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Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1953

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, 1953).

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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:
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MARY SUTCLIFFE, M.A., M.B., B.Ch., D.P.H.

COUNTY BACTERIOLOGIST:
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GERTRUDE I. L. KELLY, M.B., B.Ch., B.A.O.
MAGRIETA A. PRETORIUS, M.B., Ch.B.
CONSTANCE M. WHITE, M.B., B.S.

ASSISTANT MATERNITY AND CHILD WELFARE MEDICAL OFFICERS:
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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.
MARGARET CASH, 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.
ALISON M. HAMILTON, M.B., Ch.B., D.P.H.
JOAN M. B. LEITH, M.B., Ch.B., D.P.H. (Chesterfield B.).
ZOE RICHARDSON, M.B., B.Ch.
A. H. WEAR, M.D., B.S., D.P.H.

DENTAL STAFF:

Chief Dental Officer—
H. E. GRAY, L.D.S.

Assistant Dental Officers—
JOSEPHINE DOLAN (Dentist, 1921).
I. HESKETH, L.D.S. (Part-time).
FLORA M. JACKSON, L.D.S. (Part-time).
ANNIE KEAN, L.D.S. (Chesterfield B.).
A. R. LITTLAR, L.D.S. (Senior Dental Officer, Chesterfield B.).
DOROTHY LITTLAR, L.D.S. (Part-time).
L. E. SLANEY, L.D.S.

To the Chairman and Members of the

Derbyshire County Council,

Ladies and Gentlemen,

I have the honour to present the 64th 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 691,700, were respectively 15.41 and 10.20, whereas the corresponding rates for England and Wales were respectively 15.5 and 11.4.

The percentage of illegitimate births was 3.55, as compared with 3.77 in the previous year.

There were 7,060 deaths, whereas there were 7,234 in the previous year. Out of the 7,060 deaths, 2,352 were certified as being due to heart disease, 1,115 as being due to malignant disease, and 936 as being due to vascular lesions of the nervous system. In the case of the 1,115 deaths from malignant disease, it is interesting to observe that the lesion was in the stomach in 199 patients ; in the lung or bronchus in 166 cases ; in a breast in 104 ; and in the uterus in 46.

The number of deaths from tuberculosis during 1953 was 125, whereas the corresponding figures for 1952 and 1951 were respectively 122 and 142. It is interesting to note the downward trend in the mortality from respiratory tuberculosis and the steady upward trend in the number of deaths attributed to cancer of the lung or bronchus, as shown in Appendix II of this report. The headings under which the deaths are tabulated were changed in 1950 and it is not feasible to give comparable statistics prior to that year. The figures of deaths for both respiratory tuberculosis and cancer of the lung are, however, given below for 1950 and subsequent years ; the number of deaths from the latter have now exceeded those from the former for the third year running.

Year	*Deaths from Respiratory Tuberculosis*	*Malignant Neoplasm Lung and Bronchus*	*Total*
1950	154	141	295
1951	119	157	276
1952	110	167	277
1953	113	166	279

The number of deaths in the various age groups from these diseases are set out in the following table :—

Age Group	1950		1951		1952		1953	
	Respiratory Tuberculosis	*Malig. Neoplasm, Lung, Bronchus*	*Respiratory Tuberculosis*	*Malig. Neoplasm Lung, Bronchus*	*Respiratory Tuberculosis*	*Malig. Neoplasm, Lung, Bronchus*	*Respiratory Tuberculosis*	*Malig. Neoplasm Lung, Bronchus*
0—	1	–	–	–	–	–	–	–
1—	1	–	1	–	–	–	–	–
5—	2	–	–	–	–	–	–	–
15—	15	–	12	–	7	–	7	–
25—	62	10	35	11	40	6	29	12
45—	49	80	51	86	46	97	52	94
65—	16	39	16	44	17	49	18	43
75—	8	12	4	16	–	15	7	17
Totals	154	141	119	157	110	167	113	166

It is a moot point, however, whether all the cancer cases of the lung can be ascribed to a real increased incidence or to improved diagnostic facilities. It has to be remembered also, that people are living longer, and that the longer they live the greater the likelihood of their dying from cancer. At the same time every person has to die sooner or later ; and there are many ways of dying apart from cancer.

It is usual to think of chronic irritation as a possible cause of cancer. When we consider cancer of the respiratory tract we think of some of the impurity we breathe. Apart from tobacco-smoke there is a multitude of gases that we inspire from the smoke-laden atmosphere caused by this industrialised age.

Whether one or more of these smokes or gases is responsible for bringing about cancer of the lung is hard to say, because there is need for more research under carefully controlled conditions before a dogmatic statement can be made on all the factors involved ; but in the meantime every step should be taken not only by industrialists but also householders to abate smoke pollution.

The maternal mortality was 0.55 per 1,000 live- and still-births, compared with 0.749 in the previous year. This is the lowest figure recorded since 1950, when a new system of classification for maternal deaths was introduced. (Further details are provided on page 38 of this Report).

The infantile mortality rate per 1,000 live births was 28.79, which is the lowest figure that has ever been recorded in this County. This, however, should not give rise to complacency as the corresponding rate for England and Wales is 26.8.

It gives me great pleasure to state that for the fifth successive year there have been no deaths from diphtheria during the year. The following figures provide striking testimony of the efficacy of the diphtheria immunisation campaign :—

Year	Cases	Deaths
1947	72	4
1948	36	4
1949	12	Nil
1950	2	Nil
1951	1	Nil
1952	Nil	Nil
1953	Nil	Nil

It will be observed that not only have there been deaths no from diphtheria during the last five years, but no cases have been notified during the last two years.

The number of children who were immunised between 1949 and 1953 or earlier is 64.13% of the estimated mid-year child population under fifteen years of age. That figure would on the surface appear to be fairly reasonable, but the trouble is that the immunity acquired from the injection of an antigen tends to wane with the passage of time. On the other hand, it used to be the experience that most persons as they grew older developed an immunity, as shown by Schick test reactions, even in the absence of an actual attack of diphtheria. This was thought to be due to sub-clinical attacks which, while not sufficiently severe to cause the disease, were sufficient to stimulate an immunity to it. In these days, however, in the absence of outbreaks of diphtheria, this factor may not be so important as in the past. It has been known, however, that the mere Schick testing of a child is sufficient in some instances to reactivate a waning immunity. In my opinion, therefore, booster doses of antigen at roughly four to five years of age and ten years of age are probably much more important today than they were when outbreaks of diphtheria were fairly frequent, if we are not to have a return to the old days of diphtheria incidence.

I should like to say something about Dr. C. Kingston's retirement in November, 1953. He took up duty as a Tuberculosis Officer on the staff of the County Council in January, 1929. He has served Derbyshire and its people faithfully and well for nearly twenty-four years. His kindness, good humour and sportsmanship were qualities which his colleagues much appreciated, and his sympathy, courtesy, conscientiousness and charm of manner endeared him to his patients. I am sure all his patients and colleagues will wish him a long life, in good health, to enjoy his well deserved retirement.

I must not allow the opportunity to pass of paying tribute to Ald. Mrs. D. M. Sutton and Ald. F. Wilson, the respective Chairmen of the Weights and Measures and Miscellaneous Services and County Health Committees, for their support and encouragement in and between meetings in implementing the various schemes for improving the health of the people of Derbyshire ; to the Clerk of the Council and the Heads of Departments for their advice and co-operation ; and to the members of my own Department for much assistance which they have performed with diligence, enthusiasm and efficiency.

I am,

Your obedient Servant,

J. B. S. MORGAN,

County Medical Officer of Health.

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

7th August, 1954.

TABLE OF CONTENTS.

COUNTY HEALTH COMMITTEE
(As at 31st December, 1953).

ALDERMAN F. WILSON
(Chairman)

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

Aldermen

MRS. A. M. BELFIELD.
W. BOOT.
MRS. G. BUXTON.
A. FOWLER.
MRS. E. HARRISON.
MRS. F. E. SHIPLEY.
T. W. WARDLEY.
C. F. WHITE, C.B.E., J.P.

Councillors

N. B. BANKS.
G. A. BERESFORD.
H. G. BOOTH
J. CARTER
H. FISHER.
J. W. HALL.
G. KENNING.
W. H. PAUL.
MRS. E. G. REDFERN.
J. F. STANIER.
MRS. J. M. STEELE
C. WASS.
J. WILLIAMSON.
E. WRIGHT.
J. W. WRIGHT.
A. F. T. WYATT.

Co-opted Members

DR. E. C. DAWSON
A. J. WILSON, ESQ., F.R.C.S.
T. ALLSOP, ESQ.
J. R. DAVIS, ESQ.
MRS. S. A. JERVIS.
MRS. H. KEMP.
MRS. D. M. ASHLEY.

Ambulance Sub-Committee

ALDERMAN F. WILSON.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN T. W. WARDLEY.
COUNCILLOR MRS. J. M. STEELE.
COUNCILLOR C. WASS.
COUNCILLOR J. W. WRIGHT.
COUNCILLOR A. F. T. WYATT.

(Together with two 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. G. BUXTON.
ALDERMAN MRS. F. E. SHIPLEY.
ALDERMAN T. W. WARDLEY.
COUNCILLOR N. B. BANKS.
COUNCILLOR MRS. E. G. REDFERN.

Staff Sub-Committee

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

Chesterfield Area Health Sub-Committee

Representing the County Council.	*Representing Chesterfield Corporation.*
ALDERMAN F. WILSON.	ALDERMAN L. HEATH.
ALDERMAN MRS. D. M. SUTTON.	ALDERMAN MISS F. ROBINSON.
ALDERMAN J. F. BIRCH.	COUNCILLOR J. ANDERSON.
ALDERMAN W. BOOT.	COUNCILLOR MRS. E. A. BENNELL.
COUNCILLOR N. B. BANKS.	COUNCILLOR MRS. A. COLLISHAW.
COUNCILLOR J. CARTER.	COUNCILLOR J. L. RADFORD.

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1953.)

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

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

Aldermen

MRS. G. BUXTON.	MRS. E. HARRISON.
T. COLLEDGE.	T. W. WARDLEY.
A. FOWLER.	C. F. WHITE, C.B.E., J.P.

Councillors

D. BARTON.	R. SKELTON.
G. A. BERESFORD.	C. WASS.
H. G. BOOTH.	F. WILDGOOSE.
J. DALTON.	J. W. WRIGHT.
A. ETHERINGTON.	A. F. T. WYATT.
E. W. FIELDING.	

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.	COUNCILLOR D. BARTON.
ALDERMAN C. FEAKIN.	COUNCILLOR C. WASS.
ALDERMAN T. COLLEDGE.	
ALDERMAN MRS. E. HARRISON.	
ALDERMAN T. W. WARDLEY.	

TABLE I.

RTH RATE, DEATH RATE, INFANTILE MORTALITY RATE AND DEATH RATES OM THREE IMPORTANT INFECTIOUS DISEASES DURING THE LAST SIXTY-THREE YEARS.

ear.		*Death Rates per* 1,000 *of Population.*					
		Small Pox.	Diphtheria & Membranous Croup.	Whooping Cough	Death Rate from all Causes.	Birth Rate.	Infantile Mortality per 1,000 Births.
1 to 00	WHOLE COUNTY	**.028**	**.17**	**.30**	**17.1**	**33.7**	**147**
	England and Wales	.012	.27	.36	18.3	29.9	153
1 to 10	WHOLE COUNTY	**.004**	**.16**	**.24**	**14.1**	**28.5**	**126**
	England and Wales	.016	.17	.27	15.3	27.1	128
1 to 20	WHOLE COUNTY	–	**.16**	**.16**	**12 .66**	**24.07**	**99**
	England and Wales	.000	.14	.18	13.85	21.90	100
1 to 30	WHOLE COUNTY	–	**.07**	**.10**	**10.92**	**19.73**	**70.7**
	England and Wales	.00	.08	.11	12.14	18.36	71.7
1 to 40	WHOLE COUNTY	–	**.07**	**.04**	**11.31**	**15.71**	**56.7**
	England and Wales	.00	.07	.04	12.26	14.93	58.6
1 to 45	WHOLE COUNTY	–	**.022**	**.026**	**10.94**	**18.21**	**45.6**
	England and Wales	.00	.038	.032	11.92	16.04	49.8
46	WHOLE COUNTY	–	**.022**	**.023**	**10.96**	**19.60**	**38.95**
	England and Wales	.00	.01	.02	11.5	19.1	43.0
47	WHOLE COUNTY	–	**.006**	**.026**	**11.26**	**20.89**	**42.81**
	England and Wales	.00	.01	.02	12.0	20.5	41.0
48	WHOLE COUNTY	–	**.006**	**.015**	**10.42**	**18.13**	**43.45**
	England and Wales	–	.00	.02	10.8	17.9	34.0
49	WHOLE COUNTY	–	–	**.013**	**10.93**	**17.01**	**36.5**
	England and Wales	.00	.00	.01	11.7	16.7	32
50	WHOLE COUNTY	–	–	**.014**	**11.13**	**15.78**	**30.19**
	England and Wales	–	.00	.01	11.6	15.8	29.8
51	WHOLE COUNTY	–	–	**.006**	**11.67**	**15.21**	**28.83**
	England and Wales	.00	.00	.01	12.5	15.5	29.6
52	WHOLE COUNTY	–	–	**.006**	**10.56**	**15.21**	**29.64**
	England and Wales	.00	.00	.00	11.3	15.3	27.6
53	Urban Districts ..	–	–	.011	10.75	15.10	30.14
	Rural Districts ..	–	–	.006	9.61	15.75	27.38
	WHOLE COUNTY	–	–	.008	10.20	15.41	28.79
	England and Wales	.00	.00	.01	11.4	15.5	26.8

REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1953

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 1953 was as follows :—

Municipal Boroughs	138,630
Urban Districts	221,570
Rural Districts	331,500
Total Administrative County ..	691,700

RATEABLE VALUE

The rateable value of the Administrative County in April, 1953, for County Rate purposes was £3,875,123, and a Penny Rate over the whole County was estimated to produce the sum of £15,110.

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 ..	5,251	5,033	10,284
	Illegitimate ..	181	198	379
	Total ..	5,432	5,231	10,663

Live Birth Rate per 1,000 of the estimated population ..	15.41
Number of Still Births	243
Rate of Still Births per 1,000 (total live and still) births ..	22.28
Number of Deaths	7,060
Death Rate per 1,000 of the estimated population.. ..	10.20

	No. of Deaths.	*Rate per 1,000 live and still Births.*
Deaths and Death Rate from:—		
Pregnancy, Childbirth and Abortion	6	0.55

Death Rate of Infants under 1 year of age :—	
All infants (per 1,000 live births)	28.79
Legitimate infants (per 1,000 legitimate live births) ..	29.08
Illegitimate infants (per 1,000 illegitimate live births)	21.11

	No. of Deaths.	*Rate per 1,000 of estimated population.*
Deaths and Death Rate from :—		
Cancer (all ages)	1,115	1.61
Measles (all ages)	3	0.0043
Whooping Cough (all ages) ..	6	0.0086

Infantile Mortality.—The infantile mortality rate for the year under review was 28.79 per 1,000 live births, compared with 29.64 in 1952 and 28.83 in 1951.

TABLE II.

INFANTILE MORTALITY RATE.

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

Year	*Rate*	*Year*	*Rate*
1930	61.4	1942	42.2
1931	67.4	1943	48.1
1932	63.4	1944	42.1
1933	62.2	1945	44.5
1934	53.0	1946	38.9
1935	56.6	1947	42.81
1936	58.2	1948	43.45
1937	52.1	1949	36.50
1938	51.1	1950	30.19
1939	47.4	1951	28.83
1940	55.4	1952	29.64
1941	51.0	1953	28.79

The rate for England and Wales in 1953 was 26.8

COUNTY OF DERBY. Year

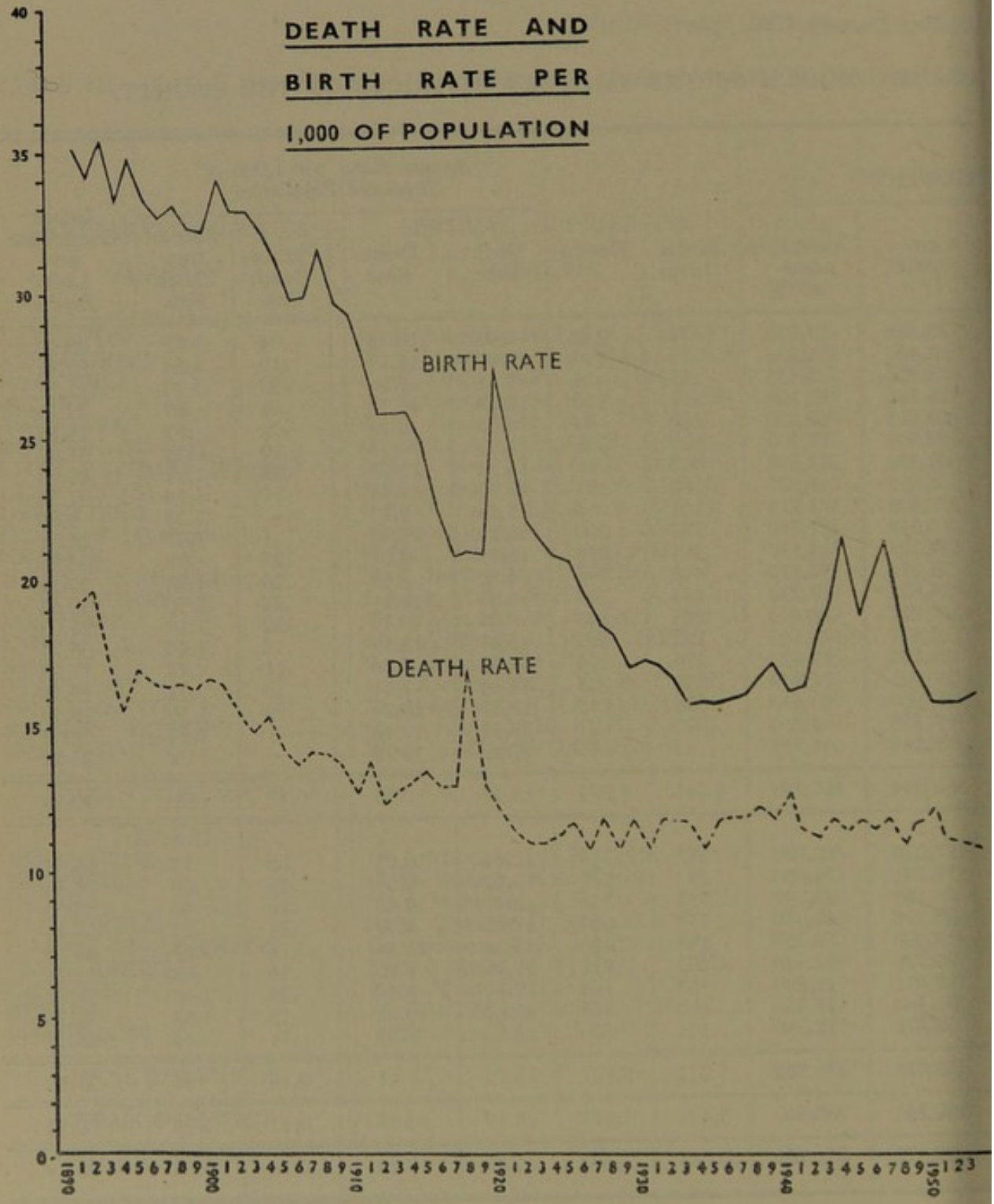
TABLE III.—TABLE GIVING BIRTH RATES AND DEATH RATES FROM SEVERAL

SANITARY DISTRICTS (URBAN)	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water).	POP Census 1931
ALFRETON	R. G. Bingham, M.R.C.S., L.R.C.P.	5,176	22,262
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., D.P.H.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., D.P.H.	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., Ch.B., D.P.H. ..	6,337	16,884
CHESTERFIELD (Borough) ..	J. A. Stirling, M.B., Ch.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)	M. Sutcliffe, M.B., B.Ch., 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	M. Sutcliffe, M.B., B.Ch., 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	G. Cochrane, M.B., Ch.B., D.P.H. ..	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	W. J. Morrissey, M.B., B.Ch., D.P.H.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272
BELPER	W. J. Morrissey, M.B., B.Ch., D.P.H.	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., Ch.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, 1953.

CAUSES IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

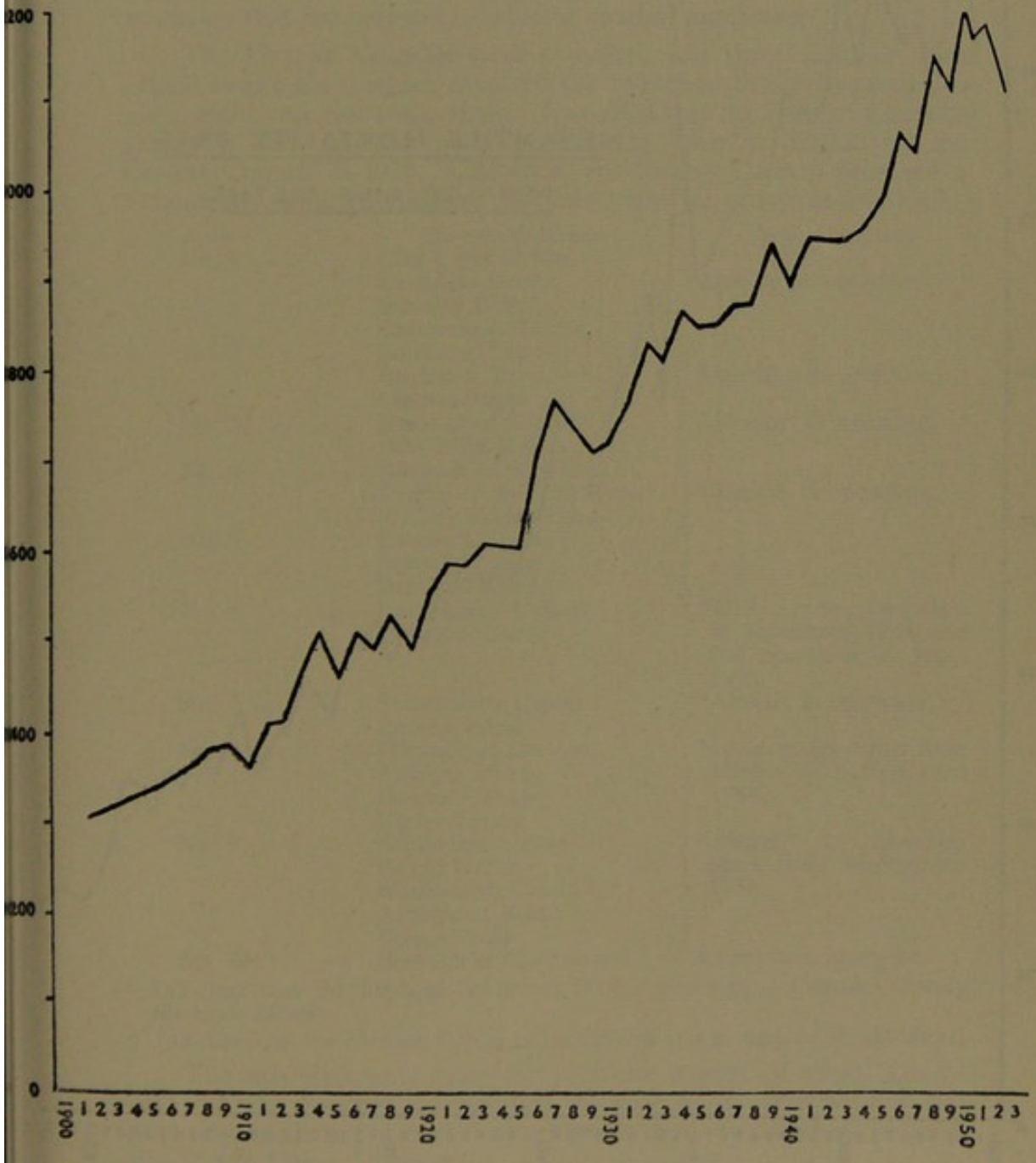
ULATION				*Annual Rates per 1,000 of Estimated Population*				
Census 1951	Estimated mid-1953	Births (Live)	Deaths	Birth Rate	Death Rate	Phthisis Death Rate	Respiratory Death Rate	Infant Death Rate per 1,000 Births
23,388	23,220	371	240	15.98	10.33	.04	1.12	40.42
5,440	5,226	94	100	17.99	19.13	.19	1.34	31.91
3,350	3,432	45	74	13.11	21.56	.58	3.20	111.11
15,716	15,700	221	160	14.07	10.19	.06	.89	27.15
10,815	10,850	202	94	18.62	8.66	.09	.83	14.85
19,556	19,200	286	206	14.90	10.73	.10	.99	31.47
68,540	67,450	967	761	14.33	11.28	.22	1.17	28.95
8,552	8,707	160	91	18.37	10.45	.11	1.14	37.50
7,628	7,518	102	69	13.56	9.17	—	1.33	9.86
18,014	17,770	270	290	15.19	16.32	.11	1.97	14.81
24,395	24,130	385	258	15.95	10.69	.25	.95	38.96
33,674	34,210	498	295	14.56	8.62	.20	1.25	30.11
28,638	29,230	434	297	14.85	10.16	.27	1.50	50.68
17,770	18,440	285	198	15.45	10.74	.22	1.19	21.05
8,473	8,340	112	105	13.43	12.59	.12	1.44	35.71
18,194	17,970	279	154	15.52	8.56	.11	.72	17.92
17,941	17,940	259	133	14.44	7.41	.16	.72	15.44
20,909	20,650	316	212	15.30	10.27	.24	1.50	28.48
5,365	5,290	70	71	13.23	13.42	—	1.32	28.57
4,886	4,927	85	65	17.25	13.19	—	1.22	23.52
361,244	360,200	5,441	3,873	15.10	10.75	0.17	1.20	30.14
12,020	11,700	183	118	15.64	10.08	.08	.77	16.39
19,291	18,950	254	197	13.40	10.39	.16	.89	35.43
28,186	28,290	388	296	13.71	10.46	.10	.56	33.50
43,104	42,810	774	407	18.08	9.50	.21	.75	29.71
18,990	18,700	248	248	13.26	13.26	.16	1.07	44.35
75,728	81,550	1,400	711	17.16	8.72	.16	.81	25.71
19,071	19,200	333	164	17.34	8.54	.26	1.19	21.02
31,562	31,950	496	346	15.52	10.83	.15	1.62	36.28
75,876	78,350	1,146	700	14.62	8.93	.11	.66	20.07
323,828	331,500	5,222	3,187	15.75	9.61	0.15	.86	27.38
361,244	360,200	5,441	3,873	15.10	10.75	0.17	1.20	30.14
685,072	691,700	10,663	7,060	15.41	10.20	0.16	1.04	28.79

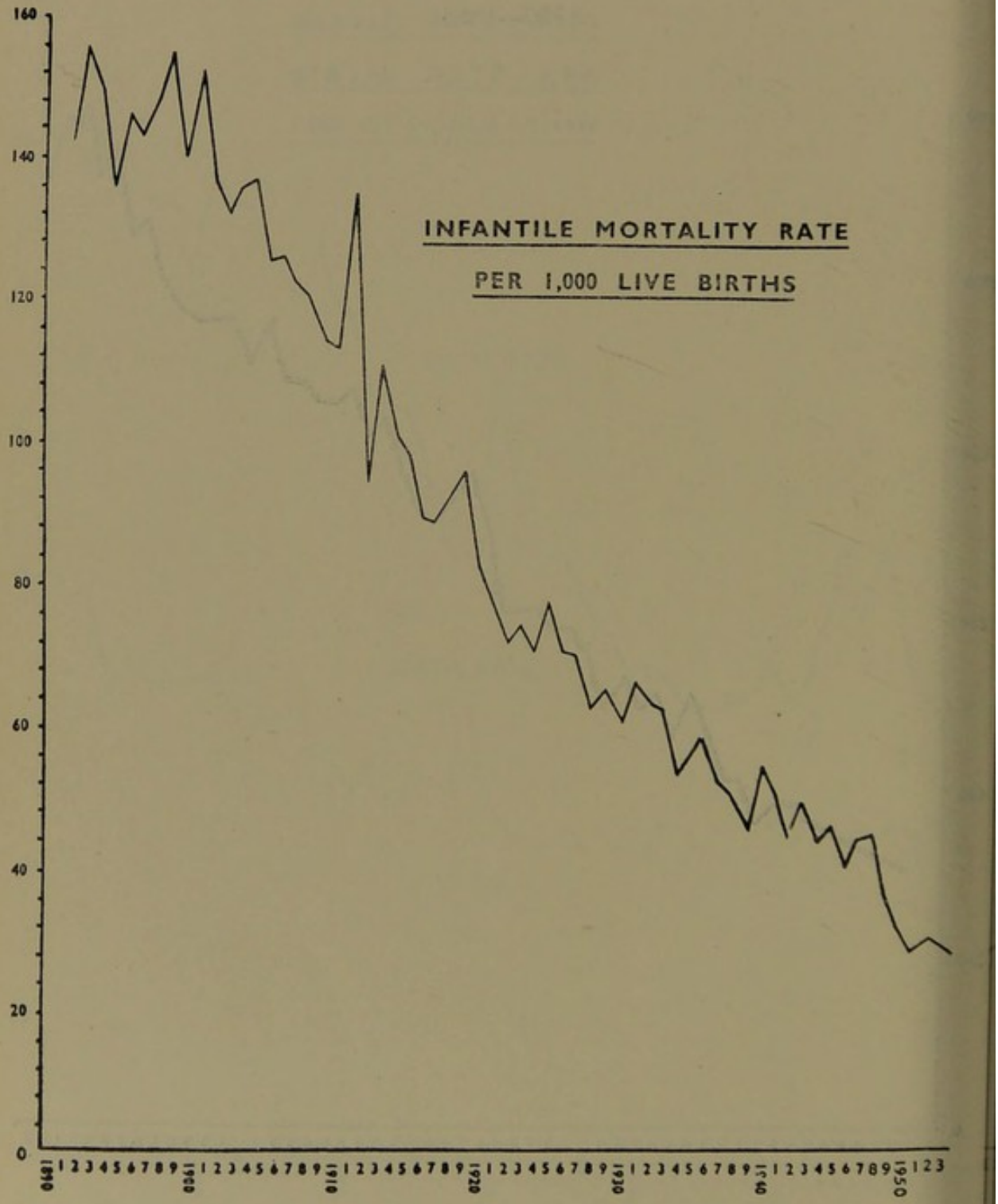

DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION
BIRTH RATE
DEATH RATE
40
35
30
25
20
15
10
5
0
1890 1 2 3 4 5 6 7 8 9 1900 1 2 3 4 5 6 7 8 9 1910 1 2 3 4 5 6 7 8 9 1920 1 2 3 4 5 6 7 8 9 1930 1 2 3 4 5 6 7 8 9 1940 1 2 3 4 5 6 7 8 9 1950 1 2 3

DERBYSHIRE

DEATHS FROM CANCER

1900—1953




INFANTILE MORTALITY RATE
PER 1,000 LIVE BIRTHS
160
140
120
100
80
60
40
20
0
1890
1900
1910
1920
1930
1940
1950

LOCAL GOVERNMENT ACT 1933, SECTION 111.

In the early part of 1951 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, 1951 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*	*Present Position*
No. 1	Clay Cross Urban Dronfield Urban Staveley Urban Chesterfield Rural	Already in operation.
No. 2	Bolsover Urban Blackwell Rural Clowne Rural	*Already in operation.
No. 3	Borough of Glossop New Mills Urban	*Already in operation.
No. 4	Borough of Buxton Chapel-en-le-Frith Rural Whaley Bridge Urban	*Already in operation.
No. 5	Bakewell Urban Matlock Urban Bakewell Rural	
No. 6	Long Eaton Urban Shardlow Rural	*Will be in part operation in September, 1954, and full operation in June, 1955.
No. 7	Swadlincote Urban Repton Rural	*Already in operation.
No. 8	Borough of Ilkeston Alfreton Urban Heanor Urban Ripley Urban	*In operation, apart from Heanor U.D., from June 1954.
No. 9	Ashbourne Urban Belper Urban Wirksworth Urban Ashbourne Rural Belper Rural	*Already in operation apart from Wirksworth U.D.
No. 10 ..	Borough of Chesterfield	—†Already in operation.

* Indicates that the Medical Officer of Health also acts as Assistant County Medical Officer.

† Indicates that the Medical Officer of Health also acts as Area Medical Officer.

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).

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 ..	—	533	—	14	—	—
Brucella Abortus	—	3	—	—	—	—
Paul Bunnell Test for Glandular Fever	—	4	—	—	—	—
Culture Examinations—						
Enteric, dysentery and food poisoning group of organisms	59	300	3	57	2	9
C. diphtheriae	—	166	1	136	—	19
Haemolytic Streptococci ..	59	287	41	98	2	19
Microscopical Examinations—						
Vincent's Angina Organisms	3	143	1	115	—	10
Ringworm Parasites	1	—	—	—	—	—
Sputa for Tubercle Bacilli ..	90	2257	—	1	—	—
Clinical Specimens	262	774	25	13	10	11
Biological Test—						
Tubercle Bacilli in Clinical Specimens	18	130	52	369	—	4
Friedman Test for Pregnancy	8	6	—	—	—	—
Tubercle Bacilli in Milk :—						
Unselected Specimens ..	23	596	—	32	1	81
Milk for Brucella Abortus ..	—	16	—	—	—	—
Raw and Graded Milk Examinations—						
*Methylene Blue Test ..	37	208	4	60	5	93
Coliform Test	9	3	—	—	—	—
Pasteurised and Sterilised Milk Examinations—						
*Phosphatase Test	16	748	5	194	2	235
*Methylene Blue Test ..	17	514	1	159	8	171
Coliform Test	17	20	—	—	—	—
*Turbidity Test	—	11	—	30	—	—
Ice Cream Examinations—						
*Methylene Blue Test ..	19	636	11	91	7	165
Coliform Test	10	9	—	—	—	—
Water Examinations—						
*Coliform and Anaerobe Tests	310	1202	98	482	1	11
	958	8566	242	1851	38	828

* Pos.—Unsatisfactory. Neg.—Satisfactory.

BIOLOGICAL TESTS FOR TUBERCLE BACILLI IN MILK.

During the year, 733 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. 24 of these samples, or 3.27 per cent, were found to contain living transmissible tubercle bacilli ; the figure for 1952 was 1.93 per cent.

BIOLOGICAL TESTS OF SAMPLES OF MILK SUBMITTED FOR THE PHOSPHATASE TEST.

20 samples of milk, labelled "Pasteurised" found to be positive by the phosphatase test (indicative of either insufficient pasteurisation or of the addition of raw milk), were submitted to the biological test for tubercle bacilli with negative results.

62 samples of pasteurised milk from schools, found to be negative by the phosphatase test (indicative of adequate pastuerisation) were also submitted to the biological test with negative results.

DISTRIBUTION OF VACCINE LYMPH AND OTHER PROPHYLACTIC REAGENTS.

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

The following Table shows the vaccines, etc., issued during 1953 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	11,526
Prophylactic Reagents for Diphtheria Immunisation :—	
A.P.T.	15,652
T.A.F.	6,046

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLY.

Sixteen Pasteuriser's Licences were renewed for 1953, and with the addition of one new applicant, the total number of establishments licensed for the year was seventeen. In March one establishment ceased to be operated and the licensee surrendered his licence. His daily gallonage at the time was about 200, and like a number of dairymen with a comparatively small turnover he considered it would be as economical to purchase his milk already processed and bottled. In this particular instance, the milk is being purchased from a dairy within the County area.

