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Derbyshire County Council.

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1951

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

HEANOR, DERBYSHIRE:
ARTHUR GAUNT & SONS (*PRINTERS*) LTD.

MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT

(31st December, 1951).

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.:

J. A. W. REID, M.B., Ch.B., D.P.H.

COUNTY BACTERIOLOGIST:

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

MATERNITY AND CHILD WELFARE MEDICAL OFFICERS:

ELSIE H. DINWOODIE, M.B., Ch.B., D.M.R.E. (Part-time).
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.
GLADYS C. CURTIS, M.R.C.S., L.R.C.P.
W. DRAWNEEK, M.B., B.S.
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. 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, L.D.S. (Part-time).
S. SCHATZBERG, M.D. (Vienna).

To the Chairman and Members of the Derbyshire County Council.

Ladies and Gentlemen,

I have the honour to present the 62nd 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 686,200, were respectively 15.21 and 11.67, whereas the corresponding rates for England and Wales were respectively 15.5 and 12.5. There were 10,440 live births, compared with 10,799 in 1950, 11,534 in 1949, and 12,152 in 1948.

The percentage of illegitimate births was 3.63, as compared with 3.86 in the previous year.

There were 8,009 deaths, whereas there were 7,620 in the previous year. Out of 8,009 deaths, 2,548 were certified as being due to heart disease, 1,180 as being due to malignant disease, and 1,056 as being due to vascular lesions of the nervous system. In the case of the 1,180 deaths from malignant disease, it is interesting to observe that the lesion was in the stomach in 218 patients ; the lung or bronchus in 157 cases ; in a breast in 111 ; and in the uterus in 65.

The maternal mortality rate was 1.028 per 1,000 live- and still-births, compared with 1.44 in the previous year.

The infantile mortality rate per 1,000 live births was 28.83, which is the lowest figure ever recorded in this County.

It gives me great pleasure to state that for the third successive year there have been no deaths from diphtheria during the year. Only one case was notified as suffering from the disease, and that patient had not completed a full course of immunisation.

The number of notifications of tuberculosis was 547, as compared with 514 for the previous year ; but it must be borne in mind that this may not be due to a "real increased incidence," but rather because of the improved diagnostic facilities available to the general public, particularly from the increased use of mass miniature chest radiography. It is gratifying to record, however, that the death rate from tuberculosis per 1,000 of the population, is 0.20, which is the lowest on record for the County, and compares favourably with the provisional figure for England and Wales (supplied by the Registrar-General) of 0.31.

The greatest advantage accruing from the National Health Service is the provision of free medical treatment based on medical need. When sickness strikes the 'bread-earner' of the family the consequences

are often severe, but the social security legislation that has been implemented during recent years has lessened their severity. I should like to quote from a monograph published in 1951 by the World Health Organisation and written by Dr. C.-E. A. Winslow, Consultant in Public Health Administration to that Organisation, on *The Cost of Sickness and the Price of Health*—

> "The Great Sanitary Awakening, which began about 1850 and has achieved such astonishing results during the past hundred years, was based in the very beginning on recognition of the fundamental problem which is the concern of the present discussion—the relation between disease and poverty. The title of Chadwick's report was *The sanitary condition of the labouring population of Great Britain.* It was clear to these early pioneers that poverty and disease formed a vicious circle. Men and women were sick because they were poor ; they became poorer because they were sick, and sicker because they were poorer."

It is in dealing with this situation that the new social legislation provided by this country will be of the greatest value.

Administratively, the National Health Service operates by means of a tripartite organisation—namely, Regional Hospital Boards with assistance of Hospital Management Committees ; Local Executive Councils ; and Local Health Authorities—and probably the main difficulty in the operation of the Act is a certain degree of lack of co-ordination between these bodies ; but this varies considerably from county to county and from district to district. However, this often derives from lack of knowledge of their respective powers and duties. With this in mind, the Derbyshire County Council issued a Handbook in the month of March of the year under review, setting out various services that it was empowered or required to provide, which was forwarded to all Doctors, Dentists, Nurses and Midwives practising in the County, as well as to various Officers giving service in the hospital sphere.

A great deal of co-ordination has been brought about by Aldermen and Councillors of the local health authorities serving on regional hospital boards and hospital management committees, as well as local executive councils ; but there is need for more co-ordination at officer level, and it is to be hoped that the Medical Co-ordinating Committee serving the geographical county will help to bring this about. This is an experiment which was started by the Sheffield Regional Hospital Board which might well be extended with advantage to all other Regions in the country. These co-ordinating committees will be most successful if goodwill is shown on all sides, because there is nothing that brings such good results as team work. After all, the various components operating the National Health Service Act should be regarded as complementary and not competitive, and have only one object in view—to bring about a diminution of human suffering.

In the library at Scotland Yard there is an early printed copy of the General Instructions which were issued to all ranks of the new police force established in 1829. It opens, on its first page, with the words :

> "It should be understood, at the outset, that the principal object to be attained is 'the Prevention of Crime.'
>
> To this great end every effort of the police is to be directed. The security of person and property, the preservation of the public tranquility, and all the other objects of a police establishment, will thus be better effected, than by the detection and punishment of offender, after he has succeeded in committing the crime."

It appears that the emphasis under the National Health Service is on curative medicine. I would respectfully suggest that we require a reorientation of medicine so that prevention should be in the ascendant, in precisely the same way as in the police force. because it is obviously better that disease should be prevented than the 'detection and punishment' of offending micro-organisms should be effected after they have succeeded in committing the crime of disease !

During and since World War II tremendous advances have been made in curative medicine, but some of the new drugs and techniques are most expensive. In spite of these improvements, however, it still remains a fact that 'prevention is better than cure.' Dr. Winslow, in the monograph referred to above, stated that "prevention is not only better than cure, it is cheaper than cure." A point he makes is that quite apart from the epidemic and endemic scourges, preventible diseases are responsible for an appalling waste of productive power through non-fatal but disabling illness and for increased demands on medical and institutional care. Every step that can be taken to reduce this will not merely diminish suffering and prolong life, but will increase productivity and promote prosperity. (I have set out on page 144 certain excerpts from Dr. Winslow's monograph mentioned above, as I thought they might be of interest).

In drafting an annual report, it is obvious that a certain amount of selection has to be exercised, but it is not always easy to determine what should be incorporated or omitted. While it covers the activities of the Department during the year under review, this particular Report includes certain new features, such as reports from Chest Physicians, Medical Directors of Mass Radiography Units, and Maternity and Child Welfare Medical Officers on their work. It is hoped that the information provided will prove useful for (*a*) the general public ; (*b*) the members of the Council ; (*c*) the Ministry of Health ; and (*d*) the members of the various sections of the Health Department serving the public in their homes, at clinics, or from the Central Office.

I should like to take this opportunity of paying tribute to the help and encouragement that I have received from the respective Chairmen and Members of the County Health Committee and the Weights and Measures and Miscellaneous Services Committee, as well as the Members of the Joint Medical Services Sub-Committee which deals with problems that are the concern of the County Health Committee and the Education Committee. I should also like to thank the Clerk of the Council and the various Heads of Departments for their advice and co-operation, as well as the medical, dental, nursing, ambulance, clerical and other staff of my own Department for much efficient work performed most readily.

Your obedient servant,

J. B. S. MORGAN,

County Medical Officer of Health.

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

23rd July, 1952.

TABLE OF CONTENTS.

COUNTY HEALTH COMMITTEE
(As at 31st December, 1951).

ALDERMAN F. WILSON
(Chairman)

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

Aldermen

MRS. A. M. BELFIELD.
W. BOOT.
MRS. M. CANTRILL.
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.
M. H. EDMUNDS.
E. W. FIELDING.
A. FOWLER.
MRS. E. HARRISON.
J. ISHERWOOD.
D. PRINCE.
MRS. E. G. REDFERN.
MRS. J. M. STEELE.
C. WASS.
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.
MRS. F. SHOOTER.
MRS. N. SIMPSON.

Ambulance Sub-Committee

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

---

*Staff Sub-Committee**

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

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* Members of the Staff Sub-Committee are also the County Health Committee representatives on the Joint Medical Services Sub-Committee, the latter Sub-Committee being responsible for dealing initially with matters which are the joint concern of the Education Committee and the County Health 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*).
ALDERMAN J. F. BIRCH.	COUNCILLOR J. L. RADFORD.

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1951).

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

ALDERMAN C. FEAKIN
(*Vice-Chairman*)

Aldermen

T. COLLEDGE.	T. W. WARDLEY.
W. J. SMITH.	C. F. WHITE, C.B.E.

Councillors

D. BARTON.	D. PRINCE.
H. G. BOOTH.	E. P. REEKIE.
A. FOWLER.	R. SKELTON.
MRS. G. BUXTON.	T. W. SMITH.
B. GOWERS.	C. WASS.
J. H. GREGORY.	F. WILDGOOSE.
MRS. E. HARRISON.	J. W. WRIGHT.

Milk Licences Sub-Committee

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

Rural Water Supplies and Sewerage Act Sub-Committee

ALDERMAN MRS. D. M. SUTTON.	ALDERMAN T. W. WARDLEY.
ALDERMAN C. FEAKIN.	COUNCILLOR MRS. E. HARRISON.
ALDERMAN T. COLLEDGE.	COUNCILLOR D. PRINCE.
ALDERMAN W. J. 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-ONE 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 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	WHOLE COUNTY	—	—	**.014**	**11.13**	**15.78**	**30.19**
	England and Wales	—	.00	.01	11.6	15.8	29.8
1951	Urban Districts ..	—	—	.006	12.20	15.14	30.94
	Rural Districts ..	—	—	.006	11.08	15.29	26.52
	WHOLE COUNTY	—	—	**.006**	**11.67**	**15.21**	**28.83**
	England and Wales	.00	.00	.01	12.5	15.5	29.6

REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1951

STATISTICS AND SOCIAL CONDITIONS.

AREA AND POPULATION.

The Administrative County of Derby comprises twenty-nine Sanitary Districts, four of which are Municipal Boroughs, sixteen Urban Districts and nine Rural Districts.

The County has an area of 635,456 acres, 98,065 in Municipal Boroughs and Urban Districts and 537,391 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1951 was as follows :—

Municipal Boroughs	138,950
Urban Districts	221,750
Rural Districts	325,500
Total Administrative County ..	686,200

RATEABLE VALUE

The rateable value of the Administrative County in April, 1951, for County Rate purposes was £3,768,509, and a Penny Rate over the whole County was estimated to produce the sum of £14,723.

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 trades provide the chief occupation. In this area, too, artificial silk manufacturers 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 ..	5,177	4,884	10,061
	Illegitimate ..	196	183	379
	Total ..	5,373	5,067	10,440

Live Birth Rate per 1,000 of the estimated population ..	15.21
Number of Still Births	258
Rate of Still Births per 1,000 (total live and still) births ..	24.12
Number of Deaths	8,009
Death Rate per 1,000 of the estimated population	11,67

	No. of Deaths.	*Rate per* 1,000 *live and still Births.*
Deaths and Death Rate from:—		
Pregnancy, Childbirth and Abortion	11	1.028

Death Rate of Infants under 1 year of age :—	
All infants (per 1,000 live births)	28.83
Legitimate infants (per 1,000 legitimate live births) ..	28.13
Illegitimate infants (per 1,000 illegitimate live births)	47.49

	No. of Deaths.	*Rate per* 1,000 *of estimated population.*
Deaths and Death Rate from :—		
Cancer (all ages)	1,180	1.72
Measles (all ages)	3	.004
Whooping Cough (all ages) ..	4	.006

Infantile Mortality.—The infantile mortality rate for the year under review was 28.83 per 1,000 live births, compared with 30.19 in 1950 and 36.50 in 1949.

TABLE II.

INFANTILE MORTALITY RATE.

(Infants dying under one year, per thousand live births)

Year.	*Rate.*	*Year.*	*Rate.*
1930	61.4	1941	51.0
1931	67.4	1942	42.2
1932	63.4	1943	48.1
1933	62.2	1944	42.1
1934	53.0	1945	44.5
1935	56.6	1946	38.9
1936	58.2	1947	42.81
1937	52.1	1948	43.45
1938	51.1	1949	36.50
1939	47.4	1950	30.19
1940	55.4	1951	28.83

The rate for England and Wales in 1951 was 29.6.

COUNTY OF DERBY. Year

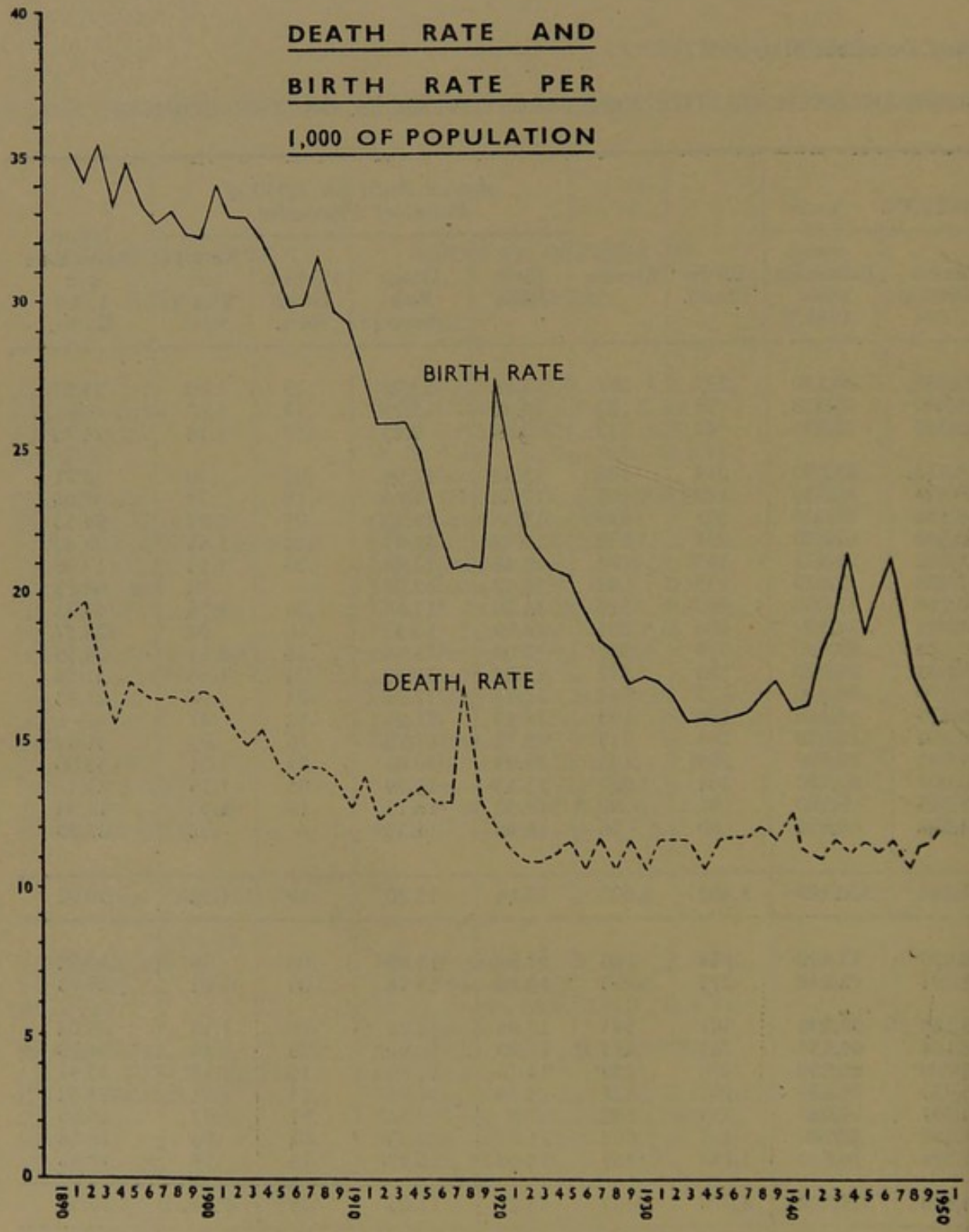
TABLE III.—TABLE GIVING BIRTH RATES AND DEATH RATES FROM SEVERAL

SANITARY DISTRICTS (URBAN).	MEDICAL OFFICER OF HEALTH.	Area in Acres (Land and Water).	POP (Census 1931.
ALFRETON	S. O. Bingham, M.R.C.S., L.R.C.P.	5,176	22,262
ASHBOURNE	H. H. Hollick, M.R.C.S., L.R.C.P. ..	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,028
BELPER	W. D. Lamb, M.B., Ch.B., D.P.H. (Acting)	4,294	14,205
BOLSOVER	A. H. Wear, M.D., B.S., D.P.H. ..	4,526	9,808
BUXTON (Borough)	G. Cochrane, M.B., D.P.H. ..	6,337	16,884
CHESTERFIELD (Borough) ..	J. A. Stirling, M.B., D.P.H.	8,472	64,160
CLAY CROSS	J. R. Graham, M.B., Ch.B., D.P.H.	2,349	8,781
DRONFIELD	J. R. Graham, M.B., Ch.B., D.P.H.	3,452	6,388
GLOSSOP (Borough)	J. A. W. Reid, M.B., Ch.B., D.P.H...	3,323	20,001
HEANOR	P. H. J. Turton, M.D., D.P.H. ..	4,417	22,482
ILKESTON (Borough).. ..	H. L. Barker, M.D., D.P.H.	3,017	33,163
LONG EATON	J. Moir, M.B., Ch.B.	3,559	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,599	16,596
NEW MILLS	J. A. W. Reid, M.B., Ch.B., D.P.H...	5,244	8,551
RIPLEY	R. A. Ryan, L.R.C.P.I.	5,415	17,731
STAVELEY	J. R. Graham, M.B., Ch.B., D.P.H...	6,504	17,845
SWADLINCOTE	M. Allan, M.B., Ch.B., D.P.H. ..	3,755	20,604
WHALEY BRIDGE	F. G. Allan, L.R.C.P., L.R.C.S. ..	3,479	4,789
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B. ..	4,016	4,855
URBAN DISTRICTS ..	.. ..	98,065	340,145
(RURAL)			
ASHBOURNE	H. H. Hollick, M.R.C.S., L.R.C.P. ..	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272
BELPER	W. D. Lamb, M.B., Ch.B., D.P.H. (Acting)	48,074	23,106
BLACKWELL	A. H. Wear, M.D., B.S., D.P.H. ..	21,668	44,689
CHAPEL-EN-LE-FRITH ..	G. Cochrane, M.B., D.P.H. ..	103,393	18,770
CHESTERFIELD	J. R. Graham, M.B., Ch.B., D.P.H...	69,139	64,968
CLOWNE	A. H. Wear, M.D., B.S., D.P.H. ..	13,429	17,720
REPTON	M. Allan, M.B., Ch.B., D.P.H. ..	65,653	26,438
SHARDLOW	S. Hunt, M.R.C.S., L.R.C.P. ..	44,204	41,097
RURAL DISTRICTS ..	.. ..	537,391	267,721
URBAN DISTRICTS ..	.. ..	98,065	340,145
WHOLE COUNTY ..	.. ..	635,456	607,866

Ending December 31st, 1951.

CAUSES IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

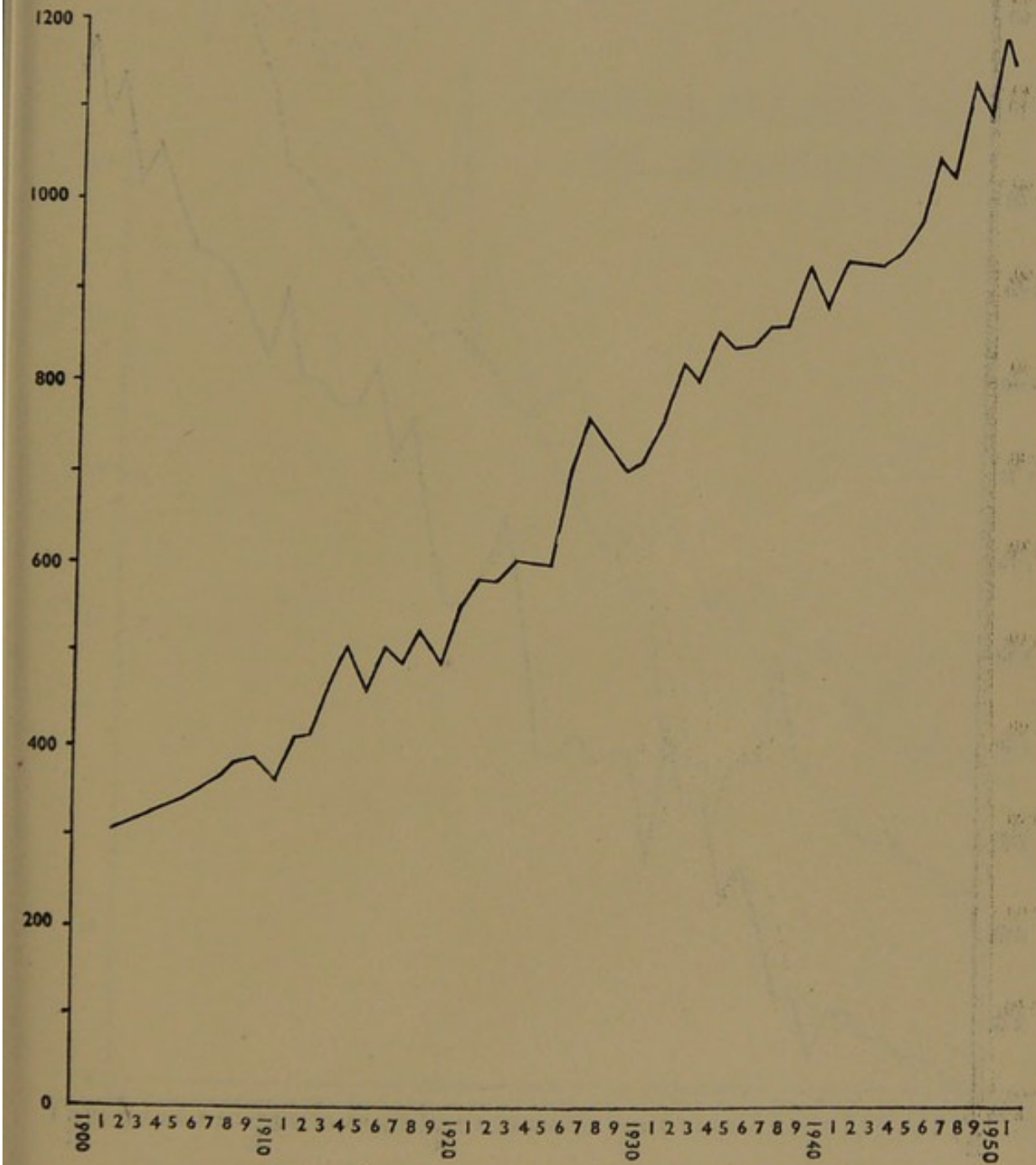
ULATION.		Births (Live).	Deaths.	*Annual Rates per* 1,000 *of Estimated Population.*				Infant Death Rate per 1,000 Births.
Census 1951.	Estimated mid-1951.			Birth Rate.	Death Rate (corrected)	Phthisis Death Rate.	Respiratory Death Rate.	
23,388	23,170	331	261	14.28	11.26	.13	1.03	24.17
5,440	5,378	78	82	14.50	15.25	.18	1.67	—
3,350	3,393	47	32	13.85	9.43	.59	1.18	21.28
15,716	15,690	214	188	13.64	11.98	.32	.70	32.71
10,815	10,750	189	105	17.58	9.76	.18	.74	37.04
19,556	19,590	301	265	15.36	13.52	.05	1.17	36.55
68,540	67,820	937	839	13.82	12.37	.25	1.66	38.42
8,552	8,571	167	107	19.48	12.48	.23	1.98	17.96
7,628	7,619	95	92	12.47	12.07	—	.78	63.15
18,014	17,900	300	315	16.76	17.65	.28	1.73	43.33
24,395	24,350	404	254	16.59	10.43	.16	.94	32.17
33,674	33,640	575	389	17.09	11.56	.18	2.11	24.35
28,638	29,090	386	337	13.27	11.58	.24	1.58	31.08
17,770	18,470	272	244	14.73	13.21	.05	.97	25.73
8,473	8,400	155	103	18.45	12.26	.12	.47	—
18,194	18,070	284	213	15.72	11.78	.16	.94	31.69
17,941	17,890	285	190	15.93	10.62	.39	1.01	38.60
20,909	20,770	281	249	13.53	11.99	.05	1.15	28.47
5,365	5,280	81	80	15.34	15.15	.19	1.32	12.34
4,886	4,859	80	56	16.46	11.52	—	.82	25.00
361,244	360,700	5,462	4,402	15.14	12.20	.19	1.32	30.94
12,020	12,490	148	148	11.85	11.85	.08	.80	40.54
19,291	19,230	272	292	14.14	15.18	.05	1.61	25.73
28,186	28,230	391	345	13.85	12.22	.10	1.13	23.02
43,104	42,950	743	472	17.30	10.99	.28	1.14	34.99
18,990	18,830	278	239	14.76	12.69	.16	1.11	35.97
75,728	75,680	1,161	837	15.34	11.06	.14	1.27	28.42
19,071	19,040	339	182	17.8	9.56	.31	1.57	26.55
31,562	32,240	495	303	15.35	9.39	.06	.96	18.18
75,876	76,810	1,150	789	14.98	10.27	.14	.94	19.98
323,828	325,500	4,978	3,607	15.29	11.03	.15	1.14	26.52
361,244	360,700	5,462	4,402	15.14	12.20	.19	1.32	30.94
685,072	686,200	10,440	8,009	15.21	11.67	.17	1.24	28.83


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
1950

DERBYSHIRE

DEATHS FROM CANCER

1900—1951

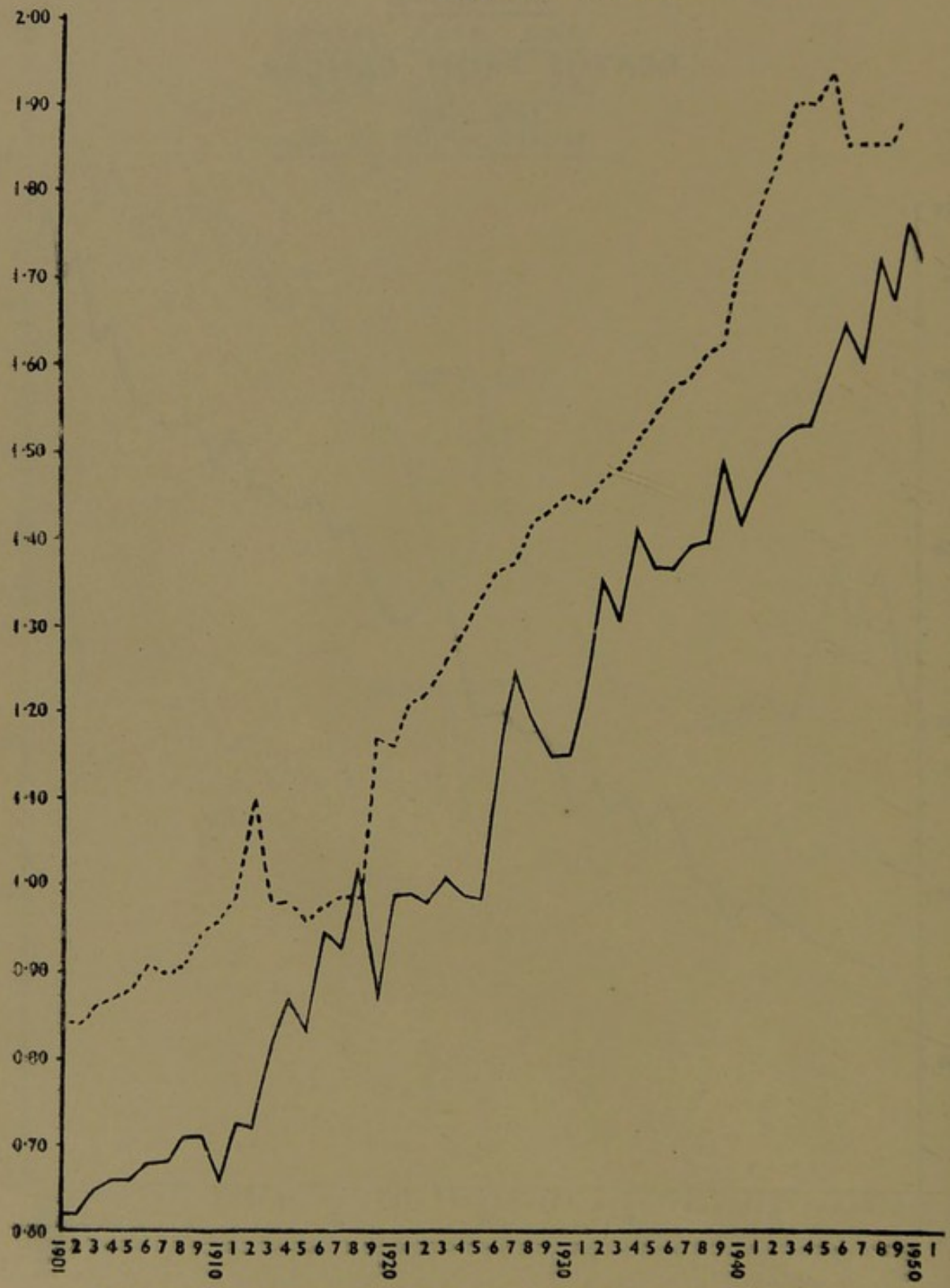


CANCER

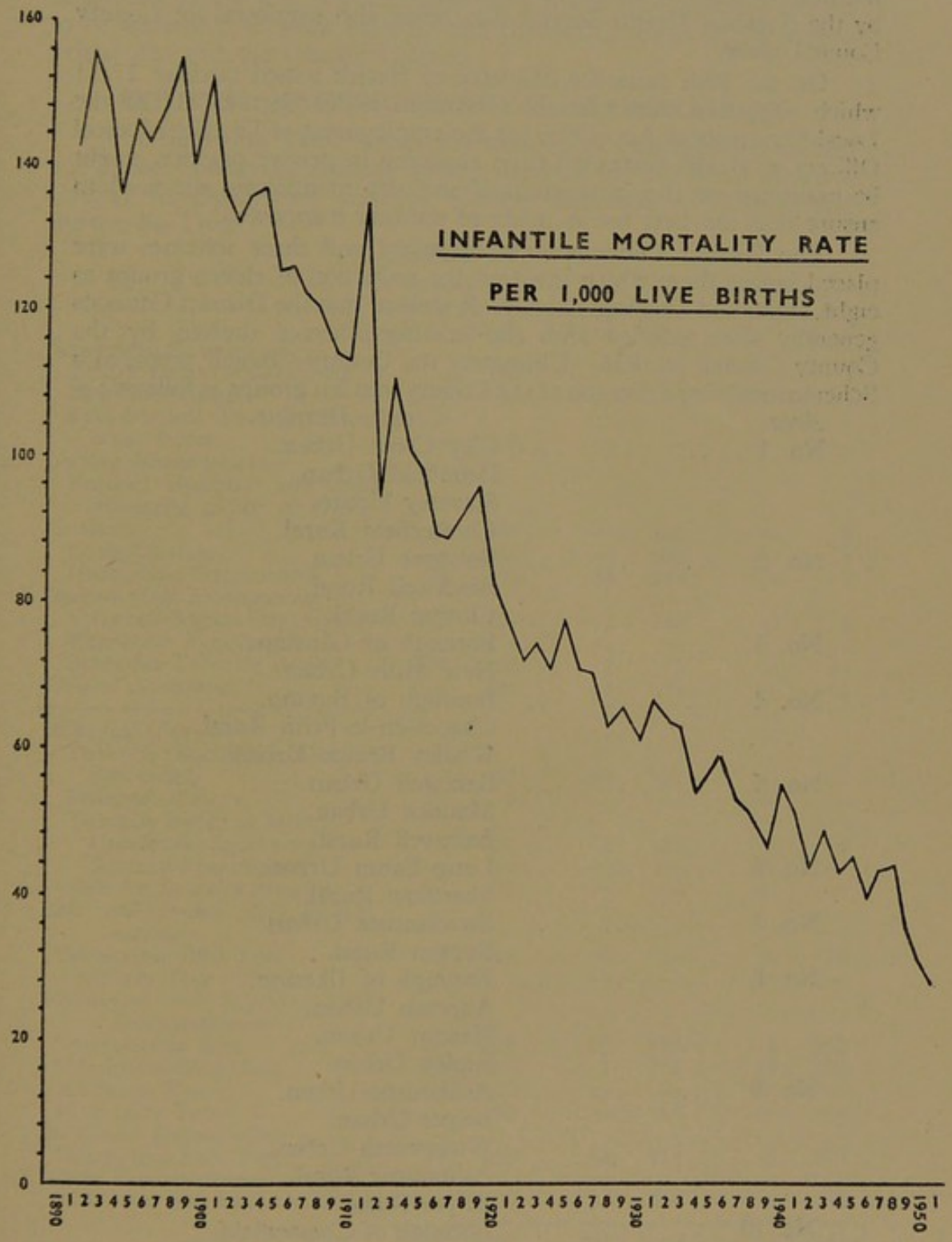
DEATHS PER 1,000 OF POPULATION

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
160
140
120
100
80
60
40
20
0
1890 1 2 3 4 5 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 9 1950 1

LOCAL GOVERNMENT ACT 1933, SECTION 111.

In the early part of the year under review certain Committees of the County Council gave consideration to whole-time District Medical Officers of Health, whose responsibilities had been reduced by the National Health Service Act, being also employed for County Council work.

On the 30th June the Ministry of Health issued circular 27/51 which suggested that schemes submitted under Section 111 of the Local Government Act, 1933, for the employment of District Medical Officers of Health restricted from engaging in private practice, might be examined on the same grounds and also mentioning the need to ensure that the best use is made of medical manpower.

The District Councils were consulted and three schemes were placed before them which involved the reduction of eleven groups to eight, eight, and nine respectively. It seemed that the District Councils generally were satisfied with the existing schemes drafted by the County Council in 1936. Ultimately the County Council prepared a Scheme involving a division of the County into ten groups as follows :—

Area.	*County Districts.*
No. 1	Clay Cross Urban.
	Dronfield Urban.
	Staveley Urban.
	Chesterfield Rural.
No. 2	Bolsover Urban.
	Blackwell Rural.
	Clowne Rural.
No. 3	Borough of Glossop.
	New Mills Urban.
No. 4	Borough of Buxton.
	Chapel-en-le-Frith Rural.
	Whaley Bridge Urban.
No. 5	Bakewell Urban.
	Matlock Urban.
	Bakewell Rural.
No. 6	Long Eaton Urban.
	Shardlow Rural.
No. 7	Swadlincote Urban.
	Repton Rural.
No. 8	Borough of Ilkeston.
	Alfreton Urban.
	Heanor Urban.
	Ripley Urban.
No. 9	Ashbourne Urban.
	Belper Urban.
	Wirksworth Urban.
	Ashbourne Rural.
	Belper Rural.
No. 10	Borough of Chesterfield.

The only difference from the previous scheme of eleven groups was that the Borough of Ilkeston, because of its compactness and relatively small population, was added to area 8 (Alfreton, Heanor, and Ripley Urban Districts).

It will not be possible to bring the scheme fully into operation at one time, as it is dependant on vacancies arising in offices at present held by part-time Medical Officers. When these arise from time to time further consultations will be necessary with the District Councils concerned to see if it is practicable for a whole-time Medical Officer to be appointed to work both for the District Councils in the appropriate area and the County Council.

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..	4	180	7	228	—	7
Brucella Abortus	1	12	—	15	—	—
Paul-Bunnell Test for Glandular Fever	—	3	—	—	—	—
Culture Examinations—						
Enteric, dysentry and food poisoning group of organisms	5	138	—	102	—	3
C. diphtheriae	—	261	—	187	—	3
Haemolytic Streptococci ..	76	453	34	174	—	7
Microscopical Examinations—						
Vincent's Angina Organisms	2	217	2	138	—	2
Ringworm Parasites	—	1	—	—	—	—
Sputa for Tubercle Bacilli ..	179	2953	2	3	—	—
Clinical Specimens	118	796	15	31	—	4
Biological Test—						
Tubercle Bacilli in Clinical Specimens	15	52	60	321	—	—
Friedman Test	12	4	—	—	—	—
Tubercle Bacilli in Milk :—						
Unselected Specimens ..	26	631	1	26	3	54
Selected Specimens ..	—	16	—	—	—	—
Milk for Brucella Abortus ..	—	22	—	—	—	—
Raw and Graded Milk Examinations—						
*Methylene Blue Test ..	72	236	6	14	6	78
Coliform Test	5	9	—	—	—	—
Pasteurised and Sterilised Milk Examinations—						
*Phosphatase Test	18	629	10	168	4	262
*Methylene Blue Test ..	4	463	1	119	14	202
Coliform Test	17	22	—	—	—	—
*Turbidity Test	—	18	—	18	—	—
Ice Cream Examinations—						
*Methylene Blue Test ..	24	633	12	116	5	217
Water Examinations—						
*Coliform and Anaerobe Tests	304	1309	34	462	2	18
	882	9058	184	2122	34	857

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

BIOLOGICAL TESTS FOR TUBERCLE BACILLI IN MILK.

During the year, 741 unselected samples of milk, including raw and graded milk, taken in the Derbyshire County, Derby County Borough and Burton-on-Trent County Borough areas, were examined biologically for the presence of B. tuberculosis. Thirty of these samples or 4.04 per cent., were found to contain living transmissable tubercle bacilli ; the figure for 1950 was 3.46 per cent.

DISTRIBUTION OF VACCINE LYMPH AND OTHER PROPHYLACTIC REAGENTS.

National Health Service Act, 1946—*Section* 26.

The following Table shows the vaccines, etc. issued during 1951 in the Administrative County of Derbyshire, the County Boroughs of Derby and Burton-on-Trent, the City of Nottingham and the County of Nottinghamshire.

TABLE V.

	Doses.
Vaccine Lymph	10,036
Prophylactic Reagents for Diphtheria Immunisation—	
A.P.T.	18,222
T.A.F.	7,363
Purified Toxoid	180
Measles Serum	16

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

The year has been one of consolidation as far as the supervision of Pasteurising Establishments is concerned. No important additional legislation has been enacted, apart from a consolidatory measure—The Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, passed by Parliament during the previous year, came into force on January 1st, 1951.

At the beginning of the year licences were issued to eighteen Pasteurisers, a licence being refused, at first, to one other Pasteuriser. The Milk Licences Sub-Committee finally granted the licence in May, after an appeal by the firm concerned, and after considerable structural and technical work had been carried out, and the dairy methods had been greatly improved.

A total of nineteen licences was issued therefore, but during the year two small plants ceased to be operated, and the dairymen concerned surrendered their licences. As far as this County is concerned, there is a tendency for the small dairyman to sell out, or otherwise lose his identity, by buying milk, already pasteurised and bottled, from the larger concerns. There has not yet been sufficient time to judge whether this is a temporary phase only, but certainly the cost of setting up and operating a pasteurising plant, of even modest proportions, is, at the present time, formidable.

It appears that the more uniform method of control, and, possibly more regular supervision, is having a beneficial effect on the technical efficiency of the Pasteurising Establishments. Not only were the dairies, generally, properly managed, but also technical efficiency was improved.

It should be mentioned too that there has been a gradual improvement in the plant machinery in operation. In 1950, two conversions from the "holder" to the "High Temperature Short Time" process took place, and another one in 1951. Apart from the actual pasteurising process, improvements are also being made by the gradual replacement of obsolete bottling, capping and washing machines. Two dairies have installed improved filling machines, three improved capping machines, and one has put in a new washing machine.

Most licensees are now very conscious of the need for using bottles with overlapping metal caps for both Tuberculin Tested (Pasteurised) and Pasteurised grades of milk, and the majority were either using this type of cap or had ordered the necessary capping machinery or equipment by the end of the year. In fact, of sixteen dairies now bottling milk, only three have no definite plans made for converting to the overlapping capping method; two others are awaiting delivery of capping machines; six others use both the cardboard and metal discs and could quickly concentrate on the latter; the remaining five use only metal caps.

The quantity of milk being pasteurised remained steady. At the end of the year, some 20,000 gallons daily were being processed at the seventeen establishments, a similar figure being recorded for 1950 (with two more establishments).

The County Sanitary Inspector made 380 inspections at Pasteurising Establishments, and submitted 373 samples for examination. The results of the examinations of these samples were as follows :—

TABLE VI.

Grade.	*Satisfactory.*		*Unsatisfactory.*		*Total number of samples submitted.*
	M.B.	*Phos.*	*M.B.*	*Phos.*	
Tuberculin Tested Milk (Pasteurised)	77	94	—	3	97
Pasteurised	214	268	2	6	276

Note.—A total of 69 samples were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 65°F.

The number of phosphatase failures occurring during the year fell considerably, compared with those for 1950. In that year, twenty-two failures were reported, whereas in 1951 there were nine only, from approximately the same total of samples submitted.

During the year, seventy-one samples were also examined for the presence of chlorates and all were satisfactory, no chlorates being detected in any of them.

Routine samples of pasteurised milks failing the phosphatase test are examined for the presence of tubercle bacilli. During the year nine such failures were all negative on examination.

The following is a list of the Pasteurising Establishments for which licences were issued during 1951 :—

PASTEURISING ESTABLISHMENTS, 1951.

Name.	*Address of Establishment.*
Atkinson & Haspel	Church Farm, Ockbrook.
Beswick, W.	South Street Dairy, Draycott.
Bingham, H. R. .. .. .. (*ceased to operate* 31.1.51).	53, Staffa Street, Tibshelf.
Crowsnest Dairies Ltd. .. .. (*trading as Park Farm Dairies*).	Swarkestone.
Davies & Cox Ltd.	The Dairy, Castle Road, Castle Gresley.
Gilbert Bros. Ltd.	Ryefield Dairy Bargate, Belper.
Hibbert, H.	Gisbourne Dairy, Chapel-en-le-Frith.
Hutchings, S., & Sons Ltd.	175, Derby Road, Long Eaton.
Ilkeston Co-operative Society Ltd. ..	Oakwell Dairy, Derby Rd., 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 .. .. (*ceased to operate* 30.11.51).	The Causeway, Wirksworth.
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.

There has been no meeting of the Rural Water Supplies and Sewerage Act Sub-Committee during the year. Two minor schemes of water supply received the Chairman's approval, as follows :—

	Parish	*Estimated Cost*	
Shardlow R.D.C. ..	Morley	£1,700	
New Mills U.D.C...	Rowarth	£11,350	(This is an amended scheme in place of one considered in September, 1949).

There have been a number of improvements to main supplies during the year, and, in addition, various extensions have been carried out locally. The following is a summary of work completed under this heading :—

Alfreton U.D.C.	New mains at Limes Avenue Housing Estate.
Buxton Borough	Drilling completed at Stanley Moor borehole.
Ilkeston Borough	5,500 yards of water main extension laid.
Long Eaton U.D.C.	Extensions made to Petersham Road housing site and to Parkside Estate.
Matlock U.D.C.	Bonsall scheme still in progress. Matlock Moor scheme completed ; works in operation. Riber and district scheme commenced. Some 2,200 yards of mains extended and/or relaid.
New Mills U.D.C.	Reconstruction of Ball Beard reservoir in progress ; 10-inch diameter main laid thereto. Chlorinating and neutralisation plant installed at Morlands reservoir.
Ashbourne R.D.C.	Brailsford section of Yeldersley scheme completed and in operation.
Blackwell R.D.C.	Reservoirs at Whiteborough and Stony Houghton brought into commission. 4,000 yards of mains extensions, chiefly to housing sites.
Chapel-en-le-Frith R.D.C. ..	2,566 yards of 8-inch diameter main laid from Combs to Ridge. 4,800 yards 3-inch main renewed at Edale. 1,200 yards 2-inch main laid at Charlesworth. Other small extensions.
Clowne R.D.C.	1,086 yards main laid.

In addition to the above, the following information has been supplied with regard to improvements carried out by the Chesterfield, Bolsover and Clowne Water Board :—

" New water mains laid	3,150 yards for housing schemes.
Water mains scraped and relined with bitumen	5,705 yards distribution mains.
Water mains scraped and relined with concrete	2,495 yards (Linacre Trunk Mains).

The Hady automatic pumping station was brought into commission on the 18th January, 1951, to maintain a supply of water in the high area in Calow and district where there were formerly intermittent pressures.

Automatically proportioning chlorinators were installed on the Low and High Level Linacre supplies in July and August respectively.

The water treatment at Whispering Well was modified during the year and at present chlorine is injected by a single automatically proportioning chlorinator, the residual being kept to the minimum amount compatible with a satisfactory standard of bacteriological purity.

The Water Board was reconstituted on the 1st October to include the Clowne Rural District. Relevant statistics relating to the new Board are :—

Area of supply ..	60 square miles.
Population supplied	113,000.
Average daily consumption ..	4,000,000 gallons.

During the month of December, one of the two Barlborough Service Reservoirs was emptied, thoroughly cleaned, metal work repainted, and refilled."

The total estimated cost of schemes submitted to the County Council since the commencement of the Act remains substantially the same at £920,000.

Ministry of Housing and Local Government Inquiries.

There have been no inquiries regarding proposed schemes during 1951.

SEWERAGE AND SEWAGE DISPOSAL.

Rural Water Supplies and Sewerage Act, 1944.

No schemes of sewerage and sewage disposal have been considered during the year, and the total estimated cost of schemes submitted to the County Council remains at £527,000.

The following is a summary of work of sewerage and sewage disposal carried out during the year :—

Alfreton U.D.C.	New sewers to Limes Avenue Estate.
Bolsover U.D.C.	Alterations to main Bolsover Works completed. but pumps not yet installed. (Carr Vale works useless owing to subsidence). Recondition of Whaley Common sewage works completed, and small works at Whaley village is being re-constructed.
Buxton Borough	More sewers laid for Victoria Park No. 2 scheme. 387 yards 27-inch and 30-inch sewer laid in Spring Gardens.
Ilkeston Borough	3,297 yards of foul sewer, and 3,086 yeards of surface water sewer laid during year.
Long Eaton U.D.C.	Extensions made for Petersham Road housing site.
Matlock U.D.C.	Main storm overflow at Churchtown, Darley Dale, completed and in operation.
Wirksworth U.D.C. ..	Extensions to sewage works at Derby Road almost completed.
Ashbourne R.D.C.	Brassington scheme completed. New sewers and disposal works constructed at the Hulland Ward housing site.
Blackwell R.D.C.	Work on Hardstoft and Stockley schemes commenced.

Ministry of Health & Local Government Inquiries.

Clowne R.D.C. Parish of Elmton.

An informal inquiry was held on the 30th August, 1951, at Clowne, in connection with an application by Clowne R.D.C. to borrow £91,500 for the purpose of re-sewering the township of Creswell, which has a population of over 6,000 inhabitants, and for the construction of new sewage disposal plant at "*The Crags*," in place of the existing works at Hennymoor. Evidence was submitted to the Inspector as to the nuisance and damage caused by frequent flooding in various parts of Creswell, due largely to the inadequate drainage system, and also as to the condition of the obsolete sewage disposal works.

Parish of Clowne.

A further informal inquiry was held on the 31st August, 1951, at Clowne in connection with the Council's application for sanction to borrow £13,500 to construct a new sewage disposal works at Cockhouse to deal with the area of Mount Pleasant, Cockhouse and West Lea, in place of three existing small plants. It was stated in evidence that the inadequacy of the existing works was preventing the provision of modern sanitary amenities at many of the properties in the areas concerned.

Bakewell R.D.C. Parish of Hartington (Middle Quarter).

A public inquiry was held on the 7th October, 1951, at Bakewell in connection with the proposals of Bakewell R.D.C. to construct works of sewerage and a small sewage disposal plant for the village of Earl Sterndale, at an approximate cost of £2,020. The need for such a scheme had become more urgent owing to the Council's housing development, and the loss of the existing small tank under a road-widening scheme. There were no objections to the scheme in principle, only to the Compulsory Purchase Order in respect of the site chosen for the new disposal works.

Repton R.D.C. Parish of Netherseal.

An informal inquiry was held on the 4th October, 1951, at the Repton R.D.C. Offices in connection with the local authority's proposals for a sewerage scheme for the village of Netherseal. The proposals were put forward on the grounds that the village lacked modern sewers and means of disposal, and that probably at some future date it would be necessary to bring the drainage from Overseal to the proposed new works, as the existing Overseal disposal works were in danger of extensive damage from subsidence. The scheme as submitted also included a length of sewer for taking the drainage from Acresford, a small hamlet in Ashby R.D. The estimated cost was approximately £11,000. There were some objections on planning grounds to the Overseal and Acresford extensions.

Shardlow R.D.C. Parish of Stanton-by-Bridge.

An informal inquiry was held on the 4th January, 1951, at the Shardlow R.D.C.'s Offices, Derby, the purpose of which was to review the progress and costs of the scheme of sewerage and sewage disposal for the village of Stanton-by-bridge. The work which was started early in 1950, was almost completed at the time of the Inquiry, and the Inspector went closely into technical details and expenditure. An addition of £2,800 approximately would be needed, the original estimate being £13,705. Rock sub-strata had increased the cost of excavation considerably over the original estimate.

Chapel-en-le-Frith R.D.C. Parish of Edale.

A public inquiry was held on the 12th December, 1951, at Edale in connection with the proposals of the Chapel-en-le-Frith R.D.C. to construct works of sewerage and sewage disposal for the village of Edale, and the hamlet of Barber Booth respectively. The estimated total cost was £30,338. In the evidence it was stated that there were no proper methods of sewage disposal at either of the places mentioned and the Derwent Valley Water Board were concerned that pollution of the River Noe, from which they were now taking a considerable quantity of water, should be prevented. The Board had agreed to contribute towards the cost of the schemes, the exact proportion still being under negotiation, but it would be quite substantial.

A public inquiry was held on the 13th December, 1951, at Chapel-en-le-Frith in connection with the proposals of the local authority, as follows :—

(*a*) Parish of Thornhill :

This scheme was for the construction of a small sewage disposal plant for the village of Thornhill, the estimated cost being £3,045.

(*b*) Parish of Charlesworth :

This small scheme involved nine properties in the village of Simmondley which it was proposed to connect to the sewer owned by the Borough of Glossop, who had agreed to accept the connection. The cost was estimated at £1,200.

(*c*) Parishes of Charlesworth and Chisworth :

The local authority propose to re-sewer and provide a new disposal works for the village of Charlesworth and a small part of Chisworth Parish, at an estimated cost of £32,940. Some 346 premises and a population of 1,210 were involved, and further housing development in the area was anticipated.

In the evidence submitted to the Inspector it transpired that as an alternative to the construction of new disposal works, it was practicable to take the final volume of sewage to the works of the Borough of Glossop and, indeed, discussions had taken place between Chapel-en-le-Frith R.D.C., Glossop Borough, and Longdendale U.D. (in Cheshire) with a view to the construction of a joint works. These discussions had broken down, largely on financial grounds. The representative of the Cheshire River Board said that his Authority were very much in favour of the joint scheme.

SANITARY CIRCUMSTANCES OF DISTRICTS, 1951.

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, 1951.
URBAN DISTRICTS.

