homes)	50	34	249	300	299	334
TOTALS ...	3,858	1,522	3,229	508	7,087	2,030

[N]OTES.—(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) As to the distinction between midwives' and maternity nurses' cases in domiciliary practice attention is drawn to Circular 173/48.

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 .. .. } 876

(ii) Others—number .. .. }

Total 876

(*b*) For cases in Institutions 85

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 :—

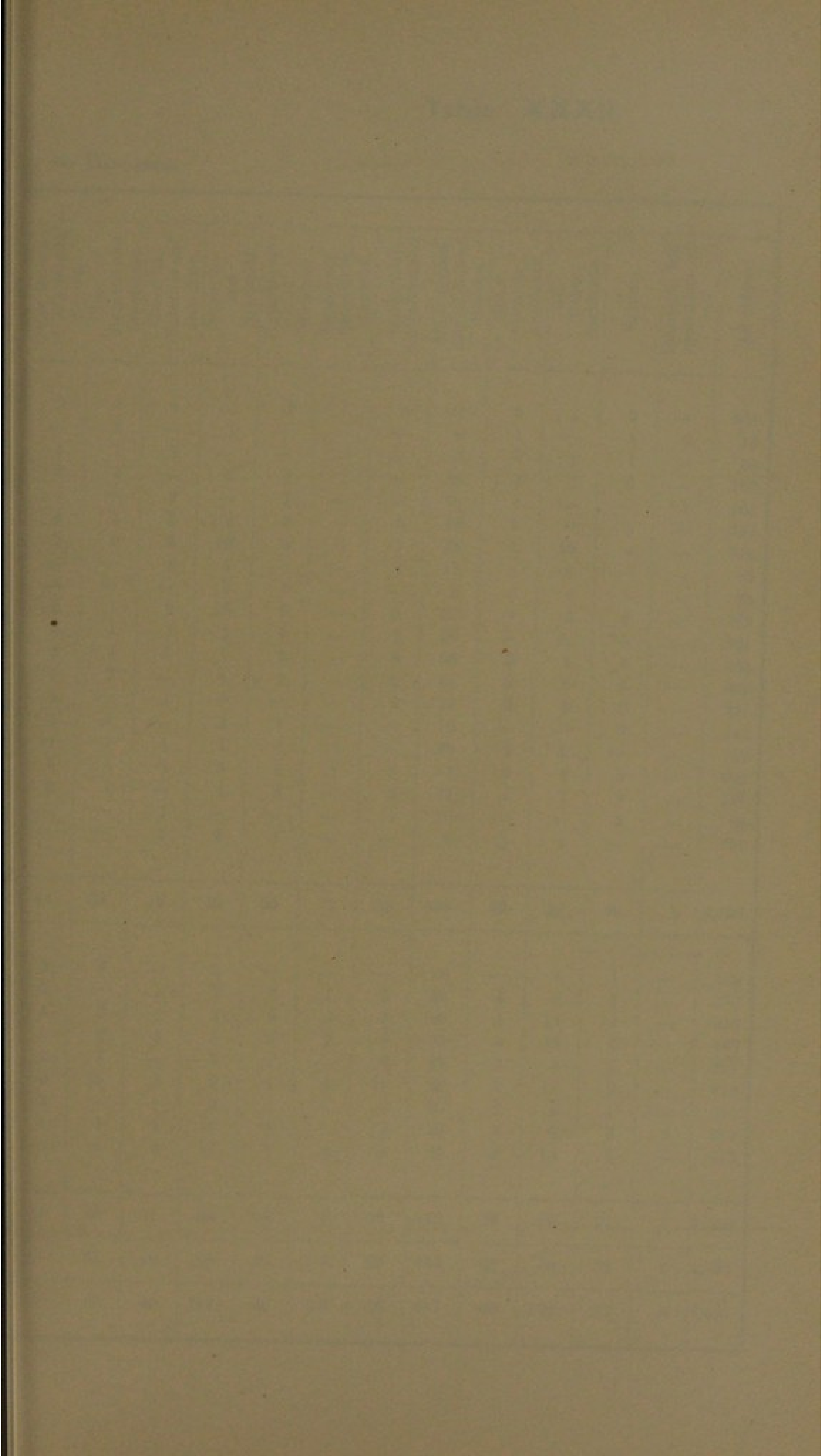
(*a*) Employed in homes and hospitals in the National Health Service 46

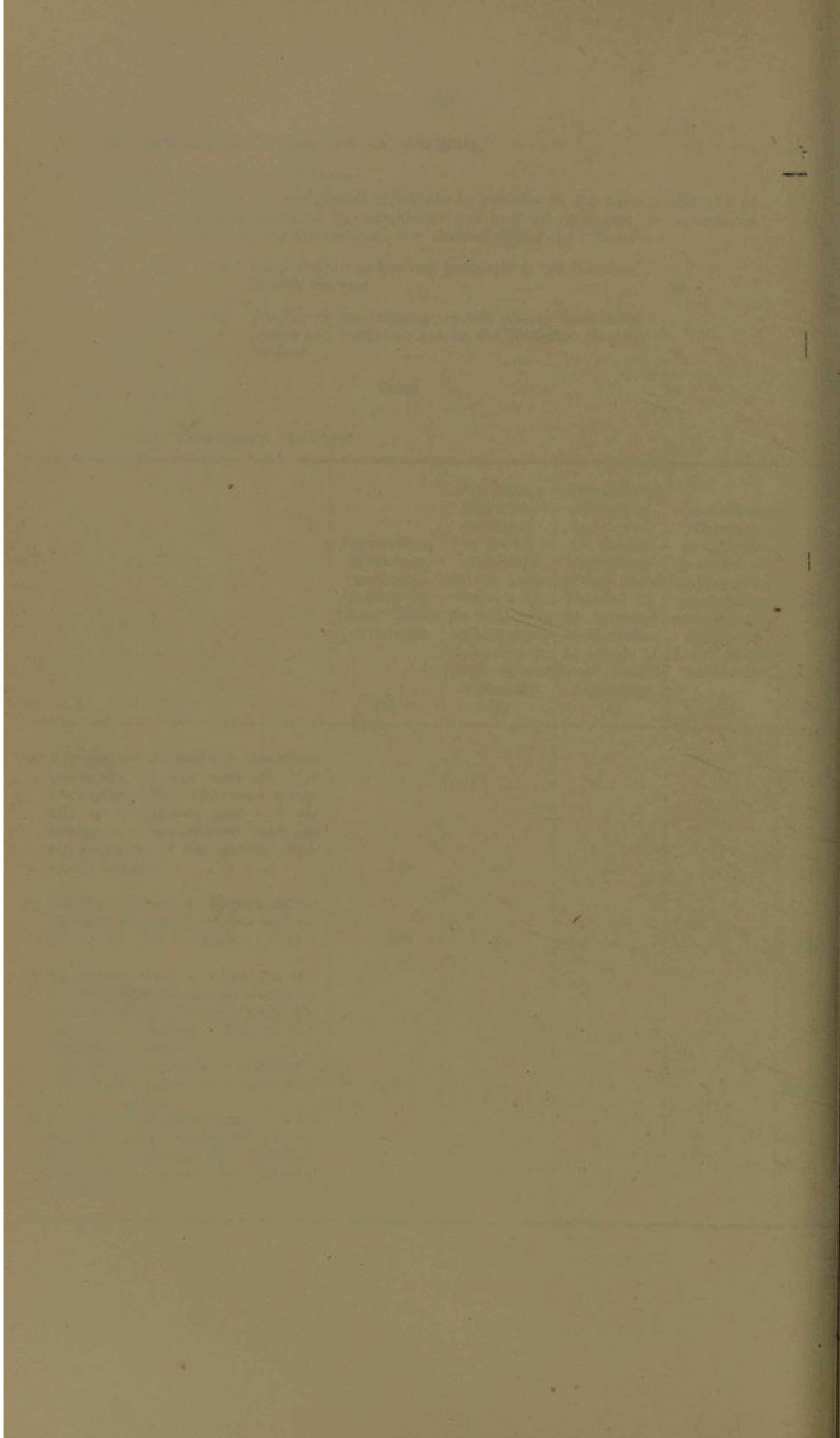
(*b*) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service 2

Total 48

(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)	Tot[illegible] (6)
(*a*) Number of *domiciliary* midwives practising in the area at 31st December, 1950, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board	118	—	—	—	11[illegible]
(*b*) Number of sets of apparatus for the administration of gas and air in use at 31st December, 1950 ...	118	—	—	—	11[illegible]
(*c*) Number of cases in which gas and air was administered by midwives in *domiciliary* practice during the period 1st January, 1950, to 31st December, 1950 :— (i) When acting as a midwife ... (ii) When acting as a maternity nurse	2,311	—	—	2	2,31[illegible]
(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.

Table XXXII.

Table of Deaths during the year 1950 in each of the Sanitary Districts, Classified according to Diseases.

DISTRICTS	DEATHS FROM VARIOUS CAUSES.																																				
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant & lymphatic Neoplasms	Leukaemia Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Coronary Disease, Angina	Hypertension with heart disease	Other Heart Diseases	Other Circulatory Diseases	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill-defined diseases	Motor Vehicle Accidents	All Other Accidents	Suicide	Homicide and operations of war	All Causes
(URBAN)																																					
ALFRETON	3	—	3	—	—	—	—	—	1	8	6	7	3	20	1	2	42	25	10	50	10	3	8	12	2	4	1	—	2	3	5	21	2	4	3	—	261
ASHBOURNE	1	—	1	—	1	—	—	—	—	—	2	—	—	5	1	—	11	4	—	7	3	—	1	2	—	1	—	1	—	—	—	2	1	—	1	1	46
BAKEWELL	2	—	—	—	—	—	1	—	—	1	2	—	—	7	—	—	10	5	—	12	4	1	2	2	1	1	1	—	—	—	—	4	—	1	1	—	58
BELPER	—	—	—	—	—	—	—	—	—	7	—	2	1	19	—	2	32	17	7	28	7	3	5	5	3	2	—	2	1	1	—	18	2	1	2	—	167
BOLSOVER	2	—	2	—	—	—	—	1	1	3	2	2	—	12	1	1	9	13	1	34	1	—	3	3	—	—	2	—	1	—	—	10	1	—	—	1	106
BUXTON (Borough) ...	3	1	—	—	—	—	—	—	—	7	5	4	2	27	3	1	35	32	11	47	10	—	2	13	4	2	2	2	2	—	3	19	2	7	5	—	251
CHESTERFIELD (Boro')	19	1	—	—	2	—	1	—	3	24	9	12	12	73	5	8	92	80	27	104	33	9	30	56	9	9	3	10	5	1	7	78	3	19	4	—	748
CLAY CROSS	—	—	—	—	1	—	—	—	—	7	2	3	2	10	—	1	7	10	5	10	3	—	1	12	—	—	1	1	—	—	1	11	1	—	—	—	89
DRONFIELD	2	1	—	—	—	—	—	—	1	2	1	1	2	5	1	1	17	11	2	12	3	—	3	4	—	—	—	3	1	—	—	5	2	4	1	—	85
GLOSSOP (Borough) ...	4	—	3	—	—	—	—	—	1	5	5	4	5	18	—	4	34	15	4	66	14	3	4	23	2	1	2	18	6	—	3	27	1	6	4	—	282
HEANOR	9	—	1	—	—	—	—	—	—	10	4	2	—	28	—	3	45	33	6	37	16	7	11	19	4	1	1	2	2	—	2	26	—	10	5	—	284
ILKESTON (Borough) ...	12	—	1	—	—	—	—	1	2	11	7	4	5	29	2	3	56	23	2	57	14	4	9	41	6	4	1	7	2	—	8	36	3	8	5	—	363
LONG EATON	5	1	2	—	1	—	—	—	—	5	5	8	3	30	—	4	35	33	7	46	14	—	13	19	2	2	—	4	2	—	2	51	2	6	6	—	308
MATLOCK	3	—	—	—	—	—	1	—	1	4	4	3	2	15	1	—	61	18	2	50	11	2	4	5	1	—	1	3	—	—	2	28	2	5	2	—	231
NEW MILLS	3	1	—	—	—	—	—	—	—	7	1	2	2	7	1	1	18	8	8	34	13	—	2	13	3	1	—	3	1	—	—	10	—	—	3	—	142
RIPLEY	2	—	—	—	1	—	1	—	1	5	3	3	1	11	1	—	24	12	5	22	1	6	8	14	1	1	1	1	1	1	—	36	3	2	—	—	168
STAVELEY	6	—	1	—	1	—	1	—	—	5	4	4	3	18	1	—	18	18	9	31	3	1	4	5	1	1	1	5	1	1	3	13	5	8	3	—	175
SWADLINCOTE	6	2	1	—	—	—	1	—	1	5	6	4	1	23	2	2	30	11	9	41	16	—	7	20	2	1	—	4	2	—	2	27	1	7	3	—	237
WHALEY BRIDGE ...	1	1	—	—	—	—	—	—	—	2	3	2	1	4	—	—	5	3	1	21	2	1	1	6	—	—	1	—	—	—	1	10	—	—	2	—	68
WIRKSWORTH	2	—	1	—	—	—	—	—	—	—	—	1	—	3	1	2	8	3	1	11	3	1	2	—	—	—	1	2	1	—	—	6	1	1	—	—	51
URBAN DISTRICTS ...	85	8	16	—	7	—	6	2	12	118	71	68	45	364	21	35	589	374	117	720	181	41	120	274	41	31	19	68	30	7	39	438	32	89	50	2	4,120
(RURAL)																																					
ASHBOURNE	2	—	—	—	—	—	—	—	1	5	1	2	2	8	—	1	14	9	3	29	14	—	3	7	3	2	—	2	—	—	—	15	—	5	1	—	129
BAKEWELL	3	—	1	—	—	—	—	—	2	9	6	2	3	18	1	—	42	23	4	68	18	2	6	13	2	—	1	2	2	1	2	29	4	8	1	—	273
BELPER	6	—	1	—	—	—	—	—	—	6	7	4	4	31	2	2	30	35	5	56	26	8	8	14	1	2	1	3	6	2	5	40	1	11	1	—	318
BLACKWELL	6	2	1	—	—	1	—	—	1	19	6	7	4	28	1	7	58	31	12	99	12	—	17	26	5	6	3	5	2	2	8	75	4	13	5	1	467
CHAPEL-EN-LE-FRITH	5	3	—	—	—	—	—	—	1	11	3	6	1	31	1	1	36	20	4	55	9	—	8	12	2	3	—	7	1	—	2	22	2	6	1	—	253
CHESTERFIELD ...	16	—	2	—	2	1	3	—	3	27	13	8	4	56	3	7	103	106	18	174	33	4	23	45	9	10	6	9	4	2	11	82	8	18	9	—	819
CLOWNE	4	1	—	—	—	—	1	—	1	9	4	1	2	16	—	2	29	20	4	46	8	1	1	14	3	—	1	2	1	—	—	30	2	6	1	—	210
REPTON	8	2	2	—	—	—	—	—	2	13	12	2	3	32	3	2	54	28	11	69	11	1	5	10	1	5	3	8	3	—	3	36	4	9	3	3	348
SHARDLOW	19	2	2	—	1	—	—	—	3	7	18	13	5	62	2	6	84	70	20	117	42	8	13	33	5	4	6	11	7	2	6	90	3	13	9	—	683
RURAL DISTRICTS	69	10	9	—	3	2	4	—	14	106	70	45	28	282	13	28	450	342	81	713	173	24	84	174	31	32	21	49	26	9	37	419	28	89	31	4	3,500
URBAN DISTRICTS	85	8	16	—	7	—	6	2	12	118	71	68	45	364	21	35	589	374	117	720	181	41	120	274	41	31	19	68	30	7	39	438	32	89	50	2	4,120
WHOLE COUNTY ...	154	18	25	—	10	2	10	2	26	224	141	113	73	646	34	63	1039	716	198	1433	354	65	204	448	72	63	40	117	56	16	76	857	60	178	81	6	7,620

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

County School Medical Officer

ON THE

Medical Inspection of School Children

FOR THE

Year ended 31st December, 1950.

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.

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,, Mrs. D. M. Sutton.

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R. A. Kirkman, Esq.

ANNUAL REPORT

of the COUNTY SCHOOL MEDICAL OFFICER on the Medical Inspection of School Children for the Year ended 31st December, 1950.

To the Chairman and Members of the Derbyshire Education Committee.

Ladies and Gentlemen,

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

It is the duty of School Medical Officers to "ascertain" handicapped pupils, and it is pleasing to note that the Authority are providing their own new residential special schools for educationally subnormal girls at the "John Duncan" Special School, Buxton, and for educationally subnormal boys at Overseal Manor, Overseal, as well as a hostel for maladjusted pupils at Stretton House, Clay Cross. This provision, of course, is in addition to the existing arrangements for admitting pupils to special schools in various parts of the country. In October, 1946, I read a paper to the School Medical Officers' Group of the Society of Medical Officers of Health on "Handicapped Pupils and Disabled Persons," and I thought it might be interesting to the Education Committee if I set out below some of the views I expressed on that occasion, suitably amended to bring them up-to-date.

Every human being should be given the opportunity of expressing his personality and making his maximum contribution to society.

We who are more or less normal may find difficulty in knowing the feelings of frustration and hopelessness that must be experienced by the handicapped and disabled. We have all known instances of the "square peg in the round hole," but so often the disabled have no hole at all! In the past this problem, with its many facets, has not been tackled, or only tackled in a half-hearted manner. Parliament has grappled with the situation in a commendable way, and we now have the Handicapped Pupils and School Health Service Regulations under the Education Act, 1944, and the Disabled Persons (Employment) Act, 1944. Fresh vistas of hope arise before our eyes for the handicapped and the disabled, and it behoves us, as School Medical Officers, to make our contribution to help these unfortunate cases.

The educational system of this country is designed to train people in order that they may earn their livelihood, enjoy their leisure, and become useful and law-abiding members of society. In short, that they might be trained to enjoy and allow others to enjoy a full life. On the other hand, the principal aim of the Rehabilitation and Resettlement of Disabled Persons is designed to assist their early return to work, or to provide vocational training for some form of occupation. But obviously education and employment have much in common, and should dovetail into one another if the best results are to be obtained.

In the educational field many people are concerned with the ascertainment of handicapped children—teachers, educational psychologists, school nurses, parents and school doctors. Obviously the School Medical Officer has a major role to play, because it is on his report that it is decided if a child is handicapped, and to which category he belongs. Afterwards, the special educational treatment required becomes more the concern of the teacher, although medical supervision should continue.

As in so many walks of life, team work will yield dividends, and in no other sphere will the results be more gratifying, because each member of the team has a vital part to play.

The Handicapped Pupils and School Health Service Regulations define the various categories of Handicapped Pupils, and the Disabled Persons (Employment) Act defines a Disabled Person as a person who, on account of injury, disease or congenital deformity, is substantially handicapped in obtaining and keeping employment which would be suited to his age, experience and qualifications. In this connection "disease" is to be construed as including a physical or mental condition arising from imperfect development of any organ. (In the interests of brevity, I have shorn the definition of its legal jargon to some extent).

As a result of these definitions, it will be found that some pupils who have been certified as handicapped under the Handicapped Pupils and School Health Service Regulations will not be eligible for registration under the Disabled Persons (Employment) Act, and vice versa; and many people who are obviously handicapped or disabled are excluded altogether.

This may seem curious at first, but it is understandable when it is realised that definitions having different objects are used. After all, one is based fundamentally upon educational and the other upon employment considerations. In any case, a definition is intended to bring certain things within its ambit and to exclude others.

In order to avoid repetition, in future I shall merely refer to "the Regulations" when I mean the Handicapped Pupils and School Health Service Regulations, and to "the Act" when I mean the Disabled Persons (Employment) Act.

In determining whether a pupil is handicapped under the Regulations it is necessary to inquire whether he is in need of special educational treatment. Apparently a child who has an amputated leg is not "handicapped" on that account under the Regulations, but is definitely registerable as a "Disabled Person" under the Act. A maladjusted child may be regarded as "handicapped" under the Regulations, yet may not be eligible for registration under the Act.

Mental defectives who are regarded as ineducable are excluded from the Regulations dealing with handicapped pupils, and likewise it is advised that they should not be encouraged to seek registration as disabled persons if they show no reasonable prospect of obtaining or keeping some form of employment.

The following are definitely stated to be ineligible for registration as Disabled Persons :—

(1) Persons who are habitually of bad character ;
(2) Whole-time patients in hospitals, sanatoria, or similar institutions—save in very exceptional circumstances ;
(3) Children below the statutory school leaving age.

I should like to draw your attention particularly to those suffering from pulmonary tuberculosis, who, although not registerable as disabled persons while in a sanatorium may, according as to whether they are below or above the statutory school leaving age, be regarded as Handicapped Pupils or Disabled Persons after discharge from a sanatorium.

During the period that they are in-patients they may be in need of occupational therapy. The terms used concerning "occupational therapy" are various, and different people do not mean the same thing when they refer to the matter. By defining what I mean by the various stages of re-ablement, that is, the stages necessary for people to earn a living after suffering from tuberculosis, there should be no ambiguity :—

(1) Diversional therapy, or, as I would prefer referring to it, pastime occupations. It merely means that certain pastime occupations should be taught in order to relieve the monotony of convalescence ;

(2) Rehabilitation therapy, that is, the teaching of occupations which will help in the recovery of movement after illness. The work performed may have no connection with what might be required by the patient ultimately to earn a living ;

(3) Vocational therapy, that is, the training of persons in occupations in which they are ultimately going to earn their living. This will, of course, be unnecessary for patients going back to the jobs they had prior to their illness, but there are occasions when the conditions of their previous jobs are quite unsatisfactory for their

physical condition and, therefore, they should be trained in some more suitable work. Although the preliminary stages may be carried out in a sanatorium, most of the arrangements would fall on the Ministry of Labour under the Act ;

(4) Village Settlements, which is really a sub-heading of (3), but instead of patients being scattered in various towns or villages, they will live together in suitable conditions under adequate medical supervision.

Few patients will require to pass through each of the four stages enumerated previously. Those who are likely to recover from the disease will probably pass through stage (1) (Diversional therapy), and probably some extend through stage (2) (Rehabilitation therapy). Whether they pass through stage (3) (Vocational therapy) or not is dependent on whether they are allowed to return to their former occupations or not. Only a minority are likely to pass through stage (4) (Village Settlements), although the tendency in this direction is likely to increase.

From these remarks it will be obviously important for consultations to take place between the sanatoria staff, the School Medical Officers and Officers of the Youth Employment Service in the case of young persons under the age of 18 years, and the sanatoria staff and the Ministry of Labour in the case of those over that age, if the best results are to be obtained.