General plant improvements continued on a somewhat reduced scale. The standard is gradually being raised year by year, but the rate has slowed down considerably during the last two years. One dairy, Long Eaton Co-operative Society Ltd., installed a second "High temperature short time" (H.T.S.T.) plant solely for the processing of Tuberculin Tested milk. At another, Davies and Cox Ltd., Castle Gresley, a larger washer and improved filler and copper were installed at the end of the year.

There was also an improvement in the gradual changeover to over-lapping bottle caps. Only one dairy was using cardboard caps solely for "Pasteurised" milk at the end of the year ; five others were in the course of changing over. This matter has now been settled by a new Regulation fixing October 1st, 1954, as the appointed day on which overlapping caps or covers for Pasteurised milk bottles shall be compulsory.

The majority of licensees are very willing to make improvements to plant at the appropriate time. This applies particularly to the larger establishments where efficient modern plant is essential, in view of the necessity for economical operation and of the competition within the trade, which has now reached considerable intensity amongst the big wholesalers.

There was again a slight fall in the average daily quantity of milk being pasteurised. At the end of the year the daily gallonage pasteurised in the County area was about 16,700 as compared with 17,200 gallons in 1952. This may not have any great significance, as the trade distribution of milk is extremely elastic, and what the County area loses may be gained by dairies in adjoining authorities' areas. However it should be noted that the overall consumption of milk in the country fell by about 1% during 1953, and undoubtedly pasteurised milk sales bore a large share of the general decrease.

The County Sanitary Inspector made 327 inspections at Pasteurising Establishments, and submitted 415 samples for examination. The results of the examination 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)	78	93	—	—	93
Pasteurised	261	318	4	4	322

Note.—72 samples were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 65°F.

It will be noted that, compared with previous years, the Phosphatase Test failures showed a marked decline, the percentages for the four years 1950 to 1953 being 5.96%, 2.41%, 2.45% and 0.96% respectively. Whilst the ideal is obviously no Phosphatase failures, four failures from 415 samples spread over a period of 12 months may be regarded as a reasonable figure, considering the delicate controls of the modern H.T.S.T. Plant, and the ever present human element responsible for the operation of the holder type plant.

Of Methylene Blue failures little can be said. Their cause is difficult to trace but may be attributed to several factors, depending on circumstances at the time of processing and/or sampling. For example, many dairies have not yet taken the step of marking the milk bottle caps in a manner so as to identify the milk with any particular day's processing. This leads, on occasion, to the sale of older milk than would be advisable. Another factor may be the lack of laboratory facilities and the consequent lack of control of milk, both raw and processed, at quite a few dairies. There are several in the County area without such facilities handling from 500 to 2,000 gallons of milk daily.

Routine samples of pasteurised milks failing the Phosphatase Test are examined for the presence of tubercle bacilli. During the year, the four failures, however, were found to be negative on examination.

Sixty six samples were also examined for the presence of chlorates, and all were satisfactory.

The following is a list of the Pasteurising Establishments for which licences were issued in 1953 :—

PASTEURISING ESTABLISHMENTS, 1953

Name	*Address of Establishment*
Atkinson & Haspel	Church Farm Ockbrook.
Beswick, W.	South Street Dairy, Draycott.
Crowsnest Dairies Ltd.	Swarkestone
Davis & Cox Ltd.	The Dairy, Castle Road, Castle Gresley.
Hibbert, H.	Gisborne Dairy, Chapel-en-le-Frith.
Hutchings, S., & Sons Ltd. ..	175, Derby Road, Long Eaton.
Ilkeston Co-operative Society Ltd...	Oakwell Dairy, Derby Road, Ilkeston.
Longden, A. V.	Hardwick Square, Buxton.
Long Eaton Co-operative Society Ltd.	Meadow Lane, Long Eaton.
Morten, R. B. & Son	The Creamery, Green Lane, Buxton.
Morton, J. H.	Allenscott Dairy, Grindleford.
Moss, H. .. .. (Ceased to operate 1/4/53).	6, Ash Street, Ilkeston.
Pleasley Co-operative Society Ltd...	Pleasley, Nr. Mansfield.
Ripley Co-operative Society Ltd. ..	Nottingham Road, Ripley.
Shaw, R. L.	Paddock Farm, West Hallam.
Wheldon, H.	94, Breedon Street, Long Eaton.
Wilts. United Diaries Ltd.	Egginton Junction, Nr. Derby.

Specified Areas.

The Districts already "specified" under an Order which came into force on the 1st November, 1952, are the Borough of Ilkeston Long Eaton Urban District, and the Parishes of Sandiacre and Stanton-by-Dale in Shardlow Rural District. During 1953, details were settled in respect of a considerable area in the eastern half of the County, comprising the Borough of Chesterfield, the Urban Districts of Bolsover, Clay Cross, Dronfield, Matlock, Staveley and Wirksworth, and the Rural Districts of Blackwell and Chesterfield. The appropriate Order did not come into force until 1st January, 1954.

Progress with the scheme is very gradual all over the country, and it is likely to be some time before anything like complete cover is obtained in Derbyshire. Under the Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950, sales of milk by retail in a specified Area are restricted to "Tuberculin Tested", "Pasteurised" and "Sterilized" Milks. "Accredited" Milk from a single herd may also be sold until October, 1954.

Dairy Water Supplies.

Three dairies were utilising water from their own sources. One of these has now gone entirely on to the mains supply, and at another (Long Eaton Co-operative Society Dairy) steps have been taken to have a chlorinating plant installed for the treatment of their well water.

Routine sampling of these water supplies is carried out. During the year, 15 samples were obtained, of which 11 were satisfactory and 4 unsatisfactory.

Hospital Dairy Farms.

There are two Hospital Farms—Rough Heanor Farm, Mickleover, and Pastures Hospital Farm, Mickleover,—from which routine samples of milk are obtained on behalf of the Ministry of Health. A total of 28 samples was taken during the year, of which 24 satisfied and 4 failed the Methylene Blue Test, for keeping quality. In addition, eight examinations for tubercle bacilli and eight for brucella abortus proved negative.

WATER SUPPLIES.

Rural Water Supplies and Sewerage Act, 1944.

The following schemes of water supply have been submitted to the Rural Water Supplies and Sewerage Act Sub-Committee during the year :—

Authority submitting Schemes	*Parish*	*Estimated Cost*	*Observations*
Ashbourne R.D.C.	Longford (Alkmonton Extension)	£3,400	No action.
Ashbourne R.D.C.	Yeldersley and Shirley	£2,900	Scheme approved.
Ashbourne R.D.C.	Cubley and Snelston	£2,150	Scheme approved.
Ashbourne R.D.C.	Hulland Ward ..	£1,310	Scheme approved.
Belper R.D.C. ..	Idridgehay (Ireton Wood Scheme) ..	£3,100	Scheme approved.
Repton R.D.C. ..	Mickleover ..	£1,296	Scheme approved.
Repton R.D.C. ..	Hilton	£1,030	Scheme approved.
Repton R.D.C. ..	Church Broughton ..	£4,030	Schemes approved.
Shardlow R.D.C...	Shardlow	£6,800	Scheme approved.
New Mills U.D.C.	Rowarth	—	Scheme approved and regarded as relating to rural locality. Fourth scheme submitted.

The total estimated cost of schemes submitted to the County Council since the commencement of the Act now stands at £967,366.

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 :—

Belper U.D.C.	400 yards of old mains renewed.
Buxton Borough ..	New 6 inch, 4 inch and 3 inch mains laid on Victoria Park Housing Estate ; Venture and shunt feed chlorinator fitted on distribution main at Burbage Reservoir ; a number of hydrants renewed.
Ilkeston Borough ..	1,740 yards 6 inch and 4 inch mains laid on Kirk Hallam Housing Estate ; new 6 inch main in Corporation Road.
Matlock U.D.C. ..	Riber scheme completed. Improvement works carried out at the Cuckoostone Borehole. Extensions of mains particularly to Hurst Farm Estate.
New Mills U.D.C. ..	Since June, 1953 bulk of supply has been obtained from Stockport Corporation.
Ripley U.D.C.	2,404 yards of 6 inch and 340 yards of 4 inch mains laid during the year for improvement of supply.
Wirksworth U.D.C. ..	Scheme for augmenting existing supplies from the Blobber Mine well under way by the end of 1953.
Ashbourne R.D.C. ..	Hulland Ward - Cross o' th' Hands, Biggin and Kirk Ireton extensions completed. Small extensions to housing sites at Pike Hill, Alkmonton and Parwich.
Blackwell R.D.C. ..	4,321 yards 9 inch and 3 inch mains laid at South Normanton, Glapwell, Shirebrook Housing Estates.

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 :—

"Mains extensions have been made to supply new housing schemes—Newbold, Pevensey, Old Whittington and Hady. The reconditioning of the 12" diameter Linacre Reservoir to Brimington trunk main was completed, a total yardage of 5,306. All internal incrustation was scraped and the pipe thoroughly cleaned before a 5/16" concrete lining was added. The Whispering Well engine house was completely re-painted and the filter shells were repainted after the basic rust and paint had been removed by Shot Blast. The Holmebrook 27 stage borehole pump was withdrawn for overhaul and surface pumps at Whispering Well and Holmebrook were likewise overhauled. A survey was made to determine the electrical conductivity and the corrosiveness of the soil along the Hillstown, Bolsover to Hady pipe track. Special attention has been paid at Whispering Well to the cleaning of the pressure filters with a marked improvement in the quality of the filtered water. The number of complaints of taste of chlorine have been remarkably few.

During the late summer the Board's supplies were very low due to reduced rainfall during 1952 and 1953. The storage in the Linacre Reservoirs during early November was so low that the Board's Chairman appealed through the press for economy from all consumers. It was not necessary to curtail the supply but pressures were reduced and the co-operation was obtained of the large Trade Consumers.

The whole of the mains on the lower portion of the Brampton and Walton Rural Water Supply Scheme was laid."

Ministry of Housing and Local Government Inquiries.

Alfreton U.D.C. and Belper R.D.C.

An inquiry was held on 24th February, 1953 at Alfreton in connection with an application by Alfreton U.D.C. for a loan of £30,705 for works of water supply. The main purpose of the scheme was said to be improvement of supplies in Alfreton where serious shortages were being met with. The water was to be obtained from the Derwent Valley Water Board. In addition, Belper R.D.C. requested permission to take some 30,000 gallons of water per day for the benefit of Pentrich and surrounding districts.

Shardlow R.D.C. Risley Park and Sandiacre Water Supply.

An informal inquiry was held on the 29th April, 1953, into the progress of this scheme. It was then stated that the work should be completed by June, 30th, 1953, and that an application would be made for a slight increase on the original loan. It was reported that the Ministry had made a grant of £10,000 towards the estimated cost of £22,000.

SEWERAGE AND SEWAGE DISPOSAL.

Rural Water Supplies and Sewerage Act, 1944.

The following schemes of sewerage and sewage disposal have been submitted to the Rural Water Supplies and Sewerage Act Sub-Committee during the year :—

Authority submitting the Scheme	*Parish*	*Estimated Cost*	*Observations*
Ashbourne R.D.C.	Brailsford	£14,150	Scheme approved.
Clowne R.D.C. ..	Barlborough ..	£26,775	Scheme approved.
Repton R.D.C. ..	Lullington	£11,500	Scheme approved.
Shardlow R.D.C...	Breaston and Draycott	£10,866	Scheme approved.
Shardlow R.D.C...	Chellaston	£39,600	Scheme approved.

The total estimated cost of schemes submitted to the County Council since the commencement of the Act now stands at £840,691.

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

Buxton Borough	..	Sewers laid on Victoria Park Housing Estate and in Fairfield Road.
Ilkeston Borough	..	3,600 yards of surface and foul water sewers laid on Kirk Hallam Housing Estate.
Matlock U.D.C.	..	Preliminary work in hand for the extension of Lea Sewage Works.
Ripley U.D.C. ..	..	Considerable amount of repair work to sewers in Waingroves area and on Heage Road.
Wirksworth U.D.C.	..	Main sewers repaired and relaid at Wash Green and at Rise End and Water Lane, Middleton.
Ashbourne R.D.C.	..	Brassington Sewage Works brought into operation ; work on Parwich Scheme nearly completed ; Sewage Works at R.A.F. Station, Darley Moor, taken over by the Council.
Blackwell R.D.C.	..	Work proceeding on Shirebrook Scheme.

Ministry of Housing and Local Government Inquiries.

Shardlow R.D.C. Sandiacre Regional Sewerage Scheme.

A progress inquiry into this Scheme was held on the 29th April, 1953, when it was reported that the work, started in January, 1951, would be completed by about April, 1954. It was also stated that there would be an estimated excess expenditure of some £25,000 over the original contract figure of £141, 605. The Ministry had made a grant of £25,000 and the Stanton Ironworks Co., were contributing a sum of £14,000.

Bakewell R.D.C. Taddington Sewerage and Sewage Disposal.

An inquiry was held on the 12th May, 1953, into this Scheme, work on which was completed in November, 1952. It was reported that there had been excess expenditure amounting to £3,000 on the original contract figure of £10,153.

SANITARY CIRCUMSTANCES OF DISTRICTS, 1953.

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, 1953.

URBAN DISTRICTS.

District and Sanitary Inspector's Name.		PREMISES.																	SAMPLING						
		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	Ice Cream	Milk (a) Routine	Milk (b) Biological	Water (a) Mains	Water (b) Other Sources	Water (c) Swimming Baths	Totals
ALFRETON.	No. on Register ..	10	—	1	28	109	—	71	6	26	10	20	2	85	47	487	16	—	..	..	..	..	..	..	918
	No. of Inspections made	57	—	3	40	124	—	53	312	78	33	33	37	—	565	1388	5	—	..	..	..	..	..	..	2728
E. Mercer.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	9	6	9	4	—	28
ASHBOURNE.	No. on Register ..	10	—	—	20	26	—	29	26	12	—	—	—	149	—	141	3	—	..	..	..	..	..	..	416
	No. of Inspections made	30	—	—	80	78	—	145	1300	36	—	—	—	298	—	141	204	—	..	..	..	..	..	..	2312
D. Powell	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	1	—	1	—	—	2
BAKEWELL.	No. on Register ..	6	—	—	1	30	—	14	59	2	—	—	—	—	10	86	3	—	..	..	..	..	..	..	211
	No. of Inspections made	30	—	—	26	86	—	40	—	20	—	—	—	—	32	70	320	—	..	..	..	..	..	..	624
P. B. Hawley.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	28	16	9	8	—	61
BELPER.	No. on Register ..	7	—	1	5	72	—	44	—	11	—	3	—	45	36	285	—	1	..	..	..	..	..	..	510
	No. of Inspections made	17	—	10	16	81	—	83	—	16	—	13	—	24	74	255	—	5	..	..	..	..	..	..	594
J. Bailey.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	49	9	71	6	14	2	151
BOLSOVER.	No. on Register. ..	2	—	—	5	54	—	26	10	13	1	13	—	5	25	129	—	1	..	..	..	..	..	..	284
	No. of Inspections made	16	—	—	34	133	—	89	104	84	20	36	—	10	107	62	—	38	..	..	..	..	..	..	733
J. F. H. Walton.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	23	—	47	10	—	12	92
BUXTON (BOROUGH).	No. on Register. ..	18	—	—	9	101	11	65	—	7	—	—	1	1	36	390	—	—	..	..	..	..	..	..	639
	No. of Inspections made	48	—	—	31	149	11	45	159	31	—	10	3	8	46	407	—	—	..	..	..	..	..	..	948
A. H. Cornhill.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	73	130	49	—	—	252

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

CHESTERFIELD.	No. on Register ..	36	—	1	13	295	2	213	53	129	10	81	10	81	37	396	3	1	..	..	..	..	..	..	1292
(BOROUGH).	No. of Inspections made	72	—	49	78	97	4	68	1398	164	22	86	16	12	60	329	1210	9	..	..	..	..	..	..	3674
G. Drabble.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	26	44	36	2	—	27	135
CLAY CROSS.	No. on Register ..	3	—	1	11	28	1	29	—	19	—	1	1	1	1	153	8	—	..	..	..	..	..	..	257
	No. of Inspections made	4	—	2	—	18	—	8	—	—	—	—	2	—	—	3	1	—	..	..	..	..	..	..	38
L. Wilson.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	3	13	—	16
DRONFIELD.	No. on Register ..	1	—	—	—	41	—	23	—	13	—	—	—	—	1	88	—	—	..	..	..	..	..	..	167
	No. of Inspections made	8	—	—	—	22	—	28	—	—	—	—	—	—	8	48	—	—	..	..	..	..	..	..	114
E. M. Housecroft.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	36	1	—	37
GLOSSOP	No. on Register ..	47	—	—	36	178	—	50	43	80	—	—	4	111	82	430	14	—	..	..	..	..	..	..	1075
(BOROUGH)	No. of Inspections made	87	—	—	16	116	—	48	624	54	—	—	11	5	122	592	11	—	..	..	..	..	..	..	1686
E. Dunsmore.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	9	17	15	35	17	12	105
HEANOR.	No. on Register ..	18	—	—	7	168	—	74	—	18	9	9	2	108	25	416	18	—	..	..	..	..	..	..	872
	No. of Inspections made	19	—	—	8	192	—	55	891	45	31	77	2	165	56	681	37	—	..	..	..	..	..	..	2259
H. W. Jefford.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	38	36	21	59	—	—	154
ILKESTON	No. on Register ..	11	14	—	1	134	—	166	20	81	—	2	2	41	73	762	2	—	..	..	..	..	..	..	1309
(BOROUGH).	No. of Inspections made	4	—	—	2	22	—	34	52	92	—	2	2	19	28	229	1	—	..	..	..	..	..	..	487
C. E. Adcock.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	7	—	—	12	—	—	19
LONG EATON.	No. on Register ..	10	—	—	8	225	—	80	—	10	1	—	—	113	26	144	1	—	..	..	..	..	..	..	618
	No. of Inspections made	43	—	—	27	213	—	30	698	27	16	33	—	20	99	394	525	—	..	..	..	..	..	..	2125
T. W. Walton.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	—	—	—	—
MATLOCK.	No. on Register ..	19	—	—	4	168	—	99	—	10	11	117	1	20	19	335	5	—	..	..	..	..	..	..	808
	No. of Inspections made	26	—	—	21	163	—	95	56	53	12	53	2	10	11	315	3	—	..	..	..	..	..	..	820
C. R. Lill.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	19	41	39	151	2	32	284

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

District and Sanitary Inspector's Name		PREMISES.																	SAMPLING.						
		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	Ice Cream	Milk (a) Routine	Milk (b) Biological	Water (a) Mains	Water (b) Other Sources	Water (c) Swimming Baths	Totals
NEW MILLS.	No. on Register ..	14	—	—	4	70	—	42	6	8	—	5	—	—	16	228	1	1	..	..	..	..	..	..	395
	No. of Inspections made	21	—	—	42	52	—	64	34	48	—	5	—	—	26	241	156	13	..	..	..	..	..	..	702
A. P. Bates.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	49	75	14	50	5	—	193
RIPLEY.	No. on Register ..	9	—	—	2	226	1	55	74	11	—	25	—	75	17	386	16	—	..	..	..	..	..	..	897
	No. of Inspections made	14	—	—	14	56	5	33	23	13	6	42	—	2	51	133	1	—	..	..	..	..	..	..	393
D. Bamford.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	25	22	21	3	—	—	71
STAVELEY.	No. on Register ..	2	—	—	6	52	—	27	3	21	—	17	1	6	1	170	2	—	..	..	..	..	..	..	308
	No. of Inspections made	12	—	—	22	35	—	39	52	24	—	27	7	6	10	341	73	—	..	..	..	..	..	..	648
H. Nuttall.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	93	26	5	124
SWADLINCOTE.	No. on Register ..	12	—	—	9	136	—	74	56	30	—	—	—	8	30	367	21	—	..	..	..	..	..	..	743
	No. of Inspections made	113	—	—	110	378	—	609	456	396	88	214	—	10	292	1170	164	—	..	..	..	..	..	..	4000
G. Ainsworth.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	190	135	31	30	2	—	388
WHALEY BRIDGE.	No. on Register ..	3	—	—	3	39	—	25	4	11	1	4	—	9	14	94	—	—	..	..	..	..	..	..	207
	No. of Inspections made	13	—	—	16	84	—	51	16	17	9	23	—	—	31	112	—	—	..	..	..	..	..	..	372
A. McLane.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	3	16	—	19
WIRKSWORTH.	No. on Register ..	3	—	—	10	27	—	18	28	10	—	—	—	5	6	79	3	—	..	..	..	..	..	..	189
	No. of Inspections made	5	—	—	92	74	—	125	52	92	9	9	—	10	5	153	2	—	..	..	..	..	..	..	628
J. Taylor.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	113	43	2	27	—	—	185

TABLE VII—*continued.*

RURAL DISTRICTS.

ASHBOURNE.	No. on Register ..	6	—	—	—	63	—	10	—	5	1	4	—	45	4	51	7	2	..	..	..	..	..	..	198
T. R. Sambrook.	No. of Inspections made	17	—	—	—	36	—	11	—	9	1	4	—	—	6	40	16	7	..	..	..	..	..	..	147
D. J. Cowen.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	11	9	3	23	—	46
BAKEWELL.	No. on Register ..	14	—	—	18	78	—	92	—	18	14	67	—	1	16	266	25	1	..	..	..	..	..	..	610
	No. of Inspections made	30	—	—	52	113	—	147	—	52	41	158	—	2	38	123	114	8	..	..	..	..	..	..	878
R. E. R. Davies.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	4	1	5	3	13
BELPER.	No. on Register ..	—	—	—	—	60	—	66	—	96	4	53	—	64	—	—	1	2	..	..	..	..	..	..	346
	No. of Inspections made	2	—	—	6	26	—	7	—	10	32	44	—	—	—	41	53	—	..	..	..	..	..	..	221
H. D. Stanworth	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	—	6	—	6
BLACKWELL.	No. on Register ..	11	—	—	22	126	—	107	32	58	—	—	—	69	28	312	26	—	..	..	..	..	..	..	791
	No. of Inspections made	31	—	—	32	64	—	109	62	127	—	19	—	74	132	111	378	—	..	..	..	..	..	..	1139
R. Clarkson	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	76	76	29	122	7	—	310
CHAPEL-EN-LE-FRITH.	No. on Register ..	11	—	—	5	104	—	54	—	56	8	1	—	6	—	197	—	—	..	..	..	..	..	..	442
	No. of Inspections made	9	—	—	1	20	—	16	—	19	24	43	—	—	—	193	—	—	..	..	..	..	..	..	325
W. E. Colston.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	58	6	7	71
CHESTERFIELD.	No. on Register ..	29	—	1	6	139	—	168	11	92	2	86	1	19	39	743	38	2	..	..	..	..	..	..	1376
	No. of Inspections made	19	—	2	7	148	—	73	5	120	975		1	19	78	318	17	4	..	..	..	..	..	..	1786
T. W. Binns.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	60	1	—	61
CLOWNE.	No. on Register ..	8	—	—	1	30	—	43	1	15	—	5	—	1	34	255	2	—	..	..	..	..	..	..	395
	No. of Inspections made	18	—	—	7	276	—	79	4	32	—	17	—	3	84	200	228	—	..	..	..	..	..	..	948
A. A. Short.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	—	—	—	91	2	6	99
REPTON.	No. on Register ..	12	—	—	8	74	—	68	—	11	—	23	—	9	25	297	20	1	..	..	..	..	..	..	548
	No. of Inspections made	20	—	—	8	104	—	99	—	—	—	103	—	13	125	289	37	4	..	..	..	..	..	..	802
F. Lomas.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	61	—	1	16	11	—	89
SHARDLOW.	No. on Register ..	12	—	—	44	180	—	186	—	47	19	119	—	94	44	600	9	2	..	..	..	..	..	..	1356
	No. of Inspections made	24	—	—	26	52	—	186	—	47	26	36	—	94	44	260	13	2	..	..	..	..	..	..	810
G. L. Roe.	Samples taken	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	1	—	44	13	—	59

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 ..	7300	1858	1176	4744	3128	5190	20322	2775	2463	6278	7208	10254	90
Population involved ..	23220	5430	3370	15665	10900	19424	67441	8600	7540	17755	24239	33856	291
Supplied from stand-pipes on mains ..	—	10	—	7	—	2	3	7	—	—	18	9	
Population involved ..	—	45	—	25	—	8	8	25	—	—	60	22	
Supplied from other sources	—	5	8	3	—	31	1	25	3	25	—	1	
Population involved ..	—	25	28	10	—	124	1	70	10	75	—	2	
No. of premises connected during year	158	57	42	109	11	158	469	177	47	44	108	350	2

TABLE IX.

DRAINAGE.

	URBAN DISTRICTS												
	Alfreton	Ashbourne	Bakewell	Belper	Bolsover	Buxton (Borough)	Chesterfield (Borough)	Clay Cross	Dronfield	Glossop (Borough)	Heanor	Ilkeston (Borough)	
No. of houses— Connected to sewers ..	5790	1841	1156	4615	3014	4992	20259	2650	2288	6268	7153	10202	9
Population involved ..	17894	5420	3300	15210	10475	18352	67168	8300	7010	17725	24056	33663	28
Not connected ..	1510	32	28	139	114	231	77	130	178	36	73	62	
Population involved ..	5326	80	112	490	425	848	202	400	540	105	243	157	
Premises connected during year	196	57	41	109	7	153	498	237	47	43	108	370	
No. of closets converted during year	48	—	—	6	—	1	4	2	1	20	2	8	

	RURAL DISTRICTS															
Matlock	New Mills	Ripley	Staveley	Swadlincote	Whaley Bridge	Wirksworth	Ashbourne	Bakewell	Belper	Blackwell	Chapel-en-le-Frith	Chesterfield	Clowne	Repton	Shardlow	TOTAL
050	2741	5688	5124	6043	1826	1590	2536	5400	8455	12060	5542	25082	5895	7440	23477	205,716
665	7860	17948	17940	20543	5183	4691	10144	16830	26607	42291	16108	80832	19071	26054	76520	671,866
56	—	5	—	78	—	22	31	160	42	118	13	20	2	302	50	975
184	—	13	—	234	—	66	124	510	120	443	45	65	6	1057	175	3.302
339	196	10	2	1	33	58	788	501	3429	25	856	931	6	1228	473	8,985
118	574	32	7	3	107	145	1752	1660	1503	76	2791	3103	23	4839	1655	19,757
122	26	144	138	17	17	21	165	117	358	390	71	2661	142	301	428	7,056

	RURAL DISTRICTS															
	New Mills	Ripley	Staveley	Swadlincote	Whaley Bridge	Wirksworth	Ashbourne	Bakewell	Belper	Blackwell	Chapel-en-le-Frith	Chesterfield	Clowne	Repton	Shardlow	TOTAL
145	2789	5365	5124	6025	1684	1612	1088	3447	7354	11685	3711	22686	5678	7159	23006	192,589
000	8090	16930	17940	20702	4786	4757	4325	10753	23732	41238	10979	72840	18192	25578	74861	629,829
23	147	336	45	69	174	58	2267	2614	1570	518	2679	3347	225	1811	994	20,165
00	345	1060	170	207	504	145	10932	8247	4498	1572	7731	10796	879	6372	3489	68,252
30	21	144	138	10	13	36	20	68	225	395	73	2901	132	248	456	7,084
44	12	31	—	1	—	3	5	35	44	18	2	73	12	36	17	425

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	207	74	62	135	695	206	358	55	91	328	637	117	68
Found not to be fit in all respects	9	1	3	123	437	101	308	55	91	324	531	100	47
Found to be unfit for habitation	12	—	3	12	67	2	12	11	1	1	18	14	
Rendered fit	118	42	2	102	246	36	279	57	50	389	186	81	39
Subject of Demolition Orders	—	—	2	4	—	—	12	28	—	1	3	8	—
Demolished in pursuance of Demolition Orders	—	—	—	3	—	—	20	2	—	—	13	10	—
Demolished in Clearance Areas	—	—	—	—	—	—	—	—	—	—	—	—	—
Subject of Undertakings	12	—	—	1	—	2	—	—	1	—	8	—	
Subject of Closing Orders	—	1	1	2	1	—	—	—	—	—	—	—	—
No. of applications for Improvement Grants	20	—	—	—	—	—	—	—	—	—	—	3	
No. of Improvement Grants approved by the Ministry	5	—	—	—	—	—	—	—	—	—	—	—	
No. of Houses "Improved"	—	—	—	—	—	—	—	—	—	—	—	—	
No. of Houses erected during the year by :— (*a*) Local Authority ..	118	53	28	88	4	139	379	81	4	26	70	171	1
(*b*) Private Enterprise ..	30	4	11	21	4	9	90	92	43	9	32	175	
(*c*) Other Local Authorities ..	—	—	—	—	—	—	—	—	—	8	—	4	

	RURAL DISTRICTS															
	New Mills	Ripley	Staveley	Swadlincote	Whaley Bridge	Wirksworth	Ashbourne	Bakewell	Belper	Blackwell	Chapel-en-le-Frith	Chesterfield	Clowne	Repton	Shardlow	TOTAL
72	239	53	154	1040	84	193	440	206	136	438	684	586	1577	563	270	10,988
92	81	53	123	383	31	190	309	71	50	428	190	517	198	397	243	6,213
5	13	—	—	3	1	3	—	4	10	10	3	69	3	11	39	329
09	60	69	109	489	29	154	259	54	38	326	132	176	267	249	177	4,880
2	—	—	—	3	—	3	—	—	3	10	1	46	3	6	11	146
10	1	4	—	2	—	—	—	3	2	4	—	13	1	6	6	100
—	—	—	—	—	—	—	—	—	—	—	—	65	—	—	—	65
3	1	—	—	1	1	—	—	2	7	—	2	13	—	—	5	61
3	6	2	—	—	—	—	—	—	—	—	—	1	—	—	2	19
—	—	—	7	—	—	1	1	1	4	—	—	4	6	1	5	60
—	—	—	5	—	—	—	1	1	2	—	—	2	5	1	2	31
—	—	—	5	—	—	—	1	2	1	—	—	3	2	—	2	19
98	10	128	132	13	8	20	14	47	128	362	43	512	120	100	294	3,381
9	8	16	6	15	7	1	11	10	81	22	17	371	10	50	113	1224 +113
6	—	—	—	—	—	—	—	—	—	—	—	1739	4	* 71		1834

MIDWIVES ACTS, 1936 - 1951.

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 1953 there were 203 midwives on the County Roll—seven were midwives in independent practice; five were midwives working in private Nursing Homes; eighty-five were midwives working in Regional Hospital Board Hospitals and Maternity Homes; and seventy-one were County Midwives and thirty-five were County Home Nurse/Midwives.

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

TABLE XI.

	1947	1948	1949	1950	1951	1952	1953
Records received :—							
Medical Help	1603	1549	1225	961	657	510	506
Stillbirths	100	108	119	101	120	115	92
Deaths of Children ..	83	62	60	27	65	79	55
Deaths of Mothers ..	4	–	2	2	4	3	1
Laying out the dead ..	13	29	24	16	14	14	13
Liability to be a source of infection	85	48	40	52	46	91	67
Notification of Artificial Feeding (within 14 days)	216	177	265	309	360	403	427
Puerperal Pyrexia— Midwives' Cases ..	23	7	4	5	11	17	18
Ophthalmia Neonatorum– ALL CASES	10	6	7	7	7	3	4

PUERPERAL PYREXIA.

The Puerperal Pyrexia Regulations, 1951, require Puerperal Pyrexia to be regarded as a notifiable disease but with slight modifications, which include a revised definition of the condition. In effect the Regulations apply Sections 144, 145 and 146 of the Public Health Act, 1936, to Puerperal Pyrexia, and at the same time amend Section 144 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 over the past ten years and the case rate from this condition per 1,000 births. The figures up to and including the year 1947 exclude the Borough of Chesterfield.

TABLE XII.

Year	*No. of cases of Puerperal Pyrexia*	*No. of Live Births and Still Births in Whole County*	*Case rate per 1,000 Births*
1944	65	11,755	5.53
1945	59	10,201	5.78
1946	52	13,067	3.97
1947	37	12,637	2.92
1948	33	12,452	2.65
1949	28	11,852	2.36
1950	24	11,295	2.12
1951	21	10,846	1.94
1952	36	10,623	3.39
1953	54	11,272	4.79

MATERNAL MORTALITY.

The maternal mortality rate for the whole County for the year 1953 was 0.55 per thousand live and still births. The following Table gives the maternal mortality rate in the County since 1934. The figures up to and including the year 1947 exclude the Borough of Chesterfield.

TABLE XIII.

Year	*Rate*	*Year*	*Rate*
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
1942	2.43	1952	0.749
1943	2.20	1953	0.55

The Registrar-General makes available to local authorities, annual statistics showing the number of deaths occurring in the County under various headings. Up to 1950 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 1953 was 0.55 per thousand live and still births, which compares with figures of 0.749 and 1.028 for 1952 and 1951 respectively. This is a welcome drop in this important statistical return, being the lowest since the new system was introduced in 1950. For the reasons given above the figure is not strictly comparable with the Maternal Mortality rates for 1949 and earlier years.

OPHTHALMIA NEONATORUM.

The incidence of Ophthalmia Neonatorum during the year 1953 and the results of treatment are set out in the following Table :—

TABLE XIV.

Notified	Cases Treated		Vision Un-impaired	Vision Impaired	Total Blindness	No. of Deaths
	At Home	In Hospital				
4	2	2	4	–	–	–

This table has now been published for a good many years. The number of cases notified during 1953 shows an increase of one over the previous year. The number of cases and the results of treatment over the past twenty years, are expressed below in tabular form.

TABLE XV.

Year	*No. of Cases*	*Vision Unimpaired*	*Vision Impaired*	*Total Blindness*	*No. of Deaths*
1934	36	32	2	1	1
1935	35	34	1	–	–
1936	32	31	–	–	1
1937	35	35	–	–	–
1938	29	24	1	–	4
1939	26	23	–	–	3
1940	17	17	–	–	–
1941	24	23	–	–	1
1942	29	29	–	–	–
1943	31	29	1	–	1
1944	23	22	–	–	1
1945	21	21	–	–	–
1946	14	13	–	–	1
1947	10	10	–	–	–
1948	6	6	–	–	–
1949	*7	6	–	–	–
1950	7	7	–	–	–
1951	7	7	–	–	–
1952	3	3	–	–	–
1953	4	4	–	–	–

* *Note*—One case transferred out of area.

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. Following a report after an inspection by a Medical Officer on the staff of the Health Department, consideration is given by the Weights and Measures and Miscellaneous Services Committee to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1953, regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below :—

Name and Address of Nursing Home	*Accommodation approved*
Portland Nursing Home, "Craiglands," The Park, Buxton	15 Medical Cases.
Riber Dene, Starkholmes Road, Matlock	3 Medical Cases (Registration cancelled August, 1954)
Willow Grove, Horsley Woodhouse ..	1 Medical Case (Registration cancelled April, 1954).
Lone Oak Nursing Home, Church Side, Hasland	1 Maternity Case.
Derby House Nursing Home, Broad Walk, Buxton	28 Medical Cases.
Ednaston Lodge, St. Mary's Nursing Home, Ednaston	12 Medical and Surgical Cases (increased to 20 cases in March, 1954).
Dalton House, Broad Walk, Buxton ..	16 Medical Cases.
Borrowash House, Borrowash, Derby..	17 Unmarried Mothers.

TUBERCULOSIS SCHEME.