District and Sanitary Inspector's Name.		PREMISES.																	SAMPLING.					
											Moveable Dwellings									Milk.		Water.		
		Bakehouses	Canal Boats	Common Lodging Houses	Dairies	Factories and Workplaces	Houses Let in Lodgings	Ice Cream Premises	Market-Stalls	Milk Distributors	(a) Sites	(b) Dwellings	Offensive Trades	Outworkers	Preserved Food Stores	Shops	Slaughterhouses	Knackers Yards	Ice Cream	(a) Routine	(b) Biological	(a) Mains	(b) Other Sources	Totals
ALFRETON.	No. on Register	12	—	1	25	110	—	57	6	23	7	12	2	90	47	486	16	—	..	..	..	..	..	894
	No. of Inspections made..	58	—	2	20	142	—	54	312	—	7	7	34	—	272	1119	148	—	..	..	..	..	..	2175
E. Mercer.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	23	—	23
ASHBOURNE.	No. on Register	9	—	—	27	26	—	23	22	12	—	—	—	97	—	141	3	—	..	..	..	..	..	360
	No. of Inspections made..	27	—	—	108	78	—	115	1100	36	—	—	—	194	—	141	225	—	..	..	..	..	..	2024
D. Powell.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	1	—	1
BAKEWELL.	No. on Register	5	—	—	1	81	—	10	61	2	—	—	—	—	4	46	7	—	..	..	..	..	..	217
	No. of Inspections made..	24	—	—	12	62	—	33	171	25	—	—	—	—	23	31	78	—	..	..	..	..	..	459
T. W. Baker.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	7	—	4	—	11
BELPER.	No. on Register	10	—	1	3	75	—	37	—	9	—	2	—	90	35	280	—	1	..	..	..	..	..	543
	No. of Inspections made..	50	—	6	26	78	—	109	—	18	—	7	—	121	93	504	—	6	..	..	..	..	..	1018
J. Bailey.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	64	10	71	8	2	155
BOLSOVER.	No. on Register	2	—	—	—	54	—	21	14	16	—	9	—	4	22	132	5	1	..	..	..	..	..	280
	No. of Inspections made..	18	—	—	—	136	—	94	89	94	—	59	—	17	119	94	12	49	..	..	..	..	..	781
J. F. H. Walton.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	21	—	63	2	—	86
BUXTON (BOROUGH).	No. on Register	19	—	—	9	91	6	59	7	9	—	—	1	1	29	414	—	—	..	..	..	..	..	645
	No. of Inspections made..	62	—	—	36	155	4	112	283	36	—	—	11	1	119	522	—	—	..	..	..	..	..	341
A. H. Cornhill.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	17	127	226	94	—	464

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

CHESTERFIELD (BOROUGH).	No. on Register	36	—	1	13	295	2	178	53	145	10	51	10	12	—	396	3	1	..	..	..	..	..	1206
	No. of Inspections made..	36	—	79	92	87	2	63	1378	184	21	42	14	12	—	417	1175	4	..	..	..	..	..	3606
G. Drabble.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	24	24	36	4	29	117
CLAY CROSS.	No. on Register	4	—	1	11	28	1	21	—	18	—	1	1	1	19	153	8	—	..	..	..	..	..	267
	No. of Inspections made..	5	—	2	—	17	—	11	—	—	—	4	2	—	14	4	257	—	..	..	..	..	..	316
L. Wilson.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	7	11	18
DRONFIELD.	No. on Register	1	—	—	—	41	—	22	—	13	—	—	—	—	1	88	—	—	..	..	..	..	..	166
	No. of Inspections made..	9	—	—	—	—	—	33	—	11	—	—	—	—	2	59	—	—	..	..	..	..	..	114
E. M. Housecroft.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	15	1	16
GLOSSOP (BOROUGH).	No. on Register	50	—	—	39	173	—	50	46	89	—	—	5	84	135	432	14	—	..	..	..	..	..	1117
	No. of Inspections made..	27	—	—	28	48	—	17	615	51	—	—	24	4	86	196	30	—	..	..	..	..	..	1126
E. Dunsmore.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	30	10	26	12	92
HEANOR.	No. on Register	16	—	—	8	174	—	73	—	17	3	3	2	174	25	358	20	—	..	..	..	..	..	873
	No. of Inspections made..	20	—	—	8	230	—	53	444	38	3	3	4	255	28	496	16	—	..	..	..	..	..	1598
H. W. Jefford.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	16	26	14	48	—	104
ILKESTON (BOROUGH).	No. on Register	12	14	—	14	126	—	144	18	91	—	—	2	272	86	759	3	—	..	..	..	..	..	1541
	No. of Inspections made..	22	—	—	9	35	—	38	181	—	—	—	2	30	354	233	—	—	..	..	..	..	..	904
C. E. Adcock.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	10	—	10
LONG EATON.	No. on Register	12	—	—	7	185	—	63	—	9	1	—	—	117	25	142	1	—	..	..	..	..	..	562
	No. of Inspections made..	20	—	—	15	193	—	99	619	18	3	25	—	35	81	217	617	—	..	..	..	..	..	1942
T. W. Walton.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	4	3	7
MATLOCK.	No. on Register	19	—	—	3	168	—	89	—	2	10	47	1	18	19	314	5	—	..	..	..	..	..	714
	No. of Inspections made..	41	—	—	20	142	—	117	44	20	6	58	8	19	27	233	5	—	..	..	..	..	..	740
C. R. Lill.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	16	9	1	189	23	238

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

District and Sanitary Inspector's Name		PREMISES. Bakehouses	Canal Boats	Common Lodging Houses	Dairies	Factories and Workplaces	Houses Let in Lodgings	Ice Cream Premises	Market-Stalls	Milk Distributors	Moveable Dwellings (a) Sites	Moveable Dwellings (b) Dwellings	Offensive Trades	Outworkers	Preserved Food Stores	Shops	Slaughterhouses	Knackers Yards	SAMPLING. Ice Cream	Milk. (a) Routine	Milk. (b) Biological	Water. (a) Mains	Water. (b) Other Sources	Totals
NEW MILLS.	No. on Register	15	—	—	4	70	—	41	6	8	—	1	—	—	11	229	1	1	..	..	..	..	..	387
	No. of Inspections made..	23	—	—	17	74	—	63	10	21	—	1	—	—	19	274	127	9	..	..	..	..	..	638
A. P. Bates.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	56	62	20	57	2	197
RIPLEY.	No. on Register	9	—	—	3	224	1	51	74	12	—	14	—	92	18	382	16	—	..	..	..	..	..	896
	No. of Inspections made..	11	—	—	11	17	3	21	210	11	—	34	—	2	37	38	3	—	..	..	..	..	..	398
D. Bamford.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	14	—	15	7	1	37
STAVELEY.	No. on Register	5	—	—	6	56	—	22	7	16	—	16	1	4	1	165	2	—	..	..	..	..	..	301
	No. of Inspections made..	12	—	—	12	56	—	37	70	40	—	36	12	7	12	270	60	—	..	..	..	..	..	624
H. Nuttall.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	115	24	139
SWADLINCOTE.	No. on Register	12	—	—	12	151	—	62	40	33	—	—	—	8	32	342	20	—	..	..	..	..	..	712
	No .of Inspections made..	76	—	—	361	175	—	361	248	302	50	26	—	5	174	473	19	4	..	..	..	..	..	2274
G. Ainsworth.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	208	203	66	28	32	537
WHALEY BRIDGE.	No. on Register	4	—	—	4	39	—	24	4	15	1	4	—	8	13	88	1	—	..	..	..	..	..	205
	No. of Inspections made..	19	—	—	15	68	—	38	48	33	8	19	—	—	27	59	6	—	..	..	..	..	..	340
A. McLane.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4	5	—	4	6	19
WIRKSWORTH.	No. on Register	4	—	—	1	30	—	14	27	2	—	—	—	5	6	79	3	—	..	..	..	..	..	171
	No. of Inspections made..	4	—	—	20	20	—	114	52	21	9	4	—	5	7	160	3	—	..	..	..	..	..	419
J. Taylor.	Samples taken.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	103	25	—	56	—	184

TABLE VII—*continued.*

RURAL DISTRICTS.

ASHBOURNE.	No. on Register	6	—	—	—	49	—	8	—	5	1	6	—	39	4	51	6	2	..	..	..	..	..	177
D. J. Cowen	No. of Inspections made..	13	—	—	—	15	—	22	—	2	2	10	—	—	9	20	17	30	..	..	..	..	..	140
T. R. Sambrook	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	1	—	8	9
BAKEWELL.	No. on Register	15	—	—	11	110	—	78	—	13	15	58	—	2	13	265	25	1	..	..	..	..	..	606
R. R. R. Davies.	No. of Inspections made.	17	—	—	30	115	—	97	—	26	18	58	—	—	26	62	118	4	..	..	..	..	..	571
T. M. Kilyon.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	13	1	14
BELPER.	No. on Register	4	—	—	13	58	—	56	—	24	4	51	—	80	—	—	1	2	..	..	..	..	..	293
	No. of Inspections made.	—	—	—	5	6	—	12	—	5	17	91	—	—	—	20	14	—	..	..	..	..	..	170
J. Laycock.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	.	—	—	—	5	14	19
BLACKWELL.	No. on Register .. .	11	—	—	22	124	—	93	26	32	7	7	—	32	27	310	26	—	..	..	..	..	..	717
R. Clarkson.	No. of Inspections made.	89	—	—	105	145	—	130	—	70	25	57	—	43	10	20	98	—	..	..	..	..	..	1872
I. N. Creear.	Samples taken.	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	111	84	58	115	4	372
CHAPEL-EN-LE-FRITH.	No. on Register .. .	11	—	—	52	80	—	61	—	53	6	5	—	4	—	197	—	—	..	..	..	..	..	469
	No. of Inspections made.	8	—	—	19	91	—	36	—	61	29	30	—	4	—	90	—	—	..	..	..	..	..	368
W. E. Colston	Samples taken .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	8	—	—	83	20	111
CHESTERFIELD.	No. on Register .. .	31	—	1	6	139	—	137	11	70	2	21	1	23	37	737	38	2	..	..	..	..	..	1256
	No. of Inspections made.	10	—	2	12	52	—	59	2	30	209		2	23	18	166	65		..	..	..	..	..	650
T. W. Binns.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	72	2	74
CLOWNE.	No. on Register	9	—	—	1	33	4	31	1	17	—	—	—	2	34	254	1	—	..	..	..	..	..	387
	No. of Inspections made.	203	—	—	16	201	48	69	4	101	—	144	—	7	231	147	196	—	..	..	..	..	..	1367
A. A. Short.	Samples taken .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	2	7	22	—	31
REPTON.	No. on Register	12	—	—	8	95	—	51	—	9	—	14	—	6	34	296	19	1	..	..	..	..	..	545
	No. of Inspections made.	19	—	—	23	54	—	61	—	25	—	58	—	12	30	139	57	3	..	..	..	..	..	481
F. Lomas.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	42	—	1	34	18	95
SHARDLOW.	No. on Register	14	—	—	60	179	—	196	—	115	6	27	—	118	—	600	12	2	..	..	..	..	..	1329
	No. of Inspections made..	28	—	—	120	60	—	200	—	115	52	52	—	118	—	200	24	6	..	..	..	..	..	975
G. L. Roe.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	13	7	—	45	8	73

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 ..	7013	1731	985	4557	3019	4949	19593	2525	2386	6189	7045	9558	8688
Population involved ..	23380	5370	5355	15557	10800	19426	67800	8450	7609	17825	24318	33595	29069
Supplied from stand-pipes on mains ..	—	10	—	36	—	2	3	—	—	—	18	16	20
Population involved ..	—	45	—	138	—	8	8	—	—	—	66	39	67
Supplied from other sources	—	6	7	6	—	31	11	25	7	25	—	2	7
Population involved ..	—	25	30	21	—	122	29	80	30	75	—	6	24
No. of premises connected during year	99	27	10	81	68	36	280	66	30	45	104	208	66

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 ..	5373	1715	966	4440	2892	4749	19501	2300	2224	6179	6988	9487	8648
Population involved ..	17863	5360	3293	15175	10337	18641	67500	7750	7079	17795	24124	33426	28950
Not connected	1640	32	27	159	127	233	106	227	165	35	75	87	67
Population involved ..	5517	80	93	541	463	915	300	76	540	105	260	214	225
Premises connected during year	99	27	10	70	68	46	282	51	30	46	103	218	65
No. of closets converted during year	63	—	1	21	27	16	1	13	11	7	—	6	6

RURAL DISTRICTS																
Matlock	New Mills	Ripley	Staveley	Swadlincote	Whaley Bridge	Wirksworth	Ashbourne	Bakewell	Belper	Blackwell	Chapel-en-le-Frith	Chesterfield	Clowne	Repton	Shardlow	TOTAL
869	2675	5477	4945	5959	1799	1507	2030	5269	7748	11533	5372	20928	5617	6920	22669	193,555
308	7800	18143	17960	20454	5176	4683	8207	17400	24793	41904	16062	73078	19621	24220	75074	657,437
56	—	4	—	91	—	23	35	224	46	185	13	4	2	305	56	1,149
189	—	11	—	316	—	69	130	750	154	690	45	12	6	1067	196	4,006
336	205	12	2	1	34	58	970	513	924	8	880	976	7	1456	440	6,949
132	600	40	7	4	104	145	3661	1652	3080	18	2883	2652	27	5096	1540	23,083
155	22	97	50	158	15	25	181	81	152	164	71	340	168	126	1169	4,094

RURAL DISTRICTS																
Matlock	New Mills	Ripley	Staveley	Swadlincote	Whaley Bridge	Wirksworth	Ashbourne	Bakewell	Belper	Blackwell	Chapel-en-le-Frith	Chesterfield	Clowne	Repton	Shardlow	TOTAL
544	2737	5152	4945	5988	1662	1530	1013	3340	6980	11194	3586	18766	5405	6822	22122	181,248
308	8110	17065	17960	20554	4775	4752	4050	10200	22361	41021	10964	64993	18784	23877	73160	615,227
729	153	341	45	63	171	58	2260	2664	1730	532	2679	3154	221	1859	1043	20,682
2456	424	1129	170	216	505	145	6440	9990	5760	1594	8026	10682	870	6506	3650	68,585
202	23	97	47	144	12	23	54	42	152	152	61	363	154	47	1184	3,882
74	3	70	2	—	3	8	5	32	71	1051	14	212	12	36	20	1,785

TABLE X.

HOUSING.

	URBAN DISTRICTS												
	Alfreton	Ashbourne	Bakewell	Belper	Bolsover	Buxton (Borough)	Chesterfield (Borough)	Clay Cross	Dronfield	Glossop (Borough)	Heanor	Ilkeston (Borough)	Long Eaton
No. of Dwelling Houses—Inspected	254	54	26	66	525	443	269	135	96	270	223	160	645
Found not to be fit in all respects	13	—	5	65	510	410	269	135	96	268	223	160	558
Found to be unfit for habitation	—	—	—	1	7	—	22	1	4	2	11	1	3
Rendered fit	83	32	5	71	484	84	292	96	48	255	241	180	316
Subject of Demolition Orders	—	—	—	—	3	—	20	—	4	—	10	—	—
Demolition in pursuance of Demolition Orders	7	—	—	—	1	—	17	—	1	—	13	11	2
Demolished in pursuance of Clearance Areas ..	—	—	—	—	—	—	—	—	—	—	—	—	—
Subject of Undertakings	—	—	—	1	2	—	—	1	—	—	1	1	—
Subject of Closing Orders	—	1	—	—	1	—	—	—	—	—	—	—	1
No. of Improvement Grants approved by the Ministry	2	—	—	—	—	—	—	—	—	33	—	—	6
No. of Houses "Improved"	1	—	—	—	—	—	—	—	—	—	—	—	3
No. of Houses erected during the year by :— (*a*) Local Authority ..	74	22	8	64	60	30	263	61	24	40	84	180	54
(*b*) Private Enterprise..	24	5	2	3	8	5	28	—	6	4	13	20	5

*—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
3	343	81	176	700	96	184	280	182	258	645	1540	610	1836	720	511	12,161
7	75	81	119	426	38	183	243	145	77	336	1068	599	149	577	345	7,840
3	10	—	—	2	—	1	—	1	17	6	2	11	5	6	20	136
5	66	70	114	234	36	149	167	105	58	569	1021	289	92	265	256	6,094
-	—	—	—	2	—	1	—	—	8	3	—	9	—	4	8	72
1	4	—	—	2	—	—	1	—	1	5	3	6	—	7	4	86
-	—	—	—	—	—	—	—	—	—	—	—	37	—	—	—	37
3	9	—	—	4	1	—	1	1	14	1	1	1	—	1	17	60
-	4	—	—	—	—	—	—	—	—	—	—	1	—	—	—	8
2	—	—	14	—	—	—	—	2	1	—	—	1	—	—	—	61
-	—	—	14	—	—	—	—	1	—	—	—	3	—	—	—	22
3	16	89	34	134	9	13	27	46	118	142	44	266	134	30	218	2,397
4	6	7	5	9	3	7	9	7	17	8	11	*63	8	17	946*	1,260*

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 1951 there were 199 midwives on the County Roll—eight were midwives in independent practice; seven were midwives working in Nursing Homes; sixty-four were midwives working in Institutions; eighty-three were County Midwives; and thirty-seven were County Home Nurse/Midwives.

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

TABLE XI.

	1945	1946	1947	1948	1949	1950	1951
Records received :—							
Medical Help	1565	1621	1603	1549	1225	961	657
Stillbirths	113	121	100	108	119	101	120
Deaths of Children ..	83	78	83	62	60	27	65
Deaths of Mothers ..	–	3	4	–	2	2	4
Laying out the dead ..	25	25	13	29	24	16	14
Liability to be a source of infection	105	100	85	48	40	52	46
Notification of Artificial Feeding (within in 14 days)	193	204	216	177	265	309	360
Puerperal Pyrexia— Midwive' Cases ..	33	24	23	7	4	5	11
Ophthalmia Neonatorum— ALL CASES ..	21	14	10	6	7	7	7

PUERPERAL PYREXIA.

The legal position with regard to the notification of the above was amended during the year under review by the Puerperal Pyrexia Regulations 1951. These came into operation on August 1st of that year. The new Regulations still required Puerperal Pyrexia to be regarded as a notifiable disease but with slight modifications, which included a revised definition of the condition. In effect the new Regulations applied Sections 144, 145 and 146 of the Public Health Act, 1936, to Puerperal Pyrexia, and at the same time amended Section 144 as applied to the disease, in the modified form set out below :—

"THE PUERPERAL PYREXIA REGULATIONS, 1951.

First Schedule.

Public Health Act, 1936.

Section 144—(1) When an inmate of any building used for human habitation is suffering from puerperal pyrexia every medical practitioner attending on, or called in to visit, that inmate (in this section referred to as "the patient") shall, as soon as he becomes aware that the patient is so suffering, send to the Medical Officer of Health of the district in which the building is situate a certificate in the form set out in the second schedule to these regulations.

(2) Any medical practitioner who fails to send a certificate which he is required by this section to send shall be liable to a fine not exceeding forty shillings;

Provided that this section shall not apply in relation to a case which has been notified under any of the regulations revoked by these regulations."

Sub-Section (2) of Section 1, of the Regulations defines Puerperal Pyrexia as "any febrile condition occurring in a woman in whom a temperature of 100.4° Fahrenheit (38° Centigrade) or more has occurred within fourteen days after childbirth or miscarriage." The reason for this emendation was that with the use of modern sulphonamide drugs and anti-biotics a case of Puerperal Pyrexia may so quickly respond to treatment that a raised temperature may occur on only one occasion and may not be continued or repeated as was required under the earlier definition. The effect of the Regulations will be a slight tightening up of the legal powers with regard to the notification of this condition.

The following Table shows the total number of cases of Puerperal Pyrexia notified to me during the year 1951 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 for* 1,000 *Births*
21	10,846	1.94

Ophthalmia Neonatorum.—The incidence of Ophthalmia Neonatorum during the year 1951 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	3	4	7	—	—	—

Maternal Mortality.

The maternal mortality rate for the whole County for the year 1951 was 1.028 per thousand live and still births. The following Table gives the maternal mortality rate in the County since 1932. The figures up to and including the year 1947 exclude the Borough of Chesterfield.

TABLE XIV.

Year	Rate	Year	Rate
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
1941	2.57	1951	1.028

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. From 1950 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 1951 was 1.028 per thousand live and still births, and compares with the previous year's figure of 1.44 per thousand live and still births, but it must not be assumed that these are strictly comparable with the figures given for maternal mortality rates for earlier years.

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, 1950, 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, 1951.

PUBLIC HEALTH ACT, 1936.

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 applications for registration were received, but mention should be made of the fact that the Heanor Nursing Home, Heanor, providing accommodation for ten maternity cases, was taken over by the Sheffield Regional Hospital Board on the 1st April, 1952, and since that time it has been administered by the Nottingham No. 2 Hospital Management Committee. The position on December 31st, 1951, 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 not being a relative of the children.

The Act is applied by requiring registration with the Lcoal 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 Local Health Authority may refuse to register any premises if they are satisfied that any person employed in looking after the children is not a fit person, or that the premises are not fit to be used for that purpose. Similarly, with regard to Child Minders, the Authority may refuse to register any person if they are satisfied that that person, or any person employed in looking after the children, is not a fit person to look after children, or that the premises in which the children are received are not fit to be used for that purpose.

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 under review one enquiry regarding registration was received, but after discussion between the intending applicant and an Officer of the Department, the application was not pursued.

TUBERCULOSIS SCHEME.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1930.

Notifications.

The total number of cases of tuberculosis reported through various channels during 1951 was 547. The figure for the previous year was 514, but this was a reduction of seventy-eight on the figure for 1949, which was 592. It will be seen, therefore, that the number of cases reported shews a fluctuation which can best be appreciated by reference to the graph on page 44.

It should be borne in mind that while the decrease which consistently took place from 1941 to 1949 has not been maintained, this is probably due to the increased facilities for diagnosis of the disease brought about by the implementation of the National Health Service Act in 1948. As mentioned later in this report, the deaths for the year from tuberculosis are again the lowest on record, and this fact should be considered with the annual fluctuation in the notification figures, which for 1951 showed an increase over the previous year, though well below 1949.

The figure of 547 consisted of 464 respiratory and eighty-three non-respiratory new cases. A similar division of the 1950 total is 426 respiratory and eighty-eight non-respiratory. It will be seen, therefore, that the rise in the notifications has been due to an increased number of respiratory cases, which is what one would expect from the increasing use of Mass Miniature Chest Radiography.

Table XV analyses the new cases of tuberculosis into greater detail, and divides them into respiratory and non-respiratory (males and females) as well as age groups.

TUBERCULOSIS

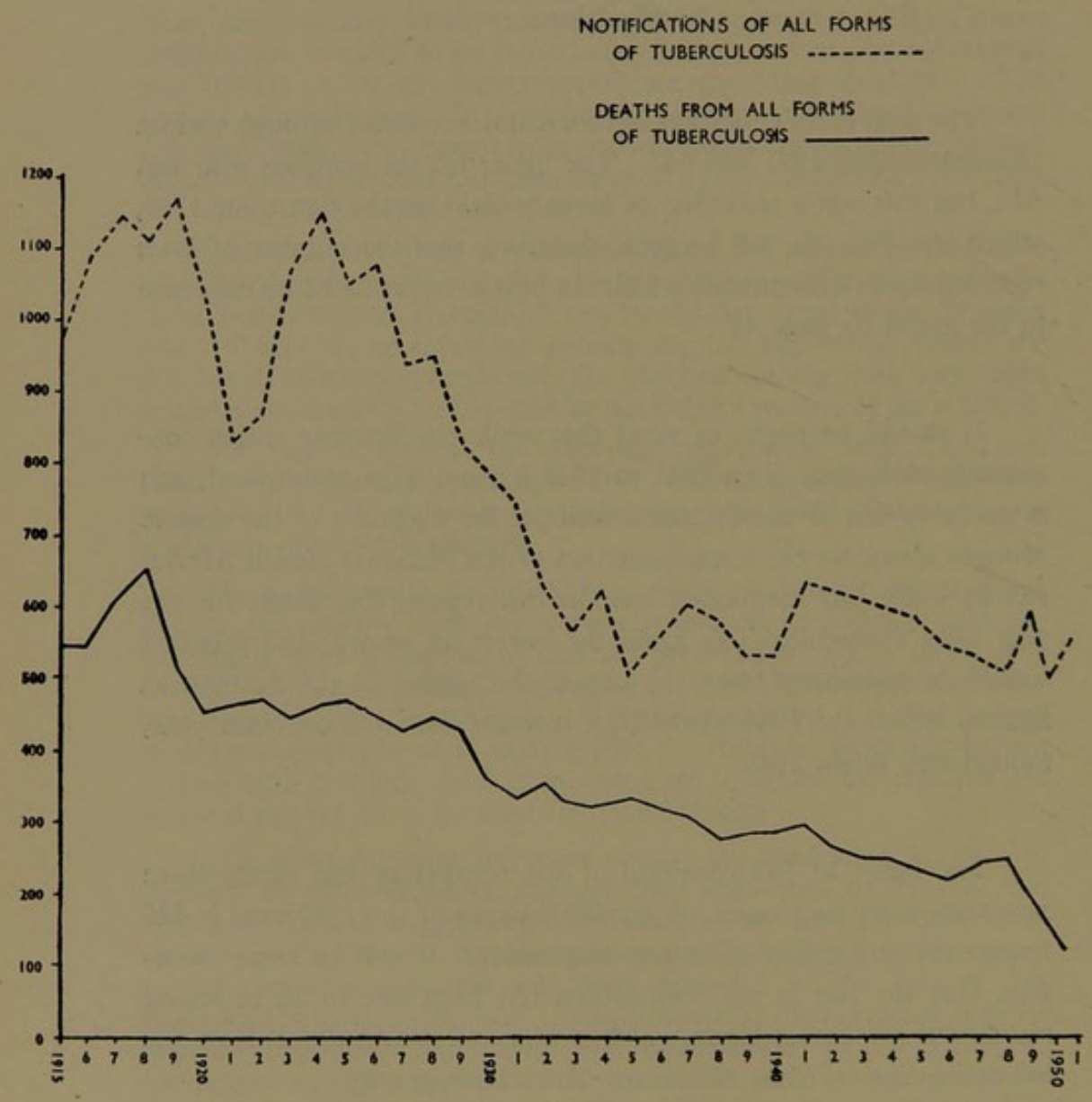


TABLE XV.

NEW CASES OF TUBERCULOSIS REPORTED TO THE AUTHORITY DURING 1951.

Age Periods ..	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	*Total all Ages.*
Respiratory—														
Males	1	5	3	6	3	21	39	64	45	45	40	19	3	294
Females	–	–	2	6	3	26	36	52	18	13	10	2	2	170
Non-Respiratory—														
Males	–	–	6	10	4	2	3	3	4	1	2	1	–	36
Females	–	–	13	8	7	5	3	6	1	2	1	1	–	47
Total	1	5	24	30	17	54	81	125	68	61	53	23	5	547

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

TABLE XVI.

Pulmonary		464
Non-pulmonary :—		
Glands	30	
Meningitis	7	
Bones and Joints	31	
Abdominal	5	
Genito-Urinary	4	
Miliary	3	
Lupus	1	
Other Forms (unspecified)	2	
	——	83
Grand Total		547

DEATHS FROM TUBERCULOSIS.

The number of deaths attributable to tuberculosis occurring in the County, as recorded by the Registrar-General, is again the lowest on record, and shews a decrease of thirty as compared with 1950. The actual numbers of deaths for the last three years were as follows :–

TABLE XVII.

	1949	1950	1951
Respiratory	178	154	119
Non-Respiratory	27	18	23
	205	172	142

During the last ten years the deaths from respiratory tuberculosis have decreased from 191 in 1942 to 119 in 1951, and the deaths from non-respiratory tuberculosis have decreased from sixty-eight to twenty-three.

It should not be assumed from the above that the improvement in the statistics relating to deaths from non-respiratory 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 seventy per cent. of the deaths from non-respiratory tuberculosis are due to the human type of bacillus and not to the bovine variety. This means that the majority of deaths from non-respiratory 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	1951
Respiratory	0.26	0.22	0.17
Non-Respiratory	0.04	0.03	0.03
Total	0.30	0.25	0.20

This figure of 0.20 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 1951 is 0.31 deaths per thousand of the home population.

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

TABLE XVIII.

Year	*New Cases*	*Deaths*	*Year*	*New Cases*	*Deaths*
1942 ..	621	259	1947 ..	529	242
1943 ..	612	244	1948 ..	513	243
1944 ..	595	245	1949 ..	592	205
1945 ..	581	227	1950 ..	514	172
1946 ..	542	222	1951 ..	547	142

NATIONAL HEALTH SERVICE ACT, 1946.

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22)

Ante-Natal Scheme

Ante-Natal Clinics.

The County Council, as Local Health Authority, provides twenty-four Ante-Natal Clinics, details of which are set out below.

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 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	County Cases—Maternity Home. Each Wednesday, 10 a.m. to 3 p.m. Borough Cases—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.

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 to 4 p.m.
DRONFIELD ..	The Grange. 1st and 3rd Friday, 1.30 to 4 p.m.
ECKINGTON	Wesleyan School. 1st and 3rd Thursday, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
FRECHEVILLE ..	School Clinic, Fox Lane. 2nd and 4th Monday, 9 a.m. to 12.30 p.m.
GLOSSOP.. ..	Municipal Buildings. 1st Wednesday, 3.30 p.m. to 4.30 p.m.
HEANOR	School Clinic, Wilmot Street. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
ILKESTON ..	School Clinic, Albert Street. Each Monday, 2 to 4 p.m.
LONG EATON ..	4, Nottingham Road, Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
MATLOCK ..	Dean Hill House, Causeway Lane. Each Thursday, 9 a.m. to 12.30 p.m. and 1.30 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 to 4 p.m.
SHIREBROOK. ..	Cliff House, Church Hill. Each Monday, 1.30 to 4 p.m.
STAVELEY ..	School Clinc, Lime Avenue. 2nd, 4th and 5th Thursday, 9 a.m. to 12.30 p.m. and 1.30 to 4 p.m.
SWADLINCOTE	School Clinic, Alexandra Road. 1st and 3rd Fridays, 9 a.m. to 12.30 p.m.

The following are the number of sessions and attendances at these Clinics during 1951 :—

Half-day Sessions	1,410
Number of new Cases	4,663
Total number of attendances	21,584
Post-Natal Visits	653

INSTITUTIONAL MATERNITY ACCOMMODATION.

As was stated in the Report for the previous year, this is now the province of the Regional Hospital Boards covering the Administrative County. Certain changes, however, have taken place during the year under review with regard to the admission of cases to hospital beds in the area covered by the Bed Bureau at Derby. It will be remembered that Bed Bureaux were set up by the Sheffield Regional Hospital Board at Chesterfield and Derby to facilitate the administrative arrangements in regard to the large number of patients desiring hospital or maternity home accommodation. The arrangements continued at Chesterfield whereby applications for admission on the

grounds of inadequate home facilities were dealt with through the Authority's Ante-Natal Clinics, when the home was visited by a Health Visitor on the County Council's staff so that a report and recommendation could be sent to the Bed Bureau. At Derby, however, the number of cases relative to the number of beds provided decreased, so that in February this scheme was discontinued and all admissions were dealt with directly by the Bed Bureau without the need for a Health Visitor's report. The falling birth-rate and the provision of additional maternity beds combined to bring about these altered circumstances. It was agreed, however, that should the need arise for patients' home conditions to be investigated, the scheme would be restarted to help the hospitals in the allocation of beds to the most suitable cases. Patients, however, still continued to attend the Council's Ante-Natal Clinics; the only difference was that in the Derby area it was possible to arrange Hospital and Maternity Home admissions without recourse to a priority scheme based on social need.

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

Derby Bed Bureau.

Suitable for home confinement	1
Hospital accommodation desirable but not essential	8
Home conditions unsuitable and hospital confinement necessary	222
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	18

Chesterfield Bed Bureau.

Suitable for home confinement	4
Hospital accommodation desirable but not essential	92
Home conditions unsuitable and hospital confinement necessary	792
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	12

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

Hospital accommodation desirable but not essential	19
Home conditions unsuitable and hospital confinement necessary	209
Miscellaneous (i.e. cancellations, miscarriages, removals from district, etc.)	13

The Ministry of Health addressed Circular L.H.A.L. 1/51 to Local Health Authorities on the 11th August, 1951, on the Selection of Maternity Cases for Admission to Hospital. The following is a relevant excerpt from it :—

"1. The Minister has received advice from the Standing Maternity and Midwifery Committee of the Central Health Services Council about the selection of maternity cases for admission to hospital. That advice which has been endorsed by the Central Health Services Council and with which the Minister is in full agreement is set out in this memorandum.

2. During the last twenty years there has been a progressive increase in the proportion of confinements taking place in hospitals or maternity homes. The increase was accelerated during and immediately after the war, particularly in rural areas. The birth rate fell between 1947 and 1949, but although the actual number of births in hospital fell slightly the proportion rose sharply in this period. It is clear that the proportion of domiciliary confinements is determined partly by long-standing custom and partly by the degree of activity exhibited in providing beds for normal confinements. It is certainly not determined on medical grounds alone. Housing has some effect but some areas with relatively good housing have 20% or less domiciliary confinements and others with much worse housing may have 70%. Under the National Health Service the woman confined in hospital has all her treatment and attendance free, whereas the woman confined at home faces certain extra costs for attendance, bedding, equipment and fuel and provides her own food. The actual cost may not be large since a visiting midwife and medical attendance are free, but it is a factor in influencing the number of hospital confinements.

3. In most areas there is still a greater demand for maternity beds than hospitals can meet. Some hospitals are exercising selection; others are not. The criteria used in this selection vary widely and where little discrimination is shown hospitals are booking more than they should. It is known that many maternity units have an average stay of ten days or less and that means that women are often being sent home after the eighth day or earlier in the puerperium; and complaints have been received far too frequently of discharge from hospital even two or three days after confinement. On the other hand the number of domiciliary confinements has fallen rapidly and in consequence Local Health Authorities have found their domiciliary midwives under-employed. There has also been difficulty in arranging satisfactory Part II training for midwives because of the small number of cases.

4. There are still areas where the number of beds is insufficient for those who really need admission, but most areas have enough beds for the necessary cases, provided suitable selection is made. Without such selection, more beds would have to be provided when there are other more pressing demands on hospital resources, e.g. for the treatment of tuberculosis; and it would not be right to provide maternity beds for cases requiring them only as a convenience rather than those required for genuine needs. While there will be good reason to provide maternity beds in some special areas, therefore, the main problem is to ensure that those now available are used to the best advantage by a proper selection of cases.

5. It is suggested that priority in selecting applicants for booking hospital maternity beds should be accorded to (*a*) all cases in which there are medical or obstetric reasons in the widest sense of these terms, and (*b*) adverse social conditions, especially bad housing; (*a*) should not be regarded as necessarily including all primigravidae, though admittedly a large proportion should be admitted, and unquestionably most multiparae who have had four or more children would be within the group having medical reasons for admission.

6. It is hardly possible to define criteria for adverse social conditions. This is not solely a matter of housing; the availability of attendance plays an important part and even more local custom. It is important, however, that the social factors should be assessed by those familiar with them and for this purpose the Medical Officer of Health of the Local Health Authority is best placed to advise on order of priority, following reports by his midwives or Health Visitors. His advice should always be sought on social factors.

7. It is essential that patients admitted for confinement should be retained for a sufficient period. In present circumstances the minimum period should be ten days, preferably extending to fourteen days, unless there are some exceptional reasons in a particular case why the patient may be discharged earlier to her home where adequate accommodation and attendance is known to be available.

8. The selection of bookings should be such that no more are accepted for a unit than can be retained for ten days or such longer period up to fourteen days as is practicable in local circumstances. Moreover, it is imperative that bookings should leave a sufficient margin of beds for emergencies. Where the proportion of institutional confinements is large, the reserve needed for emergencies is naturally small, but it is in just those areas where the shortage of beds is greatest that the margin for emergencies is most important. It should be recognised that a call to admit an emergency indicates at least some fear of insecurity in the mind of the attendant and such applications should normally be met without question. It is less difficult to forecast the appropriate number of bookings than might appear, for the proportion of emergencies does not fluctuate widely over the years and booking to a postulated 80% bed occupation—or rather less where the proportion of domiciliary confinements is high or more where the proportion of domiciliary confinements is low—gives a reasonable margin of safety. The number of ante-natal beds required depends on the population served and is proportionately greater where the proportion of domiciliary confinements is high; it is imperative that a sufficient number should be set aside to provide for the treatment of patients wherever they are to be confined.

9. It is not possible to lay down a proportion of births for which hospital or maternity home beds should be provided in all areas. But in general, hospital provision is required on medical or social

grounds for about half the confinements. This proportion, however, may be exceeded in areas where social conditions require it or where the proportion of abnormal midwifery is high. The advice of the Local Health Authority should always be obtained as to the needs for an increase in the number of beds, especially on social grounds, in any particular case.

Midwifery Practice by General Practitioners in Hospitals.

10. Following discussions which he has had with representatives of the medical profession, the Minister wishes to remind Hospital Management Committees and Boards of Governors that it is desirable, wherever possible, that some maternity beds in suitable hospitals should be put at the disposal of general practitioners for the care of their own patients, subject always to the general policy about admission of patients indicated in this memorandum. Such beds would have to be excluded from those available for the training of pupil midwives in a midwifery training school, and it will be necessary for Committees and Boards to have regard to the needs of these schools in considering this matter."

INFANT WELFARE CENTRES.

The influence of a Health Visitor on the area in which she works is probably effected as much through the Infant Welfare Centre as through the home visits which she makes as part of her routine duties—the one of course is complementary to the other. It is at the Infant Welfare Centre, however, that the new generation of mothers can meet and be given help and advice, which so often sets them on the right path.

During 1951 the Council opened three new Infant Welfare Centres at Harpur Hill, Darley Dale and Sinfin. The centres at Overseal and Chapel-en-le-Frith had to be temporarily closed, but at the end of the year steps were being taken to replace the Chapel-en-le-Frith centre, and this has in fact since been carried out. At Stonebroom the Centre formerly held at the C.S.M. and J.M. & I. School there was transferred to the Zion Methodist Schoolroom.

The following are the number of sessions and attendances at County Council centres during 1951 :—

Half-day sessions	4,010
Number of new cases—	
Under one year of age	5,824
Over one year of age	435
Total Number of Attendances—	
Under one year of age	73,216
Over one year of age	31,684

CARE OF PREMATURE INFANTS.

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

As set out in the report for 1950, 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 707 :—

Born at home	231
Born in hospital or nursing home under the National Health Service	457
Born in private nursing homes	19

Of the 231 who were born at home, thirty-five were transferred to Hospital, and of the remainder :—

16 died in the first twenty-four hours ;
4 died on the second to the seventh day ;
2 died on the eighth to the twenty-eighth day ;
174 survived twenty-eight days.

Of the nineteen who were born in private nursing homes :—

3 died in the first twenty-four hours ;
16 survived twenty-eight 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.

LAYETTE SETS.

During the war a number of layette sets which had kindly been provided by the American Red Cross Society were made available for use at the former Public Assistance Institutions where there were maternity wards. During 1951, twenty-two of these sets which had not been issued and were in store in the County Welfare Department, were given to this Department, as it was considered that they would be helpful in dealing with premature infants or babies born of mothers who were experiencing financial hardship. Up to the present, ten of these sets have been issued, and they have proved to be of great value in necessitous cases. The remainder are available when required.

CLEANLINESS OF MOTHERS AND YOUNG CHILDREN.

All Health Visitors have been instructed to impress on expectant mothers and mothers of young children the value of cleanliness and freedom from vermin and to include the examination of children's heads as part of their work in homes and at clinics, when dealing with children under five years of age.

This work together with the wide use of D.D.T. Emulsion, has shown excellent results over several years—in fact the number of mothers and children under five years of age found to be verminous is steadily decreasing. In the current year only seven children under five years of age and one mother, have been found to be verminous, and they were reported to be clean by the end of the year.

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.

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

"Report of Dental Treatment of M. & C.W. Patients, 1951.

(A) **Expectant and Nursing Mothers.**

Little can be said about the dental care of patients attending the Ante-Natal Clinics as very little was done for them. Lack of

staff and the overwhelming demands upon the half-dozen remaining Dental Officers by the school population, precluded any systematic scheme of inspection and treatment. The policy of advising these patients tc seek treatment under the National Health Service was continued. Some urgent cases, numbering thirty, were dealt with, but only fourteen of them were rendered dentally fit. Chief items of treatment were: Twelve fillings, sixty-five extractions, ten administrations of general anaesthetics and the fitting of eleven dentures. The denture constructional work was carried out in a private dental laboratory.

(B) **Pre-School Children.**

These patients attended the clinics mostly as casuals, for the relief of pain, and whenever possible were treated there and then. Little beyond palliative treatment could be given. Of the 1,006 treated, more than half required to have general anaesthetics for the removal of two or more teeth. The dental condition of the majority was bad. A small amount of conservative treatment was carried out, but only at the express wish of the parents. Applications of silver nitrate were given in suitable cases.

The five Day Nurseries were inspected and it was gratifying to find the dental conditions were generally good. Many of the children had perfect dentitions.

In these Nurseries, the diet is balanced, cod liver oil is given regularly, oral hygiene is practised and there is no eating between meals. These factors, with emphasis on the last, would seem to play a big part in the development and maintenance of sound teeth. The fasting intervals between meals allows the oral fluids to cleanse the teeth and free them for reasonable periods from fermenting foods.

It is of interest to note that the children in a number of Children's Homes in the County, where the same conditions operate, have much better teeth than the average school child who rarely goes from one meal to the next without partaking of some form of starchy food."

The following Tables, with the figures for the year 1950 in brackets, give details of the treatment carried out for the Pre-school children and Expectant Mothers :—

TABLE XIX.

Pre - School Children.

Total Attend-ances	*Actual number treated*	*Number made dentally fit*	*Number of fillings*	*Number of Extrac-tions*	*Admin. of General Anaes-thetics*	*Other oper-ations, dres-sings, applic-ations of Silver Nitrate*
1,463 (1157)	1,006 (758)	187 (275)	58 (102)	1,643 (1193)	528 (370)	1,198 (980)

TABLE XX.

Expectant and Nursing Mothers.

Total Attendances	*No. initially examined*	*Actual No. treated*	*No. made dentally fit*	*Treatment*						
				No. of fillings	*No. of extractions*	*Admin of Gen. Anaesthetics*	*Other Operations*	*Dentures*		
								Supplied	*Repaired*	*Remodelled*
74 (111)	31 (6)	30 (61)	14 (22)	12 (12)	65 (114)	10 (27)	78 (62)	11 (7)	– (1)	– (–)

NURSERY PROVISION FOR CHILDREN UNDER FIVE.

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

Provision of Additional Day Nurseries.

No new provision has been possible during the year. The Minister of Health, before he will consider a proposal to provide new Nurseries, must be satisfied of a permanent need on social grounds which are narrowly defined. He did not consider such a need existed in the County with regard to Chaddesden, Ilkeston or Long Eaton. In Glossop, the Minister also stated, in view of the pressure on the National Resources he was unable to approve in principle the proposal to build a new Nursery to replace the existing one. The County Health Committee, while accepting this decision, appreciated that the present Day Nursery was housed in a building formerly used as a Nursery School. It was anticipated that at some future date these premises would again be taken over by the Education Committee and revert to a Nursery School. It was resolved, therefore, to ear-mark a site on the Royle Estate, Glossop for the erection of a new Day Nursery to replace the present one when circumstances would permit. Approval in principle having been secured from the Planning Department, application for "designation" of the new site was made during the year, and a decision is still awaited.

At Chaddesden, the Committee decided, with a view to future requirements, to ear-mark a site in the Chaddesden/Spondon area for "allocation" as suitable for the erection of a second Day Nursery. At the end of the year a number of sites in Chaddesden and Spondon were being examined to find which was the most suitable. It will be appreciated that in the case of Chaddesden, a definite decision was not taken to erect a Nursery and the site, therefore, was not formerly "designated," but merely "allocated" in case it was required for this purpose at some time in the future.

Nursery Student Training.

All five existing County Day Nurseries are recognised for practical training of Nursery Students for the National Nursery Examination Board's Certificate in the full age groups 0-5 years. During the year thirty Students have been in training and three have sat and have been successful in securing the N.N.E.B. Certificate.

Charges to Parents.

As from 26th February, 1951, the charge for meals supplied at Day Nurseries was increased from 1/6d. to 2/- per child per day to meet the increased costs of provisions and over-heads. The aggregate total cost of maintaining a child in a County Day Nursery during the year ending 31st March, 1951, was 9/10d. per child per day, compared with 9/3d. the previous year.

Medical and Dental Inspection.

The results of these carried out twice yearly on children attending the Day Nurseries have been satisfactory. Children attending Nurseries will not be able to attend Welfare Centres and the above bi-annual examinations provide the supervision normally received at Welfare Centres by children in the age group 0-5 years. The medical examinations are carried out by Doctors concerned with Child Welfare duties.

Protection of Children from Tuberculosis.

Group X-ray examinations of the chest were carried out on all staff of Day Nurseries during the year. New members of the staffs have this examination prior to commencing duty and annually thereafter as this is now made a condition of appointment. These examinations are in accordance with Ministry of Health Circular 64/50, dated 3rd July, 1950, which implements recommendations of the Joint Tuberculosis Council regarding the protection of organised groups of children against the risk of infection by adults suffering from tuberculosis.

DAY NURSERIES.

(1) *Long Eaton Day Nursery.*

The average number of children on the roll during the year under review was 55, with an average attendance of 39.1. The waiting list was 93 on December 31st, 1951.

During the course of the year, 32 children left the Nursery and were replaced by an equal number of new admissions. These latter gain entrance by priority of need, special consideration being given to the children of unmarried mothers or where equally difficult circumstances exist. During the year it was found that mothers were seeking admission of their children in order to go out to work to supplement their husband's earnings, because of the increased cost of living.

The attendances of children have been good, and the incidence of infectious illness in the Nursery, very small.

The visits of members of the County Health Committee were much appreciated, and the Deputy Matron in Charge has remarked on the great interest shown in the welfare of the children and the work of the staff.

(2) *Chaddesden Day Nursery.*

The average number of children on the roll throughout the year was 44, and the average daily attendance 33.5. The number on the waiting list was 141 at the end of the year.

Since July of the year under review, there has been less than the usual applications for admission of children to the Nursery. Priority with regard to admission is given on grounds of hardship, namely, widows, unmarried mothers, and mothers with invalid husbands.

On the whole, attendances of children have been excellent, absences being due only to minor causes. The health of the Nursery children during the year has been very good, reflecting the care and attention they receive while in the Nursery. Infectious Disease has been minimal among the children during the year.

The Matron has received with great pleasure, the visits of County Health Committee members, and remarks on their deep interest in the welfare of the children and staff.

(3) *Station Road Day Nursery, Ilkeston.*

This, the smallest of the County Day Nurseries, has accommodation for 35 children. The average number on the register in 1951 was 35, the average daily attendance being 26. The waiting list at the end of the year was 35.

The waiting list for admission of children to this Nursery was 93 in January, but by 31st December it had fallen to 35. The considerable fall followed a routine overhaul of names on the waiting list, and is regarded by the Matron as being due to shortage of factory work in the area, which made itself felt in the last quarter of the year.

The attendances of children during the latter months of the year fell away, due again, the Matron states, to shortage of work in Ilkeston for female labour. She also remarks that with the housing shortage the majority of mothers with children in the Nursery, are in rooms, or perhaps in only one room, and under these circumstances the Nursery offers a healthier and happier life for such children.

Infectious disease has been minimal among the children, with only odd cases of chicken-pox and measles. Where these have occurred all the customary preventive measures have been taken and the contact children closely observed for secondary cases.

In the last quarter of the year, a part-time Groundsman was engaged and the Matron remarks on the improvement resulting in the Nursery grounds.

The Matron, regarding visits by members of the County Health Committee, appreciated the satisfactory appraisal of the Nursery work.

(4) *Whitworth Road Day Nursery, Ilkeston.*

The average number of children on the register during the year was 55 with an average attendance of 41. The waiting list at 31st December, 1951, was 81.

The Matron, in her report, remarks particularly on difficulties arising during the last quarter of 1951. At that time, owing to shortage of work in the hosiery and upholstery trades, mothers with children in the Nursery were suspended from work temporarily, and attendances of their children were therefore adversely affected. In the same quarter, chicken-pox became prevalent in the district and was responsible for further reducing the daily attendance rate of children. However, during the difficult period, advantage was taken of admitting a number of children on compassionate grounds. The Matron stresses that for the first time in ten years, shortage of work appeared for female labour in Ilkeston. She also reports receiving requests for admission for children in the new Council Estates, and comments that the prevailing rents are so high as to entail mothers resident on these estates, seeking work to meet the rents and rising living costs.

During the year, 55 children left the Nursery and 51 new admissions were effected. 107 children have attended the Nursery during the year.

The Matron has welcomed the part-time Groundsman, appointed in the last quarter of the year, and who also works at the Ilkeston Station Road Day Nursery.

The Nursery has been fortunate during the year in receiving from Cavendish Girls' School, a puppet stage with glove and marionette puppets made by the pupils. A "*Wendy House*," forty-eight picture books, etc., have been made and provided for the children's use by the Nursery staff.

The visits by members of the County Health Committee have been received with pleasure by the Matron.

(5) *Whitfield Day Nursery, Glossop.*

In 1951, the average number of children on the register was 52, the average daily attendance being 38.5. The waiting list at the end of the year was 113.

The Deputy Matron in charge remarks on the few vacancies arising in the Nursery apart from those where children become of

school age. Only in rare instances were children away from the Nursery for a week or more during the year. The Deputy Matron has reported the rapid improvement visible in children admitted to the Nursery. She remarks also, that the majority of mothers in the Glossop area, go out to work, and that since the Nursery was provided, the waiting list has at no time fallen below the 100 level.

With regard to infectious disease, there were in the early part of the year, Sonne Dysentry cases and symptomless carriers among children and staff. At the time concerned, this illness was very prevalent in the general population and infection had no doubt been introduced into the Nursery from outside. The illness was of short duration and sulphonamide prophylaxis aborted its spread in the Nursery. Apart from the above, infectious disease cases were few and confined to measles and german measles during July and early August. All customary preventive measures were adopted.

The Deputy Matron remarks on the keen interest in the Children's welfare shown by the County Health Committee visitors and their satisfaction in the Nursery's work.

ILLEGITIMATE CHILDREN — YEAR 1951.

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 1/1/51 to 31/12/51	106
	(*a*) Single mothers	105
	(*b*) Married mothers	–
	(*c*) Widows	1
	(*d*) Divorced	–
2.	The number in which the mother and child :—	
	(*a*) Returned to live with mother's parents	60
	(*b*) Returned to live with other relatives	1
	(*c*) Found or were helped to find lodgings where they could live together	1
	(Of these 62 children, 5 attended a Day Nursery in the County)	
3.	The number of illegitimate children who had been or were being legally adopted	19
4.	The number of mothers who have married since the birth of the child	8
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him	11
6.	The number of illegitimate children who have died during the year	6
	(One died at the age of 4 months ; 5 were neonatal deaths—3 dying within twenty-four hours of birth).	

During the year twenty-two unmarried mothers included in the total of 105 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 mothers 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. Sixteen mothers returned from their confinements with their babies to Vernon Street Home. Ten mothers who could not be accommodated in Vernon Street went to Homes outside the County.

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 £1/1/0d. 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.

REPORTS RECEIVED FROM ASSISTANT MATERNITY AND CHILD WELFARE MEDICAL OFFICERS.

It has been customary for some time for Assistant School Medical Officers to submit reports on the work in their areas at the end of each year, for inclusion in my Annual Report as County School Medical Officer. I therefore wrote to the Assistant Maternity and Child Welfare Officers stating that I should like to receive a similar report from them about their work at the Infant Welfare Centres and Ante-Natal Clinics.

I mentioned that "With regard to Infant Welfare Centres, while I do not wish to lay down precisely what subjects should be covered, I think the following could well be included :—

(1) General health and well-being of the children ;

(2) Nutrition ; Welfare Foods and the National Dried Milk Scheme ;

(3) Cleanliness, and the incidence of communicable diseases—impetigo, scabies, pediculosis, etc.

(4) The diphtheria immunisation scheme.

(5) General comments on the level of Mothercraft among the mothers attending the centres in the area.

(6) Any observations on the inter-relationship of the National Health Service and the Authority's Child Welfare Services.

(7) Any particular aspect of the work of the Maternity and Child Welfare Services in which you may have been taking a special interest.

With regard to Ante-Natal Clinics, it is more difficult to lay down a plan on which reports should be based, but comment could be made on :—

(1) The extent to which the Ministry of Food's allowances to expectant mothers and mothers after child-birth are being used, and any comments on the advantages of such a scheme would be welcome. Mention may also be made of the Authority's Welfare Foods Scheme, which operates on similar lines.

(2) Co-operation with general practitioners and Hospital Services, as well as other sections of the Local Authority's Health Services such as with Health Visitors, Home-Nurses, Midwives, and Home Helps, may well be covered.

(3) Medical Officers may have comments to make on the Authority's decision to provide the Council's Midwives some time ago with Stethoscopes and Sphygmomanometers on the basis that a rise in blood pressure is often the earliest and only sign of an impending toxaemia. I should particularly like you to comment on the Rh. Blood Grouping Scheme. Cases where it has proved of value should be mentioned briefly, and if possible a general assessment of its worth should be given."

The following are relevant extracts from reports which I have received :

DR. E. H. DINWOODIE.

"*Infant Welfare Clinics.*

The general health of the children attending those clinics in my area is very good, and the standard of cleanliness is satifactory. I have not seen any cases of impetigo, scabies, or pediculosis, at these clinics, during the past year.

There has certainly been a decrease in the numbers of children immunised at the clinics during the last year or so. This is probably due to the fact that mothers now take their children to their own doctors, to be immunised, instead of having it done almost as a routine at the clinics, as in the days before National Health Service. Also, some of the Infant Welfare Clinics have now no doctor in attendance to do the immunisations, so the number has fallen accordingly.

On the whole, I find that the mothers who attend these clinics are interested in everything pertaining to their children's welfare, and appreciate the fact that we have time to discuss their problems with them and advise them accordingly, though we can no longer carry out any treatment, should that be necessary.

Ante-Natal Clinics.

The number of patients attending these has, in most areas, decreased since the introduction of the National Health Service.

Many patients only come once, to book for nursing homes, and then subsequently attend the clinic attached to that Nursing Home or Hospital, or their own doctor, for ante-natal treatment.

Generally speaking, the mothers who attend our Ante-Natal Clinics make use of the Ministry of Food's Allowances, and they also appreciate the booklets of general information and advice which we issue to them.

Co-operation with general practitioners and hospital services varies in different areas, and between different individuals. Members of the Local Authority's Health Services co-operate well with the clinics in their areas.