The Minister of Labour and National Service is prepared to recognise for grant under the Act expenditure incurred by Local Authorities on the payment of fees and maintenance allowances in respect of blind students over the age of 21 years and of physically handicapped students over the age of 16 years, who are now being trained at certain institutions or who may be subsequently admitted to such training. It will be necessary to ensure that each student is duly registered under the Act.

This leads me to the next point, and that is that we, as School Medical Officers, should take the broadest possible view of the handicapped and disabled, and familiarise ourselves not only with the patients who come within the definitions of the Regulations, but also those who come within the terms of the Act, because only in this way can we give sound advice to parents. Obviously they should be told of the improved possibilities of ordinary employment under the Act, and of the increased facilities for sheltered employment which may be available only to registered Disabled Persons. Only in this way can parents form a proper judgment as to whether they should avail themselves of the facilities offered.

Very broadly, the aim of the Regulations is to enable handicapped pupils to enjoy a full life, and of the Act to train the disabled to be self-supporting. If the education and training is adequate, a large number will attain this ideal.

Unfortunately, there will be a residuum who will need some form of supplementation to their income. In my opinion this is unavoidable, but it can be reduced to the lowest proportions by training the handicapped and disabled to the maximum of their abilities.

Much can be done by assessing an individual's industrial or commercial capacity as soon as the ordinary forms of education are completed, so that the training for employment can be started at the earliest possible moment. We should continually have in mind what job a handicapped pupil is likely to be capable of doing, so that his training can be adapted accordingly.

In addition, there should be no hiatus between leaving school and the further training which the handicapped require. This can be avoided if there is full consultation between teachers, Youth Employment Officers, and their medical advisers (the School Medical Officers).

In my opinion, the placement of the handicapped and disabled in suitable employment is dependent on the co-ordination of the efforts of these people. It is not sufficient to fill up forms giving certain information, as we do at present, but meetings should be held at special schools, as well as in ordinary schools where children are having special educational treatment, so that the teachers, Youth Employment Officers and the School Medical Officers on the spot can discuss the capacity of each handicapped pupil. The Youth Employment Officers, with their knowledge of industry, can then advise upon what types of training the teachers should concentrate, and possibly even arrange for some of the training to be given in actual industry. This could serve as a probationary period, and in that way it could be determined whether the disabled person was likely to be suitably placed.

An alternative to this would be that pupils might attend a special school part-time, the remainder of the time being taken up in industry.

The advantage of these suggestions would be that in the event of the handicapped pupil proving unsuitable for the type of employment envisaged, he could more easily be switched to some other form of training and employment. The difficulty of this proposal is that the handicapped pupils may be some considerable distance away from the sites of the type of employment required. The number of special schools at the moment is probably insufficient for this suggestion to be implemented on a large scale, but by co-operation with various local authorities it might be possible to transfer some pupils to special schools controlled by other Authorities which may be more accessible to the type of employment envisaged.

It is clear that there are many obstacles in the way of carrying out this suggestion, but we are dealing with a difficult subject, which from many points of view may be regarded at the present time as insuperable, but we should leave no stone unturned in doing what we can to help these unfortunate folk.

It is my contention, however, that the training in the schools should dovetail as far as possible with the work that the handicapped will be required to do later, and obviously it is essential that the co-operation of employers should be obtained if the scheme is to be successful.

There is a difference between "medical rehabilitation" and "industrial rehabilitation." Some patients, after they have finished their medical rehabilitation, require some further help to get them fit to return to industry. The Ministry of Labour favour, where it is at all possible, the transfer of responsibility from the medical to the industrial service to begin to operate before medical treatment ends. The Ministry of Labour have now established industrial rehabilitation units up and down the country, some of which have residential accommodation, where the patients continue to have a measure of medical supervision. This is an excellent arrangement, and I should like to take this opportunity of paying tribute to the vision and drive of the Rt. Hon. G. Tomlinson, M.P., who did so much for disabled persons as Chairman of the Inter-departmental Committee on the Rehabilitation and Resettlement of Disabled Persons (which presented the "Tomlinson" Report to Parliament in January, 1943), and latterly for handicapped pupils as Minister of Education.

Perhaps it will be well to summarise the principal recommendations I have made :—

(1) That the broadest possible view should be taken of the handicapped and the disabled ;

(2) That we should take steps to familiarise the medical members of the School Health Service with the definitions not only in the Regulations but also in the Act, so that the maximum benefit may be obtained from the facilities offered ;

(3) That there should be no hiatus between leaving school and the further training which the handicapped require ;

(4) That there should be meetings of teachers, Youth Employment Officers and School Medical Officers at special schools, or at ordinary schools where children are having special educational treatment, as the mere completion of forms will not be nearly so satisfactory as a full discussion of all the officials "on the spot." In short, there should be co-ordination of the efforts of all concerned.

(5) That the handicapped and disabled should be trained to the maximum of their abilities ;

(6) That we should have continually in mind what job the handicapped pupil is likely to be capable of doing, so that his education and training can be adapted accordingly ;

(7) That part of the training of the handicapped whilst still in attendance at a special school might take place in actual industry in suitable cases. This might be more

feasible if there was co-operation between local education authorities so that transfers of handicapped pupils to other special schools more accessible to industry might be arranged ;

(8) That Youth Employment Officers should endeavour to enlist the assistance of employers, as their co-operation is essential if the scheme is to be a success.

I have delved into Shakespeare, as he has often written words of wisdom on so many aspects of life, and he says, in "The Life of Timon of Athens" :—

" 'Tis not enough to help the feeble up,
But to support him after."

The incidence of pediculosis was slightly higher than in 1949, although lower than the figures for 1948 and 1947. [Details may be seen on page 29 of this Report.] Much can be done by the School Nurses in dealing with pupils, particularly bearing in mind the D.D.T. emulsions that are now available. Intimate contact of people is necessary for the spread of pediculosis, and this can occur in buses, trains, cinemas, schools—but most commonly in the home, because there close contact takes place most frequently, especially during undressing and sleeping. Tackling pediculosis at school is convenient as large numbers of children are assembled together, but this deals with only one aspect of the problem. When the children return home after being cleansed they may become re-infested through contact with other members of the family. If people could only be educated to see the advantages of using a suitable D.D.T. preparation in their homes, the problem could soon be eradicated.

For the second time in succession there has not been a single death from diphtheria in the County during the year, due undoubtedly to the success of the diphtheria immunisation campaign. The measures taken to prevent diphtheria have received the co-operation of the public to a far greater extent than in the case of smallpox, probably because diphtheria has been up to recent years an ever-present problem of serious magnitude, whereas smallpox occurs only spasmodically with periods of complete freedom from the disease. However, it is to be hoped that the general public will take advantage of these and other preventive measures as they are discovered, and in this connection I would mention that the Medical Research Council published a Report in the *British Medical Journal* on 30th June, 1951, which indicated that probably in the not-too-distant future an antigen will be available which will provide a measure of protection against whooping cough.

It is through the facilities of the National Health Service that the Authority normally discharges its obligations under Section 48 of the Education Act, 1944, to secure free medical treatment for school children. The "teething troubles" in the implementation of the National Health Service Act have now largely disappeared and we do not receive now nearly so many complaints about the waiting period for operations for removal of tonsils and adenoids or for the provision of spectacles for pupils. Unfortunately it has not been possible to provide to the full extent the "priority service" in dentistry that one would have liked for pre-school children, expectant and nursing mothers, and school children, due to the departure of Dentists from the salaried service of the local authorities to the "item-of-service" basis of payment provided by Local Executive Councils under the National Health Service.

In concluding this introductory letter, I should once again like to pay tribute to the encouragement that I have received from the Chairman and Members of the Education Medical Services Sub-Committee, the assistance I have received from the Director of Education and his staff, as well as the diligent and loyal service rendered in numerous ways by the medical, dental, nursing and clerical staff of my own Department.

I have the honour to be,

Your obedient Servant,

J. B. S. MORGAN,

County School Medical Officer.

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

July 11th, 1951.

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, 1950	139,090	222,500	322,780	684,370

Primary and Secondary Schools.

Divisional Executive.	Types of Schools and Numbers.		Average No. on Registers
North-west ...	Primary ...	82	8,357
	Secondary ...	13	3,575
North-east ...	Primary ...	116	20,224
	Secondary ...	25	6,319
Mid-Derbyshire ...	Primary ...	83	11,879
	Secondary ...	10	3,192
South-east ...	Primary ...	62	12,719
	Secondary ...	11	3,897
South	Primary ...	97	11,981
	Secondary ...	11	3,835
Chesterfield ...	Primary ...	23	6,932
	Secondary ...	12	4,601
Totals—Whole Administrative County ...	Primary ...	463	72,092
	Secondary ...	82	25,419

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.	30
North-east Division—	
Ault Hucknall, Doe Lea C.	29
Dronfield C.	26
Heath C.	19
Shirland and Higham, Stonebroom J. M. & I	20
Staveley, Church Street C. E.	22
Staveley, Speedwell C.	30
Scarcliffe, Whaley Thorns	30
Shirebrook, Model Village C., I.	17
Mid-Derbyshire Division—	
Alfreton, Somercotes C., I.	25
Pinxton, Church Street, C., I.	25
South-east Division—	
Ilkeston, Chaucer C., J. M. & I.	28
Ilkeston, Gladstone C., I.	28
Chesterfield—	
Brampton Primary I.	68
Cavendish Primary I....	44
Derby Road Primary I.	86
Hasland, Eyre Street Primary I.	26
Hipper Street Primary J. M. & I.....	31
St. Helen's Street Primary J. M. & I.	27
St. Mary's R.C. Primary I.	36
Whittington Moor Primary I.	57

Special Schools.

Brambling House Open Air School and Children's Centre, Chesterfield	143
Bretby Hall Orthopaedic Hospital Special School, Bretby	35

Boarding Home for Maladjusted Pupils.

Holly House, Chesterfield	16

New Schools opened since 1st January, 1950.

	Date of Opening.
SOUTH DIVISION.	
Alvaston and Boulton, Shelton Lock County I.	4th September, 1950

(No schools were closed during the year).

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, 1950, 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 the service of the L.E.A. in terms of the equivalent number of whole-time officers.
(*a*) Medical Officers*		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services ...	18	9.57
(iii) General Practitioners working part-time in the School Health Service	1	0.33
(*b*) Dental Officers	7	4.43
(*c*) Physiotherapists, Speech Therapists, etc. (Specify).—		
(i) Physiotherapists ...	5	2.00
(ii) Speech Therapists ...	2	1.90
(*d*) School Nurses	51	16.40
(*e*) Nursing Assistants	5	3.60
(*f*) Dental Attendants	9	6.90

*—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 examination 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—		
F. J. Burke, M.D., B.Ch.	75%	25%
A. H. Campbell, M.R.C.S., L.R.C.P.	75%	25%
J. W. Crawshaw, M.B., Ch.B. (Commenced 16/1/50)...	80%	20%
L. N. Gould, M.R.C.S., L.R.C.P., D.P.H. (Granted leave from 4/10/49 to June, 1950, for post-graduate Course)	70%	30%
Flora MacDonald, M.B., Ch.B., D.P.H.	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.	80%	20%
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.	45%	55%
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.	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—		
P. W. Bothwell, M.B., Ch.B., D.P.H. (Commenced 25/9/50)	72%	28%
J. S. Hamilton, M.B., Ch.B., D.P.H. (Left 23/9/50)...	72%	28%
Joan M. B. Leith, M.B., Ch.B., D.P.H.	28%	72%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CHILD PSYCHIATRISTS—		
Daisy G. Iliff, B.A., M.R.C.S., L.R.C.P., D.P.M. ... (One vacancy).	90%	10%
EDUCATIONAL PSYCHOLOGISTS—		
Grace M. Clarke, M.A. (Chesterfield Excepted District)	40%	—
Miriam E. S. Flint, B.A.	50%	—
CHILD PSYCHO-THERAPISTS—		
Constance S. Sim, M.A., B.Ed. (Chesterfield Excepted District). ... ... (One vacancy).	100%	—
PSYCHIATRIC SOCIAL WORKERS—		
Beryl R. Elton, B.A. (Left 13/10/50) ... ... (Four vacancies).	90%	10%
SPEECH THERAPISTS—		
Margaret Swale, L.C.S.T. (Chesterfield Excepted District)	100%	—
Jean F. Ward, L.C.S.T. ... ... (Three vacancies).	90%	10%

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—		
JOSEPHINE DOLAN (Dentist, 1921)	75%	25%
S. SCHATZBERG, M.D. (Vienna)	75%	25%
(Eight and 4/11ths vacancies).		
PART-TIME ASSISTANT DENTAL OFFICERS—		
FLORA M. JACKSON, L.D.S. (Whole-time until 18/9/50; thereafter 10 sessions weekly)	68%	23%
DOROTHY LITTLAR, L.D.S.	50%	5%
J. S. LYCETT. (One session weekly, from 28/9/50) ...	9%	—
O. F. MORDAUNT, L.D.S. (Left 8/6/50)	14%	4%
CHESTERFIELD EXCEPTED DISTRICT—		
A. R. LITTLAR, L.D.S. (Borough Senior Dental Officer)...	91%	9%
(Two vacancies).		

Nursing Staff at 31/12/1950.	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).	51	7	16.40	3.2
Physiotherapists ...	5	2	2.00	0.5
Nursing Assistants ...	5	—	3.60	—
Dental Attendants ... (7 4/11ths vacancies).	9	2	6.9	2.0

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

General Condition of Pupils.

The number of pupils examined in the prescribed groups was 27,106 (excluding 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 4,590 in 1949 to 4,823 in the year under review, but 2,744 more children were inspected in 1950 than in 1949, and the incidence per hundred inspections actually dropped from 18.84% to 17.79%. 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.

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 ...	12,652	2,437	19.26	18.31
Second Age Group ...	7,968	1,373	17.23	18.93
Third Age Group ...	6,486	1,013	15.61	18.22
Totals ...	27,106	4,823	17.79	18.51

Below is a Table showing the general condition of pupils as assessed at routine school medical inspection. 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.

CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING 1950.

Divisional Executive.	A.—%	B.—%	C.—%
North-west	60.4	38.1	1.5
North-east	25.7	69.6	4.7
Mid-Derbyshire	17.4	80.4	2.2
South-east	62.4	33.7	3.9
South	46.1	53.1	0.8
Chesterfield	26.6	68.6	4.8
Whole Administrative County ...	38.7	58.1	3.2

It will be seen from the extracts from the reports of the Assistant School Medical Officers quoted towards the end of this Report that they are of the opinion that the general condition and nutritional standard of the pupils has been maintained at a high level. The number whose general condition was classified as "C, poor" was 3.2% in 1950, compared with 4% in 1949, and the incidence of pupils found to require treatment at routine medical inspection in 1950 was 17.79%, compared with 18.84% last year. These two figures, taken in association with the general impressions of the Medical Officers, indicate that in general the health and well-being of the children has been maintained in a satisfactory manner.

Particulars of the defects recorded at the school medical inspections are given in the Ministry of Education Tables at the end of this Report, which also include statistics relating to the various types of treatment provided. It will be seen that the Tables show the treatment provided "by the Authority" and "otherwise"—but "otherwise" includes work done in the Authority's own clinics where the services of a Specialist Medical Officer are provided by the Regional Hospital Boards, *e.g.*, orthopædic, ear, nose and throat, and certain eye clinics. (As a matter of fact, in the case of Table IV, Group 2 (eye defects), of the total number recorded as receiving treatment, namely 3,821, 3,573 cases attended the eye centres conducted at the Authority's clinics ; and of the 932 orthopædic conditions recorded in Group 4 as being treated in clinics or out-patient departments, 924 attended the orthopædic clinics held on the Authority's premises).

Group 7 (other treatment given) is a new Table, in which the Ministry has requested particulars of "(*a*) miscellaneous minor

ailments" treated, and of "(*b*) other" types of treatment given, leaving the latter to be specified by the Authority. As far as the Authority's clinics are concerned, under heading (*b*) has been shown the number of cases who received sunray treatment. Under Section 28 of the National Health Service Act, 1946, the County Council as a local health authority makes arrangements "for the purpose of the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons." In connection with care and after-care information is received from various sources, principally hospitals, and this has been summarised insofar as it relates to school children and shown under five broad headings: nervous system; heart and circulation; respiratory system; other medical conditions; and surgical conditions. It will be observed from Group 7 (*b*) that under these headings only six cases are recorded from North-west Derbyshire and only 10 from the South-east, compared with 163 from Chesterfield and the North-east, 155 from the South and 40 from Mid-Derbyshire. In this connection it may be said that information from hospitals was received principally from those in Chesterfield, Derby and Burton-on-Trent, and to a lesser degree from those in Sheffield and Nottingham. It is reasonable to suppose that the information recorded under Group 7 (*b*) is by no means a complete record of the treatment which was provided to school children under the National Health Service Act.

Mass Miniature Radiography.

This scheme, which is organised by Regional Hospital Boards under the National Health Service Act, 1946, enables large numbers of people to have their chests X-rayed at suitable centres. Although there are static X-ray Units at Nottingham and Sheffield, mobile Units visit various localities, usually setting up their apparatus in large factories. It is a valuable form of preventive medicine, aimed particularly at the early detection of cases of pulmonary tuberculosis, although other conditions may, of course, be discovered as a result of the investigations. The Ministry of Health regards the use of mass miniature radiography for school children generally as wasteful of a service which might more profitably be directed to the examination of school-leavers, young persons and adults. If, however, there are special reasons for doing so in any particular district or school, every endeavour is made to arrange for the necessary examinations to be carried out.

Sanitary Inspections in Schools.

It is customary for Assistant School Medical Officers on completing routine school medical inspections to submit to the County School Medical Officer a statistical return concerning the examinations of the children, as well as a report on the school premises. The latter includes brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements and the playground. Matters

which appear to require attention or investigation are brought to the notice of the Director of Education.

It seemed to me, however, that it might bring about beneficial results if, in addition to the above, the services of the County Sanitary Inspector could be utilised to inspect in particular the sanitary arrangements at schools and the hygiene arrangements in school canteens. This would be true preventive medicine and would probably yield good returns. It was considered important that these visits should be carried out tactfully and be "advisory" in nature. The County Sanitary Inspector might give advice on small points directly to the teachers, but more important matters would be reported to the County School Medical Officer, to whom, in any case, a report would be submitted after each inspection. This would be considered, and forwarded to the Director of Education, together with any necessary observations. The Teachers' Advisory Committee were consulted and later passed a resolution in favour of the proposal, to which the Education Committee agreed. The work involved is obviously considerable, but a start was made during the period under review.

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.

The Chief Assistant School Medical Officer and the County Sanitary Inspector gave lectures during the year to canteen supervisors and cooks at refresher courses arranged by the School Meals Organiser. The lectures were supplemented by films on food poisoning, the fly menace, and so on. This is a valuable form of education in an important aspect of the environmental health service.

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 ...	7,714	2,838	756	374	3,653	1,801	4,409	2,175	57.15	76.63
	June	8,247	2,792	726	362	3,610	1,681	4,336	2,043	52.57	72.53
	October ...	7,876	3,156	654	359	3,681	2,022	4,335	2,381	55.03	75.46
North-east	February ...	17,921	5,210	1,622	549	7,790	3,045	9,412	3,594	52.59	68.98
	June	19,489	5,129	1,837	581	7,749	2,703	9,586	3,284	49.14	64.02
	October ...	18,528	5,910	1,731	840	7,646	3,066	9,377	3,906	50.59	66.1
Mid-Derbyshire	February ...	10,268	2,675	840	187	3,826	1,617	4,666	1,804	45.44	67.43
	June	10,819	2,610	896	192	3,601	1,143	4,497	1,335	45.44	51.14
	October ...	11,036	3,025	817	188	3,890	1,773	4,707	1,961	42.64	64.83
South-east	February ...	11,339	3,327	679	136	3,194	1,348	3,873	1,484	34.15	44.60
	June	11,897	3,255	700	147	2,856	1,216	3,556	1,363	29.88	41.87
	October ...	11,704	3,732	701	175	3,079	1,515	3,780	1,690	32.3	45.29
South ...	February ...	10,804	2,784	591	189	4,238	1,413	4,829	1,602	44.69	57.54
	June	11,732	2,647	622	167	4,231	1,203	4,853	1,370	41.36	51.75
	October ...	11,006	3,536	633	238	4,109	1,827	4,742	2,065	43.07	58.41
Chesterfield	February ...	6,075	3,817	659	462	1,784	1,547	2,443	2,009	40.21	52.63
	June	6,610	3,665	677	402	1,728	1,782	2,405	2,184	36.38	56.28
	October ...	6,010	4,297	532	489	1,833	1,795	2,365	2,284	39.34	53.15
Totals—Whole Administrative County	February ...	64,121	20,651	5,147	1,897	24,485	10,771	29,632	12,668	46.21	61.34
	June	68,794	20,098	5,458	1,851	23,775	9,728	29,233	11,579	42.49	57.61
	October ...	66,160	23,656	5,068	2,289	24,238	12,008	29,306	14,297	44.3	60.43

TABLE B.

Milk-in-Schools Scheme.

Divisional Executive.	Return for one day in	Number of Children Present.		Number of Children Taking Milk		%	
		Prim.	Sec.	Prim.	Sec.	Prim.	Sec.
North-west	Feb. ...	7,714	2,838	6,855	2,182	88.86	76.88
	June ...	8,247	2,792	7,355	2,048	88.94	76.93
	Oct. ...	7,876	3,156	6,955	2,282	88.31	72.31
North-east	Feb. ...	17,921	5,210	16,085	4,024	89.75	77.23
	June ...	19,489	5,129	17,514	4,004	89.86	78.06
	Oct. ...	18,528	5,910	16,835	4,685	90.88	79.27
Mid-Derbyshire	Feb. ...	10,268	2,675	9,218	1,688	89.77	63.10
	June ...	10,819	2,610	9,536	1,651	88.14	63.25
	Oct. ...	11,036	3,025	9,732	1,920	88.16	63.48
South-east	Feb. ...	11,339	3,327	9,589	1,823	84.56	54.79
	June ...	11,897	3,255	9,346	1,799	78.55	55.26
	Oct. ...	11,704	3,732	10,040	2,055	85.80	55.08
South ...	Feb. ...	10,804	2,784	9,285	2,038	85.94	73.20
	June ...	11,732	2,647	10,187	2,033	86.83	76.80
	Oct. ...	11,006	3,536	9,560	2,576	86.84	72 85
Chesterfield	Feb. ...	6,075	3,817	5,387	2,363	88.67	61.90
	June ...	6,610	3,665	5,751	2,189	87.02	59.72
	Oct. ...	6,010	4,297	5,312	2,810	88.39	65.39
Totals— Whole Administrative County	Feb. ...	64,121	20,651	56,419	14,118	87.98	68.36
	June ...	68,794	20,098	59,689	13,724	86.76	68.28
	Oct. ...	66,160	23,656	58,434	16,328	88.31	69.02

The following Table shows the actual numbers and the percentage of children partaking of meals, on a day in October, during the past five years :—

Year.	Number of Meals Provided.		%	
	Primary.	Secondary.	Primary.	Secondary.
1946 ...	26,006	12,246	43.8	65.9
1947 ...	29,149	13,514	47.9	67.6
1948 ...	30,901	14,452	49.2	66.4
1949 ...	31,528	14,770	48.7	65.3
1950 ...	29,306	14,297	44.3	60.4

The provision of milk to school children has been free since August, 1946. When informing Authorities of this arrangement the Minister of Education regretted that owing to the supply position it was necessary to limit the permitted quantity per child to one-third of a pint per day, but stated that this would be increased when the supply position allowed. So far, however, this increase has not been possible. The following Table indicates the actual numbers and the percentage of children receiving free milk, on a day in October, in each year since the free milk scheme started :

Year.	Number of Children taking Milk.		%	
	Primary.	Secondary.	Primary.	Secondary.
1946 ...	56,234	16,600	94.8	89.3
1947 ...	55,169	15,806	90.8	79.1
1948 ...	57,671	17,199	91.9	79.1
1949 ...	58,858	16,471	90.9	72.8
1950 ...	58,434	16,328	88.3	69.0

The school enrolments have been increasing during recent years, but although the numbers partaking of meals and of milk have also increased, they have not risen proportionately, as is evident from the percentages given in the last two Tables.