PUBLIC HEALTH (TUBERCULOSIS) REGULATIONS, 1952.

As mentioned in my report for 1952, these Regulations came into force on 1st May of that year and revoke and replace the Public Health (Tuberculosis) Regulations, 1930 which had become out-dated and at variance with the present structure and operation of the tuberculosis services. However, the requirement about notification remains, in effect, unaltered and provides that :—

> "Every medical practitioner who forms the opinion from evidence other than evidence derived solely from tuberculin tests that a person is suffering from tuberculosis shall, as soon as he forms that opinion, send to the Medical Officer of Health of the district in which the person is living at the time a certificate in the form set out in the first schedule to these regulations."

Broadly speaking the cases to be notified are not changed by the new regulations and the numbers notified are statistically comparable with those notified in the past. The Ministry of Health issued a circular which accompanied the regulations and which consolidated and re-stated the position of Local Health Authorities in their relationship with other bodies co-operating in the campaign against tuberculosis. To enable a better appreciation to be obtained of the import of the regulations, a relevant extract from the circular is given below :—

> "In making the new regulations the Minister feels it opportune to refer to the powers of Local Health Authorities and other Local Authorities respectively with regard to tuberculosis. By Section 28 of the National Health Service Act, 1946, and direction given by the Minister under it, statutory responsibility for preventing tuberculosis and for the care and after-care of tuberculous persons is placed upon County Councils and County Borough Councils. These Authorities must be enabled to the full to carry out the duties with which they have thus been charged, and must be regarded as the bodies predominantly responsible for the prevention of tuberculosis. At the same time Borough and

District Councils have statutory functions as sanitary authorities, under the Public Health Acts, or as housing authorities, some of which may have an important part in preventing the spread of tuberculous infection. The Minister would emphasise that it is essential, in order to combat tuberculosis effectively, as well as in the interests of the individual patient and his family, that there should be the closest co-operation between both types of authority, with the object of avoiding any overlapping activities and of co-ordinating the exercise of their respective powers.

The Minister recognises that Local Health Authorities, in fulfilling their responsibilities under Section 28 of the National Health Service Act, also need to receive every help from the hospital service, especially from physicians in charge of chest clinics, and in particular that their Medical Officers of Health should have information from clinic records freely available to them. He is therefore asking Regional Hospital Boards to see that this help is everywhere forthcoming, and to impress on those in charge of chest clinics that it is their duty to provide a Medical Officer of Health with any information he may reasonably require for this purpose. The Boards have also been urged to see that the chest physicians concern themselves fully with the preventive and after-care aspects of tuberculosis work and treat these as of equal importance with their clinical duties.

The new regulations no longer require a Medical Officer of Health to keep a register of tuberculosis notifications. In the Minister's view he may naturally be expected to do so—and the Minister would urge that he should—in the same way that he keeps a record, for his own purposes and without any legal requirement, of notifications of other diseases. The provisions on this point in the 1930 regulations were necessary at that time because of the correlated requirement about supplying certain particulars to the County Medical Officer. These particulars have in practice come to be derived, for some years past, from the registers maintained at Chest Clinics. These remain the essential "tuberculosis registers," and what is said in paragraph 3 above is directed to ensuring the continued availability of the information contained in these registers to the Medical Officers of Health of Local Health Authorities responsible for the preventive and after-care sides of the tuberculosis service. As regards a record of notifications in themselves, again the County Medical Officer does not need to rely on the keeping of separate local registers by district Medical Officers of Health as mentioned above, since under the Tenth Schedule of the National Health Service Act, 1946, as amended by the Schedule of the 1949 Act, a copy of every tuberculosis notification has forthwith to be sent to the County Council.

The requirement contained in the 1930 regulations for providing information of a tuberculosis patient entering or leaving a sanatorium or hospital is also omitted from the present regulations. The Minister has, however, asked Hospital Boards and Committees to ensure that this information (as for any patient

with a notifiable disease) is sent by the institution concerned to the Medical Officer of Health of the district to which the patient belongs; and he is taking this opportunity of drawing their attention again to the necessity for doing so.

So far as the Medical Officer of Health of the Local Health Authority is concerned the information finds its place in the chest clinic records available to him."

NOTIFICATIONS.

It will have been noticed that when a Medical Practitioner becomes aware that a patient is suffering from tuberculosis, he is required to forward a notification to the Medical Officer of Health of the district in which the patient is living at the time. Under the National Health Service Acts copies of notifications of infectious disesae, including tuberculosis, are required to be forwarded to the County Medical Officer by the Medical Officers of Health of sanitary districts. These notifications of tuberculosis form the basis on which the County Council's care and after-care scheme operates. This matter is dealt with more fully under the section of this report dealing with prevention, care and after-care.

Cases of tuberculosis also come to the knowledge of the County Medical Officer otherwise than by notification, such as returns of deaths from tuberculosis of persons who have not been notified, and transferable deaths from the Registrar-General.

The total number of new cases reported through various channels during 1953 was 479; a decrease of 90 cases as compared with 1952. The figure of 479 consists of 422 respiratory and 57 non-respiratory cases.

The number of respiratory cases is the lowest recorded since 1948, but generally speaking the numbers have remained fairly constant since the end of the war. Particular attention is drawn to the reduction in the number of females notified as suffering from respiratory tuberculosis, 169 as against 212 in the previous year. This reduction, while evident throughout the age range, is particularly marked between 15 and 35.

The number of non-respiratory cases has decreased from 135 in 1946 to 57 in 1953. The greatest reduction in non-respiratory notifications has occurred in the glandular and meningeal forms of the disease in children. This reduction in the non-pulmonary cases may be due to a number of factors such as improved nutrition in the early years of life, better milk supplies, a higher standard of living, including better housing, and in a few cases the B.C.G. vaccination of contacts. In addition the early diagnosis of active cases in adults, together with more effective modern methods of treatment, reduces the number of sources of infection. On the other hand such methods of treatment often prolong the life of chronic pulmonary cases with, of course, a longer time in which to disseminate infection. This point of view is mentioned by Dr. E. R. Smith in his report which is quoted below under "Care and after-care."

As regards cases coming to the knowledge of the County Medical Officer otherwise than by notification it is pleasing to observe that the number of persons dying from tuberculosis and who have never been notified, is half what it was in 1946, and this may well be due to better ascertainment, in which Mass Miniature Radiography may have been an important contributary factor.

Table XVI analyses the new cases of tuberculosis in greater detail and divides them into respiratory and non-respiratory (Males and Females), as well as age groups.

TABLE XVI.

NEW CASES OF TUBERCULOSIS REPORTED TO THE AUTHORITY DURING 1953.

Age Periods ..	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	*Total all Ages*
Respiratory—														
Males	3	1	6	7	4	24	29	39	40	47	30	21	2	253
Females.. ..	1	–	9	9	6	19	28	49	23	9	10	6	–	169
Non-respiratory—														
Males	3	–	2	3	5	2	2	2	2	2	–	–	–	23
Females.. ..	3	–	2	5	2	5	4	6	–	1	1	3	2	34
Total ..	10	1	19	24	17	50	63	96	65	59	41	30	4	479

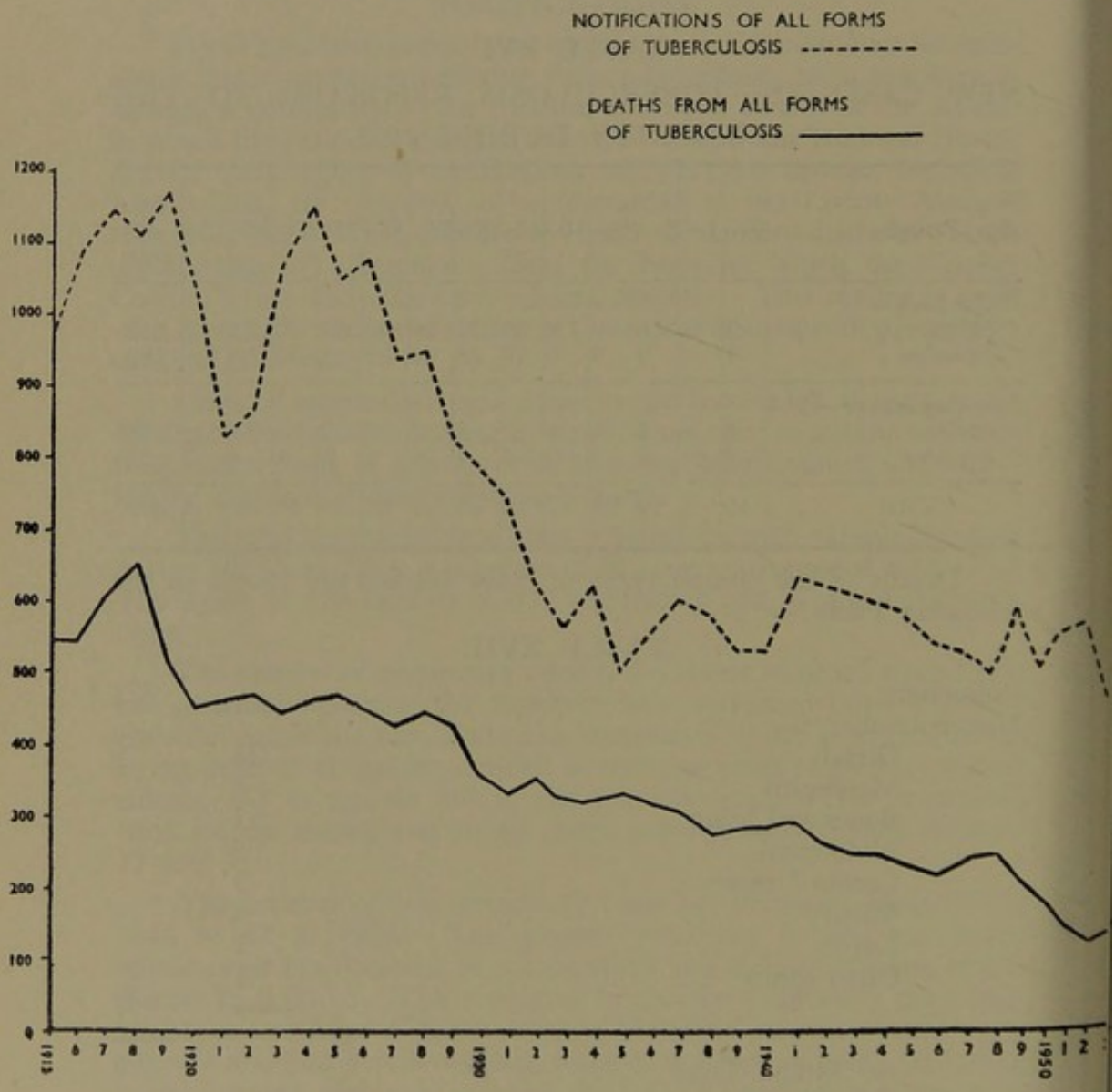
Details of the clinical types of cases notified are shown in the following Table :—

TABLE XVII.

Pulmonary		422
Non-pulmonary :—		
Glands	24	
Meningitis	7	
Bones and Joints	13	
Abdominal	5	
Genito-Urinary	3	
Miliary	3	
Lupus	1	
Other forms	1	
	——	57
Grand Total		479

In the report for 1952, mention was made of the relatively high incidence of the respiratory form of the disease in young children in the age groups "two to five", "five to ten", and "ten to fifteen", as compared with 1951. It was pointed out that part of this increase was due to an outbreak in a school which happily appears to have produced no permanent ill effects. The figures in these age groups for 1953 are

TUBERCULOSIS



less than in 1952, but are still higher than 1951. However, in recent years efforts have been made to protect organised groups of children against the risk of infection by adults suffering from tuberculosis, and where cases of tuberculosis are discovered in schools Mass Miniature Radiography facilities and skin testing have, on the advice of the appropriate Chest Physician, been offered to parents. This has led to the detection of cases in children at what is hoped to be an early stage of the disease and before permanent ill effects have occurred: these steps accounting possibly for the higher figures in the age groups mentioned above. It is pleasing to report that parents have shown in every instance a most enlightened attitude in readily agreeing to their children being examined and radiographed.

DEATHS FROM TUBERCULOSIS.

The number of deaths attributable to tuberculosis occurring in the County, as recorded by the Registrar-General, shows an increase of three respiratory cases, as compared with 1952; the non-respiratory figure, however, remaining the same. The actual numbers of deaths for the last four years are as follows:—

TABLE XVIII.

	1950	1951	1952	1953
Respiratory	154	119	110	113
Non-Respiratory	18	23	12	12
	172	142	122	125

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

	1950	1951	1952	1953
Respiratory	0.22	0.17	0.16	0.16
Non-Respiratory	0.03	0.03	0.02	0.02
Total	0.25	0.20	0.18	0.18

The provisional figure for England and Wales supplied by the Registrar-General for 1953 is 0.20 deaths per thousand of the home population.

Whilst the annual number of new cases of respiratory tuberculosis has remained fairly constant during the last few years the number of deaths has decreased considerably. As regards non-respiratory tuberculosis, however, both the number of new cases and deaths have decreased. In actual fact the number of deaths from all forms of the disease is little more than half what it was in 1946. This reduction reflects, as mentioned previously, a general improvement in social and hygienic conditions and in more modern methods of treatment. The increased consumption of pasteurised milk may have helped to lower the number of deaths in the non-respiratory cases but it is not always realised that at least 70% of the deaths from this form of the disease are due to the human and not the bovine variety.

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

TABLE XIX.

Year	*New Cases*	*Deaths*	*Year*	*New Cases*	*Deaths*
1944 ..	595	245	1949 ..	592	205
1945 ..	581	227	1950 ..	514	172
1946 ..	542	222	1951 ..	547	142
1947 ..	529	242	1952 ..	569	122
1948 ..	513	243	1953 ..	479	125

Attention is also drawn to the graph of notifications and deaths from all forms of tuberculosis given on page 44.

NATIONAL HEALTH SERVICE ACT, 1946.

CARE OF MOTHERS AND YOUNG CHILDREN.

(Section 22).

ANTE-NATAL SCHEME.

Ante-Natal Clinics.

Twenty-two Ante-Natal Clinics are maintained by the Authority: seven in Municipal Boroughs, twelve in Urban Districts and three in Rural Districts. Twenty of the Clinics are conducted by the County Council's Maternity and Child Welfare Medical Officers, and the remaining two by Consultant Obstetricians provided by the Regional Hospital Board. A Health Visitor is in attendance at each Clinic, as well as one or more of the Authority's Domiciliary Midwives. No Clinics are conducted under the Authority's arrangements by General Practitioners on their own premises. Arrangements are made for the collection of blood from all patients, so that A.B.O. group typing and Rh. typing, as well as serum tests for Syphilis, may be performed. All these facilities are available to both married and unmarried mothers.

Details of the Ante-Natal Clinics are set out below :—

ALFRETON	..	County Clinic, Grange Street, Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
ASHBOURNE	..	Maternity Home, Green Road, Each Thursday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
BELPER ..	..	The Cedars, Field Lane, 1st and 3rd Mondays, 9 a.m. to 12.30 p.m.
BOLSOVER	..	County Clinic, Welbeck Road, Each Friday, 9 a.m. to 12.30 p.m.
BUXTON ..	..	Child Welfare Centre, Bridge Street, Buxton. 1st and 3rd Tuesdays, 9 a.m. to 12.30 p.m. and 1.30 p.m. 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 4.30 p.m. Each Friday 2 p.m. to 4.30 p.m. Edmund Street. Each Tuesday, 2 p.m. to 4.30 p.m., 1st, 3rd and 4th Tuesdays, 10 a.m. to 12 noon.
CLAY CROSS ..	County Clinic, High Street. Each Monday, 9 a.m. to 12.30 p.m.
DERBY	County Clinic, Walker Lane. Each Tuesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
DRONFIELD ..	The Grange, 1st and 3rd Friday, 1.30 p.m. to 4 p.m.
ECKINGTON ..	Wesleyan School. 1st and 3rd Thursday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
FRECHEVILLE ..	County Clinic, Fox Lane. 2nd, 4th and 5th Mondays, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
GLOSSOP.. ..	Municipal Buildings. 1st Wednesday, 3.30 p.m. to 4.30 p.m.
HEANOR ..	County Clinic, Wilmot Street. Each Wednesday, 9 a.m. to 12.30 p.m.
ILKESTON ..	County Clinic, Albert Street. Each Monday, 2 p.m. to 4 p.m.
LONG EATON ..	4, Nottingham Road. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
MATLOCK ..	Dean Hill House, Causeway Lane. Each Thursday, 9 a.m. to 12.30 p.m.
RIPLEY	Cottage Hospital. 2nd and 4th Fridays, 1.30 p.m. to 4 p.m.
SHIREBROOK ..	Cliff House, Church Hill. Each Monday, 1.30 p.m. to 4 p.m.
STAVELEY ..	County Clinic, Lime Avenue. 2nd, 4th and 5th Thursdays, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4 p.m.
SWADLINCOTE	County Clinic, Alexandra Road. 2nd and 4th Tuesdays, 9 a.m. to 12.30 p.m.

Owing to the extremely poor attendances at the New Mills Ante-Natal Clinic it was discontinued from 31st August, 1953.

On the other hand, owing to the large attendances, the number of sessions at the Buxton Ante-Natal Clinic was increased from one and a half days a month to two full days a month from 31st August, 1953. The Clinic is now held in the morning and afternoon on the first and third Tuesdays in each month.

The following are the number of sessions and attendances at these Clinics during 1953 :—

Half-day Sessions	1,369
Number of new Cases	4,183
Total number of attendances	16,932
Post-Natal visits	637

The number of new cases attending during the year was slightly lower than for 1952, but the number of post-natal visits shows a small but welcome increase on the previous year.

ROUTINE X-RAY EXAMINATIONS AT ANTE-NATAL CLINICS.

In March of the year under review a recommendation was received from the Consultant in charge of one of the County Ante-Natal Clinics that routine X-Ray of the chest of all maternity cases should be undertaken. Enquiries were made of the Consultant Chest Physician in the South of the County, and also the Medical Director of the Static Mass Miniature Radiographic Unit in Nottingham, whether the facilities at their clinics could be made available. It was decided eventually that cases could not easily attend the ordinary Chest Centres nor the Mass Miniature Radiographic Unit at Nottingham, but through the kindness of the Nottingham No. 2. Hospital Management Committee, it was arranged in August that cases could be X-rayed at the Ilkeston General Hospital. Miss Crystal Bates, the consultant at the Ante-Natal clinic, Ilkeston, has recorded the following remarks on the first year's working :—

> "Our record of chest X-ray cases commenced on the 19th October, 1953. Up to the end of 1953, thirty-two cases reported back after their chests were X-rayed. In none of these did we pick up a T.B. lesion, but we did find one case of chronic bronchitis, one case of bronchiectasis, and several cases of quiescent old lesions.
>
> If the patients, on their first visit, were well advanced in pregnancy, we did not always send them. This will therefore mean that the figures of X-rays do not correspond with the numbers of new patients.
>
> Should there still be a discrepancy in numbers, it will mean that the patients were not X-rayed even if they were given a card and told to go to the hospital."

Enquiry into Virus Infections during Pregnancy.

In 1950, the Ministry of Health asked for the co-operation of Medical Officers of Local Health Authorities in an enquiry which they were conducting into virus infections during pregnancy. The purpose of the enquiry was to compare the risk of congenital defects occurring among children—(*a*) born of women who suffered from Rubella, measles, mumps, chicken-pox, or poliomyelitis, at some time during pregnancy ; and (*b*) born of other women.

The enquiry was conducted forward from the expectant mother to the child, the mother being chosen for follow-up before the child had been born. Two groups of expectant mothers were selected—(*a*) those who on first coming under ante-natal supervision had already had a virus infection during that pregnancy or suffered an attack during the subsequent course of the pregnancy ; and (*b*) a control series selected on first reporting for ante-natal supervision who had not had a virus infection.

The actual selection of cases was completed by December, 1952, but as the last of the pregnancies did not terminate until 1953, the enquiry will proceed until 1955 when all the children selected will have reached the age of two years. A total of eighty cases was selected in this County, i.e., sixty control cases and twenty virus infection cases, out of which there are still forty-two cases in process of being followed-up.

Arrangements for selecting women whose confinement in Hospital is recommended on medical or social grounds.

The provision of Hospital accommodation for maternity cases is the responsibility of Regional Hospital Boards. To facilitate the administrative arrangements concerning the large number of patients desiring hospital or maternity home accommodation, Bed Bureaux have been set up at Chesterfield and Derby by the Sheffield Regional Hospital Board. Forms of application for admission are now available at the Authority's ante-natal clinics, and these are passed to the respective Bed Bureaux.

Where admission to a hospital bed is recommended on medical grounds, this is sufficient to ensure invariably that a bed is made available, providing arrangements are not left until the last moment. In most cases, however, applications are based on social need, and such cases are referred to this authority for a report on the home circumstances. In the light of that report, which is made after a visit to the patient's home by one of the Health Visitors, a recommendation is made as to the necessity for a Hospital or Maternity Home bed.

In practice the scheme has worked smoothly and no changes are envisaged at the present time.

The following is an analysis of cases visited by Health Visitors for a report on the home circumstances :—

DERBY BED BUREAU

Suitable for home confinement	10
Hospital accommodation desirable but not essential	39
Home conditions unsuitable and hospital confinement necessary	335
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	6

CHESTERFIELD BED BUREAU

Suitable for home confinement	48
Hospital accommodation desirable but not essential	151
Home conditions unsuitable and hospital confinement necessary	696
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	3

OTHER HOSPITALS OUTSIDE THE AREAS OF THE DERBY AND CHESTERFIELD BED BUREAUX

Suitable for home confinement	5
Hospital accommodation desirable but not essential	25
Home conditions unsuitable and hospital confinement necessary	218
Miscellaneous visits (i.e. cancellations, miscarriages, removals from district, etc.)	3

CHILD WELFARE CENTRES.

During 1953, no new Infant Welfare Centres were opened. The Centre previously held at the Congregational Assembly Rooms, Riddings, was closed on the 19th March, 1953, in view of the low average attendance combined with the fact that there are two other Centres within three miles of Riddings.

The number of sessions and attendances at the County Council Infant Welfare Centres during 1953 are set out below :—

Half-day Sessions	3,976
Number of new cases under one year of age	6,270

Number of children who attended during the year and who were born in :—

1953	5,445
1952	4,576
1951-48	4,155
Total number of children who attended during the year	14,176

Number of attendances made by children who, at the date of attendance, were :—

Under one year	73,872
One but under two	18,580
Two but under five	12,476
Total attendances during the year	104,928

CARE OF PREMATURE INFANTS.

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

Local Health Authorities are required by the Ministry of Health to provide statistics about premature babies. Since the inception of the National Health Service information has been obtained from hospitals regarding premature births and the survival of premature infants in hospitals, and from Local Health Authorities in respect of births at home or in private Nursing Homes, together with information from both sources in respect of infants admitted to hospital after birth elsewhere. It was found by the Ministry of Health that this dual source of information gave rise to considerable inaccuracies and discrepancies in the returns, and as a consequence it was considered appropriate for the local Health Authority, as the Authority ultimately responsible for the care of all infants in its area, whether born at home or in hospital, to assume responsibility for the collection and transmission of information in respect of all premature infants. Accordingly, from the beginning of 1953, the statistics provided by the Local Health Authority relate to hospital births as well as domiciliary and nursing home births, thus constituting a complete record of the occurrence of each premature birth (live and still) and of the survival of premature infants in the area of the Local Health Authority.

Statistics for the year 1953 are set out below :—

Number of premature live births notified (as adjusted by transfer notifications) :—

(*a*)	In hospital	474
(*b*)	At home	231
(*c*)	In private Nursing Homes	39
	Total	744

Number of premature stillbirths notified (as adjusted by transfer notifications) :—

(*a*)	In hospital	84
(*b*)	At home	21
(*c*)	In private Nursing Homes	1
	Total	106

Of the 474 premature live births who were born in hospital, forty-six died within twenty-four hours of birth and 393 survived twenty-eight days.

Of the 231 born at home, fifty-five were transferred to hospital on or before the twenty-eighth day, and of the remainder eight died within twenty-four hours of birth and 164 survived twenty-eight days.

Of the thirty-nine born in Private Nursing Homes, two died within twenty-four hours of birth and thirty-five 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.

Supply of Dried Milks, etc.

Arrangements have been made with the Ministry of Food by which the Government Welfare Foods, for which they are responsible for arranging distribution, might be distributed at the Council's Infant Welfare Centres provided they are issued at times when the premises have been rented for Infant Welfare Centre purposes. If, however, the day and time of the Infant Welfare Centre does not coincide, it is the responsibility of the Ministry of Food to make their own arrangements, as it will be appreciated that the large majority of premises used as Infant Welfare Centres are rented on a sessional basis and not owned by the County Council.

The County Council also supplies certain other preparations which are sold at cost price. The range of preparations sold varied in different parts of the County, and during 1953 an enquiry was started whereby the opinions were sought of all the Maternity and Child Welfare Medical Officers and the Health Visitors, as to what should constitute a restricted list of preparations which could be applied at all County Clinics. Meetings were held with Health Visitors and Doctors during the year, and as a result a list of preparations was selected which produced the greatest measure of agreement, not only amongst the Health Visitors but also the Medical staff. The list was as follows :—

Virol.
Virolax.
Maltoline with Iron.
Cod Liver Oil Emulsion with Hypophosphites.
Colact.
Rose Hip Syrup.
Adexolin in liquid form.

At the end of the year this list had not been put into operation, but it was expected it would be applied during the early part of 1954.

DENTAL CARE.

The arrangements for dental care of expectant and nursing mothers have remained substantially unchanged from previous years. The scheme for expectant and nursing mothers and pre-school children is set out in the following paragraphs, together with the report from the Chief Dental Officer.

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. and 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 Chief Dental Officer, has provided the following report :—

Expectant and Nursing Mothers.

Little was done in this section of the Dental Service. Lack of staff, numerous clinics unstaffed and those in commission only worked on a part-time basis to provide skeleton services for the school children, prevented clinical facilities being available to deal with expectant mothers. In the circumstances they were advised to seek treatment under the National Health Service Scheme.

The following figures (with those for 1952 in parentheses) show details of the work done :—

Total attendances	25	(31)
Number examined	16	(13)
Number treated	15	(14)
Number made dentally fit	7	(1)
Number of fillings	7	(Nil.)
Number of extractions	16	(34)
Number of General Anaesthetics Administered	6	(11)
Number of other operations	15	(6)
Number of dentures supplied	Nil.	(2)

A general anaesthetic is given only if the ante-natal doctor certifies that the patient is in a fit state, and is administered by one of the school medical officers ; otherwise local anaesthetics are given.

Denture work is carried out in a private workshop to the specifications of the dental officers.

Pre-School Children.

The majority of the pre-school children who attended the clinics did so on the initiative of their parents. Some were referred as the result of visits to the Infant Welfare Centres, others by the School Medical Officers and Health Visitors in the course of their routine school and home visits, and a few from the various Children's Homes and Day Nurseries received attention as the result of the inspections made at these institutions every six months.

The majority of the children were treated for the relief of pain and in over 400 instances it was necessary to administer general anaesthetics for multiple extractions. Only a very small amount of conservative treatment was carried out and that at the special request of parents. Other operations consisted chiefly of applications of silver nitrate to arrest incipient caries. Much advice was given on oral hygiene and diet.

The following table gives details of the work done compared with that for 1952 in parentheses :—

Total attendances	1,213	(1,316)
Number treated	790	(937)
Number made dentally fit	164	(129)
Number of fillings	40	(79)
Number of extractions	1,282	(1,248)
Number of general anaesthetics administered	427	(469)
Other Operations—		
Silver nitrate treatment	558	(802)
Dressings	79	(102)
Miscellaneous	4	(10)
Total	641	(914)

ILLEGITIMATE CHILDREN — YEAR 1953.

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

TABLE XX.

1.	The number of illegitimate births known to the Welfare Authority for the period 1/1/53 to 31/12/53	129
	Number of unmarried Mothers	129
2.	The number in which the mother and child :—	
	(*a*) Returned to live with mother's parents	58
	(Of these two attended a Day Nursery in the County).	
	(*b*) Returned to live with other relatives	5
	(*c*) Found or were helped to find lodgings where they could live together	24
	(Of these, one attended a Day Nursery in the County, and sixteen were accommodated in Newholme, Bakewell (Part III accommodation), and five in Borrowash House Mother and Baby Home).	
	(*d*) Had to separate, the child going to a Children's Home	2
3.	The number of illegitimate children who had been or were being legally adopted	28
4.	The number of mothers who have married since the birth of the child	5
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him	6
6.	The number of illegitimate children who have died during the year	1
	(This child died on the 2nd day whilst still in Hospital).	

During the year twenty unmarried mothers included in the total of 129 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. Twenty-six 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.

Reports from the Assistant Maternity and Child Welfare Medical Officers were included in this part of the Annual Report for the first time in 1952. This year again I wrote to the Assistant Maternity and Child Welfare Medical Officers in the following terms :—

"As in previous years I am asking Maternity and Child Welfare Medical Officers on the staff of my Department to submit reports on their work during the past year.

Medical Officers should report on the whole field of their work, particularly the following :—

(1) General health and nutrition of the children, including the level of mothercraft observed among the mothers attending Infant Welfare Centres in the area.
(2) Cleanliness and communicable diseases.
(3) The Diphtheria Immunisation Scheme.
(4) The integration of the Local Authority's Health Services with other Health Services provided under the National Health Service Act, particularly at Ante-Natal Clinics, where comment would be welcomed on the extent of co-operation with general practitioners, hospital services and other sections of the Council's Health Services such as Health Visitors, Home Nurses, Midwives and Home Helps.
(5) The effects of the new Maternity Benefits (Maternity Grant, Home Confinement Grant and Maternity Allowance) on the Service, including the proportion of domiciliary and hospital confinements.

Apart from the above, special comment on aspects in which Medical Officers are particularly interested would be welcomed. The following are examples :—

(*a*) Observations on the premature baby.
(*b*) The incidence of breast feeding.
(*c*) The early detection of special physical defects—blindness, aphasia, deafness, epilepsy, etc.
(*d*) The early detection of mental defects.
(*e*) Minor orthopaedic defects, e.g., flat feet, knock knee, etc., in the two to five age group.
(*f*) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.
(*g*) Problem families and evidence of child neglect.
(*h*) Accidents at play and in the home.
(*i*) In the case of Ante-Natal Clinics, observations on relaxation and post-natal exercises where these have been advised.

It will be helpful if your report is written in a form suitable for inclusion in my Annual Report, and I should like to receive it not later than the 15th April, 1954."

DR. D. M. JACKSON.

"Nearly all the mothers attending Infant Welfare Centres have attained a very high standard of mothercraft, except with regard to feeding methods in the early months, and in this field too few babies are breast-fed and too many bottle babies are overfed.

There is a distinct rise in the proportion of breast-fed babies attending Clinics within the last year except in those areas which have no Health Visitor for routine visiting of "new babies" and here bottle-feeding is the rule rather than the exception.

I would suggest that a greater degree of success in the promotion of breast feeding may be related to an improvement in housing conditions, as the strain and anxiety of "keeping baby quiet" in rooms or in a shared house is undoubtedly a frequent cause of breakdown in natural feeding with ultimate resort to the bottle.

Babies and toddlers attending Infant Welfare Centres are almost invariably clean and well-clad, even the problem family being usually presented in a newly washed and mended state. If this is not so on the first attendance, a gradual smartening up may be expected if attendances are maintained.

Diphtheria immunisation is generally accepted but a smaller proportion of babies are now done in the Clinic, more being taken to the family Doctor for immunisation against Whooping Cough at the same time.

Co-operation within the County Health Service is in most districts complete, in that the Clinic Staff—Midwife, Health Visitor and Doctor—work together as a team in the Ante-natal Clinic and exchange news and information on the follow-up of mother and baby in all cases of interest or difficulty.

General Practitioners' co-operation varies with the amount of personal contact between them and the members of the Clinic Staff whether it be professional, social, or both. A single 'phone call or a couple of letters concerning one particular patient may not only convince the General Practitioner that we have no wish to intrude on his territory, but also inform us that here is a Doctor who is quite ready to co-operate if given the opportunity.

The machinery for allocation of nursing-home beds is, in my opinion, the least effective part of the combined services. From the number and type of cases accepted, many without any enquiry into home conditions, it is evident that there are far more beds available in the County than there are mothers in actual need of Maternity Home accommodation.

It would seem to involve less work for shorthanded and already overworked Health Visitors, and considerably less cost to the community, if we could be kept informed of the number of beds available in each Maternity Home for the ensuing months, and visiting of applicants carried out only when the margin of safety from over-booking becomes narrowed.

Alternatively a separate classification might be adopted for those patients who on their own statements have every facility for home confinement. Nothing further can be learned by visiting these houses and if their bookings could be deferred until about the thirtieth week, some proportion would still accept Nursing Home accommodation in spite of provisional arrangements for home confinement.

It is, I think, impossible to estimate the effects of the financial inducement on the proportion of domiciliary and hospital confinements, but the tendency is unfortunate in that it costs fully £3 to organise the household and make all arrangements for having a first baby at home, whereas the multipara can save money by staying at home to keep an eye on her existing family and then gains £3 as well. Hence the primipara who would be better at home under the care of the County Midwife with her own Doctor on call or in attendance goes away, and the multipara who is subject to a far higher morbidity rate and who would in any case benefit by complete rest, stays at home.

I have recently been observing press reports of street accidents involving young children and also taking particular notice in driving around the County, of the ease with which toddlers if so minded, can evade the control of their mothers in busy streets or on trunk roads. Most of the fatalities due to these little ones running into the road could be prevented by the regular use of a toddling rein consisting of washable canvas or knitted harness, the reins of which can be slipped over the mother's arm, giving the child freedom to walk or run without risk of falling, of dislocations around shoulder or elbow and without any possibility of a sudden dash from shop or pavement into the traffic. I should be glad to see a suitable pattern sponsored and recommended by the Infant Welfare Centres."

DR. G. I. L. KELLY.

"*Infant Welfare Centres.*

The general health and nutrition of the children attending Infant Welfare Centres is good, and there is a very high standard of mothercraft.

I have noted no cases of impetigo, scabies, or other communicable diseases.

The diphtheria immunisation scheme is well supported, mainly because it is well publicised, both by posters, and, verbally, by Health Visitors and Doctors. I was surprised to note, however, how few mothers had had their children vaccinated. They seemed ignorant of the reason for vaccination, and of when it should be carried out. There were many requests for immunisation against Whooping Cough, at the same time as for that against diphtheria.

Breast feeding has been advocated strongly, and some mothers are generously anxious to carry this out. Unfortunately, there are still too many who resort to artificial feeding, in the first weeks of the infant's life, without giving breast feeding a fair trial.

In my three months attendance at Infant Welfare Centres, I have come across one case, in which a child of three consumed a quantity, estimated roughly at about fifteen, of fersolate tablets, while his mother was out of the room for a period of three minutes. She administered an emetic immediately, and there were no ill effects. When fersolate tablets are dispensed at the Ante-Natal Clinics, it is always emphasised that they should be kept out of reach of children, and, indeed, this is often printed on the envelope. Accidents do continue to occur, however, despite all reasonable precautions.

Ante Natal Clinics.

Generally speaking there is satisfactory co-operation between general practitioners, hospital services, and the other sections of the County Council's Health Services.

I do not think that the new Maternity benefit has affected the proportion of home, to hospital, confinements, Primipara still continue to request hospital confinement, despite adequate home facilities ; while, on the other hand, it is sometimes very difficult to dissuade the high multipara, who would benefit from Hospital confinement, from remaining at home."