The provision of apparatus for midwives to take blood pressures is useful. I personally find it helpful in providing continuity of observation on certain cases of impending toxaemia, between one visit to the clinic and the next visit.

Regarding the Rh. blood-grouping scheme—at present there is a delay of some weeks between sending the bloods to be tested and getting the results at the clinics. Also, I cannot estimate the full extent of the value of the scheme, as I do not deal with the patients at their confinements, and seldom get any report of treatment and results should the patient go into Hospital. In the latter case, the patient's notes are probably sent to her family doctor."

Dr. D. M. JACKSON.

"*Infant Welfare Centres.*

1. The standard of development and health of the children attending the centres is remarkably high.

2. The least satisfactory angle is in the high proportion of infants bottle-fed from within two weeks of discharge from the Maternity Home and before their first visit to the Welfare Clinic.

   There is a certain proportion in which this is due to the mothers' preference for freedom, or need to go out to work, particularly when living with relations willing to take charge of the baby, but the vast majority are due to over-anxiety and a weight of ill-informed advice. Stilboestrol tablets seem to be prescribed by many general practitioners and midwives on the slenderest grounds, sometimes as early as the third day.

   I have found National Dried Milk the most universally satisfactory artificial food, but would prefer to see instructions given by age rather than by weight as the tendency is in any case to give a little more than the prescribed amount. At present, if a baby becomes overweight the feed is automatically increased, more excess weight added and a vicious circle established. It is not uncommon to find a 4 or 5 month old baby on feeds of seven scoops of milk to 8 ounces of water per feed, which I feel sure was never intended when the instructions were drafted.

3. In my experience scabies and pediculosis simply do not exist among the infants attending Welfare Clinics, and the one case of Impetigo which I observed was under treatment by the patient's own Doctor and was cured before the next attendance.

4. Diphtheria immunisation varies so much in different districts that the numbers are not easy to assess, since in some places the General Practitioners prefer to deal with it, and in some there are other clinics available. On the whole the mothers are co-operative.

5. The level of mothercraft among the mothers attending the Welfare Centres is generally extremely high, with the notable exception of the proportion of bottle-feeding already mentioned. The babies, with very few exceptions, are clean and well dressed, and the mothers give them every care and attention, often under conditions of extreme difficulty.

6. *Inter-relationship of N.H.S. and Child Welfare Service.*

   Unfortunately there does not seem to be any relation beyond the reference of infants requiring medical or surgical treatment to their own Doctors.

   If contact could in any way be established between the Clinic staffs and the local practitioners, I have no doubt that much of the prejudice which undoubtedly exists on **both** sides, would soon disappear. While the Health Visitors are usually acquainted with the doctors in their area, it is very easy for the advice of a nurse to be resented when relayed by a tactless patient.

7. My chief efforts in the Child Welfare Clinic, though started in the Ante-Natal Department, are towards maintaining breast feeding.

   I have been struck by the fact that it is possible in a surprising proportion of cases to "spot" the breast-fed baby by its more alert expression, and I would very much like to follow-up this observation with a more accurate psychological review.

   It seems reasonable to suppose that a baby who has worked for his living for the first six or eight months of his life by the complex process of suckling from the breast will have a different and more active psychological start in life than the baby who has only had to provide a negative pressure to be refuelled from a supported bottle.

Ante-Natal Clinics.

1. The Ministry of Food Allowances to expectant and nursing mothers are almostly invariably taken up—the vitamin supplies being more generally used than those to infants and young children.

2. Co-operation with general practitioners is infinitely better where there is even the slightest personal acquaintance. In Matlock for instance, where the change-over of Darley Hall had all the elements of friction, there was never anything but understanding and support from those doctors with whom I was already acquainted, and I do not think it is entirely coincidence that the whole situation has settled down since I happened to meet most of the other practitioners concerned. Any differences now seem to be impersonal opinions on policy rather than active suspicion of 'the Clinic.'

   Co-operation with midwives varies considerably in different areas—at Long Eaton, for instance, they frequently attend with their patients and send others for Blood Testing or for routine examination. In some places on the other hand, there has been no contact whatever with the midwives or with their cases.

   With regard to Hospital Services, I do not feel that we are sufficiently in touch with the Bed Bureau. While Nursing Homes beds are essentially for normal cases priority should go to those patients least likely to remain normal if delivered at home, e.g., fifth confinements onwards and those with unsatisfactory or unsuitable home conditions, rather than to those who book earliest. I would like to see provisional booking only, up to about thirty weeks, so that in case of a sudden increase, bookings of perfectly normal cases with satisfactory homes could be cancelled in favour of more needy cases. It would not occur often, but the need can only be assessed by the people on the spot—Health Visitor, General Practitioner and Clinic M.O.

3. It is the greatest help in some cases, particularly in clinics held at intervals of more than one week, to be able to refer patients to their midwives for checking of blood pressure.

   A slight rise in B.P. or a slight haze of Albumen in the urine, may lead to a fully developed eclampsia within three weeks, which is frequently the interval between clinics. This would undoubtedly have occurred in one case which was sent straight to the City Hospital from Walker Lane Clinic fourteen days after the first trace of Albumin. By this time the urine was solid on boiling, the Blood Pressure about 220/110 but there were no symptoms whatever, the patient having volunteered the information that she had 'never felt better in her life.'

   On the other hand, quite a marked rise in B.P. may be due to exertion or excitement, and where this is suspected the patient can safely be sent home to rest until next clinic, if arrangements are made for a midwife to call and check the B.P. against that recorded on the A.N. Record Card, calling in the patient's own doctor if there is any increase.

4. *Rh. Blood Grouping.*

I have not to my knowledge, in this year, had any case of Rh. incompatibility requiring immediate blood transfusion of the infant, though cases delivered in Hospitals or Nursing Homes with their own Ante-Natal Clinics might pass through the County Clinic without the final results coming to my notice.

I am convinced that every Rh.–ve result is of the greatest potential value, provided the patient receives a "Blood Card," and is instructed in its importance since the possibility then becomes very remote of a blood transfusion being given on Group alone in any emergency whether in the course of a subsequent confinement or not.

A point which has its own importance, though outside the scope of purely medical interest, is the fact that there has been a steady increase in knowledge and interest among the mothers with regard to "Blood Tests."

At the present time, the risk of toxaemia, malpresentation, or disproportion, is much greater than that of blood complications, so that in an overcrowded clinic it is more essential to see every case within a reasonable time, than to take blood samples from all if that means some mothers leaving the clinic unseen, to attend to their household and family duties."

Dr. M. A. PRETORIUS.

" 1. *General Health and Well-being of the Children.*

The general health of children in my area is fairly good, but there are many children who are obviously not having enough sleep. It is still very difficult to convince some mothers that putting children to bed by themselves at an early hour is not cruelty but kindness.

2. *Nutrition.*

There are still not as many breast fed babies as one would wish, but where breast feeding has failed, National Dried Milk seems to be used extensively, indicating the success of the N.D.M. Scheme. Most mothers appear to take advantage of the Cod Liver Oil and Orange Juice Scheme.

3. *Cleanliness.*

The general standard of cleanliness is satisfactory, at least when the infants are brought to the clinics, and the incidence of communicable disease is extremely low.

4. *Diphtheria Immunisation.*

Most mothers now appreciate the importance of diphtheria immunisation, and many enquire about the possibility of whooping cough immunisation.

5. *Mothercraft.*

The level of mothercraft is high, and most mothers are amenable to advice and guidance in Mothercraft, especially where this is backed up by visits from Health Visitors. Unfortunately the housing shortage has a very unfavourable effect on Mothercraft. With the best will in the world it is impossible for a mother to bring up her child sensibly whilst living in an overcrowded house, where the family often includes as many as four generations. In such cases the family bread-winners are almost invariably engaged on shift work and the poor infant has to be kept quiet at all times.

Ante-Natal Clinics.

At the mother's first visit to the clinic, the importance of the allowances to expectant mothers is explained to her, and she is urged to take advantage of this Scheme. One is still occasionally surprised to hear mothers in advanced pregnancy admit that they have not bothered to collect their grey ration books. The Welfare Foods Scheme operated by the Clinics is very successful, and there is room for expansion. Many mothers are enquiring after products like "*Colact*," and I feel that the sale of these products will do much to encourage breast feeding.

The majority of cases for admission to hospital are recommendations, made on housing grounds, but there are always a certain number who are admitted to hospital because there is no one to look after them at home. I feel therefore that the number of domiciliary cases could reasonably be increased by the provision of more Home Helps.

The provision of Stethoscopes and Sphygmomanometers to Midwives is a wise and extremely useful measure. The Midwife is able to supervise a case of impending toxaemia, and this is especially useful when the patient has been asked to rest in bed.

Since the National Blood Transfusion Service ceased to supply sterile needles, the Rh. Blood Grouping Scheme has been carried on under great difficulties. Whilst wishing to comply with the requests of the National Blood Transfusion Service as regards methods of collection of specimens, and the number of repeat samples, we were unable for some time to do so. There is no doubt of the importance of Rh. Blood Grouping in ante-natal patients, and the role it plays in prevention of neonatal death from haemolytic disease of the newborn. It is therefore our duty to every mother to carry out these tests to the full."

Dr. C. M. WHITE.

"*Infant Welfare Centres.*

The babies attending the clinics are mostly very well nourished and cared for. The very few exceptions are usually found to be living under difficult domestic circumstances, whereby ordinary

standards of cleanliness are impossible to maintain. The standard of mothercraft is high and breast feeding is encouraged wherever possible, resulting in a gratifying number of infants being breast fed. Possibly those mothers most in need of instruction and encouragement in infant management never attend a clinic. The immunisation against diphtheria remains at a fairly good level although it has fallen off a little at some centres. Very few mothers definitely refuse to have their babies immunised.

It is perhaps unfortunate that Food Office representatives attend the clinics for distribution of dried milk, Cod Liver Oil and fruit juice on the same day as the weighing session. This means that mothers tend to wait until 'Fruit Juice Day' before visiting the clinic, resulting in large numbers one week alternating with a meagre attendance on alternate weeks.

Ante-Natal Clinics.

One of the outstanding features of these clinics is the enormous number of mothers going into Hospital for their confinement. At some centres this may be as much as 100%. The majority of these cases have normal confinements, the reason for their admission to Hospital being on account of housing or domestic problems. The Liaison between Hospital services and Clinics works very well. The patients who wish for Hospital accommodation are first seen at the clinic and then later examined and booked at the Hospital, after which they return to the clinic until the thirty-fourth week when the Hospital undertakes complete ante-natal supervision. Rhesus examinations are carried out on multiparae. This has been somewhat hampered by the discontinuation of sterile blood-taking sets provided by the Blood Transfusion Service. Occasionally other members of the patient's family have also been tested and there have been cases of prompt hospital treatment being given to the infant at birth when suffering from haemolytic disease of the new-born, diagnosed as a result of the Rhesus investigation.

Maternity sets are issued free at about the twenty-eighth week to all those mothers staying at home for their confinement.

Fersolate and Ostocalcium tablets are sold at a small fee to those requiring them, also an excellent book on Mothercraft for 1/-. This has proved very popular."

With regard to the points raised in the above reports about co-ordination with the Hospital and Specialist Services, the following is a relevant excerpt from a Circular that was issued by the Ministry of Health to Regional Hospital Boards and Hospital Management

Committees, relating to the transmission of information from Hospitals to Medical Officers of Health :—

> "In maternity cases where either the local health authority's midwife and/or antenatal clinics have supervised the patient prior to hospital admission, information regarding treatment and any abnormal occurrence should be supplied to the Medical Officer of Health of the Local Health Authority on the patient's discharge from hospital. Advance information should, of course, be given whenever a maternity case is discharged early and requires care through Local Health Authority Service."

This information is not provided by Hospitals in all areas of the County, but it is hoped that the position will be improved through the activities of the Derbyshire Medical Co-ordinating Committee for the Geographical County, which has recently been set up under the aegis of the Regional Hospital Board, on which medical representatives serve from the Local Executive Councils, Hospital Management Committees, and the Local Health Authorities. This applies to the whole range of illnesses in addition, of course, to maternity.

There is a reference in the reports of Dr. Pretorius and Dr. White to the cessation of the provision of blood-taking outfits by the Regional Blood Transfusion Service. This took place towards the end of 1950, but early in 1951 an alternative supply was ordered at the expense of the County Health Department.

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 75 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.

It has been estimated that each midwife can undertake approximately sixty-six cases per annum, and it has been stated that one midwife is required for 5,000 to 6,000 of the population in an urban area. It is intended on this estimation that her duties shall include ante-natal care, attendance at the confinement, and nursing of the mother and baby for fourteen days during the lying-in period.

At the end of 1951 there were 199 Midwives on the County Roll—eight were midwives in independent practice ; seven were midwives working in Nursing Homes ; sixty-four were midwives working in Institutions ; eighty-three were County Midwives ; and thirty-seven 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	120
Employed in Homes and Hospitals in the National Health Service..	43
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 1951 was 2,169.

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.

ADMINISTRATION OF PETHIDINE BY MIDWIVES.

In December, 1950 the following communication was received from the Secretary of the Central Midwives' Board :—

"I refer to Statutory Instrument, No. 380 of 1950, the Dangerous Drugs Regulations, 1950. Regulation 3 of this Statutory Instrument authorises midwives who have notified their intention to practise to the local supervising authority to be in possession of and to administer medicinal opium, tincture of opium and pethidine.

I am directed by the Board to ask that local supervising authorities will bring to the notice of all midwives practising in their area the provisions of Rules E.10 (b), E.34 (b) and E.41 (b) of the Rules of the Board, which read as follows :—

'A practising midwife must not on her own responsibility use any drug including an analgesic, unless in the course of her obstetric training, whether before or after enrolment, she has been thoroughly instructed in its use and is familiar with its dosage and methods of administration or application.'

Since 1st January, 1947, the supply of pethidine has been controlled by the Dangerous Drugs Regulations and midwives have not been authorised to be in possession of or to administer this drug. The permission to hold and administer medicinal opium and tincture of opium is not new, but the new regulations affect the conditions on which these drugs may be held and used.

It will be noted that supplies of pethidine may be obtained by a midwife only on the production of the midwife's personal register of cases and that she will only be allowed to obtain up to 200 milligrams for each case entered in the personal register. It follows, therefore, that if the midwife wishes to use pethidine, it will be necessary for her to complete the first five columns of the register (being the number, date of expected confinement, name of patient, age, and number of previous labours and miscarriages) before the confinement. In order to avoid entries being made for cases which the midwife does not subsequently deliver because of transfer of the case from the midwife's personal responsibility, it is suggested that these entries should be made during the later stages of pregnancy. It will also be necessary for the midwife to maintain a drug book containing the particulars set out in the Regulations. A book is being prepared in the form laid down in the Regulations and, if required, will be available from the Board's publishers, Spottiswoode, Ballantyne & Co., 1, New Street Square, E.C.4.

The Board hopes that local supervising authorities will draw the attention of all midwives to the conditions for the use and safekeeping of drugs laid down in Dangerous Drugs Regulations."

This was sent to all midwives practising in the area of the Derbyshire Local Supervising Authority with the following covering letter :—

"You will observe, in the first paragraph, that there is a reference to Regulation 3 of the Dangerous Drugs Regulations, 1950, and for your information the following is a relevant excerpt :

'A certified midwife, who has in accordance with the provisions of the Midwives Act, 1902 (j), or the Midwives (Scotland) Act, 1915 (k), notified to the local supervising authority her intention to practise, is hereby authorised to be in possession of, and to administer, medicinal opium, tincture of opium and pethidine (1 methyl-4-phenylpiperidine-4-carboxylic acid ethyl ester) so far as is necessary for the practice of her profession or employment as a midwife, subject to the following conditions, that is to say :—

(*a*) she shall, on each occasion on which a supply of the drug or preparation is obtained :—

(i) produce to the person supplying it a book (hereinafter in this paragraph referred to as 'the drugs book') to be kept and used solely for the purposes of this paragraph,

(ii) produce to the said person the personal register of cases required to be kept by her under the rules framed by the Central Midwives Board under the Midwives Act, 1902, and approved by the Minister of Health or, as the case may be, framed by the Central Midwives Board for Scotland under the Midwives (Scotland) Act, 1915, and approved by the Secretary of State,

(iii) enter in the drugs book the name of the drug or preparation obtained, the date, the name and address of the person supplying it, the amount obtained and the form in which it was obtained, and

(iv) obtain the signature of the person supplying the drug or preparation to the entry in the drugs book made by her in accordance with this sub-paragraph ;

(*b*) she shall, on administering a drug or preparation to any woman, as soon as practicable enter in the drugs book the name of the drug or preparation administered, the name and address of the woman to whom it was administered, the amount administered and the form in which it was administered ;

(*c*) she shall not at any time be in possession of a quantity of pethidine exceeding the quantity which would be required for the administration of two hundred milligrams to each woman whose case of pregnancy is entered in the said personal register of cases and who has not since the last entry relating to her was made ceased to be pregnant, and

(*d*) she shall, except when the necessities of the practice of her profession of midwife otherwise require, keep every drug or preparation in her possession in a locked receptacle which can be opened only by her."

You will also see that in the communciation from the Central Midwives Board, set out above, there is a reference to a Drug Book being kept for recording the particulars required by the Regulations. I am enclosing such a Drug Book herewith."

The number of cases in which pethidine was administered by midwives in domiciliary practice during the year was 877.

The following are relevant excerpts from Circular 173/48, dated the 9th November, 1948, addressed to Local Health Authorities (a copy was also sent to Executive Councils for information) relating to the Maternity Services :—

"**Position of midwife when a mother is receiving maternity medical services from a doctor.** Maternity medical service under Part IV of the National Health Service Act were intended to supplement—not to replace or detract from—the midwives service provided by the Local Health Authorities. It has, however, come to the Minister's notice that there is uncertainty in some areas whether a midwife booked by an expectant mother who has arranged for a doctor to give her maternity medical services under Part IV attends the mother as a practising midwife or as a maternity nurse. The Local Health Authority will now have received the letter sent to them, as Local Supervising Authority under the Midwives Acts, on 29th October, by the Central Midwives Board in which the following statement on this question is made for the guidance of domiciliary midwives :—

'The Board regards the midwife as acting as a midwife unless **all** the conditions laid down in Rule E.20 are fulfilled. If they are all fulfilled then she is deemed to be acting as a maternity nurse. Hence the acceptance by the medical practitioner of responsibility for the provision of maternity medical services and the carrying out of ante-natal care by him does not affect the position of the midwife who is acting as such, but if the doctor has stated specifically that he wishes to be summoned at the onset of labour and that he proposes to deliver the woman himself she is in that case acting as a maternity nurse.'

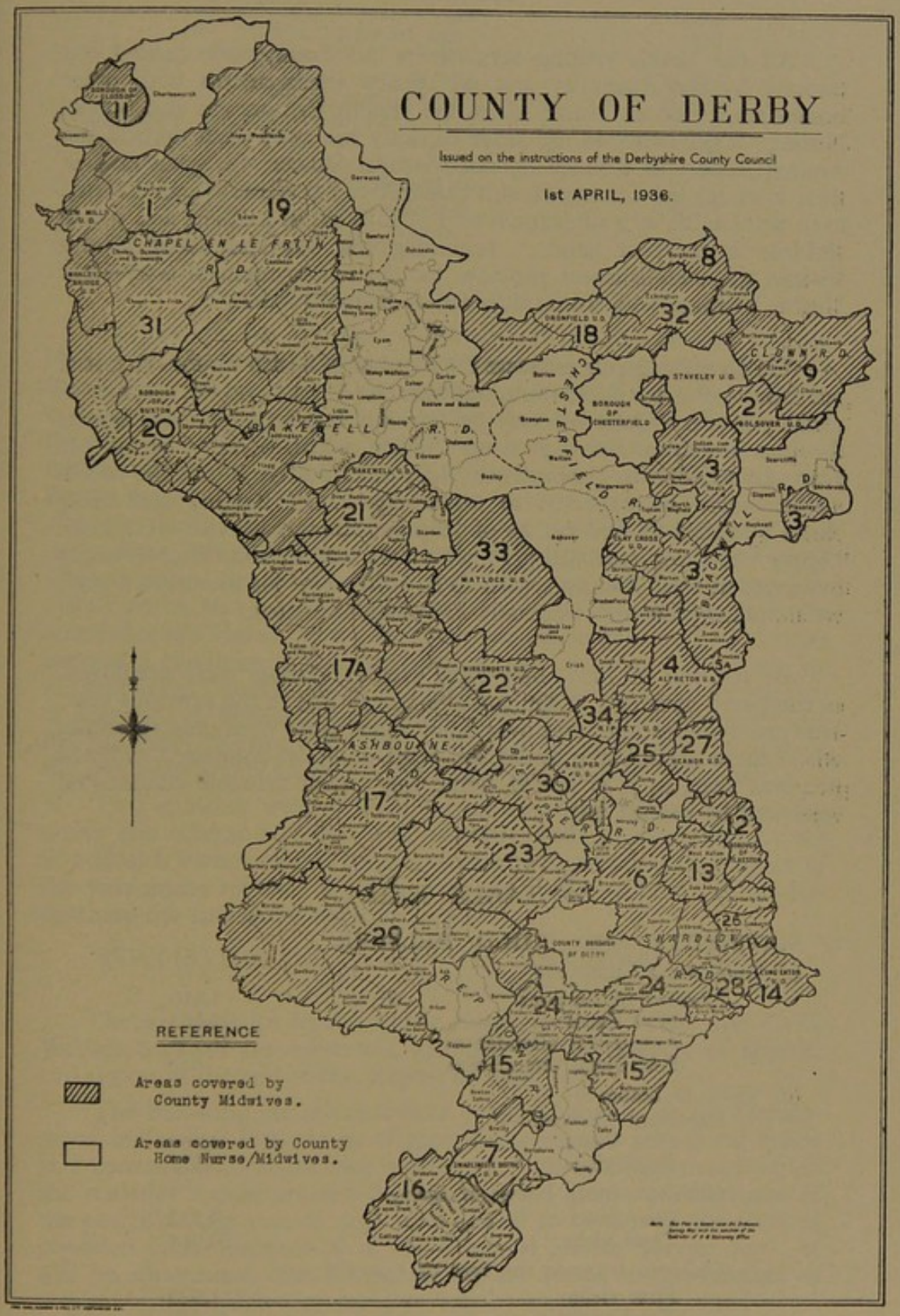
The Minister wishes to express his full concurrence in the Board's statement. It is clearly important that all doctors, as well as all domiciliary midwives, practising in the Authority's area should be made aware of the statement, and the Minister accordingly requests that the Authority will arrange for it to be brought to the notice of all those doctors.

Need for doctors to have detailed knowledge of the Local Health Authority's services. The importance of close co-ordination between the Local Health Authority's services under Part III of the Act and the general medical services, under Part IV, was stressed in paragraph 13 of Circular 118/47. It can only be brought about if all doctors giving service under Part IV of the Act know precisely what services are provided by the Local Health Authority and how advantage can be taken of them. Accordingly the Authority should provide all doctors practising in their area with that information, if this has not already been done. The Minister is confident that the Executive Council will be glad to help in the distribution of any documents prepared by the Authority for the purpose. It will be appreciated that the information once given should be kept up to date."

The Midwives in the area have been made aware of the statement set out above issued by the Central Midwives Board. Doctors providing general medical services under Part IV of the Act have also been made aware of the Authority's services in the Health Services Handbook.

KEY.

Area.	*Establishment of County Midwives.*
1	2
2	3
3	6
4	4
5a	1
6	2
7	5
8	2
9	4
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.
CHAPEL EN LE FRITH R.D.
BAKEWELL R.D.
ASHBOURNE R.D.
CHESTERFIELD R.D.
BLOXHAM R.D.
BOROUGH OF CHESTERFIELD
STAVELEY U.D.
CLOWN R.D.
WOLSOVER U.D.
GRASSMOOR U.D.
CLAY CROSS U.D.
WINGERWORTH U.D.
ALFRETON U.D.
WIRKSWORTH U.D.
MATLOCK U.D.
WIRKSWORTH R.D.
HEANOR U.D.
SWARKESTON
REFERENCE
Areas covered by County Midwives.
Areas covered by County Home Nurse/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 sixty-eight Health Visitors, who would also act as School Nurses.

We do not as a rule estimate the number of health visitors required per thousand of the population, but base the estimate on the number of births per year. Quite recently professional organisations have agreed the standard to be aimed at is one health visitor to eighty births per year. In addition to her maternity and child welfare duties the health visitor would be expected to undertake school nursing and other works specified in Section 24 of National Health Service Act, 1946. Eighty births per year will give her a case load of 400 children under five years of age. Having regard to the birth-rate for the present year, we should employ approximately 135 Health Visitors.

At the end of 1951, fifty-three Health Visitors were employed, as compared with fifty at the corresponding time in the previous year. It is gratifying to note that over 8,000 more visits were paid to homes where there are children under five years of age as compared with the previous year, as it is in the home that much valuable educational work can be carried out.

TABLE XXII.

1. MATERNITY AND CHILD WELFARE.

(*a*) Ante-Natal Clinics :—

Number of Sessions	1,410
New Cases	4,663
Ante-Natal attendances	21,584
Post Natal attendances	653

(*b*) Visits to homes :—

Expectant Mothers :—

First Visits	2,269
Total visits	3,372

Children under 1 year of age :—

First visits	9,232
Total visits	29,914

Children between the ages of 1 and 5 :—

First visits	1,525
Total visits	48,239

(*c*) Infant Welfare Centres :—	
Number of sessions	4,010
Number of new cases :—	
Under 1 year of age	5,824
Over 1 year of age	435
Total number of attendances :—	
Under 1 year of age	73,216
Over 1 year of age	31,684
(*d*) Child Life Protection visits	—
(*e*) Boarded-out Visits	1,156
(*f*) Mothercraft—Number of Lectures	96
2. TUBERCULOSIS DISPENSARIES.	
Number of sessions attended	1,205
Number of Visits to Homes	2,790
3. MISCELLANEOUS VISITS	3,605

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 thirty-five 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 twelve 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 in 1950. One of these students commenced duty as a Health Visitor in this County under her agreement, in August of the year under review. Unfortunately the other student had to discontinue her course for domestic reasons.

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 147.

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 resume 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.

	1948 *See below	1949	1950	1951
NUMBER OF NOTIFIED BIRTHS.				
Live Births	11,496	11,589	11,044	10,619
Still Births	268	263	251	227
Total Births	11,764	11,852	11,295	10,846
DOMICILIARY MIDWIFERY.				
L.H.A. Midwives—Number of cases attended,				
As Midwives	3,670	3,925	3,808	3,264
As Maternity Nurses	1,124	1,676	1,488	1,609
Total	4,794	5,601	5,296	4,873
Midwives in private practice, number of cases attended—				
As Midwives	226	147	50	30
As Maternity Nurses	94	43	34	28
Total	320	190	84	58
Domiciliary Cases—Grand Total	5,114	5,791	5,380	4,931
Number of Domiciliary Cases attended as a percentage of all notified births	43.47	48.8	47.6	45.5
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	2,167
Number of Cases of Analgesia as a percentage of domiciliary births	28.03	34.6	43.6	43.9
ANTE-NATAL CLINICS.				
Number of L.H.A. Clinics	22	22	23	23
Number of new cases attending during the year	5,552	5,824	5,159	4,663
Number of new ante-natal cases as a percentage of all notified births	47.2	49.1	45.7	43.0
POST-NATAL CLINICS.				
Number of L.H.A. Clinics	2	4	2	2
Number of new cases attending during the year (including post-natal cases at Ante-Natal Clinics)	162	413	409	532
Number of new post-natal cases as a percentage of all notified births	1.4	3.5	3.6	4.9
INFANT WELFARE CENTRES.				
Number of L.H.A. Centres	77	79	82	83
Number of Voluntary Centres	5	4	3	3
Number of children who first attended an Infant Welfare Centre during the year:				
Under one year	6,090	6,516	6,051	5,923
Over one year	512	627	421	439
Total	6,602	7,143	6,472	6,362
Number of first attendances at I.W.C.'s as a percentage of notified live births	57.42	61.6	58.6	59.9

*—*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)

A summary of the work carried out by the home nurses is given on page 81. The number of new cases referred to the nurses and the number of visits paid have increased substantially, as compared with previous years. This no doubt is due largely to the improved liaison between the hospitals and general practitioners on the one hand, and the home nurses on the other.

General practitioners are appreciating more and more the advantages of calling on home nurses to help in carrying out treatment of patients in their own homes. In fact, in May of the year under review, a very cordial letter of thanks was received from the Honorary Secretary of the Chesterfield Division of the British Medical Association, which covers North-East Derbyshire, expressing appreciation of the work done by the home nurses, and mentioning in particular their great assistance during an influenza epidemic which occurred during the early part of the year.

At a Regional Conference of County and County Borough Medical Officers at Sheffield on 31st March, 1947, it was stated that "a target for staffing is difficult to estimate and may be of the order of one nurse to 3,000, certainly more than one to 5,000" of the population. Having regard to these views and the varying terrain that comprises Derbyshire, a provisional establishment of 149 homes nurses was fixed. A member of the staff of the Ministry of Health has since given as a guide the following standards :—

Where bedside nursing only is undertaken.	One nurse to 6,000 to 7,000 of the population.
Combined with midwifery.	One nurse to 3,000 to 4,000 of the population.

In the light of these new standards, and in view of the present financial stringency, it has been decided as a matter of policy that, when vacancies arise, careful consideration would be given as to whether they need be filled. The following shews the staffing position at the end of each year since the inception of the County Council Home Nursing Service :—

	Number of Nurses and Home-Nurse Midwives on the staff on—			
	Dec. 31st, 1948	Dec. 31st, 1949	Dec. 31st, 1950	Dec. 31st, 1951
FULL TIME.				
Home Nurse-Midwives ..	44	43	38	37
Home Nurses	81	91	104	99
Total	125	134	142	136
PART-TIME	2	–	2	3
Total full-time and part-time	127	134	144	139

It is pleasing to report again that certain Local Sanitary Authorities have been helpful in letting houses to the County Council for the occupation of home nurses, or alternatively, renting the houses direct to the nurses.

It will be appreciated that a nurse with a motor vehicle is able to attend emergency cases quicker, and much time is saved in travelling from patient to patient. The County Council has agreed that all home nurses be granted the appropriate travelling allowance, according to the type of vehicle used—in fact at the end of the year 102 out of 139 on the staff of the Department were running motor vehicles on County Council business, which was an increase of five as compared with the corresponding time in the previous year.

Further nursing equipment was purchased during 1951, and while most of it was distributed to the home nurses, depots were maintained at the County Offices, Derby, and at the County Clinic, Brimington Road, Chesterfield, for the storage of reserve equipment and special items, such as, wheel chairs, Dunlopillo mattresses and beds with self-lifting poles for paraplegic cases. This equipment was supplemented by equipment loaned by the British Red Cross Society, the County Council making a grant in consideration of their assistance and co-operation in the matter.

The Joint National Cancer Survey Committee have decided to make a nation-wide survey to elucidate the conditions, circumstances and needs of patients, so that they can learn the real position, and take appropriate action. The chief aim is to discover how the funds of the Marie Curie Memorial could be most effectively dispensed for the welfare of cancer sufferers being nursed at home. The Joint Committee felt that the district nurse, of all people, was the best qualified to record the necessary information without embarassment to the patient or family, and without introducing an additional visitor to the home. Accordingly, a request was made that the home nurses in this County should carry out a survey. The Joint Committee drew up a questionnaire, and they considered that most of the questions could be answered from the records or from the nurses' knowledge of the home circumstances. The information obtained was confidential, and the name of the patient not given on the questionnaire. On account of the fact that the patient's own doctor was not brought into the picture, and certain questions seemed inappropriate, some hesitation was felt in agreeing to the survey taking place in this County. However, as it was understood that the Society of Medical Officers of Health and the British Medical Association had been consulted, it was ultimately agreed to the survey taking place during the period 1st April, 1951, to the 28th June, 1951. In all, a total of ninety-eight questionnaires was completed by the nurses in respect of patients attended by them during this period.

The map on page 83 shows the areas covered by Home Nurses and the areas covered by Home Nurse-Midwives, the latter serving in the hatched portions.

TABLE XXIV.

SUMMARY OF ACTIVITIES OF HOME NURSES AND NURSE-MIDWIVES

During the year 1951

Analysis of New Cases nursed during the period:—

Medical	8,724
Surgical	4,357
Tuberculosis	253
Midwifery	564
Maternity	342
Miscarriages and Abortions	48
Number of maternity cases nursed after discharge from hospital before 14th day	153
Total	14,441

Analysis of Visits paid:—

General Nursing	314,320
Observation	4,219
Tuberculosis	5,007
Casual	17,309
Total	340,855
Midwifery	9,274
Maternity	5,427
Ante-Natal	5,330
Post-Natal	1,337
Attendance at Ante-Natal Clinics	1,212
Total	22,580

Particulars of New Midwifery and Maternity Cases:—

	Midwifery	*Maternity*	*Totals*
Number of cases booked during period	513	268	781
Number of Cancellations	38	16	54
Number of calls to emergency cases	38	—	38
Live Births	466	279	745
Still Births	3	13	16
Number of Miscarriages or Abortions	44	—	44
Number of Deaths of Mothers	—	—	—
Number of Deaths of Infants	1	5	6
Number of cases sent to Hospital	37	42	79
Number of Puerperal Pyrexia Cases	2	1	3
Number of cases in which forceps were used	8	24	32
Number of cases in which Gas and Air Analgesia was administered	296	—	296

Number of Medical Aid Forms:—

During Pregnancy	13
During Labour	66
During Puerperium	11
For Infant	8
Total	98

KEY.

Area No.	*Provisional Establishment of Nurses or Nurse/Midwives*
1	4
2	4
3	6
4	4
6	2
7	4
8	5
9	3
10	3
11	6
12	2
13	9
15	8
17	8
18	2
19	1
20	9
21	5
22	1
24	1
25	1
26	1
27	1
28	2
29	18
33	2
34	2
35	3
36	2
37	6
38	12
Relief Nurses in the North of the County	1
Relief Nurses in the South of the County	2


COUNTY OF DERBY
Issued on the instructions of the Derbyshire County Council
1st APRIL, 1936.
CHAPEL EN LE FRITH R. D.
BAKEWELL R. D.
BAKEWELL U.D.
MATLOCK U.D.
CLOWN R. D.
STAVELEY U.D.
BOLSOVER U.D.
BOROUGH OF CHESTERFIELD
DRONFIELD U.D.
CLAY CROSS U.D.
WIRKSWORTH U.D.
ALFRETON U.D.
RIPLEY U.D.
BELPER U.D.
HEANOR U.D.
ASHBOURNE R. D.
SHARDLOW R. D.
COUNTY BOROUGH OF DERBY
1
2
3
4
6
7
8
9
10
11
12
13
15
17
18
19
20
21
22
24
25
26
27
28
29
33
35
36
37
38
REFERENCE
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 ;

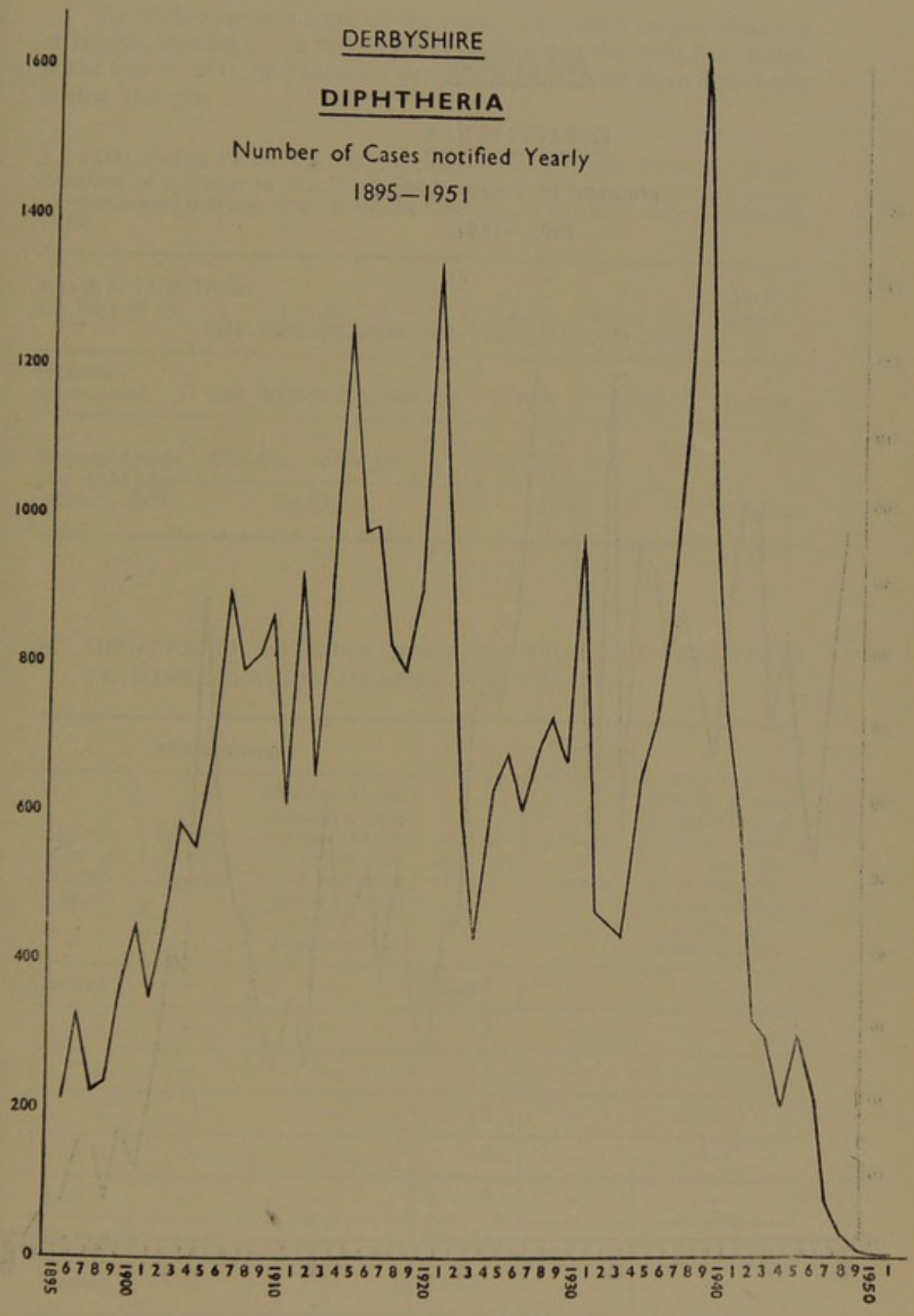
(5) An invitation to School Teachers to co-operate by obtaining parental consents for reinforcing injections to be given (or for primary immunisation to be carried out if necessary) in the case of school children. These children may be immunised at school, or at a reasonably accessible clinic.

DERBYSHIRE

DIPHTHERIA

Number of Cases notified Yearly

1895—1951



DERBYSHIRE

DIPHTHERIA

Number of Yearly Deaths

1895—1951

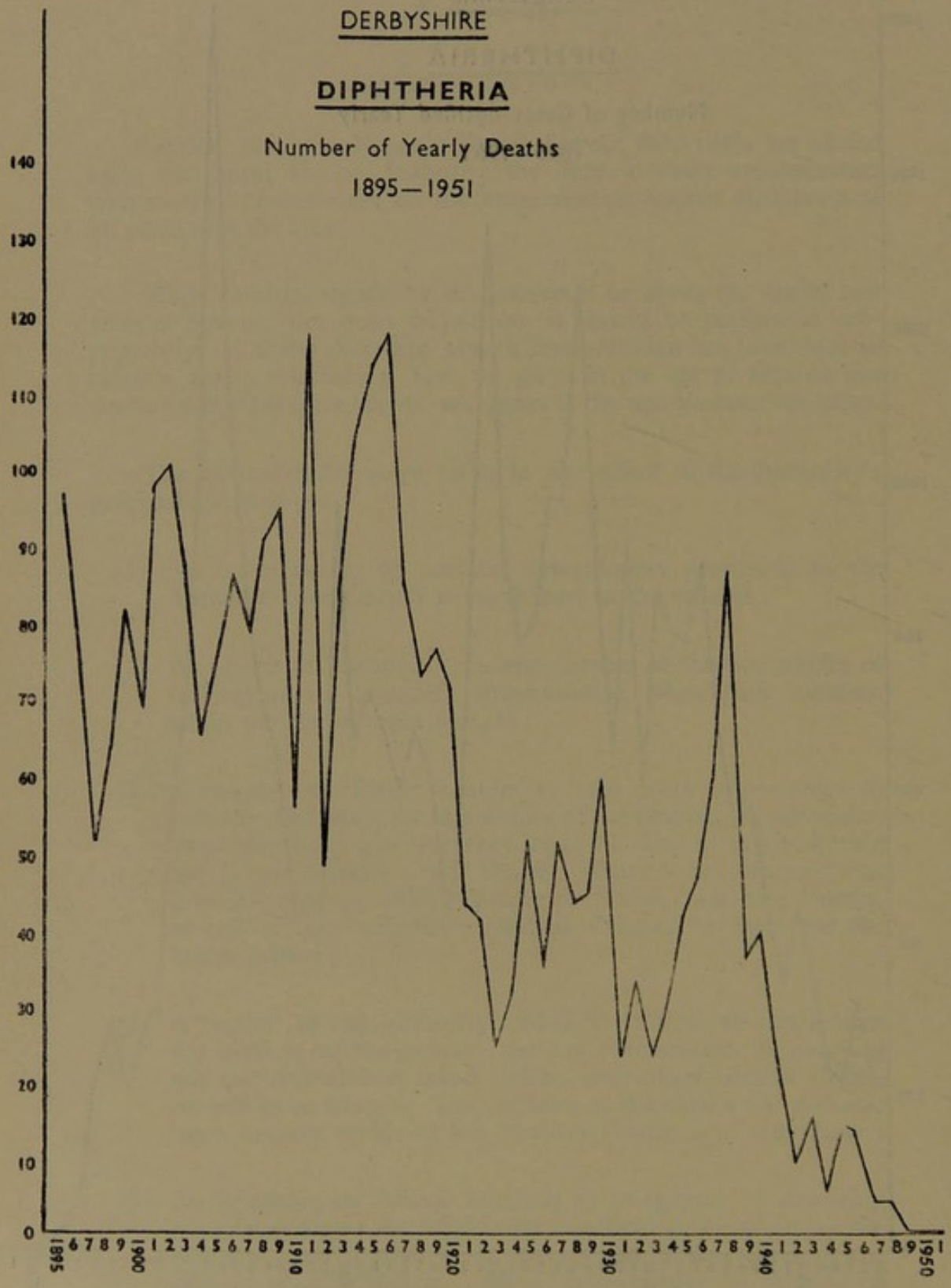


TABLE XXV.

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 1951, and showing the number of deaths from diphtheria during the year :—

I. IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December, 1951, who had completed a course of Immunisation at any time before that date (i.e., at any time since 1st January, 1937)

Age at 31.12.51 i.e. Born in yr.	Under 1 1951	1 1950	2 1949	3 1948	4 1947	5 to 9 1942-1946	10 to 14 1937-1941	Total Under 15
Number Immunised	239	4008	5123	6230	9343	41,705	38,580	105,228
Estimated mid-year child population, 1951	Children under five					Children 5-14		
	59,550					99,884		159,434

II. DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION DURING THE YEAR 1951.

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..	1	—	3..	—	—
4..	—	—	4..	—	—
5 to 9..	—	—	5 to 9..	—	—
10 to 14..	—	—	10 to 14..	—	—
Totals ..	1	—	Totals ..	—	—

The above figures relate to children under fifteen. With regard to the whole population, there was during 1951, only one case 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 both 1950 and 1951.

TABLE XXVI.

TABLE OF PRIMARY IMMUNISATION INJECTIONS AND BOOSTING INJECTIONS ADMINISTERED IN YEARS 1949, 1950 AND 1951.

		Primary		*Total*	*Boosters*
		0-4	5-15	0-14	0-15
1949..	..	5934	2180	8114	7205
1950..	..	4817	1342	6159	4452
1951..	*Under* 1 359	1-4 6162	1577	8098	5847

Unfortunately, some Doctors allow a considerable time to elapse before notifying that they have immunised a child, and as a consequence returns are sometimes sent to the Ministry which do not incorporate particulars of all immunisations carried out during the period under review, but in fairness to the Doctors I think this state of affairs is accentuated by the number of official forms and cards that Doctors are required to complete.

The following table gives details of children who have completed a course of immunisation in the various sanitary districts in the County up to the end of 1951.

TABLE XXVII.

	1951	1950	1949	1948	1947	*Total* 0-4 Inc.	1942/46	1937/41	*Total* 5-14 *Inc.*	*Total*
Urban Districts.										
Alfreton ..	10	123	157	178	212	**680**	1253	1650	**2903**	**3583**
Ashbourne ..	2	56	47	91	105	**301**	618	602	**1220**	**1521**
Bakewell .	7	27	27	28	70	**159**	176	182	**358**	**517**
Belper	1	60	66	75	137	**339**	656	406	**1062**	**1401**
Bolsover ..	9	64	99	111	184	**467**	1004	889	**1893**	**2360**
Buxton ..	9	144	224	215	172	**764**	1019	1025	**2044**	**2808**
Chesterfield ..	12	379	511	637	748	**2287**	4659	3983	**8642**	**10929**
Clay Cross ..	4	40	47	79	148	**318**	518	511	**1029**	**1347**
Dronfield ..	–	23	21	20	104	**168**	272	263	**535**	**703**
Glossop ..	16	162	207	222	388	**995**	995	1003	**1998**	**2993**
Heanor ..	11	177	290	378	394	**1250**	1791	1687	**3478**	**4728**
Ilkeston ..	1	254	346	409	547	**1557**	1945	1894	**3839**	**5396**
Long Eaton ..	12	203	212	269	331	**1027**	1538	1350	**2888**	**3915**
Matlock ..	8	107	99	182	269	**665**	891	957	**1848**	**2513**
New Mills .	3	60	43	57	94	**257**	366	383	**749**	**1006**
Ripley	8	166	168	145	279	**766**	1215	1268	**2483**	**3249**
Staveley .	7	103	74	76	84	**344**	618	807	**1425**	**1769**
Swadlincote ..	2	53	80	104	113	**352**	1169	1023	**2192**	**2544**
Whaley Bridge	–	34	27	42	89	**192**	401	342	**743**	**935**
Wirksworth ..	1	18	42	45	201	**307**	532	340	**872**	**1179**
Rural Districts.										
Ashbourne ..	7	96	96	198	666	**1063**	1539	960	**2499**	**3562**
Bakewell ..	3	49	80	143	191	**466**	841	1003	**1844**	**2310**
Belper	4	129	233	292	615	**1273**	2121	1641	**3762**	**5035**
Blackwell ..	22	219	243	255	692	**1431**	4030	3359	**7389**	**8820**
Chapel-en-le-Frith ..	7	66	100	101	171	**445**	427	337	**764**	**1209**
Chesterfield ..	27	398	540	709	848	**2522**	3584	3333	**6917**	**9439**
Clowne ..	2	97	147	163	236	**645**	1891	1528	**3419**	**4064**
Repton ..	6	133	163	198	274	**774**	1175	1348	**2523**	**3297**
Shardlow ..	38	568	734	808	981	**3129**	4461	4506	**8967**	**12096**
	239	4008	5123	6230	9343	**24943**	**41705**	**38580**	**80285**	**105228**

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 tc 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.

There was no change from the previous year in the number of Ambulance Stations operated directly by the County Council or indirectly by agents.

Of the sixteen Ambulance Stations in the County, two Stations, namely Chesterfield and Derby, continued to be manned throughout the twenty-four hours, whilst the remaining fourteen Ambulance Stations were manned during the day-time only. In the latter case, with one exception, namely, at the Glossop Station, "Ambulance" cover between the hours of 7 p.m. and 7 a.m. was afforded by "stand-by" arrangements whereby certain personnel received calls on the external extension installed in their homes from the switch board of the Ambulance Station. As pointed out in my Reports for previous years, this system is fraught with difficulties brought about by such factors as drivers changing their place of residence, sickness, resignations and the inability of the Post Office Telephones to provide

external extension telephones for various technical reasons, including lack of spare wires and unsatisfactory transmission. This problem accentuates the urgent need for establishing additional "main Stations" in the County to facilitate the dispensation of "stand-by" arrangements.

The arrangements made with the Cheshire County Council were continued by which emergency calls arising in the Glossop area were received by their Stalybridge Ambulance Station, which is manned throughout the twenty-four hours. During the period 7 a.m. to 7 p.m., if it was considered geographically more expedient, the calls were relayed to the Glossop Ambulance Station. At night, however, when the Glossop Station was unmanned, "Ambulance" calls were dealt with by the Stalybridge Station.

The reciprocal arrangements made with neighbouring Local Health Authorities continued to operate satisfactorily.

The following procedure is adopted for calling an ambulance :—

(*a*) *Urgent Calls.*

If ambulance transport is required to deal with an urgent case, such as a street accident, all that is necessary is to call the Telephone Exchange Operator and ask for "Ambulance." The caller 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.

Despite the action taken upon the suggestions made by the Ministry of Health in May, 1949, by Local Health Authorities in collaboration with Hospital Authorities and Executive Councils for easing the load on the Ambulance Service, the trend of the demand showed that the call on the Ambulance Service, though fluctuating periodically, had in general continued to rise substantially, particularly for the transporting of sitting cases. The Minister viewed this increase with as much concern as did Local Health Authorities and he believed that something could be done to limit the demands without denying the help of the Service to anyone for whom it was genuinely necessary. The Minister, therefore, issued Circular 30/51 on the 9th July, 1951, setting out, for the information of Local Health Authorities, the action that he had taken with regards to calls by Hospitals and general Medical Practitioners, and at the same time brought various other matters before Local Health Authorities for consideration. Appendix I containing recommendations sent to Regional Hospital Boards, Hospital Management Committees and Boards of Governors, and Appendix II on the Rules on the use of the Ambulance Service, are quoted below :—

"APPENDIX I.

Recommendations sent to Regional Hospital Boards, Hospital Management Committees and Boards of Governors.

1. In May, 1949, Hospital Management Committees and Boards of Governors were invited to review their arrangements for calling on ambulance services with a view to seeing what reductions could be made in calls, and, in particular, it was suggested that arrangements might be made for out-patients from neighbouring areas to attend together for treatment and for clinics to be held at times which fitted in with the local transport services. Recently, Committees and Boards have been urged again to review their arrangements ; to consider the desirability of conferring with the local health authority or authorities whose ambulance services are used by hospitals in their group, in order to review the use made of those services and the maintenance of a continuous watch on their arrangements ; and they have, or are being, asked also to consider the following additional recommendations.

2. The principle of co-ordinated use of transport should be extended as far as possible. This can, perhaps, best be achieved by making one officer in each hospital—or possibly in a group of hospitals—responsible for all calls on the ambulance service originating from his hospital(s). By co-ordinating the times of out-patient appointments and similarly the timing of discharge of in-patients ; generally by arranging for the transport of patients, in and out, in groups ; and by ensuring so far as possible that ambulances are not kept waiting, e.g., for the return of their equipment, an ambulance liaison officer can do much to secure the most economic use of the service.

3. Care should be taken to ensure that ambulance service vehicles are called only for patients who are genuinely unable to travel by other means. Some hospitals have agreed to call on the service for in-patients on discharge only when a certificate of its necessity is signed by a medical member of the hospital staff. Similarly hospitals should be prepared to co-operate with the local health authority if the latter wish to confine ambulance transport for second and subsequent attendances of out-patients to those having some form of certificate of necessity from the hospital staff. (This is sometimes given by means of a "transport card" handed to the patient when the time of his next attendance is arranged). Standing orders for transport for particular out-patients should be reviewed periodically, particular attention being given to those for physiotherapy cases.

The ambulance service should on no account be called upon simply because payment of a patient's travelling expenses by public transport has been refused.

4. It may be possible to spread—though not necessarily to lighten—the load on the ambulance service by evening out the out-patient clinics which make the heaviest demands on it, both within a single hospital and by co-ordinated action between all the hospitals of an area.

5. The fullest use should be made by hospitals of their own ambulances and other suitable vehicles for conveying patients between hospitals, and the local health authority ambulance service should not be called upon for this purpose if a suitable hospital vehicle is available.

6. Regional Boards have also been asked to review this whole question periodically with the Management Committees in their area, in order to exchange ideas and see what improvements it has been possible to effect."

"APPENDIX II.

Local Ambulance Services.
Rules on the Use of the Services.