It was pointed out some time ago that milk to many children is not attractive, and some "helpful adjunct" was advocated to encourage its consumption. This suggestion was placed before the Ministry of Education, who indicated that expenditure on the purchase of substances to flavour milk supplied under the milk-in-schools scheme could not be recognised for grant purposes.

A variety of factors may influence the popularity of meals at school : the method of serving ; the "family atmosphere" (or the lack of it) ; the cost ; the conditions in the kitchen ; the attitude of the staff ; the tradition of the neighbourhood regarding eating meals away from home ; whether the meals are cooked on the premises or have to be conveyed from central canteens. In this connection I would quote from Dr. Cockcroft's report : "There are several reasons why home meals are preferred by so many. Very few can hope to provide their children with a meal so well balanced in essential nutrients, especially for the amount they pay for school meals, but a meal at home has something to offer, even though the meal is nothing more than potato and gravy." The Assistant School Medical Officers are unanimous, however, in holding the view that school meals and the milk-in-schools scheme play a valuable part in maintaining a satisfactory state of nutrition

in the children attending County schools. These matters are continually under active consideration by the Education Committee and its staff, and it is to be hoped that full advantage will be taken of these two schemes in the future.

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. Accordingly, 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, 1950, is shown in the following Table. It is gratifying to note that the percentage of schools supplied with pasteurised milk has increased from 75.2 in 1947 to 85.1 in the year under review.

ype of ilk.	Divisional Executive.												Totals—Whole Administrative County.	
	North-west.		North-east.		Mid-Derbyshire.		South-east.		South.		Chester-field.			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
rised ...	67	70.5	123	86.7	81	92.1	76	100.0	82	75.3	35	100.0	464	85.1
culin ed ...	8	8.4	10	7.0	—	—	—	—	12	11.0	—	—	30	5.5
fited ...	15	15.8	8	5.6	6	6.8	—	—	4	3.7	—	—	33	6.0
ded ...	4	4.2	1	0.7	1	1.1	—	—	3	2.7	—	—	9	1.7
Cream ed ...	1	1.1	—	—	—	—	—	—	8	7.3	—	—	9	1.7
s ...	95	100.0	142	100.0	88	100.0	76	100.0	109	100.0	35	100.0	545	100.0

Sampling of school milk supplies was carried out during the year by the County Sanitary Inspector at the schools. Pasteurised milks were subjected to the phosphatase test and methylene blue test, and raw milks to the methylene blue test and biological test for tubercle bacilli. In the case of producer-suppliers of raw milks, supervision of the production is in the hands of the Ministry of Agriculture and Fisheries, and there have been 11 unsatisfactory samples from such suppliers, as against two unsatisfactory samples from all other sources.

The following are the results of samples submitted for examination. (Pasteurised milks failing the phosphatase test are automatically subjected to biological examination).

Grade of Milk.	Satisfactory.		Unsatisfactory.		Total.
	M.B.	Phos.	M.B.	Phos.	
Pasteurised	38	45	—	1	46
Tuberculin Tested ...	7	—	2	—	9
Accredited	19	—	7	—	26
Undesignated ...	5	—	3	—	8

In addition, 35 samples of milk were submitted for biological test, two of which proved positive. One was an accredited milk and the other was undesignated. In each case the supply was changed to pasteurised milk. The need for up-grading the remaining accredited or undesignated suppliers as soon as practicable is emphasised by these two failures, which represent 5.7% of the samples tested.

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 uncleanliness. 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 uncleanliness 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 4,726 pupils were found infested during the year, which gives an incidence of approximately 4.8% of the school enrolment. This may be compared with 4.5% last year, 6% in 1948, and 6% in 1947. (In 1947 the figure for England and Wales was 9.3%). The number of inspections and re-inspections for verminous conditions per annum for the years 1947 to 1950 have been : 180,774; 198,946 ; 188,245 ; and 214,550 respectively. Bearing in mind that more inspections were carried out in 1950 than in the three preceding years, it would seem that there may have been a very slight real improvement in the position compared with a few years ago. Perusal of the reports of the Assistant School Medical Officers on the whole supports this impression, apart from those areas where, due to shortage of staff, the influence of Health Visitors has not been available constantly throughout the year.

School Clinics.

The Ministry of Education has asked for a return showing the school clinic facilities as at 31st December, 1950, 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.	Number of School Clinics (*i.e.*, premises) where such treatment is provided—	
	Directly by the Authority.	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals.
(1)	(2)	(3)
A. Minor Ailment and other non-specialist examination or treatment	24	—
B. Dental	22	
C. Ophthalmic*	11	9
D. Ear, Nose and Throat ...	—	1
E. Orthopædic	—	17
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 ...	—	—
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.

New Clinic, "The Grange," Dronfield.

In 1945, Mr. W. D. Jamieson intimated that as residuary legatee under the Will of the late Mrs. Kate E. Fletcher, widow of Alderman Dr. Howard B. Fletcher, he wished to place to some public use, as a memorial to the late Dr. and Mrs. Fletcher, "The Grange," Dronfield, where they resided for nearly fifty years. In view of Dr. Fletcher's profession and his interest in maternity and child welfare, he thought the premises might be adapted for use as a maternity home, but after careful inspection they were considered to be too small to be run economically for this purpose. On reflection, although Mr. Jamieson was somewhat disappointed, he suggested they might be suitable for use as a Maternity and Child Welfare Clinic. It was pointed out to him that although they were suitable for this purpose they would be costly to adapt. Mr. Jamieson thereupon made a most generous offer of £2,500 towards the cost of adaptation and provision of equipment. This was gratefully accepted, and the conveyance of the property to the Derbyshire County Council was subsequently effected. The necessary adaptations were carried out and on December 18th, 1950, the Clinic was officially opened by Mrs. W. D. Jamieson, to provide the following services : ante-natal clinic ; infant welfare centre ; eye clinic ; orthopædic clinic ; dental clinic ; minor ailment clinic ; and child guidance centre.

Minor Ailments.

The number of individual children treated was 3,068, compared with 4,121 in 1949 and 4,968 in 1948 ; the total attendances dropped from 13,575 in 1949 to 10,709 in the year under review. It was noted in my Annual Report for 1948 that the numbers attending minor ailment clinics were decreasing in the latter part of that year, but it was then too soon to state categorically that it was due to the availability of free medical treatment from patients' own doctors under the National Health Service Act, 1946. The continued fall in the figures since that time, and the reports received from the Assistant School Medical Officers, tend to suggest, however, that that is the position. It will be seen from Table D that the numbers attending at the clinics per session for minor ailments are, generally speaking, very small. The majority of sessions on Mondays to Fridays, however, are "short sessions" conducted by Health Visitors and are held prior to other clinics (such as infant welfare centres) when they are necessarily present.

The number of sessions attended by Health Visitors solely for the purpose of treating minor ailments was reduced. There is a national shortage of Health Visitors, and in view of their range of duties having been extended under the National Health Service Act, it was felt desirable to reduce the number of sessions in those cases where Health Visitors attended solely for treating minor ailments and where patients' attendances were very small. It will be seen from Table D that the total number of sessions in 1950 was 2,282, which compares with 2,524 in the preceding year.

The sessions held on Saturday mornings occupy the whole half-day, and are usually conducted by Medical Officers. The work is not limited to the treatment of minor ailments, as other duties are performed, such as diphtheria immunisation and the examination of special cases.

Minor Ailments.

TABLE D.

Annual Return of work carried out at Minor Ailment Clinics—Year ended 31st December, 1950.

Minor Ailment Clinic.	When Held.	Actual Number of Clinic Sessions.	Children Attending Maintained Schools. Number of Individual Children who attended during the year. Divisional Executive.							Total Number of Attendances during the year. Divisional Executive.						
			North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Total.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Total.
Alfreton. Grange Street	Tuesday, Thursday, Saturday. a.m.	153	—	6	108	—	—	—	114	—	15	361	—	—	—	376
Ashbourne. St. Oswald's	2nd and 4th Saturday, a.m.	20	—	—	—	—	2	—	2	—	—	—	—	35	—	35
Belper. Field Lane	2nd and 4th Monday and 1st, 3rd and 5th Saturday. a.m.	75	—	—	22	—	—	—	22	—	—	33	—	—	—	33
Bolsover. Welbeck Road	1st and 3rd Saturday. a.m.	21	—	2	—	—	—	—	2	—	5	—	—	—	—	5
Buxton. Bridge Street	Daily	248	388	—	—	—	—	—	388	917	—	—	—	—	—	917
Chesterfield. Brimington Road ...	2nd and 4th Friday. a.m.	22	—	2	—	—	—	—	2	—	2	—	—	—	—	2
Chesterfield Excepted District:— (a) Town Hall ... ... (b) Edmund Street, Newbold Moor ...	Daily, a.m. / Daily, p.m.	418	—	—	—	—	—	1045	1,045	—	—	—	—	—	3604	3,604
Chinley. Lower Lane	1st and 3rd Wednesday. a.m.	21	7	—	—	—	—	—	7	7	—	—	—	—	—	7
Clay Cross. High Street	Monday, p.m.															

DRONFIELD. The Grange	Monday. a.m.	41	—	143	—	—	—	—	143	—	239	—	—	—	—	239
FRECHEVILLE. Fox Lane	Saturday. a.m.	42	—	31	—	—	—	—	31	—	79	—	—	—	—	79
GLOSSOP. Municipal Buildings ...	Monday to Friday, 9—10 a.m.	211	519	—	—	—	—	—	519	1721	—	—	—	—	—	1,721
HEANOR. Wilmot Street	Thursday, p.m. 1st, 3rd and 5th Saturday, a.m.	37	—	—	—	44	—	—	44	—	—	—	95	—	—	95
ILKESTON. Albert Street	Daily, a.m. ...	305	—	—	—	298	—	—	298	—	—	—	2037	—	—	2,037
LONG EATON. 4, Nottingham Road ...	Monday, Wednesday and Saturday, a.m.	160	—	—	—	173	—	—	173	—	—	—	355	—	—	355
MATLOCK. Causeway Lan ...	4th Monday, a.m.	10	—	—	5	—	—	—	5	—	—	19	—	—	—	19
MELBOURNE. Penn Lane	Wednesday, a.m. ...	52	—	—	—	—	24	—	24	—	—	—	—	154	—	154
NEW MILLS. High Lea Hall	1st, 2nd, 3rd and 5th Saturday, a.m. ...	38	31	—	—	—	—	—	31	31	—	—	—	—	—	31
RIPLEY. Infants' C. School ...	3rd Thursday, a.m.	15	—	—	25	—	—	—	25	—	—	61	—	—	—	61
SHIREBROOK. Cliff House	Wednesday a.m. ...	54	—	15	—	—	—	—	15	—	80	—	—	—	—	80
STAVELEY. Lime Avenue	2nd and 4th Saturday, a.m. ...	19	—	8	—	—	—	—	8	—	10	—	—	—	—	10
SWADLINCOTE. Alexandra Road ...	Daily, a.m.	250	—	—	—	—	65	—	65	—	—	—	—	380	—	380
TOTALS	... ...	2,282	945	300	160	515	103	1045	3,068	2676	843	474	2487	625	3604	10,709

Dental Work.

Table V, in the Appendix to this Report, indicates 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 :—

"Following upon the breakdown of the school dental service in the county in 1949, when all regular inspections and systematic treatment ceased to be possible, the service in 1950 was essentially an emergency one. No additional staff was obtained during the year, and at the end of December it consisted of four whole-time and three part-time dental officers, or the equivalent of 5—6/11ths whole-time officers.

In the last three months of the year, Mr. J. S. Lycett, a practitioner in Matlock, agreed to treat children at the Authority's Clinic there once a week, in a two-hour session.

The staff was spread over as large a number of children as possible, each officer attending several clinics in turn, but even so, many areas of the county could not be covered. The impossibility of doing more will be appreciated when it is realised that the school population is now 97,500 and that, in addition, the dental officers' duties require them to deal with the day nurseries, pre-school children, the children's homes and the expectant and nursing mothers.

The very inadequate means available to meet the needs of these classes were further reduced by illness, which accounted for a loss equivalent to three-quarters of a year's work by a whole-time officer.

In order to increase the efficiency of the clinics and facilitate treatment, a beginning was made to modernise the equipment. Eleven upholstered adult-type chairs, each with a child's seat attachment, were obtained, and five dental units with the necessary adjuncts installed to replace the old type of foot-operated dental drills. A sixth is in hand and awaits installation. In addition, three electric sterilisers were purchased to replace burnt-out gas-burner types. These are greatly appreciated as the nuisance of gas fumes in the surgery is eliminated.

Inspections.

Of the school population of almost 98,000, it was only possible to examine about one out of every six pupils at the periodic school inspections. 16,802 children were inspected, of whom 11,963 (71%) were found to require treatment, but of these only 8,864 were referred for treatment. These were chiefly the urgent cases with sepsis injurious to health and those with gross caries likely to cause pain in the near future. These types occupied most of the clinical time. Little time was available for other forms of treatment, and only those with well cared for dentitions, which required the minimum of conservative treatment to keep them so, were referred for treatment. This policy is anything but satisfactory. It neglects a great many with incipient defects who will, later on, be forced

to seek treatment when conscious that something is wrong when it is then too late to benefit from worth-while treatment. Drastic measures have to be resorted to and dentures are the end-result.

In addition to the periodic inspections made at the schools, 5,397 special inspections were made at the clinics. These were children who had had no periodic inspection and sought treatment as casuals, chiefly for the relief of pain. Together the periodic and special inspections numbered 22,199 of whom 17,360 were found to be in need of treatment, and a total number of 14,261 were referred for treatment in the year.

As in the previous year, assistance in inspection work was obtained from the Assistant School Medical Officers. In the course of their duties, when they came across obvious dental defects, they advised that treatment be sought at clinics where facilities were available, or under the National Health Service.

Actual Number Treated.

The number of children who received treatment was 11,956, which was 3,821 fewer than in 1949. The number treated has steadily declined since 1946, when 29,669 out of a school population of approximately 83,000 were dealt with.

Up till 1947, nearly all those who received treatment could afterwards be classified as dentally fit, *i.e.* they were unlikely to require further attention for about a year. Such is not now the case. Of the 11,956 treated only 6,586 (55%) received comprehensive treatment to render them dentally fit ; the others merely received palliative measures to tide them over for the time being.

Attendances.

17,124 attendances were made, of which 6,804 (39%) were casual (*i.e.* not by appointment). This very high rate greatly interfered with the routine work of each session and meant that fewer fixed appointments could be made, as most of these casuals required the relief of urgent symptoms. Many were treated there and then, and others, where general anæsthesia was indicated, had to be given appointments for treatment at a later date.

In 1949 the rate of casual attendance was 25% against the 1950 rate of 39%, and this number can be expected to increase much more, as less and less comprehensive treatment can be given.

Preventive and Conservative Treatment.

This, the most important aspect of the school dental service, showed a very serious decline. Only 6,190 fillings were done, of which 205 were for the preservation of temporary teeth. This was less than half that done in 1949 and approximately one-sixth of that for the year 1946.

The following Table illustrates how the preventive part of the school dental service has deteriorated :—

Year	1946	1947	1948	1949	1950
Number of fillings per 100 children treated	133	110	92	82	51

Extractions.

The extraction work was very heavy and continued to increase, necessitating an extra number of sessions devoted entirely to general anæsthetics and a consequent increase of the call on the time of the Assistant School Medical Officers who acted as the anæsthetists. As a rule, nearly all cases requiring multiple extractions were given a general anæsthetic and those requiring a single extraction were treated under local or regional anæsthesia at an ordinary session. A total of 4,345 general anæsthetics of nitrous oxide and oxygen were administered.

Of the 20,982 teeth extracted, 18,230 were temporary teeth and 2,752 permanent teeth, of which 2,173 were unsaveable and 579 were sound teeth removed for reasons of overcrowding or in the course of orthodontic treatment.

The steady increase in this destructive work over the past four or five years is related to the fall in the amount of preventive treatment carried out, and will continue to increase enormously in the years ahead, when the permanent dentitions which are being neglected now will be lost and dentures will be the fate of the majority.

The progressive increase in the number of teeth requiring to be extracted is shown as follows :—

Year	1946	1947	1948	1949	1950
Number of teeth extracted per 100 children treated ...	94	101	131	146	175

It is staggering that in a matter of four years the number of teeth requiring to be extracted has increased by approximately 100%.

Other Operations.

These number 3,710 and were chiefly of a minor nature. They consisted of dressings, scalings, applications of silver nitrate and the treatment of ulcers on the oral mucous membranes. Several

minor surgical operations were performed. These were frænectomies, the removal of unerupted supernumary teeth (preventing the eruption of the normal teeth), the removal of an odontome or tooth tumour and the excision of a tumour of the gum.

X-ray examinations, where indicated, were carried out at the Derbyshire Royal Infirmary and the Chesterfield Royal Hospital.

There was co-operation with the speech therapy department. Cases with palatal defects or dental irregularities interfering with speech received advice or the appropriate treatment.

Dentures.

53 partial dentures were fitted to children who had lost front teeth through caries or accidents. This was four fewer than in 1949.

Orthodontics.

This branch of dentistry deals with irregularities of the teeth and jaws. It is time consuming, and requires much thought and knowledge of the development of the facial and oral tissues. Treatment is lengthy, and to obtain good results the co-operation of the parents and the patient is essential.

About half the amount of this work was carried out compared with the previous year. 54 corrective appliances were made and fitted against 107 in 1949. In 72 cases treatment was satisfactorily completed, a number of them having been carried over from 1949. At the end of the year 32 children were still under treatment.

The following Table gives details of the work :—

	Divisional Executive.						Totals.
	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	
Number of patients under treatment on 31/12/1950... ...	—	—	9	1	6	16	32
Number of appliances supplied during 1950...	1	9	13	6	19	6	54
Number of cases in which treatment was completed during the year ...	—	12	6	4	17	33	72

Special Inquiry.

The investigation into the dental conditions of children aged 5 years on the lines recommended by the Chief Medical Officer of the Ministry of Education, begun in 1949, was continued by the Senior Dental Officer in 1950, in the course of routine school inspections. As before, the small number of school inspections carried out limited the number of children examined in this particular age group. Just under 500 were examined in widely scattered areas.

The details and results 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 decayed, missing or filled teeth.	Percentage of children showing no decayed, missing or filled teeth.	Average No. of decayed, missing or filled teeth per child.
Derbyshire ...	495	2,288	98	19.8	4.6

The last two columns of the Table show approximately the same findings as in 1949, the percentages for that year being 18.3% and 4.2% respectively. These findings closely approximate to similar investigations carried out in other parts of the country.

Throughout the year the staff worked at a rapid and hard pace and, though there were periods when a degree of flagging and weariness was noted, the overall effort was above the expected average. There was an average attendance of 7.7 school children per session. In addition, pre-school children made 1,157 attendances and expectant and nursing mothers 111 attendances, making a total attendance record of 8.2 patients per session."

Visual Defects.

Table E shows the number of children who attended the eye clinics and the number of attendances. Attention is also drawn to Ministry of Education Table IV, Group 2, in the Appendix to this Report.

As mentioned in my Report for 1949, treatment is now provided at the Authority's Eye Clinics under two different schemes. Under the Supplementary Ophthalmic Services arrangements, Medical Officers who are on the Ophthalmic List attend certain clinics and are paid on a sessional basis by the Authority, which recovers from the Supplementary Ophthalmic Services Committee a fee for each refraction carried out. (Only children attending schools maintained by the Authority may be seen under this arrangement).

Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

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. However, nine of the Authority's eye clinics are now conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. (Pre-school, as well as school children, may attend these clinics). The spectacles which are prescribed are provided under arrangements made by the Hospital and Specialist Services.

It may be mentioned that school children, like other members of the community, may also consult their private Doctors with a view to free treatment and glasses being provided under the National Health Service Act.

It will be realised that the actual provision of glasses is not the responsibility of the Authority. However, Health Visitors are informed of the treatment prescribed for each patient who attends a County eye clinic. In this way the case can be followed up, and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

TABLE E.

Annual Return of work at Eye Clinics—Year ended 31st December, 1950.