DR. M. A. PRETORIUS.

"The general health and nutrition of children and mothers attending the Infant Welfare Centres and Ante-Natal Clinics is good.

The incidence of communicable disease is low, and the standard of mothercraft high. It is gratifying to notice a slight increase in the number of breast-fed babies.

In most of my areas the figures for Diphtheria Immunisations have dropped. This is almost certainly due to the fact that mothers are anxious to have their babies immunised against Whooping Cough at the same time.

The proportion of mothers applying for hospital accommodation is still high. The number of domiciliary cases may be increased with the improvement of the Home Help Service. There are now more General Practitioners undertaking Midwifery and, of course, their patients do not always attend the County Council Clinics, except where they are specifically sent to have blood samples taken.

The progress of premature babies is closely supervised by the Health Visitors and generally these infants do very well and soon catch up with the normal baby.

There are very few cases these days of true child neglect, and these, as well as cases of malnutrition, quickly respond to advice and help with adquate supervision.

I personally feel that the number of post-natal visits to our clinics is far too small. I ask all the midwives to urge their patients to attend for an examination. Post natal exercises are recommended to each patient, but of course, unless they attend at the clinics the majority miss this instruction."

DR. C. M. WHITE.

"The general health and cleanliness of infants attending the Infant Welfare Centres is very good and attendances regular.

The Diphtheria Immunisation Scheme has not been as popular with the mothers recently as in former years, and numbers have fallen off. This is probably due to the fact that diphtheria is seen so rarely nowadays. Whooping Cough, however, is very prevalent, and mothers frequently ask for immunisation against it and often appear disappointed to learn that only anti-diphtheritic measures are employed. The importance of vaccination is stressed, but it is not always easy to convince the mothers of the necessity to have their infants vaccinated.

Midwives now work on a rota system at most of the Ante-Natal Clinics, a scheme particularly recommended by the Ministry of Health. A big proportion of Ante-Natal patients attending the Clinics still seek hospital confinement, but the number may appear large because comparatively few patients attend who wish for domiciliary confinement, these attending Ante-Natal Clinics run by their own doctor.

Breast feeding is not as widely employed as one could wish and often seems to vary with the district. Every effort is made to encourage it and now that Colact is obtainable at clinics it is hoped that this will help.

Slight cases of *squint* seem to be on the increase and these are always referred to the Eye Clinic no matter how young the baby.

Gross abnormalities are practically never met with at Infant Welfare Centres—on the other hand minor orthopaedic defects such as flat feet or knock knee are frequent.

Bronchitis seems to bear a definite relationship with poor housing and bronchitic infants are frequently found to live in unsuitable surroundings.

Medical Officers at Infant Welfare Centres do not come in contact with problem families as a rule, as unfortunately these people cannot be persuaded to attend."

NURSERY PROVISION FOR CHILDREN UNDER FIVE.

During 1953 no major changes took place at the Authority's Day Nurseries, which continued to operate satisfactorily at Chaddesden, Glossop, Ilkeston (Station Road and Whitworth Road), and Long Eaton.

Provision of New Nurseries.

In January of the year under review, the County Health Committee resolved that the County Planning Officer be asked to reserve a site at Willowcroft Road, Spondon after he had approved in principle the site for use for this purpose, subject to the submission of detailed plans. In the case of Glossop, a site has also been reserved on the Royle Estate with the approval of the Planning Department.

In my Annual Report for 1950, I explained the reasons why the Ministry of Health were unable to approve of new nursery provision at Glossop. The County Health Committee felt, however, that it was advisable to reserve a site on the Royle Estate with the approval of the Planning Department, in case the Ministry might subsequently change its mind in the light of altered employment conditions.

Early in 1954 a further request was made to the Ministry for approval to proceed with the project.

Nursery Student Training

The Day Nurseries take part in the training of Nursery Students as they provide a valuable source of candidates for the nursing profession as a whole. During the year twelve students completed their two-year course of training and all were successful in gaining the Certificate of the National Nursery Examination Board.

The Students from Chaddesden receive courses of Further Education in Derby and attend for this purpose on two days a week. While in the Nursery they are, of course, continuously under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health have laid down that Students in training shall not rank as full members of the staff, but three Student places shall be regarded as equivalent to one full-time member.

Similarly at Glossop, Students attend a course of Further Education at Stockport. At Ilkeston and Long Eaton, arrangements have been made with the City of Nottingham Authority for Students to be admitted to the course administered by the Corporation.

Charges to Parents

As mentioned in my last Annual Report, it was decided at the end of 1952 that an increased charge should be made for children in Day Nurseries. As from 1st February, 1953, it was decided to increase the standard charge to 5/- per day, and that this be reviewed in July.

Provision was made for application in cases of hardship or where more than one child of a family attends a Nursery for a reduction in the assessed charge, with a proviso in both instances, however, that the minimum charge was to be not less than three shillings per day per child.

The scale decided by the Committee was as follows :—

	Net weekly earnings.	*Charge per day*
	£ s. d.	£ s. d.	s. d.
Not exceeding.. ..		6 10 0	3 0
	6 10 1 to	7 0 0	3 6
	7 0 1 to	7 10 0	4 0
	7 10 1 to	8 0 0	4 6
exceeding		8 0 0	5 0

("Net earnings" to be defined as the amount actually drawn in wages, i.e., gross wages less national health insurance, income tax and superannuation. Deductions such as meals, holiday club and savings to be added back.

Where the "net earnings" are less than £9 per week, the charge for a second child to be one shilling per day less than the assessed charge for the first, subject to 3/- per day minimum for each child).

As mentioned above, a report was submitted to the County Health Committee in July, 1953, when it was resolved that the increased charges should be continued and that the Chairman and Vice-Chairman be authorised to deal with any case of hardship.

Medical and Dental Inspection

Medical inspections are arranged on a monthly basis at Day Nurseries, an Assistant Maternity and Child Welfare Medical Officer or School Medical Officer having a particular Nursery or Nurseries in his/her care. Reports have been uniformly satisfactory. Special visits are made from time to time by medical members of the Central Office staff. Dental Inspections are the special duty of the Chief Dental Officer who reported that dental conditions were generally good but that there appeared to be slight deterioration setting in, a few children being found to have extensive caries.

Protection of Children from Tuberculosis

Group X-ray examinations of the chest were carried out on all the staff of the 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 the 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

Chaddesden Day Nursery

The average number of children on the register throughout the year was 43, and the average daily attendance, 35.35. The number of children on the waiting list on 31st December, 1953 was 22. During the year 36 children left the Nursery and 42 were admitted.

The Matron, in her report, stated that she thought the considerable drop in the number of children on the waiting list was due to the increased nursery fees. With only one exception, all the mothers worked in full-time posts, as there was very little financial gain if they only worked part-time.

Priority was always given to children of widows, unmarried mothers, and separated parents, and wherever possible sympathetic consideration was given to the admission, for short periods, of children whose mothers were not well enough to care for them. The majority of children admitted during the year were in the 0–2 age group.

The attendances at the Nursery were excellent, apart from the usual drop during the summer holidays.

Apart from eight cases of measles during an epidemic in January, 1953, the Matron stated that good food, plenty of fresh air, outdoor activities, regular rest, daily cod liver oil and orange juice, and a happy atmosphere, had played a great part in maintaining the good health of the children. Very few children had suffered from the common cold. During the year sixteen children were immunised against diphtheria, and two children brought to the notice of the visiting Doctor, were fitted with spectacles to correct squint.

All the nursery equipment was in good order, and all requested repairs were promptly dealt with. A great improvement was noticed in the hot water supply when the old corroded iron pipes were replaced by copper piping.

The Matron remarked upon the appreciation shown by the mothers for the care and attention given to their children, and the efficiency of her staff.

The Matron greatly appreciated the interest shown by all visiting members of the County Health Committee in the welfare of the children and staff. Their visits had been enjoyable and all the staff looked forward to further visits in 1954.

Long Eaton Day Nursery

The average number of children on the register during the year under review was 55, and the average daily attendance was 40.5. There were 171 children on the waiting list on 31st December, 1953. During the year 51 children left the nursery and 53 were admitted.

The Matron stated that the Nursery continued to be useful to parents who for one reason or another had to leave their children while they went to work. The Matron gave priority of admission to the most needy cases, which included unmarried mothers, widows, mothers separated from husbands, fathers left with small children, and the father with an invalid wife. There were also cases where the family lived in one or two rooms with no garden or yard where young children could play or babies be put out for fresh air.

The attendances during the year had not been as good as in 1952. Children were kept at home more readily for one or two days a week and this was particularly noticeable since the increase of the daily charge. Children were also absent during school holidays when the older children were able to look after the younger ones.

During the year there were 17 cases of measles, 6 cases of mumps, 1 of german measles, 5 of whooping cough and 1 of scarlet fever. In each case the bed linen was washed and boiled, blankets washed and disinfected and hung in the open air to dry, and all utensils used for the child were sterilised.

The Matron was pleased to welcome members of the County Health Committee and felt they took a keen interest in the comfort of the children and the general welfare of the Nursery.

Station Road Day Nursery, Ilkeston

This is the smallest of the County Day Nurseries, and has accommodation for 35 children. The average number of children on the register during the year was 30, the average attendance being 20.6. During the year 47 children left the Nursery and 43 were admitted. There were 10 children on the waiting list at the end of the year.

The Matron stated that the attendances during the year were reasonably good except during holiday periods, when older children looked after the little ones, and the early months of the year, when colds were prevalent.

The only infectious illness was 12 cases of measles, when the usual precautions and preventive measures were taken.

The Matron stated that during the year the Nursery had shown an instability in numbers owing to the increased charges, but there were signs that people were prepared to accept the 5/- per day fee and mothers now making application said they would be able to afford it. Although the attendances showed a decided drop at the beginning of the year, there was a definite increase in both numbers and attendances during the later months.

During the year the Matron was pleased to receive a number of sturdy toys for indoor and outdoor play, and a new cover for the sand pit was fitted. The garden showed improvement under the care of the part-time Gardener.

Towards the end of the year a boiler house was built in preparation for the central heating which has since been installed.

The Matron felt that the visits of the members of the Committee were invaluable inasmuch as they gave a direct link with the County Health Committee as a whole.

Whitworth Road Day Nursery, Ilkeston

The average number of children on the register during the year was 53, and the average daily attendance, 32. During the year 78 children left the Nursery and 75 were admitted.

The Matron stated that the Nursery was being used as a Social Service in its widest sense, serving a good cross section of the community—the mothers mainly working in hosiery and engineering, with a minority nursing and teaching.

As a result of the increased charge to 5/- a day, 18 children left the Nursery during February, but after the parents had had time to become accustomed to the increase, a number were re-admitted.

The Matron reported that they had had a splendid year from the health point of view with no epidemics affecting the Nursery and only a few children absent with german measles and one with chicken pox. The usual precautions were taken in these cases ; the blankets, pillows and mattresses were all stoved and the Nurseries fumigated.

The Matron was grateful for the small Hoover Washing Machine which was provided during the year. The laundry expenses had been reduced by over £30 and the only laundry sent outside was overalls. The fixing of a door in the children's bath-room had made a great improvement and given more privacy to the children. The paddling pool, which was completed at the end of the summer, was greatly appreciated by the children.

The garden was improved during the year with the co-operation of the parents, staff and gardener. The children planted spring bulbs and the parents and staff supplied roses and plants for a summer show. The vegetable garden was found to be a great advantage.

The Matron was pleased to receive the County Health Committee visitors, and remarked on the interest taken in the Nursery, children and staff.

Whitfield Day Nursery, Glossop

During 1953, the average number of children on the register was 52, the average daily attendance being 43. The waiting list at the end of the year totalled 64. During the year 36 children left the Nursery and 37 were admitted.

The Matron remarked that she was confident that there was a real need for the Nursery in Glossop where a large number of mothers had always worked. The children attended regularly except for odd days when their fathers changed over to day duty after night work. There was a great demand for places for children under two years, but vacancies only occurred when children were admitted to day school or the mothers left work for a confinement or illness. The waiting list was reduced in 1953, most of the children being taken off the list because they were of school age.

The daily attendance was reduced in January and February owing to an epidemic of measles, and in July quite a number were absent because of chicken pox.

Regarding the welfare of the Nursery, the Matron remarked that there was a good supply of everything necessary to maintain well-fed healthy children, and the County Health Authority's regard for the maintenance of supplies of food and materials needed for the smooth running of the Nursery was appreciated.

The Matron found the visits of the members of the County Health Committee of great help and encouragement to herself and staff.

MIDWIFERY SERVICE
(Section 23)

General arrangements for the Service

The County Council in July, 1948, became the responsible Authority for providing a domiciliary Midwifery Service for the whole of the Administrative County, including Chesterfield. The Area Medical Officer, assisted by one non-medical Supervisor of Midwives,

supervises the Midwifery Service in Chesterfield Borough, under the general direction of the County Medical Officer. The remainder of the County is administered from the central office in Derby, and the County Medical Officer is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Assistant Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternity and Child Welfare Medical Officers, as well as the non-medical Supervisors of Midwives—again, of course, under the direction of the County Medical Officer.

Regarding the midwives employed by the County Council, it has not been possible in all areas to divorce Midwifery completely from Home Nursing. This is partly due to the qualifications and grading of nurses transferred from Nursing Associations in 1948 and partly to the fact that in sparsely populated areas it results in the area to be covered becoming unwieldy. The travelling would then be excessive, bearing in mind the number of cases a Midwife is expected to attend. The divorce of Midwifery from Home Nursing is a desirable aim, but I do not think that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table :

	Number of midwives on the staff at the end of					
	1948	1949	1950	1951	1952	1953
County Midwives ..	83	79	83	83	73	71
Home Nurse-Midwives	44	43	38	37	35	35

In the light of the falling birth-rate and the increasing proportion of confinements taking place in hospital, it has been decided as a matter of policy that when vacancies arise careful consideration be given to the need for further appointments, if future redundancy of staff is to be averted. In some parts it has been found that by combining a number of small areas into one large area, economy of nursing staff has been effected as well as administrative arrangements simplified. A small area on the Sheffield boundary in which Home Nurse-Midwives were employed, was considered at the end of the year under review to warrant merging with the larger area surrounding it with a view to providing separate Midwifery and Home Nursing Services. This merger came into operation on 1st January, 1954.

In order to enable the domiciliary midwives to make the best use of their time and also to transport equipment, including Analgesia apparatus, to their patients, the Authority agreed to grant travelling allowances to Midwives for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to Midwives wishing to obtain loans for this purpose. At the time of writing this Report 65 Midwives out of a total of 71 are using motor cars.

Uniform

All Midwives on the staff are provided with the official uniform recommended by the Central Midwives Board.

Housing

It is a rule of the Authority that a Nurse should live in the area for which she is primarily responsible, in order that she may be readily available when called upon. Difficulty has occasionally been encountered in the past by Nurses in securing accommodation in some areas, although a number of Local Sanitary Authorities have been extremely helpful in letting houses either direct to the County Council for occupation by a Midwife, or alternatively direct to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

General

The following Table sets out certain relevant figures regarding the Midwifery Service for the years 1948 to 1953 :—

	1948	1949	1950	1951	1952	1953
Number of cases attended by Midwives employed by the Authority :						
(i) As Midwives .. ..†	1,835	3,925	3,808	3,264	2,918	2,938
(ii) As Maternity Nurses ..†	562	1,676	1,488	1,609	1,561	1,510
Total ..	2,397	5,601	5,296	4,873	4,479	4,448
Number of cases in which Gas and Air was administered	1,344	1,942	2,311	2,167	2,192	2,501
Number of cases in which Pethidine was administered :—						
(i) When acting as a Midwife..	—	—	—	241	579	900
(ii) When acting as a Maternity Nurse	—	—	—	613	598	488

† These figures relate to the period 5th July to the 31st December.

Midwifery Service

The areas covered by County Midwives and Home Nurse-Midwives have been 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 a minimum of fourteen days during the lying-in period.

At the end of 1953 there were 203 Midwives on the County Roll —seven were Midwives in independent practice ; five were Midwives working in private Nursing Homes ; eighty-five were Midwives working in Regional Hospital Board Hospitals and Maternity Homes ; and seventy-one were County Midwives and thirty-five 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	106
Employed in Homes and Hospitals in the National Health Service	69
Employed in Nursing Homes or in Maternity Homes and Hospitals not in the National Health Service ..	5

The number of cases where gas and air analgesia was administered by Midwives in domiciliary practice during the year 1953 was 2,501.

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.

At the end of the year 1953 all the 106 Midwives and Home Nurse-Midwives on the staff of the Department were trained in the administration of Gas and Air Analgesia and were in possession of sets of apparatus.

As a consequence of the authority contained in Statutory Instrument No. 380 of 1950, the Dangerous Drugs Regulations, 1950, authorising 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, all Midwives were issued with Dangerous Drugs Books, and arrangements were made for the issue of pethidine from the Central Office. The number of cases in which pethidine was administered since these Regulations came into force are set out below :—

1951	854
1952	1,177
1953	1,399

Refresher Courses

The County Council's proposals under Section 23 of the National Health Service Act provided for sending Midwives on Post Certificate Courses at suitable intervals. Actually seven Midwives are sent annually to Courses arranged by the Royal College of Midwives, fees and travelling expenses being paid by the Authority. In addition, the Supervisors of Midwives attend in rotation the annual post-certificate courses conducted by the Association of Supervisors of Midwives.

Training of Pupil Midwives

Arrangements were made with the Sheffield Regional Hospital Board for the training of Pupil Midwives in the Chesterfield area. The arrangements provided for the Regional Hospital Board paying: (1) the pupil Midwives' salaries; and (2) £2 2s. 0d. per week to the Midwife for providing board and lodging for each pupil; while the County Council pays £20 per annum to the Midwifery Teacher.

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.

The Health Visitors are primarily teachers and advisers, and their ideal is to become trusted friends of each family in their area. Thirty-five thousand families were visited in the current year, which must have involved giving advice on a wide variety of problems. Apart from the weighing of babies, and the treatment of minor ailments, which fortunately are now only rare, they do very little practical nursing work as their time these days is taken up to an increasing extent with individual or group teaching. While the work a Health Visitor is called upon to do is generally in the realm of health education, and, therefore, its effects are not so immediate or so spectacular as practical nursing, taking the long term view it may be of more significance to the public health.

Before a candidate can embark on a course to qualify as a Health Visitor she has to have nursing as well as midwifery qualifications and this makes the overall training long. The dearth of applicants for health visiting posts suggests that the salary offered is not sufficiently attractive as compared with other nursing and midwifery posts for which the training is shorter. I think there is a good case for reviewing the training to see whether it could be dove-tailed with the nursing and midwifery parts, and in the light of that, what salary should be offered. These are matters which should, of course, be considered at the national level.

Unquestionably, the Health Visitor's advice on health education would be more likely to be accepted by the general public if she also carried out a measure of practical nursing in the homes of the people.

There is still a national shortage of Health Visitors, and it has not been possible to obtain the number required in this County; actually at the end of 1938 only 50 Health Visitors were employed in an establishment of 68.

TABLE XXI

MATERNITY AND CHILD WELFARE.

1.	Ante-Natal Clinics—		
	Number of sessions		1,369
	New Cases		4,183
	Ante-Natal attendances		16,932
	Post-Natal attendances		637
2.	Visits to Homes—		
	Number of children under five years of age visited during year		42,599
	Expectant mothers :—		
	First visits		2,469
	Total visits		3,360
	Children under 1 year of age :—		
	First visits		9,557
	Total visits		28,319
	Children age 1 and under 2 years :—		
	Total visits		17,217
	Children age 2 but under 5 years :—		
	Total visits		32,233
	Tuberculous Households :—		
	Total visits		3,603
	Other cases :—		
	Total visits		4,626
	Total number of families or households visited by Health Visitors		35,584
3.	Infant Welfare Centres :—		
	Number of sessions		3,976
	Number of new cases :—		
	Under 1 year of age		6,370
	Number of children who attended during the year and who were born in :—		
	1953	5,445	
	1952	4,576	
	1951-48	4,155	
	Total number of children who attended during the year		14,176
	Number of attendances made by children who, at the date of attendance, were :—		
	Under 1 year ..	73,872	
	1 but under 2 ..	18,580	
	2 but under 5 ..	12,476	
	Total attendances during the year		104,928
4.	Mothercraft—Number of Lectures		52

TABLE XXII

	1948 *See below	1949	1950	1951	1952	1953
NUMBER OF NOTIFIED BIRTHS.						
Live Births	11,496	11,589	11,044	10,619	10,387	11,039
Still Births	268	263	251	227	236	233
Total Births	11,764	11,852	11,295	10,846	10,623	11,272
DOMICILIARY MIDWIFERY.						
L.H.A. Midwives—Number of cases attended						
as Midwives	3,670	3,925	3,808	3,264	2,918	2,938
as Maternity Nurses	1,124	1,676	1,488	1,609	1,561	1,510
Total ..	4,794	5,601	5,296	4,873	4,479	4,448
Midwives in private practice, number of cases attended:						
as Midwives	226	147	50	30	17	2
as Maternity Nurses	94	43	34	28	22	20
Total ..	320	190	84	58	39	22
Domiciliary Cases—Grand Total	5,114	5,791	5,380	4,931	4,518	4,470

Number of Domiciliary Cases attended as a percentage of all notified births	43.47	48.8	47.6	45.5	42.5	39.65
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	2,192	2,501
Number of cases of Analgesia as a percentage of domiciliary births	28.03	34.6	43.6	43.9	48.5	55.95
ANTE-NATAL CLINICS.						
Number of L.H.A. Clinics	23	23	24	24	23	22
Number of new cases attending during the Year	5,552	5,824	5,159	4,663	4,467	4,183
Number of new ante-natal cases as a percentage of all notified births	47.2	49.1	45.7	43.0	42.0	37.1
POST-NATAL CLINICS.						
Number of L.H.A. Clinics	2	4	2	2	2	2
Number of new cases attending during the year (including post-natal cases at Ante-Natal Clinics)	162	413	409	532	409	394
Number of new post-natal cases as a percentage of all notified births	1.4	3.5	3.6	4.9	3.8	3.49
INFANT WELFARE CENTRES.						
Number of L.H.A. Centres	77	79	82	83	86	85
Number of Voluntary Centres	5	4	3	3	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	6,115	6,374
Number of first attendances of children under one year of age at I.W.C.'s as a percentage of notified live births ..	52.97	56.22	54.79	55.77	58.87	57.74

* *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.*

TRAINING OF HEALTH VISITORS

In view of the shortage of candidates in the Health Visiting field, 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 accepted for an approved course of training under this scheme during the year under review, and two were already in training.

STATISTICS RELATING TO MATERNITY AND CHILD WELFARE

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 (Appendix 1).

Certain facts are extracted for use in the Department, but appear likely to be of general interest and are set out on pages 70 and 71 in a convenient form for easy reference. The headings under which the statistics appear are self-explanatory, and give a summary 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 varies slightly from the number of registered births, the latter being compiled by the Registrar-General and set out on page 12.

HOME NURSING SERVICE

(Section 25)

When the National Health Service Act came into force in July, 1948, the County Council became responsible for the provision of a Home Nursing Service for the whole of the County. The Home Nurses are playing a most important role in the National Health Scheme in carrying out nursing in the homes of the people under the direction of the family Doctor. The nursing of the sick in their homes relieves

the pressure on hospital beds and assists in bringing about a quicker turn-over of beds. Since the inception of the Service the work undertaken by the nurses has continued to increase. In 1949, the first full year of the service, 11,149 new cases were seen and in 1953 this figure had increased to 17,006.

Similarly the number of visits paid has markedly increased from 286,424 in 1949 to 361,503, in 1953. 36% of the patients visited in 1953 were over sixty-five years of age at the time of the first visit, whereas 6% were under five years of age; while 16% had more than twenty-four visits during the year.

An analysis of the new cases and visits is given in Section 6 of the copy of the Annual Return to the Ministry of Health which forms Appendix I of this report.

In 1951 a member of the staff of the Ministry of Health gave as a guide the following staffing 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 standards, and in view of financial stringency, it has been decided as a matter of policy that when vacancies arise, careful consideration be given as to whether they need be filled. The following shows the staffing position at the end of each year since the operation of the County Council Home Nursing Service :—

	1948	1949	1950	1951	1952	1953
FULL TIME.						
Home Nurse-Midwives..	44	43	38	37	35	35
Home Nurses	81	91	104	99	99	99
TOTAL ..	125	134	142	136	134	134
PART-TIME	2	–	2	3	2	–
Total full-time and part-time	127	134	144	139	136	134

Early in 1953 in the interests of efficiency and administrative convenience the home nursing and midwifery areas were re-arranged and except for minor details they now fall into the following three groups :—

(i) Areas covered for midwifery purposes by County Midwives only.
(ii) Areas covered for home nursing purposes by home nurses only.

} These areas are co-terminous.

(iii) Areas covered for both home nursing and midwifery by home nurse-midwives.

Generally speaking, the areas are larger than previously, which is advantageous from the point of view of relief duties, as well as in the event of sickness and holidays. The new arrangements came into operation on 1st April, 1953.

It has been the policy of the Council to separate wherever possible home nursing from midwifery because of the possible danger of spreading infection from general nursing cases to women in childbirth. It will be seen from the reduced number of staff employed as home nurse-midwives that progress has been made in this direction; this progress has been assisted by the re-arrangement of areas mentioned above. Details of the areas served by Midwives, Home Nurse-Midwives and Home Nurses are shown in the current edition of the Council's "Health Services" handbook which was published in June, 1953.

The County Council has approved the policy of nurses being granted car allowances as it is realised, (1) that it is in the interests of the patient, as nursing aid arrives quicker; (2) it contributes to the health and convenience of nurses, particularly in bad weather and at night; and (3) it is cheaper to the Authority, because the nurses can perform more work by covering a wider area. The Authority has also a scheme by which Nurses and Midwives are able to obtain loans towards the purchase of cars. At the time of writing, 102 nurses out of the 137, are using motor vehicles in connection with their duties.

It is a rule of the Authority that nurses should live in the area for which they are responsible, in order that they may be readily available when called upon. Difficulty is sometimes experienced in nurses securing living accommodation in the area, but in the past a number of Local Housing Authorities have been helpful in letting houses directly to them, or to the County Council. This action on the part of Local Housing Authorities is much appreciated.

The County Council's proposals under the National Service Act provide that "In order that the Service should be as efficient as possible it is proposed to send Nurses on Post Certificate Courses at suitable intervals." The Royal College of Nursing arranged a refresher course in 1953, which was considered suitable for Home Nurses. The County Health Committee, therefore, authorised six nurses to attend that course, and at the same time gave general authority for similar arrangements to be made each year in the future.

VACCINATION AGAINST SMALLPOX AND IMMUNISATION AGAINST DIPHTHERIA
(Section 26)

These services are carried out in the County by the majority of general practitioners in addition to the School Medical Officers and Maternity and Child Welfare Medical Officers employed on the staff of the Authority. The Administrative steps taken to give effect to the Authority's proposals under Section 26 of the National Health Service Act were as follows :—

IMMUNISATION

(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.

VACCINATION

Whilst the Act has not made it compulsory for persons to submit to vaccination, it is desirable that publicity be given to the facilities available, and in particular that parents be encouraged to seek vaccination for their children, preferably prior to their attaining the age of twelve months. After the birth of a child has occurred, Midwives and Welfare Centre staff advise the mother to see that the infant is vaccinated when it reaches the right age for the inoculation. Health Visitors (who are required to visit and follow up all notified births) advise parents personally when the child reaches about three months of age of the facilities for, and importance of, obtaining vaccination.

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.

Circular letters, addressed to all general practitioners, M. & C.W. Medical Officers, School Medical Officers, Health Visitors, Midwives and Nurses, have been forwarded from time to time in an endeavour to ensure that all steps are taken to obtain as large a number of patients as possible being vaccinated and immunised.

All record cards in respect of vaccination and immunisation are forwarded by Medical Officers on the Staff of the Authority and general practitioners throughout the County to the County Medical Officer as and when courses are completed. Payment is made to general practitioners on a monthly basis in respect of cards received.

With regard to immunisation the record recommended by the Ministry of Health is used (Circular 96/50), but it is incorporated in a punched card which enables the desired case to be traced readily either by reference to the name of the child receiving or to the doctor giving the prophylactic. This system has proved of invaluable help in the preparation of half-yearly and annual returns to the Ministry of Health.

It is pleasing to report that this is the second year in succession in which no cases of diphtheria have been notified in the County. It is also highly satisfactory to note that there have been no deaths from the disease in Derbyshire since 1948.

The immense value of immunisation against this disease is well demonstrated by the following figures for England and Wales which have been provided by the Ministry of Health :—

Year	*Deaths*	*Corrected Notifications*
1944	934	23,199
1945	722	18,596
1946	472	11,986
1947	244	5,609
1948	156	3,575
1949	84	1,890
1950	49	962
1951	33	664
1952	32	376
1953	24*	240*

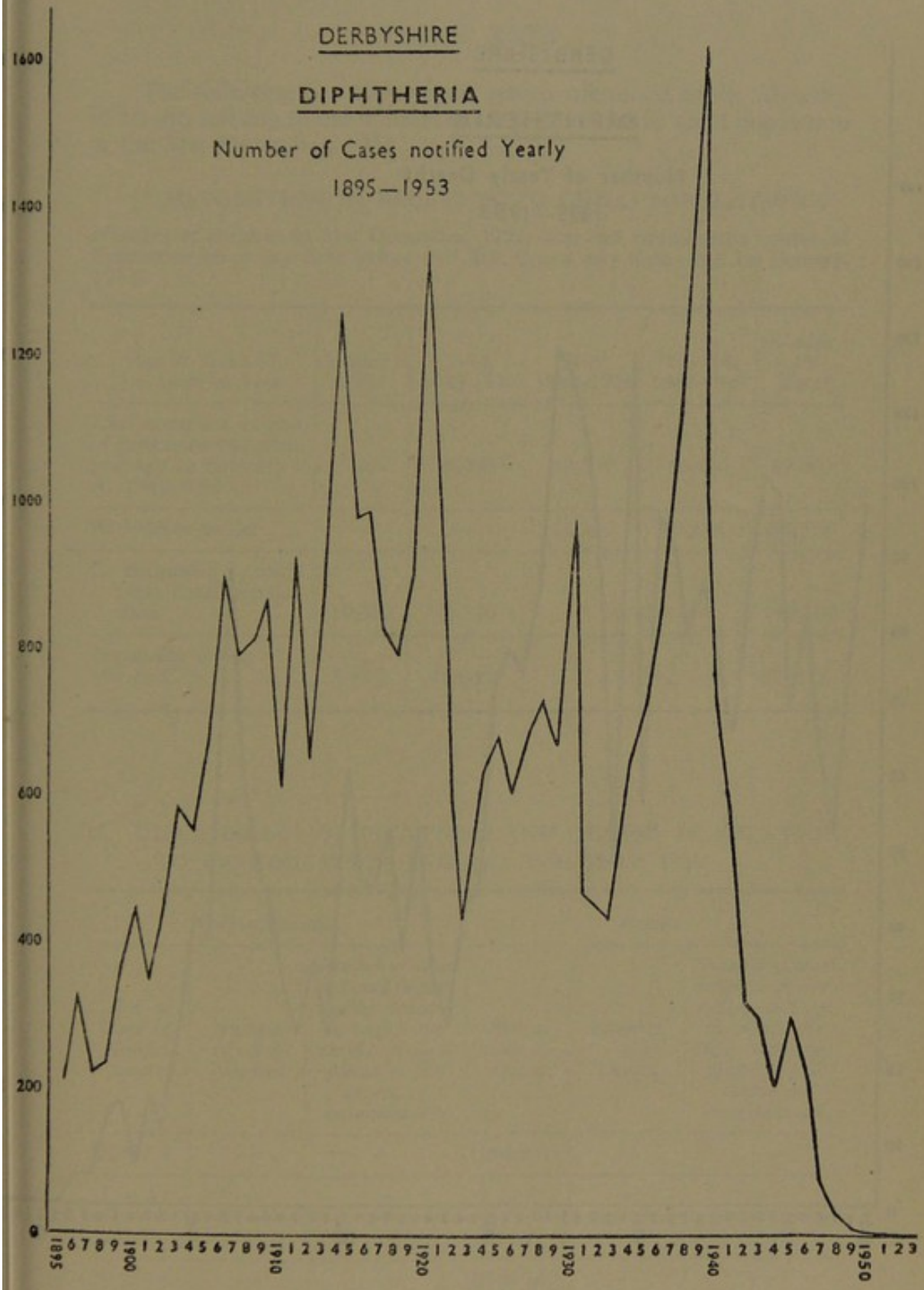
* Provisional

DERBYSHIRE

DIPHTHERIA

Number of Cases notified Yearly

1895—1953



DERBYSHIRE

DIPHTHERIA

Number of Yearly Deaths

1895—1953

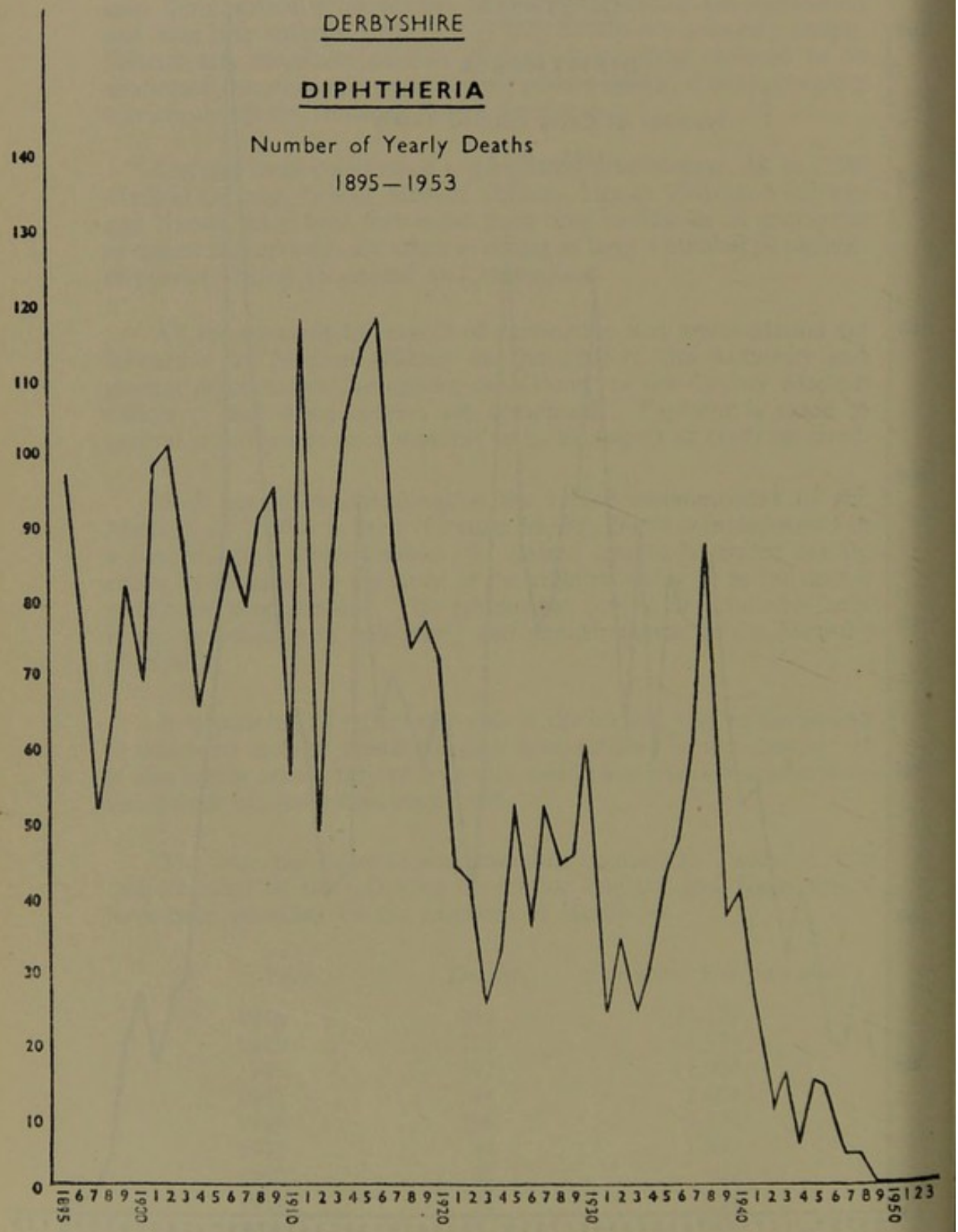


TABLE XXIII

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 31st December, 1953.