The great increase in the number of calls made on the local ambulance services makes it imperative that the utmost care should always be exercised to eliminate all unnecessary use of the services. To this end, the following notes have been prepared for all who may have occasion regularly to call upon the services to provide conveyance for patients. It should be remembered that the cars of the Hospital Car Service which are doing such valuable work in connection with many local ambulance services are not available to the local health authorities free of charge: the drivers give their services, but a mileage payment is made to them in respect of running expenses. The obligation which rests on the ambulance service is not to make arrangements for the conveyance of all persons suffering from illness, but only of those for whom special transport such as the service provides is necessary. This applies just as much to transport for sitting cases (such as by means of cars in the Hospital Car Service) as to the transport of stretcher cases. The Minister is confident that everyone concerned will co-operate in avoiding any possibility of misuse of the service by closely observing the following general rules:—

(1) Where a person who needs to attend hospital can reasonably be expected to make his own way there, he should do so. If he cannot afford the fare to travel by public transport he may apply to the National Assistance Board for help.

(2) The ambulance service should only be asked to provide transport for a walking patient to get to or from hospital if the patient cannot reasonably be expected to make the journey in some other way, such as on foot, or partly on foot and partly by train, 'bus or tram.

(3) Ambulance transport should **not** be ordered for the whole of a journey if the patient can, without detriment to his health, make part of it by ordinary public transport. In such a case, the doctor or hospital should explain to the ambulance control for how much of the journey ambulance transport is necessary; it will then be for the control to decide on practical grounds whether or not, in the particular circumstances, to provide transport for the whole journey.

(4) Similarly, the ambulance service should **not** be called upon to convey a patient to or from a railway station or tram or 'bus stop, unless he cannot reasonably be expected to walk.

(5) Where a patient is fit to use public transport, the ambulance service should **not** be called upon merely because the public transport times do not entirely fit in with the time of the patient's appointment at hospital.

(6) The service should **not** be called upon to convey a patient to or from hospital simply because he has luggage.

(7) General practitioners should **not** ask the ambulance service to provide transport to convey a patient for a longer journey than is necessary. For example, where a patient has to attend hospital and ambulance transport is necessary, the service should not be asked to convey him to a distant hospital if the necessary diagnosis or treatment can be obtained nearer home. Private arrangements for transport outside the National Health Service should be made if for any reason it is desired to attend a more distant hospital than necessary. The same principle applies to journeys to specialists.

(8) Where it is necessary to ask the ambulance service to make arrangements for the conveyance of a patient over a long distance and the service wishes to make arrangements with the railway authorities for part of the journey to be made by rail, objection should not be raised to this being done, unless there is definite medical reason for doing so. A patient will often have a more comfortable journey by rail than by road.

(9) The ambulance service should **not** be asked to provide transport to convey a person on holiday or to a place of recreation. If an ambulance or car is required for such a journey, private arrangements must be made for its provision outside the National Health Service."

A copy of the Rules on the use of the service, as quoted above, together with a pad of printed forms for requisitioning transport for non-urgent cases, was forwarded on the 10th August, 1951, to—(*a*) Doctors, dentists, midwives and nurses practising in Derbyshire, and (*b*) Hospital Management Committees serving the County for the use of Officers mentioned in (*a*) employed by them.

In addition to the above, the Rules were re-printed on a card of suitable size and forwarded on the 2nd November, 1951, to doctors and dentists practising in Derbyshire, and to Hospital Management Committees serving the County, accompanied by the following letter :—

"Following the receipt of Circular 30/51, dated 9th July, 1951, from the Ministry of Health, the County Health Committee thought it advisable to arrange for the supply of a notice on the 'Rules on the Use of the Service,' subject to your agreement, for display as appropriate in the waiting rooms of hospitals or surgeries of doctors and dentists serving the County.

Perhaps, therefore, if you are agreeable, you would kindly arrange for the enclosed notice(s) to be displayed for the guidance of those concerned."

It was pointed out that whilst one of the official forms must always be used by a doctor, dentist, nurse or midwife, when requisitioning transport for non-urgent cases, it was realised that there may be some patients who have to attend out-patients department frequently, e.g., for physiotherapy treatment on, say, two days a week. In these circumstances, if such information was provided on the form, one form only need be completed for a period not exceeding two weeks. This concession was allowed in order to make the task not too burdensome on doctors, but it was emphasised that it must be realised that the cost of the ambulance service throughout the country was mounting, and that it was felt that some measure of control was necessary to prevent abuse of the service.

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

Whilst co-ordination of vehicle movement was effected as far as possible by the close liaison of adjacent Stations, the need for the establishment of more main Stations is desirable in order to exercise more control in the interests of efficiency and economy. As and when additional Main Stations are set up the Communications system will obviously need to be reviewed.

Requests for ambulance transport for long distance journeys were referred to the central office as hitherto.

The agreements with the Sheffield County Borough, Nottinghamshire County Council and Burton-upon-Trent County Borough were continued by which Derbyshire patients from certain fringe areas in the County were transported to places in their respective areas.

AGENCY ARRANGEMENTS.

The Ambulance Station at Eyam, operated by the Peak District Ambulance Service as agents of the County Council, became directly operated on the 30th July, 1951, as a temporary Sub-Station of Bakewell.

Of the two remaining Stations operated by agents, namely at Derby and Belper, fixed charges, together with reimbursement of certain expenditure, were paid in the case of the former and fixed rates per mile in the case of the latter.

HOSPITAL CAR SERVICE.

As was the case last year, no journeys were undertaken by this supplementary service on behalf of the County Council during the year under review. As previously pointed out, this was due to the fact that our own fleet of "sitting case" cars was able to meet the demands on the Service.

CONVEYANCE OF MENTAL PATIENTS.

At the inception of the Service a sitting case car was located at the Pastures Hospital, Mickleover, for conveying patients to and from that hospital. This arrangement continued but mental patients falling outside its scope were dealt with by 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 but 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.

The following Table shows the number of vaccinations and immunisations carried out during the year under review, together with the numbers for the previous two years.

Year	*Smallpox Vaccinations*	*Diphtheria Immunisations*
1949	10	23
1950	10	70
1951	71	27

As far as vaccination against smallpox is concerned, it is proposed that roughly half the personnel at each Ambulance Station be vaccinated each year, which means in effect that all men will be vaccinated once every two years.

SCOPE OF LOCAL HEALTH AUTHORITIES' OBLIGATIONS.

Arising from various enquiries which have been received by the Ministry, the following observations on the Scope of Local Health Authorities' Obligations under Section 27 of the National Health Service Act, 1946, are made in Circular 30/51 dated the 9th July, 1951, issued by the Ministry of Health to Local Health Authorities (England) :—

"*Necessity for Conveyance by Ambulance Service Vehicles.*

Differing views have been expressed as to the significance of the words 'where necessary' in Section 27 of the National Health Service Act, 1946. In the Minister's view they are not to be read

as restricting an authority's obligations to cases of medical necessity, although the journey must clearly be closely connected with the treatment and care of the patient. The Minister understands authorities' very proper and natural anxiety to protect their services from abuse, such as by being called upon to transport patients who cannot be regarded as reasonably needing an ambulance or sitting case car to get to and from hospital— an aim in which the authorities can be assured of his full support—but he hopes and believes that the need of the patient will always be placed first and that where there is no question of such abuse authorities will take a reasonably wide view of their responsibility.

National Health Service (Amendment) Act, 1949—*Section* 24.

As misunderstanding seems to exist, the Minister desires again to stress that this section merely makes it possible, in certain circumstances, for the cost of a journey from a hospital in one area to a place in another area to be recovered from the local health authority of the latter area. It does not alter the position established by Section 27 of the principal Act that the provision of transport, where necessary, is the duty of the authority in whose area the journey begins, and where question arises as to the necessity for ambulance transport, it is for the authority of this area to satisfy themselves on the point. The Minister is, of course, anxious for mutual arrangements to be made between local health authorites for co-operation in the avoidance of empty mileage, and in Section 63 of the Act of 1946, they have powers which enable them to make agreements to this end.

It should be noted that Section 24 does not apply :—

(i) where, owing to a transfer in the course of treatment, the return journey is from a hospital other than that to which the original journey was made ;

(ii) to any journey from a hospital other than a return to the area from which the patient came to it ;

(iii) where the original journey was for any other purpose than to obtain hospital or specialist services at a hospital as defined in Section 79 of the National Health Service Act, 1946.

Escorts for Railway Journeys.

Paragraph 22 of Circular 66/47 indicated that a patient taken by sitting case car should be expected to find a relative or friend to accompany him if he was unfit to travel alone. Questions have since arisen as to the provision of escorts for patients availing themselves of rail transport provided under Section 27. Though in such cases an escort will frequently be required, it appears to the Minister that the patient may ordinarily be expected to find a relative, or friend to undertake this work. Where no such person

is available, or more expert escort is required, help may be obtainable from a voluntary organisation. The fare of a friend accompanying a patient should not be paid by the local health authority unless the medical condition of the patient is such as to require the provision of an escort, or the patient is a child.

Transport to and from Scotland.

The responsibility of an authority in England and Wales in respect of a patient's journey to Scotland, or of the Scottish ambulance service in respect of a journey from Scotland to England or Wales, terminates at the border. The Minister is of opinion, however, that it would be reasonable for the authority, on either side of the border, in whose area the journey begins to accept responsibility for the whole journey, if it is made entirely by road; or for the journey as far as the most convenient arrival railway station if it is made by road and rail, and in the latter case for the authority in whose area the rail journey terminates, to accept responsibility for taking the patient from the railway station to the final destination. The Minister suggests that it would be justifiable for any financial adjustment in such circumstances to be waived, and he understands that the Scottish authorities share this view.

Overseas Transport.

The Minister is advised that where a person entitled to transport under Section 27 is proceeding overseas to a destination outside England and Wales, the responsibility of the local health authority ends at the port, or airport, of embarkation. Before providing transport for a patient who is proceeding overseas, the local health authority may reasonably require to be satisfied that arrangements have been made for the patient's care at the port or airport should there be a gap between the times of his arrival and his embarkation."

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 following Table shows the results of the 1951 Competition together with those of the previous two years :—

TABLE XXVIII.

Year	*Entered*	*Not Eligible*	*Disqualified*	*Diplomas*	*Bar to 5 year medal*	*10 year medal*	*Oak Leaf Bar to 10 year medal*	*Exemptions*
1949	77	1	19	56	–	1	–	–
1950	101	4	23	71	1	–	–	2
1951	123	2	22	94	1	–	1	3

Progressively throughout the year road accidents were reviewed and disciplinary action was taken in all cases of carelessness and negligence in accordance with the policy of the County Council.

Civil Defence.

Lectures in Basic General Training were arranged for personnel at all Directly Operated Ambulance Stations and for the personnel employed by the Derby Joint Committee of the British Red Cross and St. John, who act as agents of the County Council ; the training was completed during the year at all Stations with the exception of New Mills.

As all ambulance personnel are required to hold a recognised certificate in First Aid and to take a refresher course, preferably every year, but in any case at least every two years, further first aid training for whole-time personnel was unnecessary for Civil Defence purposes.

Establishments.

The only amendment to the personnel establishment during the year was an increase of one Sub-Station Superintendent and four Driver/Attendants at Bakewell to cover the manning of the temporary Sub-Station at Eyam on the termination of the agency arrangements with the Peak District Ambulance Service.

The following Table shows the establishment and strength of ambulance personnel at Directly Operated Stations on the 31st December, 1951 :—

TABLE XXIX.

	Establishment			Strength		
Ambulance Station	*Station Superintendent*	*Sub-Stat. Superintendent*	*Driver Attendants*	*Station Superintendents*	*Sub-Stat. Superintendent*	*Driver Attendants*
Alfreton ..	1	–	8	1	–	8
Ashbourne ..	1	–	5	1	–	5
Bakewell* ..	1	1	9	1	1	9
Bolsover ..	1	–	8	1	–	8
Buxton ..	1	–	8	1	–	8
Chesterfield	1	–	33	1	–	33
Glossop ..	1	–	7	1	–	7
Heanor ..	1	–	8	1	–	8
Ilkeston ..	1	–	8	1	–	8
Long Eaton	1	–	9	1	–	9
Matlock ..	1	–	8	–	–	8
New Mills ..	1	–	6	1	–	6
Swadlincote	1	–	6	1	–	6
Totals ..	13	1	123	12	1	123

*—Includes personnel for manning the Eyam Sub-Station.

VEHICLES.

The following vehicles were operated as at the 31st December, 1951 :—

TABLE XXX.

(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
Eyam (Temporary Sub-Station)	1	1
Glossop	3	–
Heanor	4	1
Ilkeston	4	1
Long Eaton	5	1
Matlock	3	1
New Mills	3	–
Swadlincote	3	–
Not Allocated ("Pool" Vehicles)	5	–
On loan at:—		
Derby	–	1
Mickleover	–	1
Totals	56	12

(b) AMBULANCE STATIONS OPERATED UNDER AGENCY ARRANGEMENTS.

Location	*Number of Ambulances*	*Number of Cars*
Belper	1	2
Derby	6	–
Totals	7	2

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 XXXI.

1951	AMBULANCES			CARS			TOTALS		
	Total Cases	*Emergency Cases*	*Mileage*	*Total Cases*	*Emergency Cases*	*Mileage*	*Total Cases*	*Emergency Cases*	*Mileage*
anuary	8,972	890	96,574	2,246	68	30,550	11,218	958	127,124
ebruary	8,121	742	86,375	2,217	61	28,870	10,338	803	115,245
Iarch ..	8,904	846	95,192	2,357	43	32,903	11,261	889	128,095
pril ..	9,017	817	91,495	2,221	63	33,406	11,238	880	124,901
Iay ..	9,498	803	93,620	2,512	77	34,565	12,010	880	128,185
une ..	9,970	904	97,480	2,332	79	33,207	12,302	983	130,687
uly ..	10,084	917	101,937	2,109	64	30,202	12,193	981	132,139
ugust..	8,661	902	90,206	1,968	52	30,549	10,629	954	120,755
ept. ..	8,356	913	89,266	1,608	57	22,243	9,964	970	111,509
ctober	9,129	887	91,586	2,299	72	29,023	11,428	959	120,609
Iov. ..	8,746	851	86,929	2,060	65	30,264	10,806	916	117,193
ec. ..	7,586	918	82,106	2,034	72	28,083	9,620	990	110,189
Totals	107,044	10,390	1,102,766	25,963	773	363,865	133,007	11,163	1,466,631

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

TABLE XXXII.

Month	*Average Daily Mileage*			
	1948	1949	1950	1951
January	—	2676,	3,560	4,100
February	—	3,021	3,556	4,115
March	—	3,297	3,716	4,132
April	—	2,999	3,440	4,091
May	—	2,973	3,900	4,135
June	—	3,018	4,039	4,356
July	1,717	3,204	3,890	4,262
August	1,888	3,346	3,639	3,895
September	2,143	3,496	3,669	3,716
October	2,328	3,453	3,901	3,890
November	2,791	3,547	4,081	3,906
December	2,674	3,257	3,743	3,554

From the above figures it will be noted that during the year under review the average daily mileage for June was the highest of any month since the inception of the service. There is a noticeable fall in the average daily mileages for the months of August to December, 1951, compared with the previous months in that year. This was no doubt due, to some extent, to the effect of the Ministry's Circular 30/51 dated the 9th July, 1951, together with the introduction by the County Council of the system of requisitioning non-urgent transport. This, as mentioned above, required that a special form be completed, as opposed to the oral requests which had been accepted hitherto.

During the year 11,163 emergency cases were dealt with by the Ambulance Service which represents one case being dealt with on the average every forty-seven minutes, day and night, throughout the year.

NATIONAL HEALTH SERVICE ACT, 1946

The County Council's proposals for carrying out their duties or powers as a Local Health Authority under the appropriate Sections of Parts III and V of the above Act were set out in the Annual Report for 1948. During 1951, emendations were made to the proposals under Section 27 governing the Councils' Ambulance Services. These proposals subsequently received the approval of the Minister of Health, and the whole is set out below, as amended, for information. The lengthy Appendixes A and B, to which reference is made, are set out in the original proposals in the Report for 1948, and it has been thought unnecessary to re-print them here.

AMENDED PROPOSALS APPROVED BY THE MINISTER OF HEALTH.

Part I.

1. Total mid-1946 population of Derbyshire : 648,460.
2. Area of the Administrative County of Derby : 992.9 square miles.
3. Particulars of existing services :—
   (i) See Appendix "A" in which the necessary information has been tabulated in two sub-divisions.
      (*a*) Services operated by local authorities and Joint Hospital Boards.
      (*b*) Services operated by Voluntary Associations and private owners.
   (ii) Services underlined in Appendix "A" deal with infectious diseases only.

Part II.

A. Co-ordination of existing services.

(1) (*a*) Arrangements will be made with the following voluntary operators for the use of their services.

(The reference in brackets is to the appropriate serial in Appendix "A" in which details of the service will be found).

Derby Joint Committee of British Red Cross and St. John Ambulance Brigade (Part B. (8)).

Chesterfield Joint Ambulance Service (Part B. (1)).

New Mills Motor Ambulance Committee (Part B. (2)).

Peak District Ambulance Service (Part B. (3)).

Messrs. Jospeh Allen & Sons, Belper (Part B. (6)).

The Hospital Car Service.

(*b*) *Joint Hospital Boards.* It is not considered possible to integrate the infectious diseases ambulance service with the normal service by the appointed day. It is proposed therefore, to make arrangements with the Hospital Management Committee who will succeed the present Joint Hospital Boards under which the ambulances at present owned by the Joint Boards will continue to be located at the Isolation Hospitals and operated as at present. This arrangement will be a temporary one and will be terminated as soon as premises and personnel become available to enable a transfer to be made.

(*c*) *Details of arrangements with Voluntary Bodies.*

(i) The voluntary services will be asked to provide a twenty-four-hour service but where circumstances warrant it the service will be on call only during the night.

(ii) The arrangements will include provision for augmentation of personnel as required, for augmentation and interchange of ambulances and for the delimiting of areas to be served, so that the services operated by voluntary bodies can be co-ordinated with services directly maintained.

(iii) The basis of payment will be negotiated in each case and will provide for repayment either in whole or in part of the approved expenditure.

(iv) Each Service will be asked to operate under Regulations to be made by the County Council.

(2) All Ambulance Services operated by local authorities will be operated directly by the County Council with such assistance as can be afforded by the local authorities and after appropriate consultation with them.
(See Appendix 'A' Part 'A' Nos. 1-15 and 22).

(3) The Council do not intend to enter into agency arrangements with the undermentioned voluntary bodies or private individuals, but the possibility of utilising the vehicles of these services in the Council's scheme has not been excluded :

Home Service Ambulance Committee Creswell (Part B (9)).
Stonebroom & District Ambulance Committee (Part B. (5)).
Sandiacre, Risley & Breaston Ambulance Service (Part B. (3)).
Mr. G. Rimington, Mill Green, Staveley (Part B. (7)).

B. Redistribution and Augmentation of Existing Resources.

Pending the submission of proposals for the development of the service, such temporary redistribution of vehicles and staff will be made as may be necessary in the light of experience.

C. *Consultations* have taken place with Sheffield County Borough, Burton-on-Trent County Borough and the Leicestershire, Nottinghamshire, Cheshire and Staffordshire County Councils.

(1) Sheffield County Borough. Agreement in principle to co-operate along the following lines has been reached with the County Borough. The Sheffield Ambulance Services will provide an ambulance service only to the the Sheffield Hospitals in the following areas: Urban District of Dronfield, Parishes of Killamarsh, Eckington, Beighton, Unstone and Homesfield. Patients in this area for admission to the Chesterfield hospitals will be moved by the Chesterfield Joint Ambulance Service. The Sheffield Ambulance Service will provide primary cover for accidents in this area, and the Chesterfield Joint Ambulance Service will provide secondary cover.

(2) Reciprocal arrangements will be made with the above-named adjoining authorities to provide mutual aid on the borders of Derbyshire. In the case of the County Borough of Derby a suggestion that the Corporation should provide an ambulance service within a radius of five miles of the Borough has not been accepted, because the County Council prefer to enter into an arrangement with the Derby and District Joint Ambulance Committee to provide a service for a much wider area in South Derbyshire. The Council will enter into a mutual aid arrangement with the Corporation.

D. *Staff.*

(1) An Ambulance Organiser and Clerical Staff will be appointed on the staff of the County Medical Officer to assist in the organisation and supervision of the ambulance service.

(2) The voluntary organisations will be asked to continue to employ the staff as indicated in Appendix "A".

(3) The whole-time staff of the service which will be directly operated by the County Council will be augmented to the standard of two driver-attendants per ambulance as soon as possible.

(4) The Council will make arrangements for securing that, as far as possible:

(i) all ambulance drivers and attendants shall hold the first aid certificate of the St. John Ambulance Association or the British Red Cross Society, or the St. Andrew Ambulance Association or such other first-aid qualification as may be approved or prescribed by the Minister of Health;

(ii) All such drivers and attendants shall be so trained as to be interchangeable in their duties.

E. *Maintenance and Servicing.* No variation of the existing arrangements is contemplated at this stage. All commercial garages at present responsible for service arrangements of ambulances will be asked to ensure that first priority is given to ambulance repair.

F. *Conveyance of patients by railway.* Where it is necessary for the Local Health Authority to provide transport for a person who has to make a long journey and can without detriment to his health most conveniently be conveyed for part of it by railway, as a stretcher case or in some similar way involving special arrangements with the railway undertaking the Local Health Authority propose to arrange accordingly.

G. *Call Out Arrangements.* The Council will keep all hospitals and other institutions for the sick, all general medical practitioners, dentists, nurses, domiciliary midwives, the police, fire service and telephone authorities in or serving the County informed of the action to be taken to call an ambulance.

H. *The service in operation from certain dates since 5th July*, 1948.

(1) Owing to the dissolution of the Committee providing the Chesterfield Joint Ambulance Service (see paragraph 'A' (1) above) agency arrangements were terminated on 9th October, 1948 and from that date the County Council have directly operated the ambulance service, first from premises at the Drill Hall, Ashgate Road, Chesterfield, and latterly from the Ambulance Station, Ashgate Lodge, near Chesterfield.

(2) At the request of the New Milis Motor Ambulance Committee (see paragraph 'A' (1) (*a*) above) the agency arrangements with that Committee were terminated on 31st March, 1949, and the service at New Mills has since been directly operated.

(3) The agency agreement with the Peak District Ambulance Service (see paragraph 'A' (1) (*a*) above) was terminated on 30th July, 1951, and from the date of termination the County Council has provided a directly operated service to cover the area.

(4) The provision of separate vehicles for cases of infectious disease by arrangement with Hospital Management Committees was discontinued in December, 1948. The vehicles were redistributed to other ambulance stations in the County.

(5) The following ambulance services provided by local authorities were not operated after the appointed day (the reference in brackets are to the appropriate serial in Appendix 'A' to these proposals) where details of the service will be found.

(5) Blackwell R.D.C.
(9) Dronfield U.D.C.
(13) Ripley U.D.C.
(15) Wirksworth U.D.C.

(1) New stations will be erected in the general locality of Derby and Ripley which will, unless experience shews this to be unnecessary, operate throughout the twenty-four hours.

(2) The agency arrangements with the Derby Joint Committee of the British Red Cross and St. John Ambulance Brigade and Messrs. Joseph Allen & Sons, of Belper, will be terminated when the Council are able to make satisfactory alternative arrangements to cover, by means of the Council's directly operated service, the areas which these agents serve.

(3) Having regard to contemplated housing, industrial, highway, hospital and other development the Council will as may be desirable or requisite :—

(*a*) revise the number and types of vehicles and staff kept at any ambulance station or depot.

(*b*) replace any ambulance station or depot by a more suitable station or stations, depot or depots in the same general locality, regard being had to whether existing premises are satisfactory, and to the interests of efficiency and/or reasonable economy.

(*c*) provide additional accommodation for any existing ambulance station or depot.

(*d*) provide new stations or depots in such localities as may be appropriate.

(*e*) subject to the Minister's approval, close any particular station or depot.

(4) The Council propose that the establishments of the directly provided ambulance service should at present consist of not more than sixty-five ambulances, eighteen sitting case cars and 250 driver/attendants. Should it be found necessary to vary these maximum establishments, this will be done, with the Minister's approval.

(5) It is not possible to give firm dates for the various stages of the proposals to be implemented in view of the shortage of labour and building materials, but the agency arrangements with voluntary operators are unlikely to be terminated before the new stations specified in paragraph 1 have been erected and the necessary staff have been appointed and have taken up duty."

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 National Health Service Acts, District Medical Officers of Health are required to forward to the County Medical Officer of Health copies of notifications of infectious disease, including tuberculosis. 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 are accepted concerning any services that come within the range of the Authority's "Care and After Care" scheme. Chest Physicians informs the Department of new cases attending, and of patients removed from the register as having recovered from the disease, as having left the district, and so on, and this information, in turn, is passed from the Department to the Health Visitors. It will be seen, therefore, that close liaison is established between the Chest Centre and the Health Department of the Authority.

I am grateful for most interesting reports from the Chest Physicians on tuberculosis in the County. The following is a comprehensive report from Dr. C. Kingston and Dr. T. A. Blyton, who are the Consultant Chest Physicians in the Derby and Chesterfield areas respectively :

"*Incidence and Mortality Rate of Tuberculosis.*

During the past year there has been little change in the incidence of all forms of tuberculosis. Non-respiratory tuberculosis is still commonest between the ages of two and five years, and this is to be expected to continue as long as there are non T.T. herds supplying milk within the County.

Respiratory tuberculosis is still more common in men than in women and there is a marked difference between the sexes in the age incidence of the disease. In females the incidence is highest between the ages of fifteen and thirty-five years, whereas in males it is highest between fifteen and sixty-five years. This higher incidence in the older age groups in men is probably influenced by the difference in the type of disease occurring in the sexes. Women between the ages of fifteen and thirty-five tend to have a more acute

form of pulmonary tuberculosis than men, with resulting early death or cure. With men, the disease tends to follow a more chronic course in the same age group, and probably escapes detection in a large number of cases on this account. There is ample evidence to show that the disease in older males is due mainly to endogenous re-infection, and it is probable that the more chronic type of disease in young male adults tends to flare up in a majority of cases in middle or old age.

The death rate from pulmonary tuberculosis during 1950 was 22 per 100,000 of the population, and it is gratifying to record that during 1951 this rate was reduced to 17 per 100,000. The mortality rate in Derbyshire from this disease is probably one of the lowest in Britain. These rates reflect the incidence of disease being greatest in the younger age groups in women, and between the age groups forty-five to sixty-five inclusive in men.

Treatment of Tuberculosis.

Great improvements have been made during the last five years, due to the wider application of major thoracic surgery to the treatment of this disease and the advent of chemo-therapy. In the reasonably early case the outlook is extremely good, and this has already been noted by the layman, who no longer holds the disease in dread, as in times past. Such drugs as Streptomycin and P.A.S. when properly used in conjunction with Thoracic Surgery, can today bring cases to treatment which were previously untreatable. Other new chemo-therapeutic substances are being tried throughout the County, but it is too early yet to pronounce on their effectiveness. The results of the application of these drugs in America should prompt an attitude of cautious optimism.

Clinic Work.

It is now more essential than ever that pulmonary tuberculosis is diagnosed at an early stage, before structural damage to the lungs has become severe. Unfortunately, barely 40% of patients have early disease when the condition is first diagnosed. The main cause of this delay is neglect in consulting the family doctor until some considerable time after the commencement of symptoms.

Some improvement in the facilities for diagnosis may be obtained during the next year by the provision of Miniature Film Camera Units in the Clinics, when Doctors will be able to refer patients for examination on the slightest suspicion of ill health. X-ray films and reports of these examinations will be sent to the Doctors concerned. One serious draw-back is the inadequacy of present Clinic buildings to cope with the increased volume of work in recent years, but our efforts should be more than ever directed toward early diagnosis. For this purpose it may be necessary to employ increased propaganda at a National level.

Sanatorium Waiting Lists.

Waiting lists for Sanatorium treatment have been much reduced during the last two years, and no case of pulmonary tuberculosis has to wait for admission for a longer period than six to eight weeks after recommendation. Most cases are admitted in a much shorter time. The improvement in this respect is due to a great extent to the introduction of domiciliary treatment in recent years. This treatment has been made possible by the enthusiastic co-operation of the family doctors, and the unstinted services of the district nurses. We are most grateful for their co-operation and we are appreciative of their valuable work in this direction.

Prevention.

Overcrowding and bad housing, together with inadequate feeding are the biggest contributory factors to a high incidence of pulmonary tuberculosis, as well as to most other forms of disease.

The re-housing of families of tuberculous patients living in over-crowded conditions is of vital importance to prevent the spread of infection within the family. Re-housing is carried out much more readily by some local authorities in the County than by others, but on the whole some priority in re-housing is given to necessitous cases in most areas.

Mass Miniature Radiography can also have a preventive value by the detection of cases of pulmonary tuberculosis during public and factory surveys. However, owing to expense and lack of units and materials, Mass Radiography only touches the fringe of the problem of the 'infector pool' amongst the general public. It is estimated that in the County of Derbyshire there are probably at least 2,000 cases of pulmonary tuberculosis which are not yet diagnosed, but this of course, as bad as it is, is no worse a situation than in other areas of Britain.

To date, approximately two hundred children or young adult contacts to cases of pulmonary tuberculosis have been vaccinated with B.C.G. vaccine, with no untoward effect. This vaccination is unable to give absolute protection against the possible development of tuberculosis, but there is evidence, mainly from the Scandinavian countries, to show that it does enhance resistance. Pilot trials of Mass Vaccination with B.C.G. are being attempted in several areas in England, and it will be a further five to seven years before the results of these trials are known. Meanwhile, it is not the policy of the Minister of Health to carry out in all areas, Mass Vaccinations with B.C.G.

Rehabilitation.

The work of the District Rehabilitation Officers in finding the right employment for persons disabled by tuberculosis is much appreciated ; there is a close liaison between them and the Clinic

Staffs. We are also grateful for the support of the County Health Authority in establishing some patients in Village Settlements from time to time. These Settlements have a great use in special cases, but they are by no means the answer to the problem of Rehabilitation.

Ancillary Services.

We have to thank the County Medical Officer and his Staff for the help that has been given during the past year in the ready provision of extra nourishment to necessitous patients, and in the provision of shelters, beds and bedding where needed.

The County Health Visiting Service and the Chest Clinics work in close co-operation. Much help has been given by the Health Visitors' Reports on the home conditions of patients and other relevant information. Their services in rounding up contacts for examination have also been appreciated.

The British Red Cross has done a great deal of work in providing instruction and materials for home industry, and in granting assistance to the needy. We are most grateful for this valued aid to our work."

It will have been noticed that reference is made to the fact that respiratory tuberculosis is still more common among men than among women, and that in women it tends to be restricted to a lower age group. This, it is suggested, is because men tend to have a more chronic form of disease which does not show itself for some time and "flares up" in later life.

However, research workers have recently put forward the view that much more attention should be paid to conditions at work. It is estimated that as high as 40 per cent. of cases may be attributed to infection received at work in certain industries, while in certain large factories the figure is as high as 60 per cent. An interesting corollary to this, is that in an investigation into 2,800 pulmonary cases in a large city, only 18 per cent. had ever lived in the same house as a tuberculous case of any kind.

Research has shown, in one industry, that there was four times as much tuberculosis in large factories (300 - 400 workers) as in smaller workshops (10 - 15 workers). It appears from this that people working together in large numbers are more likely to be infected with tuberculosis then when they are in smaller groups.

It will be at once apparent that women in the younger age groups work in factories, workshops and offices, but in older age groups increasingly become housewives and consequently less exposed to group infection. This may be another explanation of the facts stated by Drs. Kingston and Blyton. It also emphasises the need for further and closer supervision of the health and hygiene of workers and working conditions, and it may be that, in the future, the public health service will have to expand in this direction.

Reference is made in the above report to the respiratory death rate for 1951 being at the gratifyingly low figure of 17 per 100,000. Tribute should be paid in considering such figures to the advances recently made with regard to treatment, as well as factors such as better housing, better diet and improved social amenities. As mentioned, Streptomycin and P.A.S. (para-aminosalicylic acid) are already playing their part, and it is to be hoped that such recently discovereed drugs as I.N.H. (isonicotinic acid hydrazide) will carry treatment a stage further.

The following is a shorter report from Dr. L. D. Walker, Chest Physician in the North-West of the County :—

"With regard to the prognosis in pulmonary tuberculosis, certainly the short term treatment has been materially changed with the advent of streptomycin and P.A.S. However, one important point worth bearing in mind is that the injudicious use of this form of therapy causes streptomycin resistance and therefore this is one reason why it is unsuitable for the chronic case with cavitation owing to the danger of infecting other people or children with streptomycin resistant organisms.

Regarding Mass Miniature Radiography, I think the results now show that approximately one per thousand of active pulmonary tuberculosis cases are found by this method ; this has fallen from approximately four active cases per thousand during and just after the War. I think this fall in figures following a rise is primarily due to the country being at War when large numbers of people were travelling about the country under a great and nervous strain, although perhaps, expensive it is a valuable addition to the country's armamentarium in the fight against tuberculosis.

B.C.G. vaccination is, I think, an extremely important measure as regards prevention and certainly the Continental figures show that the number of cases of active tubercle developing in vaccinated persons is lower than in the unvaccinated. Perhaps our own figures will tend to confirm this, but naturally these are not yet to hand.

I have strong views on the Health Visiting Service, inasmuch that I feel that the Health Visitor should work in the Chest Clinic and do her visits from there. Only by this method can the Health Visitor see 'both sides of the question.' However, as far as can be ascertained the present system is certainly of some help.

Concerning the question of re-housing, I think the local Authorities are doing a very good job of work here and I must say that they seem to do all they possibly can to re-house the tuberculous, and I have found them very helpful in this matter—this is a very important point.

Relating to Village Settlements, the whole question here is that the patient has to leave his home environment, friends, etc., and settle down in another part of the country where he is a total stranger and has no "roots." I think that this is the whole crux of the question.

The ideal plan would be I suppose for each Region to have its own Village Settlement, but this is naturally a tall order.

I don't think we have had any patients from your area requiring beds and bedding, only because we haven't had such a case requiring that help. However, it is a very valuable service and it may be required at any time. I might add that the Assistance Board do quite a lot to alleviate the financial hardship and their help is extremely useful indeed.

Appertaining to age groups, I saw some figures a short time ago and from memory I think on the whole the young adult is still particularly prone, but that tuberculosis amongst middle-aged was tending to increase."

The controversial point which he raises is the "attachment" of Health Visitors to the chest clinics, which has much to recommend it. The difficulties are that it would be impracticable for the many Health Visitors who work in the large areas covered by the chest clinics all to attend at the same time.

The only alternative is for the appointment of special tuberculosis visitors. This has advantages in compact areas, but in more sparsely populated parts it would mean a surfeit of travelling by different members of the Home Visiting staff while covering the same ground, each carrying out limited duties in a restricted field.

PROTECTION OF CHILDREN FROM TUBERCULOSIS.

In the latter half of 1950 steps were taken by the Ministry of Health and the Home Office to implement the recommendations submitted to the Minister of Health by the Joint Tuberculosis Council regarding the protection of organised groups of children against the risk of infection by adults suffering from tuberculosis. These recommendations were to the following effect :—

(1) No person with respiratory tuberculosis should be engaged for employment which involves close contact with groups of children unless and until the disease is certified as arrested. A candidate for such employment should therefore not be engaged without a medical examination, including an X-ray examination of the chest.

(2) Persons whose employment brings them into close contact with groups of children should have an X-ray examination of the chest annually.

(3) If a person while thus employed is found to be suffering from respiratory tuberculosis, such employment should at once cease, and not be resumed until two consecutive medical

certificates are given, the first stating that the disease is no longer active, and the second (after a further interval of six months) stating that the improvement in the general and local condition has been maintained, both certificates being based on X-ray and bacteriological, as well as clinical, investigation. After resumption of employment similar investigations should be carried out at three-monthly intervals for the first year and at six-monthly intervals for the next two years.

(4) If any unusually high incidence of respiratory or non-respiratory tuberculosis occurs in an organised group of children a full investigation of the staff employed should at once be undertaken."

The Minister of Health, in Circular 64/50, stated that he was anxious that everything possible should be done to give effect to these recommendations. This particularly applied to groups of children in day nurseries provided under Section 22 of the National Health Service Act, 1946. On the question of X-ray examination, the circular ended as follows :—

"The Council may not find it easy to put into full effect the second recommendation, with regard to group x-ray examination of the staffs concerned, in view of the numbers of persons concerned and the pressure on x-ray facilities ; but the Minister is anxious that authorities should do their best to make comprehensive arrangements. The x-ray examinations might be made at hospitals or chest clinics, or through a mass radiography unit, and authorities should consult Regional Hospital Boards as to ways and means of arranging for these examinations. Where arrangements are made for individual examinations at hospitals or chest clinics fees will be payable by the Council, (except in the cases arrising under (4) above—examination of contacts) but the cost of these will rank for Exchequer grant as expenditure in connection with the prevention of tuberculosis under Section 28 of the National Health Service Act."

It was decided, therefore, to institute an annual x-ray survey of the staffs of day nurseries, and this has since been carried out.

The Home Office, in December, 1950, issued a similar circular with regard to the staffs of children's homes, hostels, remand homes and approved schools. It has been agreed similarly that staffs at such institutions should be asked to submit to an annual x-ray examination of the chest and that all subsequent appointments should be subject to a satisfactory x-ray examination. These recommendations have since been carried out. With regard to the x-ray examinations, these have in a large majority of cases been carried out free of charge to the Authority through the Mass Miniature Radiography Service.

In this connection I should like to express my appreciation of the co-operation of the Medical Director of the Static Radiography

Unit at Nottingham, Dr. A. E. Beynon, who kindly arranged for radiographic examinations and reports on thirty-six prospective candidates for day nurseries or children's homes, who are required to be x-rayed in accordance with the recommendations of the Joint Tuberculosis Council.

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 number of patients granted extra nourishment under the County Council's scheme has considerably decreased since the coming into force of the Act, and during 1951 only twenty-two patients were granted two pints of milk daily.

SHELTERS.

These are loaned to patients suffering from tuberculosis on the recommendation of the Chest Physicians. At the end of the year twenty-one were in use and eight 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. 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. A refrigerator was provided at Alfreton Clinic in the early part of the year, and arrangements were made with Hospital Authorities elsewhere for the storage of the vaccine.

During 1951 limited progress was made in B.C.G. vaccination, 164 patients being inoculated as against thirty-eight in 1950. The type of cases dealt with was largely children who were contacts of cases of pulmonary tuberculosis, but in addition a small number of hospital nurses were vaccinated.

NATIONAL ASSOCIATION FOR THE PREVENTION OF TUBERCULOSIS.

This Association is a voluntary body which has been in existence for fifty-two 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.

PULMONARY TUBERCULOSIS AND RE-HOUSING.

The housing of cases of pulmonary tuberculosis often presents considerable difficulties. Where the Health Visitor, during the course of her visits, discovers cases in which there is overcrowding or unsatisfactory home conditions, the attention of the Medical Officer of Health of the district is drawn to the position, so that he may take any steps which he considers necessary.

It was felt desirable to obtain some information on the question of rehousing persons suffering from pulmonary tuberculosis, and accordingly Medical Officers of Sanitary Districts in the County were asked to complete a questionnaire on this subject, the matter being approached from the standpoint of limiting the spread of infection. The following is a summary of the questionnaires received :—

TABLE XXXIII.

1. (a) Number of known cases of Pulmonary Tuberculosis who are not in hospital but who, in the opinion of the Medical Officer of Health, cannot be adequately isolated in their present circumstances	141
(b) Number requiring hospital accommodation	13
(c) Number requiring rehousing	119
(d) Number requiring provision of a hut or chalet	8
(e) Number requiring some other provision	1

2. (a) Number of Tuberculous families recommended for rehousing during 1950 and 1951 :—

1950		1951	
Cases	79	Cases	79
Contacts	4	Contacts	2

(b) Number of Tuberculous families rehoused during 1950 and 1951 :—

1950		1951	
Cases	56	Cases	77
Contacts	4	Contacts	2

MASS RADIOGRAPHY.

This service is under the control of the Regional Hospital Boards. Mobile mass miniature radiography Units visit the County from time to time, when groups of workpeople, members of the general public, and school children are dealt with. Arrangements have been made whereby this Authority is informed of the activities of the Units, so

that co-operation with them may be established. A Unit based on Nottingham carried out twelve surveys in the South-East and Central portions of the Administrative County. Dr. W. Guthrie, the Medical Officer in charge of the Nottingham Unit, has kindly provided me with statistics of each of those surveys, which I have extracted as follows :—

	Males	*Females*	*Total*
General Public and Employees ..	11,551	10,129	21,680
School Children	991	916	1,907
Institutions :—			
Staff	225	168	393
Patients	614	764	1,378
Total	13,381	11,977	25,358

Of the 25,358 persons examined, 131 were classified as tuberculous.

This gives a rate of 0.5% (5 per 1,000). The details are shown in the following table :—

	Adults		*Children*		*Total*
	Males	*Females*	*Males*	*Females*	
Active Pulmonary Tuberculosis	16	4	1	—	21
Observation Pulmonary Tuberculosis	31	35	1	—	67
Inactive Pulmonary Tuberculosis	24	19	—	—	43
Total	71	58	2	—	131

109 were found to have an abnormality of a non-tuberculous nature.

In industrial groups the average response rate was 71.6% and in organised groups of school children the average response was 80%. These figures may be considered reasonably satisfactory.

Dr. H. B. Slater, the Medical Officer in charge of the Unit based on Stockport, has kindly provided details of the Unit's visit to the Buxton area. All firms employing fifty or more persons were circularised with a view to participating in the survey. A publicity campaign was also organised in Buxton ; a film on Mass Radiography was

shown by the Ministry of Information Mobile Cinema Unit, and an appointments bureau was established where the public could make appointments.

The number of persons examined during the survey is shown below :—

	Males	*Females*	*Total*
Persons employed	1,776	360	2,136
Schoolchildren	260	266	526
General Public	345	674	1,019
Total	2,381	1,300	3,681

The findings of the survey were that, of the 3,681 persons examined on miniature film 149 (4%) were recalled for further X-ray on larger films. This included ten of the school-children, but no abnormalities were discovered among the 526 school-children examined.

Among the older age groups thirty-one persons (0.8%) were found to have some non-tuberculous abnormality, such as, bronchiectasis—six cases ; chronic bronchitis and emphysema—five cases ; pleural thickening—seven cases ; and intrathoracic new growth—two cases. Fifteen from this group of thirty-one persons were referred for further investigation or action.

Of the 3,681 persons examined forty cases were classified as tuberculous. This gives a rate of 1.08% (10.8 per 1,000). The details details are shown in the following table :—

	Males	*Females*	*Total*	*Rate/ 1000*	*Disposal*
Inactive Primary ..	1	2	3	0.8	No action taken.
Inactive Post-Primary	19	7	26	7.0	11 referred to Disp. 1 referred to own Dr. 14 No action taken.
Active Post-Primary ..	7	4	11	2.9	See separate details.

Dr. Slater made the following comments on these results :—

(1) (*a*) The average response rate (65.3%) in the industrial group is fairly satisfactory, and this would have been much better had it not been for the lower response rate from the Public Services (60.7%).

(*b*) The response from the limestone quarries was very good, when it is remembered that many of the men had to travel a mile or two miles from the quarry face to attend the unit.

(*c*) The public response (1,019 persons) appears reasonably good for a first visit.

(2) The incidence rate of active tuberculosis 2.9 per 1,000 examinees, is higher than the average findings throughout the region during 1951, but is not unduly high for a first visit.

Dr. W. J. Wilson, the Medical Director of a Mass Radiography Unit based on Sheffield, has kindly supplied the following details of a survey carried out in Chesterfield by his Unit :—

Attendances for :	*Male*	*Female*	*Total*
35mm. film examination	2,088	185	2,273
Large Film recall	138	12	150
Clinical Interview	39	6	45
Total Attendances ..	2,265	203	2,468
Suspected cases of Tuberculosis referred to Chesterfield Chest Clinic	14	–	14
(a) Active	2	–	2
(b) Inactive	12	–	12
Known cases referred to Chesterfield Chest Clinic	2	1	3
Non-Tuberculous cases referred to examinee's own doctor ..	18	2	20

Total employees available to attend.. 2,850
Total employees examined (35 mm.) 2,273
Response to Survey (of employees at work) 79.7%

Of the 2,273 persons examined it appears that fourteen were classified as tuberculous ; this gives a rate of 0.6% (6.0 per 1,000).

SUMMARY OF THE WORK OF THE MOBILE MASS MINIATURE RADIOGRAPHY UNITS.

The total number of persons who were examined by the three Units when operating in this County was 31,312. Of these, 185 were classified as tuberculous. This gives a rate of .6% (6.0 per 1,000). The number found to be suffering from active disease was thirty-four, which is at the rate of 0.1% (1.0 per 1,000) of the persons X-rayed.

It is usually considered that between three and four active tuberculosis cases will be discovered among every 1,000 persons X-rayed under the Mass Miniature Radiography Scheme.

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)

Recruitment and Staffing.

A perusal of reports for previous years shows that in the past the need for expansion had been keenly felt in the Home Help Service.

In 1950, my Annual Report mentioned the intensive recruitment campaign, and the efforts of the then newly appointed Organizer to arouse local interest and recruitment to the Service.

The trend of events was foreshadowed in the following words which appeared in that Report—"In many cases the appointment of one excellent Home Help resulted in the applications of several more of a similar type in the same area."

To help recruitment, full-time Home Helps had been issued with indoor Overalls in 1950, and this scheme was extended in February of the year under review. As an added inducement travelling time was also paid when this exceeded forty minutes per day, at the rate of 2/- per hour.

In 1951, further improvements in the working conditions were implemented. In May the County Health Committee approved a scheme of "Holidays with pay," which was a temporary measure pending the promulgation of a National Scheme. Details of the arrangements are as follows :—

(i) A full-time employee (i.e. one who undertakes to be available for employment for a minimum of forty-four hours in each working week) shall be allowed, irrespective of length of service, a holiday with a normal day's pay on each of the six public holidays as they occur, or their equivalent.

(ii) A full-time employee who has completed, by the 1st April in any year, not less than twelve months' continuous service shall be allowed an annual holiday of two calendar weeks.

(iii) A full-time employee who has completed, by the 1st April in any year, six months or more continuous service (i.e. up to twelve months) shall be allowed an annual holiday of one calendar week plus a proportionate holiday with pay for each calendar month of service completed beyond six months to that date.

(iv) A full-time employee who has completed, by the 1st April in any year, less than six months' continuous service shall be allowed a proportionate holiday with pay for each month of service completed to that date.

(*a*) A similar scheme, on a pro rata basis, is applied to part-time home helps but restricted to those who have undertaken to be available for employment for a minimum of twenty-two hours in each working week.

(*b*) For the purpose of calculating the payments during holidays an average is taken of the individual employee's wages during the twelve pay weeks immediately preceding the week in which the first day of holiday falls.

Co-operation with other Services.

Close co-operation is maintained with Almoners of local Hospitals, who often recommend patients for the services of a Home Help, particularly at the time of their discharge from hospital.

Other cases are reported through the agency of the general medical practitioners, the County Midwives, and domiciliary Nurses, and also the Council's Health Visitors.

The Health Visitors are supplied with the names and addresses of the Council's Home Helps, so that arrangements can be made at short notice in cases of emergency without reference to the central office.

Home Helps and Tuberculosis Cases.

Mention must be made of the particular difficulties which arise when cases of tuberculosis are referred to the service as being in need of a Home Help. Such cases are, of course, entitled to the facilities available, but special safeguards have to be imposed to protect the personnel. The main problem is the risk of Tuberculosis developing in the Home Help. The measures to be adopted should be those calculated to reduce this risk to the lowest practicable limit. The following suggestions, therefore, have been adopted in dealing with this problem :—

(1) All Home Helps employed in a household where there is an infectious case of tuberculosis should be over forty years of age, and should not have young children of their own.

(2) Home Helps for this work could be drawn from three groups :

(*a*) Tuberculous women with arrested disease, recommended by the Chest Physician as suitable for the work.

(*b*) Close relatives of the patient who are already family contacts. In this connection the County Health Committee has laid down certain conditions with regard to the employment of relatives which will be mentioned later. It is suggested that where family contacts are employed the age limit may be lowered to thirty years in suitable cases.

(*c*) Ordinary domestic helps may be employed subject to the safeguards set out under (1) above, i.e. that they are over forty years of age and do not have young children of their own.

(3) The precautions against infection will vary according to the type of person employed. Home Helps with arrested tuberculosis (group 2 (*a*) above) would, of course, be acquainted with anti-tuberculosis measures and would be under regular supervision by a Chest Physician. Family contacts (group 2 (*b*) above) would also be under the close examination and supervision of the Chest Physician.

Ordinary Home Helps (group 2 (*c*)) should be radiographed on appointment, and subsequently at six monthly intervals.

It is also desirable to transfer the Helps at intervals to other types of case, so as not to use them exclusively for tuberculous households.

(4) Domestic Helps should receive instruction in anti-tuberculosis measures, and this is carried out by the Chest Physician who certifies the Help as suitable for such special employment.

(5) No Home Help should undertake nursing duties, and the use of masks and gloves is not recommended.

(6) It is necessary to obtain the consent of the patient to the disclosure to the Home Help of the nature of the problem, and the Help should only undertake the work as a volunteer.

Employment of Relatives.

There are cases which arise from time to time when the only person able to take on the duties of a Home Help is a relative of the patient. As a safeguard in such cases the County Health Committee has made a rule that a relative may be employed only on the authorisation of the Chairman and Vice-Chairman. A condition of approval is that there is no other suitable Home Help available within reasonable travelling distance, who is willing to undertake the case, and that the Health Visitor for the area should recommend the number of hours to be worked which in any case should not exceed forty-four per week.

Expansion of the Service.

As mentioned at the beginning of this part of the report, the conditions of service of Home Helps had been improved to attract more personnel and to build up the organisation. This resulted in many more women applying to be enrolled and concurrently there was a rapidly increasing demand for their services. The position, in fact, was reached by the middle of the year, when the service was expanding beyond the financial limits imposed by the Committee's estimates of expenditure. This necessitated a review of the whole position by the Committee, and it was decided that the service would have to be reduced to keep it within the estimated expenditure.

It had also become apparent that once a patient had received domestic help it was very difficult to transfer the Home Help to another case. In fact the service tended to stagnate with most Home Helps permanently attached to long term cases. This obviously prevented free movement of personnel and transfer of effort to urgent cases where it was most needed.

The Committee decided finally during 1951 that in order to make Home Helps available to as many persons as possible, the service was to be available in an emergency only and not to provide domestic help in individual cases over a long period ; that the circumstances of each household where a Home Help is employed be reviewed at the end of the first four weeks, and thereafter quarterly.

The application of these principles considerably reduced the cost of the Service, and by early 1952 it was running well within the financial limits laid down.

RULES OF ASSESSMENT.

During the year 1951 the County Health Committee considered the Rules by which the costs of the Home Help Services are assessed. In order to lessen anomalies and with the further object of increasing the income of the Service, a revised scheme was devised. This revised scheme is set out below with certain emendations found to be necessary at a later date, but implemented mainly in January of 1952. The scales set out below are brought up-to-date to the middle of 1952 for convenience of reference.

RULES OF ASSESSMENT

1. The person to be assessed will be the head of the household of the house at which the home help is engaged. For the purpose of this rule an apartment flat or rooms let without attention and meals will be regarded as a house.

2. The assessment will be based on the "assessable income" of the household which will be calculated in the following manner.

3. For the purpose of computing the "assessable income" of the household, there will be determined the "gross income" calculated in the following manner :—

Nature of Income.	*Amount to be brought into Account*
(a) Gross wages, salaries and pensions of the head of the household and wife and any dependent member of the household.	The full amount.
(b) Contribution to the household income by a non-dependent member of the household.	One-half of the net weekly income in excess of 30/-d.
(c) (i) Where the person assessed owns the house in which he resides, any sum which might be obtained by him by selling it or borrowing money on the security of it shall be disregarded. (ii) All other captial assets including war savings shall be aggregated. (iii) The first £400 of the amount arrived at in (ii) to be disregarded. (iv) The next £400 to be treated as equivalent to a weekly income of 6d. for each £25. (v) If the amount arrived at in (ii) exceeds £800 full cost will be charged.	
(d) Payment by a lodger for full or part board.	One-sixth of a payment up to 30/-d. and one-half of the excess over 30/-d.
(e) Proceeds of sub-letting.	The full amount.
(f) All other income or means	The full amount including family allowances and maternity allowances under Section 15 of the National Insurance Act, 1946, but excluding attendance allowance under Section 14 of that Act.

For the purpose of this rule a mother, mother-in-law, father, father-in-law, son, son-in-law, daughter or daughter-in-law, will be treated as a non-dependent unless it is to the advantage of the household that he or she should be treated as a dependent member. All other relatives will be treated as lodgers.

4. From the "gross income" of the household calculated in accordance with Rule 3. there will be deducted :—

(a) The disregards specified in the 2nd Schedule to the National Assistance Act, 1948, so far as they have not been allowed in computing the amount to be brought into account in the "gross income" by Rule 3 (c) and excluding the attendance allowance under Sec. 14 of the National Insurance Act, 1946, and the maternity allowance under Sec. 15 of that Act in maternity cases.