Eye Clinic.	When Held.	Actual Number of Clinic Sessions.	Children Attending Maintained Schools. Number of Individual Children Treated. Divisional Executive. North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Total.	Total Number of Attendances. Divisional Executive. North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Total.
Alfreton. Grange Street ... (b) ...	Each Wednesday p.m.	36	—	52	198	—	—	—	250	—	79	325	—	—	—	404
Belper. Field Lane ... (b) ...	1st Wednesday a.m.	8	—	—	41	—	—	—	41	—	—	56	—	—	—	56
Bolsover. Welbeck Road ... (d) ...	1st Monday ...	17	—	83	—	—	—	—	83	—	139	—	—	—	—	139
Buxton. Bridge Street ... (f) ...	1st, 3rd & 4th Monday a.m.	41	325	—	—	—	—	—	325	479	—	—	—	—	—	479
Chesterfield. Brimington Road (d) ...	3rd Thursday ...	27	1	145	—	—	—	—	146	1	211	—	—	—	—	212
Chesterfield Excepted District. Town Hall ... (e) ...	Monday and Friday, a.m.	83	—	—	—	—	—	898	898	—	—	—	—	—	1514	1,514
Clowne. Jr. Boys' School (d) ...	2nd Wednesday ...	20	—	117	—	—	—	—	117	—	169	—	—	—	—	169
Derby. Walker Lane ... (a) ...	Each Monday a.m.	37	—	—	22	11	289	—	322	—	—	30	11	325	—	366

DRONFIELD. The Grange ... (d) ...	3rd Wednesday ...	15	—	65	—	—	—	—	65	—	116	—	—	—	—	116
FRECHEVILLE. Fox Lane ... (d) ...	1st Thursday ...	18	—	105	—	—	—	—	105	—	141	—	—	—	—	141
GLOSSOP. Municipal Build'gs (c) ...	Friday, p.m. ...	32	134	—	—	—	—	—	134	137	—	—	—	—	—	137
HEANOR. Wilmot Street ... (b) ...	1st Tuesday, a.m. ...	12	—	—	—	109	—	—	109	—	—	—	138	—	—	138
ILKESTON. Albert Street ... (a) ...	1st & 3rd Friday a.m.	18	—	—	—	124	—	—	124	—	—	—	175	—	—	175
KILLAMARSH. County B. School (d) ...	4th Thursday ...	14	—	72	—	—	—	—	72	—	105	—	—	—	—	105
LONG EATON. Grange School ... (a) ...	2nd and 4th Tuesday a.m.	19	—	—	—	179	—	—	179	—	—	—	189	—	—	189
MATLOCK. Dean Hill House, Causeway Lane (b) ...	2nd and 4th Friday a.m,	19	17	—	82	—	6	—	105	38	—	142	—	8	—	188
NEW MILLS. High Lea Hall ... (f) ...	2nd Monday a.m. ...	8	62	—	—	—	—	—	62	90	—	—	—	—	—	90
SHIREBROOK. Cliff House ... (d) ...	2nd Thursday ...	20	—	111	—	—	—	—	111	—	149	—	—	—	—	149
STAVELEY. Lime Avenue ... (d) ...	3rd Friday	20	—	109	—	—	—	—	109	—	160	—	—	—	—	160
SWADLINCOTE. Alexandra Road (a) ...	2nd and 4th Thursday p.m, ...	21	—	—	—	—	180	—	180	—	—	—	—	219	—	219
TOTALS ...	... ...	485	539	859	343	423	475	898	3,537	745	1269	553	513	552	1514	5,146

MEDICAL OFFICER CONDUCTING CLINIC :—(a) Dr. J. E. Coates; (b) Dr. D. B. H. Dawson; (c) Dr. P. E. Malloch;
(d) Dr. E. W. Morris; (e) Dr. H. C. Muirhead; (f) Dr. N. Warwick.

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.	181	3 (for treatment)	225
		118 (seen by Specialist)...	250

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 Orthopædic 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 4).

It will be observed that the number of individual children who attended during 1950 was 924. This figure is comparable with 1,114 in 1949, 1,439 in 1948, 1,344 in 1947 and 1,453 in 1946. The total number of attendances was 5,554, compared with 7,379 in 1949, 9,532 in 1948, 9,341 in 1947 and 10,896 in 1946. It was noted last year that the numbers attending these clinics had decreased, probably due to the effect of the National Health Service under which patients may be referred by their family Doctors for free treatment by a Specialist at a hospital. This trend appears to have continued during 1950.

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

"The school re-opened in January, 1950, with a full staff of teachers.

One very noticeable feature of the school year has been the continued good health of the children (no epidemics) and of the teaching staff. Many months pass with no absenteeism.

The school work has continued on a very satisfactory basis throughout the year—much use has been made of the broadcasts to schools in the curriculum. Craft-work completed has been good and very varied.

The removal to Wards 6, 7 and 8 has necessitated losing the Infant Ward (three Wards now instead of four) ; the provisional arrangements are working as satisfactorily as the new building permits.

During the year many students from Derby and Matlock Training Colleges have visited the school ; also Social Science students from Nottingham University have derived benefit from the work seen here.

May 29th (Whit-Monday) was a memorable day in the history of the school—the Chief Scout (Lord Rowallan) visited the newly-formed School Troop. His visit was greatly enjoyed ; the boys were thrilled and inspired by his presence.

The Christmas Term ended happily with a School Xmas Party on December 20th.

Number of children on Admission Register on January 1st, 1950	33
Number of children on Admission Register on December 31st, 1950	38
Number of children who have passed through the School during 1950	147
Average number of scholars on Admission Register during 1950	35
Number of times School was opened during the school year, January 1st to December 31st, 1950 ...	426"

TABLE G.

Annual Return of Orthopaedic Work—Year ended 31st December, 1950.

Orthopaedic Clinic.	When Held.	Actual Number of Clinic Sessions.	Children Attending Maintained Schools. Number of Individual Children who attended during the year. Divisional Executive.							Total Number of Attendances during the year. Divisional Executive.						
			North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Total.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Total.
Alfreton. Grange Street	Thursday a.m. and p.m.	94	—	22	36	—	—	—	58	—	94	153	—	—	—	247
Bolsover. Welbeck Road ...	Friday p.m.	46	—	35	—	—	—	—	35	—	149	—	—	—	—	149
Buxton. Bridge Street	4th Thursday, alt., months.	6	38	—	—	—	—	—	38	45	—	—	—	—	—	45
Chesterfield. Brimington Road ...	1st and 3rd Wednesday a.m. and p.m. and 2nd and 4th Wednesday a.m. ...	76	1	44	—	—	—	6*	51	4	164	—	—	—	56*	224
Chesterfield Excepted District. Town Hall	Tuesday and Friday	215	—	—	—	—	—	209	209	—	—	—	—	—	2053	2,053
Chinley. Lower Lane	2nd and 4th Monday, a.m. and p.m.	44	62	—	—	—	—	—	62	298	—	—	—	—	—	298

CLAY CROSS. High Street	Monday, p.m. ...	45	—	18	—	—	—	—	18	—	117	—	—	—	—	117
DERBY. County Offices Yard ...	Thursday, a.m. and p.m.	98	—	—	16	2	136	—	154	—	—	91	14	712	—	817
DRONFIELD. †The Grange	2nd Wednesday, p.m.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GLOSSOP. Municipal Buildings ...	2nd & 4th Tuesday, a.m. and p.m. ...	32	38	—	—	—	—	—	38	108	—	—	—	—	—	108
HEANOR. Wilmot Street	Friday, p.m. ...	49	—	—	2	23	—	—	25	—	—	16	171	—	—	187
ILKESTON. Albert Street	Wednesday, a.m. and p.m.	100	—	—	—	34	—	—	34	—	—	—	261	—	—	261
LONG EATON. 4, Nottingham Road ...	Friday, a.m. ...	49	—	—	—	29	—	—	29	—	—	—	260	—	—	260
MATLOCK. Dean Hill House, Causeway Lane ...	Tuesday, a.m. and p.m.	96	27	—	23	—	4	—	54	60	—	73	—	12	—	145
SHIREBROOK. Cliff House	Friday, a.m. ...	46	—	27	—	—	—	—	27	—	135	—	—	—	—	135
STAVELEY. Lime Avenue ...	Monday a.m.	45	—	42	—	—	—	—	42	—	194	—	—	—	—	194
SWADLINCOTE. Alexandra Road ...	1st and 3rd Tuesday, a.m. and p.m. ...	66	—	—	—	—	50	—	50	—	—	—	—	314	—	314
TOTALS	... ...	1,107	166	188	77	88	190	215	924	515	853	333	706	1038	2109	5,554

* These were Tuberculous cases.

† Clinic opened on 18/12/50.

Sunray Clinics.

Sunray treatment is available at clinics at Derby, Chesterfield and Glossop. The following figures show the work done during 1950 in respect of school children :—

TABLE H.

	Divisional Executive.					Totals.
	N.W.	Mid.	S.E.	S.	Chester-field.	
Sessions	49	(Total—	91—Not apporti	onable.	53	193
First Attendances ...	27	5	4	27	205	268
Subsequent Attendances ...	286	168	80	185	2,675	3,394

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, but it is with much pleasure that I take the opportunity of reporting here that for the second time in succession not a single person died in the County during the year from diphtheria. The success of the immunisation campaign will be readily appreciated from the following figures for England and Wales :—In the period 1931 to 1940 there were on an average 55,000 cases a year resulting in an average of 2,800 deaths a year, whereas in 1949 there were only 1,897 cases and 85 deaths.

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) Physically Handicapped.		(7) Educationally sub-normal. (8) Maladjusted.		(9) Epileptic.	TOTAL. (1)—(9)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
he calendar year :—										
Handicapped Pupils newly placed in Special Schools or Homes	1	2	2	2	24	3	5	13	3	55
Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	1	3	6	3	67	8	50	10	5	153
or about December 1st :—										
Number of Handicapped Pupils from the area :—										
(i) Attending Special Schools as—										
(*a*) Day Pupils ...	—	—	1	2	99	—	—	44	—	146
(*b*) Boarding Pupils...	9	9	31	11	24	7	12	15	14	132
(ii) Boarded in Homes...	—	—	—	—	—	—	—	1	—	1
(iii) Attending independent Schools under arrangements made by the Authority ...	—	—	—	—	—	1	3	—	—	4
Total (C)	9	9	32	13	123	8	15	60	14	283
Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(*a*) In hospitals ...	—	—	—	—	24	—	—	—	—	24
(*b*) Elsewhere	—	—	—	—	—	5	—	—	—	5
Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) ...	1	3	4	3	29	13	159	10	6	228

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education andicapped pupils in the financial year ended 31st March, 1950 : £665 approx.

RETURNS FOR DIVISIONAL EXECUTIVE AREAS.

Division.	Categories.	(1) Blind. (2) Partially Sighted.		(3) Deaf. (4) Partially Deaf.		(5) Delicate. (6) Physically Handicapped.		(7) Educationally sub-normal. (8) Maladjusted.		(9) Epileptic.	To[illegible] (1)-
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(1
North-west.	A	—	—	—	—	6	1	1	2	2	1
	B	—	1	2	2	19	2	10	—	1	3
	C (i) (a) ...	—	—	—	1	—	—	—	—	—	
	C (i) (b) ...	1	1	3	1	9	2	3	3	5	2
	C (ii)	—	—	—	—	—	—	—	—	—	-
	C (iii)	—	—	—	—	—	—	2	—	—	
	Total (C) ...	1	1	3	2	9	2	5	3	5	3
	D (a)	—	—	—	—	—	—	—	—	—	-
	D (b)	—	—	—	—	—	—	—	—	—	-
	E	—	1	2	2	9	2	42	2	2	6
North-east.	A	—	1	—	1	9	—	—	4	—	1
	B	—	2	2	—	35	1	12	4	1	5
	C (i) (a) ...	—	—	1	1	—	—	—	7	—	
	C (i) (b) ...	3	2	7	3	9	1	3	3	5	3
	C (ii)	—	—	—	—	—	—	—	1	—	
	C (iii)	—	—	—	—	—	—	—	—	—	-
	Total (C) ...	3	2	8	4	9	1	3	11	5	4
	D (a)	—	—	—	—	—	—	—	—	—	-
	D (b)	—	—	—	—	—	1	—	—	—	
	E	—	1	1	—	16	2	50	3	1	7
Mid-Derbyshire.	A	1	—	—	1	3	2	1	4	—	1
	B	1	—	1	—	4	1	13	2	1	2
	C (i) (a) ...	—	—	—	—	—	—	—	—	—	-
	C (i) (b) ...	2	2	5	3	3	2	2	4	2	2
	C (ii)	—	—	—	—	—	—	—	—	—	-
	C (iii)	—	—	—	—	—	1	—	—	—	
	Total (C) ...	2	2	5	3	3	3	2	4	2	2
	D (a)	—	—	—	—	—	—	—	—	—	-
	D (b)	—	—	—	—	—	—	—	—	—	-
	E	—	—	1	—	—	2	17	2	1	[illegible]

RETURNS FOR DIVISIONAL EXECUTIVE AREAS—*continued.*

...vision.	Categories.	(1) Blind. (2) Partially Sighted.		(3) Deaf. (4) Partially Deaf.		(5) Delicate. (6) Physically Handicapped.		(7) Educationally sub-normal. (8) Maladjusted.		(9) Epileptic.	TOTAL. (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
...h-east.	A	—	—	—	—	1	—	1	1	—	3
	B	—	—	—	—	1	2	9	2	—	14
	C (i) (*a*) ...	—	—	—	—	—	—	—	—	—	—
	C (i) (*b*) ...	—	2	3	—	2	—	3	1	—	11
	C (ii)	—	—	—	—	—	—	—	—	—	—
	C (iii)	—	—	—	—	—	—	—	—	—	—
	Total (C) ...	—	2	3	—	2	—	3	1	—	11
	D (*a*)	—	—	—	—	—	—	—	—	—	—
	D (*b*)	—	—	—	—	—	—	—	—	—	—
	E	—	—	—	—	—	4	15	2	—	21
...h.	A	—	1	2	—	3	—	1	2	—	9
	B	—	—	1	—	7	2	4	2	—	16
	C (i) (*a*) ...	—	—	—	—	—	—	—	—	—	—
	C (i) (*b*) ...	3	2	10	3	1	—	—	4	1	24
	C (ii)	—	—	—	—	—	—	—	—	—	—
	C (iii)	—	—	—	—	—	—	1	—	—	1
	Total (C) ...	3	2	10	3	1	—	1	4	1	25
	D (*a*)	—	—	—	—	—	—	—	—	—	—
	D (*b*)	—	—	—	—	—	—	—	—	—	—
	E	1	—	—	—	3	3	33	1	—	41
...terfield.	A	—	—	—	—	2	—	1	—	1	4
	B	—	—	—	1	1	—	2	—	2	6
	C (i) (*a*) ...	—	—	—	—	99	—	—	37	—	136
	C (i) (*b*) ...	—	—	3	1	—	2	1	—	1	8
	C (ii)	—	—	—	—	—	—	—	—	—	—
	C (iii)	—	—	—	—	—	—	—	—	—	—
	Total (C) ...	—	—	3	1	99	2	1	37	1	144
	D (*a*)	—	—	—	—	24	—	—	—	—	24
	D (*b*)	—	—	—	—	—	4	—	—	—	4
	E	—	1	—	1	1	—	2	—	2	7

The Ministry of Education requested a return showing the independent schools being assisted by the Authority, on 1st December, 1950, under Section 9 (1) of the Education Act, 1944, in respect of handicapped pupils. The following is a numerical summary of the information which was provided :—

(1) Number of schools being assisted 4

(2) Number of pupils whose fees were being paid in whole or part by the Local Education Authority... 4

(3) Categories of handicap of the pupils :—
Physically handicapped 1
Educationally subnormal 3

Cases reported to Local Health Authority.

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	7	5	—	1
North-east	2	5	1	2
Mid-Derbyshire	3	1	—	1
South-east	8	3	—	—
South	5	2	—	1
Chesterfield	7	3	—	—
Totals	32	19	1	5

Towards the end of the year, the case of a boy who, in February, 1947, had been "reported" under s.57 (3) of the Education Act, 1944, was reviewed. Under the terms of s.8 of the Education (Miscellaneous Provisions) Act, 1948, the "report" was cancelled.

Full-time Courses of Further Education for the Handicapped.

On December 31st, 1950, the following students were in training :-

Blind Cases.

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

Crippled Cases.

Derwen Cripples' Training College, Oswestry 1

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 has restricted their implementation. However, as mentioned at the beginning of this Report, two buildings were secured for adaptation as residential special schools for educationally subnormal children, at Buxton and Overseal, and Stretton House, Clay Cross, has been purchased for conversion into a Hostel for Maladjusted Children. At the time of writing this Report the school at Buxton has actually been opened, but the school at Overseal and the hostel at Clay Cross are unlikely to be ready for occupation until some time in 1952.

Special Inquiries.

(1) Physically Handicapped Pupils.

Towards the end of the year the Special Services Branch of the Ministry of Education initiated an inquiry to ascertain the number of physically handicapped pupils throughout the country with a view to obtaining a reasonably accurate estimate of the number of severely physically handicapped children for whom special provision should be made in residential special schools, of which it was felt too few were provided at present. It had been suggested to the Ministry that there were still physically handicapped children at home and not in school who were unknown to School Medical Officers and, therefore, had not been "ascertained." The Health Visitors and School Nurses, Home Nurses and Education Welfare Officers were, therefore, asked to provide particulars of all children known to them to be not attending school because of permanent physical defect. It was interesting to find that only two children were discovered who were not already recorded as Handicapped Pupils, and both had only recently attained five years of age.

The information obtained from this investigation is summarised below. In compiling the figures regard was paid to the medical classification rather than the narrower definition of physically handicapped pupils contained in the Handicapped Pupils and School Health Service Regulations, which provides for special educational treatment, and this accounts for the high number of children shown as being in ordinary schools. It will be seen that several patients suffering from cerebral palsy were recorded as being at home and not receiving education. All these were under review; it was already known that many of them were incapable of benefiting from home teaching and consideration would have to be given to reporting them to the Local Health Authority as ineducable.

PHYSICALLY HANDICAPPED CHILDREN.

Group 1.—Aged 5—16 years.

TABLE I.

Defects.	No. of Children ages 5—16 years :—												
	(1) At Ordinary Schools.		(2) At Day Special Schools.		(3) At Residential Special Schools including Hospital Schools.		(4) At Home.				(5) Totals.		
							(a) Having Home Teaching.		(b) Not having Home Teaching.				
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	B.	G.	Total
Congenital Heart ...	14	18	1	2	–	–	1	–	2	3	18	23	41
Rheumatic Heart ...	15	14	5	2	4	3	–	–	2	4	26	23	49
Hæmophilia	3	–	–	–	–	–	1	–	1	–	5	–	5
Cerebral Palsy (including Athetosis) ...	28	33	–	–	2	3	1	1	13	4	44	41	85
Poliomyelitis	16	12	1	1	–	1	–	2	1	–	18	16	34
Muscular Dystrophy ...	1	1	–	–	2	–	–	–	3	–	6	1	7
Muscular Atrophy ...	–	2	–	–	–	–	–	–	2	–	2	2	4
Spinabifida	5	1	–	1	–	–	1	2	1	2	7	6	13
Osteomyelitis	1	1	–	–	–	1	–	–	–	–	1	2	3
Hydrocephalus	1	–	–	–	–	–	1	–	1	–	3	–	3
Fragilitas Ossium ...	–	1	1	–	–	1	–	1	–	–	1	3	4
Achondroplasia	–	2	–	–	–	–	–	–	–	–	–	2	2
Arthrogryposis ...	–	–	–	–	–	–	–	–	–	–	–	–	—
Perthe's Disease ...	6	–	–	–	3	1	–	–	–	–	9	1	10
Tb. joints	17	9	1	–	6	1	–	1	1	1	25	12	37
Talipes	7	2	–	–	–	–	–	1	–	–	7	3	10
Cong. Dislocation hips...	–	5	–	–	–	–	–	–	–	–	–	5	5
Cong. deformities :—													
(a) Arms and hands...	1	1	–	–	–	–	–	–	–	–	1	1	2
(b) Legs and feet ...	5	–	–	–	–	–	–	–	–	–	5	–	5
Amputations :—													
(a) Legs	1	–	–	–	–	–	–	–	–	–	1	–	1
(b) Arms	–	–	–	–	–	–	–	–	–	–	–	–	—

TABLE 1—continued.

Defects.	No. of Children ages 5—16 years :—												
	(1) At Ordinary Schools.		(2) At Day Special Schools.		(3) At Residential Special Schools including Hospital Schools.		(4) At Home. (a) Having Home Teaching.		(4) At Home. (b) Not having Home Teaching.		(5) Totals.		
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	B.	G.	Total
eumatoid Arthritis cl. Still's Disease) ...	–	1	–	–	–	–	–	–	–	–	–	1	1
ptic Arthritis ...	2	–	–	–	–	–	–	–	–	–	2	–	2
actured Skull ...	–	–	–	–	–	–	–	–	–	–	–	–	—
ain Tumour	–	–	–	–	–	–	–	1	1	–	1	1	2
iedrich's Ataxia ...	–	–	–	–	–	–	–	–	–	–	–	–	—
hers	–	4	1	–	1	–	1	–	2	–	5	4	9
TAL	123	107	10	6	18	11	6	9	30	14	187	147	334

TABLE II.

No. of P.H. Children at home, or at ordinary schools, who are waiting admission to :—

(1) Day P.H. Schools*		(2) Residential P.H. Schools. (a) For seriously crippled children (e.g. Hinwick Hall).		(2) Residential P.H. Schools. (b) For less seriously crippled children (e.g. Victoria Home, Bournemouth).		Totals.		
Boys	Girls	Boys	Girls	Boys	Girls	B.	G.	Total.
—	—	5	—	4	2	9	2	11

*—P.H. Children who are sent to day open air schools because there are no accessible day P.H. schools should be included under this heading.

TABLE III.

	Totals.		
	B.	G.	Total.
No. of seriously P.H. Children for whom home teaching is the best provision (excluding those who are waiting admission to special schools)	15	16	31

TABLE IV.

	Totals.		
	B.	G.	Total.
No. of P.H. Children in bed at home	4	2	6

TABLE V.

How many have incontinence of	Already in Residential P.H. Schools.		*Waiting admission to Residential Schools.		†For whom Home teaching is best provision.		Totals		
	Boys	Girls	Boys	Girls	Boys	Girls	B.	G.	Total
(1) Bladder	—	—	—	—	3	—	3	–	3
(2) Bowel	—	—	—	—	—	—	–	–	—
(3) Both	—	—	1	1	2	—	3	1	4
How many are chair cases ? (1) Self-propelled ...	—	—	—	—	—	—	–	–	—
(2) Push chairs ...	—	—	—	—	1	3	1	3	4
How many with crutches or two sticks ? ...	1	—	1	—	—	—	2	–	2
How many are P.H. plus E.S.N. ...	1	1	3	2	2	2	6	5	11
P.H. plus Epileptic ...	—	—	—	—	—	—	–	–	—
P.H. plus Maladjusted	—	—	—	—	—	—	–	–	—
P.H. plus Blind ...	—	—	—	—	—	—	–	–	—
P.H. plus Pt. Sighted	—	—	—	—	—	—	–	–	—
P.H. plus Deaf ...	—	—	—	—	—	—	–	–	—
P.H. plus Pt. Deaf ...	—	—	—	—	—	—	–	–	—
P.H. plus more than one other defect	—	1	3	2	—	—	3	3	6

†—Excluding those who are waiting admission to Special Schools.
*—*i.e.*, all types of Special Schools (*e.g.*, schools for educationally subnormal pupils as well as those for the physically handicapped).

GROUP 2.—AGED 2—5 YEARS.

TABLE I.