I. IMMUNISATION IN RELATION TO CHILD POPULATION.

Number of children at 31st December, 1953, who had completed a course of Immunisation at any time before that date (i.e. at any time since 1st January, 1939).

Age at 31.12.53 i.e. Born in Year	Under 1 1953	1—4 1952-1949	5—9 1948-1944	10—14 1943-1939	Under 15 Total
Last complete course of injections (whether primary or booster) .. A. 1949-1953	412	20,149	18,309	10,490	49,360
B. 1948 or earlier ..	—	—	24,239	30,195	54,534
C. Estimated mid-year child population	10,330	43,770	107,900		162,000
Immunity Index 100 A/C	3.98%	46.03%	26.68%		30.46%

II. DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION DURING THE YEAR 1953.

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

The following is a table of Immunisation and Vaccination injections administered during the last four years :—

TABLE XXIV

Immunisation

	Primary	*Booster*
1950 ..	6,159	4,452
1951 ..	8,098	6,847
1952 ..	7,488	6,748
1953 ..	6,730	4,727

Vaccination

	Vaccination	*Re-vaccination*
1950 ..	1,595	520
1951 ..	1,891	812
1952 ..	1,612	729
1953 ..	1,939	795

TABLE XXV

The following is a copy of the Annual Return for the year ended 31st December, 1953, which was submitted to the Ministry of Health, relating to the Vaccination position.

I. NUMBER OF PERSONS VACCINATED (or RE-VACCINATED) DURING PERIOD.

Age at date of Vaccination	*Under* 1	1	2 to 4	5 to 14	15 or over	TOTAL
Number Vaccinated	568	574	240	169	388	1939
Number Re-vaccinated	4	6	14	66	705	795

II. NUMBER OF CASES SPECIALLY REPORTED DURING PERIOD (Age groups as above).

(*a*) Generalised Vaccinia ..	—	—	—	—	—	—
(*b*) Post Vaccinal Encephalomyelitis	—	—	—	—	—	—
(*c*) Death from complications of vaccination other than (*a*) and (*b*) ..	—	—	—	—	—	—

The following gives details of children who have completed a course of immunisation in the various sanitary districts in the County up to the end of 1953.

TABLE XXVI

	Under 1 1953	1 1952	2 1951	3 1950	4 1949	*Total* 0–4 *Inc.*	5–9 44/48	10–14 39/43	*Total* 5–14 *Inc.*	*Total*
Urban Districts.										
Alfreton ..	14	118	130	164	173	**599**	1174	1508	**2682**	**3281**
Ashbourne ..	6	49	37	64	50	**206**	577	609	**1186**	**1392**
Bakewell ..	3	42	51	36	37	**169**	213	195	**408**	**577**
Belper	4	49	74	101	101	**329**	717	508	**1225**	**1554**
Bolsover ..	7	69	92	87	107	**362**	958	947	**1905**	**2267**
Buxton ..	9	189	196	198	242	**834**	1104	1040	**2144**	**2978**
Chesterfield ..	16	363	491	531	579	**1980**	5001	4314	**9315**	**11295**
Clay Cross ..	3	62	72	62	60	**259**	543	531	**1074**	**1333**
Dronfield ..	2	42	30	32	32	**138**	290	252	**542**	**680**
Glossop ..	25	124	198	231	227	**805**	1198	1041	**2239**	**3044**
Heanor ..	19	133	228	236	310	**926**	1872	1738	**3610**	**4536**
Ilkeston ..	–	195	370	358	374	**1297**	1977	2072	**4049**	**5346**
Long Eaton ..	12	135	190	248	239	**824**	1586	1455	**3041**	**3865**
Matlock ..	6	149	155	160	110	**580**	983	954	**1937**	**2517**
New Mills ..	–	58	95	88	66	**307**	387	384	**771**	**1078**
Ripley	3	125	172	202	192	**694**	1172	1258	**2430**	**3124**
Staveley ..	2	75	125	141	105	**448**	622	768	**1390**	**1838**
Swadlincote ..	–	42	47	68	89	**246**	1050	1075	**2125**	**2371**
Whaley Bridge	3	32	33	45	28	**141**	379	366	**745**	**886**
Wirksworth ..	–	34	29	25	43	**131**	556	429	**985**	**1116**
Rural Districts.										
Ashbourne ..	3	120	89	122	114	**448**	1737	1245	**2982**	**3430**
Bakewell ..	5	43	80	98	105	**331**	851	953	**1804**	**2135**
Belper ..	7	184	204	197	263	**855**	2209	1867	**4076**	**4931**
Blackwell ..	32	261	255	282	266	**1096**	3634	3644	**7278**	**8374**
Chapel-en-le-Frith ..	4	59	129	101	115	**408**	527	388	**915**	**1323**
Chesterfield ..	26	332	543	588	654	**2143**	4002	3589	**7591**	**9734**
Clowne ..	4	83	109	143	153	**492**	1618	1649	**3267**	**3759**
Repton ..	9	99	165	190	182	**645**	1254	1322	**2576**	**3221**
Shardlow ..	39	545	752	749	777	**2862**	4385	4565	**8950**	**11812**
	263	3811	5141	5547	5793	**20555**	42576	40666	**83242**	**103797**

AMBULANCE SERVICE

(Section 27)

STRUCTURE AND ORGANISATION

There was one change in the structure of the Service during the year, namely, the Eyam Sub-Station was closed in January with the Ministry's approval as the Bakewell Ambulance Station, which is only seven miles from Eyam, could adequately cover that area; this reduced the total number of Ambulance Stations operated directly by the County Council and under agency arrangements to fifteen.

The Stations at Derby and Chesterfield continued to be manned throughout the twenty-four hours. At eleven of the remaining thirteen Ambulance Stations, all of which were manned during the day-time only, cover was afforded at night by driver/attendants on "stand-by" duty at their homes ; in the case of the other two Stations, namely, Bolsover and Glossop, the arrangements continued whereby ambulance calls between the hours of 7 p.m. and 7 a.m. were received and dealt with by Chesterfield and Stalybridge Ambulance Stations respectively, the latter being under the control of the Cheshire County Council. The Chesterfield Ambulance Station, in the interests of economy and efficiency, continued to receive all emergency calls from the Alfreton area and relayed them to the Alfreton Ambulance Station in the day-time, and, where practicable, to the "stand-by" personnel at night.

As reported in previous years, the "stand-by" system for night cover is most unsatisfactory, principally due to driver/attendants changing their place of residence, sickness, resignations, and in some instances, the inability of the Post Office Telephones to provide external extensions for various technical reasons, including lack of spare wires and unsuitable transmission ; these difficulties, however, will be eliminated to some extent when the new Ambulance Stations at Buxton, Mickleover and Ripley are opened, which will permit of the dispensation of "stand-by" arrangements at certain Stations.

The New Mills Ambulance Station continued to give ambulance cover to the Disley area on behalf of the Cheshire County Council throughout the twenty-four hours of the day. Similar arrangements, although modified to take account of local circumstances, were continued with other neighbouring Authorities along the whole of the County boundary. Undoubtedly, reciprocal arrangements of this type increase the efficiency, and at the same time, decrease the cost of the Service.

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.

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

Whilst co-ordination of vehicle movement is effected as far as possible by the close liaison of adjacent Stations, the inauguration of the new main Stations at Buxton, Mickleover and Ripley will undoubtedly afford an opportunity of applying this procedure to a greater degree.

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

AGENCY ARRANGEMENTS

The Agency arrangements for the operation of the Derby and Belper Stations were continued during the year; 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

No journeys were undertaken by this supplementary service during the year 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

During the year there was no change in the arrangements for the conveyance of mental patients. Patients required to be conveyed to and from the Pastures Hospital, Mickleover, were transported in the "sitting case" car located at that hospital; mental patients falling outside the scope of this arrangement were dealt with by transport located at Ambulance Stations in the County.

CONVEYANCE OF PATIENTS BY RAIL

In the interests of economy and in accordance with the recommendations contained in Ministry of Health Circular 30/51, wherever possible arrangements have been made for patients to travel by rail on long distance journeys. Normally for such journeys at least forty-eight hours notice is required in order that reservation of suitable accommodation can be arranged on the train; the Railway Executive have at all times been extremely co-operative in this connection. This form of transport for long distance journeys is found to be an improvement on ambulance transport for the whole journey, and at the same time, conserves vehicle and manpower resources for local purposes.

INFECTIOUS DISEASES

The arrangements for dealing with cases of infectious diseases requiring ambulance transport continued during the year. These cases were dealt with by the general Ambulance Service and no specific vehicles were set aside for this purpose. Personnel have been instructed in the transportation of such patients and in the disinfection of ambulance bedding, equipment and vehicles.

To minimise the risk to personnel from contact with smallpox, vaccination is carried out. The following table shows the number of vaccinations carried out during the last five years :—

Year	*Smallpox Vaccinations*
1949	10
1950	10
1951	71
1952	61
1953	63

As from 1951 roughly half the personnel at each Ambulance Station has been vaccinated each year, which means in effect that all men will be vaccinated once in every two years.

Immunisation against diphtheria was on a purely voluntary basis. Before the candidate was immunised he was Schick tested. This showed the immune and the susceptible. During the year seven men were Schick tested, of whom three were found to be susceptible and were noted for immunisation.

CO-ORDINATION OF EMERGENCY SERVICES

There were no specific exercises held during the year by the peace-time Police, Fire and Ambulance Services. Civil Defence exercise "Flash" however, was held in July in which both volunteers and peace-time members of the emergency Services participated. Whilst the exercise was primarily from the Civil Defence standpoint, there is no doubt that the experience gained will be of value in coping with any major disaster which might arise during peace or war.

PREMISES

Details were given in my Report for last year of the proposed Ambulance Stations to be included in the Capital Building Programme for the year 1953/54. Certain preparatory steps have been taken and the Ministry of Health has intimated that the Ministry of Works has awarded starting dates for some of the projects as follows :—

Ripley	24th February, 1954
Mickleover	26th February, 1954
Buxton	30th June, 1954.

TELECOMMUNICATIONS

The provision of wireless for the Ambulance Service again received consideration during the year but this matter was deferred for further consideration in 1954.

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 1953 Competition together with those of the previous four years :—

TABLE XXVII

Year	*Entered*	*Not Eligible*	*Dis-qualified*	*Diplo-mas*	*5 year medal*	*Bar to 5 year medal*	*10 year medal*	*Bar to 10 year medal*	*15 year brooch*	*Exemp-tion*
1949 ..	77	1	19	56	–	–	1	–	–	–
1950 ..	101	4	23	71	–	1	–	–	–	2
1951 ..	123	2	22	94	–	1	–	1	–	3
1952 ..	127	4	21	92	3	2	–	3	–	2
1953 ..	120	6	24	65	16	3	–	1	1	4

As in previous years arrangements were made for the Safe Driving Awards to be presented to successful entrants by the Chairman of the County Health Committee.

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.

A review of the accidents which have taken place during the year shows that the majority were minor in nature. Some of these accidents occurred in hospital grounds and on narrow isolated roads where access was difficult ; icy roads were also a contributing factor.

Training.

(a) *First Aid.* The Council has pursued the policy of insisting upon efficiency in first aid. All ambulance personnel are required to take a refresher course in first aid every year, where practicable, and in any case, at least every two years.

The County Health Committee in March, 1952, decided that a new entrant to the Ambulance Service as a driver/attendant, not qualified in first aid, be allowed twelve months in which to obtain a recognised certificate.

(b) *Rescue from Crashed Aircraft.* A communication dated 18th September, 1953, was received from the Ministry of Health indicating courses of instruction which had been arranged in different parts of the country on the technique for dealing efficiently with accidents to crashed aircraft. Arrangements were made for the Deputy County Medical Officer, the County

Ambulance Officer and Superintendents of all Ambulance Stations in the County to attend a one-day course at Wymeswold, near Loughborough, Leicestershire. Following the course, the Superintendents were required to instruct the remainder of the personnel at the respective Stations on this subject. The course was interesting and there is no doubt that the information received will prove extremely useful should the Ambulance Service be called upon to deal with an accident of this nature.

Establishment. There was no amendment to the personnel establishment during the year.

The following Table shows the establishment and strength of ambulance personnel at Directly Operated Stations on the 31st December, 1953 :—

TABLE XXVIII

	Establishment			Strength		
Ambulance Station	*Station Super-intendents*	*Sub-Stat. Super-intendents*	*Driver Attend-ants*	*Station Super-intendents*	*Sub-Stat. Super-intendents*	*Driver Attend-ants*
Alfreton ..	1	–	8	–	–	8
Ashbourne ..	1	–	5	1	–	5
Bakewell ..	1	1	9	1	–	7
Bolsover ..	1	–	8	1	–	8
Buxton ..	1	–	8	1	–	8
Chesterfield	1	–	33	1	–	33
Glossop ..	1	–	7	1	–	7
Heanor ..	1	–	8	1	–	7
Ilkeston ..	1	–	8	1	–	7
Long Eaton	1	–	9	1	–	8
Matlock ..	1	–	8	1	–	8
New Mills ..	1	–	6	1	–	6
Swadlincote	1	–	6	1	–	6
Totals ..	13	1	123	12	–	118

VEHICLES

The County Council has pursued its policy of standardisation of vehicles in the interests of economy and efficiency. Six Bedford/Lomas ambulances and two Austin Hire cars were ordered during the year.

TABLE XXIX

The following vehicles were operated on the 31st December, 1953 :—

(*a*) DIRECTLY OPERATED AMBULANCE STATIONS.

Location	*Number of Ambulances*	*Number of Cars*
Alfreton	5	1
Ashbourne	2	1
Bakewell	3	1
Bolsover	3	1
Buxton	4	1
Chesterfield	10	2
Glossop	3	1
Heanor	4	1
Ilkeston	3	1
Long Eaton	4	1
Matlock	3	1
New Mills	3	–
Swadlincote	3	1
Not Allocated ("Pool" Vehicles) ..	4	–
Awaiting Disposal	2	–
Civil Defence Vehicles	2	–
On loan at :—		
Derby	–	1
Mickleover	–	1
Totals ..	58	15

(*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 XXX

1953	AMBULANCES			CARS			TOTALS		
	Total Cases	*Emergency Cases*	*Mileage*	*Total Cases*	*Emergency Cases*	*Mileage*	*Total Cases*	*Emergency Cases*	*Mileage*
January	11,968	1,013	99,563	2,703	108	31,709	14,671	1,121	131,272
February	10,861	862	88,175	2,935	62	32,682	13,796	924	120,857
March	12,718	957	99,337	3,439	101	36,759	16,157	1,058	136,096
April ..	11,439	901	92,065	2,965	90	33,161	14,404	991	125,226
May ..	11,234	847	93,559	2,969	109	35,639	14,203	956	129,198
June ..	10,281	794	93,195	2,930	87	33,258	13,211	881	126,453
July ..	12,613	946	102,698	2,914	74	33,748	15,527	1,020	136,446
August	11,413	1,005	94,189	2,640	112	31,176	14,053	1,117	125,365
Sept. ..	12,281	955	95,933	3,765	99	38,831	16,046	1,054	134,764
October	12,844	898	97,645	3,970	97	43,646	16,814	995	141,291
Nov. ..	12,317	897	97,309	3,848	81	39,178	16,165	978	136,487
Dec. ..	11,361	953	89,925	3,419	81	35,634	14,780	1,034	125,559
Totals	141,330	11,028	1,143,593	38,497	1,101	425,421	179,827	12,129	1,569,014

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

TABLE XXXI

Month	*Average Daily Mileage*					
	1948	1949	1950	1951	1952	1953
January	—	2,676	3,560	4,100	3,901	4,234
February	—	3,021	3,556	4,115	3,929	4,316
March	—	3,297	3,716	4,132	3,874	4,390
April	—	2,999	3,440	4,091	3,856	4,174
May	—	2,973	3,900	4,135	4,129	4,167
June	—	3,018	4,039	4,356	3,710	4,215
July	1,717	3,204	3,890	4,262	4,113	4,401
August	1,888	3,346	3,639	3,895	3,792	4,044
September	2,143	3,496	3,669	3,716	4,122	4,492
October	2,328	3,453	3,901	3,890	4,203	4,557
November	2,791	3,547	4,081	3,906	4,018	4,549
December	2,674	3,257	3,743	3,554	3,946	4,050

During the year 12,129 emergency cases were dealt with by the Ambulance Service. This represents one case on the average every forty-three minutes of the day and night throughout the year.

The following Table shows the average number of miles travelled per patient since the 5th July, 1948 :—

Year	*Miles*
1948	14.3
1949	13.3
1950	11.8
1951	11.0
1952	9.3
1953	8.7

In my Annual Report for 1952 I gave detailed consideration to this matter. While it is admitted that the average daily mileage has tended to increase over the last five or six years it is felt that the average number of 8.7 miles travelled per patient in 1953 reflects an increased measure of co-ordination by the Service when arranging ambulance journeys.

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

TUBERCULOSIS

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 Physician 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. Intimation of deaths from tuberculosis received from the District Medical Officers of Health and Registrars of Deaths are also passed to the Chest Physicians for any appropriate action they consider necessary in the way of following up contacts. The Chest Physicians, who are part-time Officers of the Local Health Authority, inform the Department of new cases attending their Clinics, 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.

On the recommendation of the Chest Physicians the Authority provides open-air shelters, loans beds and bedding to tuberculosis patients to enable them to sleep alone, and provides extra nourishment in the form of milk up to two pints a day. The Authority also provides sputum flasks, which as a general rule are distributed from the Chest Clinics. When unsatisfactory home conditions or overcrowding are

reported by the Health Visitors, copies of their environmental reports are forwarded to the Medical Officer of Health of the appropriate Sanitary Authority, so that he might be in a position to decide whether to advise better housing accommodation being provided. In this connection also the Chest Physicians make recommendations direct to District Medical Officers of Health. Patients who appear to be eligible for assistance under the National Assistance Act are referred to the Local Officer of the National Assistance Board, who has wide powers in granting assistance in case of necessity.

B.C.G. Vaccination against Tuberculosis

During 1949 the Minister of Health intimated that he proposed making arrangements for the use of the vaccine known as B.C.G. (Bacillus Calmette-Guerin) within certain limitations and under controlled conditions. It is not yet certain that B.C.G. vaccination gives complete immunity against tuberculosis and only experience will show how far it is effective under the conditions in this country.

A recent statement of opinion tends to the view that while B.C.G. may be useful in vaccinating contacts of the disease and also in countries where there is a high incidence of tuberculosis combined with a low standard of living, it is by no means certain that benefit would accrue from its general application in communities with a high standard of living and a fairly low incidence of tuberculosis. This is particularly the case in the U.S.A. where the death rate from tuberculosis has fallen strikingly in areas where the vaccine has not been widely used.

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

At that time, i.e. 1949, the Minister emphasised that it was not intended to provide facilities for any general or indiscriminate practice of B.C.G. vaccination among the public at large, but only to make it available at the instance of a Chest Physician in any individual case in which he considered it desirable to offer it and is satisfied, through necessary preliminary tests, that it can be suitably given to the person concerned.

Supplies of the vaccine became available in 1950. The number of persons vaccinated during the last four years is as follows :—

1950	.. ..	38
1951	.. ..	164
1952	.. ..	195
1953	.. ..	269

B.C.G. Vaccination in School Children

In November, 1953, the Minister of Health issued a circular on this matter in which it was stated that he was prepared to approve an extension of the arrangements outlined above to older children on the understanding that the scheme for vaccinating contacts would continue and not be prejudiced by the extension of vaccination to school children. It was pointed out that it would be for the Authority to decide after consultation with the Local Education Authority whether to extend their B.C.G. vaccination scheme.

There is, however, some division of medical opinion on the wisdom of implementing such a scheme and in fact the Medical Memorandum which accompanied the circular stated as follows :—

"1. In spite of the vast number of vaccinations that have been performed with either fresh liquid or freeze-dried vaccine during the past twenty years, there is no scientific evidence of its true value. The Medical Research Council are undertaking extensive controlled trials among school-leavers, the results of which, it is hoped, will assess the protective value of B.C.G. vaccination as a means of mass immunisation of persons in ordinary average conditions of life. The intake for these trials is now complete but the follow-up will take three years. For this reason any extension of the present B.C.G. vaccination scheme should not include young adolescents aged fifteen to eighteen.

2. From the work that has already been done on the vaccine it can be generally assumed that the preparation, in the doses usually prescribed, is harmless. It may also be reasonably accepted from trials abroad that the vaccine confers some degree of protection against the first infection with virulent M. tuberculosis. It is, therefore, probable that vaccination will lower the incidence of active primary tuberculosis in its various clinical manifestations, in particular, such forms as meningitis, miliary tuberculosis and primary tuberculous pleurisy. There is much less conclusive evidence that vaccination protects against subsequent super- or re-infection, although there are observers who believe that the development of post-primary tuberculosis is rendered less severe by inoculation. There is no absolute scientific proof in countries where the vaccine has been extensively used over many years that the fall in the tuberculosis mortality figures is due to B.C.G. In a number of countries where no B.C.G. has been used there has been an equally rapid decrease in the number of deaths from tuberculosis.

3. There are some who claim that B.C.G. vaccination confers no benefit upon the individual and that all the apparent improvement in the incidence and mortality figures following mass vaccination is due to the collateral influence of other factors, such as increased medical observation and improved living conditions and selective sampling. (It is possible that those vaccinated are already a selected group, as an unknown number of the positive reactors of the population has already developed active disease. The most susceptible have therefore already been removed from the material under survey). Although the true value of the vaccine is still undecided the evidence is sufficiently suggestive to warrant the extension of the present scheme to older school children in order that this group, before entering the age group in which the rapid rise in the incidence of the disease occurs, may have such protection as the vaccine offers. Such an extension of the scheme will involve a considerable amount of extra work, both clinical and clerical ; for it is important that the work should be carried out correctly and that adequate records should be kept.

4. The ultimate decision whether to apply for extension to school children must be left to the discretion of local health authorities and it is appreciated that some of them may prefer to wait three years for the promised results of the current M.R.C. trials before taking action. In any event it is important that extension of local schemes should not be allowed to interfere with the M.R.C. research trials already proceeding in the areas concerned".

The Authority gave very careful consideration to the question of implementing the scheme and it was decided that the matter be deferred for a period of three years until such time as the results of the experiments being carried out by the Medical Research Council are known.

Protection of Children against tuberculosis.

This matter was dealt with at some length in the annual report for 1952. Briefly provision is made for staffs of Day Nurseries, Children's Homes, Residential Nurseries and Approved Schools to have an X-ray examination on appointment and annually thereafter.

Tuberculosis in School.

From time to time cases of tuberculosis occur in both school teachers and pupils and in each case every effort is made to trace the source of infection. Furthermore, in consultation with the Chest Physician and in co-operation with the Local Education Authority, parents are strongly advised to consent to children who have been in contact with a case of tuberculosis undergoing diagnostic tests in the form of a simple skin test and/or an x-ray examination. The latter is in a number of instances repeated, after a reasonable interval, as it has to be remembered that the x-ray appearances of tuberculosis develop relatively slowly after exposure to infection.

Mass Radiography offers an easy means of x-raying groups of children and Medical Directors of both Mobile and Static Units readily undertake this work.

Mass Radiography.

This is a preventive and diagnostic service which is under the control of the Regional Hospital Boards. It is hoped by offering X-ray facilities to the general public and industrial groups that cases of tuberculosis, particularly in the early stages, will be discovered when treatment will be more effective. Close liasion has been established with the Medical Directors of the Units and the district Medical Officers of Health. This is particularly the case when the untits are used where a specific investigation is undertaken to trace the source of a case of tuberculosis, e.g., in a school.

Whilst it is regretted that a Unit has not yet been based in the County, there are four mobile Units which operate occasionally in Derbyshire and in addition there are static Units in Nottingham and Sheffield to which cases may be referred.

When it has been found necessary to x-ray organised groups of school children and a mobile unit has not been available, arrangements have been made in conjunction with the Local Education Authority for the children to attend the static unit in Nottingham and no doubt similar arrangements could be made, should the occasion arise in the case of Sheffield.

It will of course be understood that it is not possible to give accurate figures of the number of Derbyshire residents who avail themselves of the service, as surveys are often carried out at places bordering the County, when people from both Derbyshire and neighbouring areas may be examined. However, the Medical Directors of the Units have given me particulars of the surveys carried out in the County and set out below are summaries of the work done. Complete results of the surveys are, of course, not immediately available, as some time must elapse before the full investigations are known.

During 1953 a mobile unit based on Nottingham carried out seven surveys in the southern and central parts of the County. Dr. W. Guthrie, Medical Director in charge of the unit, kindly provided statistics of each of these surveys, from which the following information has been extracted :—

	Males	*Females*	*Total*
General Public and Employees ..	11,647	3,124	14,771
School Children	626	1,015	1,641
Total	12,273	4,139	16,412

Of the 16,412 persons examined, 86 were classified as tuberculous. This gives a rate of 0.5% (5 per 1,000). The details are shown in the following table :—

	Males	*Females*	*Total*
Active Pulmonary Tuberculosis ..	14	1	15
Observation Pulmonary Tuberculosis	28	4	32
Inactive Pulmonary Tuberculosis ..	30	9	39
Total	72	14	86

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

In industrial groups the average response rate was 62% and in organised groups of school children the average response was 85%. These figures may be considered reasonably satisfactory.

Dr. W. J. Wilson, Medical Director of a Mass Radiography Service based on Sheffield has forwarded me a copy of his report for the year 1953 and has very kindly agreed to appropriate excerpts and statistics being included in my annual report. He has two Units under his control ; one a static Unit at Ellin Street, Sheffield, and the other a mobile Unit which commenced operations in April, 1953. The following is a summary of the work of the mobile unit when functioning in this County :—

	Number of persons examined
Industrial Groups in Chesterfield	4,136
Public Session in Chesterfield	6,075
Total	10,211
Number of persons referred to Chesterfield Chest Clinic	76

Dr. Wilson states :—

"A total of 67,769 miniature films was taken and 5,155 persons were examined on large films. Total attendances at both Units were 73,755."

"*Organised Groups.*

Small groups from factories, offices, etc., near the base were examined at Ellin Street.

The Mobile Unit examined similar groups during general surveys and also visited six factories.*

Relations with both managements and Trade Unions continued to be most cordial and a very high percentage response was obtained at all surveys. This figure was over 80% in practically all cases and at three factories a figure of 90% or over was recorded. It is obvious that enthusiasm is well maintained and the Unit continues to receive pressing requests from industrial concerns in all parts of the area."

"Statistical findings of special interest were :—

1. The high incidence of respiratory disease among patients referred by General Medical Practitioners emphasising the value and importance of this service.

The figures for Active Pulmonary Tuberculosis (17.5 per thousand) and for Intra-Thoracic Neoplasms in men (9.7 per thousand) are particularly striking.

2. The high incidence (4.2 per thousand) of active tuberculosis discovered by the Static Unit. These cases were drawn very largely from General Practitioners' Patients and persons attending public Sessions.

3. The increase in Intra-Thoracic Neoplasms, 20 cases (18 male and 2 female) as compared with a total of 6 recorded in 1952."

Dr. Wilson concludes by expressing his thanks to the Medical Officers of Health and Chest Physicians in the area for their friendly co-operation.

* Two of the six factories visited were in Derbyshire and the response was 90% in each case.

Dr. V. E. Sherburn, Medical Director of a Mass Radiography Unit based on Doncaster, carried out a survey in North East Derbyshire during July and August, 1953 and the following is a summary of the work carried out :—

	Males	*Females*	*Total*
Number of persons examined ..	3,214	1,037	4,251
Number referred to Chest Clinics ..	34	10	44
Number referred to own doctor ..	25	3	28

Dr. J. Rimmington, Medical Director of a Mass Radiography Unit based on Stockport, has kindly supplied the following details in respect of a survey carried out at New Mills in November, 1953 :—

Total number examined.	*Males*	*Females*	*Total*
Persons employed	1,378	858	2,236
School-children	148	172	320
General Public	649	1,381	2,030
Total	2,175	2,411	4,586
Response of employed persons ..	78.6%	77.7%	78.2%
Total No. recalled for large films ..	141	124	265
Total No. referred to Chest Clinics ..	40	31	71*
Total No. referred to own doctor ..	30	23	53
*Three of these cases have not yet been diagnosed.			
Tuberculous abnormalities discovered.			
Active	8	4	12
Inactive	54	54	108
General Practitioner Cases.			
Total No. referred to Unit	25	39	64

Abnormalities detected.	*Males*	*Females*	*Total*	*Referred for further action*
Active Tuberculosis	2	—	2	2
Inactive Tuberculosis (Primary) ..	—	1	1	—
Inactive Tuberculosis (Post-primary)	2	2	4	4
Bronchitis and Emphysema ..	4	3	7	1
Bronchiectasis	—	1	1	1
Basal fibrosis	1	1	2	—
Pleural thickening	—	1	1	1
Intrathoracic new growth	—	1	1	1
Acquired Cardio-vascular lesions ..	—	1	1	1
Total	9	11	20	11

This is not a complete report and when there is one prepared, it will be sent with some comments. At this stage it is interesting to note the relatively large number of active cases discovered; 12 from a total of 4,586, and the fact that two of these were discovered in the 64 cases referred by General Practitioners."

Reports by Consultant Chest Physicians.

The Consultant Chest Physicians who are responsible for the major part of the County are Dr. T. A. Blyton, whose Headquarters are at Chesterfield, and Dr. H. Morrow Brown, whose Headquarters are in Derby. It will be appreciated that as the Chest Physicians are employed by the Regional Hospital Boards as well as by the Local Health Authority, the areas which they cover do not always conform to Local Government boundaries.

Parts of the County are covered by other Consultant Chest Physicians; in the north-west, areas are under the control of Dr. E. R. Smith and Dr. E. Ratner, whose headquarters are in Stockport and Ashton-under-Lyne respectively; and the area adjoining Sheffield is under the control of Dr. H. Midgley Turner.

In November of the year under review Dr. C. Kingston who had been a Tuberculosis Officer in the County since January, 1929, and in later years had been Consultant Chest Physician, retired and was succeeded by Dr. H. Morrow Brown who is responsible for the area previously under Dr. Kingston's control and which comprises the central and southern parts of the County.

I am grateful for a report from Dr. T. A. Blyton who has collaborated with Dr. H. Morrow Brown to produce interesting details of the work of the tuberculosis service in Derbyshire with particular reference to the areas under their control, as well as general information concerning the work carried out at Walton Hospital, Chesterfield, to which the majority of their patients who require institutional treatment are admitted. Dr. E. R. Smith has also kindly forwarded me a short report on the work in his area. These reports are given in the following pages.

Report by Dr. T. A. Blyton and Dr. H. Morrow Brown.

"*The Incidence of Pulmonary Tuberculosis.*

During the year there were 422 notifications of pulmonary tuberculosis in the County (253 males and 169 females).

The pattern of incidence in the sexes is much the same as it has been for the last decade. The highest incidence in females occurs between the ages of 15 to 30 years, the peak being at 25 years, and amongst males between the ages of 20 and 55 years.

At 65 years of age the average male is eight times as liable to suffer from pulmonary tuberculosis as the average female.

The result of this pattern of incidence of the respiratory form of the disease is that a large number of cases occurring in men can only be treated by palliative measures, and that a high percentage of the available Hospital beds are occupied for very long periods be elderly male patients who are either homeless or whose living conditions are unsuitable.

During the last decade there has been no reduction in the incidence of pulmonary tuberculosis. This fact should be borne in mind when considering the part played by the disease as a cause of morbidity in a modern community. The recent increased incidence of pulmonary tuberculosis in children below the age of five years is a reflection of our difficulty through bed shortages, to effect the proper isolation of the infectious case.

The Incidence of Non-Respiratory Tuberculosis.

Fifty-seven cases of non-respiratory tuberculosis were notified during the year. This compares with 83 notified cases in 1951. The infection in some of these cases, which are commonly found in childhood, is probably caused by the bovine type of the tubercle bacillus and is usually transmitted by the ingestion of milk or milk products such as butter and cheese. It is still very important that we should stop this source of infection by the introduction of tuberculin negative herds.

Case Finding.

It is of the utmost importance to find, at the earliest possible moment, every infective case of pulmonary tuberculosis. This can best be done by the following methods :—

1. By X-Ray Surveys of as near as possible to 100 per cent of the population.
2. By carrying out periodic large-scale tuberculin surveys in the Community, especially amongst school-children, followed by radiography of all contacts to tuberculin convertors.
3. By the provision of X-Ray facilities for all persons suffering from any illness which has persisted for over three weeks, without obvious cause.
4. By examination of all contacts at the Chest Clinic.

The first method has never to our knowledge been tried out in the county. It will be of great value in some areas, such as Ilkeston, where the incidence and type of disease presents a formidable problem. X-Ray surveys done in the County to date have included an inadequate percentage of the population involved to be of any statistical or of any appreciable preventive value. Much more intensive propaganda is needed to try to persuade the hard core of those who are frightened to have an X-Ray, to attend the Mass Radiography Unit for that purpose.

Large scale tuberculin surveys are also rarely carried out in the County. These should be done amongst young adults by the Mass Radiography Units Staffs and amongst children during the regular school inspection, and at the Child Welfare Clinics, by the Health Visitors who could soon be trained to use the Heaf multiple puncture instrument, or to do tuberculin jelly tests, and to read the results of these tests. This would prove of inestimable value in case finding, especially since tuberculin conversion in early childhood usually leads to the detection of the source of infection amongst the close contacts.

The third method has been made possible in the Chesterfield Clinic by the installation of a Miniature Plate Camera Unit taking 4" x 5" films. Most abnormalities can be detected on these films, but very fine shadows, such as those seen in the "pin-head" type of Miners' Pneumoconiosis are frequently missed. Any patient can now be referred by the family Doctor without previous appointment for a Chest X-ray at this Clinic. The incidence of chest abnormalities amongst patients referred in this way is much higher than that found in Mass Radiography surveys.

The examination of contacts is of course a well known and fruitful way of case finding. Approximately a sixth of the total number of new cases notified during the year were found in this way, and approximately five per cent of all new contacts are found to be suffering from active pulmonary tuberculosis. Approximately four new contacts are examined in the Chest Clinics to every case notified. However, there are still far too many people in the County who refuse a periodic check up when it is found that a member of the family has become infected, or is suffering from active disease. This ostrich-like attitude frequently leads to tragedy.

The Type of Case of Respiratory Tuberculosis.