(b) Reasonable expenditure on the following outgoings by the head of the household and wife :—

(i) Fares to and from place of work and incidental expenses necessarily incurred in connection with employment.
(ii) National Insurance.
(iii) Superannuation Contributions.
(iv) Sick club and trade union subscriptions.
(v) Rent (or mortgage repayments) and rates of the house (as defined in Rule 1) in which the household is living.
(vi) Contributions towards maintenance of relatives not forming part of the household.
(vii) Any other amounts which, having regard to the circumstances, appear to be reasonable, e.g., hire purchase instalments on necessaries, school fees, abnormal expenses arising out of sickness.

(c) Personal allowances for the personal needs of members of the household :

Members of the Household.	*Amount to be allowed per week*
Head of household or adult wholly or partially maintaining other members of the household resident with him, or adult living alone	35/0d.
Head of household and wife	59/0d.
Other dependents over 16 years	21/6d. each
Dependants under 16 years :	
First chlld	15/6d.
Other children	11/0d. each
Head of household living in lodgings away from home	Actual cost of board lodgings plus 15/0d. per week (in lieu of 35/0d. per week).
Housekeeper (if any)	22/0d.

The resultant figure will be the "assessable income" of the household.

5. The amount to be paid will be a percentage of the aggregate of the following amounts, viz.:—

One-third of the first £ of assessable income.
One-half of the second £ of assessable income.
Two-thirds of the remainder of assessable income.

The percentage will be :—

Hours of work	%
Not more than 5 ..	30
6—10 ..	40
11—15 ..	50
16—20 ..	60
21—25 ..	70
26—30 ..	80
31—35 ..	90
36—40 ..	100

Where part of a week only is worked in the first and last weeks of service the charge will be at an hourly rate calculated by dividing the weekly assessment by the maximum number of hours in that group.

6. In maternity cases the amount payable per week will be increased by the amount of the attendance allowance under Section 14 of the National Insurance Act, 1946, for the first four weeks, subject to Rule 7.

7. In no case is the assessed hourly rate charged to exceed the full cost charge which until further notice is to be taken as 2/6d. per hour.

8. There will be a minimum charge of 2/6d. per week where the number of hours worked is not more than 20 and 5/-d. per week where the number of hours worked is more than 20. These charges will not be made in the following cases :—

(i) Old age pensioners with no other source of income. Where an old age pensioner has other income apart from his pension the minimum charge must not exceed the assessable income.

(ii) Cases being assisted by the National Assistance Board.

9. Where an allowance is being made in any case by the National Assistance Board the case will be regarded as a "nil" assessment, subject to confirmation being received from the Board that the allowance does not include any amount for domestic help. If the allowance includes an amount for domestic help, such amount will be collected in full.

MENTAL HEALTH SERVICE

(Section 51)

The Local Health Authority is responsible for the Mental Health Service in the County and the work is administered by the County Health Committee with the assistance of its Mental Health Sub-Committee.

STAFF.

The County Medical Officer is in control of the Mental Health work and eight Medical Officers having special experience in mental deficiency have been authorised to act as Certifying Officers under the Mental Deficiency Acts. The Mental Health staff includes a Senior Mental Health Social Worker, three Mental Health Social Workers and fifteen Duly Authorised Officers. The Duly Authorised Officers are also Welfare Officers and, as such, are on the staff of the County Welfare Committee. They work from ten centres in the County and are employed about one-third of their time on Mental Health work under the Lunacy and Mental Treatment Acts. 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. During the past year a scheme has been put into operation enabling the Duly Authorised Officers to be "off-call" one week-end in four. The names and telephone numbers of the reliefs are also shown on the list :—

LIST OF DULY AUTHORISED OFFICERS, LUNACY & MENTAL TREATMENT ACTS.

Area.	*Parishes, etc.*	*Duly Authorised Officers.*
N.W.1.	Glossop Borough New Mills Urban District. Whalley Bridge Urban District. Chapel-en-le-Frith Rural District. Buxton Borough.	H. Broadbent, Divisional Welfare Offices, Ellison Street, Glorsop. Tel. Office : Glossop 74. Home : Glossop 700. Weekend Relief : A. Hannaford. Tel. Bakewell 3195.
N.E.1.	Chesterfield Borough.	D. Bostock, Divisional Welfare Offices, Newbold Road, Chesterfield. Tel. Office : Chesterfield 3206/7. Home : Chesterfield 4816. Weekend Relief : T. Brailsford. Tel. Staveley 7375.
N.E.2.	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. Weekend Relief : A. Hannaford. Tel. Bakewell 3195.
N.E.3.	Dronfield Urban District Clay Cross Urban District Shirland and Higham Temple Normanton Holmesfield Unstone Brampton Barlow Brimington Walton Wingerworth Calow Ashover Hasland Pilsley Tupton Brackenfield Morton Wessington Stretton Blackwell Tibshelf	H. Allen, Divisional Welfare Offices, Newbold Road, Chesterfield. Tel. Office : Chesterfield 3206/7. Home : Chesterfield 4056. Weekend Relief : R. Mallinder. Tel. Chesterfield 4094.
N.E.4.	Eckington Beighton Killamarsh Clowne Barlborough Staveley Urban District	W. Woods, Parish Council Office, Eckington. Tel. Office : Eckington 157 Home : Eckington 144 Weekend Relief : R. Mallinder. Tel. Chesterfield 4094.
N.E.5.	Whitwell Elmton Scarcliffe Shirebrook Pleasley Glapwell Ault Hucknall Heath Bolsover Urban District Sutton-cum-Duckmanton North Wingfield	W. E. Wadsworth, Cliff House, Shirebrook. Tel. Office : Shirebrook 270. Home : Shirebrook 251. Weekend Relief : T. Brailsford. Tel Staveley 7375.
S.1.	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. Weekend Relief : G. Severn Tel. Ilkeston 1381.

S.2.	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. Weekend Relief : C. E. Daws. Tel. Derby 55172
S.3.	Ilkeston Bor. Mapperley, West Hallam Dale Abbey Stanton-by- Dale Sandiacre Breaston Long Eaton Urban District Draycott and Church Wilne	Shipley Stanley Morley Ockbrook Hopwell Risley	H. Bishop, Rutland Chambers, Lord Haddon Road, Ilkeston. Tel. Office : Ilkeston 492. Home : Long Eaton 380. Weekend Relief : G. Severn. Tel. Ilkeston 1381.
S.4.	Littleover Sinfin Moor Swarkestone Barrow-on-T. Chellaston Stanton-by- Bridge Derby Hills Repton Rural District Swadlincote Urban District Sinfin and Arleston Alvaston and Boulton Shardlow and Great Wilne	Elvaston Aston Weston Melbourne Spondon Breadsall Chaddesden	C. R. Smith, 2, Wilson Street, Derby. Tel. Office : Derby 45468/9. Home : Repton 338 Weekend Relief : C. E. Daws. Tel. Derby 55172.

MENTAL HEALTH.

Mental Health can be understood more easily if the difference between a mental defective and a person of unsound mind is appreciated.

Mental deficiency has been well defined as :—

> "A state of incomplete mental development of such a kind and degree that the individual is incapable of adapting himself to the normal environment of his fellows in such a way as to maintain existence independently of supervision, control or external support."

Put in another way, a mental defective is a person suffering from arrested or incomplete development of mind arising before the age of eighteen years. Mental defectives are dealt with under the Mental Deficiency Acts.

Persons of unsound mind, although suffering from mental illness, may have fully developed minds. Their condition has been brought about by physical illness or other cause, and as a consequence they have become out of harmony with their surroundings. Cases of mental illness may be dealt with under the Lunacy or Mental Treatment Acts, as appropriate, but it should be pointed out that a mental defective may also suffer from mental illness.

Your attention is drawn to the following important extracts from legislation dealing with mental defectives :—

Section 1, Mental Deficiency Act, 1913, as amended by section 1 of the Mental Deficiency Act, 1927, and the Education (Miscellaneous Provisions) Act, 1948.

"1—(1) The following classes of persons who are mentally defective shall be deemed to be defective within the meaning of this Act :—

(*a*) Idiots, that is to say, persons in whose case there exists mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers ;

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

(*c*) Feeble-minded persons, that is to say, persons in whose case there exists mental defectiveness which, though not amounting to imbecility, is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others, or, in the case of children, involves disability of mind of such a nature and extent as to make them, for the purposes of section fifty-seven of the Education Act, 1944, incapable of receiving education at school ;

(*d*) Moral defectives, that is to say, persons in whose case there exists mental defectiveness coupled with strongly vicious or criminal propensities and who require care, supervision and control for the protection of others.

(2) For the purpose of this section, 'mental defectiveness' means a condition of arrested or incomplete development of mind existing before the age of eighteen years, whether arising from inherent causes or induced by disease or injury."

Section 57 (4) of the Education Act, 1944.

"(4) For the purposes of this section, a child shall be deemed to be suffering from a disability of mind of such a nature and extent as to make him incapable of receiving education at school not only if the nature and extent of his disability are such as to make him incapable of receiving education, but also if they are such as to make it inexpedient that he should be educated in association with other children either in his own interests or in theirs."

Circumstances which render a person, being a defective, liable to be dealt with, upon petition, under the Mental Deficiency Act, 1913.

He is found :—

(*a*) neglected ;
(*b*) abandoned ;
(*c*) without visible means of support ;
(*d*) cruelly treated.

He is a person :—

(*e*) with respect to whom a representation has been made to the local health authority by his parent or guardian that he is in need of care or training which cannot be provided in his home.

He is :—

(*f*) found guilty of any criminal offence ;

(*g*) ordered to be sent to an approved school under the Children and Young Persons Act, 1933.

(*h*) found liable to be ordered to be sent to an approved school under the Children and Young Persons Act, 1933.

(*i*) detained (otherwise than on remand or while awaiting trial or sentence or under civil process) in a prison or other institution to which the Prisons Acts, 1865 to 1898 apply ;

(*j*) detained in a remand home ;

(*k*) detained in a school approved under section seventy-nine of the Children and Young Persons Act, 1933 ;

(*l*) detained in an inebriate reformatory ;

(*m*) detained in an institution for persons of unsound mind ;

(*n*) detained in a Broadmoor institution ;

(*o*) a habitual drunkard within the meaning of the Inebriates Acts, 1879 to 1900 ;

(*p*) a person who is for the time being the subject of a report in force under the enactments relating to education that he has been found incapable of receiving education at school, or that by reason of a disability of mind, he may require supervision after leaving school.

Children who have a subnormal intelligence may be divided into, roughly, those who are educable and those who are ineducable. The ones that are educable are the responsibility of the Education Authority and may be taught in special classes at day schools or in special residential schools. Ineducable children are reported by the Local Education Authority to the Local Health Authority and their care in the community then becomes the responsibility of the latter.

A number of mental defectives are able to live happy, and occasionally useful lives, especially where the home conditions are good. Some are able to work and earn their own living—in fact, they may not be subjected to be dealt with under the Mental Deficiency Acts. The circumstances under which they may become liable to be dealt with under the Mental Deficiency Acts, are set out above.

When mental defectives are cared for in their own homes they are supervised by the Mental Health Social Workers on the staff of the County Health Department and a number of them attend the Occup-

ation Centres provided by the County Council at Chesterfield and Ilkeston. The lower grades. and those with anti-social tendencies are admitted to institutions, which it is the responsibility of the Regional Hospital Boards to provide. Unfortunately, there is a considerable shortage of staff and beds throughout the country and as a consequence it is not possible to admit many urgent and deserving cases. It should be stated that mental defectives may be placed under 'Guardianship Orders' where necessary.

Three Mental Health Social Workers deal principally with the supervision, care and after-care of mental defectives and their duties are as set out below :—

Duties of Mental Health Social Workers.

(1) Notifications concerned with the ascertainment of mental defectives.

(2) Preparing information for and assisting with Petitions under the Mental Deficiency Acts.

(3) Visiting and reporting on the general care and home conditions of mental defectives under statutory supervision, voluntary supervision and under 'Guardianship Orders.'

(4) Advising parents on the training of mentally defective children, giving information about Institutions and admission thereto.

(5) Finding employment in suitable cases.

(6) Arranging attendance at Occupation Centres.

(7) Supervising mental defectives on licence or holiday leave from Institutions.

(8) Co-operating with other Social Workers such as Psychiatric Social Workers, Almoners, Probation Officers, etc., dealing with the special needs of mental defectives and patients suffering from mental illness.

OCCUPATION CENTRES.

Two Occupation Centres have been established in the County, one at Chesterfield and the other at Ilkeston. The pupils are conveyed by means of 'buses, which cover a radius of about ten miles North and ten miles South of each Centre. To enable the Centres to run on reasonably economical lines it is necessary to draw on a fairly large and compact population, otherwise the pupils would spend an inordinate time on the journeys as compared with the time actually spent in the Centre.

The pupils are taught simple handicrafts, and, through the School Meals Service, are provided with a good hot meal at midday. This serves the useful purpose of furnishing an opportunity for instruction in table manners and the proper use of cutlery.

The Occupation Centres are appreciated by parents, and assist in bridging the gap caused by the shortage of residential institutional accommodation at the present time.

Chesterfield.

This Centre had an average of about forty pupils on the register during the year 1951. The staff employed was as follows :—

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

Assistant Supervisor : Miss F. A. M. Jones (January - March, 1951).

Miss D. Millward (March - December, 1951).

One Guide Help.

The Supervisor reports as follows concerning the work of the Chesterfield Centre during the year 1951 :—

"In January, 1951 the number on the register was forty-three. The staff were Miss Jones, Assistant Superivsor, Mrs. Hill, Guide Help, and myself.

During the year six older boys were excluded, one of whom I have kept interested by letting him have some handwork to do whilst at home. One child was excluded for unsuitability and three left the Centre, one of whom is working at the Pottery Factory and is doing quite well. Smaller children were admitted in their places. The number on the register in December was forty-two.

In March Miss Jones left the Centre to be married and a presentation was made to her from the children and staff, and parents were invited. Miss Millward, the new Assistant Supervisor, commenced in March.

Six children have received free dinners due to the fact that the father was deceased or not working. School dinners from Eckington were satisfactory and mid-morning milk was provided. Two children were taken to Chesterfield Royal Hospital for treatment, one girl had a splinter in her finger nail and the boy cut his eyebrow by running into someone carrying the dinner containers.

The piano has proved a very great asset. A fire extinguisher was installed, also a gate was fixed at the bottom of the steps in the yard.

During the year three students came to the Centre for part of their practical training from the National Association for Mental Health and Miss Dean, the tutor of the course visited twice. Dr. Davidson-Lamb made three visits to medically examine the children.

Members of the Committee have made monthly visits. Miss Beardmore periodically attended to inspect the children's heads and Mr. Wynne and Mr. Shimwell frequently helped to keep contact with home and Centre. In November, Miss Gavin, Inspector from the Board of Control, visited the Centre.

This year we were not able to take the children to the sea but through the kindness of Mr. R. Wetton, the school 'bus proprietor, two half-day outings were arranged, the first one being to Edwinstowe and Ollerton and a tour round the Dukeries. I took some of the children to see the famous Major Oak Tree in Sherwood Forest. We all had a picnic tea by the side of the river where Mr. Wetton had a caravan. Two swans and cygnets helped to share our tea. The highlight of the day was Mr. Wetton and I taking a few of the children at a time on the river in his rowing boat ("Oh my arms !") The second outing was to Matlock and a tour round part of Derbyshire. It was not such a nice day as the first day. We stayed at Matlock and walked around the Park and played on the swings. This time we had to have our picnic tea in the 'bus as it was raining but the children enjoyed it just as much. We came back through Chatsworth Park, went and had a look at the waterfalls in the river and then made our way back to Chesterfield.

Walks have been made in Queens Park, which is near the Centre, in an endeavour to arouse interest in nature study. These walks always ended in the pleasure part.

Two Open Days were held including a Sale of Work. the parents buying most of the children's handwork. Owing to the illness of two of the staff, the Christmas Open Day was postponed as one 'bus load of children had to stay away from the Centre for a fortnight. We were able to have the Children's Party, Mr. Wetton again being most generous and helpful in providing a lovely Christmas tree, and each child received an apple and orange. Mr. Wetton acted as Father Christmas (a part which he loves to play and I believe that he would be most disappointed if he was not asked) and handed each child a suitable present. Afterwards, as described in the *Derbyshire Times*, an "outsize tea" was served.

As far as possible the children have been graded into three groups. This year it has proved very difficult owing to Miss Millward being entirely new to the work and an increase in the number of young children. Mrs. Hill has had the very young children and this has not left her much time for her duties. Miss Millward took the more trainable ones and myself the rest. The programme is varied to try and hold the interest of each child. It consists of Assembly, Hymn, Prayer, Hygiene, Sense Training, P.T., Paper Work, Crayoning, Handwork, Singing, Dancing, Action Songs, Percussion Band and Eurythmics, Music playing a very great part.

Progress has been made but handicapped due to the admittance of smaller children and staffing difficulties. I have found the students a great help, especially Miss Sparkes, who has been almost one of the staff owing to the illness of Miss Millward.

I would like to add my appreciation to Miss Millward and Mrs. Hill for their loyal support and to Mr. Wynne and Mr. Shimwell for their co-operation. Also Mr. Wetton for his generosity and Mr. Middleton, the caretaker, who has kept the Centre clean and warm."

Ilkeston.

This Centre is held at St. Mary's Schools, Hallcroft Road, Ilkeston, and had an average of about forty pupils on the register during the year 1951. The staff was 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. L. Buck.

One Guide Help.

The Supervisor reports as follows concerning the work at the Centre during 1951 :—

"There were thirty-seven patients attending the Centre at the beginning of the year. Seven of the older ones were later excluded to make room for new entrants. Nine were admitted, all under nine years of age. Two of the remainder left, as their parents thought they had improved sufficiently to help at home, leaving thirty-nine on the register. Although handicapped by being short staffed at the beginning of the term, and then illness necessitated closing from January 26th to February 7th, it was on the whole a progressive year.

A Wendy House, purchased for the smaller children, was duly admired and coveted by old and young alike, much pleasure being derived from it.

The boys dug sixteen square yards of ground and every one planted seeds. Poppies, marigolds, cornflowers, nasturtiums and virginia stock made a cheerful display until late October.

New ventures included plywood puzzles made with fretsaws, a very popular pastime with the boys, cane work, hand loom weaving, rugmaking and candlewick embroidery. The standard of handwork was a little higher than previously.

Finished articles were eagerly bought by proud parents at the Open morning on Tuesday, December 11th, when sales amounted to £14/0/9d. A nautical programme with all patients dressed as sailors and giving appropriate song, dance and band items, was enjoyed by all.

The year ended with the usual Christmas Party on Thursday, December 20th, everyone receiving an orange, apple and a bar of chocolate, in addition to a gift. Ice cream cake, sandwiches and jellies were rapidly consumed in a gaily decorated room adorned by a fourteen-foot Christmas tree."

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

Arrangements have been continued to co-ordinate the Mental Health work of the Local Health Authority with the work of the two Regional Hospital Boards and the various Hospital Management Committees. Unfortunately great difficulties were experienced owing to the serious shortage of accommodation in Institutions, especially in the case of mental defectives. Increasing pressure from relatives and others was received in respect of many urgent cases awaiting admission. In this County the urgent waiting list has reached a total of 130 and in the whole of the Sheffield Hospital Board Region the number waiting is 500. It is to be regretted that there would appear to be little possibility of many of these patients being found beds in Institutions for a considerable time. By arrangement with the Medical Superintendents of the various Institutions, mental defectives on licence or on holiday leave from Institutions are visited by the Mental Health Social Workers and periodic reports are forwarded to them. The Duly Authorised Officers regularly visit and report on the home conditions of patients in Mental Hospitals about to be allowed leave of absence on trial under Section 55 of the Lunacy Act, or about to be boarded out under Section 57. Reports are also sent to various Hospital Management Committees concerning the progress of patients while at home.

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.

As shown in the list of duties of the Mental Health Social Workers a large part of their work is in respect of the care and after-care of mental defectives by means of visits to the patients and parents in their homes. During the year 1951, 864 mental defectives were under statutory supervision at home while 459 were under voluntary supervision. Bi-monthly or three monthly visits are made to the homes but where necessary visits are made at shorter intervals. Detailed reports are forwarded to the Central Office and these reports are then entered on the patient's case papers, thus providing a continuous history of every case. The visits of the Mental Health Social Workers are in practically all cases welcomed by the patients and parents. The help and advice of the Visitors are sought by parents and a spirit of friendliness is thus engendered. In a number of cases various forms of employment have been found for defectives and in certain instances, owing to the demand for labour during the past few years, they have been able to command full wages.

(*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 1951. In respect of 483 of these patients the Duly Authorised Officers obtained Orders and in the case of a number of voluntary patients admitted to Mental Hospitals they gave information and advice to relatives and others.

During the period 1st January to 31st December, 1951, the following number of patients were admitted to Mental Hospitals :—

TABLE XXXIV.

	Males	*Females*	*Total*
The Pastures Hospital, Mickleover	280	428	708
Scarsdale Hospital, Chesterfield	77	71	148
Parkside Mental Hospital, Macclesfield	15	22	37
Andressey Hospital, Burton-on-Trent	2	1	3
Mapperley Hospital, Nottingham	20	24	44
Kingsway Hospital, Derby	4	11	15
Middlewood Mental Hospital, Sheffield	1	3	4
Lake Hospital, Ashton-under -Lyme	2	–	2
Shaw Heath Mental Hospital, Stockport	2	6	8
St. Matthew's Hospital, Burntwood, Near Lichfield	1	2	3
Claybury Hospital, Woodford Bridge, Essex	2	–	2
St. George's Hospital, Stafford	1	–	1
Ollersett View, New Mills	–	2	2
Stanley Royd Hospital, Wakefield	–	1	1
Fir Vale, Sheffield	1	–	1
Whittingham Mental Hospital, Near Preston	–	1	1
City General Hospital, Stoke-on-Trent	1	–	1
	409	572	981

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

TABLE XXXV.

	Males	*Females*	*Total*
Lunacy Act, 1890.			
Summary Reception Orders (Sec. 16)	117	158	275
Duly Authorised Officers' 3-day Orders (Sec. 20)	31	22	53
Justices' 14-day Orders (Sec. 21)	49	89	138
Urgency Orders (Sec. 11)	1	–	1
Mental Treatment Act, 1930.			
Temporary Patients (Sec. 5)	3	13	16
Voluntary Patients	208	290	498
	409	572	981

It is gratifying to observe from the last table that more than half the patients admitted to Mental Hospitals in this County go in as voluntary patients. Set out below are the various procedures by means of which persons suffering from mental illness may be dealt with under the Mental Treatment Act and Lunacy Acts :—

MENTAL TREATMENT ACT, 1930.

Voluntary Treatment—Section 1.

A patient who can express his wish to undergo mental treatment voluntarily may apply in writing to the medical superintendent of a mental hospital, or other place approved for the purpose by the Ministry of Health. No medical certificates are required unless the patient is under sixteen years of age, when written application may be made by the parent or guardian, accompanied by the recommendation of one registered medical practitioner who must be either the usual medical attendant of the patient, or a practitioner approved by the Board of Control or the Local Health Authority within whose area the patient then is. The Duly Authorised Officers are therefore not responsible either for initiating or for completing action under this Section. They do, however, advise doctors or patients, when called upon to do so, as to the procedure, and assist in any way possible. The patient once received for voluntary treatment can take his discharge at any time by giving seventy-two hours notice. Notice is given by the parent or guardian of patients under the age of sixteen years.

Temporary Patients—Section 5.

An application for temporary treatment without certification may be made by the husband, wife or relative of the patient, or one of these persons may request the Duly Authorised Officer to make the application to the person having charge of the premises into which the patient is to be received. Two medical recommendations are necessary; one of these must be made by a specially approved medical practitioner who shall not be the patient's usual medical attendant, and the other by the patient's usual medical practitioner. Under this procedure it is permissible for the doctors to examine the patient separately, or acting together. A patient dealt with under this Section must be incapable at the time of expressing willingness to undergo treatment; he must be suffering from mental illness and likely to benefit from temporary treatment. The period of temporary detention is not to exceed six months, but in certain circumstances this period may be extended.

LUNACY ACT, 1890.

This Act sets out the various procedures for the reception of persons of unsound mind and they are summarised as follows :—

(1) Reception Orders on Petition—Sections 4—8.

(2) Urgency Orders—Section 11.

(3) Reception after Inquisition—Section 12.

(4) Summary Reception Orders—Sections 13—22.

The procedure under 1, 2 and 3 is rarely used these days, whereas the procedure under 4 is far more common. It is proposed to set out the procedure for obtaining the various Summary Reception Orders in detail :—

Section 15. *Person of unsound mind wandering at large to be brought before a Justice.*

(*a*) A Duly Authorised Officer of the Local Health Authority or any constable who has reasonable ground for believing that any person wandering at large in the area of the Authority is a person of unsound mind, shall immediately apprehend and take the said person, or cause him to be apprehended and be taken, before a Justice.

(*b*) Any Justice, upon the information upon oath of any person that a person wandering at large within the limits of his jurisdiction is of unsound mind, may by order require any constable or Duly Authorised Officer of the Local Health Authority for the area where the said person is, to apprehend him and bring him before the Justice making the Order, or any Justice having jurisdiction where the said person is.

Section 16. *Person of unsound mind brought before a Justice may be sent to an Institution for Persons of Unsound Mind.*

A Justice before whom a person alleged to be of unsound mind or such a person wandering at large is brought, shall call in a Medical Practitioner and if, upon examination or other proof, the Justice is satisfied that he is of unsound mind and is a proper person to be detained and if the Medical Practitioner signs a medical certificate the Justice may by order direct the said person to be received and detained in an Institution for persons of unsound mind.

This procedure is commonly called a "Summary Recept;on Order."

Section 20. *Removal of person of unsound mind to Hospital or part of Hospital designated by Minister.*

If a Duly Authorised Officer of the Local Health Authority or any constable is satisfied that it is necessary for the public safety or welfare of any person alleged to be of unsound mind for the person to be placed under care and control, the officer or constable may remove the said person to any hospital or part of a hospital vested in the Minister (whether a mental hospital or not), but no person shall be detained under this Section for more than three days.

This procedure is often called a "Duly Authorised Officer's or Police Constable's Three-Day Order."

Section 21. *Temporary removal of person of unsound mind to Hospital or part of Hospital under Order of Justice.*

(*a*) In any case where a Summary Reception Order might be

made under Section 16, if any Justice is satisfied it is expedient for the welfare of the person of unsound mind, or for the public safety, that the said person shall be placed under care or control and if it appears to him that there is proper accommodation in any Hospital or part of a Hospital designated for the purpose may make an Order for taking the said person to and receiving him therein.

(*b*) An Order under this Section shall not authorise the detention of the person for more than fourteen days.

(*c*) An Order under this Section may be made by any Justice having jurisdiction in the place where the person of unsound mind is.

This is commonly known as a "Justice's Fourteen Day Order."

Section 21A. Further temporary detention of person of unsound mind in Hospital or part of Hospital.

Where any person is detained, whether under Section 20 or 21, in any Hospital designated for the purpose, and while he is so detained the Medical Officer of the Hospital certifies that he is of unsound mind and it is expedient for his welfare that he should be detained at the Hospital for a further period, he may be detained for a period not exceeding fourteen days from the date of the certificate.

(*C*) *Under the Mental Deficiency Acts*, 1913—1938.

The following Table gives details of the number of mental defectives reported and dealt with during the year 1951 and also shows the numbers of mental defectives in the County on 1st January, 1952 :—

TABLE XXXVI.

	During 1951				*Total cases as at 1st January,* 1952			
	Under age 16		*Aged* 16 *and over*		*Under age* 16		*Aged* 16 *and over*	
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
1. *Particulars of cases reported during* 1951 :—								
(a) Cases reported by Local Education Authorities (Section 57, Education Act, 1944) :—								
(i) Under Section 57 (3) ..	33	43	–	–	–	–	–	–
(ii) Under Section 57 (5) :—								
On leaving special schools	1	1	–	–	–	–	–	–
On leaving ordinary schools	1	–	–	–	–	–	–	–
(b) Cases referred by the Police or by the Courts under Sect. 8 (1) (a) (or as a result of other action by the Courts) ..	–	2	4	4	–	–	–	–
(c) Other defectives reported during 1951 :—								
(i) found "subject to be dealt with"	2	1	5	10	–	–	–	–
(ii) not at present "subject to be dealt with"	6	3	13	16	–	..–	–	–
Total number of cases reported during the year :—	43	50	22	30	–	–	–	–
2. *Disposal of cases*								
(a) those found "subject to be dealt with" :								
(i) Placed under Statutory Supervision	34	43	3	3	164	161	262	273
(ii) Placed under Guardianship	–	–	–	–	–	–	2	2
(iii) Taken to "Places of Safety"	–	–	2	1	1	–	4	1
(iv) Admitted to Institutions..	2	2	1	6	10	7	220	291
(v) Died or removed from area	1	2	2	2	–	–	–	–
(vi) Action not yet taken ..	–	–	–	–	–	–	–	–
(b) Those not at present "subject to be dealt with" :								
(i) Placed under Voluntary Supervision	5	3	9	10	11	13	209	226
(ii) Later found not to be defective	–	–	3	7	–	–	–	–
(iii) Died or removed from area	1	–	2	1	–	–	–	–
(iv) Action unnecessary ..	–	–	–	–	–	–	–	–
(v) Action not yet taken ..	–	–	–	–	–	–	–	–
Total of item 2 ..	43	50	22	30	186	181	697	793
	145				1,857			

	During 1951				Total Cases at 1st January, 1952				
	Under age 16		Aged 16 and over		Under age 16		Aged 16 and over		
	M.	F.	M.	F.	M.	F.	M.	F.	Total
3. *Classification of defectives in the Community on* 1.1.52									
(a) Cases included in item 2 (a) (i) to (iii) above in need of institutional care :									
(1) In urgent need of institutional care :									
(i) cot and chair cases	–	–	–	–	10	11	–	2	23
(ii) ambulant low grade cases	–	–	–	–	30	19	10	5	64
(iii) medium grade cases	–	–	–	–	10	8	9	5	32
(iv) high grade cases..	–	–	–	–	1	2	4	6	13
					51	40	23	18	132
(2) Not in urgent need of institutional care :—									
(i) cot and chair cases	–	–	–	–	3	1	2	2	8
(ii) ambulant low grade cases	–	–	–	–	6	3	10	9	28
(iii) medium grade cases	–	–	–	–	2	2	17	10	31
(iv) high grade cases..	–	–	–	–	–	–	3	4	7
Total of item 3 (a) ..	–	–	–	–	62	46	55	43	206

	Under age 16		Aged 16 and over	
	M.	F.	M.	F.
3. *Classification of defectives in the Community on* 1.1.52 (*continued*).				
(b) Of the cases included in item 3 (a) number in need of institutional care *only* because of poor environment :—				
(i) medium grade cases	–	–	–	1
(ii) high grade cases	1	–	–	–
Total of item 3 (b)	1	–	–	1
(c) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i), number considered suitable for :—				
(i) occupation centre	75	70	14	19
(ii) industrial centre	–	–	20	11
(iii) home training	3	1	8	19
Total of item 3 (c)	78	71	42	49
3. *Classification of defectives in the Community on* 1.1.52 (*continued*).				
(i) in occupation centre	37	28	7	9
(ii) in industrial centre	–	–	–	–
(iii) at home	–	–	–	–
Total of item 3 (d)	37	28	7	9

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1951, who have ceased to be under any of these forms of care during 1951.

	M.	*F.*	*T.*
(a) Ceased to be under care	17	13	30
(b) Died, removed from area, or lost sight of ..	28	25	53
Total ..	45	38	83

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care. ..

(a) Number who have given birth to children while unmarried during 1951 2

	Males	*Females*
(b) Number who have married during 1951 ..	–	4

6. Number of patients admitted to Institutions for Mental Defectives during the year 1951.

	M.	*F.*	*T.*
(a) By Order :			
(i) Under 16 years of age	3	5	8
(ii) Aged 16 years and over	3	10	13
Total admitted by Order	6	15	21
(b) Admitted to "Places of Safety"	5	1	6
Total ..	11	16	27

MENTAL HOSPITAL CATCHMENT AREAS.

The two Regional Hospital Boards have arranged the following Catchment Areas for Derbyshire cases :—

North West Area. (That is, that part in the area of the Manchester Regional Hospital Board, comprising Buxton Borough, Glossop Borough, New Mills Urban District, Whaley Bridge Urban District and Chapel-en-le-Frith Rural District).

Parkside Mental Hospital,
Macclesfield. Telephone : Macclesfield 2617.

Long Eaton Urban District and Shardlow Rural District.

Kingsway Hospital,
Derby. Telephone : Derby 44393.

Remainder of County.

The Pastures Hospital,
Mickleover, Derby. Telephone : Derby 53921.

MORBIDITY IN THE WORKING POPULATION.

The Ministry of National Insurance hopes, in due course, to make use of the Medical Certificates submitted in connection with Sickness Benefit Claims for the compilation of analysed morbidity statistics which will be of value to Medical Officers of Health. Experimental work is in progress in this connection but it will be some time before the possibilities can be determined. Meanwhile it has been suggested that the fluctuations in the weekly figures representing total (unanalysed) new claims to Sickness Benefit compiled in each of the Local Offices of the Ministry may give some index of the general health of the population using each office, notably, say, in indicating the onset and progress of seasonal or epidemic influenza.

The Local Offices of the Ministry of National Insurance do not serve sharply defined Local Authority areas and the claimants may use whichever Local Office is convenient. Broadly speaking, however, the Local Office figures relate to the insured population resident in the area served and figures from the Local Offices within the administrative area of a Local Authority will give some picture relating to that area, especially if considered in the light of special knowledge. It should be borne in mind that uninsured persons (children, the aged, many married women) are outside the scope of these proposals which may be said by and large to cover the working population.

The total morbidity figures for the working population using Local Offices in the County for the year 1951 are set out below :—

January	2nd	..	1,867	July	3rd	..	938
,,	9th	..	2,363	,,	10th	..	976
,,	16th	..	2,711	,,	17th	..	941
,,	23rd	..	3,886	,,	24th	..	870
,,	30th	..	4,210	,,	31st	..	971
February	6th	..	3,828	August	7th	..	716
,,	13th	..	2,711	,,	14th	..	855
,,	20th	..	1,956	,,	21st	..	898
,,	27th	..	1,534	,,	28th	..	900
March	6th	..	1,427	September	4th	..	977
,,	13th	..	1,481	,,	11th	..	1,056
,,	20th	..	1,471	,,	18th	..	1,096
,,	27th	..	881	,,	25th	..	1,130
April	3rd	..	1,286	October	2nd	..	1,314
,,	10th	..	1,202	,,	9th	..	1,363
,,	17th	..	1,194	,,	16th	..	1,271
,,	24th	..	1,124	,,	23rd	..	1,292
May	1st	..	1,077	,,	30th	..	1,361
,,	8th	..	1,020	November	6th	..	1,329
,,	15th	..	820	,,	13th	..	1,305
,,	22nd	..	959	,,	20th	..	1,252
,,	29th	..	1,034	,,	27th	..	1,129
June	5th	..	891	December	4th	..	1,100
,,	12th	..	920	,,	11th	..	1,010
,,	19th	..	957	,,	18th	..	1,025
,,	26th	..	951	,,	25th	..	928

Average per week — 1,380

In this country in the past we have been provided with information regarding the causes of death and notifications of certain infectious diseases and have been prone to draw from them certain

conclusions regarding the public health. I think it is true to say that we have little knowledge about the physical and mental health of the majority of the population of this country but the incidence of sickness in the working population which is now being provided, lacking in detail as it is, is a step in the right direction.

TABLE XXXVII.

Cases of Notifiable Diseases notified during 1951
as reported by the Local Medical Officers of Health.

Urban Districts	T'berculosis		Small-Pox.	Scarlet Fever	Diphtheria.	Typhoidal Fevers.	Puerperal Pyrexia.	Cerebro-Spinal Fever.	Erysipelas.	Ophth. Ncon.	Enceph. Letharg.
	Pulmonary.	Other.									
Alfreton	29	1	–	12	–	1	–	–	2	–	–
Ashbourne	2	–	–	13	–	–	–	–	4	–	–
Bakewell	5	–	–	10	–	–	–	–	1	–	–
Belper	10	2	–	34	–	1	4	–	4	2	–
Bolsover	6	3	–	27	1	–	1	1	1	–	–
Buxton (Borough) ..	17	3	–	32	–	–	–	–	–	–	–
Chesterfield (Borough)	42	3	–	138	–	–	2	–	9	–	–
Clay Cross	1	–	–	20	–	–	–	1	1	–	1
Dronfield	4	–	–	57	–	–	–	–	3	–	–
Glossop (Borough) ..	12	5	–	10	–	–	3	–	2	–	–
Heanor	20	4	–	72	–	–	–	3	5	–	–
Ilkeston (Borough) ..	28	3	–	11	–	–	3	–	4	1	1
Long Eaton	22	3	–	39	–	–	2	–	4	–	–
Matlock	6	1	–	7	–	–	2	3	–	–	–
New Mills	1	1	–	2	–	–	–	–	1	–	–
Ripley	16	3	–	21	–	1	2	–	2	–	–
Staveley	8	–	–	33	–	–	1	–	–	–	1
Swadlinctoe	11	4	–	13	–	–	–	–	3	–	–
Whaley Bridge ..	2	1	–	2	–	–	–	–	1	–	–
Wirksworth	5	–	–	1	–	–	–	–	1	–	–
Urban Districts ..	247	37	–	554	1	3	20	8	48	3	3
Rural Districts											
Ashbourne	7	2	–	19	–	–	–	–	6	–	–
Bakewell	6	3	–	23	–	–	–	1	1	–	–
Belper	23	8	–	29	–	6	2	1	5	–	–
Blackwell	30	8	–	62	–	–	–	1	5	–	–
Chapel-en-le-Frith ..	14	6	–	11	–	–	–	–	–	–	–
Chesterfield	42	7	–	91	–	1	1	–	20	3	–
Clowne	10	1	–	48	–	–	2	–	5	–	–
Repton	17	1	–	19	–	4	–	–	2	–	–
Shardlow	58	6	–	67	–	7	3	3	6	–	–
Rural Districts ..	207	42	–	369	–	18	8	6	50	3	–
Urban Districts ..	247	37	–	554	1	3	20	8	48	3	3
Whole County ..	454	79	–	923	1	21	28	14	98	6	3

The following are excerpts from a monograph by Doctor C. E.-A. Winslow, *The Cost of Sickness and the Price of Health*, in the *World Health Organisation : Monograph Series*, (1951) :—

Definition of Public Health :

"The following definition, suggested many years ago,[1] represents the modern conception of the term 'public health.'"

> 'Public health is the science and the art of preventing disease, prolonging life, and promoting physical health and efficiency through organised community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organisation of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health' ".

* * * * * *

"As WHO has stated :[2]

> 'Food production does not improve only by destruction of weeds. Health will not improve greatly only by attacking disease . . .' ".

* * * * * *

"In a ten-year plan for development and welfare in Nigeria, it is stated that :[3] [4]

> 'Permanent improvement in a nation's health cannot be secured by clinical medicine alone. There must be a steady advance in all factors which contribute towards healthy life, good water supplies, housing, sanitation, nutrition, and conditions of work".'.

* * * * * *

". . . the relations of the national health service to the local health services show the widest variations. At one extreme are countries where the national health administration provides all the health services which are available. At the opposite extreme is the USA where the national health administration has no powers of its own except in regard to overall quarantine regulations, otherwise serving merely as a stimulating agency to the State and local health departments. In Switzerland, also, the powers of the central health department are strictly limited by the Federal Constitution and each of the twenty-two cantons has its own separate health machinery. In other European countries the central administrator may deal directly with local health officers, as in Bulgaria. In the Netherlands, the national department supervises and, if necessary, supplements the provincial and municipal health services. In Norway, the central health administrator supervises the work of 380 health officers in provinces, districts and towns, who divide their time between public-health work and private practice. In some countries, as in Greece, the national health department provides direct local service by maintaining health centres, health institutes, and hospitals and clinics in local areas."

"Statistics as to nurses available in various countries are highly incomplete. In the USA, one professionally trained nurse is available per 300 population. In Kenya and Indonesia the ratio is one to about 50,000, and in French West Africa and India, one to about 100,000 (5) (6)

Most nurses in most countries are employed in hospitals where they care directly for the sick. One of the most significant of all contributions made to the public-health programme in recent years has been the development of the concept of the 'public-health nurse' or 'health visitor' who renders bed-side care in the home and carries on a continuing programme of health education. Of the 500,000 trained nurses in the USA, 25,000 perform functions of this type. Thus, while the ratio of all nurses in the USA is one to 300 people the ratio of public-health nurses is one to 6,000 people. The United Kingdom makes a somewhat better showing with one nurse to 250 people and one public-health nurse to 5,300 people. The Netherlands has an ideal ratio of one public-health nurse for every 2,000 people, the entire country being covered by such a service. India would require more than eighty times the total nursing force of the country to meet this ratio."

* * * * *

"In Scandinavia, beds in tuberculosis sanatoria are now being used for the care of the aged. In the Montefiore Hospital of New York City, USA, a most promising programme is in force under which patients are discharged from the hospital much earlier than has been the case in the past but are provided in their own homes with all necessary medical and nursing care under the general supervision of the hospital staff . . . (7)"

"The proper integration of hospitals and clinic services with provision for home care, and with the public-health programme as a whole, is of vital importance. The Fourth World Health Assembly wisely pointed out in one of its resolutions (8) that: 'it is difficult as well as undesirable to draw a definite line of demarcation between curative and preventive medicine . . .' and suggested that a study should be made 'on the work being done in Member countries to promote the health of their people through good hospitals and other facilities . . . for the care of the sick' (Resolution WHA4.20). Dr. M. T. MacEeachern, Director Emeritus, American College of Surgeons (9) in supporting this resolution, said that 'hospitals were becoming increasingly the health centres of the community' . . . 'Any effective health programme, whether curative or preventive, should be based on the closest integration of institutional care and public health in its preventive stage.' He stressed that 'a hospital should be a health centre working in close co-operation with public-health officials, each complementing the work of the other in all departments."

* * * * *

"In the more prosperous areas it has been estimated that a purely preventive programme can be financed at a cost of about

0.5% of the national income, while curative medicine requires an expenditure of ten times that amount. In the United Kingdom, the total cost of both preventive and curative services is in the neighbourhood of 5% of the national income [10]."

"In Great Britain (i.e., England, Wales and Scotland), it has been estimated (personal communication) that the cost of preventive services for the year 1949/50, after deducting fees, etc., paid by the public, was £67,500,000. The all-inclusive National Health Service cost for the same period £425,200,000, more than six times as much, giving an average cost of £8.6 per capita per year."

* * * * *

"When the less fortunate regions of the globe, where the total resources are woefully meagre and where, also, the differences between rich and poor are far greater than in Western Europe, are considered, poverty must be a major factor in disease. In comparing three countries near the top and three near the bottom of the economic scale in the period immediately preceding the second World War the following figures [11] may be noted :

	Per capita income (US dollars)	*Expectation of life at birth (males) (yrs.)*
USA	554	62
Germany	520	60
United Kingdom	468	60
Mexico	61	37
Brazil	46	39
India	34	27 "

* * * * *

"As stated in the WHO programme for 1950 : [12]

> 'Public-health officers have for long affirmed that economic development and public health are inseparable and complementary and that the social, cultural and economic development of a community, and its state of health, are interdependent.' "

* * * * *

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DERBYSHIRE COUNTY COUNCIL.

NATIONAL HEALTH SERVICE, ACT, 1946.

LOCAL HEALTH SERVICES.

PART 1.

RETURN RELATING TO SERVICES PROVIDED BY OR ON BEHALF OF THE COUNCIL AS LOCAL HEALTH AUTHORITY AND OF WORK DONE DURING THE YEAR 1951

1. Births.

Number of births notified in the Authority's area during the year 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:—	(*b*) Still births:—	(*c*) Totals:—
(i) Domiciliary .. 4,890	(i) Domiciliary .. 59	(i) Domiciliary .. 4,949
(ii) Institutional.. 5,729	(ii) Institutional.. 168	(ii) Institutional.. 5,897
		Grand Total 10,846

2. 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 the year	3	4	1	–	12	9
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	

3. Deaths ascribed to Pregnancy or Childbirth.

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

	(i) From sepsis	(ii) From other causes
Attended at home	–	1
Attended in private nursing homes	–	–

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

(i) At home	1
(ii) In private nursing homes ..	–
(iii) After removal to a hospital ..	–

4. 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)
Local Health Authority Clinics:					
Ante- natal clinics	23	118	5,880	4,663	21,584
Post-natal clinics ..	2	2	*529 (428)	*532 (439)	*653 (483)
Clinics provided by Voluntary Organisations:					
Ante-natal clinics..	—	—	—	—	—
Post-natal clinics ..	—	—	—	—	—

NOTES : *Women examined post-natally at ante-natal clinics should be included in the post-natal (not the ante-natal) figures and also shown separately in the brackets.

5. 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	,,
(iii) Number of women examined post-natally	,,
(iv) Number of post-natal examinations made	,,

Child Welfare Centres.

(1)	Number of centres provided at end of year (2)	Number of Child Welfare sessions now held *per month* at centres in col. (2) (3)	Number of children who attended centres in col. (2) during the year (4)	Number of children who first attended the centres during the year, and who on the date of their first attendance were:*		Number of children in attendance at the end of the year who were then:—		Total number of attendances made by children included in col. (4) during the year	
				Under 1 year of age (5)	Over 1 year of age (6)	Under 1 year of age (7)	Between the ages of 1 and 5 (8)	Under 1 year of age (9)	Over 1 year of age (10)
ocal Health Authority centres ..	83	342	15,341	5,824	435	5,277	9,403	73,216	31,684
entres provided by Voluntary Organisations ..	3	8	296	99	4	109	186	1,318	934

NOTES: *Excluding children who are known to have previously attended a centre; it is desired that the figures should relate to children who as far as is known attended a child welfare centre for the first time in their lives during the year under review.

7. Dental Care of Expectant and Nursing Mothers and Children under School Age.

Dentists taking part at the end of the year in the Local Health Authority's arrangements for the care of expectant and nursing mothers and children under school age :—

(*a*) Number employed whole-time in this work .. Nil

(*b*) Number employed part-time in this work 7

(*c*) Total number of sessions worked .. .. ..
42 in Chesterfield Borough. No special sessions set aside for this particular work in the rest of the County.

(*d*) Number of dental clinics 24

8. Health Visiting.

	Number of Health Visitors employed at end of year		Equivalent Whole-time Health Visitor services provided under col. (3) (all classes, including attendance at Child Welfare Centres	Number of visits paid by Health Visitors during the year							
				Expectant mothers		Children under 1 year of age		Children between the ages of 1 & 5		Other cases	
	Whole-time on health visiting	Part-time on health visiting		First visits	Total visits	First visits	Total visits	First visits	Total visits	First visits	Total visits
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
Local Health Authority	1	53	36.5	2,269	3,372	9,232	29,914	1,525	48,239	3,248	9,283
Voluntary Organisations ..	—	—	—	—	—	—	—	—	—	—	—

9. Home Nursing.

	Number of Home Nurses employed at end of year		Equivalent Whole-time home nursing service provided in Col. (3)	Number of cases attended by Home Nurses during the year	Number of visits paid by Home Nurses during the year
(1)	Whole-time on home nursing (2)	Part-time on home nursing (3)	(4)	(5)	(6)
Local Health Authority ..	99	40	20	15,256	340,855
Voluntary Organisations by agreement with the Authority	—	—	—	—	—

10. Domestic Helps.

(i) Number of Domestic Helps employed at the end of year :—

(*a*) Whole-time 54

(*b*) Part-time 37

(ii) Number of cases where domestic help was provided during the year :—

(*a*) maternity (including expectant mothers) 208

(*b*) tuberculosis 8

(*c*) others 607

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

11. Day Nurseries (including 24-hour Nurseries) as at end of year.

(1)	Number (2)	Number of approved places 0–2 (3)	Number of approved places 2–5 (4)	Number of children on the register at the end of the year 0–2 (5)	Number of children on the register at the end of the year 2–5 (6)	Average daily attendance during the year 0–2 (7)	Average daily attendance during the year 2–5 (8)
(a) Nurseries maintained by the Council	5	91	134	56	178	53.9	124.42
(b) Nurseries maintained by Voluntary Organisations	—	—	—	—	—	—	—

12. Daily Minders receiving fees from the Authority under Section 22 of the National Health Service Act, 1946, at end of year.

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

13. 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)	Number of beds: Maternity (excluding labour and isolation) (3)	Number of beds: Labour beds (4)	Number of beds: Cots (5)	Number of admissions (ignoring re-admissions after confinement) during the year (7)	Number of admissions in col. (6) for which the authority was responsible (8)	Average length of stay: Ante natal (8)	Average length of stay: Post natal (9)
(a) Provided by the Authority :— NIL								
(b) 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 33
(*b*) Post-natal cases 30

14. 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 Health Authority ? No

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

PART II

MIDWIVES ACTS, 1951.

RETURN BY LOCAL SUPERVISING AUTHORITY.

1. Midwives.

	Number of Midwives practising in the area of the Local Supervising Authority at end of year.		
	Domiciliary Midwives	Midwives in Institutions	Total
(*a*) Midwives employed by the Authority ..	120	–	120
(*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, 1946	–	–	–
(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 ..	–	64	64
(*d*) Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	8	7	15
Totals	128	71	199

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

Maternity Cases Attended.

	Number of maternity cases in the area of the Local Supervising Authority attended by Midwives *during the year*					
	Domiciliary cases		Cases in Institutions		Totals	
	As Midwives (1)	As Maternity Nurses (2)	As Midwives (3)	As Maternity Nurses (4)	As Midwives (5)	As Maternity Nurses (6)
Midwives employed by the Authority	3,264	1,609	–	–	3,264	1,609
Midwives employed by Voluntary 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)	–	–	–	–	–	–
Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	–	–	3083	323	3084	323
Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	30	28	127	279	157	307
Number of cases (which should be included in cols. (3) or (4) and excluded from cols. (1) or (2) attended by domiciliary midwives after discharge from the hospital or institution and before the fourteenth day	–	–	635	–	635	–
Totals ..	3,294	1,637	3,846	602	7,140	2,239

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

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

(3) 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, 1951.

Number of cases in which medical aid was summoned during the year under Section 14 (1) of the Midwives Act, 1951, 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	}	672
(ii) Others—number		
Total		672
(b) For cases in Institutions		61

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	43
(*b*) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	2
Total	45

(2) Domiciliary Midwives.

(1)	*Domiciliary* Midwives employed directly by Local Health authority (2)	*Domiciliary* Midwives employed in public midwifery service under Section 23 by voluntary organisations as agents of Local Health Authority (3)	*Domiciliary* Midwives employed in public midwifery service under Section 23 by hospital authorities as agents of Local Health Authority (4)	*Domiciliary* Midwives in private practice or employed by organisations *not* acting as agents of Local Health Authority (5)	Total (6)
Number of *domiciliary* midwives practising in the area at end of year, who were qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board.. ..	119	—	—	1	120
Number of sets of apparatus for the administration of gas and air in use at end of year..	119	—	—	1	120
Number of cases in which gas and air was administered by midwives in *domiciliary* practice during the year :—					
(i) When acting as a midwife (ii) When acting as a maternity nurse.. ..	2167	—	—	2	2169
Number of cases in which pethedine was administered by midwives in *domiciliary* practice during the year :—					
(i) When acting as a midwife	241	—	—	22	263
(ii) When acting as a maternity nurse	613	—	—	1	614
N.B.—As to the distinction between midwives' and maternity nurses cases in domiciliary practice attention is drawn to Circular 173/48).					

PART III.

RETURN OF WORK DONE BY THE AUTHORITY UNDER:—

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

	Number registered at end of year	Number of children provided for
Premises :		
(*a*) Factory	Nil	Nil
(*b*) Other nurseries ..	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 year	—	—	—	— —
Homes on the register at end of year	7	—	78	78

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 IV.

PREMATURITY, STILLBIRTHS AND ABORTIONS

(*See* Note 1)

PREMATURE INFANTS (*i.e.* 5½ lbs. or less at birth, irrespective of period of gestation).

Number of premature live infants born at home whose period of gestation was :

(*a*) 28 weeks and over 230
(*b*) Less than 28 weeks 1

Number of premature live infants born in private nursing homes (*see* Note 2) whose period of gestation was :

(*a*) 28 weeks and over 19
(*b*) Less than 28 weeks .. .. –

STILLBIRTHS AND ABORTIONS.