Defects.	(1) At Ordinary Schools.		(2) At Home— Not having Home Teaching.		(3) Totals.		
	Boys	Girls	Boys	Girls	Boys	Girls	Total
Congenital Heart ...	—	1	—	—	—	1	1
Cerebral Palsy	—	—	8	—	8	—	8
Poliomyelitis	—	—	1	1	1	1	2
Spinabifida	—	—	—	1	—	1	1
Osteomyelitis	1	—	—	—	1	—	1
Talipes	—	—	1	—	1	—	1
Cong. Dislocation hips...	—	—	—	2	—	2	2
Cong. deformity— Arms and hands ...	—	—	1	1	1	1	2
Cong. deformity— Legs and feet ...	—	—	—	1	—	1	1
Total	1	1	11	6	12	7	19

TABLE II.

1 Boy awaiting admission to a Residential Special School for seriously crippled children.

TABLE IV.

1 Boy in bed at home.

TABLE V.

1 Boy who is physically handicapped plus educationally subnormal.

(2) Epilepsy.

In his Report for 1946-47, the Chief Medical Officer for the Ministry of Education remarked that it is difficult to state, even approximately, what is the number of epileptic children in this country and it was unfortunate that information about the incidence of epilepsy in children was so incomplete. It was hoped that an increased interest would be taken in this subject, the immediate task being thorough ascertainment.

Dr. F. J. Burke, an Assistant School Medical Officer responsible for an area in north-east Derbyshire with a school population of approximately 9,500 children, has submitted the following report on an inquiry he has carried out during 1950 in an attempt to discover the incidence of epilepsy in his district :—

"During the year 1950, an inquiry was made to discover the incidence of epilepsy in a district mainly urban and industrial in north-east Derbyshire. Four thousand, one hundred and sixty-seven children between the ages of 1½ years and 15 years were examined in the course of routine and special school medical inspection and at Infant Welfare Centres. Children showing evidence of gross brain disease were excluded from consideration in an endeavour to include only cases of idiopathic epilepsy, though it is true that many aments and persons with cerebral paralysis have epileptiform fits at some time or another. In young children infantile convulsions may give rise to suspicion of epilepsy, but the prognosis must be guarded until the children are past the age of five years at least. Both infantile convulsions and epilepsy are indicative of instability of the cerebral functions. Apparent cessation of the fits untreated, or after a period of treatment, does not invalidate the diagnosis of epilepsy, many epileptics having long periods of freedom from fits without treatment.

The following sixteen case histories have been recorded in the present series, and the patients have been classified as those who are doubtful epileptics, in number five, those considered truly epileptic, numbering ten, and one case probably of pyknolepsy.

Case 1.—Boy age 11 years, adopted child. Noisy dreams during past two years at intervals for two or three nights in succession. Three seizures at night during the years 1946 to 1949. Tonic seizures with loss of consciousness and confusion afterwards at night or in early morning. Diagnosis, epilepsy.

Case 2.—Girl age 9 years. Three fits during the years 1944 to 1946. Tonic and clonic seizures. Her tongue has been bitten. Consciousness was lost and there was incontinence of urine. No fits have occurred since 1946, though she has had no treatment for the fits at any time. Diagnosis, epilepsy.

Case 3.—Boy age 6. History of a broken thigh and concussion from a fall at 10 months of age. First fit at 1-2/12, seven fits since at intervals of some months, the last having occurred in December, 1949. Fits occur in the morning hours. Consciousness lost. Tonic and clonic seizures with incontinence of urine. Drowsiness after. Tonsils and adenoids operation December, 1948, for severe tonsillitis and otitis media. No treatment for epilepsy. Diagnosis, epilepsy.

Case 4.—Boy age 10. Tonic and clonic fits with loss of consciousness at nights since age of 7 years. Controlled by bartitone. Diagnosis, epilepsy.

Case 5.—Boy age 1-6/12. Infant Welfare Centre. Seizures two or three times a day at irregular intervals. He holds his breath and his eyes roll upward for a minute or two only. Attributed to teething. Doubtful diagnosis.

CASE 6.—Boy age 11. He had a fit at 2½ years of age and two or three a day for a considerable time afterwards; the last fit occurred at age of 6 years. Chesterfield Hospital patient. No treatment since 1946. Obesity. Diagnosis, epilepsy.

CASE 7.—Girl age 5. First fit with pneumonia at age of 3 years. Two fits subsequently. Tonic seizures only lasting a few minutes. Probably infantile convulsions.

CASE 8.—Girl age 9. Frequent epileptic fits from 2 years of age until September, 1949. Another fit recently, consciousness lost. Tonic and clonic seizures. She gets fits of depression sometimes without obvious cause, but there has been recently some family trouble which affected her deeply. Barbitone, which she had had regularly, was stopped in November, 1950. Intelligence quotient 84. Diagnosis, epilepsy.

CASE 9.—Girl age 11 years. First fit in December, 1943, at the onset of an illness which was probably infective hepatitis. Two more fits at 12 months interval. None since 1945. Diagnosis doubtful.

CASE 10.—Boy age 5. History of convulsive fits which began when he was a few days old. Two or three a day at frequent intervals until the end of the third year. Diagnosis, probably pyknolepsy.

CASE 11.—Girl age 12. Two fits at 11.30 a.m. and 1.30 p.m. in July, 1948. Tonic and clonic; consciousness lost; cyanosis for a brief period. In October, 1949, two slight seizures occurred at three months interval at night in sleep. Treatment by barbitone was begun in July, 1948. One seizure occurred in July, 1950, at 7 a.m., tonic and clonic convulsion with loss of consciousness. The fits have been preceded on each occasion by a dream of being chased by some vaguely described person or animal until she is panting and feels exhausted, when the fit begins. Diagnosis, epilepsy.

CASE 12.—Girl age 10. She has occasionally what are described as fainting bouts when she has her hair washed. There is pallor and not cyanosis; consciousness is not fully lost. Diagnosis doubtful.

CASE 13.—Girl age 10. Six or seven tonic seizures between the ages of two and seven years. There was cyanosis and consciousness was lost. There have been no fits since 1947. Diagnosis, epilepsy.

CASE 14.—Boy age 10. Major epileptic fits for a considerable time at frequent intervals at night or in early morning. Diagnosis, epilepsy.

CASE 15.—Boy age 9. Educationally subnormal and difficult to control. Bad temper and violent at times. Intelligence quotient 71. Electro-encephalogram is definitely abnormal and suggestive of epilepsy. Diagnosis doubtful.

CASE 16.—Boy age 6. Fits began with a series of four at short intervals in April, 1949. He had two fits on one day in May, 1949. He was admitted to Chesterfield Royal Hospital, and treatment by barbitone was begun. The fits were tonic and clonic with loss of consciousness. No major fits have occurred recently but he has occasional nocturnal enuresis. Intelligence quotient is 76. Diagnosis, epilepsy.

Cases numbered 1, 2, 3, 4, 6, 8, 11, 13, 14 and 16 were considered to have epilepsy. The accounts of the fits given by parents were reasonably clear and the fits were self-limited and short in duration. Cases 1 and 3 have had no special treatment. The other children have had treatment by barbitone and allied drugs for varying periods. The girl mentioned in Case 8 had frequent fits for about six years and then was free from major fits until a few weeks ago, when she had another major fit. She was subject to fits of depression without apparent cause during the interval when she was free from major fits, possibly a substitution of a psychical for a psychophysical form of episode. I was informed, however, by her mother a few days ago that there is now

some domestic trouble, which she did not specify, which upsets her daughter very much. The girl mentioned in Case 11 gave a history of an unusual form of warning of impending fits. She has described to her parents the dreams of being hunted and they recognise by her apparent distress that a seizure will occur within a very short time. The seizures are always at night. There are no children in the series who suffer from fits in the daytime.

Of the doubtful cases, Case 5 may yet be considered to be suffering from epilepsy after further observation. The child mentioned in Case 7 is regarded as doubtful because the condition as described by the parent resembled infantile convulsions. The same doubt may be applied to Case 9. Case 10 was considered as probably one of pyknolepsy. The girl menticned in Case 12 may be suffering from petit mal, but the condition is more likely to be hysterical. She dislikes the tedious business of hair washing when performed by her mother. Case 15 of a maladjusted educationally subnormal boy is mentioned only because the electro-encephalogram was definitely abnormal and the pattern was suggestive of an epileptic condition. As he has never had any fits, as far as is known, it would not be justifiable to attribute to epileptic automatism his occasional violence and stubbornness.

The incidence of this small series of cases of the 4,167 children examined is approximately 2.4 per thousand. In calculating this figure doubtful cases have not been taken into account. The numbers are, of course, much too small to be an indication of the general incidence, but they are given for what they are worth. None of the children was considered to be epileptic within the meaning of the Regulations made under the Education Act, but all were considered to be fit to attend ordinary day schools and not to require treatment at boarding schools."

It will be seen that 4,167 children between the ages of 1½ years and 15 years were examined, of whom ten were diagnosed as suffering from epilepsy, giving an incidence of 2.4 per 1,000 examined. Not one of these ten children was considered to require special educational treatment. (It is generally accepted that the majority of epileptic children should attend ordinary schools, with minimal restriction of their activities). The number of children attending (or awaiting places in) residential special schools for epileptics from the whole of the administrative County in December, 1950, was 20, a ratio of 0.2 per 1,000 of the school population.

In the Report for 1946-47 of the Ministry's Chief Medical Officer a summary appears of a survey of 1,700,000 school children. In this number, 519 educable epileptics were found who were in need of education in special schools, giving a ratio of 0.3 per 1,000. In another survey of 950,000 school children, 776 were considered to be epileptic (0.82 per 1,000), of whom 398 had major epilepsy. Dr. Burke's figures are somewhat higher than these, but, as he mentions, his findings are based on too small a number to be a reliable indication of the general incidence. On the other hand, the incidence of cases for the whole County in (or awaiting vacancies at) special schools is 0.2 per 1,000, which is lower than the 0.3 per 1,000 mentioned above. At the routine school medical inspections throughout the administrative County, 19 children were recorded as requiring medical treatment for epilepsy, an incidence of 0.7 per 1,000.

Maladjusted Pupils and Speech Therapy.

I thought that the Committee might be interested in the following comments on Child Guidance which I have set out in question and answer form :—

1.—What is understood by the term "maladjusted child" ?

The term "maladjusted children" signifies those who show evidence of emotional instability or psychological disturbance of such a degree as to make it desirable that they should receive help in order to enable them to effect their personal, social or educational re-adjustment. It includes children for whom psychiatric or psychological investigation or treatment seems appropriate because of their conduct or behaviour or habits, wherever displayed, or their abnormal response to the activities of school. The "maladjustment" ranges from the mild case of the normally intelligent child who has some educational difficulty to the delinquent and the psychotic.

Probably the best definition of a "maladjusted child" is one who has a persistent behaviour disorder which does not respond to the normal correctives in school or at home.

2.—What is understood by the term "child guidance" ?

The words "child guidance" as ordinarily understood cover a very wide field, and include all the various influences which are brought to bear on a child in the course of its upbringing and various associations, particularly in the home and at school. For the present purpose, however, the meaning must clearly be restricted, and it might shortly be defined as that field of endeavour which is devoted to the investigation and treatment of "maladjusted children." This field has medical and social, as well as educational, facets, all of which are inter-related.

The treatment of maladjusted children is still in an experimental stage, and it is expected that 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 child psychiatrist, a psychologist, a social worker, and possibly a psycho-therapist or 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.

3.—The extent to which the Child Welfare Service find the Child Guidance Service or other psychological services of help ?

The facilities of the Child Guidance Service are available to pre-school children. 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, for instance, may save trouble later on. This type of work can well be done by a competent Psychiatric Social Worker, and often one or two visits may suffice to clear up a difficulty without the child being brought to a Child Guidance Clinic to see the Child Psychiatrist. The bulk of the work done at the present time relates to school children, but it is felt that about 10% of the time of the Child Guidance "team" might be devoted to pre-school children.

4.—The extent to which the Child Guidance Service should cater for Young Persons over school age ?

It is not desirable to extend the purview of the "child" guidance service to young persons. At the present time a certain number of young persons are referred by the Courts to the Authority's Child Guidance Service for reports to assist the Magistrates, but

this is a tendency which should not be encouraged as it involves encroachment into fields which other persons or bodies can deal with more competently. There may be no clear line of demarcation, and probably the matter had better be dealt with by the Child Psychiatrist on the merits of a particular case.

5.—The extent to which the Child Guidance Service is used by Probation Officers and Magistrates and whether the proportion of cases referred is appropriate ?

In Derbyshire, 28 reports were provided to Magistrates in 1950 and 26 in 1949. At the present time, Magistrates and Probation Officers are referring to the Child Guidance Service as many cases as can conveniently be dealt with by the existing staff, and it is felt that probably the proportion of cases referred is appropriate. The value of the Service appears to be appreciated by Magistrates and Probation Officers in general.

6.—The extent to which the Child Guidance Service is used by the Children's Committee and whether the proportion of cases referred is high ?

The impression is gained that the proportion of cases referred to the Child Guidance Service by the Children's Committee in Derbyshire is not high, but figures are not readily available to prove this.

7.—Is the team approach as originally the practice in Child Guidance Clinics still desirable ?

Yes.

8.—Does the case conference serve a useful purpose ?

Yes—but the best results can only be obtained when there is an adequate and balanced "team."

9.—Who is to be in administrative charge of the centre ?

It is felt that Child Guidance Clinics should be an integral part of the Local Authority's Service, in their capacity as a Health and Education Authority, and that they should be under the medical direction of a "Child Psychiatrist" on the staff of the Medical Officer of Health who would be in general administrative charge of the Service and organise it for the area.

Some Child Psychiatrists maintain that Child Guidance should be available for children from the age of six months upwards. An Education Authority is responsible for children in attendance at school as well as for ascertaining handicapped pupils from the age of two years, and the gap from six months to two years can be bridged only by the Authority acting in its capacity as a Local Health Authority.

10.—What is the function of the "Educational Psychologist"? Should he be able to carry out certain forms of treatment without prior reference to a psychiatrist? If so, what forms of treatment should he carry out?

The main function of the Educational Psychologist as a member of the Child Guidance "team" is to carry out intelligence and scholastic testing. Owing to the present shortage of qualified "Child Psycho-therapists," however, the Educational Psychologist carries out a certain amount of "play therapy," but all cases should be treated under the direction and control of the Child Psychiatrist, who should be responsible for the individual examination of all new cases. A part of the time of the Educational Psychologist may be employed as a member of the staff of the Education Department rather than as a member of the Child Guidance "team," and his duties would then include advising teachers on educational difficulties in dealing with certain types of children, carrying out group testing, and advising the Authority on the tests to be used for selecting children for education beyond the primary stage, and on their administration. In the course of these duties educationally subnormal children would be found and appropriate cases referred for "ascertainment" by approved School Medical Officers either for the provision of special educational treatment, or in low-grade cases reporting to the Local Health Authority as being ineducable.

11.—The number of cases and size of school population which can be dealt with by one Child Guidance Centre, and with what staff?

The school population of Derbyshire is roughly 97,500. The establishment authorised for the Child Guidance Service at the end of 1950 was as follows:—

2 Child Psychiatrists;
2 Educational Psychologists;
2 Child Psycho-therapists;
4 Psychiatric Social Workers.

In addition, the employment of five Speech Therapists has been authorised.

It was felt, however, that the number of Educational Psychologists is too small, and that about ten Speech Therapists are required. Unfortunately, owing to the national shortage of trained staff, it has never been possible to appoint more than one Child Psychiatrist, two Educational Psychologists, one Child Psycho-therapist, one Psychiatric Social Worker, and two Speech Therapists. It is consequently impossible to give a reliable estimate of the number of cases that could be dealt with adequately by a complete Child Guidance "team." However, an indication of the volume of work that has been done appears in the answer to question number 13.

12.—What is the best way of dealing with large lists ?

When there are large numbers awaiting treatment, priority is given to the seriously disturbed and maladjusted children and to cases who have been before the Courts—otherwise the work has to be limited to diagnosis, giving advice, and supervision of cases. Cases of enuresis have frequently to be sent back to their family Doctors for physical treatment and can only be kept under supervision by the Clinic staff.

13.—Are they becoming unmanageable ? What proportion of cases referred are being dealt with ?

Working with a "skeleton staff" it is only possible to touch the fringe of the problem. In 1950, 449 children received treatment at Derbyshire Child Guidance Clinics. In the Child Guidance Centres (excluding Chesterfield Borough), Dr. Iliff, the Child Psychiatrist, has reported that 235 cases were "closed," 40 were under regular treatment, and 61 were under supervision or having only occasional interviews. In addition, 23 cases had been "recently opened" and there were 43 on the waiting list at 31/12/50 who had not been seen.

14.—Is it desirable to "screen" cases before reference to the Child Guidance Centre ? If so, who should do the screening ?

Where possible, "screening" is desirable by Assistant School or Assistant Maternity and Child Welfare Medical Officers, but it is not enjoined in every case, and on occasions cases have been dealt with that have been referred either by parents, teachers, Educational Psychologists, or patients' own doctors.

15.—Are there adequate arrangements for Specialist examinations of physical conditions ?

Specialist examinations for physical conditions are obtained by referring the patients to their own general medical practitioners, who may then exercise choice of a suitable Specialist under the Hospital and Specialist Services provided under the National Health Service Act.

16.—Should speech therapy be available ?

It is suggested that Speech Therapy Clinics should be held in the same premises as Child Guidance Clinics, since there will be occasions when some psycho-therapy is necessary.

17.—How far should the Service be used for Vocational Guidance ?

The Child Guidance Service should not disperse its energies by giving vocational guidance for normal children, but should rather concentrate on its work for the maladjusted. The Educational Psychologist gives a certain amount of advice in the course of her duties as a member of the staff of the Education Department

rather than as a member of the Child Guidance team, but even so she has not the full range of "industrial tests" and it is not felt that there should be any expansion in this direction, particularly in view of the shortage of staff to deal with the maladjusted. It is also suggested that this field comes within the scope of the Youth Employment Officers.

18.—To what extent is the Service appreciated by parents and teachers ?

This varies a great deal—in fact some parents and teachers think that Child Guidance is of tremendous value but others maintain it is of little or no value.

19.—How far the teachers can and do help in the treatment of these children ? Are courses of lectures to the teachers helpful or otherwise in this connection ?

If there is an adequately staffed Child Guidance team, lectures to teachers may be worth while ; but at present the energies of the staff are more usefully employed in the direct treatment of the cases which have been referred to them. It is, of course, important that there should be appropriate handling of a child's difficulties in school, and in this connection co-operation between the members of the Child Guidance team and the teaching staff is essential.

20.—How far is the Child Guidance Service now regarded as an integral part of the School Health Service and should it remain so ?

In Derbyshire at the present time the Child Guidance Service is an integral part of the School Health Service, generally speaking, though its services are also extended to the Local Health Authority. It is important that this should continue to be so. As mentioned earlier, there are medical, social and educational facets to this problem, and the Local Health Authority and the Local Education Authority are in the best position to unify these various aspects.

21.—What then is the role of the School Medical Officer ?

The School Medical Officer should be the administrative head of the Child Guidance Service and be responsible for its broad organisation throughout the area, particularly if he is the Medical Officer of Health, which he is in most instances.

Table IV, Groups 5 and 6, in the Appendix, show the numbers of pupils treated by Child Guidance and Speech Therapy. The following information (which does not relate to work carried out at Brambling House Children's Centre) has been provided by members of the Child Guidance staff and the Speech Therapist :—

(1) Dr. Iliff, Child Psychiatrist.

"During 1950 the Child Guidance Service has continued to use the Clinics at Belper, Matlock, Long Eaton and Swadlincote regularly and the Clinics at Alfreton, Heanor and Glossop occasionally, according to the waiting lists of cases in the latter areas. Children from the north-eastern part of the County are examined at Brambling House Children's Centre, Chesterfield, on the two days spent weekly by the Psychiatrist at this Centre.

Miss Elton, the Psychiatric Social Worker, left in October, 1950, and it has not been possible to replace her. This means that no home visits can now be made, and much more of the Psychiatrist's time is spent on interviewing parents, so that there is less time for psychotherapeutic work with children. Consequently, diagnosis, advice and supervision of cases comprise a larger part of our work, and many children who need psychological treatment cannot have it. This applies especially to the many cases of enuresis which continue to be referred to the Clinic. These have frequently to be sent back to their family doctors for physical treatment and can only be kept under supervision by us and seen very occasionally. Before she left in October, 1950, Miss Elton was working in all parts of the County with the exception of Chesterfield Borough. In addition to her social work with parents, which included interviews at the Clinics and home visits, Miss Elton helped with play therapy in some selected cases and under the supervision of the Psychiatrist. These cases were taken singly or in small groups at Belper and Matlock Clinics when space was available. Nine of these cases were closed during the year and four were left under supervision when Miss Elton left.

Much help is given by the Educational Psychologist, Mrs. Flint, in the psychotherapeutic work in the south and south-east and at Belper Clinic ; without Mrs. Flint's help work in Long Eaton and Swadlincote would be confined to diagnosis and advice, as time does not permit frequent visits by the Psychiatrist to these Clinics. Working with a skeleton staff, as at present, we can only touch the fringes of the problem. Priority is given as far as possible to seriously disturbed or maladjusted children and to the Court cases.

Holly House Hostel, Chesterfield, is used regularly for suitable County cases needing residential treatment away from their homes. The need for a Hostel for maladjusted boys over eleven years is very pressing. One or two maladjusted children have been boarded out in specially approved homes for holiday periods, and these experiments have so far proved successful.

It is hoped that the Child Guidance Service will soon be equipped with at least its full team of Psychiatrist, Psychologist, and Psychiatric Social Worker, for without these the work cannot be said to be satisfactorily carried out. There are still many cases coming in and there is little opportunity of dealing with these as they should be dealt with from all aspects of the problem, including

home and school. Probation Officers and Health Visitors continue to give us valuable help and co-operation in the work. Co-operation is also given by the Speech Therapist with whom mutual transfer of certain cases is often arranged. We are very grateful for this help and co-operation, and much regret that lack of time has hindered our contact with schools to some extent. Where such contact has been made, very valuable help has been given by Head Teachers and staffs and this has helped greatly in our work."

(2) Mrs. Flint, Educational Psychologist.—

"During 1950 the Psychologist has had sessions regularly at Belper, Swadlincote, Long Eaton, and for half the year at Matlock. Occasional sessions are held in other Clinics from time to time. During these sessions children's ability and personality have been assessed. Various cases of backwardness have been helped by remedial teaching, *i.e.* teaching which helps the child to overcome specific difficulties, mostly in reading. (The children taken on for such teaching are usually maladjusted as well as backward). There have also been cases of children who are on probation for various reasons ; such children are usually those who have had home difficulties, to which they have found it difficult to adapt themselves.

Home circumstances cannot always be changed (nor is it entirely desirable that they should be), but the child's attitude, and the attitude of the grown-ups concerned can be, and are often, adjusted. There have also been cases of children not on probation, but with home difficulties to which they have reacted by some form of anti-social behaviour, and sometimes their work in school has also suffered. Treatment in the Clinic, of course, varies according to the needs of each child.