It is unfortunate that at the time of diagnosis over 70% of cases of pulmonary tuberculosis in this County have progressed beyond the early stages of the disease. The main reason for this is the slowness shown by the people in consulting their own doctors when they are suffering from vague symptoms of ill-health. It is now, fortunately, rare for the family doctor to fail to have a chest X-Ray of such patients as soon as he or she is consulted. It is wrong for any family medical practitioner to feel that he is flooding the Chest Clinics with trivial cases. It is better that such cases are examined than that we should have to face all the problems appertaining to the management of the "untreatable" patient.

Treatment.

General. Most patients are admitted to Walton Hospital, Chesterfield.

Table XXXII below shows that the bed turnover has improved of recent years. This has been due, in the main, to the opening of all available beds, and to the advent of treatment by means of chemo-therapy.

In the past it was common to have a large number of patients needing a few years rest in bed before the disease could be regarded as being "inactive". Nowadays, the only very long term patients are the aged tuberculous, mainly males, who have no one to care for them outside. However, this latter type of patient creates a great problem in a small hospital of 150 beds and can be the means of blocking the beds for the admission of treatable cases. Indeed, that is precisely what has happened during the year. The waiting period for admission amongst women has been a few weeks only, but amongst men the waiting period has been at times as long as three to four months. This is far too long a waiting period and has undoubtedly been the means of spreading infection. It would be far greater still if it was not for the willingness of the Physician Superintendent of Derwent Hospital, Derby, to admit so many of our patients from the County area to his Hospital. We are greatly indebted to him and to his staff for the valuable work which they have done for the County area.

TABLE XXXII

SHOWING BED OCCUPANCY AND TURNOVER 1948 - 1953.

Year	*Patients Admitted*	*Patients Discharged*	*Average No. beds occupied*	*Average length of stay of patients*
1948 5th July—31st Dec.	100	83	118.6	166 days.
1949	168	167	117.5	237 „
1950	201	192	134.4	265 „
1951	216	227	125.3	222 „
1952	216	210	126.3	184 „
1953	219	232	139.5	228 „

Thoracic Surgery.

Coincidental with the advent of chemo-therapy in the treatment of tuberculosis, great strides have been made in the technique of Thoracic Surgery. Resection of diseased lung has become a comparatively safe procedure in the hands of an experienced surgeon and anaesthetist working with a team, which can refer suitable cases for such treatment, and which can carry out adequate post-operative care.

In January, 1951, certain forms of Thoracic Surgical treatment were carried out for the first time at Walton Hospital and in March of this year, the Regional Hospital Board gave its sanction for all forms of major thoracic surgery to be done here. Below is given a Table showing the surgical work done since 1948.

TABLE XXXIII

SHOWING SURGICAL WORK DONE 1948-53.

Year	*Thoracoplasties*		*Resections*	*Extrapleural Pneumothorax*	*Thoracos-copies*
	No. of stages	*No. of Patients*			
1948	19	10	Nil.	7	38
1949	34	16	Nil.	9	13
1950	21	12	Nil.	Nil.	15
1951	44	26	26	Nil.	25
1952	38	20	21	Nil.	1
1953	53	27	42	Nil.	2
Totals	209	111	89	16	94

No deaths have been recorded amongst the patients operated on at the Hospital to date.

Domiciliary Treatment.

This consists in the administration of chemotherapy by the family doctor, who usually has the assistance of the district nurse, in cases awaiting admission to Hospital, or in the occasional cases where such admission is refused. No other form of domiciliary treatment is given.

Results of Treatment.

Of 232 patients discharged during the year, 41 have a persistently positive sputum; 56 were sputum positive on admission and persistently sputum negative on discharge, and 135 were sputum negative on admission and discharge. Of the cases with persistently positive sputum three only had received surgical treatment and the remainder were chronic cases with advanced bilateral disease.

It is sad to think that as a result of treatment we are only able to obtain sputum conversion in sixty percent of infectious cases of pulmonary tuberculosis. This is in the main due to having cases for treatment at too late a stage of the disease.

Out-Patient Investigations.

These consist of procedures such as tomography, paracentesis, bronchography and bronchoscopy which are done at the Hospital as aids to diagnosis, or in order to make an estimate of the extent and nature of the disease process.

Approximately 350 patients attend for such investigations each year.

The Mortality Rate from Pulmonary Tuberculosis.

There were 113 deaths from pulmonary tuberculosis in the County during the year, giving a mortality rate of 16 per 100,000 of the population at risk. The number of deaths occurring per hundred notifications was 27. This can be compared with a National figure of 56 deaths per 100 notifications in 1938, and 42, in 1948.

The ratio of the number of deaths from respiratory tuberculosis to the number of deaths from non-tuberculous respiratory disease is approximately one to four. This ratio is low, and this is due, in our opinion to the low death rate from pulmonary tuberculosis existing in the County. However, suspicions may be aroused that many cases of so-called non-tuberculosis respiratory disease are in point of fact tuberculous, and that the mortality rates for pulmonary tuberculosis are flatteringly low. If this is so, it would be reasonable to expect a large number of posthumous notifications resulting resulting from the findings of post-mortem examinations. However, during the year only four such cases in the County have come to light, although it must be remembered in this respect that Registrars of Births and Deaths are under no obligation to pass such information on to the County Medical Officer of Health, although we believe that in point of fact this is done. It is also of interest in this respect, that the total number of cases of pulmonary tuberculosis coming to the knowledge of the County Medical Officer other than by notification during the year is as low as 24.

The Mortality Rate from Non-Respiratory Tuberculosis.

Twelve deaths from non-respiratory forms of tuberculosis occurred within the County during the year. This is the same number as in the preceeding year, and gives a rate of 1.7 per 100,000 of the population at risk.

Care and After Care.

We are again indebted to the County Medical Officer and his Staff for the very considerable help we have received in our work relating to after care and prevention of tuberculosis.

Many of our patients living in overcrowded or otherwise unsatisfactory conditions have been re-housed during the year. Most housing authorities have been willing to grant a certain degree of priority on medical grounds to tuberculous patients.

The British Red Cross has continued to give the valuable services of handicrafts teachers, who visit the homes of patients. Comforts have also been supplied and help has always been given to the needy.

Thanks are also due to the Disablement Rehabilitation Officers who have co-operated so well with us in attempts to obtain suitable work for patients who have completed their active treatment.

The infectious case is still very difficult to re-employ, and it is perhaps in this respect that we have had our greatest disappointments."

Report by Dr. E. R. Smith.

"Patients who are found to be suffering from tuberculosis are encouraged to send along their contacts to the clinic held for Derbyshire patients on Monday afternoons.

All possible efforts are made to co-operate with the Disablement Resettlement Officers of the Ministry of Labour to find suitable employment for the tuberculous patient who is considered fit for full or part-time employment. Some of these have been sent for rehabilitation.

All children examined at the Chest Clinic for the first time are mantoux tested whether they are referred by General Practitioners as suspected tuberculous cases or as contacts of known cases of tuberculosis. The mantoux negative are offered B.C.G. vaccination and the mantoux positive children under 12 months old are offered hospital supervision, but it is difficult to persuade the parents of these children of the need for hospital supervision and antibiotic treatment.

I am of the opinion that all cases of recent mantoux conversion in infants should be treated as active cases and given a course of antibiotics. This view is not universally shared, but I think should at least reduce the incidence of serious post-primary lesions by this means.

I think the reduction in the number of Non-respiratory cases of tuberculosis in children is due wholly to the increased amount of pasteurised and tuberculin tested milk available and the corresponding decrease in the non-pasteurised and non-tuberculin milk for sale.

The early diagnosis of active cases is offset by the fact that modern treatment and perhaps difference in the type of disease has reduced the death rate considerably, and increased the prospect of life in the chronic tuberculous patient by some five to ten years, and whilst we may not have so many sputum positive cases, the ones that are at large are infective for a much longer period."

ILLNESS GENERALLY

The Authority's responsibilities generally for the prevention of illness in the community, and the provision of care and after-care, extend over a wide field, and are inter-related with many of the duties required to be performed under Part II. of the Act by the Hospital and Specialist Services and under Part IV. by the general practitioner service. 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 safe-guarding a person's effects while he is in hospital. Similarly, on a patient's discharge the Hospital Authorities forward reports in many cases so that home visits can be paid or advice given by the Health Visitor. Arrangements are then made for the Home Nurse, or the 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, but wheeled chairs are loaned temporarily, in suitable cases, by the County Health Department.

The Ministry of Health has requested that a short section relating to Blind Persons should be included in the Annual Report for 1953.

It will be remembered that in July, 1948, the Blind Persons Acts Committee ceased to function when the Welfare of the Blind became the responsibility of the County Welfare Department, and as a consequence the registration of Blind Persons was transferred to that Department. However, I have continued to arrange for the standard form of certificate (form B.D.8.) to be completed as the information it contains is of a medical and confidential nature. The forms are interpreted in the Health Department and particulars on broad lines transmitted to the County Welfare Officer for registration purposes.

During the year under review 313 forms (B.D.8.) have been received and of this number 280 persons were registered Blind or placed in the partially sighted category.

In accordance with the Ministry of Health Circular 2/53 of January 1953, the following table gives details of the Blind and Partially sighted cases :—

A. FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS.

	Cause of Disability.			
	Cataract	*Glaucoma*	*Retrolental Fibroplasia*	*Others*
(i) Number of cases registered during the year in respect of which para. 7 (*c*) of forms B.D.8 recommends :—				
(*a*) No Treatment ..	79	7	—	56
(*b*) Treatment. (Medical, Surgical or Optical). ..	98	13	—	27
(ii) Number of cases in (i) (*b*) above which on follow-up action have received treatment ..	25	8	—	12

B. OPHTHALMIA NEONATORUM.

(i) Total number of cases notified during the year 4

(ii) Number of cases in which

(a) Vision lost .. .. —

(*b*) Vision Impaired .. .. —

(*c*) Treatment continuing at end of year .. .. .. —

In the Annual Report for 1945 it was pointed out that there was a diminution of blindness in the earlier years of life, probably due to the efficacy of treatment for such conditions as Ophthalmia Neonatorum, but that, generally speaking, there had been an increase in the number of persons in the older age groups. This is no doubt due to the larger number of persons living to an advanced age when diseases resulting in blindness are much more frequent.

Whilst prior to 1950 the numbers of registered Blind Persons remained fairly constant, they have risen in recent years, This increase may be due to a number of factors. It has been shown in the country as a whole that the increase of population has not been uniformly distributed throughout the age groups, but the increases have occurred in the groups one to fourteen years and forty to seventy years and onwards, and with blindness being largely a disease of the aged, this may well account to some extent for the increased number of registered blind persons. Furthermore, since the introduction of the National Health Service there may be a greater readiness for people to seek registration than in the past. In addition, Professor Arnold Sorsby, in a report on "The Causes of Blindness in England—1948-1950" states "The percentage of borderline cases registered in the earlier years was considerably lower than in the registrations in 1948-50. There is apparently a greater readiness for examining surgeons to certify such patients as blind."

The following table shows the number on the register of Blind Persons for the last four years.

TABLE XXXIV

Year Ended 31st March	0–4	5–10	11–15	16–20	21–30	31–39	40–49	50–59	60–64	65–69	70—	Total
1950	6	6	11	10	36	50	78	123	81	120	501	1022
1951	5	8	12	8	34	52	83	126	88	114	556	1086
1952	6	9	9	11	29	60	90	131	93	122	607	1167
Year Ended 31/12/52	4	10	12	13	28	61	91	134	99	139	632	1223
31/12/53	5	13	11	16	29	59	86	149	99	143	676	1286

The Ministry have asked that particular reference should be made to Cataract and Glaucoma in old people and Retrolental Fibroplasia in premature infants. Statistics with regard to Cataract and Glaucoma prior to 1953 are not readily available, but the following table shows the number of persons suffering from these diseases who were registered as Blind or Partially sighted in 1953, which clearly indicates that these diseases are more prevalent in the upper age Groups.

	Under 50	50-60	60-70	70-	Total
Cataract	14	5	32	126	177
Glaucoma.. ..	1	1	7	11	20

No cases of blindness due to Retrolental Fibroplasia were reported during 1953, and of the four cases of Ophthalmia Neonatorum reported, none resulted in loss or impairment of vision or still required treatment at the year of the year.

THE INCIDENCE OF EPILEPSY AND CEREBRAL PALSY IN THE AREA.

The subject of **epilepsy** has of recent years aroused considerable interest, stimulated no doubt by the study of electroencephalographic recordings. While close clinical investigations involving E.E.G. recordings have not been possible, nevertheless special investigations into the incidence of the condition have been undertaken since 1950. These have formed the subject of sections of my Annual Reports as Principal School Medical Officer for the years 1950-1953 inclusive.

The incidence in 1950 in a group of 4,167 unselected school children was found to be 2.4 per thousand. The number of children attending or awaiting places in Special Schools for Epileptics in December of that year was 0.2 per 1,000 of the school population.

In the following year an examination of a series of 4,735 unselected school children showed an incidence of epilepsy of 2.7 per thousand.

In 1952 two separate special inquiries into the incidence of the disease were made covering a group of 4,412 unselected school children in the same part of the County covered by the previous reports and a second group of 3,548 school children in another area. The incidence of the disease in the two groups was 1.5 per thousand children and 1.4 per thousand children respectively.

The above were all special inquiries when higher figures for the incidence of the disease must be expected.

At ordinary routine school medical examinations in 1953, 1.3 per thousand of school children inspected were referred for treatment for epilepsy. The comparable figure for 1952 was 0.85 per thousand, and in 1951, 1.16 per thousand.

The incidence in a special survey carried out by the Ministry of Education some years ago on 355,000 school children was 1.2 per thousand. Other estimates of the incidence of epilepsy vary between this figure and 5 per thousand of the population.

Sir Charles Symonds writing in 1948 stated that "In the U.S.A. it has been estimated that 1 in 200 of the population are epileptic and there is no reason to suppose that the incidence in this country is less." The same writer in 1952 also expressed the opinion that one person out of every two hundred suffers from epilepsy in some degree, but that the proportion of serious cases is small. This latter statement probably gives the clue to the differing estimates of the incidence of epilepsy. The serious cases are no doubt all recorded but minor degrees of the disease may be missed or not recorded, and in some cases difficulty may be experienced in making a firm diagnosis.

The incidence of **cerebral palsy** has been the subject of close study since 1947. I do not think I can do better than repeat the part of my Annual Report for 1953 as Principal School Medical Officer which deals with this subject and which is reproduced in full below :—

At a Conference of local education authorities of the North Midlands, held in 1947, the Derbyshire County Council was asked to explore the possibility of establishing a Unit for the treatment and training of children suffering from "spastic paralysis and allied conditions," which may perhaps be better called by the generic term of "cerebral palsy." In order to assess the extent of the provision required, the information already available in the county health department was reviewed, and an inquiry was addressed to all medical practitioners practising in the administrative county asking for their co-operation in indicating the extent of the condition in their practices.

Subsequently, the British Council for the Welfare of Spastics requested certain information for submission to their Educational Advisory Committee which had been appointed to study all matters appropriate to the education and training of children and adults suffering from these conditions. Early in 1948, therefore, as a result of information already obtained, arrangements were made for the School Medical Officers to submit up-to-date reports on all the children thought to be suffering from cerebral palsy. The following information was elicited as a result of the investigation :—

	Boys	Girls	Total
(1) NUMBER, and SEX DISTRIBUTION of CHILDREN (0-16 years of age inclusive) suffering from "SPASTIC PARALYSIS and Allied Conditions" (as at March, 1948)	52	34	86

	Boys	Girls	Total
(2) DISTRIBUTION OF (1) AMONG THE FOLLOWING CATEGORIES :—			
(a) Affected on one side only	21	16	37
(b) Affected in both legs	11	8	19
(c) Affected in both arms	2	1	3
(d) Affected in both legs and arms	5	2	7
(e) With indistinct speech	8	5	13
(f) With no speech at all	5	2	7
(g) With a combination of any of the above ..	13	7	20
(3) NUMBERS of (1) CONSIDERED :—			
(a) to be of NORMAL INTELLIGENCE..	18	13	31
(b) To have some degree of BACKWARDNESS	17	12	29
(c) To be SERIOUSLY SUBNORMAL but EDUCABLE	9	4	13
(d) To be apparently INEDUCABLE ..	8	5	13
(4) DIFFERENTIAL PHYSICAL CLASSIFICATION OF (1)† :—			
(a) Spastic..	44	21	65
(b) Athetoid	4	4	8
(c) Ataxic	4	7	11
(d) Rigid	—	2	2
(e) Tremor	—	—	—

†—The importance of correct classification lies in the fact that, from the therapeutic aspect, if success is to be obtained, different methods of treatment require to be adopted according to the category to which the patient belongs. Of a large series of cases, it has been found that whilst 45% proved to be true spastics, 50% were diagnosed as athetoids, and the remining 5% were ataxic, rigid or mixed types. ("Spasticity" means weakness of muscle power with rigidity; "athetosis" means complicated involuntary movement; "ataxia" means inco-ordination of movement; "rigidity" and "tremor" are sufficiently obvious terms as not to require further definition).

	Boys	Girls	Total
(5) NUMBERS OF (1) WHO (in March, 1948) :—			
(a) Attended ORDINARY SCHOOL (L.E.A. or Private)	25	19	44
(b) Attended a SPECIAL SCHOOL (L.E.A. or Private)	—	—	—
(c) Attended a VOCATIONAL TRAINING or an OCCUPATIONAL CENTRE ..	1	—	1
(d) Received NO EDUCATION	25	13	38*
(e) Received EDUCATION AT HOME ..	1	2	3

*—7 boys and 6 girls in this group are under five years of age.

ANALYSIS OF 86 CASES INTO AGES, and INDICATING THE EDUCATIONAL TREATMENT RECOMMENDED

EDUCATIONAL TREATMENT RECOMMENDED	Age :	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Totals
(1) ATTENDANCE AT AN ORDINARY SCHOOL	Boys	1	–	–	2	3	2	3	1	3	1	2	1	2	1	–	–	22
	Girls	–	–	1	3	1	1	1	2	4	2	2	1	1	2	–	–	21
	Total	1	–	1	5	4	3	4	3	7	3	4	2	3	3	–	–	43
(2) ATTENDANCE AT AN ORDINARY SCHOOL — BUT WITH SPECIAL EDUCATIONAL TREATMENT ..	Boys	–	–	–	1	–	1	1	–	–	–	–	–	–	–	–	–	3
	Girls	–	–	–	–	–	1	–	–	–	1	–	–	–	–	1	–	3
	Total	–	–	–	1	–	2	1	–	–	1	–	–	–	–	1	–	6
(3) ADMISSION TO A SPECIAL HOSPITAL SCHOOL ..	Boys	–	–	1	–	2	1	–	1	2	1	–	1	1	2	–	–	12
	Girls	–	–	1	–	–	–	–	–	–	–	–	2	–	–	–	–	3
	Total	–	–	2	–	2	1	–	1	2	1	–	3	1	2	–	–	15
(4) HOME CARE ..	Boys	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1	3
	Girls	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	2
	Total	–	–	–	1	–	–	–	–	–	–	1	–	–	2	–	1	5
(5) HOME CARE (These Patients are probably Ineducable)	Boys	–	–	–	1	–	1	1	–	2	–	–	1	–	–	–	–	6
	Girls	–	–	–	1	1	–	–	–	–	–	1	–	–	–	–	–	3
	Total	–	–	–	2	1	1	1	–	2	–	1	1	–	–	–	–	9
(6) THESE PATIENTS ARE INEDUCABLE	Boys	–	–	–	–	–	–	1	–	–	2	–	1	1	–	1	–	6
	Girls	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	2
	Total	–	–	–	–	–	–	1	1	–	3	–	1	1	–	1	–	8

It may be of interest to summarise the position below, and to compare the figures ascertained in Derbyshire, during these special investigations, with the estimated figures for England and Wales shown in "The Educability of Cerebral Palsied Children" by Miss M. I. Dunsdon, M.A., F.B.Ps.S. :—

	DERBYSHIRE			ENGLAND AND WALES
	Incidence	Number of Cases		
1. INCIDENCE	1.0 per 1,000	Total number of cases	86	1.0 per 1,000 (5,325 cases)
2. PROPORTION so slightly handicapped that they may attend ORDINARY SCHOOL	50%	Number of cases recommended as suitable to attend ordinary schools..	43	50%

3. The remaining 50%—i.e., 43 cases in Derbyshire—will either require special provision, or will prove to be ineducable, as follows :—

4. PROPORTION likely to be able to ATTEND SPECIAL SCHOOLS	24% (7%) (17%)	No. of slightly handicapped cases who might attend ordinary schools with special provision.. No. suitable for 'Hospital Special Schools' .. .. (Of the 15, in the age range 4 - 11 years there are 7 children. It is suggested Talbot House takes 20 children aged 4-11, 5 from Derbyshire and remainder out-county). *	6 15	20% of whom some, slightly handicapped, would be likely to gain no educational benefit by transfer to a school exclusively for cerebral palsied children, while others (those mainly mentally subnormal) would do better in E.S.N. Special Schools.

5. The remaining 26%—i.e., 22 cases in Derbyshire—will prove to require home care and the majority are 'ineducable' :—

6. Recommended for HOME CARE	6%	5	
INEDUCABLE	20%	17	
TOTALS	100%	86	

*Since this was drafted, discussions have taken place concerning the opening of Talbot House Residential School, Glossop, early in 1954, and it is now suggested that generally children should not be admitted below the age of 6 years. The upper age limit is 16 years.

It was felt that any Special School established by the Authority for the treatment and education of children suffering from cerebral palsy should be situated near to a University where there is a medical Faculty, because the services of a range of medical specialists may be required. Ultimately, Talbot House, Glossop, thirteen miles from Manchester—was purchased by the Authority and it is hoped that children will be admitted by mid-1954. I should like to record my grateful appreciation of the help and advice which has been freely given by Sir Harry Platt, the Emeritus Professor of Orthopaedic Surgery at Manchester University, who is also Consultant Adviser in Orthopaedics to the Ministry of Health, and the co-operation of Professor Gaisford of the Department of Child Health at Manchester, through whose good offices arrangements have been made for the services of Dr. R. M. Forrester to be available for regular consultations at the School, and to maintain liaison with the Department of Child Health and any other Consultants whose services might be required from time to time. Initially it is proposed to admit up to twenty pupils, of both sexes, aged between six and sixteen years, and of normal intelligence, though a proportion of children with subnormal intelligence may have to be accepted.

HOME HELP SERVICE

(Section 29)

GENERAL ADMINISTRATIVE ARRANGEMENTS.

The scheme has continued to operate as an emergency service giving help as a general rule for a period up to four weeks. This period is regarded as reasonable for alternative private arrangements to be made, but cases are reviewed and further help provided where necessary.

The number of Home Helps employed has increased during the year, and consequently more cases have received service.

Availability of Service.

The Service is available in various cases, of which the following are examples :—

Availability of Service.

(*a*) Maternity.
(*b*) Where a housewife falls sick or must have an operation.
(*c*) Where a wife is suddenly called away to visit her husband in hospital and arrangements have to be made to look after the children.
(*d*) Where elderly people are infirm, or one of whom suddenly falls ill.
(*e*) Where several members of a household are ill at the same time.
(*f*) Where a doctor requests that a Home Help is necessary to help with a premature infant.
(*g*) Tuberculosis.

The last named presents particular difficulties : whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel. 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. 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 desirable to transfer the Helps at intervals to other types of cases, so as not to use them exclusively for tuberculosis households.

(4) Home 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 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.

Rules of Assessment.

Some slight changes have been made to the scale of assessment. In October, 1953, it was decided to review the method of assessment in maternity cases. Previous to this date the whole of the maternity attendance allowance had been charged in addition to the assessed weekly

charge irrespective of the number of hours help given, and in some cases this had given rise to misunderstandings. It was decided to take only a percentage of the maternity attendance allowance, according to the number of hours of help given, and this removed the anomaly. The minimum charge of 2/6d. or 5/- per week, according to whether the number of hours of help was above or below 20 hours per week, was still retained. The full cost charge to people not entitled to a reduction in fee was increased to 2/9d. per hour in January, 1953, and was further increased to 3/- per hour from January, 1954. This has been necessary to cover the increase in wages granted to Home Helps by the National Joint Council for Local Authorities' Services (Manual Workers).

Conditions for Home Helps.

The hourly rate of pay for Home Helps was increased to 2/4d. per hour on 23rd October, 1953, and a further increase of §d. was granted to operate on the first pay day after 28th November, 1953, bringing the hourly rate to 2/4§d. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay were also paid.

Progress.

The progress of the service during the last six years can be gleaned from the following table :—

	1948	1949	1950	1951	1952	1953
Home Helps employed ..	31	46	130	91	61	76
Cases served	152	302	584	823	416	558
Home Help Organisers employed	1					

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 the 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.

Rules of Assessment.

It was intended that recovery of the cost of providing a Home Help should be made in accordance with a suitable scale of assessment. From time to time this scale has had to be amended as certain anomalies arose, and it was also found necessary to increase the income of the Scheme.

The present rules of assessment are as set out below.

RULES OF ASSESSMENT.

(Revised to 31st December, 1953).

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) Wages, salaries, pensions and/or estimated value of emoluments (e.g. board and lodging) of the head of the household and wife, and any dependent member of the household, after the deduction of income tax and employee's contribution towards superannuation and national insurance but with no deductions of any other nature.	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 capital 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 the 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) Sick Club and Trade Union subscriptions.

(iii) Rent general and special rates, water rates and charges and mortgage principal and interest of the house (as defined in Rule 1) in which the household is living. Schedule A tax actually paid and not allowed in any other way will also be allowed.

(iv) Contributions towards maintenance of relatives not forming part of the household.

(v) Any other amounts which, having regard to the circumstances appear to be reasonable, e.g. hire purchase instalments on necessaries other than clothing and footwear, school fees, abnormal expenses arising out of sickness.

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

Members of the Household.	*Amounts to be allowed per week*
Head of the household or adult living alone. ..	35/0d.
Head of the household and wife.	59/0d.
Dependents over 16 years.	21/6d. each.
Dependents under 16 years :	
First child	15/6d.
Other children	11/0d. each
Housekeeper	22/0d.
Head of the household living in lodgings away from home	Actual cost of board and lodgings plus 15/0d. per week (in lieu of 35/0d. per week).
Adult in residential employment..	Emoluments for board and lodgings included in Rule 3 (a) plus 15/0d. per week.

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 number of hours of help requested.

6. In maternity cases the amount payable per week will be increased by a percentage 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 3/0d. per week.

8. There will be a minimum charge of 2/6d. per week where the number of hours worked is not more than 20 and 5/0d. 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, unless there is an income to be brought into account under Rule 3 (b) or 3 (d).

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. This rule will not apply if there is income to be brought into account under Rule 3 (b) or 3 (d).

RESOURCES TO BE DISREGARDED IN ACCORDANCE WITH THE PROVISIONS OF THE 2nd SCHEDULE TO NATIONAL ASSISTANCE ACT, 1948 AND RULE 4 (a).

1. Wholly disregarded :—
Death Grant under Section 22 of National Insurance Act, 1946.

2. Disregarded up to £1 per week in aggregate :—
(a) The first 10/6d. of sick pay from a friendly society or trade union.
(b) The first 10/6d. of any superannuation in respect of former employments not being :
(i) on account of a pension under the O.A.P. Act, 1936, or W.O. and O.A.C.P. Acts, 1936 to 1941.
(ii) retirement pension under the National Insurance Act, 1946.
(c) (i) retired pay or pension to which Section 16 of the Finance Act, 1919 applies, including dependents allowances (wounds and disability pension).
(ii) disablement pension awarded under the Personal Injuries (Emergency Provisions) Act, 1939, including any increase for dependents.
(iii) Workmens compensation.
(iv) Disablement benefit under Section 12 of National Insurance (Industrial Injuries) Act, 1946.

MENTAL HEALTH SERVICE.

(Section 51).

The Mental Health Service is the responsibility of the Local Health Authority and the work is administered by the County Health Committee with the assistance of its Mental Health Sub-Committee. (The members of this Sub-Committee are shown on page 9).

STAFF.

The Mental Health work is under the control of the County Medical Officer. Ten Medical Officers having special experience in Mental Deficiency have been authorised by the County Health Committee to act as Certifying Officers under the Mental Deficiency Acts 1913-1938. The staff of the Mental Health Section includes a Senior Mental Health Social Worker, three Mental Health Social Workers, ten Duly Authorised Officers and five Relief Duly Authorised Officers, but none of these officers has specialised qualifications. The Duly Authorised Officers also act as Welfare Officers and, as such, are on the staff of the County Welfare Committee. No Psychiatric Social Workers are, however, employed. In connection with the work under the Lunacy Acts, the County is divided into ten areas, each with a central office. The areas are grouped so that two Duly Authorised Officers in adjacent areas, with the assistance of one Relief Duly Authorised Officer, work together as a team of three, so enabling officers in turn, to be "off call" at weekends. Teams in adjoining areas also help each other in cases of emergency. All the Duly Authorised Officers are on the telephone at their homes, so that they may be contacted at any time during the twenty-four hours of the day.

The Mental Health Social Workers are chiefly concerned 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) Investigations concerning 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.

In my opinion, even in the smallest Occupation Centre, it is necessary for a Supervisor and two assistants to be employed if the Centre is to be reasonably efficient. If the staff is less than this number, very little classification can be arranged according to age, aptitude and ability, and, furthermore, difficulties can be envisaged when one of the patients has to be accompanied to the toilet. Then again, if one of the staff is ill in an establishment limited to two, it would be difficult to keep the Centre open. When a Centre is opened, it should cater for a minimum of twenty patients, otherwise the expenditure becomes prohibitive. It is also necessary that the pupils live within reasonable distance of the Centre because, obviously, there is a limit to the amount of time that a child should be expected to spend in a 'bus in relation to that at the Centre. A stage is reached, of course, when it may be cheaper to the State and better for the child to reside in an Institution than to spend long periods daily seated in a 'bus.

In the County there are two Occupation Centres, one at Chesterfield and the other at Ilkeston. It is anticipated that another Centre to serve the fringe area around Derby Borough will be opened shortly. The existing Centres each have about forty pupils on the register. They are taught simple handicrafts, table manners and good habits so that they may become useful citizens and more adaptable to their social surroundings. A hot meal at mid-day is provided through the School Meals Service and the pupils are examined twice each year by a visiting Medical Officer.

The Occupation Centres are appreciated by many harassed parents who are relieved of the care of the children from 9 a.m. until 4 p.m. each day. While mental defectives cannot be made normal, much can be done by training, and some leave the Centres to take up some form of simple work and so become wholly or partly self-supporting.

Chesterfield.

This Centre is held at the Ragged School, Markham Road, Chesterfield, and had an average of about forty pupils on the register during the year 1953. The staff employed was as follows :—

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

Two Assistant Supervisors : Miss G. F. Perry, Diploma of the National Association for Mental Health, and Mrs. M. L. Hill.

The Supervisor reports as follows concerning the work of the Centre during the year 1953 :—

"There were thirty-nine children attending the Occupation Centre in January 1953. During the year five were excluded and one girl left to help her mother. Six were admitted bringing our numbers to thirty-nine.

Visits to the Centre were made by Doctors Davidson-Lamb and Donelan (who medically examined the children), Mrs. Curzon, Inspector, Board of Control, members of the Health Committee, Miss Beardmore, the Health Visitor, and the Mental Health Social Workers.

Two students were sent by the National Association for Mental Health and Miss Ross Hogg, Tutor to the Manchester Course, visited during this period.

A handbag was presented to Miss Walker by the children and staff on the occasion of her leaving the Centre in October.

In spite of the shortage of staff we were able to have the Christmas party. Mr. Wetton, the 'bus proprietor again played the role of Father Xmas and distributed gifts from the tree which he had so kindly given. Mr. Wetton also provided a punch and judy show. As the children left for home they were given an orange, sweets and nuts.

The occasional visits to Queens Park are always enjoyed by children and staff."

Ilkeston.

This Centre is held at St. Mary's Schoolroom, Hallcroft Road, Ilkeston, and had an average of about forty pupils on the register during the year 1953. The staff employed was as follows :—

Supervisor : Miss E. M. Martin, trained at the Nottingham Occupation Centre and has attended a Refresher Course for Supervisors of Occupation Centres arranged by the National Association for Mental Health.

Two Assistant Supervisors : Mrs. L. Buck and Miss W. Fowler, have attended refresher courses arranged by the National Association for Mental Health.

The Supervisor reports as follows concerning the work of the Centre during the year 1953 :—

"The Centre opened with thirty-nine patients on the register. During the year three were excluded, two left the district, and one left to go to work. Seven new children were admitted, six of them under eight years old, leaving forty at the year end. Medical examinations were given on January 16th and again on July 10th. Eleven patients made exceptional improvement, and only six showed no progress whatever.

Great excitement prevailed for some weeks prior to the Coronation on June 2nd of Queen Elizabeth II and all pictures of the event were eagerly examined. The room was gaily decorated and three days extra holiday was granted for this event. On June 4th we were very surprised to receive a visit from the Mayor and Mayoress of Ilkeston, the Macebearer and Town Clerk complete with Regalia to present Coronation mugs to the children.

On June 30th an outing was arranged to Wicksteed Park, when thirty-three patients, three staff and our own 'bus driver had a very enjoyable day, paying fifteen shillings each. This included two meals, ice creams and rides on the miniature railway and motor boat.

The handwork accomplished during the year was of a very high standard and five large pegged rugs were the pride of the bigger boys. Four tablecloths and a number of tray cloths were embroidered by the girls and duly admired, in addition to the usual array of tea cosies, chair backs, cushion covers, mats and stools. Purses of silver, necklaces and bracelets of anodised chain were the speciality of the year.

The Mayor again visited the Centre on the Open Day, 8th December, when handwork sales realised a record figure of £41.2.3d. Patients took part in a concert given to about eighty parents and friends, in whose opinion it appeared to be our best effort.

Presents, sweets, fruit, ice cream cake, and a wonderful Christmas tree were again in evidence at the Christmas party on December 17th, marking the end of what we hope was a successful year."

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

During the year 1953 happy relations and close co-ordination have been maintained with the various Regional Hospital Boards and Hospital Management Committees. Mental defectives on licence from Institutions or on holiday leave are visited in their homes by the Mental Health Social Workers and periodical reports are forwarded in duplicate to the Medical Superintendents concerned, thus obviating the necessity for copying at the Institutions. Where necessary, places of work are found by the Social Workers for a number of the cases on licence from Institutions and special arrangements are made concerning their wages and savings. A number of these patients after working satisfactorily on licence for about two years are discharged from Order but still remain under the supervision of the Social Workers who give friendly guidance in finding new places of work where necessary and in generally helping them before they get into trouble rather than afterwards. Under the National Health Service Act the responsibility for patients on licence or on holiday leave from Institutions rests on the various Hospital Management Committees, but as they do not employ their own Social Workers the work is carried out by officers of the Local Health Authority, by arrangement with the Medical Superintendents of the Institutions for Mental Defectives. Also on behalf of the Management Committees of the various Mental Hospitals, arrangements have been made for the Duly Authorised Officers to visit the homes of patients due to be allowed leave of absence on trial under Section 55 of the Lunacy Act 1890 or about to be boarded out under Section 57, and regular reports are forwarded to the Medical Superintendents.

In conjunction with the County Ambulance Service, arrangements have been made for a sitting case car to be located at the Pastures Hospital, Mickleover ; and at this and other Mental Hospitals trained attendants are available, where necessary, for the conveyance of patients.

VOLUNTARY ASSOCIATIONS.

The National Association for Mental Health.

This association is of assistance in arranging courses of instruction in mental deficiency which are attended by Medical Officers of the Council with a view to their being approved as Certifying Officers under the Mental Deficiency Acts.