Number of :

(*a*) stillbirths at home : over 5½ lbs. .. 22†
5½ lbs. or less .. 21
(*b*) abortions at home of 18-28 weeks gestation .. 13†

Number of :

(*a*) stillbirths in private nursing homes (*see* Note 2). over 5½ lbs. .. –
5½ lbs. or less .. 10†
(*b*) abortions in private nursing homes (*see* Note 2) of 18-28 weeks gestation .. .. .. –

Weights in lbs. oz. or grammes	Still-births and abortions (of 18–28 weeks gestation only) where the foetus was 5½ lbs or less	Premature infants born alive at home						Premature infants born alive in private nursing homes (*see* Note 2)					
		Transferred to Hosp.	Nursed entirely at home					Transferred to Hosp.	Nursed entirely in private nursing homes				
			Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total		Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total
2 lbs. 3 oz. or less (1,000 gms. or less)	16	5	4	1	–	–	10	–	2	–	–	–	2
Over 2 lbs. 3 oz. up to and including 3lbs. 4 oz. (over 1,000 gms. up to and including 1,500 gms.	6	10	4	–	–	7	21	–	1	–	–	–	1
Over 3 lbs. 4 oz. up to and including 4lbs. 6 oz. (Over 1,500 gms. up to and including 2,000 gms.	6	12	5	1	–	11	29	–	–	–	–	1	1
Over 4 lbs. 6 oz. up to and including 4 lbs. 15 oz. (Over 2,000 gms. up to and including 2,250 gms.	2	3	–	2	–	28	33	–	–	–	–	7	7
Over 4 lbs. 15 oz. up to and including 5 lbs. 8 oz. (Over 2,250 gms. up to and including 2,500 gms.)	14	5	3	–	2	128	138	–	–	–	–	8	8
Totals ..	44	35	16	4	2	174	231	–	3	–	–	16	19

NOTES : 1. This form is complementary to one issued to hospitals covering premature infants treated in hospital. It should be noted that it covers only those infants treated throughout the first month of their life either at home or in private nursing homes.

2. Throughout the return "private nursing home" includes maternity homes not in the National Health Service and any Mother and Baby Home where the women are confined in the Home.

3. The weight divisions in the first column of the table are those recommended on the advice of the Joint Standing Committee for Prematurity. They have been adopted here to render British statistics comparable with those being collected by other nations.

†—These figures relate to the period 5th May, 1951 to 31st December, 1951. During the period 1st January, 1951 to 4th May, 1951, 16 Stillbirths were notified, but the weights were not specified.

COUNTY OF DERBY

Table XXXVIII.

Table of Deaths during the year 1951 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 and 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 Prostrate	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	1	3	–	–	–	–	–	–	3	8	4	2	18	1	1	37	32	11	52	5	10	9	13	2	2	2	2	3	–	2	22	2	8	3	–	261
ASHBOURNE	1	–	–	–	–	–	–	1	–	2	–	–	–	5	–	1	19	12	1	9	7	6	2	5	2	–	1	–	1	–	1	4	1	1	–	–	82
BAKEWELL	2	–	–	–	–	–	–	–	–	1	–	2	–	2	1	–	2	2	–	8	2	–	3	1	–	–	1	–	–	1	–	3	–	1	–	–	32
BELPER	5	1	–	–	–	1	–	–	1	8	3	4	3	10	2	2	31	27	3	23	3	7	6	4	1	5	–	4	2	–	1	24	1	3	3	–	188
BOLSOVER	2	1	–	–	–	–	–	–	–	6	1	1	1	6	1	–	11	9	5	25	5	3	4	1	3	1	2	2	–	–	3	10	–	2	–	–	105
BUXTON (Borough) ..	1	–	–	–	–	–	–	–	1	4	7	6	4	16	–	1	34	36	4	66	9	4	7	14	2	1	–	6	3	–	3	24	3	7	1	1	265
CHESTERFIELD (Bor'gh)	17	3	3	–	2	1	1	–	1	25	26	12	9	71	2	4	95	99	25	150	25	18	53	50	10	7	3	15	1	1	9	73	6	15	6	1	839
CLAY CROSS	2	1	–	–	–	–	–	–	–	3	1	–	1	7	–	1	15	13	2	20	1	2	5	12	–	–	–	2	–	–	–	12	2	3	2	–	107
DRONFIELD	–	–	–	–	–	–	–	–	–	3	1	1	2	8	–	–	16	13	2	17	4	2	3	3	–	–	1	1	3	–	–	9	–	3	–	–	92
GLOSSOP (Borough) ..	5	–	–	–	–	–	–	–	1	14	6	6	1	23	–	3	52	24	4	67	6	7	9	21	1	3	2	13	1	1	3	29	2	5	7	–	316
HEANOR	4	2	1	–	–	–	–	2	–	5	3	4	7	22	1	1	43	29	6	17	20	11	7	12	4	1	–	7	4	1	3	26	–	10	1	–	254
ILKESTON (Borough) ..	6	–	1	–	–	–	–	1	–	1	8	12	2	3	32	–	1	48	32	12	57	12	22	15	53	3	2	1	6	5	–	2	38	2	8	4	–	389
LONG EATON	7	1	2	–	–	1	–	–	2	5	3	5	2	36	3	4	33	44	8	56	9	7	12	32	2	5	1	2	1	–	3	37	6	6	2	–	337
MATLOCK	1	2	1	–	–	–	–	–	–	3	3	6	2	16	–	1	51	32	6	43	16	5	5	10	3	5	3	3	3	–	–	16	2	4	2	–	244
NEW MILLS	1	–	–	–	–	–	–	–	–	1	–	1	–	7	–	1	18	7	7	26	13	3	2	2	–	3	–	3	2	–	–	5	–	–	1	–	103
RIPLEY	3	–	1	–	–	–	–	–	1	6	3	3	–	13	1	–	28	20	3	32	4	7	3	12	2	–	1	1	6	–	2	44	4	10	3	–	213
STAVELEY	7	–	–	–	–	–	1	–	1	2	7	3	1	17	1	1	17	16	7	48	7	1	7	7	4	2	1	2	1	–	4	20	1	4	–	–	190
SWADLINCOTE ..	1	1	1	–	–	–	–	–	1	16	3	5	2	16	2	–	47	23	5	49	9	10	2	19	3	2	2	2	1	–	2	18	3	3	1	–	249
WHALEY BRIDGE ..	1	–	–	–	–	–	–	–	–	3	–	1	1	8	–	–	12	8	–	25	4	–	1	6	–	–	–	–	1	1	–	4	2	1	1	–	80
WIRKSWORTH	–	–	–	–	–	–	–	–	–	2	–	–	–	4	–	1	10	6	–	11	1	–	2	2	–	1	1	2	–	–	1	11	–	1	–	–	56
URBAN DISTRICTS ..	69	13	13	–	2	3	3	3	10	120	87	66	41	337	15	23	619	484	111	801	162	125	157	279	42	40	22	73	38	5	39	429	37	95	37	2	4,402
(RURAL)																																					
ASHBOURNE	1	–	–	–	–	–	–	–	–	5	1	2	–	13	2	–	16	12	2	30	17	6	6	3	1	5	–	2	2	1	4	10	2	4	1	–	148
BAKEWELL	1	1	–	–	–	–	–	–	3	14	3	2	1	21	–	2	26	24	5	72	15	9	9	16	6	3	1	1	6	–	5	32	5	7	2	–	292
BELPER	3	–	–	–	–	–	–	–	–	2	6	7	1	40	1	3	50	35	5	53	10	11	13	16	3	4	2	4	3	1	2	50	3	12	5	–	345
BLACKWELL	12	4	1	–	–	–	–	–	–	14	10	4	2	39	3	8	55	35	10	88	18	7	15	30	4	4	2	9	3	2	5	68	4	10	6	–	472
CHAPEL-EN-LE-FRITH	3	1	1	–	–	–	–	–	2	10	5	7	2	18	–	1	30	15	9	59	13	3	3	16	2	2	2	3	2	–	2	22	1	3	2	–	239
CHESTERFIELD ..	11	2	2	–	2	–	–	–	1	27	12	7	6	49	2	10	102	76	26	187	32	38	37	54	5	5	3	12	2	2	9	88	10	13	5	–	837
CLOWNE	6	–	–	–	–	–	–	–	1	5	5	–	2	15	2	–	12	21	5	36	7	2	8	22	–	3	2	2	3	–	1	19	–	2	1	–	182
REPTON	2	2	1	–	–	1	–	–	–	6	9	1	1	30	3	5	43	35	10	56	10	5	11	19	1	5	2	4	5	–	3	27	3	1	2	–	303
SHARDLOW	11	–	1	–	–	–	1	–	1	15	19	15	9	67	2	7	103	98	8	140	30	32	25	41	6	8	4	7	2	–	7	96	12	12	10	–	789
RURAL DISTRICTS ..	50	10	6	–	2	1	1	–	8	98	70	45	24	292	15	36	437	351	80	721	152	113	127	217	28	39	18	44	28	6	38	412	40	64	34	–	3,607
URBAN DISTRICTS ..	69	13	13	–	2	3	3	3	10	120	87	66	41	337	15	23	619	484	111	801	162	125	157	279	42	40	22	73	38	5	39	429	37	95	37	2	4,402
WHOLE COUNTY ..	119	23	19	–	4	4	4	3	18	218	157	111	65	629	30	59	1,056	835	191	1,522	314	238	284	496	70	79	40	117	66	11	77	841	77	159	71	2	8,009

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

County School Medical Officer

ON THE

Medical Inspection of School Children

FOR THE

Year ended 31st December, 1951.

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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DERBYSHIRE EDUCATION COMMITTEE

(As at 31st December, 1951).

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ALDERMAN J. B. HANCOCK
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(As at 31st December, 1951.)

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ANNUAL REPORT

of the COUNTY SCHOOL MEDICAL OFFICER on the Medical Inspection of School Children for the Year ended 31st December, 1951.

To the Chairman and Members of the Derbyshire Education Committee.

Ladies and Gentlemen,

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

For the third successive year there has not been a single death from diphtheria in the County. The remarkable success of the diphtheria immunisation scheme is illustrated by the following figures for England and Wales : In the period 1931 to 1940 there was an average of 55,000 cases of diphtheria a year, resulting in an average of 2,800 deaths a year ; in 1946 there were only 11,986 cases and 472 deaths ; in 1947 the figures were roughly half of those for the previous year (5,609 cases and 244 deaths) ; and since then the figures have continued to decrease rapidly year by year, until in 1951 there were only 699 cases and 34 deaths. This is a matter which gives great satisfaction ; but the very success of the scheme brings about the possibility that a generation that has not known the extent of the illness and suffering caused by diphtheria in the past will not appreciate the importance of taking advantage of the diphtheria immunisation scheme in the future. It is important, therefore, that the good work already done should be continued, and I hope that health workers and the public will co-operate to the full in maintaining and, if possible, improving the present position. I should like to quote the words of Dr. W. P. D. Logan, the Chief Medical Statistician of the General Register Office, which appeared in the '*Monthly Bulletin of the Ministry of Health and the Public Health Laboratory Service*' in March, 1952 : "The situation is now being reached—a situation scarcely dreamed of in 1940 when the immunisation campaign started—where the eradication of diphtheria as an indigenous disease in this country can be foreseen as a very real possibility within the next few years, providing there is no slackening in the immunisation efforts that have been so dramatically successful in the past ten years. Complacency resulting from what has already been achieved, or loss of interest or of confidence in immunisation, may mean that diphtheria will go on occurring endemically and epidemically in this country indefinitely, with the ever-present risk of a return to high mortality ; but a vigorously continued immunisation programme, combined with existing methods of epidemic control, may free us entirely from the disease except for the occasionally imported case."

As recorded elsewhere in this Report, Dr. Ethel W. Morris, an Assistant School and Assistant Maternity and Child Welfare Medical Officer, retired on 31st December, 1951, having served the Authority for the past twenty-two years. The severance of her connexion with the health services of this County is a matter for regret, as she has carried out good work on behalf of the children of north-east Derbyshire over a long period of time.

Towards the end of this Report I have quoted from the various reports received from the Authority's Assistant Medical Officers. It will be seen that Dr. Morris has taken this fitting opportunity to refer to the changes which she has observed during her work in Derbyshire. It is pleasing to note her opinion that "the children are much improved in every way : they are healthier, taller and heavier," though she adds that "unfortunately, the standard of child behaviour has not followed the same upward trend."

As regards the County as a whole, this year it will be seen that 15.78% of the pupils examined in the prescribed age groups were found to require treatment. When Dr. Morris entered the Authority's service in 1929 the comparable figure was 26.1%.

Whilst there is still a small percentage of children whose general condition is classed as poor (2.12% in Derbyshire in 1951), it is gratifying to note that in his Report for the years 1948 and 1949 the Chief Medical Officer of the Ministry of Education is able to say that "whilst there still are, and doubtless always will be, some children whose nutritional state is not satisfactory, their numbers are now so small that many school medical officers do not consider that the subject of under-nutrition calls for special mention in their reports."

Unquestionably, since the Education (Administrative Provisions) Act, 1907, gave power to provide for school medical inspection, the School Health Service has contributed substantially to the health of the people of this country. The Service, however, has been modified from time to time by various enactments, but obviously the National Health Service Act, 1946, has affected it most of all. But what of the future ?

First, it must be remembered that the School Health Service derives its duties and its powers from the Education Act of 1944, whereas sanitary duties and powers are derived from the Public Health Act of 1936, and most other health duties and powers are derived from the National Health Service Act of 1946. (I know there are other Acts that give duties and powers in limited health fields, but I need not catalogue them here). Many doctors and other health workers under the National Health Service Act are inclined to think that that Act, for all intents and purposes, is the only health Act that matters. It is necessary to remind them that the Education Act and the National Health Service Act lie side-by-side on the statute book.

Secondly, I think that prior to July, 1948, that is, before the National Health Service Act came into operation, some general medical practitioners may have felt that there was a certain amount of competition from the School Health Service, because advice was available free of charge from that Service whereas parents in many instances were

required to pay fees to general practitioners ; but in spite of that the School Health Service contributed substantially to the health of the people. I think that in the future, with the element of financial competition removed, as the National Health Service Act provides a comprehensive free service, the contribution should be greater, because there is nothing that yields such large dividends as team work.

Thirdly, we hear on all hands that the general medical practitioner is busier today than ever. On principle, there would be no objection to the School Health Service being carried out by him, providing he had the necessary 'preventive' outlook and could guarantee that his services would not be interrupted—but this requirement is difficult to fulfil having regard to the other demands on his services. It has been said by some general practitioners that the reason why they are so busy today in their surgeries is that they are over-whelmed by the number of patients who have little or nothing wrong with them. School medical inspection could act as a 'sieve' so that the right type of patients should be seen by them. At school medical inspection large numbers of children are assembled together on the same premises, which results in a great economy of effort.

While the Education Act provides in the widest sense for an improved standard of education in this country, the draftsmen of the Act were not unmindful of the fact that only a healthy child can make the best use of that education. The physical deviations from the normal of which many parents are unaware, may be recognised by school medical inspections. The children can then be referred to the general practitioner for the appropriate treatment and if necessary, with his consent, to the Hospital and Specialist Services run by Regional Hospital Boards. In that way the child can have the healthy body which is the essential soil on which the mind can grow and blossom. Obviously, if the best results are to be obtained, there must be amicable working arrangements between the School Health and the general practitioner and hospital Services. The local education and the local health authorities have a variety of medical and ancillary staff who are able to bring great benefit to the general medical practitioners and hospital doctors in carrying out their multifarious duties to their patients.

Fourthly, some local education authorities have been anxious to hand over a number of specialist services to Regional Hospital Boards, even though they have concurrent powers for providing those services themselves. I would make the following observations on this tendency. Whatever services you provide you have to pay for, either by taxes over which there is little local democratic control, or by rates, by which there is a measure of local democratic control. Put in another way, the 'man-in-the-street' has to pay for the services that he obtains, from one pocket or the other, but he is much more likely to obtain the services he would like, having regard to the peculiarities of his own particular area, if a degree of local democratic control is retained.

I would sum up by saying—

(A) We need more team work between the various components of the health services of this country if we would have the best results ;

(B) Local Authorities should not be too keen on handing over concurrent powers to regional hospital boards, and thus lessening local control over the services they enjoy. Many people give lip-service to local democracy, yet when it comes to the practical implications of it, because of their short-sightedness, they contribute to its demise.

(C) With the removal of the financial competitive element from the minds of certain general medical practitioners, there should be even greater contributions by the School Health Service to the health of the people in the future than in the past.

Once more I should like to take this opportunity of thanking the respective Chairmen and Members of the Education Committee and the Medical Services Sub-committee for their continued interest in the School Health Service. Of the enduring importance of the Service there can be no doubt, particularly if the following words of wisdom uttered by the late King George VI when opening the International Paediatricians' Congress in 1933 are borne in mind—

"Take care of the young and the country will take care of itself."

In ending this introductory letter I must pay tribute to the large amount of efficient work performed by the medical, dental, nursing and clerical staff in the Department, and to the assistance and co-operation received from the Director of Education and his staff.

Your obedient servant,

J. B. S. MORGAN,

County School Medical Officer.

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

31st *May*, 1952.

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	76,916	537,391	635,456
Population, Mid-1951 ..	138,950	221,750	325,500	686,200

Primary and Secondary Schools.

Divisional Executive.	Types of Schools and Numbers.		Average No. on Registers	
North-west ..	Primary ..	81	8,615	12,235
	Secondary ..	13	3,620	
North-east ..	Primary ..	116	21,378	27,408
	Secondary ..	25	6,030	
Mid-Derbyshire ..	Primary ..	81	12,405	15,718
	Secondary ..	11	3,313	
South-east ..	Primary ..	65	13,268	16,889
	Secondary ..	11	3,621	
South	Primary ..	98	13,098	17,115
	Secondary ..	12	4,017	
Chesterfield ..	Primary ..	22	7,196	11,608
	Secondary ..	13	4,412	
Total — Whole Administrative County ..	Primary ..	463	75,960	100,973
	Secondary ..	85	25,013	

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	41
North-east Division—	
Frecheville, Birley Moor Road	41

Nursery Classes are attached to the following schools :—

North-west Division—	*Approx. No. on Register.*
Glossop, Whitfield C.E.	31
North-east Division—	
Ault Hucknall, Doe Lea C.	30
Dronfield C.	23
Heath C.	23
Shirland and Higham, Stonebroom J. M. & I ..	20
Staveley, Church Street C. E.	23
Staveley, Speedwell C.	30
Scarcliffe, Whaley Thorns	25
Shirebrook, Model Village C., I.	23
Mid-Derbyshire Division—	
Alfreton, Somercotes C., I.	25
Pinxton, Church Street, C., I.	20
South-east Division—	
Ilkeston, Chaucer C., J. M. & I.	29
Ilkeston, Gladstone C., I.	30
Chesterfield—	
Brampton Primary I.	66
Cavendish Primary I.	50
Derby Road Primary I.	67
Hasland, Eyre Street Primary I.	21
Hipper Street Primary J. M. & I.	26
St. Helen's Street Primary J. M. & I.	27
St. Mary's R.C. Primary I.	36
Whittington Moor Primary I.	52

Special Schools.

Brambling House Open Air School and Children's Centre, Chesterfield	140
Bretby Hall Orthopaedic Hospital Special School, Bretby	25
John Duncan (E.S.N.) School, Buxton, (opened 2nd April, 1951).	27

Boarding Home for Maladjusted Pupils.

Holly House, Chesterfield	16

New Schools opened during 1951.

	Date of Opening.
South-east Division.	
Ilkeston, Cotmanhay County J.M. ..	.. 3rd September, 1951
Ilkeston, Cotmanhay County I ..	.. 3rd September, 1951
Ilkeston, Field House County I. ..	.. 3rd September, 1951
South Division.	
Alvaston and Boulton, Elvaston Lane County J.M.	27th August, 1951

Schools closed during 1951.

	Date of Closure.
South Division	
Foston and Scropton C.	9th April, 1951
Stanton-by-Bridge C.E.	31st August, 1951

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, 1951, 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	6	4.34
(*c*) Physiotherapists, Speech Therapists, etc. (Specify)		
(i) Physiotherapists ..	2	1.33
(ii) Speech Therapists ..	1	0.90
(*d*) (i) School Nurses	54	17.19
(ii) No. of above who hold a Health Visitor's Certificate	47	
(*e*) Nursing Assistants	5	3.60
(*f*) Dental Attendants	7	5.17

*—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. P. 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.	80%	20%
Gladys C. Curtis, M.R.C.S., L.R.C.P. (Commenced 2/7/51)	70%	30%
W. Drawneek, M.B., B.S. (Commenced 5/3/51)	80%	20%
L. N. Gould, M.R.C.S., L.R.C.P., D.P.H. (Left on 24/1/51)	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. (Retired on 31/12/51)	85%	15%
A. K. D. Rutherford, B.A., M.B., B.Ch., B.A.O. (Left on 22/2/51)	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. (Left on 31/3/51)	35%	65%
S. W. Lund, M.B., Ch.B., D.P.H.	33%	3%
J. A. W. Reid, M.B., Ch.B., D.P.H. (Commenced 28/5/51)	35%	65%
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.	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%	—
Jean Harris, B.A. (Commenced 19/9/51)	60%	—
Jean Ingham, B.A. (Chesterfield Excepted District) (Commenced 3/9/51)	30%	—
CHILD PSYCHO-THERAPISTS—		
Constance S. Sim, M.A., B.Ed. (Chesterfield Excepted District). (Left on 31/1/51).. ..	100%	—
PSYCHIATRIC SOCIAL WORKERS—		
(Four vacancies)		
SPEECH THERAPISTS—		
Margaret Swale, L.C.S.T. (Chesterfield Excepted District). (Left on 4/6/51)	100%	—
Jean F. Ward, L.C.S.T. (Transferred to Chesterfield Excepted District from 1/1/52)	90%	10%
(Four vacancies).		

Staff.	Proportion of whole-time (expressed as a percentage devoted to	
	School Health Service.	Public Health.
DENTAL STAFF—		
SENIOR DENTAL OFFICER—		
H. E. Gray, L.D.S.	75%	25%
WHOLE - TIME ASSISTANT DENTAL OFFICERS—		
Josephine Dolan (Dentist, 1921)	75%	25%
S. Schatzberg, M.D. (Vienna)	75%	25%
(Eight and 6/11ths vacancies).		
PART - TIME ASSISTANT DENTAL OFFICERS—		
Flora M. Jackson, L.D.S.	68%	23%
Dorothy Littlar, L.D.S.	50%	5%
J. S. Lycett. (One session weekly). (Left on 30/4/51)	9%	—
Chesterfield Excepted District—		
A. R. Littlar, L.D.S. (Borough Senior Dental Officer)	91%	9%
(Two vacancies).		

Nursing Staff at 31/12/1951	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 .. (15½ vacancies).	54	8	17.19	3.54
Physiotherapists ..	2	—	1.33	—
Nursing Assistants..	5	—	3.60	—
Dental Attendants.. (95/11ths vacancies).	7	1	5.17	1.0

It will be seen from the foregoing that at the end of the year the aggregate medical staff in terms of whole-time officers devoted to the School Health Service was 9.9—say ten officers, and the school population was roughly 100,900, which is equal to one Medical Officer to just over 10,000 pupils. This figure may be compared with the ratio for England and Wales in 1949, which was one Medical Officer for every 6,421 children on the registers. The County Council, however, in association with the various District Councils, has under consideration (under s.111 of the Local Government Act, 1933) a scheme for the appointment throughout the County of whole-time District Medical Officers of Health, restricted from engaging in private practice, who would also act as Assistant School and Assistant Maternity and Child Welfare Medical Officers in a part of the area for which they were responsible as District M.O.'s H. It was felt that this would go some way towards redressing the apparent deficiency of medical staff as compared with the national average figure.

Dr. Ethel W. Morris retired on 31st December 1951. Dr. Morris not only carried out duties as an Assistant School and Assistant M. & C.W. Medical Officer, but she also conducted several Eye Clinics in the north-east of the County. I have referred in the introduction to this report to Dr. Morris's long and valuable service, and information regarding the Eye Clinics conducted by her appears in the section relating to visual defects later on in this Report.

In the north-west of the County, Dr L. N. Gould left the staff on January 24th, 1951, and it was not possible to replace him until July 2nd, when Dr. Gladys Curtis commenced duty. Unfortunately, Dr. Curtis was ill from early in September until after the end of the year under review. Dr. F. Cockcroft, also working in the north-west, resigned on 31st March, 1951 and was succeeded by Dr. J. A. W. Reid on 28th May.

Dr. A. K. D. Rutherford, who covered an area in south-east Derbyshire, left the staff on 22nd February, 1951, and Dr. W. Drawneek succeeded him on 5th March, 1951.

Reference to the staffing changes in connexion with the Child Guidance, Speech Therapy and Dental Services are made in the sections of this Report dealing with those particular aspects of the School Health Service.

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

General Condition of Pupils.

An assessment of the general condition of pupils continued throughout the year at the examinations in the three prescribed age groups. The number of children examined was 24,660, compared with 27,106 in 1950 and 24,362 in 1949. The number found to require treatment in 1951 (excluding uncleanliness and dental defects) was 3,891, which compares with a figure of 4,823 in 1950 and 4,590 in 1949. When, however, allowance is made for the larger number of children inspected in 1950, it will be seen that there has been a steady decrease in the number of children found to require treatment. Actually 15.78% of the children inspected in the three prescribed age groups were found to require treatment for some medical condition, compared with 17.79% in 1950 and 18.84% in 1949. 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 (1949). Percentage of Nos. inspected.
		Number.	As percentage of Column 2.	
Entrants ..	10,607	1,771	16.69	19.06
Second Age Group ..	7,389	1,168	15.80	19.05
Third Age Group ..	6,664	952	14.28	17.60
Totals ..	24,660	3,891	15.78	18.66

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 1951.

Divisional Executive.	A.—%	B.—%	C.—%
North-west	77.52	21.85	0.63
North-east	21.73	74.03	4.24
Mid-Derbyshire	12.64	86.37	0.99
South-east	52.85	46.43	0.72
South	46.16	53.30	0.54
Chesterfield	28.05	68.08	3.87
Whole Administrative County	34.52	63.36	2.12

From the above it will be seen that the number of children placed in category C, i.e., those whose condition was classified as 'poor,' was 2.12%, compared with 3.2% in the previous year and 4% in 1949.

These figures reinforce the views expressed by the Assistant School Medical Officers (extracts from whose reports are quoted towards the end of this Report), which are, in effect, that the general condition and nutritional standard of pupils has been maintained at a high level ; and as mentioned in an earlier paragraph, the percentage of children found to require treatment has also decreased over the last few years.

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 clinic premises where the services of a Specialist Medical Officer are provided by the Regional Hospital Boards, e.g., orthopaedic, ear, nose and throat, and certain eye clinics.

In Group 7 of Table IV, (other treatment given), the Ministry has requested particulars of "(*a*) miscellaneous minor ailments" treated, and "(*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. 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. 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 be more profitably directed to the examination of school leavers, young persons and adults. In fact, the Medical Director of one of the mobile Units which carries out surveys in Derbyshire has stated that it is not considered profitable for examinations to be made of school children, except those of fourteen years of age and upwards, because the number of cases found with defects is so very small. If, however, there are special reasons for surveying all the children in any particular district or school, then, of course, every endeavour is made to arrange for the necessary examinations to be carried out. School children have, in fact, been included in surveys in various parts of the County throughout the year. When school children are invited to visit the X-ray Units, teachers are, of course, also offered the service and many in fact avail themselves of the opportunity of being X-rayed. During the year under review one case of tuberculosis was brought to light in a teacher as a result of such a survey, and appropriate action was taken in accordance with the standing instructions of the Ministry of Education.

This, of course, brings to mind the whole question of X-raying persons who are in charge of organised groups of children. The Joint Tuberculosis Council has already made recommendations in favour of this being done, and these recommendations have been accepted by the Home Office with regard to the staffs of Children's Homes and Hostels, and by the Ministry of Health with regard to staffs at Day and Residential Nurseries. Whether or not teachers should be dealt with in a similar manner is a matter for consideration. This whole question is rapidly coming to the fore-front of preventive medicine, and I have no doubt that in future Reports it will have to be dealt with more fully than at present.

I am indebted to Dr. W. Guthrie, the Medical Director of the Nottingham Area No. 2 Mass Radiography Unit, for providing statistical reports on the various surveys carried out by the Unit in Derbyshire during 1951. In the course of these surveys it is recorded that 6,423 scholars (2,906 boys and 3,517 girls) were X-rayed on miniature films. In 22 instances (11 boys and 11 girls), it was felt desirable to arrange for large films to be taken. In 18 of these cases (8 boys and 10 girls) no abnormality was detected on scrutinising the large films, but 4 children (3 boys and 1 girl) were referred for clinical examination, as a result of which one boy was found to have active pulmonary tuberculosis and one boy was placed under medical observation. In short, 6,423 scholars were X-rayed, resulting in the discovery of one definite case of pulmonary tuberculosis, and one possible case, which was placed under observation.

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.

In addition, the services of the County Sanitary Inspector are utilised to inspect in particular the sanitary arrangements at schools and the hygiene arrangements in school canteens. These visits are 'advisory' in nature; the County Sanitary Inspector gives advice on small points directly to the teachers, but more important matters are reported to the County School Medical Officer, to whom, in any case, a report is submitted after each inspection. This is considered, and forwarded to the Director of Education together with any necessary observations. During the year, the County Sanitary Inspector accordingly carried out inspections at schools and canteens and reported on a number of sanitary defects, as well as advising teachers on routine sanitary matters. The need for economy in money and materials prohibits the general modernisation of sanitary fittings, but as a result of these inspections it is frequently found that, without incurring great expense, existing methods can be improved, particularly in the rural schools. The quality of the water supply is also investigated, and if necessary improvements are recommended. Special attention is paid in this connexion to the rural schools.

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. It will be seen from Table A that over 40,000 meals are now being served to school children daily in

this County. It will be appreciated that when extensive facilities for communal feeding are made available, precautions must be taken to prevent the risk of illness caused by food poisoning. Careful consideration was given to this matter in mid-1950, and it was decided that the form of application completed by candidates for posts in the School Meals Service of the Authority should include the following questions—

"(1) Have you ever had—

(*a*) Consumption, Tuberculosis, or Chest Disease?

(*b*) Typhoid, Paratyphoid, Dysentery or Diarrhoea?

(*c*) Dermatitis?"

If the answers are unsatisfactory, a visit is made by an Assistant Medical Officer and the applicant is closely questioned and, if necessary, and with her permission, medically examined. Further, applicants agree in writing to report all intestinal complaints to the Head Teacher and on receipt of such information an investigation is made by a Medical Officer on the Authority's staff.

Another important aspect of the problem is the education of everyone concerned with the handling of food. In this connexion, educational work in relation to school canteens was steadily expanded during 1951. School Meals Service Conferences were held in October at Shelton Lock (two days) and Buxton (one day), each attended by about 70 members of the Service, when lectures on "Food Inspection" and "Kitchen and Personal Hygiene" were given by Dr. W. Davidson-Lamb (the Chief Assistant School Medical Officer) and Mr. E. G. Rowley (the County Sanitary Inspector), respectively. A special display on Food Poisoning was included and a film on the same subject, "Another Case of Food Poisoning," was shown. The County Sanitary Inspector gave lectures each month to the Trainees (Supervisors) Course at Littleover Secondary School. To emphasise the importance of the subject, the Trainees were shown actual laboratory plates of cultures from dirty fingers, dish water, minor throat infections, etc. It was found that such practical exhibits were of great assistance in driving home the subject matter of the talks. The film mentioned above was shown on each occasion and is undoubtedly most suitable for accompanying talks on food and kitchen hygiene. The important points are naturally portrayed and the failure of the individual to take the elementary precautions to prevent possible infection is clearly emphasised.

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 ..	7,565	3,193	809	370	3,462	2,010	4,271	2,380	56.56	71.31
	May	7,855	3,025	697	352	3,583	1,925	4,280	2,277	54.48	75.27
	October ..	7,894	3,613	626	379	3,703	2,273	4,329	2,652	54.84	73.37
North-east ..	February ..	18,520	5,493	1,689	659	8,172	2,978	9,861	3,637	53.25	66.21
	May	19,537	5,311	1,737	562	8,426	2,705	10,163	3,267	52.02	61.51
	October ..	19,367	6,003	1,633	567	7,875	3,278	9,508	3,845	49.45	64.05
Mid-Derbyshire..	February ..	9,954	2,685	730	179	3,646	1,556	4,376	1,735	43.96	64.43
	May	11,398	2,762	832	218	3,758	1,496	4,590	1,714	40.26	62.06
	October ..	11,414	3,050	797	203	3,761	1,714	4,558	1,917	39.93	62.85
South-east ..	February ..	10,769	3,344	546	142	3,079	1,324	3,625	1,466	33.66	43.84
	May	11,888	3,300	621	141	3,117	1,282	3,738	1,423	31.44	43.12
	October ..	12,139	3,737	588	140	3,167	1,469	3,755	1,609	39.31	42.79
South	February ..	10,429	3,032	595	230	4,070	1,608	4,665	1,838	44.73	60.62
	May	11,825	3,108	666	210	4,507	1,511	5,173	1,721	43.32	55.37
	October ..	11,888	3,727	530	231	4,622	1,951	5,152	2,182	43.34	58.55
Chesterfield ..	February ..	6,278	3,974	574	426	1,887	1,625	2,461	2,051	39.20	51.61
	May	6,797	3,880	611	443	1,801	1,472	2,412	1,915	35.49	49.36
	October ..	6,565	4,432	499	426	1,967	1,813	2,466	2,239	37.56	50.52
TOTALS— Whole Administrative County ..	February ..	63,515	21,721	4,943	2,006	24,316	11,101	29,259	13,107	47.57	60.34
	May	69,300	21,386	5,164	1,926	25,291	10,391	30,356	12,317	43.79	57.59
	October ..	69,267	24,562	4,673	1,946	25,095	12,498	29,768	14,444	42.98	58.81

TABLE B.

Milk-in-Schools Scheme.

Divisional Executive.	Return for One Day in	Number of Children Present.		Number of Children taking Milk.		%	
		Primary.	Secondary.	Primary.	Secondary.	Primary.	Secondary.
North-west	February	7,565	3,193	6,464	2,206	85.59	69.08
	May	7,855	3,025	6,818	2,182	86.78	72.14
	October	7,984	3,613	6,798	2,592	85.15	71.73
North-east	February	18,520	5,493	16,330	3,802	88.16	69.21
	May	19,537	5,311	17,571	3,886	89.93	73.16
	October	19,367	6,003	17,371	4,371	89.66	72.81
Mid-Derbyshire ..	February	9,954	2,685	8,573	1,480	86.14	55.13
	May	11,398	2,762	9,928	1,629	87.08	58.98
	October	11,414	3,050	10,088	2,034	88.35	66.68
South-east	February	10,769	3,344	8,931	1,607	82.90	48.05
	May	11,888	3,300	10,130	1,759	84.21	53.33
	October	12,139	3,737	10,525	1,766	94.12	46.98
South	February	10,429	3,032	8,700	2,165	83.32	71.41
	May	11,825	3,108	9,883	2,080	83.57	66.92
	October	11,888	3,727	9,864	2,353	82.97	63.13
Chesterfield	February	6,278	3,974	5,312	2,324	84.84	58.48
	May	6,797	3,880	5,848	2,355	86.04	60.70
	October	6,565	4,432	5,827	2,793	88.76	63.01
TOTALS— Whole Administrative County	February	63,515	21,721	54,310	13,584	85.36	62.54
	May	69,300	21,386	60,178	13,891	86.83	64.96
	October	69,267	24,562	60,473	15,909	87.30	64.77

During the year the Ministry of Health issued to Regional Hospital Boards and Hospital Management Committees some notes on the prevention of food infections, and the Principal Medical Officer of the Region forwarded a copy to this Authority. The notes included practical points on how food infection can be minimised, and dealt specifically with personal hygiene, care of food, care of premises and equipment, and dining rooms. It was felt that the suggestions made were appropriate for School Canteens, and the Education Committee decided that copies should be exhibited in all the canteens supplying school meals. Arrangements were also made for a leaflet, published by the Central Council for Health Education, addressed to 'all members of the food industry,' to be issued to all the staff employed in school canteens.

It is interesting to note that the one small outbreak of food poisoning reported for investigation was traced to staphylococcal infection from a cut on a cook's hand. This illustrates the importance of the education of food handlers on the steps which should be taken to prevent food infections.

The following Table shows the actual numbers and the percentage of children partaking of meals, on a day in October, during the past six 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
1951 ..	29,768	14,444	42.98	58.8

It will be seen that the percentage of children taking school meals has varied, but the figures for the year under review are the lowest in the past six years. If primary and secondary schools are combined, the percentage of children partaking of school meals in Derbyshire on a day in October, 1951, is 47.1%. For comparison with national statistics it is necessary to go back to the figures for 1949, as the latest percentages for England and Wales so far published relate to that year. The combined percentage for primary and secondary schools in Derbyshire in 1949 was 52.97%, which compares with 53.2% for England and Wales in that year.

The cause of the decline in numbers of children partaking of meals is complex. Factors which readily come to mind are that the cost of the meals to the pupils has increased, from 5d. first to 6d. and latterly to 7d. ; it is also known that fewer mothers are in employment, which, on the one hand, means that they remain at home and are able to prepare a mid-day meal for their children, and, on the other hand, there is less family income for expenditure on such items as school meals. I commented in my Annual Report for 1950 on the view expressed that while a meal provided in school may be well-balanced in essential nutrients, and economically a sound proposition, to many children the individual style of cooking that they receive at home is more attractive.

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 in August, 1946.

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
1951 ..	60,473	15,909	87.3	64.8

It will be seen that the number of children partaking of milk under the Milk-in-Schools Scheme has steadily declined from 1946, when expressed as a percentage of the numbers present. The combined figure for primary and secondary schools, shown as a percentage of children present, on a day in October, 1951, is 81.4%. For comparison with national figures I must refer you to those provided in the Chief Medical Officer's Report to the Ministry of Education for 1949, the last year for which national statistics are available. The combined figure for primary and secondary schools in Derbyshire in 1949 was 86.2%, which compares with a figure of 86.9% for the month of October, 1949, in England and Wales.

The reasons for the decline in the consumption of milk under the Milk-in-Schools Scheme are not so easy to ascertain and I have suggested to the Director of Education that a survey be undertaken in the schools to try and elicit the factors which are operating. It is clear that cost is not a deterrent as school milk has been free since August, 1946. It will be remembered that I have previously pointed out that milk is not attractive to all children and some means of making it more palatable was advocated to encourage its consumption. It will readily be appreciated that milk is now widely drunk by the public at large, in 'milk bars' for instance, but usually in a form which is flavoured or presented in an attractive manner. In my Report for last year I mentioned that a suggestion was placed before the Ministry of Education that milk might be made more attractive by the addition of some helpful adjunct, but the Ministry stated that expenditure on substances to flavour the milk could not be recognised for grant purposes under the Milk-in-Schools Scheme.

These matters relating to the provision of meals and milk in schools 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, as undoubtedly they play a valuable part in assisting to maintain the general condition of pupils at a satisfactory level.

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, 1951, 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 91.24 in the year under review.

TABLE C.

Type of Milk.	Divisional Executive.												Totals—Whole Administrative County.	
	North-west.		North-east.		Mid-Derbyshire.		South-east.		South.		Chesterfield.			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Pasteurised	75	78.9	135	95.1	89	96.7	76	100.0	90	83.3	35	100.0	500	91.24
Tuberculin Tested	14	14.8	7	4.9	1	1.1	—	—	11	10.2	—	—	33	6.02
Accredited	4	4.2	—	—	2	2.2	—	—	3	2.8	—	—	9	1.64
Ungraded	2	2.1	—	—	—	—	—	—	1	0.9	—	—	3	0.55
Full Cream Dried	—	—	—	—	—	—	—	—	3	2.8	—	—	3	0.55
Totals ..	95	100.0	142	100.0	92	100.0	76	100.0	108	100.0	35	100.0	548	100.00

Sampling of school milk supplies was carried out at the schools by the County Sanitary Inspector. All pasteurised milks are subjected to the phosphatase test (for efficiency of pasteurisation), and all milks to the biological test for tubercle bacilli. Pasteurised milks are, of course, not tested so frequently as raw milks for tubercle bacilli, but each supply is tested at least once a year by biological methods, and in addition any failure to pass the phosphatase test is followed up by further biological tests for tubercle bacilli.

The following are the results of samples submitted for examination :—

Grade.	Phosphatase		Tubercle Bacilli		Total No. of samples submitted.
	Satisfactory	Unsatisfactory	Negative	Positive	
Pasteurised ..	92	4	48	–	96
Tuberculin Tested ..	–	–	26	–	28*
Accredited ..	–	–	26	2	30*
Ungraded ..	–	–	7	–	7

* Four guinea pigs died before the end of the prescribed period and no results are available for these particular samples.

The two milk supplies showing evidence of tubercle bacilli were from "Accredited" producers. Action was immediately taken to rectify the matter and the schools concerned had their supply upgraded, one to Tuberculin Tested bottled, and the other to Pasteurised bottled. The percentage of positive tubercle samples of the total number of raw milks examined was 3.4%.

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 3,829 pupils were found infested during the year, which gives an incidence of approximately 3.9% of the school enrolment. This may be compared with 4.8% last year, 4.5% in 1949, 6% in 1948, and 6% in 1947. (In 1949 the figure for England and Wales was 8%). The number of inspections and re-inspections for verminous conditions per annum for the years 1947 to 1951 have been: 180,774; 198,946; 188,245; 214,550 and 214,848 respectively. Bearing in mind that more inspections were carried out in 1950 and 1951 than in the preceding years, it seems there has been a 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.

As mentioned above, each Health Visitor has been asked to inspect every school in her area at least once a term, but this, of course, is not possible in an area not covered by a Health Visitor. Arrangements are, however, made for Health Visitors from adjacent areas to carry out an annual inspection of these schools.

School Clinics.

The Ministry of Education has asked for a return showing the school clinic facilities as at 31st December, 1951, and a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

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

Number of School Clinics	29

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

Examination and/or Treatment. (1)	Number of School Clinics (*i.e*, premises) where such treatment is provided—	
	Directly by the Authority. (2)	Under arrangements made with Regional Hospital Boards or Boards of Governors of Teaching Hospitals. (3)
A. Minor Ailment and other non-specialist examination or treatment	24	—
B. Dental	22	—
C. Ophthalmic*	11	9
D. Ear, Nose and Throat ..	—	1
E. Orthopaedic	—	17
F. Paediatric†	—	—
G. Speech Therapy ..	5	—
H. Others (specify) :— Sunray	2	—

*—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.

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

(2) Staff of Centres—5.

Staff of Centres.	(*a*) Number.	(*b*) Aggregate in terms of the equivalent number of whole-time officers.
Psychiatrists	1	0.9
Educational Psychologists ..	4	1.9
Psychiatric Social Workers ..	–	–
Others (specify)	–	–

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.

(3) If the provision under (1) is supplemented by arrangements made with Child Guidance Clinics provided by the Regional Hospital Board or by the Board of Governors of a Teaching Hospital, particulars should be given :—

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

Minor Ailments.

The number of individual children treated was 2,670 compared with 3,068 in 1950, 4,121 in 1949 and 4,968 in 1948 ; the total attendances dropped from 13,575 in 1949 to 10,709 in 1950 and 9,895 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, 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 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.

TABLE D.

Annual Return of work carried out at Minor Ailment Clinics—Year ended 31st December, 1951.

Minor Ailment Clinic.	When Held.	Actual Number of Clinic Sessions.	Children Attending Maintained Schools.													
			Number of Individual Children who attended during the year.							Total Number of Attendances during the year.						
			Divisional Executive.							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 and Saturday, a.m.	154	–	8	73	–	–	–	81	–	26	220	–	–	–	246
*Ashbourne. St. Oswald's ..	2nd and 4th Saturday, a.m. ..	24	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Belper. Field Lane ..	2nd and 4th Monday and 1st, 3rd and 5th Saturday, a.m.	50	–	–	9	–	–	–	9	–	–	26	–	–	–	26
Bolsover. Welbeck Road ..	2nd Saturday, a.m.	20	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Buxton. Bridge Street ..	Daily	229	286	–	–	–	–	–	286	618	–	–	–	–	–	618
Chesterfield. Brimington Road	2nd and 4th Friday, a.m. ..	22	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chesterfield Excepted District :— (a) Town Hall .. (b) Edmund Street, Newbold Moor	Daily, a.m. / Daily, p.m.	414	–	–	–	–	–	1009	1,009	–	–	–	–	–	3290	3,290
Chinley. Lower Lane ..	2nd and 4th Saturday, a.m. ..	28	–	–	–	–	–	–	–	–	–	–	–	–	–	–

The Grange .	Monday, a.m. ..	50	–	73	–	–	–	–	73	–	174	–	–	–	–	174
Frecheville. Fox Lane .	Saturday, a.m. .	40	–	19	–	–	–	–	19	–	33	–	–	–	–	33
Glossop. Municipal Bldgs.	Monday to Saturday, a.m. ..	261	455	–	–	–	–	–	455	2398	–	–	–	–	–	2,398
Heanor. Wilmot Street ..	1st, 3rd and 5th Saturday, a.m. ..	33	–	–	–	15	–	–	15	–	–	–	120	–	–	120
Ilkeston. Albert Street ..	Daily, a.m. ..	306	–	–	–	307	–	–	307	–	–	–	1861	–	–	1,861
Long Eaton. 4, Nottingham Rd.	Wednesday and 2nd and 4th Saturday, a.m.	152	–	–	–	241	–	–	241	–	–	–	312	–	–	312
Matlock. Causeway Lane .	4th Monday, a.m.	10	–	–	3	–	–	–	3	–	–	28	–	–	–	28
Melbourne. Penn Lane .	Wednesday, a.m. ..	51	–	–	–	–	18	–	18	–	–	–	–	80	–	80
New Mills. High Lea Hall ..	1st, 3rd and 5th Saturday, a.m. ..	38	1	–	–	–	–	–	1	1	–	–	–	–	–	1
Ripley. Infants' C. School	3rd Thursday, a.m.	12	–	–	3	–	–	–	3	–	–	36	–	–	–	36
Shirebrook. Cliff House ..	Wednesday, a.m. ..	47	–	11	–	–	–	–	11	–	88	–	–	–	–	88
Staveley. Lime Avenue ..	4th Saturday, a.m.	20	–	2	–	–	–	–	2	–	2	–	–	–	–	2
Swadlincote. Alexandra Road ..	Monday and Friday, a.m. ..	131	–	–	–	–	62	–	62	–	–	–	–	160	–	160
Totals	.. .. ..	2,161	742	173	88	563	95	1009	2,670	3017	717	310	2293	268	3290	9,895

* Temporarily Closed from May, 1952.

Ringworm of Scalp.

Ringworm of the scalp is generally a disease of childhood, the adult scalp being so rarely attacked as to be considered almost a curiosity. The cause of the disease is due to fungi transmitted from infected individuals or from certain animals. In this area, the fungus responsible for the majority of cases is the microsporon audouini, which is one found only in man and attacks almost entirely children under the age of sixteen years. The remaining cases, and these are few in number, result from fungi affecting the cat, dog, and sometimes other animals.

The following table shows the incidence as reported in school children in the county over a period of years :—

Year	Cases	Year	Cases	Year	Cases	Year	Cases
1928	227	1934	41	1940	18	1946	3
1929	301	1935	55	1941	–	1947	10
1930	221	1936	47	1942	–	1948	16
1931	87	1937	32	1943	–	1949	29
1932	58	1938	22	1944	–	1950	10
1933	37	1939	24	1945	6	1951	4

(*No records are available for the war years,* 1941 *to* 1944).

The appearances in characteristic cases of scalp ringworm are readily recognised, but it is by no means always easy to diagnose the condition or for that matter to recognise when it is cured. To the unaided eye, infection of the scalp may not be obvious or the treated condition may appear cured while, in fact, infection is present. These difficulties, it will be readily understood, sometimes give rise to epidemic spread.

For the successful control of scalp ringworm a fluorescent test, using an ultra-violet ray lamp fitted with a Wood's glass filter, is essential. The Authority purchased such a lamp which was delivered early in 1950. It was ordered in 1949 when ringworm of the scalp appeared to be increasing, two small outbreaks having occurred in that year in the south-east of the County, and which caused some difficulty in stamping out.

Dental Work.

Table V, in the Appendix to this Report, indicates the work carried out, in the form required by the Ministry of Education.

Having regard to the fact that we have a school population of 100,000, this Authority should be employing approximately 33 Dentists. (This is quite apart from the number of Dentists required to deal with expectant and nursing mothers and pre-school children, which is the responsibility of the County Council as a Local Health Authority). In this connexion I do not think I can do better than set out the following extract from the County Councils Association Official Gazette for December, 1951, relating to a Question submitted in the House of Commons to the Minister of Education—

> "School Dentists.—22nd November—Mr. Remnant asked th Minister of Education how many dentists were required by th school dental service to complete its establishment.
>
> Miss Horsbrugh : For a complete service of dental inspection and treatment, in which every child is seen annually and all children who require treatment accept and receive it, I estimate that a ratio of at least one dentist to 3,000 children would be required and for this purpose the equivalent of an additional 1,150 full-time dentists would be needed. To get the service back to its 1948 level some 200 additional school dentists would be needed in England and Wales.
>
> Mr. David Griffiths asked the Minister of Education what steps she was taking to improve the school dental service.
>
> Miss Horsbrugh : I intend to review the whole problem of the school dental service. In the meantime, I hope that the salary scales fixed earlier this year by the Dental Whitley Council may attract more dentists to the school dental service."

Mr. Gray, the Senior Dental Officer, has reported on the dental work as follows :—

"As in the previous two years, the County School Dental Service existed only as a broken-down, inefficient organisation which could contribute little or nothing to the dental health of the school population and almost had to ignore the needs of the pre-school children and the expectant and nursing mothers.

The staff remained at 4 whole-time and 2 part-time officers (18% of the full requirement) and was not sufficient to supply a skeleton service.

Large areas of the County continued to have no clinical facilities. The clinics have been closed for over three and four years, and in the areas where occasional clinics were held, little comprehensive treatment was given.

No recruitment to the service was possible by reason of the non-acceptance of the Whitley Council Conditions of Service and remuneration. But for domestic and personal reasons, the remaining staff would, in all probability, have left the Authority's service. In an attempt to keep up a semblance of a scheme of treatment, an effort was made to engage the help of general dental practitioners, but this proved unsuccessful. One agreed to give two hours a week at one clinic, but this soon fell through and any contribution to dental health was almost negligible.

Of the twenty-two dental clinics with accommodation for twenty-three officers, only one serving an area with over 10,000 school children has been open full time during the last three years, and thirteen others have been worked part-time on two to twelve days per month.

Half of the clinics are well equipped. The others require the installation of modern apparatus. This is most essential if suitable staff of high standing is to be attracted and retained. In the dental schools, students now receive a highly technical training in the use of modern apparatus and they cannot be expected to accept employment where conditions do not permit free scope for their abilities. With well equipped clinics and remuneration on the agreed Whitley Council Scale, it should be possible to begin to build up again the school dental service. The task is no easy one. The school population now exceeds 100,000, in addition to which there is the statutory obligation to provide the necessary dental care for expectant and nursing mothers and the pre-school children, the latter numbering about 60,000, of whom approximately one in five is in need of attention.

Even with all the available clinics fully staffed, the service would still be far from adequate. To appreciate this fully, it must be borne in mind that one whole-time dental officer can treat thoroughly only about 2,000 children annually and that to treat one mother, and make her dentally fit, takes about the same time as that needed for fifteen children.

In previous reports it has been pointed out that the chief aim of the school dental service is to give preventive treatment so that as many children as possible are enabled to leave school with healthy mouths and teeth which are not only sound, but which function efficiently. This can only be achieved where every child receives frequent and regular inspections and any necessary attention is carried out before the disease processes have become firmly established. Lack of continuity of treatment is largely a waste of time, money and effort. The end results are nearly always the same, viz. loss of the teeth, mutilation of the jaws and dentures.

The school dental service is the only organisation which has the machinery to ensure regular dental inspections and give systematic preventive treatment at the age when this is most essential, and when it is possible to lay the foundation for dental health in later life. A small fraction of the cost of the general dental service would serve to re-establish the school dental service, and effect great economies for the Exchequer in the long run. All the efforts and costs in the general dental service go chiefly for the provision of curative measures necessitated by neglect and failure to tackle the trouble early enough. The situation can be likened to a plumber called to deal with a burst water pipe, trying to get rid of the flooding by mopping up instead of dealing with the trouble at the source. As long as only a very small minority of the profession is engaged in the foundation work of prevention, and the great majority occupied chiefly in the "mopping up" measures, there will always be the cry "shortage of dentists," as futile attempts are made to cope with the overwhelming ravages of dental caries. The old adage, "a stitch in time saves nine" sums up the position in the country today. The tragedy is that the necessary stitch is not being made.

Inspections.

Just over 18,000 children (less than one in five) received a dental inspection at school during the year. Many children have not had a periodic inspection for between four and five years and little hope of one. The inspections showed a great increase in the number with defects. Examinations of cross sections of the school population showed 80% to be in need of treatment, compared with 64% four and five years ago, and the defects were of a more gross and serious nature. Of those found to require treatment at the school inspections, almost half of them needed to have teeth removed for gross caries and sepsis.

Many of the mouths were in appalling condition, necessitating the loss of all the permanent molar teeth and in some cases the loss of the permanent front teeth as well. It is highly significant that medical colleagues have commented upon the increase of bronchial and throat troubles associated with the great increase in oral sepsis.