Schools and homes have been visited, as it is important to secure the co-operation of teachers as well as parents ; much more would be done in this way if only time allowed. Many cases have been referred to the Guidance Clinic following addresses to Parent-Teacher Associations in school, where the parents show much interest in the work of the Child Guidance Service."

(3) Statistical Information.—

CHILD GUIDANCE WORK.	Divisional Executive.					Totals.
	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	
(1) Cases Closed during 1950 :—						
(i) Adjusted	4	—	7	4	9	24
(ii) Improving	15	—	19	8	14	56
(iii) Partially adjusted ...	2	—	8	2	4	16
(iv) Unadjusted	3	—	6	6	6	21
(v) Unknown	6	1	8	4	10	29
(vi) Diagnostic and advice only	25	5	24	17	18	89
Totals	55	6	72	41	61	235
(2) Cases having Regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—						
(a) Psychiatrist—						
(i) Making satisfactory progress	5	—	7	2	4	18
(ii) Some improvement ...	—	—	—	—	—	—
(iii) No improvement	—	—	—	1	—	1
Totals	5	—	7	3	4	19
(b) Educational Psychologist—						
(i) Making satisfactory progress	—	1	3	6	7	17
(ii) Some improvement ...	—	—	—	—	—	—
(iii) No improvement	—	—	—	—	4	4
Totals	—	1	3	6	11	21
Total Treatment Cases	5	1	10	9	15	40
(3) Cases having only Occasional Interviews, or under Supervision :—						
(i) Making satisfactory progress	5	1	8	2	15	31
(ii) Some improvement ...	—	—	—	—	—	—
(iii) No improvement	1	1	—	2	2	6
(iv) Not known	6	1	3	2	12	24
Totals	12	3	11	6	29	61
(4) Cases Recently Opened ...	12	—	4	1	6	23

CHILD GUIDANCE WORK.	Divisional Executive.					Totals.
	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	
(5) SUMMARY :—						
(i) Number of "open cases"...	29	4	25	16	50	124
(ii) Number of "closed cases"...	55	6	72	41	61	235
Total Number of Cases dealt with during 1950...	84	10	97	57	111	359
(6) Number of Cases on Waiting List for first interview as at 31st December, 1950 ...	4	—	10	8	21	43
(7) Number of Reports to Magistrates						28
(8) Psychiatrist's Visits :—						
(i) To Schools	1	—	1	—	—	2
(ii) To Institutions						3
(iii) To Hospitals						1
(9) Educational Psychologist (Mrs. Flint) :— Number of Child Guidance Clinic cases tested	23	1	36	35	24	119
(10) Psychiatric Social Worker (Miss Elton) :—						
(i) Number of home visits ...	7	16	38	20	48	129
(ii) Number of visits to schools	1	1	3	—	1	6
(iii) Number of visits to Day Nurseries, Hospitals, Children's Homes, etc. ...	—	1	2	—	4	7

The following Table indicates the sources from which patients were referred to the Child Guidance Service during the year :—

School Medical Officer	86
Clinic staff	15
Private Doctors	13
Hospitals	10
Parents	9
Teachers	14
Courts and/or Probation Officers	24
Others	22

(4) Miss Ward, Speech Therapist.—

"Clinics at Belper, Derby and Matlock have been held throughout the year. Generally speaking, three sessions a week have been held at Belper, four sessions weekly at Derby, and three at Matlock, leaving one session for visiting schools and for clerical work. A considerable amount of equipment has been acquired during the year, and the appointment of a clerk at Belper, in March, at a time when the clerical work was greatly increasing, has saved much valuable time. It has only been possible to treat six patients twice weekly, although the majority of children should attend the clinic at least twice a week. Two groups of two stammerers have proved a success and next year, if facilities allow, it is hoped to combine group with individual therapy in some cases of stammering. A Magnetic Tape Recording Apparatus, which is due for delivery about next August, should be of great value in the treatment of all types of disorders.

The children awaiting treatment present a serious problem, and of a total of 119, 38 require treatment at Belper Clinic, 54 at Derby, and 27 at Matlock. All clinics have a full case load and an inevitably slow rate of discharge means that it is months before new cases can be admitted. Ideally, in these circumstances, the child and its parents should be interviewed immediately after referral for diagnostic and advisory purposes. If home therapy suggested is carried out by the parents further deterioration of the speech may be prevented, particularly in cases of stammering, and sometimes the speech may be improved. These interviews have only been possible in 27 cases because the majority of children already receiving treatment do so only once a week, and interviewing each new case involves the cancellation of two of these appointments.

Of 33 stammerers seen, 27 are boys and 6 girls. Of 48 children with articulatory defects, 36 are boys and 12 girls. Of nine cases of cleft palate, five are girls and four boys. Three stammerers in need of further treatment had to be discharged on account of their leaving school. It is regrettable that at present there is no treatment available in the County for these and for other similar cases."

SPEECH THERAPY.	Divisional Executive.					
	N.W.	N.E.	MID.	S.E.	S.	Totals.
(1) Number of Patients who Received Treatment during the year :—						
New Cases—						
Stammerers	—	1	4	2	—	7
Articulation Defects ...	1	—	4	2	3	10
Other Speech Disorders ...	—	—	—	1	3	4
Old Cases—						
Stammerers	2	—	7	2	6	17
Articulation Defects ...	1	1	10	8	8	28
Other Speech Disorders ...	—	—	—	—	1	1
Total Number of Individual Patients	4	2	25	15	21	67
Total Attendances for Treatment	80	49	535	214	391	1,269

SPEECH THERAPY.	Divisional Executive.					
	N.W.	N.E.	MID.	S.E.	S.	Totals.
(2) Results of Treatment of Cases seen during 1950:—						
Cases Closed:—						
Stammerers—						
Cured	—	—	—	—	—	—
Improved	—	1	2	1	—	4
Not improved	—	—	—	—	—	—
Discontinued for various reasons	—	—	—	—	—	—
Articulation Defects—						
Cured	—	—	1	1	—	2
Improved	—	—	1	—	—	1
Not improved	—	—	—	—	—	—
Discontinued for various reasons	—	—	—	—	—	—
Other Speech Disorders—						
Cured	—	—	—	—	—	—
Improved	—	—	—	—	—	—
Not improved	—	—	—	—	—	—
Discontinued for various reasons	—	—	—	—	—	—
Total Number of Cases Closed	—	1	4	2	—	7
Cases Still Under Treatment—						
Stammerers	2	—	9	3	6	20
Articulation Defects ...	2	1	12	9	11	35
Other Speech Disorders ...	—	—	—	1	4	5
Cases seen once for initial examination and advice only	4	—	10	5	8	27
Total Number of Cases already seen, Carried Forward to 1951...	8	1	31	18	29	87
(3) Number of Patients Waiting to be seen for the first time, as at 31st December, 1950	11	8	32	27	14	92
(4) Visits:—						
To Schools	4	—	17	7	13	41
To Homes	—	—	4	—	2	6
(5) Number of Interviews with Parents	17	5	57	22	35	136
(6) Total Number of Sessions conducted at Clinics ...						465

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 ... ... (Fit, 452 ; unfit, 6).	458
Visits to Homes	1,326
Number of sessions administering general anæsthesia to dental patients	211
Examinations of Blind Persons	124
Examinations for superannuation purposes	220
Examinations of Mental Defectives	40
Number of sessions at Infant Welfare Centres ...	240
Sessions Immunising Ambulance personnel	30

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)) :—

(1) General Health and well-being of the Children : The general health and well-being of the children is good. The Sunray Clinic has appeared to improve the general condition of those who attended. Mrs. Butterworth, who conducts this clinic, has been most impressed by the increase in weight and appetite shown by most of the children.

(2) Nutrition : The standard of nutrition remains high despite everything people say about the food of to-day. Very few children fall into group C, the poorly nourished group. Only just over a third of the children took advantage of the school meals. There are several reasons why home meals are preferred by so many. Very few can hope to provide their children with a meal so well balanced in essential nutrients, especially for the amount they pay for school meals, but a meal at home has something to offer, even though the meal is nothing more than potato and gravy. The milk-in-schools scheme appears to be very well accepted now and nobody doubts the value of it.

(3) Cleanliness: It is very pleasing to report that the number of children found infested has fallen very appreciably: 195 (3.3% of the children examined) were found to be infested with pediculosis capitis, compared with 509 (9.6% of the children examined) in 1949. I wish the drop was due entirely to improvement in the personal hygiene in those families affected. Some improvement in personal hygiene has been achieved, possibly due to local newspaper writings, and, I hope, to a local health exhibition held in the Town Hall. Credit for a certain amount of the smaller incidence is due to the school nurses who have vigilantly watched and treated the worst offenders. The number of cases of scabies treated has fallen from seven to one, but the number of cases of impetigo has increased from 13 to 21.

(4) Diphtheria Immunisation: The diphtheria immunisation scheme is proceeding satisfactorily. This is good when one realises that nowadays the public hear of very few cases of diphtheria and there is a danger of complacency because immunisation is gradually stamping out this disease. I have had numerous requests from mothers who would like their children immunised against whooping cough. If a really effective vaccine against whooping cough and diphtheria is produced, I am sure the future success of immunisation would be assured for many years. It is unfortunate that the present-day mixed vaccines are not as effective as one would wish, and their use would probably have a detrimental effect on the diphtheria immunisation campaign.

(5) Hygienic conditions of Schools: There has been little change in the hygienic conditions in any of the schools. They are still unsatisfactory in most of the schools. What was good enough for our forefathers is no longer good enough for us to-day. A higher standard is desired. When the canteen commences to function in Glossop I feel sure an improvement will be noticed in the schools.

(6) Effect of the National Health Service on the School Health Service: The most striking effect of the National Health Service on the School Health Service is the lack of dental treatment the school children are receiving. During my routine inspections I observe children who require to be under dental supervision. If the parents are present I advise them to see a dentist. Many parents find it difficult to get their children seen and often have to wait a long time for an appointment. Some parents find all this difficulty too much trouble, and as a result the children's teeth and health suffer. In other respects the National Health Service is working in unison with the School Health Service. One reads about antagonism between local practitioners and the School Health Service. In this area the local doctors are most friendly, helpful and co-operative.

(7) Infectious Diseases : It is interesting to observe the effect of infectious diseases on the primary schools. During the Christmas term many children go down with one or other of the common infectious diseases. The total number of school hours lost is often quite considerable. For example, during the Christmas term 1949 during an outbreak of chickenpox at a school of 95 pupils there were approximately 123 weeks' schooling lost amongst the 41 cases. At this same school during the Christmas term 1950 no cases of chickenpox were notified because presumably an immunity had been built up the previous year. There were, however, 38 cases of measles, 30 cases of mumps and four of whooping cough, which resulted in a further loss of schooling. During the outbreak of chickenpox in 1949 only 12 children from other schools were absent on account of chickenpox. During the Christmas term 1950, a school of 240 pupils at Hadfield had 29 children away with chickenpox. No other school notified any children absent due to chickenpox. Nowadays one tends to regard it as inevitable that children at school will get one or more of the common infectious diseases. Some suggest "measles tea parties" as a means of getting it all over at once. In my opinion they should be prevented if possible. This is difficult in schools where the children are crowded together and the ventilation is not always satisfactory. I am sure one day there will be effective vaccines against these infectious diseases of schooldays. We can vaccinate against smallpox and therefore it should be possible to vaccinate against chickenpox.

Dr. Cochrane (N.W. Division (Buxton)) :—

(1) General Health and well-being of the Children : The school children in the Borough have maintained a high standard of health, and epidemic diseases presented low figures.

(2) Nutrition : The children show that nourishment is well maintained and few present any indication of under-nourishment. There are still many who do not take advantage of the mid-day meal at school and the reasons remain the same, namely that some children are reluctant to have a school meal ; for others the main meal of the day is after school hours when the father returns from work and the fact that many children, who live in the immediate vicinity of the school, find it easier to go home for their dinner.

(3) Cleanliness : The children on the whole are very clean. Those girls (or boys) who show pediculosis are the old offenders. There were 14 cases of impetigo and four cases of scabies throughout the year.

(4) Diphtheria Immunisation : Reinforcing doses are given to practically all children as they enter school life, and those who have not been immunised are, with a few exceptions, immunised in the first term. Immunisation against diphtheria seems now to be accepted with little reluctance on the part of

the parent, and this contrasts remarkably with the attitude regarding vaccination against smallpox.

(5) Hygienic conditions of Schools: It is well known that several of the schools in the Borough are old buildings requiring almost entire re-building to bring them up to modern standards. In some the sanitary conveniences are of an old type. In most the facilities as regards accommodation for serving the mid-day meal leave much to be desired; there is no proper provision of dining accommodation, the hall or a class room being used for the purpose.

(6) Effect of the National Health Service on the School Health Service: This is still much in evidence. The Minor Ailment Clinics with Doctor in attendance are mere fractions of what they used to be. The dental work is non-existent and there seems little likelihood of a return to a decent school dental service. One deplores the numbers of boys and girls who are now leaving school with marked dental caries, and in spite of persuasive measures to encourage the children to seek the help of the family dentist, the dental defects, I regret to say, remain unattended. The Orthopædic Clinic continues to do valuable work and serves a most useful purpose. This, together with the Eye Clinic, are perhaps the bright spots at the moment in the School Health Service. The treatment of speech defects leaves much to be desired. The educationally subnormal child still confronts us with a grave problem and it is regretted that institutional treatment is apparently not available for many who ought to be given some chance in life with training in form of handicraft.

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

(1) General Health and well-being of the Children: In my area this has been satisfactorily maintained, and no important outbreaks of infectious disease have come to my notice.

(2) Nutrition: The general standard of nutrition shows no significant change from the previous year. The important body-building foods are still too restricted to ensure a robust and vigorous school population.

(3) Cleanliness: As a result of the 12 Cleansing Orders obtained in 1949, a start has been made on the hard kernel of persistent offenders. Upon re-examination this year only one case has become re-infested. Although the numbers so "attacked" are comparatively small they have served as warnings to neighbouring parents with some slight resultant improvement in the schools concerned. Infestation can never be condoned, and I believe that firm adherence to the procedure laid down in Section 54 of the Education Act, 1944, offers the only hope of securing cleanliness.

(4) Diphtheria Immunisation: This scheme continues to work well and smoothly. The response remains good, while few parental refusals are encountered.

(5) Hygienic conditions of Schools: These continue to show wide divergencies. In some rural schools primitive conditions persist. Several schools in the area have started to use dust allaying oil applied to wooden floors and all are enthusiastic as to the benefits.

(6) Educational Subnormality: During 1950 ascertainment of many new cases has been carried out. While several cases of "ineducable" children have been reported to the Local Health Authority, the list of those requiring education in a special school continues to lengthen, serving to underline still further the need for the "John Duncan" Special School.

Dr. Morris (Part of N.E. Division):—

(1) General Health and well-being of the Children: In both primary and secondary schools this has, I think, been well maintained during the year 1950, although a great many children still suffer from lack of sleep. It is a pity that many parents do not yet realise that early sleep is far more important than television or radio plays; also, that adequate rest, not the restless and disturbed sleep of the over-tired child, would improve the resistance to infection and shorten the period of convalescence should the child fall a victim to the periodic epidemics of infectious diseases, which cause so much absence from school. In one infant school, 44.2% of the pupils were absent from school with measles during the term ending Christmas, 1950.

(2) Nutrition: The general standard of nutrition remains on the whole good, and I have no doubt that the provision of school milk and meals play a large part in maintaining satisfactory nutrition. The school meals are of good quality, especially those cooked on the school premises. Those cooked early in the day, and transported in containers to the school for consumption at mid-day, are not nearly so appetising and are often cold.

(3) Cleanliness: This can still be improved. Scabies has practically disappeared, but pediculosis capitis is still found in certain families. This is essentially a matter for the parents, with the advice of the Health Visitor. Owing to the shortage of Health Visitors in my district, these cases remain clean for a short time after the nurse's visit and then relapse.

(4) Diphtheria Immunisation: The response to the diphtheria immunisation scheme remains good, although, I think, there has been a slight decrease in the number of "Consent Forms" in 1950. (This may be due to the fact that the Head

Teachers do not obtain a sufficient number of the forms before the visit of the Doctor).

(5) Hygienic conditions of Schools: The hygienic conditions of some of the older schools are not wholly satisfactory The washing facilities are quite inadequate. Many schools are still without a dining hall and the children have to eat their mid-day meal at the desks in the class-room, which is not a good thing.

(6) Effect of the National Health Service on the School Health Service: The number of children attending the minor ailment clinics seems to be reduced since the National Health Service came into force. Although the waiting period for new glasses has been shortened and a few high myopes have been given priority, some children still have to wait a long time for new spectacles. It is very difficult for children to obtain dental treatment under the National Health Service, as is shown by the increase in dental caries among the younger children.

Dr. Burke (Part of N.E. Division) :—

(1) General Health and well-being of the Children: There have been minor outbreaks of measles, mumps and whooping cough in the area. The most serious, in number affected, has been an outbreak of influenza which began in December, 1950, and continued in January, 1951. Generally the health of the children has been maintained at a satisfactory level. Children whose general condition deserved to be classified "A" were more numerous in the second and third age groups than in the entrants' group. Dental caries and respiratory tract diseases excluded many entrants from class "A." There were, however, comparatively few in any group whose general condition was really poor or bad.

(2) Nutrition: The nutrition of the children has been well kept to a satisfactory standard. I have good reason to believe that the children are generally taller and heavier than they were when I joined the County staff twenty-eight years ago. There is no doubt that the provision of protective foods and of milk in the early years of life have been a very great help in improving nutrition. The school meals have provided many children with better meals than they are likely to have provided for them at home. Unsuitable and badly cooked foods tend to diminish appetite. The school meals are also a means of getting rid of food fads in children. The example of children "tucking into" whatever is served to them encourages faddy children to do likewise.

(3) Cleanliness: Two girls and one boy from the same family were found to be infested by pediculosis capitis at medical inspection. Six children were found at inspection to be suffering from impetigo contagiosa. One child was found to be affected with ringworm of the scalp. The fungus was of the usual M. Audouini type.

(4) Diphtheria Immunisation : Approximately 89 primary immunisations were completed at the school clinics and 49 reinforcement injections were given. Approximately 222 primary immunisations and 699 reinforcements were performed at schools. A few, about seven, children did not complete the primary course for various reasons. The exact number of refusals of consent for immunisation could not be ascertained because not all the forms Imm. 1 distributed were returned to the schools. The number of refusals was not large. I have had very few severe reactions with A.P.T. and these occurred in older children. No untoward results followed. I have found that there is much better co-operation by parents when immunisation is performed in the schools than when parents have to take the children to a school clinic for a secondary primary or reinforcement injection. Some parents are quite willing to have their children immunised at school but fail to attend a clinic. Generally, co-operation by parents has been good. Some who had been unwilling at first changed their minds after a little talk, backed by the convincing decrease in the incidence of diphtheria.

(5) Hygienic conditions of Schools : The hygiene of the schools on the whole has been satisfactory. There have been no major defects in drainage, water supply, and ventilation. Some of the older schools are rather difficult to ventilate thoroughly for structural reasons, especially those heated by coal fires or stoves. Complaints have been made from time to time about the low temperature of the class-rooms in some of the floor-heated schools. Temperatures of 48° F. have been recorded. The Head Teacher of one of the schools reported to me recently that there was very excessive condensation of moisture from the ceiling of the canteen kitchen. The canteen workers have complained of the condensation causing drops of moisture to fall on their clothing. An excessive number of "colds" among them is believed to have been the result of this condensation of moisture.

(6) Effect of the National Health Service on the School Health Service : I have not observed any effect of the National Health Service on the School Health Service. There is still adequate liaison with the general practitioners. The Almoners of the various hospitals send useful reports on children discharged from hospital as a rule, and they forward any recommendations made by physicians and surgeons in charge, with reference to special educational treatment and after-care required.

Dr. Campbell (Part of N.E. and part of Mid-Derbyshire) :—

(1) General Health and well-being of the Children : Have been maintained, although there is still a great deal of

dental sepsis present in the children examined owing to the breakdown of the School Dental Service.

(2) Nutrition: The standard of nutrition remains approximately the same, rural children tending to reach a higher standard of nutrition than those living in urban areas. School meals vary a great deal, the best being at schools with canteens attached. More interest appears to be taken in these instances in the preparation and serving of the food. Where the meals are brought some distance in containers and delivered an hour or two before dinner-time, the food tends to be cool and unappetising when served. There is probably some loss of vitamin content in such dinners owing to the long time between cooking and serving. The milk-in-schools scheme remains satisfactory

(3) Cleanliness: There were no instances of scabies among children examined in my area, and the usual number of cases of pediculosis capitis and impetigo were seen and treated.

(4) Diphtheria Immunisation; As regards the number of children presented for immunisation this scheme was very disappointing during 1950, the reason being that Head Teachers were obviously not issuing forms Imm. 1 to children prior to the visit of the School Medical Officer. (*Note.*—Heads were reminded of the importance of this scheme and their continued co-operation sought in this very valuable form of preventive medicine).

(5) Hygienic conditions of Schools: School buildings vary considerably, some being most unsatisfactory, often being buildings adapted for the purpose. These are, of course, high up on the priority list for new buildings. However, even in the old buildings, ventilation, heating, sanitation and lighting are satisfactory. Washing facilities are often the worst feature of the old-type school, there being too few taps and no hot water.

(6) Effect of the National Health Service on the School Health Service: Although children requiring treatment, other than for minor ailments, are of course referred to their own Doctors, mothers often bring their children to the clinics to be examined because they will not wait a long time in their own Doctor's surgery for a general examination of their child unless the child is suffering from a specific ailment. This gives opportunities for advice on general health to be imparted to the mother and the time is certainly not wasted, the examination of the child being thorough and with no sense of "rush," a fact which often gives more satisfaction to the mother, who is then more likely to follow advice on health matters.

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

(1) GENERAL HEALTH AND WELL-BEING OF THE CHILDREN : On the whole, this has been maintained during the year in my area.

(2) NUTRITION : There are a number of slightly malnourished children who come from problem families but, unfortunately, they do not very often have school meals. Of course when there is genuine poverty the meals are given free, but a number of parents who could well afford the money do not take advantage of the scheme, to the detriment of the children. In some of the infant schools some of the children are definitely underweight. Following an outbreak of measles the children in one of the schools have been lifeless, having very little energy, and at this school it was found that only 30% had the mid-day meal. The majority of the schools have an attendance of 50—60% for meals and practically 100% take milk.