Arrangements have also been made with the Association for different trainees to work at the Chesterfield Occupation Centre for periods of six weeks as part of the training required for the Diploma in Mental Health granted by the Association.

The Association is also instrumental in arranging temporary accommodation in urgent cases.

The Guardianship Society, Brighton.

Three mental defectives subject to Guardianship Orders live near the South Coast and are under the supervision of the Guardianship Society.

WORK UNDERTAKEN IN THE COMMUNITY.

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

The work of the Mental Health Social Workers is chiefly concerned with the care and after-care of mental defectives under the Mental Deficiency Acts. 801 cases under statutory supervision and 479 cases under voluntary supervision were visited during 1953 in their homes bi-monthly or quarterly, but more frequent visits are made if required. Much helpful advice is given in regard to the completion of forms for the National Assistance Board, the National Insurance offices and other public departments. A continuous record of each case is kept in the Central Office, compiled from the detailed reports of the Social Workers on their visits. A number of letters have been received during the year from the parents of patients expressing thanks for the help and assistance given by these workers, who are welcomed in the homes.

Although more than 600 mentally defective girls over fifteen years of age were under supervision at home or on licence from Institutions, in not a single case was an illegitimate child born during the year 1953.

(*b*) *Under the Lunacy and Mental Treatments Acts*, 1890—1930.

During the year 1953, as shown in the following tables, 946 patients were admitted to Mental Hospitals and in respect of 460 of

these, orders were obtained by the Duly Authorised Officers. Also advice and information were given to patients and relatives in the case of a number of patients admitted voluntarily under the Mental Treatment Acts. It is noteworthy that more than half the cases admitted to Mental Hospitals during the year were admitted voluntarily, without the stigma of certification, and it is encouraging that more and more people are realising that mental illness is similar to many other illnesses in that early treatment can bring about complete recovery.

During the period 1st January 1953 to 31st December 1953, the following numbers of patients were admitted to Mental Hospitals :—

	Males	*Females*	*Total*
The Pastures Hospital, Mickleover	269	317	586
Scarsdale Hospital, Chesterfield	78	53	131
Bracebridge Heath Hospital, Near Lincoln	1	—	1
Mapperley Hospital, Nottingham	12	9	21
Cheadle Royal Hospital, Cheadle	1	2	3
Kingsway Hospital, Derby	48	60	108
Parkside Mental Hospital, Macclesfield	21	33	54
St. Matthews Hospital, Burntwood, near Litchfield	10	6	16
Andressey Hospital, Burton-on-Trent	2	1	3
Shaw Heath Hospital, Stockport	6	4	10
Middlewood Mental Hospital, Sheffield	3	1	4
Springfield Hospital, Crumpsall, Manchester	1	—	1
Ollersett View Hospital, New Mills	—	6	6
The Retreat, York	—	1	1
Lake Hospital, Ashton-under-Lyne	—	1	1
	452	494	946

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

	Males	*Females*	*Total*
Lunacy Act, 1890.			
Summary Reception Orders (Sec. 16)	117	157	274
Duly Authorised Officer's 3-day Orders (Sec. 20)	44	25	69
Justices' 14-day Orders (Sec. 21)	45	59	104
Mental Treatment Act, 1930.			
Temporary Patients (Sec. 5)	3	10	13
Voluntary Patients	240	243	483
Criminal Justice Act, 1948.			
Voluntary (Sec. 4)	3	—	3
	452	494	946

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

Guardianship.

The cases under Guardianship Orders are visited by a Medical Officer with special experience in mental deficiency and are also visited regularly by the Social Workers.

Admissions to Institutions for Mental Defectives.

The following table shows the number of patients admitted to Institutions for Mental Defectives during the year 1953 :—

Under age 16		*Over age 16*		*Total*		*Total cases.*
M.	*F.*	*M.*	*F.*	*M.*	*F.*	
4	3	13	6	17	9	26

Cases urgently awaiting admission to Institutions.

The effect of the continual rise in the number of mental defectives urgently awaiting institutional care is becoming increasingly apparent. At the time the National Health Service Act came into force in July 1948, apart from cases in Public Assistance and other Institutions, there were 43 children and 7 adults awaiting admission to Institutions for mental defectives. (At that time, when Makeney House was handed over to the Regional Hospital Board, there were actually eight vacant beds for females in that Institution). Some of these fifty cases were awaiting admission on account of Institutions for Mental Defectives being taken over for war purposes. The urgent waiting list had increased to 126 at the end of 1952, 151 at the end of 1953 and at the time of writing this report (May 1954) the total is 177. Some of the desperately urgent cases which were on the waiting list in 1948 are still on the waiting list in 1954. As will be seen from the table set out below, the most urgent need is for beds for destructive imbecile boys under 16 years of age. Fifty-eight of these are on the urgent waiting list and last year the two Regional Hospital Boards provided beds for only four of this type of case. Recently a list of ten very urgent boys was sent to the Ministry of Health and it was not possible to say that any one was more urgent than the others.

The following list gives details of a selection of these cases :—

Case 1. Age 10. Destructive imbecile. Sister aged five years and twelve months old baby. Family doctor reports that there is grave danger that he will injure the baby. Has been awaiting admission twelve months.

Case 2. Age 13. Destructive imbecile. Exposes himself in the street. Kicked a fowl to death in the street. Three other children in the family aged 12, 9 and 7 years respectively. Has been awaiting admission six years.

Case 3. Age 8. Destructive low grade imbecile, entirely dependent on others. Three other children in the family aged 16, 13 and 11 years respectively. Father frequently away from work owing to illness. Has been awaiting admission six years.

Case 4. Age 7. Destructive imbecile who also suffers from epileptic fits. Two other children in the family aged 3 and 4 years respectively are terrified of him. Family doctor reports that he is deteriorating and becoming unmanageable at home. Has been awaiting admission four years.

Case 5. Age 6. Destructive imbecile. Bangs his head on walls and doors and sets fire to anything. Has burned £100 worth of clothing and furniture. Screams day and night. Cannot be allowed to wear shoes, otherwise he puts his feet in the fire and kicks it on the rug. A nice home has been ruined. Two other children in the family aged 7 and 12 years respectively. Has been awaiting admission three years.

Case 6. Age 14. Blind imbecile who also suffers from epileptic fits. Brother at home also a blind imbecile and suffers from epileptic fits. Has been awaiting admission five years.

Case 7. Age 8. Destructive imbecile who also suffers from epileptic fits. A brother, also a destructive imbecile and suffering from epileptic fits admitted to Institution four years ago. Mother has left home and father has to stay away from work to look after the boy, receiving National Assistance. Has been awaiting admission four and a half years.

Case 8. Age 8. Helpless idiot. In Scarsdale Hospital since 1947. Has been awaiting admission to an Institution for Mental Defectives six years.

Case 9. Age 9. Helpless idiot. In Scarsdale Hospital since 1945. Has been awaiting admission to an Institution for Mental Defectives for six years.

CASES URGENTLY AWAITING ADMISSION TO INSTITUTIONS FOR MENTAL DEFECTIVES. 31st DECEMBER, 1953

	Under 16		*Over* 16		*Total*		
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*T.*
Manchester Regional Hospital Board area (Population 70,000)	12	3	6	3	18	6	24
Sheffield Regional Hospital Board Area .. (Population 621,700)	46	21	28	32	74	53	127
Whole County	58	24	34	35	92	59	151

In addition to these cases on the urgent waiting list there is a number of other mental defectives awaiting admission to Institutions when beds can be provided by the Regional Hospital Boards. Any of these may become urgent at any time owing to the death or illness of aged parents, etc.

Short Term Stay.

In order to afford some measure of relief to harassed parents of mental defectives awaiting admission to Institutions, two beds have been reserved for short-term stay and during the year 1953, eighteen cases were admitted for periods of four to eight weeks. This has been greatly appreciated by the parents who have been able to take a holiday or have a rest from the continual care of the defective child.

The following table gives details of the number of mental defectives reported and dealt with during the year 1953 and also shows the number of mental defectives in the County on 1st January, 1954 :—

MENTAL DEFICIENCY ACTS, 1913-1938

Name of Local Health Authority: Derbyshire.

	During 1953				*Total cases on Authority's registers as at 1st January*, 1954			
	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* 1953 :—								
(a) Cases at 31st December ascertained to be defectives "subject to be dealt with." Action taken on reports by:—								
(i) Local Education Authorities on children								
(1) While at school or liable to attend school	26	11	–	–	–	–	–	–
(2) On leaving special schools	–	–	1	2	–	–	–	–
(3) On leaving ordinary schools	3	5	–	–	–	–	–	–
(ii) Police or by Courts ..	2	2	2	1	–	–	–	–
(iii) Other Sources	5	3	7	5	–	–	–	–
(b) Cases reported but not regarded at 31st December as defectives "subject to be dealt with" on any ground.. ..	7	8	11	31	–	–	–	–
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	2	3	8	4	–	–	–	–
Total number of cases reported during the year :—	45	32	29	43	–	–	–	–

	During 1953				*Total cases on Authority's registers as at 1st January, 1954*			
	Under age 16		*Aged 16 and over*		*Under age 16*		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	*M.*	*F.*
2. *Disposal of cases.*								
(a) Of the cases ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Statutory Supervision ..	34	20	5	6	161	114	253	273
(ii) Placed under Guardianship	–	–	–	–	–	–	2	2
(iii) Taken to "Places of Safety"	–	–	1	–	–	–	1	2
(iv) Admitted to Institutions	2	1	4	2	12	12	229	295
(b) Of the cases not ascertained to be defectives "subject to be dealt with" number :—								
(i) Placed under Voluntary Supervision ..	7	7	11	27	9	9	216	245
(ii) Action unnecessary ..	–	1	–	4	–	–	–	–
Total of item 2	43	29	21	39	182	135	701	817
3. *Classification of defectives in the Community on* 1.1.54.								
(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	–	–	–	–	17	6	2	5
(ii) ambulant low grade cases	–	–	–	–	39	15	18	14
(iii) medium grade cases..	–	–	–	–	2	3	11	11
(iv) high grade cases ..	–	–	–	–	–	–	3	5
(2) Not in urgent need of institutional care :—								
(i) "cot and chair" cases	–	–	–	–	1	4	–	2
(ii) ambulant low grade cases	–	–	–	–	4	4	10	6
(iii) medium grade cases..	–	–	–	–	–	2	3	7
(iv) high grade cases ..	–	–	–	–	–	–	1	4
Total of item 3 (a) ..	–	–	–	–	63	34	48	54

	Under age 16		*Aged 16 and over*	
	M.	*F.*	*M.*	*F.*
3. *Classification of defectives in the Community on* 1.1.54. (*continued*)				
(b) Of the cases included in items 2 (a) (i) and (ii) and 2 (b) (i) overleaf, number considered suitable for :—				
(i) occupation centre	71	61	–	–
(ii) industrial centre..	–	–	42	40
(iii) home training	–	1	7	20
Total of item 3 (b)	71	62	49	60
(c) Of the cases included in item 3 (b) number receiving training on 1.1.54 :—				
(i) in occupation centre	32	28	7	16
(ii) in industrial centre	–	–	–	–
(iii) at home	–	–	–	–
Total of item 3 (c)	32	28	7	16

4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1953, who have ceased to be under any of these forms of care during 1953.

	M.	*F.*	*T.*
(a) Ceased to be under care	11	9	20
(b) Died, removed from area, or lost sight of ..	19	24	43
Total	30	33	63

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 1953 .. .. .. Nil.

	Males	*Females*
(b) Number who have married during 1953 ..	1	2

APPENDIX I.

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 THE WORK DONE DURING THE YEAR 1953

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*) Stillbirths :—		(*c*) Totals :—	
(i) Domiciliary..	4,435	(i) Domiciliary..	63	(i) Domiciliary..	4,498
(ii) Institutional	6,604	(ii) Institutional	170	(ii) Institutional	6,774
				Grand Total	11,272

2. Ante-Natal and Post-Natal Clinics.

NOTES : A list giving the names and addresses of any clinics (*a*) discontinued and (*b*) started during the year should be attached.
Clinics provided by another Local Health Authority and used by agreement or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority should *not* be included, but a separate note should be attached showing the number of such clinics used by mothers resident in the Authority's area and the number of sessions held *per month* and if readily available, statistics as in columns (4) to (6) in respect of these women.

In cols. (4)-(6) women examined post-natally at ante-natal clinics should be included in the post-natal (not the ante-natal) figures and also shown separately between dotted lines.

In col. 5 enter for ante-natal clinics women who had *not* previously attended any clinic of the Local Health Authority during current pregnancy, and for post-natal clinics women who had *not* previously attended any post-natal clinic of the Local Health Authority after last confinement.

(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		Total number of attendances during the year (6)
		Medical Officers Sessions	* Mid-wives Sessions	Number of women who attended during year (4)	Number of new cases included in col. (4) (5)	
Local Health Authority Clinics :						
(*a*) Ante-natal clinics ..	22	116.5	—	5,295	4,183	16,932
(*b*) Post-natal clinics ..	2	2	—	420 333	394 310	637 485
Clinics provided by Voluntary Organisations :						
(*c*) Ante-natal clinics ..	—	—	—	—	—	—
(*d*) Post-natal clinics ..	—	—	—	– –	– –	– –

*Where no Medical Officer is present.

3. Child Welfare Centres.

NOTES : A list giving the names and addresses of any centres (*a*) discontinued and (*b*) started during the year should be attached.

Centres provided by another Local Health Authority and used by agreement, or by a voluntary organisation which the Authority subsidise but which are situated in the area of another authority, should *not* be included, but a separate note should be attached showing the number of such centres used by children resident in the Authority's area and the number of sessions held *per month*, also if readily available, statistics as in columns (4)-(12) in respect of these children.

Centres provided by : (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 first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age (4)	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year (8)	Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year (12)
				1953 (5)	1952 (6)	1951-48 (7)		Under 1 year (9)	1 but under 2 (10)	2 but under 5 (11)	
(*a*) L.H.A. ..	85	342	6,270	5,445	4,576	4,155	14,176	73,872	18,580	12,476	104,928
(*b*) Vol. Org. ..	3	8	104	93	74	60	227	1,425	356	127	1,908

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

(*a*) Number of Officers employed at end of year on a salary basis in terms of whole-time officers to the maternity and child welfare service :—
(1) Senior Dental Officer 0.25
(2) Dental Officers 0.89

(*b*) Number of Officers employed at end of year on a sessional basis in terms of whole-time officers to the maternity and child welfare service .. .. None

(*c*) Number of dental clinics in operation at end of year 15

(*d*) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year: 44 in Chesterfield Borough. None specifically set aside in remainder of County for Expectant and Nursing Mothers and pre-school children.

(*e*) Number of expectant and nursing mothers for whom treatment was completed during the year 7

(*f*) Number of children under school age for whom treatment was completed during the year 164

5. Health Visiting and Tuberculosis Visiting.

A. Visiting.

	HEALTH VISITORS										TUBERCULOSIS VISITORS
	Number of children under 5 years of age visited during year	Expectant mothers*		Children under 1 year of age†		Children age 1 and under 2 years	Children age 2 but under 5 years	Tuberculous Households‡	Other cases§	Total number of families or households visited by Health Visitors	Total visits paid to tuberculous households¶
		First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
H.A.	42,599	2,469	3,360	9,557	28,319	17,217	32,233	3,603	4,626	35,584	—
Vol. Org.	—	—	—	—	—	—	—	—	—	—	—

*These figures should not include visits paid by a midwife-health visitor who is to attend the confinement as a midwife or maternity nurse.
The "first visit" to an expectant mother is the first visit paid by a health visitor during any one pregnancy.

†The "first visit" to a child under 1 year old is the first visit paid by a health visitor of this Local Health Authority after the birth of the child.

‡This heading relates to visits made by health visitors not employed solely on tuberculosis work (as to which see col. (12)).

§"Other cases" should include visits for such purposes as reporting on still-births and infant deaths, infectious disease, care of old people, hospital after-care, etc.

¶This heading relates to visits made by health visitors and tuberculosis visitors employed solely on tuberculosis work.

B. Clinics.

(*a*) Total number of attendances made by health visitors at local health authority clinic sessions per month 832.25

(*b*) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions per month .. .. —

6. Home Nursing.

(1)	Medical (2)	Surgical (3)	Infectious Diseases (4)	Tuberculosis (5)	Maternal Complications (6)	Others (7)	Totals (8)	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year (9)	Children included in (2)-(7) who were under 5 at the time of the first visit during the year (10)	Patients included in (2)-(7) who have had more than 24 visits during the year (11)
Number of cases attended by Home Nurses during the year :—										
(*a*) L.H.A. ..	10,569	4,152	82	330	190	1,683	17,006	6,094	939	2,804
(*b*) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	—
Number of visits paid by Home Nurses during the year :—										
(*c*) L.H.A. ..	249,272	77,500	775	8,310	2,952	22,694	361,503	157,497	6,187	200,601
(*d*) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	—

7. Domestic Helps.

(i) Number of Domestic Helps employed at end of year :—
- (*a*) Whole-time 37
- (*b*) Part-time 51

(ii) Number of cases where domestic help was provided during the year :—
- (*a*) Maternity (including expectant mothers) 148
- (*b*) Tuberculosis 1
- (*c*) Chronic sick including aged and infirm 363
- (*d*) Others 177

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

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

NOTE : A list giving the names and addresses of any Day Nurseries (*a*) opened, (*b*) closed during the year should be attached.

(1)	Number (2)	Number of approved places		Number of children on the register at the end of the year		Average daily attendance during the year	
		Under 2 (3)	2–5 (4)	Under 2 (5)	2–5 (6)	Under 2 (7)	2–5 (8)
(*a*) Nurseries maintained by the Council	5	91	134	68	170	48	122
(*b*) Nurseries maintained by Voluntary Organisations by arrangement with the Council under Section 22 of the Act.	—	—	—	—	—	—	—

9. 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.

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

Name and Address of Home or Hostel	Number of beds				Number of admissions (ignoring re-admissions after confinement) during the year	Number of admissions in col. (6) for which the authority was responsible	Average length of stay	
	Total beds (excluding maternity and labour and cots)	*Maternity (excluding labour and isolation)	Labour beds	Cots			Ante natal	Post natal †
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(*a*) Provided by the Authority :—			N	I	L			
(*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) :—			N	I	L			

(*c*) 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 :—

(1) Expectant mothers 51

(2) Post-Natal Cases 48

†Exclusive of the lying-in period.

*A separate form M.C.W. 96a, should be furnished for each institution with *maternity* beds included in the above table. Immediate information should be sent to the Principal Medical Officer for the Region and addressed to him at the Ministry of Health, Savile Row, W.1, of every occurrence in any of these institutions of :—

(*a*) DEATH ;

(*b*) OPHTHALMIA NEONATORUM, PEMPHIGUS AND *INFECTIVE GASTRO-ENTERITIS* ; AND

(*c*) AN OUTBREAK OF OTHER INFECTIOUS DISEASES.

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

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

(*a*) Themselves .. .. No

(*b*) in combination with another Local Health Authority ? .. .. No

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

PART II.

MIDWIVES ACT, 1951.

RETURN BY LOCAL SUPERVISING AUTHORITY.

1. Midwives.

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

	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 ..	106	–	106
(*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 :—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	–	–	–
(ii) Otherwise	–	85	85
(*d*) Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	7	5	12
Totals	113	90	203

2. Deliveries Attended by Midwives.

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

	Number of deliveries attended by Midwives in the area During the year					
	Domiciliary Cases					
	Doctor not booked		Doctor booked			
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child	Totals	Cases in Institutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(*a*) Midwives employed by the Authority	245	1,664	1,265	1,274	4,448	—
(*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	–	–	–	–	–	3,882
(*d*) Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	–	1	20	1	22	398
TOTALS ..	245	1,665	1,285	1,275	4,470	4,280

(*e*) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day, 1,116.

(*f*) **Breast Feeding.**
Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day, 3,645.

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, whether a fee was payable by the Local Health Authority or not :—

(*a*)	Domiciliary cases :—	
	(i) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ..	228
	(ii) Others	439
	Total	667
(*b*)	Cases in Institutions	114

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	69
(*b*)	Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	5
	Total	74

(2) Domiciliary Midwives.

NOTE : The information required for item (*d*) in columns (3)-(7) should be supplied where available.

(1)	Number of **domiciliary** midwives practicising 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 (2)	Number of sets of apparatus for the administration of gas and air in use at end of year (3)	Number of cases in which gas and air was administered by midwives in **domiciliary** practice during the year :—		Number of cases in which pethidine was administered by midwives in **domiciliary** practice during the year :—	
			When doctor was not present at time of delivery of child (4)	When doctor was present at time of delivery of child (5)	When doctor was not present at time of delivery of child (6)	When doctor was present at time of delivery of child (7)
(*a*) Domiciliary Midwives employed directly by Local Health Authority	106	107	1,864	637	900	488
(*b*) Domiciliary Midwives employed under Section 23 by voluntary organisations as agents of Local Health Authority	—	—	—	—	—	—
(*c*) Domiciliary Midwives employed under Section 23 by hospital authorities as agents of Local Health Authority	—	—	—	—	—	—
(*d*) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority	2	2	—	—	—	11
Totals	108	109	1,864	637	900	499

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	8	18	75	93

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.

PREMATURE BIRTHS

NOTES : This section covers live births and still-births of 5½ lbs. or less at birth.

Births in an ambulance or in the street should be listed under the place to which the case is immediately transferred.

1. Number of Premature Live Births Notified (as adjusted by transferred notifications).

(*a*) In hospital	474
(*b*) At home	231
*(*c*) In private nursing homes	39
Total	744

2. Number of Premature Still-Births Notified (as adjusted by transferred notifications).

(*a*)	In hospital	84
(*b*)	At home	21
*(*c*)	In private nursing homes	1
	Total	106

*"Private nursing homes" includes nursing homes and maternity hospitals and homes not in the National Health Service and Mother and Baby Homes where women are confined in the Home.

NOTE : The totals in the table below should correspond with the appropriate figures in items 1 and 2 above, e.g. the sum of the totals in cols. (5) and (8) of the table should correspond with item 1 (*b*) above.

Weight at birth	PREMATURE LIVE BIRTHS															Premature Still-births		
	†Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day					
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Born in hospital	Born at home	Born in nursing home.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19
(*a*) 3 lb. 4oz. or less (1,500 gms. or less)	64	26	19	7	6	—	10	5	3	2	1	—	—	—	—	34	12	—
(*b*) Over 3 lb. 4oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.	89	13	69	15	1	14	25	3	19	11	—	10	—	—	—	28	4	1
(*c*) Over 4 lb. 6 oz. up to and including 4 lb. 15 0z. (2,000-2,250 gms.)	99	2	93	28	—	27	11	—	9	3	—	3	—	—	—	11	3	—
(*d*) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	222	5	212	126	1	123	9	2	5	23	1	22	—	—	—	11	2	—
Totals	474	46	393	176	8	164	55	10	36	39	2	35	—	—	—	84	21	1

†The group under this heading will include cases which may be born in one hospital and transferred to another.

PART V.

STAFF RETURN.

NURSING STAFF EMPLOYED AT THE END OF THE YEAR BY THE AUTHORITY, AND BY VOLUNTARY ORGANISATIONS AND HOSPITALS UNDER ARRANGEMENTS WITH THE AUTHORITY FOR SERVICES UNDER PART III OF THE N.H.S. ACT.

NOTES : Where a nurse is engaged in more than one service (e.g. a superintendent nursing officer or a home nurse-midwife) she should be shown as part-time in *each* of the services in which she is engaged, and should be given the whole-time equivalent of her work in *each* of these services in the columns provided.

A health visitor (or home nurse or midwife) who also does school nursing duties should be shown as part-time, together with the whole-time equivalent of her work after deduction of time spent in school nursing duties. Nurses employed solely as whole-time school nurses whether or not holding the health visitor's certificate should not be included anywhere in this return.

1. Health Visiting, Tuberculosis Visiting, Clinic Duties, Care and After-Care.

	Administrative and Supervisory Nursing Staff (excluding Health Visitor Tutors)			Health Visitors except those in Cols. (8)-(10)			Tuberculosis Visitors†			Other Nurses		
(1)	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6) (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9) (10)	Whole-time (11)	Part-time (12)	Equiv. Whole-time of (12) (13)
				—	47		—	—	—	—	—	—
Local Health Authority ..	—	2	1.3	—	—	32.5	—	—				
				—	—		—	—	—	—	—	—
Voluntary Organisation ..	—	—	—	—	—	—	—	—				

*Health Visitors and Tuberculosis Visitors acting as such by virtue of a dispensation given under Regulation 5 of the National Health Service (Qualifications of Health Visitors and Tuberculosis Visitors) Regulations, 1948, should be included and also shown separately between dotted lines.

†This relates to health visitors and tuberculosis visitors employed solely on tuberculosis work.

2. Domiciliary Midwifery.

(1)	Administrative and Supervisory Nursing Staff			Domiciliary Midwives		
	Whole-time* (2)	Part-time * (3)	Equivalent Whole-time of (3) (4)	Whole-time† (5)	Part-time † (6)	Equivale Whole-time of ((7)
(*a*) Local Health Authority	— –	3 3	1.5	71 4	35 –	17.5
(*b*) Voluntary Organisation	— –	— –	—	— –	— –	—
(*c*) H.M.C. or B.G. ..				— –	— –	—

*Non-Medical Supervisers of Midwives should be included and also shown separately between dotted lines.

†Midwives approved as teachers should be included and also shown separately between dotted lines.

Pupil Midwives.

Number of pupils who have completed their district training in the area during the year as part of a Part II Midwifery course taken :—

(i) Wholly on the district .. .. .. —

(ii) Partly on the district 10

3. Home Nursing.

(1)	Administrative and Supervisory Nursing Staff			State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)			Enrolled Assistant Nurses			Student Home Nurses		
	Whole-time (2)	Part-time (3)	Equiv. Whole-time of (3) (4)	Whole-time* (5)	Part-time* (6)	Equiv. Whole-time of (6)* (7)	Whole-time* (8)	Part-time* (9)	Equiv. Whole-time of (9)* (10)	Whole-time (11)	Part-time (12)	Eq Wh tir of (1 (1
(*a*) Local Health Authority ..	1	2	1	86	24	12	12	11	5.5	—	—	–
				—	—	—	—	—	—	—	—	–
(*b*) Voluntary Organisation ..	—	—	—	—	—	—	—	—	—	—	—	–
				—	—	—	—	—	—	—	—	–

*Male nurses should be included and also shown separately between dotted lines.

4. Nurses Engaged on Combined Duties.

(*a*)	Number of nurses engaged in health visiting and school nursing	48
(*b*)	Number of nurses engaged in home nursing and midwifery	35
(*c*)	Number of nurses engaged in health visiting, home nursing and midwifery	Nil.
(*d*)	Others (please specify)	Nil.

5. Administrative Nursing Staff (excluding Health Visitor Tutors).

Actual number of nurses who are **occupied** in administrative or supervisory duties in the services in 1, 2 and 3 :—

(*a*)	Whole-time	4
(*b*)	Part-time	2

6. Total Staff.

Actual number of nursing staff represented in the tables under 1, 2 and 3 above, including administrative nursing staff but **excluding** students and pupils, who are **employed** :—

(*a*)	Whole-time	257
(*b*)	Part-time	—

7. Nursery Staff—Day Nurseries.

(1)	(2)	Matrons		Deputy Matrons		Other Staff—Excluding Domestics					
	Nursery Supervisors †	State Registered i.e. S.R.N., R.S.C.N. or R.F.N. (3)	Others (4)	State Registered i.e. S.R.N., R.S.C.N. or R.F.N. (5)	Others (6)	S.R.N.'s R.S.C.Ns R.F.N's (7)	S.E.A.Ns (8)	Nursery Nurses (9)	Wardens (10)	Nursery Assistants and other staff (excluding domestics) (11)	Nursery Students (12)
..H.A.	— —	3	2	1	3	—	2	7	5	9	33
ol. rg.*	— —	—	—	—	—	—	—	—	—	—	—

*Refers to staff employed by Voluntary organisations providing a day nursery service by arrangement with the Local Health Authority under Section 22 of the Act.

†The number of part-time Supervisors should be included and also shown between dotted lines.

8. Vacancies.

Number of vacancies for nursing staff at the end of the year (i.e. additional staff which the Authority would employ immediately if available) expressed in terms of the equivalent of whole-time staff under each heading :—

(*a*)	Health Visitors	18
(*b*)	Tuberculosis Visitors	—
(*c*)	Domiciliary Midwives	2
(*d*)	Home Nurses	8
(*e*)	Day Nursery Staff (specify grades). Nursery Students	2

COUNTY OF DERBY

APPENDIX II.

Table of Deaths during the year 1953 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 Prostate	Pregnancy, Childbirth, Abortion	Congenital malformations	Other defined and ill defined diseases	Motor Vehicle Accidents	All other Accidents	Suicide	Homicide and operations of war	All Causes
(URBAN)																																			
ALFRETON	1	–	1	–	1	–	–	–	1	4	6	4	2	22	2	1	32	36	1	44	12	1	9	13	4	2	1	–	3	–	4	20	5	5	3	–	240
ASHBOURNE	1	–	–	–	–	–	–	–	–	2	–	–	1	9	1	–	26	10	1	12	15	–	2	2	3	–	1	1	–	–	–	11	–	1	–	–	100
BAKEWELL	2	1	–	–	–	–	–	–	–	1	5	1	–	5	–	–	12	5	–	16	3	–	4	6	1	1	–	–	–	1	6	–	1	–	–	74
BELPER	1	–	–	–	–	1	–	–	–	11	4	4	1	14	1	–	17	35	2	14	14	4	5	6	3	3	–	1	1	–	–	1	1	–	–	–	160
BOLSOVER	1	–	–	–	–	–	–	–	1	4	–	–	1	12	–	2	10	6	3	25	1	1	4	3	2	–	–	–	–	2	–	–	13	3	2	1	–	
BUXTON (Borough) ..	2	–	–	–	1	–	–	–	2	3	5	2	3	17	2	3	30	45	5	34	11	1	9	9	1	–	–	–	2	–	–	1	7	2	3	2	–	
CHESTERFIELD (Bor'gh)	15	3	2	–	1	–	–	–	1	20	22	7	5	59	2	3	97	79	34	172	28	7	36	37	6	5	3	9	1	1	7	68	3	17	10	1	
CLAY CROSS	1	–	–	–	–	–	–	–	–	2	2	1	2	14	2	–	11	9	4	16	6	–	2	7	1	–	3	–	–	–	–	8	–	–	–	–	
DRONFIELD	–	1	–	–	–	–	–	–	1	2	2	1	–	4	2	1	10	6	2	18	1	2	6	4	–	–	1	2	1	–	–	2	–	–	–	–	
GLOSSOP (Borough) ..	2	1	–	–	–	–	–	–	2	7	4	3	2	21	2	7	42	27	2	62	7	9	11	23	1	1	1	16	3	–	1	27	1	3	1	–	
HEANOR	6	2	–	–	–	–	–	1	2	8	5	1	–	23	–	1	38	38	6	33	13	6	11	11	1	4	1	3	4	–	3	23	4	6	3	–	
ILKESTON (Borough) ..	7	1	2	–	–	–	1	–	1	10	8	4	–	25	4	–	49	24	6	39	11	4	13	28	2	5	–	1	2	1	–	7	27	3	12	1	–	
LONG EATON	8	–	1	–	–	–	–	–	–	7	5	7	–	19	1	1	36	37	1	54	15	1	17	22	5	1	3	2	2	1	3	34	4	4	6	–	
MATLOCK	4	–	1	–	1	–	–	–	–	2	4	5	2	16	1	1	26	27	5	41	10	5	5	10	7	1	–	–	–	–	2	11	4	2	3	–	
NEW MILLS	1	–	–	–	–	1	–	–	–	2	3	–	–	15	–	2	13	7	4	17	15	1	3	7	2	–	–	3	–	–	2	6	–	2	–	–	
RIPLEY	2	–	–	–	–	–	–	–	1	2	–	5	2	14	–	3	29	26	1	19	9	–	9	3	1	–	–	1	1	–	3	21	–	1	1	–	
STAVELEY	3	–	–	–	–	–	–	–	1	7	2	1	2	12	1	–	15	26	2	26	3	–	2	10	1	1	–	–	2	–	3	10	–	2	1	–	
SWADLINCOTE	5	–	–	–	–	–	–	–	–	5	7	1	1	16	1	1	26	17	6	47	12	1	13	13	5	1	–	5	1	–	3	17	1	4	3	–	
WHALEY BRIDGE ..	–	–	–	–	–	–	–	–	–	1	–	4	–	3	–	1	8	8	2	23	5	–	1	5	1	1	1	–	–	–	–	5	–	2	–	–	
WIRKSWORTH	–	1	–	–	–	–	–	–	–	1	–	2	–	6	–	–	10	8	–	15	3	4	1	2	–	3	1	–	1	–	–	2	–	1	1	–	
URBAN DISTRICTS ..	62	10	7	–	4	2	2	2	13	101	84	53	24	326	22	27	537	476	87	727	194	47	166	221	47	29	16	45	26	2	41	330	30	73	39	1	3,873
(RURAL)																																			
ASHBOURNE	1	1	–	–	–	–	–	–	–	3	1	–	2	11	2	1	16	10	2	26	12	–	3	6	–	1	–	–	2	–	1	8	3	4	2	–	
BAKEWELL	3	–	–	–	–	–	1	–	–	7	3	2	–	14	–	2	24	26	3	45	10	2	6	7	–	2	–	–	1	–	–	28	1	4	2	–	
BELPER	3	–	–	–	–	–	–	–	–	9	4	6	1	39	3	1	44	47	4	51	18	3	12	4	4	2	–	1	2	–	–	24	2	12	3	–	
BLACKWELL	9	–	1	–	1	–	–	–	1	19	12	9	4	36	1	4	48	44	7	71	15	1	11	17	–	4	1	2	–	1	3	21	9	4	1	–	
CHAPEL-EN-LE-FRITH	3	–	–	–	–	–	–	–	2	11	10	4	2	22	1	2	34	20	6	51	8	6	1	18	1	1	–	3	2	–	6	59	–	9	4	–	
CHESTERFIELD ..	13	1	1	–	1	–	–	–	–	20	15	7	4	61	5	2	86	84	22	152	31	5	21	40	5	6	2	12	4	2	10	62	10	23	4	–	
CLOWNE	5	–	–	–	–	–	–	–	1	4	8	2	1	11	–	–	18	17	6	43	3	1	9	12	2	2	1	2	–	–	–	12	1	1	1	1	
REPTON	5	–	2	–	–	–	–	–	3	8	9	10	1	18	2	2	49	35	16	70	10	1	20	25	7	2	2	8	–	–	4	21	3	9	4	–	
SHARDLOW	9	–	–	–	–	–	–	1	2	17	20	12	6	62	4	7	80	91	9	104	35	10	15	32	5	8	3	10	6	1	4	127	3	11	6	–	
RURAL DISTRICTS ..	51	2	4	–	2	–	1	1	9	98	82	51	22	274	18	21	399	374	75	613	142	29	98	161	28	32	11	40	16	4	30	362	32	77	27	1	3,187
URBAN DISTRICTS ..	62	10	7	–	4	2	2	2	13	101	84	53	24	326	22	27	537	476	87	727	194	47	166	221	47	29	16	45	26	2	41	330	30	73	39	1	3,873
WHOLE COUNTY ..	113	12	11	–	6	2	3	3	22	199	166	104	46	600	40	48	936	850	162	1,340	336	76	264	382	75	61	27	85	42	6	71	692	62	150	66	2	7,060

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

Health & Well-being of School Children

FOR THE

Year ended 31st December, 1953

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

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DERBYSHIRE EDUCATION COMMITTEE

(As at 31st December, 1953)

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(*Chairman*)

COUNCILLOR J. B. HANCOCK
(*Vice-Chairman*)

Aldermen

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MRS. A. M. BELFIELD
T. M. BENNISON
MRS. G. BUXTON
MRS. M. CANTRILL
C. FEAKIN
R. FEWKES
A. FOWLER
MRS. F. E. SHIPLEY
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E. SWALE
F. WALKER
REV. E. J. WASS
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F. WILSON

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R. J. BOAK
J. W. BROADHURST
MRS. O. EDEN
D. PRINCE
F. V. SCOPES
F. S. SHORT
MISS A. V. STAFFORD
H. TURNER
J. TURNER
E. WRIGHT

Co-opted Members

MRS. E. E. ARMSTRONG
VERY REV. FATHER A. BALDWIN
N. J. BOOTH, ESQ.
H. BUNTING, ESQ.
G. W. HEATHCOTE, ESQ., J.P.
REV. H. HODGKINS, M.A.
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R. A. KIRKMAN, ESQ.
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REV. H. S. O'NEILL
MRS. M. G. C. SULLEY, M.A.,
BRIG.-GEN. E. C. W. D. WALTHALL. C.M.G., D.S.O.
MRS. E. WEBB.