It was also noted that there was a general lowering in the standard of oral hygiene. Many children who possessed tooth brushes confessed to rarely using them. A possible explanation of this is the now very infrequent contacts between the dental officer and the school.

At the school inspections, only certain of the children found with defects were referred for treatment. These were the ones suffering from gross caries and sepsis, where attention was urgent and imperative, and those with permanent dentitions which only required the minimum amount of time and conservative treatment to keep them in good order. In areas where very occasional clinical sessions were held, those

referred were for extraction treatment only. This is very unsatisfactory as large numbers with reasonably good dentitions with only incipient defects are wilfully neglected and allowed to deteriorate. In many instances, the parents are unaware of this, as after a school inspection, if they are not notified that their children require treatment, they naturally assume that everything is all right. This evil results from the policy of spreading the efforts of each dental officer over overwhelming numbers, with the idea of giving some kind of service in as many areas as possible.

Attendances made at the clinics totalled 17,881. About half of the clinical time was taken up dealing with "casuals" who sought attention, chiefly for the relief of pain. This greatly interfered with the treatment of children referred as the result of the school inspections and necessitated a cutting down in the number of routine appointments. As a result many children had to wait up to nine months, and in some instances longer, before they could be treated and then it was often found that what was originally a simple operation had become more complex and a bigger ordeal for the child.

The Actual Number of Children treated was just over 12,500, of whom 6,200 were casuals. After treatment, only 4,200 (32%) were classified as dentally fit (i.e. the dentitions were rendered sound or were unlikely to require further attention for about a year). Pressure of numbers left no option but to give palliative measures to the others to tide them over for the time being. This lack of thorough attention has a snowball-like effect, as it results in an ever increasing amount of radical treatment awaiting to be done. This is reflected in the results of a recent survey by Professor E. Matthews of Manchester University into the problems of dental caries, in which it is found that 23% of males and 17% females at the age of 17 have teeth in such a rotting condition that they require full dentures. There is little doubt that the half-hearted measures of the school dental service in the past and the breakdown in the last three or four years, have contributed to this shocking state.

Treatment continued, as in previous years, to be chiefly destructive, teeth being extracted by the tens of thousands. Much help was obtained in this work from the Assistant School Medical Officers who administered general anaesthetics of nitrous oxide and oxygen. The time of the Medical Officers was necessarily limited and only those cases requiring multiple extractions were given general anaesthetics. Over 4,700 were given. This figure reflects the bad oral conditions in that of all the children dealt with, one in three required to suffer the loss of several teeth.

Preventive and conservative treatment, the most important and valuable part of all dental care, was given on a very limited scale, with all the effort directed towards preserving the permanent dentition. As has been pointed out very often, unless there is continuity of this treatment during the age of active growth, much of it is valueless.

X-ray examinations, in cases where further information was desired, were made through the Regional Hospital Board at the Derbyshire Royal Infirmary and the Chesterfield Royal Hospital.

Seventy-one partial dentures were constructed for children who had lost front teeth through caries or accidents.

Orthodontic treatment was carried out in a limited number of cases at the special request of parents. This treatment is usually lengthy, some cases requiring between one and two years to have the deformities corrected. Treatment was by removable appliances, sixty of which were fitted. Fifty-eight patients, some carried over from 1950, had treatment satisfactorily completed, while twenty-five were still under treatment at the end of the year.

The dentures and the orthodontic appliances were constructed, to given specifications, by a private dental technician in his own laboratory.

Miscellaneous other operations included dressings, applications of silver nitrate, scalings and gum treatment. Several minor surgical operations were performed for the removal of unerupted impacted teeth and the removal of unerupted supernumerary teeth preventing the eruption of permanent teeth.

Special Inquiry for the Ministry of Education on the Incidence of Dental Caries.

As in the previous two years, opportunity was taken by the Senior Dental Officer to continue this investigation in the course of carrying out periodic school inspections.

The relatively small numbers inspected necessarily limited the size of the particular age groups, nevertheless it is thought worth-while to set out the latest results obtained in comparison with those of the previous years.

Area : Derbyshire	No. of children examined	No. of decayed, missing and filled teeth.	No. of children showing no decayed, missing or filled teeth.	% of children showing no decayed, missing or filled teeth.	Average No. of decayed missing or filled teeth per child.
Year	Aged 5 Years.				
1949 ..	322	1,363	59	18.3%	4.2
1950 ..	495	2,288	98	19.8%	4.6
1951 ..	401	1,845	78	19.4%	4.6
	Aged 12 Years.				
1950 ..	117	431	11	9.4%	3.6
1951 ..	181	772	14	7.7%	4.2

The children examined represent a cross-section of the school population as they are located in widely separated areas of the County. In the five years' age group, the findings approximate closely to those reported from other parts of the country, but in the twelve years' age group the comparison is very unfavourable, there being more defective teeth per child, and over 10% fewer with no defects."

Visual Defects.

Table E shows the number of children who attended the eye clinics and the number of attendances. Treatment is 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 of the Local Executive Council 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 some time. However, at the end of the year, nine of the Authority's eye clinics were being 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 is appropriate to mention here that Dr. Ethel W. Morris, who conducted eight eye clinics in the north-east of the County, retired on 31st December, 1951, after giving most valuable service spread over twenty-two years with the County Council. As mentioned above, it is proposed that general services for sight testing shall be made available as part of the Hospital and Specialist Services, but it was not possible for the Regional Hospital Board to arrange immediately after Dr. Morris's retirement for an Ophthalmologist employed by them to undertake the clinics formerly conducted by Dr. Morris. It is, however, hoped this will be done by May, 1952. Pending such arrangements being made, it was necessary to advise patients affected by the temporary closure of these clinics to consult their own Doctors under the National Health Service with a view to obtaining treatment and glasses under the Supplementary Ophthalmic Services scheme.

It will be realised that school children, like other members of the community, may consult their private Doctors with a view to treatment and glasses being provided under the National Health Service Act, if they so desire. In this connexion, reference to Table IV, Group 2, in the Appendix, reveals that the Authority's clinics conducted under the Supplementary Ophthalmic Services arrangements dealt with slightly more errors of refraction (including squint) in 1951 than in 1950 ; but there is an apparently large increase in the numbers 'treated otherwise' (from 2,306 to 5,102). Similarly, the number of pupils for whom

spectacles were prescribed otherwise than by the Authority was shown as 3,670, compared with 998 in 1950. The explanation is that for 1951 certain figures were kindly provided by the Derbyshire Executive Council and the Hospital Eye Service relating to work performed by Ophthalmic Medical Practitioners and Ophthalmic Opticians outside the Authority's scheme and these have been included in the return for the first time. The figures below show that roughly two-thirds of the glasses were prescribed by Ophthalmic Medical Practitioners and one-third by Ophthalmic Opticians (but it should be pointed out that certain of the figures are approximations).

Number of Pupils for whom glasses were prescribed by :—

(*a*)	Ophthalmic Medical Practitioners, under arrangements between the Authority and the Regional Hospital Board, at County Council Clinics	953
(*b*)	Ophthalmic Medical Practitioners or Medical Officers of the Authority, under the Supplementary Ophthalmic Services arrangements, at County Council Clinics	766
(*c*)	Ophthalmic Medical Practitioners under Part III of the Supplementary Ophthalmic Services Regulations (approx.)	206
(*d*)	Ophthalmic Medical Practitioners under the Hospital Eye Service .. .. (approx.)	9
(*e*)	Ophthalmic Opticians under Part III of the Supplementary Ophthalmic Services Regulations (approx.)	1,545

The actual provision of glasses is not the responsibility of the Authority. However, Health Visitors are informed when treatment is prescribed for a 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, 1951.

Eye Clinic.	When Held.	Actual Number of Clinic Sessions.	Children Attending Maintained Schools.													
			Number of Individual Children Treated.							Total Number of Attendances.						
			Divisional Executive.						Total.	Divisional Executive.						Total.
			North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.		North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	
Alfreton. Grange Street (*b*) ..	Each Wednesday. p.m.	38	–	58	223	–	–	–	281	–	85	347	–	–	–	432
Belper. Field Lane (*b*) ..	3rd Tuesday, a.m.	9	–	–	57	–	–	–	57	–	–	92	–	–	–	92
Bolsover. Welbeck Road (*d*) ..	1st Monday ..	19	–	106	–	–	–	–	106	–	164	–	–	–	–	164
Buxton. Bridge Street (*f*) ..	1st, 3rd and 4th Monday, a.m. ..	42	435	–	–	–	–	–	435	520	–	–	–	–	–	520
Chesterfield. Brimington Rd. (*d*)	3rd Thursday ..	32	4	167	–	–	–	–	171	4	243	–	–	–	–	247
Chesterfield Excepted District. Town Hall (*e*) ..	Monday & Thursday, a.m.	86	–	–	–	–	–	846	846	–	–	–	–	–	1604	1,604
Clowne. Jr. Boys' School (*d*)	2nd Wednesday ..	18	–	101	–	–	–	–	101	–	154	–	–	–	–	154
Derby. Walker Lane (*a*) ..	Each Monday, a.m.	41	–	–	33	10	373	–	416	–	–	43	11	461	–	515

Dronfield. The Grange (*d*)	3rd Wednesday ..	16	–	80	–	–	–	–	80	–	122	–	–	–	–	122
Frecheville. Fox Lane (*d*)	1st Thursday ..	21	–	102	–	–	–	–	102	–	157	–	–	–	–	157
Glossop. Municipal Bldgs. (*c*)	Friday, p.m. ..	27	94	–	–	–	–	–	94	96	–	–	–	–	–	96
Heanor. Wilmot Street (*b*)	1st Tuesday, a.m. ..	16	–	–	–	119	–	–	119	–	–	–	168	–	–	168
Ilkeston. Albert Street (*a*)	1st and 3rd Friday, a.m. ..	18	–	–	–	168	–	–	168	–	–	–	232	–	–	232
Killamarsh. County B. Sch. (*d*)	4th Thursday ..	13	–	70	–	–	–	–	70	–	97	–	–	–	–	97
Long Eaton. Grange School (*a*)	2nd and 4th Tuesday, a.m. ..	17	–	–	–	147	–	–	147	–	–	–	182	–	–	182
Matlock. Dean Hill House, Causeway Lane (*b*)	2nd and 4th Friday, a.m. ..	19	13	–	89	–	19	–	121	20	–	148	–	32	–	200
New Mills. High Lea Hall (*f*)	2nd Monday, a.m.	10	58	–	–	–	–	–	58	98	–	–	–	–	–	98
Shirebrook. Cliff House (*d*)	2nd Thursday ..	18	–	90	–	–	–	–	90	–	124	–	–	–	–	124
Staveley. Lime Avenue (*d*)	3rd Friday ..	20	–	109	–	–	–	–	109	–	157	–	–	–	–	157
Swadlincote. Alexandra Road (*a*)	2nd and 4th Thursday, p.m. ..	19	–	–	–	–	180	–	180	–	–	–	–	216	–	216
Totals		499	604	883	402	444	572	846	3,751	738	1303	630	593	709	1604	5,577

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 attended on one Wednesday afternoon each month :—

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 Saturday a.m.	253	8 (for treatment)	398
Wednesday p.m. once a month	12	207 (seen by Specialist)	276

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 convenient to arrange for an Ear, Nose and Throat Clinic to be conducted at the Municipal Buildings, the services of the Visiting Surgeon being paid for, of course, by the Board.

Orthopaedic and Postural Defects.

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

Table G shows the attendances at the Clinics. Reference may also be made to the Statistical Tables at the end of this Report (Table IV, Group 4).

It will be observed that the number of individual children who attended during 1951 was 1,074. This figure is comparable with 924 in 1950, 1,114 in 1949, 1,439 in 1948, 1,344 in 1947 and 1,453 in 1946. The total number of attendances was 6,623, compared with 5,554 in 1950, 7,379 in 1949, 9,532 in 1948, 9,341 in 1947 and 10,896 in 1946. It will be seen that the tendency for the number to decrease since the National Health Service Act came into operation has halted, at least for the time being.

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

"One very noticeable feature throughout the year has been the absence of epidemics and the continued good health of the teachers.

School work has continued on a satisfactory basis—numbers on roll have been high (with the exception of the first and last days of the term)—children go home for Xmas and do not return always for the first school day. The craft work has been very varied and of a high standard.

During the year we have had numerous visits from Training College and Social Science Students (Nottingham University) and American Teachers 'On Exchange.' The visits have proved helpful and have been much enjoyed.

We have lost two members of the staff, one having obtained a headship, the other has been admitted to Training College. Two of the staff have attended Courses (Visual Aids and the Teaching of Backward Children)—much benefit has been derived from these visits to Buxton. During the summer recess we again made use of Students for three weeks of the holiday—I came to school most days, to help them in their work.

November 22nd was a memorable day—Bretby Hospital 'Went on the Air.' Miss Bernadette Hodgson had previously visited the school.

Our gratitude goes to the Rotary Club for the magnificent gift to the Girls' Ward of an Electric Gramophone and for two Television Sets (installed just before Xmas) and bought by public subscription after a local appeal, again, by the Rotary Club (Swadlincote).

The school year ended with an enjoyable (School) Xmas Party.

Number of children on Admission Register on January 1st, 1951	32
Number of children on Admission Register on December 31st, 1951	25
Number of children who have passed through the School during 1951	218
Average number of scholars on Admission Register during 1951	37
Number of times School was opened during the school year, January 1st to December 31st, 1951	416"

TABLE G.

Annual Return of Orthopaedic Work—Year ended 31st December, 1951.

Orthopaedic Clinic	When Held.	Actua Number of Clinic Sessions.	Children Attending Maintained Schools.													
			Number of Individual Children who attended during the year.							Total Number of Attendances during the year.						
			Divisional Executive							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	–	34	27	–	–	–	61	–	161	173	–	–	–	334
Bolsover. Welbeck Road ..	Friday, p.m. ..	47	–	27	–	–	–	–	27	–	246	–	–	–	–	246
Buxton. Bridge Street ..	4th Thursday, alt., months	5	28	–	–	–	–	–	28	31	–	–	–	–	–	31
Chesterfield. Brimington Road ..	1st and 3rd Wednesday, a.m. and p.m. and 2nd and 4th Wednesday, a.m.	82	–	59	–	–	–	*7	66	–	289	–	–	–	*28	317
Chesterfield Excepted District. Town Hall ..	Tuesday and Friday	212	–	–	–	–	–	285	285	–	–	–	–	–	2517	2,517
Chinley. Lower Lane ..	2nd and 4th Monday, a.m. and p.m.	44	41		–	–	–	–	41	219	–	–	–	–	–	219

Clay Cross. High Street ..	Monday, p.m. ..	46	–	27	–	–	–	–	27	–	112	–	–	–	–	112
Derby. County Offices Yard	Thursday, a.m. and p.m.	96	–	–	19	3	186	–	208	–	–	174	27	801	–	1,002
Dronfield. The Grange ..	2nd Wednesday, p.m.	–	–	–	–	–	–	–	†	–	–	–	–	–	–	†
Glossop. Municipal Buildings	2nd and 4th Tuesday, a.m. and p.m.	44	45	–	–	–	–	–	45	149	–	–	–	–	–	149
Heanor. Wilmot Street ..	Friday, p.m. ..	47	–	–	2	31	–	–	33	–	–	11	259	–	–	270
Ilkeston. Albert Street ..	Wednesday, a.m. and p.m.	92	–	–	–	31	–	–	31	–	–	–	203	–	–	203
Long Eaton. 4, Nottingham Rd.	Friday, a.m.	47	–	–	–	33	–	–	33	–	–	–	249	–	–	249
Matlock. Dean Hill House, Causeway Lane ..	Tuesday, a.m. and p.m.	94	24	–	28	–	2	–	54	164	–	155	–	12	–	331
Shirebrook. Cliff House ..	Friday, a.m. ..	47	–	30	–	–	–	–	30	–	86	–	–	–	–	86
Staveley. Lime Avenue ..	Monday, a.m. ..	46	–	46	–	–	–	–	46	–	272	–	–	–	–	272
Swadlincote. Alexandra Road ..	1st and 3rd Tuesday, a.m. and p.m.	54	–	–	–	–	59	–	59	–	–	–	–	285	–	285
Totals		1,097	138	223	76	98	247	292	1,074	563	1166	513	738	1098	2545	6,623

* These were Tuberculosis cases.

† Sessions attended by Orthopaedic Physiotherapist only—figures included in those for Chesterfield, Brimington Road, Clinic.

Sunray Clinics.

Sunray treatment is available at clinics in Derby and Chesterfield. Until 9th February, 1951, a sunray clinic was also conducted at Glossop. At that time, however, the equipment reached the end of its useful life and was beyond repair. The question of its replacement arose, but upon careful consideration, and after receiving the views of an Officer of the Ministry of Education, the Committee decided not to purchase new apparatus. There are, of course, occasions when ultra-violet light therapy is beneficial in the treatment of skin conditions. If doctors think this type of therapy is required, they can refer their patients to the Dermatological Department of an appropriate hospital under the National Health Service.

The following figures show the work done during 1951 in respect of school children :—

TABLE H.

	Divisional Executive					Totals.
	N.W.	Mid.	S.E.	S.	Chesterfield.	
Sessions	6	(Total—86—Not apportionable.)			43	135
First Attendances	7	6	1	41	213	268
Subsequent Attendances ..	19	106	37	340	2,328	2,830

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 comments on certain important trends will be found in the introductory letter to the present Report.

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)
In the calendar year :—										
A. Handicapped Pupils newly placed in Special Schools or Homes	–	2	8	5	60	7	26	22	4	134
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	–	4	5	1	80	6	57	25	5	183
On or about December 1st :—										
C. Number of Handicapped Pupils from the area :—										
(i) Attending Special Schools as—										
(*a*) Day Pupils	–	–	2	1	93	–	1	47	–	144
(*b*) Boarding Pupils ..	6	8	34	16	14	7	33	13	15	146
(ii) Boarded in Homes ..	–	–	–	–	–	–	1	3	–	4
(iii) Attending independent Schools under arrangements made by the Authority ..	–	–	–	–	–	1	4	2	–	7
Total (C)	6	8	36	17	107	8	39	65	15	301
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(*a*) In hospitals	–	–	–	–	9	–	–	–	–	9
(*b*) Elsewhere	–	–	–	–	5	4	–	–	–	9
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such unplaced children who are temporarily receiving home tuition) ..	1	5	5	–	45	9	180	10	5	260

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the educat
of handicapped pupils in the financial year ended 31st March, 1951 : £732 approx.

RETURNS FOR DIVISIONAL EXECUTIVE AREAS.

ivision.	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)
rth-west	A	–	–	2	2	6	–	2	1	1	14
	B	–	–	–	–	4	1	10	5	–	20
	C (i) (*a*) ..	–	–	1	–	–	–	–	–	–	1
	C (i) (*b*) ..	1	1	3	3	4	1	5	1	5	24
	C (ii)	–	–	–	–	–	–	–	–	–	–
	C (iii)	–	–	–	–	–	–	2	1	–	3
	Total (C) ..	1	1	4	3	4	1	7	2	5	28
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	1	–	–	–	1
	E	–	–	1	–	5	1	49	4	1	61
rth-east.	A	–	–	5	1	15	1	9	3	–	34
	B	–	2	5	–	33	2	21	2	2	67
	C (i) (*a*) ..	–	–	1	1	–	–	–	2	–	4
	C (i) (*b*) ..	2	1	11	3	6	1	11	5	4	44
	C (ii)	–	–	–	–	–	–	–	1	–	1
	C (iii)	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	2	1	12	4	6	1	11	8	4	49
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	1	–	–	–	1
	E	–	2	3	–	30	3	53	2	2	95
l- byshire.	A	–	–	–	–	1	1	2	2	1	7
	B	–	1	–	–	1	1	9	2	1	15
	C (i) (*a*) ..	–	–	–	–	1	–	–	–	–	1
	C (i) (*b*) ..	1	1	5	4	–	2	3	2	2	20
	C (ii)	–	–	–	–	–	–	–	2	–	2
	C (iii)	–	–	–	–	–	–	1	–	–	1
	Total (C) ..	1	1	5	4	1	2	4	4	2	24
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	1	–	–	–	1
	E	–	1	1	–	–	2	26	3	1	34

RETURNS FOR DIVISIONAL EXECUTIVE AREAS—*continued.*

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.	Total. (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
South-east.	A	–	–	1	–	1	2	6	1	1	12
	B	–	–	–	–	3	–	10	2	1	16
	C (i) (*a*) ..	–	–	–	–	–	–	–	–	–	–
	C (i) (*b*) ..	–	2	4	–	–	2	7	1	1	17
	C (ii)	–	–	–	–	–	–	–	–	–	–
	C (iii)	–	–	–	–	–	1	–	1	–	2
	Total (C) ..	–	2	4	–	–	3	7	2	1	19
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	–	–	–	–	–
	E	–	–	–	–	2	1	20	–	–	23
South.	A	–	2	–	–	4	–	7	3	–	16
	B	–	–	–	–	6	–	6	4	–	16
	C (i) (*a*) ..	–	–	–	–	–	–	1	–	–	1
	C (i) (*b*) ..	2	3	9	4	3	1	6	4	1	33
	C (ii)	–	–	–	–	–	–	1	–	–	1
	C (iii)	–	–	–	–	–	–	1	–	–	1
	Total (C) ..	2	3	9	4	3	1	9	4	1	36
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	1	–	–	–	1
	E	1	–	–	–	6	2	29	1	–	39
Chesterfield.	A	–	–	–	2	33	3	–	12	1	51
	B	–	1	–	1	33	2	1	10	1	49
	C (i) (*a*) ..	–	–	–	–	92	–	–	45	–	137
	C (i) (*b*) ..	–	–	2	2	1	–	1	–	2	8
	C (ii)	–	–	–	–	–	–	–	–	–	–
	C (iii)	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	–	–	2	2	93	–	1	45	2	145
	D (*a*)	–	–	–	–	9	–	–	–	–	9
	D (*b*)	–	–	–	–	5	–	–	–	–	5
	E	–	2	–	–	2	–	3	–	1	8

The Ministry of Education requested a return showing the independent schools being assisted by the Authority, on 1st December, 1951, 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 6
(2) Number of pupils whose fees were being paid in whole or part by the Local Education Authority.. 7
(3) Categories of handicap of the pupils :—
Physically handicapped 1
Educationally subnormal 4
Maladjusted 2

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	2	6	–	–
North-east	10	10	–	–
Mid-Derbyshire	7	9	1	–
South-east	4	7	1	–
South	5	6	–	–
Chesterfield	2	3	–	–
Totals ..	30	41	2	–

Full-time Courses of Further Education for the Handicapped.

On December 31st, 1951, the following students were in training:—

Blind Cases.

Royal Institution for the Blind, Nottingham 2
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 established with the Authorities in the West Midlands. Certain proposals have been embodied in the Authority's Development Plan. 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. Talbot House, Glossop, has also been purchased for adaptation into a Unit for the treatment of cases of cerebral palsy. The school at Buxton was opened on 2nd April, 1951, but the implementation of the other projects is retarded by the curtailment of building and the adverse economic situation.

Special Inquiry.

Epilepsy.

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

Dr. F. J. Burke, an Assistant School Medical Officer responsible for an area in the North-east of the County with a school population of approximately 9,500 children, submitted a report on observations he had made during 1950, which was published in my last Annual Report. Dr. Burke continued to take a special interest in this subject throughout 1951, and the following report has been received from him :—

"During the year 1950 observations were made on the incidence of epilepsy among 4,167 children in an area in North-east Derbyshire. Ten children were found to be epileptics. The diagnosis of epilepsy was not confirmed in six children. These children have been kept under observation during 1951. They have not been included in the series of cases collected during 1951. Among 4,735 examinations made between 1st January and 31st December 1951, thirteen children were found to be epileptics. Two children were considered to be probably epileptic but the diagnosis was not confirmed. For six children the diagnosis was considered doubtful. The figure of 4,735 children examined includes those examined in the three prescribed school age groups and also children examined at schools and clinics as special cases and re-examinations. I have not been able to eliminate the possibility that some of the children were examined more than once as "specials" and "re-examinations," but as few of the schools were visited more than once in the year the error should not be large. Assuming the validity of the number 4,735, the children considered to have epilepsy number 2.7 per thousand. Aments and spastics were excluded from the series. Only children considered to be affected by minor or major epilepsy classified as idiopathic have been included. The following are the cases to which reference is made in the report.

Case 1.—Boy age 13 had six night fits during 1945 but has had none recently. I.Q.55%. He is from a very dull family but there is no history of epilepsy in other members. Diagnosis, Epilepsy.

Case 2.—Girl age 14 was stated to have had what were described as fainty bouts six or seven times at school, once at home and once during instruction in an ambulance class. Menstruation began in April, 1949. The fits began in 1950 associated with menstrual periods. There was no eneuresis. Recovery was rapid with no drowsiness after. Her intelligence is dull normal. She had a habit of chewing paper and her clothing during early childhood. Diagnosis is doubtful.

Case 3.—Boy age 7 was stated by the Head Teacher of the School which he attends to be fidgetty, constantly picking at his finger nails and lacking in concentration. He seems to have "mental blackouts" at times, though he is not dull. Diagnosis is doubtful of the cause of these mental blackouts.

Case 4.—Boy age 7 had two convulsive seizures with pneumonia and meningism at six months of age. No fits have occurred since. Diagnosis probably infantile eclampsia.

Case 5.—Boy age 6 had two fits with epistaxis in 1948. No fits have occurred since. Diagnosis is doubtful.

Case 6.—Girl age 4½ had digestive disturbance vomiting with fits two or three to seven or eight a day until she was treated in hospital, October, 1949 to April, 1950. She had one fit during 1951. Has had treatment by barbitone until March, 1951. She has suffered from somnambulism and undue timidity. She is probably epileptic.

Case 7.—Girl age 11 "felt funny" during examination. She felt funny twice previously when she was being examined by her doctor. She closed her eyes, her lips became cyanosed. Consciousness was not lost completely. Duration was about one minute. Her knee jerks were exaggerated. Pulse was 60 immediately after the attack. She had a cough and rhinitis at the time of examination. Diagnosis is still doubtful.

Case 8.—Boy age 11. Had "two fainty bouts" on successive days in April, 1951. Eyes began hurting immediately before the fits. Consciousness was lost for two or three minutes. There were no convulsions. He is probably epileptic.

Case 9.—Girl age 10 has had fits since an operation on tonsils and adenoids in July, 1948. She had one fit at school in 1950. She had one at night in November, 1950 and a morning seizure in May, 1951. Consciousness was lost. There were tonic spasms. There was incontinence of urine during each of the fits. She has barbitone daily. She is affected by epilepsy.

Case 10.—Boy age 16, has had seizures since 13 months old. He gets blue and stiff. There is twitching of his face. Consciousness is lost. He has had series of four fits. He had no seizures in 1941-42. He had a fit in October, 1944. The exact date of the last recent seizure is not known. He gets headache afterwards. Diagnosis, epilepsy. The I.Q. of this boy is over 110%.

Case 11.—Girl age 8 had her first fit in June, 1949. There have been two slight fits and one severe fit since. Consciousness has been lost each time. The family history of epilepsy is doubtful. Her I.Q. is 98%. Diagnosis of epilepsy is established.

Case 12.—Girl age 5. Fits since she was one year old. She holds her breath and her face gets blue especially when she is thwarted. There are clonic convulsions. Sister of her mother is epileptic. Diagnosis of epilepsy was made.

Case 13.—Girl age 9 had four fits in December, 1950 and one fit in January, 1951. Tonic and clonic convulsions. Consciousness was lost. Diagnosis of epilepsy was made.

Case 14.—Girl age 5 had three fits during the months February to July, 1951. Fits were tonic and clonic on rising in the mornings. Consciousness was lost each time. She had one fit at school. Barbitone has been given. Diagnosis of epilepsy was made.

Case 15.—Girl age 5 had a tonic and clonic fit during gas and oxygen anaesthesia for dental extractions. The left side of her body went into clonus first and recovered last. Return to consciousness was followed by uncontrollable weeping. Her mother stated that the girl had had fits previously. Diagnosis of epilepsy was made.

Case 16.—Boy age 5 has had fits since 1½ years old, until July, 1949, when the fits were controlled by barbitone. The fits occurred at the rate of two or three a week, ataxic rather than tonic or clonic. There was eneuresis during the fits but not otherwise. Consciousness was lost. Diagnosis of epilepsy was made.

Case 17.—Boy age 14 had a fit and was taken to hospital four weeks later. Epilepsy was diagnosed. Barbitone was given. His I.Q. was 53%.

Case 18.—Boy age 5 had two series of convulsive fits in 1950. The first series occurred after whooping cough and lasted three days. The interval between the series was one week. He was treated in hospital where the diagnosis was considered doubtful.

Case 19.—Girl age 6 has had occasional minor seizures since the age of 4½ years. Barbitone has been given. Diagnosis epilepsy.

Case 20—Boy age 11 was treated for disorderly conduct and mischievous tricks. He had infrequent major tonic and clonic fits. Fits were controlled by barbiturates and epanutin. He was recommended for a special residential school for epileptics. Intelligence quotient was 83% to 85%.

Case 21.—Girl age 9 has had attacks of a dazed condition in which she does not answer when addressed, but performs mechanical actions. After a short interval she resumes what she was saying or doing. She stops actions if standing or walking and sometimes makes inarticulate noise. Epilepsy was diagnosed.

Of the thirteen children who were considered to be affected by epilepsy, twelve were fit to attend ordinary schools, and one was recommended for admission to a residential school for epileptic pupils. There were no indications for exclusion of children because of having fits in school. They are being kept under observation, as also are the children observed during 1950. There are about 9,500 school children in the area under observation. By adding the ten cases diagnosed in 1950 to the thirteen cases diagnosed in 1951, the resultant twenty-three gives an incidence of about 2.4 per thousand. Of the thirteen children in whom epilepsy was diagnosed in the 1951 series, eleven have had major fits.

The intelligence of four children was tested by the Stanford scale of intelligence tests, and the results showed intelligence quotients of 98% the highest down to 53% the lowest. One boy tested by a group test not performed by me was estimated to have an intelligence quotient of over 110%

The incidence rate per thousand is higher than rates given by other observers, and much higher that the estimated incidence rate for the whole of England and Wales. The number of cases diagnosed is, however, too small to be accepted without reservations as indicating definitely the incidence of epilepsy in the area observed."

With reference to the incidence of epilepsy quoted above, I feel the modern tendency is to talk of higher rates of incidence than has been common in the past. Recent text-books refer to clinically recognisable epilepsy in not more than 0.5% of the population. In this connexion, it is also noted that the difficulties of diagnosing epilepsy by use of the electroencephalogram (E.E.G.) are that the variations in

cortical rhythm characteristic of epilepsy are to be found in some 10% of the population. One epileptic patient out of every five may have a normal E.E.G. ; and differing, or even contradictory, reports may be obtained on the same patient. This means that the E.E.G. is not yet a substitute for clinical judgment, but, of course, it is one of the many factors which have to be considered in making a diagnosis.

Maladjusted Pupils and Speech Therapy.

The subject of Maladjusted Pupils was dealt with at some length in my last Annual Report. In the course of my remarks, reference was made to the national shortage of suitably trained staff and to the fact that we had never been able to appoint the number of officers authorised by the establishment. During the year under review the establishment has been varied, and the appointments which may be made at present are as follows :—

2 Child Psychiatrists ;
4 Educational Psychologists (instead of two as formerly). Two of these officers are on the staff of the Excepted District of Chesterfield, but the Chesterfield Child Guidance Centre staff are available for the treatment of patients from the whole of the North-east Derbyshire Division as well as patients in the Borough ;
4 Psychiatric Social Workers ;
5 Speech Therapists.
(The posts of two Child Psychotherapists have been deleted from the establishment).

At the end of the year, one Child Psychiatrist, four Educational Psychologists and one Speech Therapist were serving the Authority.

In this country, Manchester was the first local education authority to provide treatment facilities for school children who stammered. In 1906 M. Léon Berquand started classes for stammering in Manchester, and gradually more and more education authorities provided treatment facilities for those that had a speech defect.

Under the Handicapped Pupils Regulations, 1945, pupils suffering from a speech defect were defined as "pupils who on account of stammering, aphasia or defect of voice or articulation not due to deafness require special educational treatment." The Regulations (5(g)) prescribe for "a pupil suffering from speech defect other than an aphasic pupil, special training and treatment by a duly qualified speech therapist."

In pre-war years speech therapists were organised in two Associations—the Association of Speech Therapists and the British Society of Speech Therapists. Ultimately, the two Societies agreed to amalgamate and together founded the College of Speech Therapists, and in fact held its inaugural conference in London in April, 1945.

It was in the war years, too, that the Board of Registration of Medical Auxiliaries first recognised speech therapists : it admitted them to the National Register of Medical Auxiliaries for the first time in 1942.

In June, 1945, the Council of the College adopted a syllabus of training extending over three years. Students must be at least seventeen years at the beginning of their training and should hold the school certificate or its equivalent.

With the changes in the arrangements for training speech therapists there came a need for a review of the place of speech therapists in the service of local education authorities. In October, 1945, the Ministry of Education issued an Administrative Memorandum which stated that speech therapists should "be treated as members of the staff of the school health service and shall not thereafter be regarded as teachers, unless, having regard to the facts in any particular case, the Minister otherwise determines." The Memorandum also stated that "the only persons whose employment as speech therapists is approved by the Minister are those who have been admitted to the Register of Medical Auxiliaries."

A school population of about 10,000 justifies the appointment of a whole-time speech therapist, which means that this Authority should employ approximately ten.

The Chief Medical Officer of the Ministry has stated that it is essential, if satisfactory work is to be done, that speech therapists should work under the supervision of the School Medical Officer through whom all children in need of treatment should be referred to the speech treatment clinic.

There are occasions too, when the speech therapist should co-operate closely with ear, nose and throat surgeons, with members of the Child Guidance team, with Assistant School Medical Officers and Assistant Maternity and Child Welfare Medical Officers, with Dentists, and also with parents and teachers. I would go so far as to say that unless the co-operation of parents and teachers is obtained, treatment tends to be long drawn out and disappointing.

I would emphasise that speech therapists should not be confused with Teachers of the Deaf or Teachers of Elocution. Speech Therapists have an important niche to fill in the School Health Service, but there is a great shortage of them in Derbyshire and throughout the country. I am sure that the Teaching profession will do what it can to co-operate with them in their work, but I realise that it will not be easy as the classes with which teachers have to deal at present are often very large and prevent them giving a good deal of individual attention to a child with a speech defect.

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

(1) Dr. Iliff, Child Psychiatrist.—

"The Child Guidance Clinic work has continued throughout 1951 more or less on the plan of the previous year with two differences. The first is that we have had no Psychiatric Social Worker at all in 1951, the second that Miss Harris, a new Educational Psychologist, began work in the County in September, 1951.

Miss Harris, who is part-time for the Child Guidance Clinic, has worked mainly in the Matlock and North Western areas, and this has meant that the work in these areas has been able to develop. By taking on some of the therapeutic work in these areas Miss Harris has freed the Psychiatrist to deal more rapidly with new cases and thus the waiting lists for new cases in all areas have been steadily shortened.

The work of the County Clinics still centres chiefly round the same areas—Derby, Swadlincote, Long Eaton, Matlock, Belper, Buxton and Glossop, with only very occasional visits to other Clinics such as Alfreton. Cases from the North East of the County are seen at Brambling House Centre, Chesterfield.

The plan of keeping special foster homes for maladjusted children has developed and there are now four such approved homes in the County. Several more are needed, especially for boys, and also for holiday periods only.

In spite of the wide area covered, and the large number of new cases seen, the Clinic cannot be said to be satisfactorily staffed. The absence of any Psychiatric Social Worker is in itself a grave disability. The present three County workers, all part time as far as the County proper is concerned, can only cover the area in what is at best a very sketchy fashion. Intensive treatment can only be undertaken in a very few cases. Follow up interviews have to go by the board.

It is to be hoped that the staff will be increased in accordance with the "establishment" plan in the near future, so that what is at present a "skeleton service" can become efficient enough to cover the whole County satisfactorily."

(2) Mrs. Flint, Educational Psychologist.—

"During the past year children, mainly from Mid, South-East and South of the County, have been taken on for individual treatment according to their needs. There has also been a little remedial teaching as well as a valuation of the child's intellectual capacity and some assessment of temperaments and personalities.

Advice of a preventive kind has been given in schools and through the medium of Parent-Teacher Associations, and teachers have been encouraged to discuss any children who have shewn signs of failure in social and emotional development, as well as in the intellectual sphere. Any particular child who was clearly maladjusted was referred to the Child Guidance Service. It was felt that discussions over problems of one child in a school often helped to prevent other children from becoming involved in similar difficulties.

Because there has been no Psychiatric Social Worker it has been necessary to see many parents of the children treated. Where possible separate appointments have been given for parents and child.

The Educational Psychologist has contributed to the Psychiatrist's point of view, as, for instance in the case of the placement of an individual child in Schools for Maladjusted Children, Home Office Schools, or a transfer from one day-school to another.

The main difficulties have been a lack of adequate staffing and poor accommodation."

(3) Miss J. Harris, Educational Psychologist.—

"Regular sessions have been held at Belper, Matlock, Buxton and Glossop Clinics. Seventeen patients have been treated at these Clinics. Some of these were discovered in routine school visits and treated after diagnosis by the Psychiatrist, others were handed on direct by the Psychiatrist.

Interesting results were obtained by play methods and attempts were made to improve the parent-child relationship by better mutual understanding.

In the absence of a Psychiatric Social Worker, parents have been interviewed regularly and advice given.

Intelligence tests have been carried out at all four Clinics and school visits made to maintain school-clinic co-operation in individual cases."

(4) Statistical Information.—

CHILD GUIDANCE WORK.	Divisional Executive.					Totals.
	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	
(1) Cases Closed during 1951 :—						
(i) Adjusted	2	1	4	3	1	11
(ii) Improving	16	–	8	6	17	47
(iii) Partially adjusted	3	–	6	1	7	17
(iv) Unadjusted	2	–	2	3	4	11
(v) Unknown	5	1	4	2	6	18
(vi) Diagnostic and advice only	20	–	18	19	13	70
Totals	48	2	42	34	48	174
(2) Cases having Regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—						
(*a*) Psychiatrist—						
(i) Making satisfactory progress	1	–	2	–	1	4
(ii) Some improvement ..	1	–	–	2	–	3
Totals	2	–	2	2	1	7
(*b*) Educational Psychologists :—						
(i) Making satisfactory progress	2	–	4	5	8	19
(ii) Some improvement ..	1	–	9	5	10	25
(iii) No improvement	1	–	3	1	1	6
Totals	4	–	16	11	19	50
Total Treatment Cases ..	6	–	18	13	20	57
(3) Cases having only Occasional Interviews, or under Supervision :—						
(i) Making satisfactory progress	–	–	1	2	1	4
(ii) Some improvement ..	3	–	2	–	7	12
(iii) No improvement	1	–	–	–	1	2
(iv) Not known	1	1	1	1	1	5
Totals	5	1	4	3	10	23
(4) Cases Recently Opened ..	10	1	6	–	8	25
(5) (*a*) Number of Old Cases re-referred during 1951 ..	–	–	–	–	–	10
(*b*) No. of Re-opened Cases closed in 1951	–	–	–	–	–	4

CHILD GUIDANCE WORK.	Divisional Executive.					Totals.
	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	
(6) SUMMARY :—						
(i) Number of "current cases"	21	2	28	16	38	105
(ii) Number of "closed cases"	48	2	42	34	48	174
Total Number of Cases dealt with during 1951 ..	69	4	70	50	86	279
(7) Number of Cases on Waiting List for first interview as at 31st December, 1951 ..	4	–	8	6	7	25
(8) Number of Reports to Magistrates						18
(9) Psychiatrist's Visits :—						
(i) To Schools	4	–	–	1	–	5
(ii) To Homes	3	–	–	–	–	3
(iii) To Hospitals	–	–	–	–	1	1
(10) Educational Psychologists' Visits :—						
(i) To Schools	8	5	21	16	27	77
(ii) To Homes	3	1	6	6	6	22
No. of Child Guidance Cases tested	17	–	14	–	1	32

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

School Medical Officer	17
Clinic staff	18
Private Doctors	20
Hospitals	14
Parents	13
Teachers	15
Courts and/or Probation Officers	23
Others	32

(5) Miss Ward, Speech Therapist.—

"Clinics have been held at Belper, Derby and Matlock throughout the year.

On the whole, results of treatment have been good and particularly so in cases of stammering. Fifteen of the children still under treatment should acquire normal speech after from one to four months further

treatment. However, "cures" or acquiring speech which is as normal as possible, inevitably takes a considerable time, the treatment for stammerers, for instance, taking from, approximately, eighteen months to two-and-a-half years and upwards, according to each individual case. Consequently the increase in the number of cases referred has presented a serious problem. It has been found that with some children having mild speech defects parents can enable them to achieve normal speech with supervision from the Therapist at regular intervals. In other cases parents can, with similar supervision, prevent the defects from becoming worse and often improve the speech in some degree. As many cases as possible have, therefore, been placed under observation and the number of these cases has been included in the figures for those who have been receiving treatment during the year, and totals fifty-five. In addition, all patients referred before 1st December, 1951, have been offered appointments and a total of twenty-two have been seen once for diagnostic and advisory purposes.

It is regrettable that, owing to the greater amount of clerical work the increase in the number of cases has entailed, so few visits to schools have been made. Where possible, schools have been contacted by telephone and, failing this, by letter. The talks on speech therapy given by Therapists to teachers at the "Refresher" Course held in Buxton last May have proved to be most valuable. They have increased the understanding of the speech-handicapped child's problems, thereby enabling the teachers to give considerable help to these children, whether they are under treatment or not, in the course of their ordinary teaching activities.

Two cases have been seen again, six months after their discharge, and their speech was found to have remained normal. Of the cases under treatment, including the "Observation" cases, thirty-eight out of forty-two stammerers are boys and four girls. Of ninety-three children with articulation disorders, sixty are boys and thirty-three girls. Of fourteen cases of "Other Speech Disorders," all of whom have severe speech and language retardation, four are boys and ten girls. Four stammerers who are in need of further treatment have had to be discharged on account of their leaving school. Unfortunately, there is still no further treatment available in the County for such cases."

SPEECH THERAPY.	Divisional Executive.					Totals.
	North-west.	North-east	Mid-Derby-shire	South-east	South	
(1) Number of Patients who Received Treatment during the year :—						
New Cases—						
Stammerers	8	1	8	3	5	25
Articulation Defects ..	1	4	30	6	22	63
Other Speech Disorders ..	–	2	4	2	2	10
Old Cases—						
Stammerers	1	–	10	3	3	17
Articulation Defects ..	2	1	9	8	10	30
Other Speech Disorders ..	–	1	–	–	3	4
Total Number of Individual Patients	12	9	61	22	45	149
Total Attendances for Treatment	88	81	692	214	416	1,491
(2) Results of Treatment of Cases seen during 1951 :—						
Cases Closed :—						
Stammerers—						
Cured	–	–	–	–	–	–
Improved	–	–	3	1	2	6
Not improved	–	–	–	–	–	–
Discontinued for various reasons	2	–	1	–	2	5
Articulation Defects—						
Cured	–	–	7	1	9	17
Improved	2	–	2	–	–	4
Not improved	–	–	–	–	–	–
Discontinued for various reasons	–	5	5	3	3	16
Other Speech Disorders—						
Cured	–	–	–	–	1	1
Improved	–	–	–	1	–	1
Not improved	–	–	–	–	–	–
Discontinued for various reasons	–	1	–	–	1	2
Total Number of Cases Closed	4	6	18	6	18	52
Cases Still Under Treatment—						
Stammerers	10	1	19	6	9	45
Articulation Defects ..	3	5	40	15	34	97
Other Speech Disorders ..	–	3	4	2	5	14
Cases seen once for initial examination and advice only	1	1	8	8	4	22
Total Number of Cases already seen, Carried Forward to 1952	14	10	71	31	52	178

SPEECH THERAPY.	Divisional Executive.					Totals
	North-west	North-east	Mid-Derby-shire	South-east	South	
(3) Number of Patients Waiting to be seen for the first time, as at 31st December, 1951	2	2	12	9	4	29
(4) Visits :—						
To Schools	1	–	1	2	1	5
To Homes	1	–	–	–	–	1
(5) Number of Interviews with Parents	11	13	107	25	75	231
(6) Total Number of Sessions conducted at Clinics						500

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, 560, unfit, 7).	567
Visits to Homes	798
Number of sessions administering general anaesthesia to dental patients	227
Examinations of Blind Persons	93
Examinations for superannuation purposes	170
Examinations of Mental Defectives	21
Number of sessions at Infant Welfare Centres	181
Sessions Immunising Ambulance personnel	23
Sessions inspecting Children's Homes	7

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

(1) *General health and well-being of the children :* The general health and well-being of the school children of Glossop, Hadfield, Charlesworth and Chisworth has been satisfactory during 1951. Since the early part of the year, Sunray treatment at the Glossop Clinic has been discontinued. Any school children in need of this therapy can be referred by their own private medical practitioners to the Unit at Shire Hill Hospital.

(2) *Nutrition :* The total roll of pupils in the Glossop, Hadfield, Charlesworth and Chisworth schools, during 1951, was 2,162, and 615 of these pupils had a routine medical examination at the schools. Eighty-one pupils received a special examination. 46.5% of all the pupils examined were of good nutrition (group A); 52.03% of fair nutrition (group B); and 1.4% of poor nutrition (group C).

In November, 1951, the new Central Kitchen at Glossop began to operate. The Kitchen at the moment prepares around 1,000 meals per day, which is two-thirds of its full working capacity. These meals are quickly despatched to the schools by special vans prior to meal time. Preliminary reports suggest that this Kitchen is providing a better service than the old arrangement. The meals arrive at the school much warmer, and in a more appetising state, consequently they appeal more to the children. In Glossop and Hadfield, where so many mothers work for at least part of the day, the availability of a substantial and nutritional mid-day meal for the children should be welcomed, and no doubt the demand for meals in school will increase. At the moment between 50% and 70% of the children take meals in school. In one school only about one quarter of the pupils have their mid-day meal there.

A greater number of pupils avail themselves of the milk-in-schools scheme, the percentage in each school being between 70% and 100%. The consumption of milk in schools is greater in the summer months than during the winter.

(3) *Cleanliness :* During the year 4,401 inspections of pupils were made by the School Nurse with the object of improving the standard of personal cleanliness in the schools. Out of this total, 155 persons were not clean and had to receive treatment for pediculosis at the clinic and in their own homes. This figure represents 3.5% of the pupils examined and is practically the same as last year's figure, i.e. 3.3%. It is very appreciably better than the figure for 1947, which was 7.8%. To reduce this figure still lower and to keep it low, demands the constant vigilance of the School Nurse and the infusing of a glimmer of enlightened citizenship into those families who, up till now, have been utterly devoid of this characteristic. There is no doubt that the reservoir of infestation is a few problem families in the area.

It is pleasing to record that no cases of scabies occurred in the school population, but fourteen cases of impetigo were treated, a decrease from last year.

(4) *Diphtheria Immunisation :* 192 completed immunisations were performed during the year. This represents very nearly 100% of all the new infants who attended the Infant Welfare Centres. A very few infants were immunised privately. The response for reinforcing doses at the age of five years has not been good. Only ninety-eight boosting doses were given, while there were 242 new entrants to the schools. New measures will need to be taken to

encourage parents to ensure that their children have this injection on entering school as it is an essential part of the process of producing an immunity against diphtheria. Without this second injection and a third one at the age of about ten years, it cannot be said that complete precautions against this disease have been taken.

(5) *Hygienic conditions of schools :* There has been little change in the hygienic conditions in the schools. The position can be summed up by the following extract from my Annual Report to the Borough of Glossop for 1950 : "The washing facilities and lavatory accommodation in the schools are insanitary, obsolete, and utterly inadequate. These conditions will destroy the elements of hygiene instilled into the children during their pre-school training at the Clinic and the Day Nursery or Nursery School. The bad and overcrowded conditions of the majority of homes from which the scholars come could be counteracted by spaciousness and good sanitation as an integral part of their education." Although the new Kitchen is producing excellent meals, the facilities for taking the meals in some of the schools are very make-shift and not conducive to the enjoyment of the meals.

(6) *National Health Service :* The defect in the School Health Service which has persisted since the coming into effect in July, 1948, of the National Health Service is the non-existence of a Dental Service. It is gratifying to know that the local Dentists make every effort to treat young scholars' teeth as promptly as possible. Although the Dentists are doing their best in the circumstances, the only scheme which will give the maximum benefit to the children is an adequately staffed School Dental Service. During the year the E.N.T. and Orthopaedic Specialist Services have worked smoothly and efficiently.

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

(1) *General health and well-being of the children :* The high standard has been maintained, and apart from twenty-one cases of measles, twenty cases of scarlet fever and ten cases of whooping cough, infectious disease was negligible.

(2) *Nutrition :* The children in the Borough are all well nourished and 99.1% come into category A (good). There was one child classified as C (Poor.)

(3) *Cleanliness :* Generally speaking the children attending all the schools are clean. I again reiterate that pediculosis occurs amongst the old offenders. There were no cases of scabies found at any inspection or examination.

(4) *Diphtheria Immunisation :* Sessions are held both at the Clinic and in various schools to ensure that entrants who have never been immunised are given the necessary inoculations and those who have been immunised in childhood are given the reinforcing doses. I have to acknowledge my gratitude to the headteachers and staff of all the schools for their loyal co-operation and help, and I am certain it is on account of the diligence of the Health Visitors and the headteachers that so few children are left unprotected.

(5) *Hygienic conditions of schools :* I can only this year again refer to the poor state of some of the old school buildings. One looks forward with anticipation to the building of new and modern schools to replace those of obsolete type.

(6) *National Health Service :* The effects of the National Health Service on the School Health Service are still in evidence. Dental work is non-existent owing to there being no Dental Officer and I note with deep regret the decline in dental hygiene and the greatly increased numbers of boys and girls leaving school with marked dental caries. Attempts to persuade children to have their teeth seen by the family or private Dentist are most discouraging.

The Orthopaedic Clinic flourishes and cases are seen from the Schools in the Borough and from the surrounding areas. The Eye Clinic, too, is performing excellent service, and these two Clinics seem to be the only survivors of what used to be an excellent School Medical Service.

Speech Therapy is almost non-existent, cases that need treatment require to go to Matlock and this in itself prejudices the efficiency of the service.

The treatment of the handicapped pupil presents its constant difficult and apparently insoluble problem, and institutional treatment for those who ought to be in institutions seems an unobtainable object.

Dr. Morris (Part of N.E. Division) :—

I feel this is a very suitable occasion to review the changes which have occurred and the progress which has been made during the last twenty-two years.

When I entered the service of the Derbyshire County Council in 1929, the School Medical Service was still in its childhood and today it is accepted as an integral part of Public Health. This is most marked in the attitude of the parents : they are prepared to consult the School Medical Officer about many problems which the parent of twenty-two years ago would never dream of discussing with anyone outside the family. This is all to the good and it is to be hoped that the National Health Service does not destroy the happy relationship which has been built up.

What are the essential changes which have occurred in the children themselves ? In my opinion, the children are much improved in every way : they are healthier, taller and heavier. I have no doubt that the introduction of milk in 1934, and later, in 1938, school meals for necessitous children, dealt with that part of the school population which was the most likely to be attacked by any prevalent infection. In 1946, free milk and school meals were introduced and carried on the improvements which have led to the healthy well-nourished child of to-day. Unfortunately, the standard of child behaviour has not followed the same upward trend.

The improvement in economic conditions of the family has resulted in a better standard of clothing and cleanliness. Clothing is better and more sensible, and to find children wearing too much clothing, e.g. two or more vests and several pullovers in the winter, is the exception rather than the rule. I like to think that this is partly the fruits of the teaching of the School Medical Service, and we owe a great debt to the devoted work of the now sadly depleted staff of Health Visitors.

The incidence of parasites is much diminished; flea bites are rarely seen, though I can remember when two or three children of some families would appear to have a "rash" of such bites. Pediculosis is relatively more frequent, especially in certain families; there appears to be a hard core of persistent defaulters in this respect. Ringworm and scabies, once common incidents in a school clinic, are now infrequently seen.

In the old days few parents would attend school medical inspections, but to-day more parents show an interest and nearly every child is accompanied by father or mother. This has reduced the numbers seen at each inspection, but it has enabled the School Medical Officer to know the family. The parents will often discuss problems arising in connection with other children of the family as well as the patient himself.

One feature, which is noticeable, is the fact that the County Council is now more alive to the problem of the sub-normal child. It is being appreciated that such children slow down the work of the normal school and a start has been made to cater for them, for instance, for the ineducable at the Occupation Centre in Chesterfield and for the educable at the John Duncan School in Buxton. I hope these projects are only the beginnings in a scheme for dealing with these unfortunate children.