(3) CLEANLINESS : The number of cases of scabies among school children in this area during the year was 33, as compared with 57 in 1949. The number of cases of verminous heads requiring treatment at the hostel was 39. This is an increase of 10 over the previous year. There are, of course, many more cases of infestation, but only severe ones are sent to the hostel. The lack of Health Visitors is undoubtedly a serious handicap in dealing with this nuisance.

(4) DIPHTHERIA IMMUNISATION : The response of parents to the request that children be immunised at the age of five years continues to be satisfactory, but at 11 years it is not so good. Most parents have the idea that immunisation at one year and again at five years is sufficient.

(5) HYGIENIC CONDITIONS OF SCHOOLS : The sanitary condition of a Secondary School on which I gave an adverse report last year continues to be unsatisfactory. Proper lavatories are urgently needed for the senior girls. All except one of the seven lavatories at this school were originally intended for infants and are small and quite unsuitable for girls of 14 years and over. A school which has been on the condemned list for several years has recently been reconditioned and is now greatly improved. Another school is one of the most unsatisfactory in the area from a hygienic point of view, and as soon as economic conditions permit should be demolished.

From the Rotherham Road School, Pleasley, serious complaints have been received regarding the grit from the Pleasley Colliery chimney causing conjunctivitis. With the wind in a certain direction the nuisance was intolerable and as many as forty children have been affected at one time. A meeting was held in the autumn between representatives of the County Council, the District Council and the N.C.B., and the latter made certain proposals to do away with the nuisance. The steps since taken appear to have been successful.

(6) Effect of the National Health Service on the School Health Service: Eye cases requiring glasses do not have to wait quite as long as they did in 1948-49. The long delay in children urgently needing their tonsils and adenoids removed continues and I frequently find children suffering from marked disability resulting from this condition who have been waiting months for the operation. There is still considerable difficulty in obtaining dental treatment for children in certain parts of the area. Since the National Health Service Act came into operation the attendances at Minor Ailment Clinics have dropped as parents now take their children to their own Doctors.

Dr. MacDonald (Mainly Mid-Derbyshire and a small part of South Derbyshire):—

(1) General Health and well-being of the Children: The school children in my area have maintained their standard of physical health during the year. Very few children are thin now.

(2) Nutrition: School meals must be a great boon to mothers, and yet full advantage is not taken of the scheme—partly because some children are not accustomed to a solid meal, but more often, I think, because the meals are not sufficiently tempting, although they have improved recently in most schools in my area.

(3) Cleanliness: The cleanliness of the pupils continues to be satisfactory—at least at medical inspection—except for their feet. An unexpectedly large proportion of the school children evidently consider their feet "too far off to trouble about" and are quite surprised that I should want to see them! Thanks to the frequent inspection of heads by the School Nurses, pediculosis continues to be confined to certain incorrigible families. I have not seen any active cases of impetigo or scabies during the year.

(4) Diphtheria Immunisation: The diphtheria immunisation scheme has not been quite so popular with parents during the last year, owing to the poliomyelitis epidemic. Many people have erroneous ideas on the connection between poliomyelitis and immunisation, but there seems to be some justification for postponing immunisation while there is poliomyelitis in the neighbourhood. I believe that, if the child population is to continue to be well protected against diphtheria, the bulk of the children will have to have their reinforcing doses of "immunisation" at school, as so few parents will trouble to take their children to their own Doctors. In addition, the injection is far less terrifying to the child when it is given as part of the routine of school life.

(5) Hygienic conditions of Schools: The schools in my area vary considerably in their hygienic conditions. One I examined a few weeks ago still has earth closets, although water

is close at hand. In very few schools are the washing facilities satisfactory—even when there are enough wash-bowls, soap and towels are scarce. It is well known that the "gastro-enteritis" group of infections is increasing. It is only by constant emphasis on cleanliness, especially of the hands, that we can hope to control them, and training in cleanliness should be taught both in the home and the school. Children are not likely to learn that hand-washing is of such vital importance to health while so little is done to encourage it in schools, and teachers are constantly handicapped by their inability to ensure that their charges have an opportunity of practising the rules of cleanliness which they are taught. Heating varies very much in schools—and from room to room in the same school. On the whole it is satisfactory, but there is still too much rigidity about the rule that heating must be discontinued during the summer irrespective of the temperature. There have been days when my hands have been blue with cold, and children have had to stand, undressed, to be examined in these conditions, with not even an electric fire to mitigate their discomfort.

Equipment for physical training is not satisfactory in some schools. In one school, where there is neither room nor equipment for physical training, the lack is very evident in the posture of the pupils.

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

(1) General Health and well-being of the Children : During the year 1950, the high standard of general health and well-being of the school children in my area has been continued.

(2) Nutrition : Very few children indeed show signs of lack of nourishment. The number of children falling into category "C" remained, as in former years, between 2% and 3%. I have noticed that almost all of these children are those who, for some reason or other, particularly anxiety and fussiness of the parents, do not take the mid-day meals provided in school. There is no doubt whatever that school meals and milk-in-school have been responsible for the improvement in nutrition of the children seen in school to-day. It is also noticeable that more children take school dinners at those schools where the meals are prepared on the premises, and there is no doubt that meals so prepared are much more appetising and attractive.

(3) Cleanliness : I find the standard very good on the whole. There are, of course, in most schools one or two children who disregard all efforts to keep them clean. During the year a small number of cases of pediculosis capitis, mostly girls, was encountered. The same was the case with impetigo. No case of scabies was seen. One case of ringworm of the scalp in a boy was seen, which was speedily cured. One hundred and two other pupils of the school were examined under ultra-violet light, but no further cases arose.

(4) DIPHTHERIA IMMUNISATION: As in previous years, the response to the diphtheria immunisation scheme was good. During 1950 I did not come across one case of a parent refusing to have his child immunised. With regard to vaccination, I am of the opinion that the number of children being vaccinated is decreasing.

(5) HYGIENIC CONDITIONS OF SCHOOLS: As stated in my report of last year, the standard of hygiene of school buildings is, on the whole, good. I regret to have to state that in a number of schools, particularly the older ones, toilet paper is not provided and that the state of cleanliness of the toilets is very poor. A more rigid system of inspections of these premises is much needed. In those cases where canteens are attached to the schools, the methods and equipment for handling food and washing dishes are good. This is not the case in a lot of the older schools to which the meals come in containers. Here the "kitchens" are small and the equipment poor. I have noted that in these circumstances the methods of dish-washing are bad. Often one sees piles of plates, knives and forks being washed in greasy luke-warm water and dried with wet dish-towels. I feel this might be easily rectified with a little imagination and supervision. If at all possible a system of washing and sterilisation in really hot water and in more than one sink should be encouraged.

(6) EFFECT OF THE NATIONAL HEALTH SERVICE ON THE SCHOOL HEALTH SERVICE: The main point seems that the field of activity of the Assistant School Medical Officer is reduced, principally by having to refer so many cases back to the family practitioner and in a majority of cases thus losing contact with them.

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

(1) GENERAL HEALTH AND WELL-BEING OF THE CHILDREN: The general health of the school children was good. Although there was an exceptionally severe epidemic of infantile paralysis throughout England and Wales as a whole, no case occurred among the five thousand-odd children attending the Ilkeston schools. Towards the end of the year there was a sharp epidemic of measles which attacked 155 scholars. In the course of the year there were also 128 cases of chickenpox, 23 cases of scarlet fever and seven cases of whooping cough among the school population, but no cases of diphtheria or tuberculosis were notified.

(2) NUTRITION: The nutrition of the scholars was satisfactory. Of the 1,432 who received a routine medical examination the nutrition was classified as "Good" in 1,268, as "Fair" in 162 and as "Poor" in two. The recent change in the method of classification makes it impossible to make any useful comparison with other years.

(3) Cleanliness: The improvement in the cleanliness of the pupils of recent years was maintained. No cases of scabies were discovered. The number of individual pupils who were found at cleanliness inspections to be infested with vermin was 364. When this is expressed as a percentage of the school population it gives a figure of 7% compared with 8% in 1949, 10% in 1948, 15% in 1947 and 18% in 1946.

(4) Diphtheria Immunisation: Immunisation against diphtheria was carried out at sessions held at the Clinic. Six sessions were held from January to July, but after that month no more sessions were held owing to the occurrence of infantile paralysis in the surrounding districts. The number of attendances made by children under 15 years of age for the purpose of immunisation was 589, giving an average attendance of 98 per session. The number of scholars who attended for a first dose was 11 and the number of scholars who received a "booster" dose was 65.

(5) Hygienic conditions of the Schools: These are fairly satisfactory on the whole and the recently built class-rooms are excellent. At two schools the lighting still consists of gas and should be converted to electricity as soon as possible. The washing arrangements at some schools need overhauling.

Every school provides facilities for the pupils to have a hot mid-day meal. The school canteens are well patronised and nearly half the number of scholars partake of this meal. The two new kitchens in connection with Kensington and Granby Schools have been giving good service, as well as the third kitchen at Cavendish. The necessity to transport the food has been reduced. The food containers used for transport keep the food very hot and the quantity and quality of the food is satisfactory. The consumption of milk in schools has recently increased and more than half the scholars now take milk.

(6) Effect of the National Health Service on the School Health Service: The severe blow which was struck at the School Health Service by the National Health Service Act was mitigated to some extent during the year, although some children had to make a long circuit via the practitioner and specialist and hospital before arriving at the School Health Service. Records show that at least 32 scholars were operated on for the removal of enlarged tonsils and adenoids. At the clinic more children were brought for consultation and less for trivial diseases. On January 6th the newly appointed Eye Specialist started to hold eye clinics again after the lapse of a year. These clinics were held every fortnight if required. A modified school dental service has been worked during the year consisting of 10 half-day sessions each month. Routine dental inspections were carried out at three schools so as to seek out those scholars who were in urgent need of dental treatment. No clinic is now held at Ilkeston for the treatment of speech defects.

(7) It was the writer's duty to examine more than a dozen children who were considered to be educationally subnormal. During the year two of these were recommended to be educated in a special school and three were reported as being incapable of receiving education at school.

Dr. Crawshaw (Mainly South Derbyshire, and a small part of S.E. Derbyshire) :—

(1) General Health and well-being of the Children : The general health of the children in this area is good in all the age groups. Rheumatic heart disease is uncommon and there are very few cases of chronic bronchitis, following upon measles and broncho-pneumonia.

(2) Nutrition : The nutrition of the majority of the children is good and I have not seen a case of severe malnutrition. Many children do not have cod liver oil after the first year of life—the mothers think it is harmful for them to have it in summer and the children refuse it when it is given again in the winter. I think this is a serious matter from both a medical and a dental point of view. I think school meals and milk are essential for the great majority of children—the extra food is especially important for the rapidly developing children from 10 to 15 years old. Meals cooked on school premises are invariably good and appetising. The meals sent out in containers are variable, although some centres always seem to send out enjoyable meals.

(3) Cleanliness : Apart from the superficial grime which children acquire after a few minutes' play, the standard of cleanliness is very high. I have seen no cases of impetigo, and very little pediculosis. Cases of scabies were seen in only three families.

(4) Diphtheria Immunisation : This is popular in almost every district, and this is especially noticeable in districts where diphtheria was prevalent before immunisation was provided.

(5) Hygienic conditions of Schools : This is generally fairly good but many of the older schools are dingy and would be improved by redecorating. Better washing facilities and arrangements for drying clothes are required. Most of the schools are crowded and there is little provision for the comfort of the teaching staff.

(6) Effect of the National Health Service on the School Health Service : This has severely crippled the School Dental Service, resulting in deterioration of the children's teeth. There is now a long delay before diseased tonsils and adenoids can be removed. It is hoped that this position can be improved.

Dr. Allan (Part of South Derbyshire) :—

(1) General Health and well-being of the Children : This has been maintained throughout the year.

(2) Nutrition : There is no evidence of any subnormal nutrition due to deficiency in the child's diet. I have no doubt that this is in great measure due to the school meals and school milk. I see from the various works being carried out at the schools that a number of them are having their own kitchens, and I think, of course, that this is the ideal to be aimed at. In very many cases there is no provision for a dining hall attached to the school canteen, and I think this is to be regretted, because many of the children have to sit at their desks in schools for meals, and this is most unsatisfactory. The Milk-in-Schools Scheme has no doubt been greatly beneficial, but there is not enough persuasion exercised to encourage children to drink milk in schools.

(3) Cleanliness : So far as I can gather from my observations, the cleanliness of the pupils has deteriorated through the year, due to lack of inspection by the School Nurses. During the year we lost another School Nurse, and it is obvious that the conditions are going to worsen unless an adequate number of School Nurses is obtained for this area. During the year I saw a number of cases, even in boys, infested not only with nits but with lice. For the Combined Districts more scabies cases were dealt with at the Skin Clinic than in 1949.

(4) Diphtheria Immunisation : The lack of Health Visitors, too, is reflected in the diphtheria immunisation scheme and shown by the number of children in the Entrants Group who have not been immunised before coming to school. Of course, towards the end of the year the immunisation scheme was interfered with by the epidemic of poliomyelitis, but of course the hold-up will be rapidly made good, not only by the County immunisation scheme but also by the general practitioners. At the immunisation sessions at the clinics quite a number of parents have asked about immunisation against whooping cough, and there is no doubt that from the parents' point of view whooping cough is much more troublesome now than diphtheria. As soon as the whooping cough immunisation is considered efficient I think it would be wise to combine it with the diphtheria immunisation scheme.

(5) Hygienic conditions of Schools : It was encouraging to see during the year so many schools being decorated outside and inside, and I have no doubt this made a great difference, not only to the teachers but to the pupils attending the school. Much, of course, requires to be done in the erection of new schools, but this will doubtless have to await improved national economic conditions.

(6) Effect of the National Health Service on the School Health Service : Since the National Health Service Act came into operation many more parents are making use of their Doctors, and this has strengthened the School Health Service insofar as it is much easier to have the directions to the parents carried out. On the other hand, of course, since the National Health Service came into operation the numbers at the School Clinic and the Welfare Centres have declined.

During the year I have paid particular attention to the condition of the children's ears, nose and throat, and have found that in very many cases the child's hearing is being damaged because of the difficulty in having the children admitted to hospital for a T. & A. operation. In this area, I am told, there is a list of some 300 children at the Burton Infirmary awaiting treatment for this operation. It is easy to understand that in this large number of children hearing becomes damaged, there are frequent absences from school on account of throat and ear conditions, and the children's education is being greatly retarded.

The following report has been received from Dr. J. A. Stirling, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

It is pleasing to note that the general physical condition of the school population in 1950 remains satisfactory as is shown by Table II. It should be pointed out that the categories of "Good," "Fair" and "Poor" refer to children of "Excellent," "Average" and "Poor" general condition respectively.

The percentages of children receiving school meals and school milk were 50.2 and 77.2 respectively. These are somewhat lower figures than in the previous year.

The number of cases found to be infested was less than in the previous year. The incidence of scabies and impetigo also shows a decrease and reflects a general improvement in the cleanliness of the school population.

The ophthalmic and orthopædic clinics continued to function satisfactorily and the waiting time for spectacles in most cases is now a matter of a few weeks only.

One of the larger problems of the School Health Service at present is that of the educationally subnormal child. The need for special day and residential schools is acutely felt. Waiting lists for existing schools are heavy and long periods elapse before appropriate placings can be made.

Towards the end of 1950, examination of children with Speech Defects by Pure Tone Audiometry was commenced and has revealed cases of unsuspected deafness for which appropriate remedial treatment has been made available.

PHYSICAL EDUCATION.

Provision of Clothing for Physical Education.

During the year consideration was given to the safeguards which should be enjoined in connection with the loan of plimsolls, shorts and blouses to children taking part in physical education.

The most common diseases which may be conveyed by infected clothing are scabies, impetigo, ringworm and plantar warts. Providing the articles are not handed from one child to another there is obviously no danger, but there is a certain amount of danger, of course, if they are handed to another child when they no longer fit the former owner, and it is very necessary that when this happens the clothing should be washed.

Consideration of the possible transmission of tinea pedis (ringworm of the feet) and plantar warts raised the question of the best method of disinfecting plimsolls, which is not easy to carry out with certainty. Sir Archibald Gray, Consulting Dermatologist, University College Hospital, writing in the Monthly Bulletin of the Ministry of Health in May, 1946, suggested that probably the best method available at the moment was to place the shoes for 24 hours in a cabinet in which is placed a saucer of pure formalin. As regards plantar warts, in his Report for 1946 and 1947 the Chief Medical Officer of the Ministry of Education remarked that "communal use of gym. shoes, which has been necessitated in some schools by shortage of footwear, has also been blamed, but it appears improbable that, if individual socks are worn and they are washed regularly, shoes alone would be responsible." It was felt, therefore, that the children should not take part in physical education unless socks were worn. At present the exact mode of spread of this condition remains obscure, and the possibility of infection occurring during bare-foot dancing, or when attending at swimming baths, cannot be excluded. In this connection reference may be made to the observations regarding prevention made by the Chief Medical Officer of the Board of Education in his Annual Report for 1937.

Ideally, each child should have his own gym. kit, and lockers fitted with separate compartments for each child's kit should be provided. The latter suggestion is being implemented, but while the need remains to issue, on loan, clothing for physical education purposes, the following instructions have been given by the Education Committee to all schools :—

"1.—All shoes and shorts should be issued to children individually and remain the property of the child until they are worn out or too small to fit him or her.

2.—Before a re-issue is made, clothing should first be washed.

3.—To avoid infection, pupils must wear socks with their shoes so that plimsolls do not come into contact with the bare feet.

4.—Head teachers should arrange that stocks of all shoes and socks, football boots, etc., held by schools for loan purposes, should receive treatment with formalin for 24 hours at the end of each term. The method suggested is to place the equipment for 24 hours in a cabinet in which is placed a saucer of pure formalin.

5.—In order to guard against plantar warts, frequent inspection by teachers should be made of feet of children taking part in activities at swimming baths and bare-foot dancing. Infected children should be excluded from swimming baths and allowed to take part in dancing only if they wear sandals."

Report of the Senior Organisers of Physical Education for the Year Ended 31st December, 1950 :—

(1) Introduction.

During 1950, Miss M. Burton, Organiser in the North-west, left to take up a post in the North Riding of Yorkshire. Messrs. K. Miller and R. F. Hodgson, B.A., joined the men's staff in January of the same year.

The year has been notable for an increase in the introduction of experimental and climbing apparatus in the Primary Schools. Generally speaking, this apparatus is well used and appreciated by the children.

(2) Secondary Schools.

(*a*) *Girls.*—The interest in the teaching of physical education is increasing, and consequently the standard of the work is improving steadily. Additional specialist and trained teachers have been appointed, and an increasing number of teachers have attended residential holiday courses.

A number of girls from the County Schools have entered Physical Education Colleges during the last year. The full development of physical education in many of the schools is hampered by the lack of gymnasia, indoor accommodation for dancing and suitable playing fields and pitches.

Hockey, tennis and netball have now become the recognised games in many schools, and additional schools are being provided with equipment for these games.

There has been a material increase in the number of inter-house, inter-school and inter-area matches. Several teachers' courses have been arranged for the training of athletics, and much interest has been shown in the teaching of this branch of the work, but there is still a need for much work to be done in this direction.

Efforts are being made to give practical training in the teaching of health education, and the provision of physical education clothing and storage lockers has helped considerably, but in many schools there are real difficulties to overcome owing to the lack of suitable changing rooms and limited washing accommodation.

(*b*) *Boys.*—In spite of limited facilities there is an improvement in the standard of work. More games and athletic coaching have been introduced into the physical education lesson, giving a wider variety of choice for the older boys.

Changing for work is now commonplace, and it is extremely rare to find a class of boys not changed into shoes and shorts.

A larger number of specialists and semi-specialists have been appointed to the Secondary Schools, and with a larger number of men teachers attending sessional and holiday courses the interest in the subject has grown considerably.

Games coaching, particularly in the major games of cricket and football, has progressed, and with the laying of concrete match and practice wickets the standard of cricket coaching particularly has improved. Athletic coaching continues to cause some difficulty, due to the specialised individuality of the work. The Amateur Athletic Association demonstrated sprinting and field events to the men teachers, and this should help in the improvement of training technique.

(3) Primary Schools.

(*a*) *Junior and all age schools.*—The work shows a greater variety of movement than previously, and concentration on the fundamentals of jumping, throwing, running and climbing has given an all-round development never formerly experienced. Games in the Junior Schools are a problem, as too much emphasis is placed on the team game, and not sufficient on the individual skills of the game.

(*b*) *Infants.*—In many areas of the county the progress in the physical education of the Infants' School children has been very good. The attendance of the teachers at the Training Courses which have been held has been excellent, and real efforts are being made to meet the needs of the children.

Some schools have had climbing apparatus installed for at least two years, and the value of this is now obvious ; additional apparatus is being provided.

Some sound training is being given in hygiene. There is still much work to be done in the training of dance movement

(4) Training of Teachers.

Several teachers' courses have been held during the y ear Three of these were residential : a football coaching course at Chesterfield, a cricket coaching course at Repton School, and a women's athletic course at Chesterfield. The Repton course was particularly successful, due to the excellent facilities afforded to us and the kind hospitality and friendliness of the Headmaster and staff of the school.

Sessional courses of six or eight weeks' duration included athletic, hockey, netball, tennis training and physical training teaching method. All were well attended with an average of 40 teachers at each course. Lecture demonstrations were given to the women teachers attending, and the men's work consisted of both demonstrations and practical training.

(5) Equipment.

(*a*) *Secondary.*—A number of schools have been supplied with portable apparatus. The gymnasium at Shelton Secondary Modern School has now been completely equipped with fixed apparatus.

(*b*) *Primary.*—31 schools throughout the county have had erected experimental climbing apparatus consisting of climbing nets, ladders, parallel ropes and tubular steel poles. It is not possible to arrange for a standard type of this apparatus to be fixed, due to the wide variety of conditions and facilities that exist in the schools. The policy, however, has been to put the apparatus in those schools where indoor accommodation has been limited, and where teachers have been suitably trained.

(*c*) *Clothing.*—All schools throughout the county have been well supplied with gym. shoes and shorts, and some blouses have been supplied for the senior girls. The total quantities issued are gym. shoes—18,890, shorts—7,072, blouses—2,853.

(*d*) *Gym. Cage Lockers.*—The hygienic method of the storage of physical educational clothing with the limited space available is difficult. The issue of wire cage compartment lockers, however, does help in that it ensures that children will only wear their own shorts and shoes. The Medical Officer recommends that all shoes should be disinfected before being passed on to other children.

(*e*) *Physical Education Storage Cupboards.*—The storage of small apparatus in the average school creates considerable difficulty. It was necessary to devise a special cupboard for the storage of all types of P.T. and games small equipment, and this has proved very successful ; 59 cupboards have been issued to the schools.

(6) New Schools.