The new school buildings and clinics at Killamarsh, Dronfield, Clowne Senior Girls', Frecheville and Gleadless, are a great improvement. It is so pleasant to find facilities for the work we try to carry out as Maternity and Child Welfare Officers. It was heart-breaking to carry out such work in class-rooms, Church buildings, etc., as the lack of amenities made it a very difficult task to drive home the principles we were trying to inculcate into our patients and their parents. Our achievements under these difficult conditions are, therefore, something to be very proud of and it is pleasant to reflect that our successors have a more sure foundation on which to build.

It is a sad fact that the National Health Service has had such a disastrous effect on what used to be a very efficient School Dental Service. The children's teeth were kept in excellent condition and it is hoped some solution will be found for the deadlock.

I will end my report by giving a brief account of last year's work.

The general health and well-being of the children has, on the whole, been maintained during 1951. There have been mild outbreaks of scarlet fever and chicken pox but no serious epidemic has occurred.

There are still far too many children who are sent too late to bed with the result that they are too sleepy and tired to take an intelligent interest in lessons or games.

A number of girls and boys have taken advantage of the facilities provided to attend the Amber Valley Camp School and have come back much healthier ; some children have returned the next year.

The standard of the nutrition of the children remains high and very few children are now placed in Category C. I think I would like to emphasise the value of physical training, games and swimming, in maintaining good physique in the growing child.

I think the standard of cleanliness has improved during the year. There have been no cases of scabies at school inspections and "dirty heads" are very few and far between. There is a slight increase of pediculosis among boys who wear their hair too long.

It is a matter for regret to find that parents are still inclined to let their children wear plimsolls during the summer. Low-heeled sandals would be as inexpensive and so much better for the child. "Wellingtons" as constant wear in the winter are also to be deplored.

The diphtheria immunisation scheme still works well, although there has been a decrease in the number of "Consent Forms" during 1951. Most teachers and parents co-operate well ; in fact, many parents now regard immunisation as part of the school medical examination. One reason for the decrease may have been the publicity in the Press during the summer of some connection between anterior poliomyelitis and immunisation.

The hygienic conditions of the schools in my area vary considerably. Some of the schools are new and up-to-date with all modern conveniences, including their own canteens and dining rooms, while others, although re-decorated, are not entirely satisfactory. These schools have inadequate washing arrangements, no hot water and insufficient supply of clean towels—paper towels would remedy this last defect. They have no dining rooms, so school dinners have to be served in the class rooms, which have been in use all the morning and cannot be ventilated satisfactorily before the afternoon session.

The National Health Service has, I think, reduced the number of children attending the Minor Ailment Clinics as the parents take the children to their own doctors instead. It has also, as I mentioned before, caused the break-down of the school dental service. Parents have found it difficult to obtain treatment for their children's teeth, but now the hospital and some local dentists are giving school children early appointments when they need urgent treatment.

The sight of every child in my area is tested at the first medical inspection after their admission to school. It is no longer necessary to postpone this examination because some of the children do not know their letters. Many infants can be tested with the "Numbers" Test-type or if they do not know figures then the "E" Test-type or pictures can be used and the young children enjoy these. In this way congenital cataracts and early myopes can be diagnosed and treated at the earliest opportunity. Unfortunately, since the National Health Service came into operation I have not been able to treat squints at an early stage; infants are not allowed to attend my Clinics until they are admitted to school at five years of age. The waiting period for glasses is now very much shortened and children have their new spectacles in three or four weeks. Unfortunately the mothers are often persuaded to pay a little extra for special frames and then when repairs are needed, they find they cannot afford to pay for them. Sometimes the child has had to wait for weeks or even months before the repaired glasses are paid for and received.

The consensus of opinion at present, is that it is better for partially-sighted children to be educated in the ordinary schools if they can keep up with the normal children in their class. Therefore although two boys in my area have recently been admitted to special schools, two children—a boy aged 14¾ years, leaving school at Easter, and a girl, aged 5½ years, have been supplied with Visual Aids to enable them to continue their education in County Schools.

It is a great advantage to be able to send Squint cases to the Orthoptic Clinic at Sheffield Infirmary and most parents are anxious to obtain this treatment for their children.

I should like to take this opportunity of expressing my thanks to the Orthoptists in Sheffield Royal Infirmary and to Mr. W. M. Muirhead and Mr. H. C. Muirhead in Chesterfield, who not only dealt with the cases referred to them, but also have given me the benefit of advice in cases of difficulty.

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 scarlet fever, in this area. The epidemic of influenza which began in December 1950 died out in January 1951. Generally the health of the children has been satisfactory during the year. A tabular statement is appended showing the general condition of the children in the age groups, classified as "A, good;" "B, fair;" and "C, poor or bad." The percentage of children in the Entrants group classified as A is lower than in 1950, i.e. 12.15 compared with 20.78 for boys, and 13.96 compared with 18.28 for girls. The decrease occurred also in the other age groups. I attribute the decrease in numbers in the A class to dental caries particularly. The third age group show the best return, but the number in the third age group is smaller than in either of the other groups. The number of children in all the groups found to be in poor or bad general condition was not large. The most serious conditions found were haemophilia, rheumatic heart disease,

respiratory tract infections, and in one child, tuberculosis affecting the cervical glands. On the whole the general condition of the children may be considered to have been maintained satisfactorily.

(2) *Nutrition :* The nutrition of the children is satisfactory. I am sure that the provision of school meals, and milk at school, has done much to improve the physique of the children, following the use of the protective foods in infancy and early childhood. Rickets is now a rare disease.

(3) *Cleanliness :* One girl was found to have pediculosis capitis at medical inspection. Two children had scabies and were referred for treatment. Six cases of impetigo contagiosa were seen. The general cleanliness of the children was satisfactory. Not many children were neglected as regards cleanliness.

(4) *Diphtheria Immunisation :* The response by parents to advice and invitations to have their children immunised against diphtheria was good. At the school clinics in my area 121 primary courses of immunisation were completed, and 46 reinforcements were given. At the schools 132 primary courses were completed and 833 reinforcements given. The exact number of refusals of immunisation is not possible to estimate because not all the consent forms circulated to parents were returned. I was able to trace 20 refusals. Two mothers, having refused, finally consented and had all their children immunised at the same time. A talk by the Health Visitors or by my Assistant or by myself often has a favourable effect in convincing doubtful parents. I have found that most often it is the fathers who refuse treatment for their children. Very few reactions occurred after injections of either A.P.T. or T.A.F. There was no unfavourable result reported.

(5) *Hygienic Conditions of Schools :* One school in my area has not been converted to water carriage sewerage. Pail closets are still in use. The sanitary offices of the other schools have been found satisfactory. All the schools in my area have main water laid on. Lighting is satisfactory, all the schools having electric light. Heating of the schools is on the whole satisfactory. Low temperatures have been reported from time to time in cold weather in the class rooms of some of the floor-heated schools. Some of the schools on open sites on hill tops exposed to high winds have been affected particularly in that way. Heating of Duckmanton County School was unsatisfactory during the winter of 1950-51, being done by stoves in the class rooms. A system of hot water heating has been installed since.

Complaints have been made by the Canteen Kitchen Staffs at two Schools, about excessive condensation of moisture from steam on the ceilings and walls causing moisture to drip on their clothing. "Colds" are thought to have been caused by this in excessive numbers. The hygiene of the canteens is satisfactory on the whole. Cooking is quite good and food is well served. No major defects have been found at any of the schools.

(6) *National Health Service :* The relations with the medical practitioners in my area have been satisfactory. They are helpful and co-operate with the School Health Service for the welfare of the children. The reports from hospitals' Consultants have been of great assistance.

CHILDREN EXAMINED—CLASSIFICATION OF GENERAL CONDITION.

Groups	Boys.	Class A.	Per Cent.	Class B.	Per Cent.	Class C.	Per Cent.	Girls.	Class A.	Per Cent.	Class B.	Per Cent.	Class C.	Per Cent.
trants ..	560	60	12.15	443	79.10	49	8.75	530	74	13.96	400	75.47	56	10.05
ond Age ..	379	54	14.24	317	83.64	8	2.11	411	59	14.36	317	77.12	35	8.51
ird Age ..	297	64	21.54	213	71.01	20	6.80	308	63	20.45	228	74.02	17	5.51

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

(1) *General Health and Well-being of the Children* are satisfactory. The standard has been maintained. Dental sepsis is still the commonest defect amongst pupils owing to the inadequacy of the School Dental Service. It is a pity that steps cannot be taken to improve such matters.

(2) *Nutrition :* The majority of children are at least in a fair state of nutrition, a very small number (less than 3%) being in category "C" (poor nutrition).

School Meals Service : Small schools with canteens attached appear to have the best meals, but all school meals reach a satisfactory standard. The Milk-in-Schools Scheme remains satisfactory.

(3) *Cleanliness* : A small outbreak of scabies occurred in two families in one area, the children being excluded until free from infection.

(4) *Diphtheria Immunisation* : Very disappointing response from parents and Head Teachers.

(5) *Hygienic Conditions of Schools :* School buildings have improved during the year, mostly through improvements being carried out in existing schools. Most schools lack hot water for pupils which is really essential in order to encourage cleanliness.

(6) *National Health Service :* When personal contact has been made, there is usually excellent liaison between the general medical practitioner and school medical officer.

Lack of school dental officers and the difficulty of children receiving treatment from dental practitioners is the worst effect of the National Health Service, and more cases of gross dental sepsis requiring treatment are seen. All this would be avoided if pupils were able to have conservative dental treatment when necessary.

(7) *Handicapped Pupils :* There are still many Handicapped Pupils awaiting admission to Special Schools with, it must be accepted, little chance of admission for many years, if ever, with the inevitable deterioration in their condition. More Special Schools are needed for the physically handicapped cases, especially those who are also educationally subnormal.

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

(1) *General health and well-being of the children :* This showed no signs of deterioration during 1951. As usual there were a few malnourished children from unsatisfactory houses but the percentage was very small.

(2) *Nutrition* was on the whole normal. On an average, about 60 per cent attended school meals and 90 per cent had milk.

(3) *Cleanliness :* The number of cases of scabies among school children in this area was 37, compared with the same number in 1950 and 57 in 1949. Cases of verminous heads requiring treatment at the hostel was 87, 48 more than in 1950.

(4) *Diphtheria Immunisation :* The response of parents to the request for immunisation of their children at 8 months to one year of age has decreased compared with previous years, partly due to the absence of diphtheria from the district and partly due to the fear that immunisation may cause infantile paralysis. The response at five and eleven years was more satisfactory, but some of the head-teachers (and this is especially so in the case of the eleven year olds) do not co-operate in issuing the appropriate form to the parents prior to the visit of the School Medical Officer.

(5) *Hygienic Conditions of Schools :* I have reported during the last two years about the unhygienic conditions at one secondary school but so far nothing has been done in the matter and the position still remains unsatisfactory.

Action taken by the Coal Board at Pleasley to reduce the amount of smoke and grit from their colliery chimney has been successful and the nuisance abated. This tip was a constant nuisance to the staff and scholars at the Rotherham Road School.

As mentioned in previous reports, one School in the area is most unsatisfactory from a hygienic point of view and when economic conditions allow should be condemned.

The cleanliness of the school canteens is on the whole most satisfactory. I have, however, noticed at one canteen that there is a tendency to keep the lids off the refuse bins and so allow flies to breed in them.

(6) *National Health Service :* There is no Dentist in the area covered by the parishes of Tibshelf, Blackwell, South Normanton and Pinxton and it is very difficult to arrange dental treatment for school children who are urgently in need of attention.

Apart from children who come for immunisation, the number who attend the Shirebrook Minor Ailment Clinic has dropped since the National Health Service came into being : parents now take them to their own doctor.

The waiting time for children who require their tonsils and adenoids removing is still many months and the position is most unsatisfactory. On the other hand, eye cases requiring glasses do not have to wait so long now.

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

(1) *General Health and Well-being of the Children :* The general health of the school children in my area continues to be good. There were some cases of infective jaundice in one school, and there were epidemics of scarlet fever, measles and mumps during the year, but the cases were mostly mild in character. It is interesting to note how many entrants, who have not acquired immunity, contract catarrhal infections during their first year in school. These infections are less noticeable in the subsequent years, and the general health of the older children is very good.

Most of the children are happy and enjoy school—but there seems to be an increasing number of sullen and resentful pupils in the oldest age groups (chiefly at the secondary modern schools, and amongst the educationally sub-normal children there). I have discussed this with the Head Teachers, and they are of opinion that the parents and the children resent the extra year's schooling and that the children make no effort to utilise the opportunities of gaining more general knowledge.

(2) *Nutrition :* Nutrition is good, and School Milk generally popular. School meals are not so satisfactory, and until the ideal of a separate school canteen for each school is attained I do not think that full advantage will ever be taken of them. As an adult, who has taken lunch in most of the schools, I feel that there is no comparison between the meals cooked on the premises and those which have to be brought from a distance in containers. The latter are, in some areas, delivered as early as 10.30 a.m. and have to be kept warm until 12 o'clock—sometimes with only partial success. In other cases, even if the food is warm, it is served on practically cold plates. I wonder if it is impossible to supply fresh vegetables, such as peas and beans in the summer, when they are plentiful ? My heart sinks when I see the usual dried peas served up. There seems to be no happy medium between green shot and a revolting green semi-puree which is enough to take away the apetite of any but the ravenous. It is fortunate for the canteens that most of the children have good appetites !

(3) *Cleanliness :* This is generally satisfactory but I still have to complain of dirty feet.

(4) *Diphtheria Immunisation :* Immunisation against diphtheria has been more satisfactory this year as there has been no epidemic of anterior poliomyelitis this year. Re-immunisation is satisfactory, because the teachers are interested in it and go to the trouble of sending out Immunisation Consent Forms.

I am shocked and concerned at the apathy to smallpox vaccination and feel that an active campaign to interest parents in it is more than overdue.

(5) *Hygienic Conditions of Schools :* These still vary too much. Ventilation and lighting are usually satisfactory, but heating is not. There is too much difference in temperature between the various schools, and even in the various classrooms of the same school. I have tried unavailingly to arrange for some method of heating for the medical examination room during cold spells in the summer.

The caretakers are not always particular enough about the cleanliness of the school premises, and, in particular, wash-basins are not as clean as they should be. The proportion of wash-basins still remains too low, and, as I have said before, no child is likely to be impressed by the need for scrupulous cleanliness if no emphasis is laid on it at school.

Sanitation varies, but is satisfactory on the whole.

(6) *National Health Service, Relationship of General Practitioners and Public Health Medical Officers :* I feel that contact between General Practitioners and Public Health Medical Officers is not sufficiently close, and that there should be some arrangement made, by means of which the two branches of Medicine could meet occasionally for discussion of their several difficulties and viewpoints.

As a former general practitioner, I know that, too often, parents give garbled versions of what the public health medical officer says, and these are generally resented. Even though we write letters in special cases, I am convinced that more good would be done if we could meet and realise what each branch of medicine is trying to do.

(7) *Convulsions and Epilepsy :* I have, during the last three years, been interested in noting which children have a history of convulsions, and of these, which subsequently have shown epilepsy. My observations confirm the generally accepted view that these are usually two separate conditions. I have noted a few children who have a history of having had a single attack which is suggestive of epilepsy, but in order to confirm this, a much longer period of observations would be necessary.

(8) *Educationally Sub-Normal Children :* As the proportion of E.S.N. children in the general school population is high, I feel that far too little is done to assist them in their difficulties. It is depressing to see so many of these children struggling to learn, in classes which are far too large to admit of any individual attention

being given to them to enable them to counteract their slowness in learning. The teachers are, I find, willing, but it is a physical impossibility for them to cope with these children in an ordinary class. I am sure that, in schools of any size, a sufficient number of these pupils are present to justify one class being set aside for them ; if this is not available, there should be special schools provided in the neighbourhood. I realise this is difficult at the present time—it should have been done before—but it is a course which should repay the expenditure in the increased happiness and wellbeing of these children, and consequently of the nation, when they come to be wage earners.

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

As my duties commenced on 5th March and the first two weeks were spent in the Chesterfield area, the report will be confined to the period from 19th March to 31st December, 1951.

During this period forty-four schools were inspected and an approximate total of 4,500 children were examined and 450 immunised.

(1) *General Health and well-being of Children :* This was very good. Very few 'C' cases were seen and many 'A' cases.

(2) *Nutrition and School Meals :* The younger groups examined appear better nourished than the school leavers. Very few under-nourished children were seen. School meals were sampled as frequently as possible. On the whole they appeared to have good calorie content, and more or less balanced protein, carbohydrate and fat content. Many were spoilt and unappetising by poor preparation and service. Particularly this was so with the container meals. With regard to the latter, one wonders how much vitamin C is left in the vegetables by the time they are eaten.

(3) *Cleanliness of Pupils :* Pupils were invariably washed and "spruced up," often in "Sunday best" for Medical examinations. On random sampling and home visiting, however, a fair proportion of dirty and ill-clad children were found. However, hardly a case of infestation was seen at all. The only cases of impetigo seen were not related to lack of cleanliness. No cases of scabies were seen.

(4) *Diphtheria Immunisation Scheme :* This seems universally popular. Most children examined were immunised, but few vaccinated. Prejudice against the latter dies hard.

Many requests were made for Whooping Cough immunisations, particularly at Infant Welfare Clinics. These were referred to their own G.P.'s. As a result, diphtheria immunisation at the Infant Welfare Clinics fell off as the majority of mothers had their children immunised by combined diphtheria and whooping cough im-munisation.

(5) *Hygienic Conditions of Schools :* A few of the schools were practically faultless in this respect. However, the majority of schools examined fell far short of what would be desirable. Too many were very bad in this respect. Too many were inadequately heated,

depending upon open fires or inadequate hot water heating. Sanitation in the smaller schools was often in a very bad state. In one case, for example, although the village has a main sewer, the school has no sewerage and open buckets are being used, with the result that in the warm weather the lavatories are quite unapproachable.

School canteen facilities were on the whole good, except that they suffered from inadequate washing-up facilities in those schools in which there was a general shortage of washing equipment. In this respect the minority of schools in the area had adequate washing facilities for the pupils and still fewer had hot water supply.

(6) *Inter-relationship of the National Health Service and School Health Service :* Co-operation was achieved with practically 100% of the G.P.'s and personal consultation with them over special cases was practically invariably welcomed. Since the receipt of copies of confidential reports to medical practitioners, sent out from hospitals relating to discharged cases, the follow up of these cases has been simplified and often rendered more effective. It was found very difficult however, on the dental side, due to the shortage of Dentists in the County service. The majority of cases requiring to be referred for dental treatment had to be sent to dental practitioners working under the National Health Service. Many of these were already over-burdened and could not cope readily with the large influx of school children following medical inspections. The numbers of these children were quite considerable. Approximately 75% of children examined required dental treatment of some kind, and of these approximately 25% required urgent dental treatment, often on allied medical grounds. During the course of school inspections, cases on the waiting list for tonsillectomy and adenoidectomy were reviewed. Many of these had grossly septic mouths from neglected caries, dental abscesses and gingivitis. Many of those who were referred for dental treatment were seen again later, and the condition of their nasopharynx was noted to be considerably improved. Although one year's observation is perhaps insufficient in this respect, consultation with the School Dental Officers seems to confirm that perhaps with an adequate dental service the existing huge waiting list for "T's and A's" at the Hospitals would be somewhat reduced.

Dr. Barker (S.E. Division (Ilkeston)) :—

(1) *General Health and well-being of the Children* was satisfactory. There was no outbreak of any serious infectious disease. Chicken pox attacked fifty-four school children. Measles affected twenty-nine pupils, all of whom were under ten years. There were thirty-one cases of whooping cough and only eight of scarlet fever. No cases of paralytic poliomyelitis occurred among school children. There were again no cases of diphtheria ; in fact it is more than four years since we had a case in this Borough.

(2) *Nutrition :* The state of nutrition of the children was very satisfactory on the whole. The number of pupils who had a routine inspection was 1,454, and of these the nutrition was as follows : Good 94.8%, Fair 5.2%, Poor nil. The School meals scheme and the milk-in-the-schools scheme appeared to function satisfactorily to the great benefit of the pupils.

(3) *Cleanliness* again showed an improvement. The number of pupils examined was 5,559 as near as could be estimated. Among this number 366 were found to be verminous. This gives an incidence of 6.5% compared with 7% in 1950, 8% in 1949, 10% in 1948, 15% in 1947 and 18% in 1946. There were no cases of scabies. Impetigo was found in sixty-two pupils, or 1.1%.

(4) *Diphtheria Immunisation :* Immunisation against Diphtheria was carried out at the school clinic at sessions held about once a month. During the year 405 children under five years and twenty-nine pupils between five and fifteen years, making a total of 434, completed a course of immunisation. The number of reinforcing doses given to children under fifteen years was 186.

(5) *Hygienic Conditions of Schools :* There is nothing further to add to recent reports except to say that the new schools which were opened during the year appear on first acquaintance to be quite the latest thing in school architecture. As to whether these new schools will prove to be practical, healthy and easy to supervise may be the subject of a later report. The school canteens were reported on last year.

(6) *National Health Service :* The clinical side of the school health service is slowly picking up after the recent depression caused by the National Health Service Act. The dental services now hold ten sessions every month regularly and an extra two sessions occasionally. A certain amount of routine dental inspection is carried out. Routine medical inspections have continued as usual and the special re-inspection of pupils found to have defects at a previous routine examination has been performed. There is a session every week day morning at the Clinic for the treatment of minor defects. The eye clinic is now working well and no pupil is kept waiting for an ophthalmic examination. There are very few school children suffering from crippling conditions and this seems to be due to the fact that mothers seek treatment for their children at an early age and they are dealt with promptly by the orthopaedic department. There is now no clinic here for speech therapy. A great number of special inspections have been made. These are chiefly for parties of scholars who are either about to attend a country school or a sporting holiday in the country or an athletic event or because they are about to enter employment.

(7) *Certain Diseases* : As regards Epilepsy only three cases have been ascertained and they are attending school. Tuberculosis was notified as occurring in three scholars and was pulmonary in two cases and glandular in the third. At the end of May the Nottinghamshire Mass Radiography Unit visited Ilkeston and the

parents of the scholars in all the secondary schools were invited to send their children. The number of scholars who attended was 690 or 73% of the number available. One pupil was found to be suffering from active pulmonary tuberculosis and was later admitted to a sanatorium.

(8) *Educationally Sub-normal Pupils :* During the year seven sub-normal pupils were examined and five of them were recommended for education in a special class or school, while two were found to be ineducable at school. There seems to be a great need for the establishment of a special class in this town for the education of educationally sub-normal children.

Dr. Crawshaw (Mainly South Derbyshire, and a small part of S.E. Derbyshire) :—

(1) *General Health and well being of the Children :* These remained good throughout the area—there are few cases of chronic disease following infectious conditions.

(2) *Nutrition :* The nutrition of the great majority of the children is very good. I think this is largely due to school meals and milk-in-schools.

(3) *Cleanliness :* There are very few children who are more than superficially dirty. There is very little pediculosis, and flea bites are rare. I have seen no cases of scabies or impetigo during the year.

(4) *Diphtheria Immunisation :* Primary immunisation in infancy is still satisfactory in most districts, but many children enter the schools before they have a booster dose. Very few parents object to immunisation and there does not seem to be much fear of poliomyelitis following immunisation.

(5) *Hygienic Condition of Schools :* Many of the older schools require better facilities for washing hands, and more efficient arrangements for drying wet clothes.

(6) *National Health Service :* The main effect of the National Health Service on the School Health Service has been the partial break-down of the School Dental Service, with rapid deterioration of the children's teeth. The effects on the health of the community of this deterioration may not be evident for some years.

(7) There is need for more accommodation for the Educationally Subnormal children in Special Schools. These children need and deserve just as much help as brilliant ones, but they rarely receive it.

Dr. Allan (Part of South Derbyshire) :—

(1) *General Health and well being of the Children :* The general health and well-being of the children has been maintained, and especially is this obvious when watching the children playing around during the morning break or at lunch-time.

(2) *Nutrition :* This "positive health" is in some measure due to the School Dinners and the Milk-in-Schools Scheme. In the Swadlincote area the meals have greatly improved since the new kitchens have been installed in the group of schools in Newhall, and I understand that a larger number of children are taking meals at school. I still regret to observe that no dining hall has been attached to the school canteen at Newhall, nor at many of the other schools, and I think it is most unsatisfactory for the children to have to sit at their desks for school meals.

I am perfectly sure that the Milk-in-Schools Scheme has been greatly beneficial to the children, and think that more persuasion could be used to encourage the children to drink the milk. I know, of course, that at present the Head Teachers are overloaded with extra duties, but think that they could from time to time point out to the children the benefits of this scheme, and thus the percentage uptake could be increased. The figure at the moment for this area seems to be about 75%.

(3) *Cleanliness :* There is not much evidence of any scabies, just one or two families have been found during the year, and some cases of pediculosis are seen during the ordinary school medical inspections, but of course the actual figure can be obtained from the Health Visitors, although a good number of schools have not had a complete inspection for a very long time. There is always a hard core of infestation, but the reservoir of this infection is in the homes of the children, and it is difficult to tackle that now the Scabies Order has been rescinded.

(4) *Diphtheria Immunisation :* The Diphtheria Immunisation Scheme is working fairly satisfactorily, although obviously a generation of parents is now growing up who have had no experience of the disease, and see no good and sufficient reason why their children should be immunised. A great deal can be done through the clinics, and especially through the schools in relation to the Infants' Departments. It is fairly easy in an Infants' school to induce the parents to have their children undergo either a primary immunisation, or to accept the boosting doses. It can be done so much easier and happily in the school class, rather than by the parents taking the children individually to the General Practitioner.

(5) *Hygienic Conditions in Schools :* The conditions in the schools vary from place to place. Very few of the schools are ideally situated and constructed, and others at the lower end of the scale require demolition and new schools built. Some of them, in the Swadlincote Urban District, have been subject to subsidence, and this has caused deterioration of conditions, not only with regard to the structure of the school but also with regard to drainage and heating. One school in the Church Gresley area has one classroom floor about three feet below the road level, and this floor of wooden blocks on clay is constantly wet unless the heating of the school is kept up to a high temperature, and from time to time water-pipes are fractured through subsidence, and water leaks through to the floor.

It was very gratifying during the year to see a large number of schools being painted, and it had a really remarkable effect on the appearance of some of the older schools. It almost seemed like entering new premises, and I have no doubt that the repainting was greatly appreciated by the school teachers and the children.

One serious defect is the frequent lack of any staff room or staff W.C. accommodation.

(6) *National Health Service :* Under the National Health Service Scheme, of course, it is so much easier to have the children seen by the family doctor and nearly always I find that when children are referred to the general practitioner, the parent does take them.

In Swadlincote there has been considerable difficulty over the certification of school children unfit to attend school and these certificates are used by the parents to keep the child from school for a very long period, but I think as a result of correspondence with practitioners and visits to the surgeries, this difficulty will be less obvious in the future.

(7) *Vaccination :* During school medical inspections I have kept a record of the vaccination statistics, and find that in the Rural District the percentage of the school children vaccinated is somewhere about 7%, and the figure is much the same in the Urban areas. The figures are 6% for boys and 7% for girls. In a total of 1,127 children, seventy-three were vaccinated, which works out at a percentage of about 6.5%. These figures compare very unfavourably with those for the country as a whole, quoted in the 1950 monthly bulletin of the Ministry of Health and Public Health Laboratory Service for December, where it is estimated that the actual acceptance rate for England during 1949 was probably at least 28%. I note in the Annual Report of the County Medical Officer for Derbyshire, for 1950, page 21, it is stated that the distribution of vaccine lymph for the areas stated in the paragraph was 9,303 doses, and if this figure is applied to the number of births the percentage immunised would work out at something like 38%, but of course it may be that there are other laboratories issuing lymph over and above the ones quoted in the table.

South Derbyshire has always been a difficult area so far as vaccination is concerned, but this very low percentage makes one rather concerned that if variola minor, which is occurring in the Lancashire area at the present time, comes south to Derbyshire, it will be provided with an ideal soil in which the disease could become endemic, as it did in this country in the years 1928 to 1934. I think that of all the essential steps, those quoted in the before-mentioned Annual Report, page 73, are the most important, in that the Midwife and the Health Visitors should advise mothers about vaccination of their children at an early age. If at all possible, I think that the National propaganda on vaccination should be intensified, and that would help the local propaganda.

The following report has been received from Dr. J. A. Stirling, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

That the good standard of health of the school population in the Borough of Chesterfield has been maintained during the year is borne out by the fact that only 418 or 13.5% of the total children examined in the three prescribed age groups were found to require treatment. This does not mean, of course, that the above percentage of children in the prescribed age groups found to require treatment were all in poor health, as is evidenced by the fact that the classification of the general condition of the pupils inspected shows that only 0.5% of entrants, 2.4% of the second age group and 1.04% of the third age group were found to be in poor general condition. It is pleasing to note that attendance of parents at routine medical inspections was very satisfactory, especially so at the entrant examinations and it is most gratifying to the staff that in a large majority of cases the parents were pleased to co-operate and showed a great interest.

The artificial sunlight clinics at the Town Hall Clinic and at Brambling House School have again proved their value as has also the "Heart" School established at the Ashgate Annexe of the Chesterfield Royal Hospital.

The Home Teacher who commenced duty early in 1950 has continued her excellent work during the year. This lady gives home teaching to those severely physically handicapped children who have either never attended school or are likely to be unable to do so for lengthy periods. There is no doubt but that this scheme has given new interest to the children concerned and considerably brightened their lives.

Brambling House School has continued to fulfil its purpose of restoring to full health the delicate children of the Borough. The splendid surroundings and well balanced meals provided, together with adequate rest periods, work wonders with the children both from a medical and educational point of view.

PHYSICAL EDUCATION.

Report of the Senior Organisers of Physical Education for the Year Ended 31st December, 1951 :—

(1) Introduction.

Mrs. H. Hodson, Organiser, Chesterfield, and the N.E. Division left the service of the Authority on December 31st, thus reducing the women's staff to three.

Economy has restricted the purchase of equipment and clothing. The amount of clothing purchased during the year will shew a considerable reduction in the 1950 figures. Schools have so far maintained a satisfactory standard of work in spite of difficulties, but towards the end of the year it was noticeable that more children were not correctly clothed for the work, thus hampering freedom of movement.

(2) Secondary Schools.

(*a*) *Girls.*—Interest in the teaching of the subject continues to grow, and in the schools where specialist or semi-specialist teachers are in charge of the subject a satisfactory standard is reached.

There are, however, still far too many schools where staffing difficulties and poor facilities make it impossible for the girls to receive a sound education in the broader aspects of this subject.

A continuous effort is being made to overcome the shortage of specialists by encouraging teachers to take one year's further training, or a three months' specialist course. An increasing number have attended holiday refresher courses.

The standard of games is steadily improving. Several schools have been provided with hard courts where it has been possible for the girls to play tennis and netball.

For the first time it has been possible to organise a County Hockey Tournament for Secondary Modern Schools. The County Netball Rally has become an annual event, and area matches have been arranged. Inter-school rounders are played in some areas. The interest in athletics continues, and the standard of performance is higher. Parties of girls have enjoyed visits to White Hall.

Efforts continue to give practical training in health education, but results are disappointing. The posture of many girls is poor, and increasing numbers of girls do not wear correct clothing for P.E. Facilities for changing washing and drying of towels are extremely limited in many schools.

(*b*) *Boys.*—The standard of work is fairly satisfactory throughout. Variety in approach and content of the indoor lessons add vigour and enjoyment to the work. There are twelve fully qalified P.E. men teachers, in the Secondary Schools; some have completed an Advanced Course in a normal Training College, the rest are not qualified.

This shows that in spite of the increase in the number of one year and advanced courses in the Colleges the position of specialists in the school is unsatisfactory.

Coaching of the fundamental skills of the major and minor games continues to improve. This gives the individual boy an opportunity to reach a reasonable standard of performance.

Most schools compete in football, cricket and athletic inter-school events. The standard of performance has increased considerably since 1946.

Increasing use has been made by Secondary Schools of all types of White Hall for Open Country Pursuits. Except for week-end courses a simple medical examination is made. Boys and girls are not expected to arrive in specially good training but comment has been made on their greater sense of fitness at the end of a week's course. The course consists mainly of fell walking and may include some introductory camping, rock climbing, caving and ski-ing.

(3) (*a*) *Junior and All Age Schools.*—With the introduction of more climbing and heaving apparatus the syllabus of work has been of wide scope and has given opportunity for a greater range of movement.

Indoor accommodation, particularly in the North-west, is inadequate, and will it is feared remain so for some time to come. This restricts work during bad weather, but some schools do make efforts to interest children in the subject by showing film strips, film loops, and holding discussions, etc.

Games coaching is only fairly satisfactory. It appears evident that a child of 7 - 11 years needs constant practice in the fundamental skills. Playing the game only will not achieve a good standard of performance.

Junior School football leagues and area matches are a doubtful asset, and as such should not be encouraged.

(*b*) *Infants.*—Progress in the work of the subject in the Infant School is good. Modern methods of teaching are becoming fairly established, and both climbing and small apparatus are being well used. Shortage of plimsolls in some schools is obvious, but efforts are made to encourage children to bring some form of suitable footwear. Two courses on Dance Movement have been arranged and well attended. The results of these courses are shewn in the improvement of dance teaching in the schools. Some training is given in hygiene and parent-teacher meetings have been arranged to discuss problems of changing by small children.

(4) Training of Teachers.

The usual variety of Teachers' Courses have been held during the year.

These are divided as follows :—

(*a*) The sessional 6 - 8 weeks' course for teaching method.
(*b*) Residential Courses for syllabus and method.
(*c*) Attendance at one year, three month and Summer Schools.

Large numbers of teachers attend sessional courses throughout the year and the demand for these increases with the years. There is an attendance of forty to fifty teachers per course.

The number of residential courses held is restricted, so it is never possible to cater for the number wishing to attend.

Summer Schools provide an opportunity for all teachers to keep pace with modern developments, and it is gratifying to note that more teachers attended in 1951 than ever before.

(5) Equipment.

(*a*) *Secondary.*—Plans are completed for the erection of fixed apparatus in several schools. In some schools a modified form will be placed in school halls, in others the gymnasia will be fully equipped. Two or three secondary schools have had outdoor climbing apparatus erected to supplement the lack of fixed apparatus.

(*b*) *Primary.*—Climbing apparatus has been erected in ninety-five schools during the past three years.

The supply of small equipment has considerably decreased. Fortunately the majority of schools at present are fairly adequately stocked, and so far have not unduly suffered restrictions in the work.

(*c*) *Clothing.*—Comparison of the 1950 and 1951 figures will show the extent of the restrictions imposed upon the purchase of clothing and plimsolls for the year. When the total school population is over 100,000 the figures reflect the drastic economy imposed :—

	1950	1951
Plimsolls	.. 18,890	7,287
Shorts	.. 7,072	453
Blouses	.. 2,853	30

Sharing of shoes has now become essential and shorts are only available for the few. The provision of a limited number only of blouses has been possible. It is obvious that the standard of work will suffer and restrictions in the use of expensive fixed and portable apparatus will be inevitable.

(*d*) *Gym-kit Lockers.*—A further 239 gym-kit lockers have been purchased of the forty-compartment, and twenty-five-compartment type for boys and girls.

(*e*) *P.E. Storage Cupboards.*—Fifty-three P.E. cupboards have been supplied to the schools. It is however obvious with restrictions imposed in the purchase of equipment, a further supply of these cupboards will not be necessary.

(6) New Schools.

It has been possible to supply all new schools with an adequate amount of small, portable and climbing apparatus. Clothing and plimsolls issued have been adequate, and it is hoped will remain so.

(7) Playing Fields.

Maintenance of the playing fields has again improved. Three gang-mowing teams operate throughout the county, and eighty-two school fields have been fully maintained. Over thirty school fields were rolled and spiked in the Spring and Autumn months.

Several school play areas have been ploughed, levelled and seeded, thus adding to the playing-field area of the County.

A number of major schemes for school playing fields were started, and will be completed in 1952.

(8) Further Education and Youth Work.

Evening Schools and Youth Clubs are visited, and reports on the work show a variety of classes in all branches of the subject. Classes in Square Dancing and Country Dancing at Women's Institutes are popular.

Co-operation between the P.E. and Youth Service Departments continues in all spheres of the post-school Physical Recreation.

(9) Swimming.

Nearly 18,000 children attended for swimming instruction during the year. The Ashbourne Bath opened in July, 1951, and will it is hoped be available for the 1952 swimming season.

The series of swimming tests have been revised and adapted to suit modern swimming methods. These, it is hoped will come into operation on May 1st, 1952.

Certificates awarded in 1951 are as follows :—

	1950	1951
Learners	3,088	3,198
Intermediate	1,671	1,562
Advanced	621	666

(10) Conclusion.

Economies in P.E. appear inevitable during the future years, but it is hoped that these will not affect too greatly the high standards already achieved.

APPENDIX.

TABLES OF THE MINISTRY OF EDUCATION.

Ministry of Education—Medical Inspection Returns—Year ended 31st December, 1951.
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.	Chesterfield.	
A. Periodic Medical Inspections*:							
Number of Inspections in the Prescribed Groups :–							
Entrants	702	2,900	1,750	1,792	2,259	1,204	10,607
Second Age Group ..	475	2,280	1,292	1,158	1,269	915	7,389
Third Age Group ..	420	1,752	1,118	1,334	1,073	967	6,664
Totals	1,597	6,932	4,160	4,284	4,601	3,086	24,660
Number of Other Periodic Inspections	–	–	–	–	–	325	325
Grand Totals.. ..	1,597	6,932	4,160	4,284	4,601	3,411	24,985
B. Other Inspections :—							
Number of Special Inspections	203	2,284	2,043	617	1,271	1,141	7,559
Number of Re-inspections	99	2,217	81	933	608	7,696	11,634
Totals	302	4,501	2,124	1,550	1,879	8,837	19,193

* (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 Individ'l Pupils.
North-west ..	Entrants	27	37	57
	Second Age Group ..	73	28	92
	Third Age Group	43	5	46
	Total (Prescribed Groups)	143	70	195
	Other Periodic Inspections	–	–	–
	Grand Total ..	143	70	195
North-east ..	Entrants	20	666	686
	Second Age Group ..	182	284	436
	Third Age Group	136	182	299
	Total (Prescribed Groups)	338	1,132	1,421
	Other Periodic Inspections	–	–	–
	Grand Total ..	338	1,132	1,421
Mid-Derbyshire	Entrants	5	185	190
	Second Age Group ..	72	81	150
	Third Age Group	30	43	73
	Total (Prescribed Groups)	107	309	413
	Other Periodic Inspections	–	–	–
	Grand Total ..	107	309	413

TABLE I (*continued*).

Divisional Executive.	Group.	For Defective Vision (excluding Squint).	For any of the Other Condit'ns recorded in Table IIa.	Total Individual Pupils.
South-east ..	Entrants	3	267	270
	Second Age Group ..	58	124	176
	Third Age Group	81	136	215
	Total (Prescribed Groups)	142	527	661
	Other Periodic Inspections	–	–	–
	Grand Total ..	142	527	661
South ..	Entrants	19	345	358
	Second Age Group ..	90	137	222
	Third Age Group	92	121	203
	Total (Prescribed Groups)	201	603	783
	Other Periodic Inspections	–	–	–
	Grand Total ..	201	603	783
Chesterfield ..	Entrants	2	208	210
	Second Age Group ..	20	73	92
	Third Age Group	18	98	116
	Total (Prescribed Groups)	40	379	418
	Other Periodic Inspections	10	166	166
	Grand Total ..	50	545	584
Totals—Whole Administrative County. ..	Entrants	76	1,708	1,771
	Second Age Group ..	495	727	1,168
	Third Age Group	400	585	952
	Total (Prescribed Groups)	971	3,020	3,891
	Other Periodic Inspections	10	166	166
	Grand Total ..	981	3,186	4,057

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1951.

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.	Periodic Inspections. No. of Defects.		Special Inspections. No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	334	224	199	46
5	Eyes—*a.* Vision ..	981	1009	672	720
	b. Squint ..	263	132	139	122
	c. Other ..	65	78	101	23
6	Ears—*a.* Hearing ..	51	93	47	51
	b. Otitis Media	152	134	75	48
	c. Other ..	62	61	61	15
7	Nose or Throat ..	922	1,582	359	476
8	Speech	97	142	77	84
9	Cervical Glands ..	56	720	35	157
10	Heart and Circulation	99	368	38	168
11	Lungs	236	536	102	249
12	Developmental— *a.* Hernia ..	58	34	11	8
	b. Other ..	52	138	30	16
13	Orthopaedic— *a.* Posture ..	80	164	19	18
	b. Flat Foot ..	193	368	65	143
	c. Other ..	344	797	116	154
14	Nervous System— *a.* Epilepsy ..	29	13	28	15
	b. Other ..	27	49	24	25
15	Psychological— *a.* Development	39	126	53	164
	b. Stability ..	93	104	47	43
16	Other..	189	403	380	352

TABLE II (*continued*).

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1951.

PART II—DIVISIONAL EXECUTIVES.

Defect Code No.	Defect or Disease.	Periodic Inspections. Number of Defects. Requiring Treatment. Divisional Executive.						Periodic Inspections. Number of Defects. Requiring to be kept under observation, but not requiring treatment. Divisional Executive.						Special Inspections. Number of Defects. Requiring Treatment. Divisional Executive.						Special Inspections. Number of Defects. Requiring to be kept under observation, but not requiring treatment. Divisional Executive.					
		North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.	North-west.	North-east.	Mid-Derbyshire.	South-east.	South.	Chesterfield.
4	Skin	2	188	26	62	26	30	6	85	52	15	39	27	17	47	10	24	12	89	–	8	20	4	8	6
5	Eyes–*a.* Vision .	143	338	107	142	201	50	5	226	193	72	142	371	38	223	116	30	149	116	3	266	243	7	89	112
	b. Squint .	2	84	23	72	61	21	15	46	31	13	14	13	3	45	30	14	35	12	4	59	50	2	5	2
	c. Other .	5	22	4	12	10	12	–	39	16	3	9	11	8	16	1	13	7	56	1	9	1	3	4	5
6	Ears–*a.* Hearing .	2	11	3	9	17	9	–	18	29	19	19	8	2	15	5	3	4	18	–	16	18	4	4	9
	b. Otitis Media	–	84	9	14	27	18	–	18	45	15	40	16	1	23	8	13	7	23	–	8	20	1	17	2
	c. Other ..	2	37	2	3	3	15	–	41	3	3	–	14	2	7	2	7	2	41	–	3	5	2	3	2
7	Nose or Throat ..	37	365	133	202	126	59	78	445	320	267	274	198	13	120	88	17	71	50	9	84	249	7	108	19
8	Speech .. .	3	56	8	6	8	16	4	32	57	9	31	9	2	41	15	2	6	11	3	17	39	4	8	13
9	Cervical Glands ..	–	28	3	16	3	6	23	240	103	184	43	127	1	20	5	1	5	3	6	42	74	4	22	9
10	Heart & Circulation	–	3	3	5	22	66	14	104	64	21	76	89	–	7	1	1	2	27	1	90	53	5	10	9
11	Lungs .. .	–	78	17	23	44	74	4	140	136	85	131	40	6	22	18	11	20	25	4	102	102	4	33	4
12	Developmental—																								
	a. Hernia .	1	19	5	7	20	6	–	5	13	1	15	–	–	5	3	–	–	3	–	1	4	–	2	1
	b. Other .	–	17	1	9	15	10	–	74	22	6	22	14	–	10	2	–	14	4	–	8	5	2	–	1
13	Orthopaedic—																								
	a. Posture .	–	29	11	6	15	19	8	25	20	13	61	37	2	5	3	1	3	5	4	3	6	–	3	2
	b. Flat Foot ..	14	25	7	18	65	64	23	31	94	26	56	138	8	8	19	1	15	14	13	10	93	3	24	–
	c. Other ..	6	75	21	43	131	68	14	164	193	125	209	92	10	31	33	6	9	27	2	28	87	3	32	2
14	Nervous System—																								
	a. Epilepsy ..	–	18	3	1	5	2	–	4	6	1	2	–	–	8	6	3	5	6	–	7	7	–	1	–
	b. Other .	–	11	2	3	8	3	2	25	6	6	8	2	–	11	6	–	2	5	–	20	4	1	–	–
15	Psychological—																								
	a. Development	–	17	16	–	6	–	4	31	45	4	24	18	9	19	10	–	12	3	3	62	62	9	18	10
	b. Stability ..	1	5	–	3	9	75	4	43	4	–	13	40	3	6	3	1	12	22	1	20	6	1	5	10
16	Other	–	8	27	69	23	62	8	171	115	14	74	21	35	35	15	33	14	248	4	42	88	183	23	12

TABLE II (*continued*).

—Classification of the General Condition of Pupils inspected during the Year in the Age Groups.

ivisional xecutive.	Age Groups.	Number of Pupils Inspected.	A. (Good).		B. (Fair).		C. (Poor).	
			No.	% of Col. (3)	No.	% of Col. (3)	No.	% of Col. (3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
rth-west	Entrants	702	551	78.49	144	20.56	7	1.00
	Second Age Group ..	475	348	73.26	126	26.53	1	0.21
	Third Age Group ..	420	339	80.72	79	18.81	2	0.47
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	1,597	1,238	77.52	349	21.85	10	0.63
th-east ..	Entrants	2,900	542	18.69	2,206	76.05	152	5.26
	Second Age Group ..	2,280	519	22.76	1,683	73.81	78	3.43
	Third Age Group ..	1,752	445	25.40	1,244	71.01	63	3.59
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	6,932	1,506	21.73	5,133	74.03	293	4.24
–	Entrants	1,750	192	10.97	1,541	88.06	17	0.97
byshire.	Second Age Group ..	1,292	165	12.77	1,112	86.05	15	1.18
	Third Age Group ..	1,118	169	15.10	940	84.06	9	0.84
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	4,160	526	12.64	3,593	86.37	41	0.99
h-east ..	Entrants	1,792	972	54.25	808	45.10	12	0.65
	Second Age Group ..	1,158	602	51.99	547	47.23	9	0.78
	Third Age Group ..	1,334	690	51.72	634	47.53	10	0.75
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	4,284	2,264	52.85	1,989	46.43	31	0.72
h ..	Entrants	2,259	1,084	47.98	1,165	51.57	10	0.45
	Second Age Group ..	1,269	540	42.55	720	56.74	9	0.71
	Third Age Group ..	1,073	500	46.60	567	52.84	6	0.56
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	4,601	2,124	46.16	2,452	53.30	25	0.54
terfield	Entrants	1,204	376	31.23	822	68.27	6	0.50
	Second Age Group ..	915	229	25.03	664	72.57	22	2.40
	Third Age Group ..	967	307	31.75	650	67.21	10	1.04
	Other Periodic Inspections	166	–	–	78	47.00	88	53.00
	Totals	3,252	912	28.05	2,214	68.08	126	3.87
s—	Entrants	10,607	3,717	35.06	6,686	63.04	204	1.90
e Ad-	Second Age Group ..	7,389	2,403	32.52	4,852	65.67	134	1.81
trative	Third Age Group ..	6,664	2,450	36.76	4,114	61.73	100	1.51
ity.	Other Periodic Inspections	166	–	–	78	47.00	88	53.00
	Grand Totals ..	24,826	8,570	34.52	15,730	63.36	526	2.12

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	27,792	43,736	38,062	44,347	32,145	28,766	214,848
(ii) Total number of individual pupils examined	11,932	26,543	15,071	16,616	15,816	11,533	97,511
(iii) Total number of individual pupils found to be infested	409	1,521	448	728	353	370	3,829
(iv) No. of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944).. ..	2	–	–	20	–	33	55
(v) No. of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	5	–	–	–	–	–	5

† 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						Totals.	Divisional Executive.						Totals.
	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Ches-ter-field.		North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Ches-ter-field.	
Ringworm—(i) Scalp ..	–	–	–	–	–	1	1	–	–	2	–	1	–	3
(ii) Body ..	4	–	–	1	–	3	8	–	–	–	2	1	–	3
Scabies	–	–	–	–	–	2	2	–	4	–	–	–	–	4
Impetigo	24	21	1	70	5	36	157	–	1	–	–	2	1	4
Other Skin Diseases ..	65	8	4	13	1	224	315	–	3	10	11	25	47	96
Totals	93	29	5	84	6	266	483	–	8	12	13	29	48	110

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-Derby-shire.	South-east.	South.	Chester-field.	Totals.	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Chester-field.	Totals.
External and Other, excluding errors of refraction and Squint ..	38	24	–	–	–	111	173	–	4	5	15	15	18	57
Errors of refraction (including Squint) ..	579	801	–	–	–	–	1,380*							5,102†
Totals	617	825	–	–	–	111	1,553							5,159†
Number of Pupils for whom Spectacles were:														
(*a*) Prescribed ..	365	401	–	–	–	–	766*							3,670†
(*b*) Obtained ..			–	–	–	–	*							

GROUP 3.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

Received Operative Treatment—	Number of Cases Treated.													
(*a*) for diseases of the ear	–	–	–	–	–	–	–	–	–	–	–	–	6	6
(*b*) for adenoids and chronic tonsilitis ..	–	–	–	–	–	–	–	115	205	2	42	114	155	633
(*c*) for other nose and throat conditions ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Received other forms of treatment	14	–	–	–	–	56	70	3	1	3	2	7	73	89
Totals	14	–	–	–	–	56	70	118	206	5	44	121	234	728

GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.

(*a*) Number treated as in-patients in hospitals	–	–	–	–	–	–	–	27	46	54	30	84	16	257
(*b*) Number treated otherwise, *e.g.*, in clinics or out-patient departm'ts	–	–	–	–	–	–	–	139	223	80	103	271	305	1,121

*—Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.
†—It has not been possible to analyse this figure into "Divisions."

	Number of Cases Treated.													
	In the Authority's Child Guidance Clinics.							Elsewhere.						
	Divisional Executive.						Totals.	Divisional Executive.						Totals.
	North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Ches-ter-field.		North-west.	North-east.	Mid-Derby-shire.	South-east.	South.	Ches-ter-field.	
Number of Pupils treated at Child Guidance Clinics	71	29	79	51	90	65	385	–	–	–	–	–	–	–

GROUP 6.—SPEECH THERAPY.

	Number of Cases Treated.													
	By the Authority.							Otherwise.						
Number of Pupils treated by Speech Therapists	12	24	62	22	45	62	227	11	–	–	–	–	–	11

GROUP 7.—OTHER TREATMENT GIVEN.

(*a*) Miscellaneous minor ailments	666	144	83	414	89	938	2,334	–	151	108	49	53	8	369
(*b*) Others (specify)—														
(i) Sunray treatment..	7	–	6	1	41	213	268	–	–	–	–	–	–	–
(ii) Nervous System ..	–	–	–	–	–	–	–	–	1	–	4	3	12	20
(iii) Heart & Circulation	–	–	–	–	–	–	–	1	6	–	–	4	55	66
(iv) Respiratory System	–	–	–	–	–	–	–	–	17	6	8	30	46	107
(v) Other Medical Conditions ..	–	–	–	–	–	–	–	1	27	23	11	51	38	151
(vi) Surgical Conditions	–	–	–	–	–	–	–	1	29	23	12	71	40	176
Totals	673	144	89	415	130	1,151	2,602	3	231	160	84	212	199	889

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 ..	481	5,737	3,628	1,139	6,108	941	18,034
(*b*) Specials	3	1,215	297	1,046	1,247	2,417	6,225
Totals (1)	484	6,952	3,925	2,185	7,355	3,358	24,259
(2) No. found to require treatment	404	5,348	3,039	1,952	5,857	2,900	19,500
(3) No. referred for treatment ..	278	3,856	2,337	1,730	4,675	2,649	15,525
(4) No. actually treated	6	3,289	1,572	1,497	3,614	2,618	12,596
(5) Attendances made by Pupils for treatment	9	4,720	2,336	2,103	5,401	3,312	17,881
(6) Half-days devoted to :—							
Inspection	2	39	31	8	50	4	134
Treatment	Not Apportionable					455	2,212
Totals (6)	Not Apportionable					459	2,346
(7) Fillings :—							
Permanent Teeth ..	7	995	1,447	414	1,966	373	5,202
Temporary Teeth ..	1	39	22	14	82	6	164
Totals (7)	8	1,034	1,469	428	2,048	379	5,366
(8) No. of teeth filled :—							
Permanent Teeth ..	7	892	1,158	335	1,623	357	4,372
Temporary Teeth ..	1	39	22	11	77	6	156
Totals (8)	8	931	1,180	346	1,700	363	4,528
(9) Extractions :—							
Permanent Teeth ..	–	799	346	414	576	869	3,004
Temporary Teeth ..	8	5,117	2,191	2,890	5,875	3,160	19,241
Totals (9)	8	5,916	2,537	3,304	6,451	4,029	22,245
(10) Administration of general anaesthetics for extraction	–	717	540	1,103	1,262	1,086	4,708
(11) Other Operations :—							
Permanent Teeth ..	8	762	299	84	332	348	1,833
Temporary Teeth ..	3	666	171	105	326	128	1,399
Totals (11)	11	1,428	470	189	658	476	3,232