All new schools opened have been well supplied with small and portable apparatus. Consultations on the type of apparatus have taken place between the County Architect and the Senior Organisers, so that the most suitable type has been or will be installed in all new schools.

(7) Playing Fields.

There is a distinct improvement in the maintenance of the Authority's playing field acreage. Two gang mowing teams started work during the year, and over 30 school fields were mown, rolled and spiked. Several areas have been levelled and re-set. With the introduction of a third team it is hoped that approximately 80 fields will be regularly maintained. Not only has this given a reduction in the cost of maintenance, but a satisfactory playing field area has become available for these schools.

(8) Further Education and Youth Work.

Evening Schools and Youth Club Classes are visited by the Organisers, who have reported on the work which remains varied and promising. Cricket coaching for boys, folk and community dancing for girls, have proved most popular. It appears that the specialised work in dancing and games appeals to the post-school-age boy and girl.

Close co-operation exists between the Youth Service and Physical Education Department, and our advice is available for area and local courses and sports meetings. It is suggested that at some future date a system of training leaders in post-school physical recreation might be undertaken.

(9) Swimming.

Facilities still remain inadequate with no hope of improvement. The Ashbourne Bath will be available for that area during 1951.

Approximately 17,500 children attended swimming for instruction, and certificates were awarded as follows :—

1950	Learners	3,088
1949	,, ...	2,079
1950	Intermediate ...	1,671
1949	,, ...	1,388
1950	Advanced	621
1949	,, ...	435

(10) Conclusion.

Physical Education is an integral part of the system of education and continues to play an important part in school life. When facilities are further improved the effect of the work will be still greater.

Men and women organisers have attended courses in all branches of the subject.

D. W. James.

D. M. Reece.

APPENDIX.

TABLES OF THE MINISTRY OF EDUCATION.

Ministry of Education—Medical Inspection Returns—Year ended 31st December, 1950.

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	1,071	3,160	1,906	2,391	2,896	1,228	12,652
Second Age Group ...	657	1,944	1,294	1,469	1,636	968	7,968
Third Age Group ...	465	1,622	1,041	1,732	654	972	6,486
Totals	2,193	6,726	4,241	5,592	5,186	3,168	27,106
Number of Other Periodic Inspections	—	—	—	—	—	285	285
Grand Totals	2,193	6,726	4,241	5,592	5,186	3,453	27,391
B. Other Inspections :—							
Number of Special Inspections...	1,191	2,491	1,716	565	1,421	908	8,292
Number of Re-inspections ...	684	1,825	189	1,391	311	3,587	7,987
Totals	1,875	4,316	1,905	1,956	1,732	4,495	16,279

*—(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 IIA.	Total Individual Pupils.
North-west	Entrants	53	212	253
	Second Age Group	90	97	171
	Third Age Group	59	63	108
	TOTAL (Prescribed Groups) ...	202	372	532
	Other Periodic Inspections ...	—	—	—
	GRAND TOTAL	202	372	532
North-east	Entrants	34	754	787
	Second Age Group	157	263	401
	Third Age Group	130	198	317
	TOTAL (Prescribed Groups) ...	321	1215	1505
	Other Periodic Inspections ...	—	—	—
	GRAND TOTAL	321	1215	1505
Mid Derbyshire ...	Entrants	5	302	307
	Second Age Group	47	94	140
	Third Age Group	35	51	86
	TOTAL (Prescribed Groups) ...	87	447	533
	Other Periodic Inspections ...	—	—	—
	GRAND TOTAL	87	447	533

TABLE I (continued).

Divisional Executive.	Group.	For Defective Vision (excluding Squint).	For any of the Other Conditions recorded in Table IIa.	Total Individual Pupils.
South-east	Entrants	7	333	334
	Second Age Group	117	113	227
	Third Age Group	101	132	231
	Total (Prescribed Groups) ...	225	578	792
	Other Periodic Inspections ...	—	—	—
	Grand Total	225	578	792
South	Entrants	46	522	552
	Second Age Group	157	197	343
	Third Age Group	69	78	141
	Total (Prescribed Groups) ...	272	797	1,036
	Other Periodic Inspections ...	—	—	—
	Grand Total	272	797	1,036
Chesterfield	Entrants	1	203	204
	Second Age Group	21	72	91
	Third Age Group	47	91	130
	Total (Prescribed Groups) ...	69	366	425
	Other Periodic Inspections ...	—	125	125
	Grand Total	69	491	550
Totals—Whole Administrative County.	Entrants	146	2,326	2,437
	Second Age Group	589	836	1,373
	Third Age Group	441	613	1,013
	Total (Prescribed Groups) ...	1,176	3,775	4,823
	Other Periodic Inspections ...	—	125	125
	Grand Total	1,176	3,900	4,948

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1950.

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. No. of Defects: Requiring treatment. (2)	Periodic Inspections. No. of Defects: Requiring to be kept under observation, but not requiring treatment. (3)	Special Inspections. No. of Defects: Requiring treatment. (4)	Special Inspections. No. of Defects: Requiring to be kept under observation, but not requiring treatment. (5)
4	Skin	332	224	211	55
5	Eyes —a. Vision ...	1,176	958	767	710
	b. Squint ...	304	204	174	111
	c. Other ...	91	87	144	33
6	Ears —a. Hearing ...	59	94	57	47
	b. Otitis Media	168	247	90	46
	c. Other ...	83	89	65	22
7	Nose or Throat	1,347	2,090	496	484
8	Speech	132	155	92	52
9	Cervical Glands	81	867	52	186
10	Heart and Circulation ...	77	411	41	195
11	Lungs	250	629	126	228
12	Developmental— a. Hernia ...	68	65	14	11
	b. Other ...	53	154	20	25
13	Orthopædic— a. Posture ...	114	297	33	31
	b. Flat Foot ...	222	434	71	91
	c. Other ...	433	725	178	151
14	Nervous System— a. Epilepsy ...	19	19	26	15
	b. Other ...	37	65	26	51
15	Psychological— a. Development	56	121	144	162
	b. Stability ...	95	125	68	60
16	Other	326	398	392	347

TABLE II (continued).

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1950.

PART II—DIVISIONAL EXECUTIVES.

Defect Code No.	Defect or Disease.	Periodic Inspections. Number of Defects. Requiring Treatment. Divisional Executive. North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Periodic: Requiring to be kept under observation, but not requiring treatment. Divisional Executive. North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Special Inspections. Number of Defects. Requiring Treatment. Divisional Executive. North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Special: Requiring to be kept under observation, but not requiring treatment. Divisional Executive. North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.
4	Skin	47	175	27	21	28	34	10	94	39	32	21	28	67	47	11	16	14	56	10	22	9	3	7	4
5	Eyes—a. Vision ...	202	321	87	225	272	69	12	221	145	29	201	350	98	243	118	46	163	99	51	256	254	4	89	56
	b. Squint ...	26	77	48	75	65	13	2	82	27	37	20	36	29	32	28	14	58	13	6	68	19	3	13	2
	c. Other ...	15	33	4	4	17	18	1	32	12	11	9	22	15	32	4	20	8	65	2	12	5	5	5	4
6	Ears—a. Hearing ...	10	18	4	5	18	4	2	25	22	11	21	13	18	17	6	—	5	11	5	5	9	2	3	23
	b. Otitis Media	9	61	19	14	42	23	—	28	50	78	66	25	12	23	5	18	6	26	2	15	13	1	15	—
	c. Other ...	4	57	4	4	1	13	1	47	8	10	—	23	10	12	—	17	—	26	3	8	2	6	2	1
7	Nose or Throat ...	87	409	190	360	217	84	93	533	363	411	392	298	50	177	90	32	96	51	55	83	184	10	138	14
8	Speech	—	93	11	5	11	12	12	42	47	18	22	14	16	39	17	1	14	5	14	12	16	5	5	—
9	Cervical Glands ...	14	46	9	3	5	4	53	343	129	86	58	198	10	29	4	2	3	4	40	54	46	4	33	9
10	Heart & Circulation ...	—	6	3	8	11	49	19	100	72	48	74	98	5	9	2	1	8	16	17	103	42	5	21	7
11	Lungs	33	65	26	9	47	70	19	103	147	96	155	109	32	21	18	4	24	27	12	77	93	4	40	2
12	Developmental—																								
	a. Hernia ...	6	19	4	13	22	4	3	5	19	23	12	3	3	3	1	—	5	2	1	3	4	—	3	—
	b. Other ...	5	14	2	11	13	8	7	67	18	36	10	16	7	5	4	—	4	—	10	7	2	2	4	—
13	Orthopædic—																								
	a. Posture ...	37	21	1	4	38	13	19	32	54	23	100	69	12	8	1	1	7	4	14	7	2	—	8	—
	b. Flat Foot ...	39	43	17	11	75	37	10	25	112	33	82	172	14	18	13	2	11	13	5	10	41	1	34	—
	c. Other ...	35	97	43	23	204	31	28	121	165	119	213	79	45	40	36	6	22	29	25	39	45	1	38	3
14	Nervous System—																								
	a. Epilepsy ...	—	5	1	2	5	6	1	4	9	3	2	—	4	10	5	4	1	2	2	10	3	—	—	—
	b. Other ...	1	21	4	2	3	6	3	33	10	8	4	7	7	14	—	1	1	3	6	32	7	1	3	2
15	Psychological—																								
	a. Development	9	24	15	1	7	—	10	43	33	12	10	13	79	25	16	1	21	2	4	67	57	13	16	5
	b. Stability ...	9	6	6	1	23	50	9	61	11	1	17	26	13	10	8	—	14	23	4	34	8	—	10	4
16	Other	37	137	32	14	39	67	14	128	91	52	65	48	68	61	14	32	19	198	17	71	61	163	28	7

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). No.	A. (Good). % of Col. (3)	B. (Fair). No.	B. (Fair). % of Col. (3)	C. (Poor). No.	C. (Poor). % of Col. (3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
North-west	Entrants	1,071	637	59.5	415	38.7	19	1.8
	Second Age Group	657	375	57.1	272	41.4	10	1.5
	Third Age Group	465	314	67.5	148	31.9	3	0.6
	Other Periodic Inspections...	—	—	—	—	—	—	—
	Totals	2,193	1,326	60.4	835	38.1	32	1.5
North-east ...	Entrants	3,160	653	20.7	2,327	73.6	180	5.7
	Second Age Group	1,944	522	26.9	1,336	68.7	86	4.4
	Third Age Group	1,622	556	34.3	1,013	62.4	53	3.3
	Other Periodic Inspections...	—	—	—	—	—	—	—
	Totals	6,726	1,731	25.7	4,676	69.6	319	4.7
Mid-Derbyshire.	Entrants	1,906	260	13.6	1,598	83.9	48	2.5
	Second Age Group	1,294	266	20.6	1,003	77.5	25	1.9
	Third Age Group	1,041	212	20.4	807	77.5	22	2.1
	Other Periodic Inspections...	—	—	—	—	—	—	—
	Totals	4,241	738	17.4	3,408	80.4	95	2.2
South-east ...	Entrants	2,391	1,310	54.8	943	39.4	138	5.8
	Second Age Group	1,469	970	66.0	451	30.7	48	3.3
	Third Age Group	1,732	1,209	69.8	489	28.2	34	2.0
	Other Periodic Inspections...	—	—	—	—	—	—	—
	Totals	5,592	3,489	62.4	1,883	33.7	220	3.9
South ...	Entrants	2,896	1,495	51.6	1,380	47.7	21	0.7
	Second Age Group	1,636	647	39.6	969	59.2	20	1.2
	Third Age Group	654	247	37.8	404	61.8	3	0.4
	Other Periodic Inspections...	—	—	—	—	—	—	—
	Totals	5,186	2,389	46.1	2,753	53.1	44	0.8
Chesterfield	Entrants	1,228	351	28.6	843	68.6	34	2.8
	Second Age Group	968	223	23.0	726	75.0	19	2.0
	Third Age Group	972	303	31.2	644	66.2	25	2.6
	Other Periodic Inspections...	125	—	—	46	36.8	79	63.2
	Totals	3,293	877	26.6	2,259	68.6	157	4.8
Totals—Whole Administrative County.	Entrants	12,652	4,706	37.2	7,506	59.3	440	3.5
	Second Age Group	7,968	3,003	37.7	4,757	59.7	208	2.6
	Third Age Group	6,486	2,841	43.8	3,505	54.0	140	2.2
	Other Periodic Inspections...	125	—	—	46	36.8	79	63.2
	Grand Totals ...	27,231	10,550	38.7	15,814	58.1	867	3.2

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.	Chesterfield.	
(i) Total number of examinations in the schools by the school nurses or other authorised persons ...	28,299	48,330	36,704	44,008	31,026	26,183	214,550
(ii) Total number of individual pupils found to be infested	522	1,810	728	835	447	384	4,726
(iii) No. of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	4	—	1	2	9	41	57
(iv) No. of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	2	—	—	—	—	—	2

† See page 28.

TABLE IV.

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

NOTES.—(*a*) Treatment provided by the Authority includes all defects treated or under treatment during the year by the Authority's own staff, however brought to the Authority's notice, *i.e.*, whether by periodic inspection, special inspection, or otherwise, during the year in question or previously.

(*b*) Treatment provided otherwise than by the Authority includes all treatment known by the Authority to have been so provided, including treatment undertaken in school clinics by the Regional Hospital Board.

GROUP 1.—DISEASES OF THE SKIN (excluding uncleanliness, for which see Table III).

	Number of Cases Treated or Under Treatment during the Year.													
	By the Authority.							Otherwise.						
	Divisional Executive.							Divisional Executive.						
	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Totals.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Totals.
Ringworm—(i) Scalp	1	—	—	4	—	—	5	—	—	2	3	—	—	5
(ii) Body	1	—	—	—	—	2	3	—	1	1	—	—	—	2
Scabies	5	1	—	—	—	10	16	—	—	—	—	—	—	—
Impetigo	40	14	20	60	9	39	182	—	2	—	—	3	—	5
Other Skin Diseases	112	13	3	27	13	152	320	7	2	—	1	6	11	27
Totals	159	28	23	91	22	203	526	7	5	3	4	9	11	39

TABLE IV (continued).

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of Cases dealt with													
	By the Authority.							Otherwise.						
	Divisional Executive.							Divisional Executive.						
	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Totals.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Totals.
External and Other, excluding errors of refraction & Squint	8	46	—	—	—	147	201	—	—	2	8	12	17	39
Errors of refraction (including Squint)	514	761	—	—	—	—	1,275*	19	64	346	430	472	975	2,306
Totals	522	807	—	—	—	147	1,476	19	64	348	438	484	992	2,345
Number of Pupils for whom Spectacles were (a) Prescribed	320	325	—	—	—	—	645*	10	26	201	191	166	404	998
(b) Obtained			—	—	—	—	*						386	

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of Cases Treated.													
Received Operative Treatment— (a) for diseases of the ear ...	—	—	—	—	—	—	—	—	—	—	1	—	1	2
(b) for adenoids and chronic tonsillitis	—	—	—	—	—	—	—	90	328	7	34	90	178	727
(c) for other nose and throat conditions	—	—	—	—	—	—	—	3	7	—	—	3	—	13
Received other forms of treatment	30	—	—	—	—	53	83	125	4	1	—	5	31	166
Totals	30	—	—	—	—	53	83	218	339	8	35	98	210	908

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals...	—	—	—	—	—	—	—	20	61	43	29	52	24	229
(b) Number treated otherwise, e.g., in clinics or out-patient departments...	—	—	—	—	—	—	—	166	191	77	88	190	220	932

*—Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

TABLE IV (continued).

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of Cases Treated.													
	In the Authority's Child Guidance Clinics.							Elsewhere.						
	Divisional Executive.							Divisional Executive.						
	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Totals.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Totals.
Number of Pupils treated at Child Guidance Clinics ...	88	32	104	59	116	50	449	—	—	—	—	—	—	—

GROUP 6.—SPEECH THERAPY.

	Number of Cases Treated.													
	By the Authority.							Otherwise.						
Number of Pupils treated by Speech Therapists ...	4	15	26	15	21	116	197	9	—	—	—	—	—	9

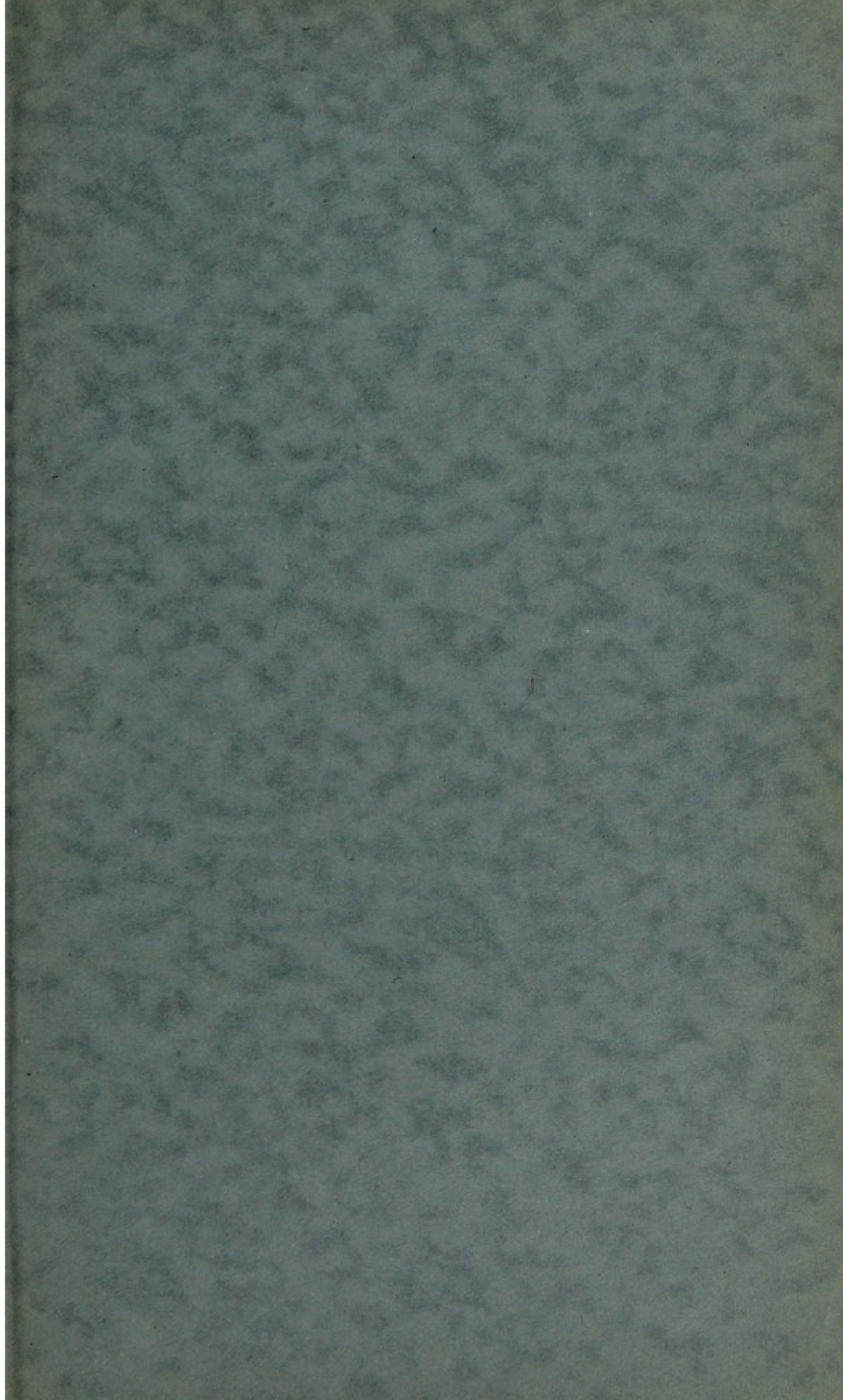
GROUP 7.—OTHER TREATMENT GIVEN.

	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Totals.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	Totals.
(a) Miscellaneous minor ailments	802	272	137	379	81	1,025	2,696	4	143	114	74	53	—	388
(b) Others (specify)— (i) Sunray treatment ...	27	—	5	4	27	205	268	—	—	—	—	—	—	—
(ii) Nervous System ...	—	—	—	—	—	—	—	—	—	—	—	9	10	19
(iii) Heart and Circulation...	—	—	—	—	—	—	—	—	7	—	—	5	36	48
(iv) Respiratory System ...	—	—	—	—	—	—	—	—	14	6	2	9	15	46
(v) Other Medical Condit'ns	—	—	—	—	—	—	—	2	27	14	5	62	5	115
(vi) Surgical Conditions ...	—	—	—	—	—	—	—	4	25	20	3	70	24	146
Totals	829	272	142	383	108	1,230	2,964	10	216	154	84	208	90	762

TABLE V.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

	Divisional Executive.						
	North-west.	North-east.	Mid. Derby-shire.	South-east.	South.	Ches-ter-field.	Totals.
(1) No. of Pupils inspected by the Authority's Dental Officers :—							
(a) Periodic Age Groups ...	—	6,424	3,240	1,608	3,867	1,663	16,802
(b) Specials	3	1,223	233	1,086	1,143	1,709	5,397
Totals (1)	3	7,647	3,473	2,694	5,010	3,372	22,199
(2) No. found to require treatment...	3	5,937	2,744	2,284	4,000	2,392	17,360
(3) No. referred for treatment ...	—	3,311	1,967	873	2,033	680	8,864
(4) No. actually treated	138	3,559	1,699	1,269	2,975	2,316	11,956
(5) Attendances made by Pupils for treatment	224	4,939	2,386	1,894	4,504	3,177	17,124
(6) Half-days devoted to :—							
Inspection	—	44	24	8	32	10	118
Treatment	Not	Apport	ionable			450	2,217
Totals (6)	Not	Apport	ionable			460	2,335
(7) Fillings :—Permanent Teeth ...	60	1,292	1,772	312	2,059	490	5,985
Temporary Teeth ...	—	34	44	6	121	—	205
Totals (7)	60	1,326	1,816	318	2,180	490	6,190
(8) No. of teeth filled :—							
Permanent Teeth ...	59	1,177	1,618	256	1,690	474	5,274
Temporary Teeth ...	—	34	42	5	105	—	186
Totals (8)	59	1,211	1,660	261	1,795	474	5,460
(9) Extractions :—							
Permanent Teeth ...	58	711	443	476	485	579	2,752
Temporary Teeth ...	116	5,469	2,264	2,408	4,913	3,060	18,230
Totals (9)	174	6,180	2,707	2,884	5,398	3,639	20,982
(10) Administration of general anæsthetics for extraction	3	749	545	800	981	1,267	4,345
(11) Other Operations :—							
Permanent Teeth ...	14	847	298	60	270	511	2,000
Temporary Teeth ...	17	1,045	167	52	276	153	1,710
Totals (11)	31	1,892	465	112	546	664	3,710



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