(Two Vacancies)

SPECIAL SERVICES SUB-COMMITTEE OF THE DERBYSHIRE EDUCATION COMMITTEE

(As at 31st December, 1953)

ALDERMAN F. A. GENT
(*Chairman*)

COUNCILLOR J. B. HANCOCK
(*Vice-Chairman*)

Aldermen

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MRS. G. BUXTON
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H. TURNER
J. TURNER
E. WRIGHT

Co-opted Members

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G. W. HEATHCOTE, ESQ., J.P.
A. KIRKMAN, ESQ.
MISS M. H. MANSELL, M.A.
MRS. E. WEBB
(Two Vacancies)

A Joint Medical Services Sub-Committee deals initially with matters which are the joint concern of the Education Committee and the County Health Committee. At 31st December, 1953, its membership was as follows :—

Representing the County Health Committee:

ALD. F. WILSON (*Chairman*)
ALD. W. BOOT
ALD. MRS. F. E. SHIPLEY
ALD. MRS. D. M. SUTTON

Representing the Education Committee:

ALD. MRS. G. BUXTON
ALD. F. A. GENT
COUN. MRS. O. EDEN
COUN. J. B. HANCOCK

ANNUAL REPORT

of the PRINCIPAL SCHOOL MEDICAL OFFICER on the Health and Well-being of School Children for the Year ended 31st December, 1953.

To the Chairman and Members of the Derbyshire Education Committee

Ladies and Gentlemen,

This is the tenth Annual Report I have been privileged to write concerning the health and well-being of children attending schools maintained by your Committee, and on page 13 I have made use of the occasion to reflect on the progress which has been made by the School Health Service over the years. I, therefore, do not propose writing a long introductory letter on this occasion, but I would, however, like to comment on one matter, that is, that it has been suggested that since the operation of the National Health Service there is no need for the continuance of a separate School Health Service. I feel, however, that under existing legislation it is most important that it should continue roughly in its present form.

Ideally, a general medical practitioner should be responsible for giving medical advice for all the patients on his panel, whether they work at home, in industry, or at school, but there are many factors under existing legislation which make this desirable aim impracticable.

First of all, the present conditions of service of a general medical practitioner under Part IV of the National Health Service Act do not require him to perform school medical inspections of the pupils on his panel; (2) School Medical Officers have to undertake special training so that they can properly ascertain and certify certain handicapped pupils who are in need of special educational treatment. With the many demands on their professional time I am wondering whether general practitioners would be able to do this satisfactorily. It would obviously not be in the interests of the children educationally or medically if there was any lowering of the standards of the school health service; (3) Although most general medical practitioners are careful in their ethical conduct, as long as there is a competitive element in the form of payment under Part IV of the National Health Service Act, opportunities may arise for possible professional conflict; (4) Certain medical practitioners are so hard-pressed by the demands of a proportion of the general public that there is occasionally a tendency to refer patients to hospitals or clinics on the slighest pretext. How they could also undertake school medical inspections under these circumstances is difficult to envisage; (5) A pupil could be examined in a Doctor's surgery, at home, in a health centre, or at school. Apart from the fact that a large number of pupils are already assembled at school, which results in an economical use of valuable medical time, examinations at school enable teachers to be consulted readily on the progress of the child, which is important medically as well as educationally;

(6) The Education Act, 1944, places a duty on every local education authority to provide for the medical inspection at appropriate intervals of pupils in attendance at any school or county college maintained by them. There is no insistence on whole-time service, and, therefore, theoretically it would be possible to employ general medical practitioners on a sessional basis for this purpose. It is a moot point whether general medical practitioners in an area would prefer the pupils on their panels being examined at school medical inspections by one of their number, or by a whole-time school medical officer. As long as general practitioners are paid under Part IV of the National Health Service Act on a *per capita* basis, there is a competitive element in the payment: the general practitioner carrying out school medical inspections might attract patients from the other general practitioners in the area. It has to be admitted however, that there is a measure of official and unofficial group practice going on at the present time which would tend to diminish this disadvantage; nevertheless, there would be no possibility of patients being attracted to other panel lists if school medical inspection was carried out by whole-time school medical officers; (7) At present patients do not consult a general medical practitioner as a rule unless they have symptoms, and in many instances symptoms do not arise unless disease has been established. The general practitioner makes a diagnosis and prescribes suitable treatment; in advising the patient he will give any necessary health education. The School Health Service, on the other hand, gives a great deal of health education and attempts to recognise the beginnings of disease: the pupils, whether they have symptoms or not, being medically examined. There is obviously no clear line of demarcation between (a) prevention (which includes health education); (b) diagnosis; and (c) treatment—they merge almost imperceptibly into one another. While the general practitioner may cover, at different times, (a), (b) and (c), the emphasis is rather on (b) and (c); whereas the School Health Service concentrates on (a) and (b).

For the reasons enumerated above, it seems that for the time being we shall have to continue with our present arrangements until the conditions of service of general medical practitioners provide for their being responsible for all aspects of medical care.

I should like to take this opportunity once again of paying 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,
Principal School Medical Officer.

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

22nd April, 1954.

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-1953 ..	138,630	221,570	331,500	691,700

Primary and Secondary Schools.

Divisional Executive	Types of Schools and Numbers		Average No. on Registers	
North-west	Primary ..	81	9,141	13,172
	Secondary ..	14	4,031	
North-east	Primary ..	115	22,729	30,490
	Secondary ..	28	7,761	
Mid-Derbyshire ..	Primary ..	81	12,365	16,571
	Secondary ..	14	4,206	
South-east	Primary ..	63	13,934	18,190
	Secondary ..	12	4,256	
South	Primary ..	97	13,859	18,539
	Secondary ..	12	4,680	
Chesterfield ..	Primary ..	22	7,351	12,137
	Secondary ..	13	4,786	
Total — Whole Administrative County	Primary ..	459	79,379	109,099
	Secondary ..	93	29,720	

Nursery Schools and Nursery Classes.

Divisional Executive	Numbers of Schools or Classes		Approx. No. on Registers
North-west	Schools ..	1	40
	Classes ..	1	19
North-east	Schools ..	1	40
	Classes ..	6	142
Mid-Derbyshire ..	Classes ..	1	20
South-east	Classes	1	31
South		—	—
Chesterfield ..	Classes ..	8	285

Special Schools.

	Approx. No. on Registers
Brambling House Open Air School and Children's Centre, Chesterfield	147
Bretby Hall Orthopaedic Hospital Special School, Bretby	37
John Duncan (E.S.N. Girls') School, Buxton ..	40
Overseal Manor (E.S.N. Boys') School .. .. (Opened September, 1953).	40

Boarding Home for Maladjusted Pupils.

Holly House, Chesterfield	17

New Schools.

The following New Schools were opened during the year :—

Alfreton Woodbridge C. J.M...	1.9.53
Beighton Brook House C. J.M.	6.1.53
Beighton Hackenthorpe C. J.M.	7.9.53
Birley C. J.M. & I.	23.2.53
Clay Cross Holmgate C. J.M. & I.	14.4.53
Eckington Birk Hill C. I.	6.1.53
Heanor Coppice C. I.	6.1.53
North Wingfield Deincourt Secondary Girls'	23.2.53
Spondon Asterdale C. J.M. & I.	7.9.53
Staveley Inkersall C. I.	2.9.53
Staveley Inkersall C. J.M.	2.9.53

Schools Closed.

The following schools were closed during the year :—

Hasland Grassmoor C. Sec. Girls'	20.2.53
Walton C.I...	5.1.53

Births, and their effect on school population.

The number of pupils attending maintained primary and secondary schools shown above has increased in recent years and from 1946 onwards the following Table gives the position annually :—

1946 ..	82,895
1947 ..	87,107
1948 ..	91,875
1949 ..	95,595
1950 ..	97,511
1951 ..	100,973
1952 ..	106,323
1953 ..	109,099

These figures are a reflection of the births in the County during the preceding years, as well as the raising of the school leaving age from 14 to 15 years in 1947. Below are set out the numbers of live births in the administrative county from 1940 :—

1940	..	9,898
1941	..	10,078
1942	..	11,032
1943	..	11,724
1944	..	13,149
1945	..	11,393
1946	..	12,710
1947	..	13,714
1948	..	12,152
1949	..	11,534
1950	..	10,799
1951	..	10,440
1952	..	10,425
1953	..	10,663

In these figures the peak year was 1947, and as a consequence a large number of children would be expected to enter schools during 1952, after which there should be a decline, in the absence of any unusual circumstances.

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 Principal 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, 1953, and the following information was provided :—

STAFF OF THE SCHOOL HEALTH SERVICE
(excluding Child Guidance) :—

Principal School Medical Officer .. .. .. J. B. S. Morgan
Principal School 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 (including the Principal School Medical Officer)—*		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services	17	8.07
(iii) General Practitioners working part-time in the School Health Service ..	1	0.33
(*b*) Dental Officers (including the Principal School Dental Officer)	8	5.14
(*c*) Physiotherapists, Speech Therapists, etc. (Specify)—		
(i) Orthopaedic Physiotherapists	2	1.40
(ii) Speech Therapists ..	2	1.90
(*d*) (i) School Nurses	49	15.78
(ii) No. of above who hold a Health Visitor's Certificate	43	
(*e*) Nursing Assistants	3	2.25
(*f*) Dental Attendants	7	5.48

*—All Medical Officers of the School Health Service 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
PRINCIPAL SCHOOL MEDICAL OFFICER—		
J. B. S. Morgan, B.Sc., M.B., B.Ch., D.P.H., L.R.C.P., M.R.C.S.	20%	80%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER—		
V. J. Woodward, M.B., Ch.B., D.P.H. ..	40%	60%
SENIOR ASSISTANT MEDICAL OFFICER—		
W. Davidson-Lamb, *M.C.*, M.B., Ch.B., D.P.H., (Left on 25/1/53)	60%	40%
M. J. Donelan, M.B., B.Ch., D.P.H., (commenced 1/4/53)	60%	40%
WHOLE - TIME SCHOOL MEDICAL OFFICERS—		
F. J. Burke, M.D., B.Ch.	75%	25%
Margaret Cash, M.R.C.S., L.R.C.P., (commenced 27/4/53)	80%	20%
J. W. Crawshaw, M.B., Ch.B.	80%	20%
Gladys C. Curtis, M.R.C.S., L.R.C.P., (left on 27/11/53)	70%	30%
Alison M. Hamilton, M.B., Ch.B., D.P.H., (commenced 1/5/53)	80%	20%
(Two and 1/11th vacancies)		
PART-TIME 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%
S. W. Lund, M.B., Ch.B., D.P.H.	33%	3%
W. J. Morrissey, M.B., B.Ch., D.P.H., (commenced 20/4/53)	30%	70%
J. A. W. Reid, M.B., Ch.B., D.P.H., (Left 31/3/53	35%	65%
Zoe Richardson, M.B., B.Ch., (Commenced 2/3/53; left 31/12/53)	70%	20%
Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H., (commenced 31/8/53)	35%	65%
A. H. Wear, M.D., B.S., D.P.H.	20%	80%
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District—		
J. A. Stirling, *D.S.C.*, M.B., Ch.B., D.P.H. ..	24%	76%
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%

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CHILD PSYCHIATRISTS—		
(Two vacancies).		
EDUCATIONAL PSYCHOLOGISTS—		
Grace M. Pemberton Clark, M.A. (Chesterfield Excepted District)	36%	—
Miriam E. S. Flint, B.A.	50%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	45%	—
D. Young, B.Sc.	50%	—
PSYCHIATRIC SOCIAL WORKERS— ($3\frac{1}{2}$ vacancies)		
SOCIAL WORKER—		
Mrs. E. N. Ives (commenced 17/6/53)	50%	—
SPEECH THERAPISTS—		
Jean F. Ward, L.C.S.T. (Chesterfield Excepted District)	100%	—
Margaret R. Young, L.C.S.T.	90%	10%
(Three vacancies)		
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S...	75%	25%
WHOLE-TIME DENTAL OFFICERS—		
Josephine Dolan (Dentist, 1921)	75%	25%
L. E. Slaney, L.D.S. (commenced 4/5/53) ..	75%	25%
(Eight and 8/11ths vacancies)		
PART-TIME DENTAL OFFICERS—		
I. Hesketh, L.D.S. (commenced 7/1/53) ..	14%	4%
Flora M. Jackson, L.D.S.	42%	13%
Dorothy Littlar, L.D.S.	42%	13%
Chesterfield Excepted District—		
A. R. Littlar, L.D.S. (Borough Senior Dental Officer)	91%	9%
Annie Kean, L.D.S. (commenced 26/8/53) ..	100%	—
(One vacancy)		

GENERAL CONDITION OF PUPILS

As mentioned in my introductory letter, this is the tenth Annual Report which I have written concerning the health and well-being of children attending your Committee's schools. My first Report related to the year 1944, a time when the Country had been at war for over four years, but I was glad to be able to write on that occasion that "there was on the whole, no evidence that the war has had any harmful effect on the children in the County, mentally or physically. In some instances, their physical health and nutrition were, if anything, improved by the better balanced diet imposed on them by the rationing system at home, with the addition of milk and mid-day meals at school."

Speaking generally, succeeding Reports have indicated that on the whole the position has been fully maintained, which I think is a tribute largely to the enlightened policy which was adopted regarding the nutrition of expectant and nursing mothers and children, who received special concessions under the rationing scheme, associated with an era of full employment and better distribution of income, and the continuance of the schemes for providing meals and milk in school.

It may, however, be of interest to devote the following few paragraphs to a review, under general headings, of the information which is available as a result of the work of the school health service, to see whether there is any evidence of definite trends, and if so, whether these are unfavourable or favourable.

(1) GENERAL CONDITION OF THE PUPILS. Until 1946 an attempt was made to classify the nutritional state of children into four groups, ranging from 'excellent' to 'bad'. The assessment of nutrition, however, was subjective and thus lacked precision due to differing standards of judgment. From 1947, therefore, examining medical officers were asked to estimate a child's general condition as 'good', 'fair', or 'poor' ('fair' meaning 'satisfactory'). Whilst differing standards are still possible, I think this is more likely to take place between the categories of 'fair' and 'good'; greater reliance, however, may be placed on the numbers recorded as 'poor.' Bearing this in mind it may be recalled that the numbers of Derbyshire children assessed as slightly or badly under-nourished amounted to 15% of those inspected in 1939; the figure had fallen to 10% in 1944, and to 8% in 1946. In 1947, 3.6% of the children examined were classified as of unsatisfactory general condition; the figure rose slightly to 4% for 1948 and 1949 but during recent years has dropped gradually until it is only 1.45% in 1953. Whilst the figures must be received with some caution, nevertheless they are encouraging and almost certainly indicate a real improvement.

(2) DEFECTS OBSERVED. The number of children found to require treatment for various conditions (excluding dental effects and uncleanliness) has in post-war years fluctuated between 13.8% and 18.8% of those examined at periodic medical inspections, and has generally been about the same as, or a little less than, the national figures. (Comparable figures prior to the war were :—1938, 13.9;

1934, 13.5; 1929, 26.1). The numbers of the various defects found are given yearly in the Ministry of Education Tables, and serve to show their incidence; they do not, however, indicate their severity. That most of them do not involve more than a limited or localised disability is clear from the fact that the number classified as of unsatisfactory general condition is roughly only one-seventh or one-eighth of those found with defects requiring treatment. This is to be expected, as a glance at the list of defects shows that it includes various disorders (such as skin conditions, defective hearing, abnormal speech, flat feet, and so on) which do not necessarily connote poor general health.

On the whole, there have not been marked variations for some years in the rates of defects referred at routine inspections for treatment—

Skin Conditions have remained close to the figure of 15.8 per 1,000 recorded twenty-five years ago;

There is a tendency for more children to be referred for treatment of *defective vision*, the rate per thousand having increased from 47.8 in 1947 to 69.9 in 1952 and 87.3 in 1953. In 1952 cases of *squint* which had been about 9 or 10 per 1,000 inspections, rose to 13.3 per 1,000, and the figure for 1953 is 15.9. As mentioned in my last Report, an increase of about 3 per 1,000 had manifested itself in the national figures for 1951, but the reason is obscure;

Defects of hearing referred for treatment have been around 0.9 to 2.6 per 1,000 in recent years. Later in this Report, in the section dealing with Handicapped Pupils, reference is made to the authority which was given at the end of 1953 to purchase certain audiometric equipment;

The rate for *otitis media* in the County showed a gradual rise between 1947 and 1952, from 3.5 to 7.2 per 1,000 inspections. In 1953, however, the figure dropped to 5.2. Even so, it has in recent years been about double the national figures, and School Medical Officers have been asked to take all possible steps to ensure that early treatment is obtained for this condition in order to obviate any risk of hearing becoming impaired.

Similarly, cases referred for treatment of *nose and throat defects* showed an increase between 1947 and 1952, from 28 per 1,000 inspections to 47 per 1,000; in 1953, however, the figure was 38.6 per 1,000. (Twenty-five years ago the rate was 150 per 1,000. That figure, however, reflects the frequency with which patients were formerly referred for operative treatment of "enlarged" tonsils and adenoids. Since about 1931 a more conservative outlook has prevailed and it is exceptional to perform tonsillectomy unless there has been chronic tonsillitis giving rise to persistently recurring sore throats which have failed to respond to non-operative treatment).

Epilepsy: In 1953, 1.3 per 1,000 children inspected were referred for treatment for epilepsy, compared with 0.85 in 1952 and 1.16 in 1951. These figures are pretty much the same as the rate of 1.2 per 1,000 revealed during a special investigation of a school population of 355,000 which was carried out a few years ago by a Medical Officer of the Ministry with the co-operation of several School Medical Officers.

(3) INFESTATION. The incidence of *Pediculosis* is a perennial problem, for which there can be no excuse in view of the powerful insecticides which became readily available after the war. The trend, however, has been in the right direction, the percentage of pupils found 'unclean' having gradually declined from roughly 7% ten years ago to barely 4% for the past three years, and to 2.8% in 1953. The earliest comparable figure is that for 1938, namely 6.8%. Continued education and unremitting vigilance will, it is hoped, ultimately be rewarded by the disappearance of this unpleasant social evil. The prevalence of *Scabies* caused some concern during the war years, but this was tackled so energetically and with such success under the powers granted in the Scabies Order of 1941 that it was repealed at the end of 1947. Since then, the incidence has remained at negligible proportions. Cases of *Ringworm*, which were counted by the hundred twenty-five years ago—there were 301 cases in 1929—are now few in number, though small sporadic outbreaks occur from time to time. In 1949, for instance, there were indications that ringworm of the scalp was on the increase. For the successful control of this condition a fluorescent test, using an ultra-violet lamp fitted with a Wood's glass filter, is essential, and the Authority, therefore, purchased a portable lamp which could be readily transported to any schools which were involved in a locally increased incidence.

(4) TEETH. For reasons which are well-known, a drift of Dentists from the School Dental Service to other fields of dentistry occurred during and after 1947. This resulted in an unfortunate deviation of the School Dental Service from its proper function of providing "an educational scheme of conservative dentistry" maintaining a sound and healthy natural dentition, to a Service largely engaged in the wholesale extraction of decayed teeth. This can only have deleterious results. It is, of course, impossible to make up the ground which has been lost, but it is hoped that means will be found whereby an effective Service is made available for the future.

It would obviously be advantageous if some means could be found of inhibiting the onset of dental decay. In this connexion, the time is opportune to refer to the FLUORIDATION OF WATER SUPPLIES, because during 1953, an area in Derbyshire was included in an inquiry which is being pursued by the Ministry of Health into this question. Many years ago it was suggested, and just over twenty years ago it was proved, that a relatively high concentration of fluorine in drinking water (about 1.5 or more parts per million) was the cause of a mottling of the enamel of the teeth which was observed in certain

localities. (*Much* higher concentrations are liable to be toxic). It was noticed, however, that the mottling appeared to be associated with a low rate of dental caries. Subsequent investigations, particularly in America, seemed to indicate that it was possible for drinking water to contain sufficient fluorine to bring about a moderate caries rate without noticeably mottling the teeth. Just before the end of the war, the fluorine content of certain American water supplies was artificially increased to see whether this was as efficacious as naturally occurring fluorides, and though it will be some years before definite conclusions can be drawn, the early results have been promising. Since then many areas in America and Canada have been adding fluorides to their water supplies. The Ministry of Health sent a mission under the leadership of Miss Jean Forrest, L.D.S., to the U.S.A. in 1952 to study this matter, and they are also carrying out investigations in various parts of this country. Miss Forrest visited Derbyshire in July, 1953 and in association with Mr. Gray, our Chief Dental Officer, ascertained that a number of children in one locality exhibited very mild or mild mottling of the enamel. Arrangements were therefore made for Mr. Gray to pay particular attention to this point during the course of his routine inspections in the area, and for chemical analyses of the water to be performed. The latter revealed that the water contained about 0.6 or 0.7 parts per million of fluorine. On December 3rd, 1953, the Minister of Health said that arrangements were proposed for studies to be made in some selected communities of the various aspects of fluoridation of water supplies before considering whether fluoridation should be generally adopted in this country.

Rather less than fifty years ago it began to be realised that if children were to take full advantage of the education provided out of public funds, it was necessary for the State to accept a measure of responsibility for their health and general well-being. In 1906, the Education (Provision of Meals) Act, enabled education authorities to apply to the Board of Education for permission to provide meals for elementary school children who were "unable by reason of lack of food to take full advantage of the education provided for them." The passing of the Education (Administrative Provisions) Act, 1907, initiated school medical inspections and the provision of certain types of treatment. Since then the social services have developed in many directions, and I think it is a reasonable inference from the figures given in the foregoing paragraphs that the proportion of children who do not enjoy satisfactory health has gradually been reduced in recent years, and is now very small.

This should not, of course, be taken as a signal to "rest on our oars." Rather should we be encouraged to feel that our activities are on well conceived lines, and stimulated to continue our endeavours, in order not only to consolidate the gains already made, but to extend the benefits of good health.

Medical Inspections.

During 1953 children were examined as a routine measure in the age groups prescribed by Regulation 49 (2) of the Handicapped Pupils and School Health Service Regulations, 1945, namely, on admission for the first time to a maintained school, during the last year as a junior, and during the last year as a senior pupil.

In August, 1953, the Minister issued The School Health Service and Handicapped Pupils Regulations, 1953. Article 10 of these Regulations provides for arrangements being made by the Authority for the medical inspection of pupils attending maintained schools so that a general medical inspection of every pupil shall take place on not less than three occasions at appropriate intervals during the period of his compulsory school age, as well as other medical inspections on such occasions as may be necessary or desirable. Consequently, the Education Committee has decided that from 1st January, 1954, three general medical inspections shall take place, arranged so that every pupil is inspected during the first year of compulsory school attendance; during the first year of attendance at a secondary school; and during the last year of compulsory school attendance. It will be noted that under the new arrangements the second general medical inspection will take place during the first year of a child's attendance at a secondary school, instead of during the last year as a junior pupil. The change was made because it was felt desirable to provide an opportunity for the parents, teachers, pupil and school Doctor to meeet at the beginning of the child's secondary school career to discuss any possible modification or curtailment of school activities which might be advantageous from the medical standpoint.

In addition, children under five years old will be inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years will be inspected during their last year at school. The present practice will be continued of examining children specially brought forward, and re-examining children previously observed to have defects requiring observation or treatment. Under this new procedure, no general medical inspection will be carried out in the "junior" departments or schools. School Medical Officers, therefore, have been requested to make a point of getting in touch with such departments or schools at least once a year to afford them an opportunity of bringing forward any children requiring to be specially examined or re-examined.

The following Table shows the numbers inspected by the School Medical Officers and the numbers found to require treatment. The latter figure is also expressed as a percentage of those examined, and for comparison purposes the last published percentages for England and Wales are also given.

Group	Number of Pupils Inspected	Total Individual Pupils found to Require Treatment		
		Derbyshire		England and Wales (1951). Percentage of Nos. inspected
		Number	As percentage of Column 2	
Entrants ..	11,105	1,961	17.66	17.66
Second Age Group ..	6,699	1,272	18.99	18.35
Third Age Group ..	5,498	1,057	19.22	16.98
Totals ..	23,302	4,290	18.41	17.68

The "general condition" of the pupils was assessed at the routine inspections as in former years. The categories in the following Table 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 information appears in the Appendix to this Report).

Classification of the General Condition of Pupils inspected.

Divisional Executive	A—%	B—%	C—%
North-west	84.70	14.88	0.42
North-east	16.55	79.60	3.85
Mid-Derbyshire	52.75	46.29	0.96
South-east..	86.03	13.81	0.16
South	60.87	38.63	0.50
Chesterfield	28.60	69.34	2.06
Whole Administrative County..	52.97	45.58	1.45

The number of pupils examined in the three age groups (23,302) showed an increase of 3,750 over the number examined in 1952 (19,552). This is due to the gradually improving position regarding medical staff. The number found to require treatment, namely 4,290, represents 18.41% of those examined, which is comparable with 18.84% in 1949; 17.79% in 1950; 15.78% in 1951; and 18.04% in 1952.

The "general condition" of the pupils was assessed as in previous years. The number placed in category "C, Poor," is 1.45% of those examined, which shows a steady improvement during recent years—the figures since 1949 being : 4% ; 3.2% ; 2.12% ; 2.21% ; and now 1.45%.

The Ministry of Education Tables which appear in the Appendix to this Report include more detailed information as regards defects found and treatment provided. 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.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The question of what steps could be taken to protect organised groups of school children against the risk of infection by adults suffering from tuberculosis was discussed at length in my last Annual Report. Since that was written, however, the Committee has taken certain decisions, having regard to the recommendations of the Joint Tuberculosis Council and the comments of the Ministry of Education, and the present position, briefly, is as follows :—

(1) *Teachers:* An x-ray examination is enjoined for teachers entering the profession : students completing training are x-rayed and the results made available to the College Medical Officer ; and teachers entering service otherwise than from College are x-rayed as part of their medical examination on appointment.

The Ministry's requirements are, of course, observed concerning the suspension from and return to duty of a teacher found to be suffering from respiratory tuberculosis.

The Ministry has pointed out that there are not sufficient facilities available for x-ray examination of the chest to make it possible to give an annual test to all teachers and other adults whose work brings them into close contact with groups of school children. without diverting resources from other uses for which they are urgently needed. It was suggested, however, that it should not be difficult for teachers and others concerned to take increasing advantage of the services of the mass

radiography units provided by Regional Hospital Boards. These services are, of course, free and confidential, and it will be appreciated that the examinations are not compulsory. This matter was referred to the Teachers Advisory Committee, which recommended that the Authority should draw the attention of all teachers to the need for periodic examinations, and this has been done.

(ii) *Staff other than teachers:* The Committee decided that full time staff in the categories mentioned below should be required to undergo an x-ray examination on appointment; that the Ministry's rules concerning the suspension from and return to duty of a teacher suffering from respiratory tuberculosis be applied to them; and that their attention be drawn to the desirability of being x-rayed annually :—

> Residential staffs of boarding schools and homes; staffs of nursery schools; clerical assistants; welfare supervisors; laboratory assistants; caretakers; school meals staff (except those at central kitchens).

It is customary for the Director of Education to send a Monthly Circular to all Schools, and it is proposed to use this medium to keep the matter before the staff, at the same time giving details of the facilities available for free x-ray examinations (e.g. the whereabouts, from time to time, of the mass radiography units).

Mass Miniature Radiography.

The mass radiography service organised by Regional Hospital Boards enables large numbers of people to have their chests x-rayed expeditiously at convenient centres. It is a valuable aid to preventive medicine, aimed particularly at the early detection of cases of pulmonary tuberculosis (though other conditions may also be discovered). Its success in this field is illustrated by the fact that during 1951 on an average 43,000 examinations were carried out weekly and 126 cases of previously unsuspected active tuberculosis detected, which represented 15% of all notifications of respiratory tuberculosis. In giving those figures, however, the Chief Medical Officer of the Ministry of Health pointed out "the heartening fact that out of over eight million persons from 14 years of age upwards examined to date, over seven and a half million, or ninety-five per cent, showed nothing wrong with their chests at all." The Chief Medical Officer also remarked that "Another encouraging feature is that in the 44 years since the introduction of the School Medical Service the crude death rate from all forms of tuberculosis among children has fallen by more than 90 per cent, both at pre-school and at school ages. The rate for respiratory tuberculosis alone has declined during the last 20 years by 73 per cent at ages 0-4, by 87 per cent at ages 5-9, and by 92 per cent at ages 10-14."

I am indebted to Dr. W. Guthrie, the Medical Director of the Nottingham Area No. 2 Mass Radiography Unit, for providing statistical reports on nine surveys carried out by the Unit in Derbyshire during 1953, and to Dr. J. W. Wilson and Dr. V. E. Sherburn, respectively, the Medical Directors of the Sheffield Area and South Yorkshire Area Mass Radiography Units, for reports on single visits to this County during the year. The numbers x-rayed included 3,524 scholars, of whom eight were referred for clinical examination.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to teachers' training colleges are required to be medically examined concerning their fitness to follow a course of teacher-training. Applicants who are school pupils are examined by the School Medical Officer of the area in which they live—this has the advantage that he will have been concerned with, or have to access the records of their medical examinations at school. Applicants for admission after national service, or after a course of training not taken under the Training of Teachers Regulations, or mature entrants, who have had no recent connexion with the school health service, are examined by the School Medical Officer of the area in which they reside, which will often be the area in which they attended school.

The Minister of Education has said that it is not practicable at present, in view of the lack of facilities, to require an x-ray examination of the chest of all entrants to training (although, of course, an x-ray will be taken if in the opinion of the examining medical officer it is desirable).

Intending entrants to the teaching profession who complete an approved course of training are examined by the College Medical Officer at the end of the course. Other entrants to service are examined by the School Medical Officer of the appointing education authority. It is a requirement of the Minister of Education that an x-ray examination of the chest is included as an essential part of all medical examinations on entry to the teaching profession.

The Derbyshire Education Authority administers a Teachers' Training College; students completing training are x-rayed and the results made available to the College Medical Oficer. Teachers appointed by the Authority who are entering service for the first time are x-rayed as part of their medical examination. During the year the following examinations were carried out:—

Entrants to training colleges, university departments of education and approved art schools.. ..	256
Entrants to the teaching profession	42

SANITARY INSPECTIONS IN SCHOOLS

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including 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 matters directly to the teachers, but more important matters are reported to the Principal School Medical Officer in the first instance, to whom, in any case, a report is submitted after each inspection. This is considered, and forwarded to the Director of Education with any necessary observations. 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. A sum of money has been earmarked in the estimates for the coming year to enable a programme of improvements to be carried out to the sanitary arrangements in various parts of the County.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME

Table A gives statistics relating to the number of meals and quantities of milk provided.

Precautions against food infections.

The form of application completed by candidates for posts in the School Meals Service of the Authority includes 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 not satisfactory 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 a decision is taken as to whether an investigation is necessary by a Medical Officer on the Authority's staff.

TABLE A

MEALS and MILK PROVIDED on a day in October, 1953

DIVISIONAL EXECUTIVE	CHILDREN PRESENT		MEALS PROVIDED				MILK PROVIDED			
	Numbers		Numbers		% of Numbers present		No. of Children		% of Nos. present	
	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.	Prim.	Sec.
North-west ..	8,402	3,770	3,985	2,529	47.43	67.08	7,304	2,484	86.93	65.89
North-east ..	20,368	7,437	8,412	3,673	41.30	49.39	18,347	5,250	90.08	70.59
Mid-Derbyshire	11,031	3,934	3,489	1,998	31.63	50.79	9,969	2,820	90.37	69.14
South-east ..	13,069	3,768	3,401	1,487	26.02	39.46	11,471	2,021	87.77	53.64
South	12,624	4,299	4,976	2,145	39.42	49.90	11,287	2,743	89.41	63.81
Chesterfield ..	7,078	4,515	2,185	2,110	30.87	46.73	6,393	3,055	90.32	67.66
TOTALS—Whole Administrative County	72,572	27,723	26,448	13,942	36.44	50.25	64,771	18,373	89.25	66.27

Courses for canteen staffs were held at Littleover Secondary School Canteen during 1953, as in previous years, and at the Director of Education's request each included a lecture by Mr. E. G. Rowley, the County Sanitary Inspector. With the assistance of exhibits and the film, "Another Case of Food Poisoning", the personnel attending these courses are being taught the principles of clean food handling, preparation and storage, as well as the vital importance of personal hygiene.

The Director of Education arranged a special afternoon session for the canteen staffs in the Glossop area in July, during which the County Sanitary Inspector gave a talk on "Personal and Kitchen Hygiene".

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. 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, 1953, 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 92.4 in the year under review.

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	78	81.2	144	100.0	93	98.9	76	100.0	85	78.7	36	100.0	512	92.4
Tuberculin Tested..	14	14.6	—	—	1	1.1	—	—	18	16.6	—	—	33	6.0
Accredited	2	2.1	—	—	—	—	—	—	2	1.9	—	—	4	0.7
Ungraded	2	2.1	—	—	—	—	—	—	1	0.9	—	—	3	0.5
Full Cream Dried	—	—	—	—	—	—	—	—	2	1.9	—	—	2	0.4
Totals ..	96	100.0	144	100.0	94	100.0	76	100.0	108	100.0	36	100.0	554	100.0

Sampling of school milk supplied was carried out at the schools by Mr. Rowley, 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 source of supply is tested at least once a year by biological methods. In addition, any failure to pass the phosphatase test is followed up by biological tests for tubercle bacilli. The following are the results of samples submitted for examination :—

	Phosphatase		Tubercle Bacilli		Total No. of samples submitted
	Satis-factory	Unsatis-factory	Negative	Positive	
Pasteurised ..	110	4	67	—	114
Tuberculin Tested ..	—	—	28	—	28
Accredited ..	—	—	12	1	13
Ungraded ..	—	—	4	—	4

The percentage of positive tubercle bacilli samples of the total number of raw milks examined was 2.3%.

The supply showing evidence of tubercle bacilli was from an Accredited producer and occurred at the end of the year. Approval to this source of supply was immediately withdrawn.

INFESTATION WITH VERMIN

Table III in the Appendix to this Report gives particulars of the number of pupils examined by the School Nurses and of those found to have nits or head lice. The total number of examinations and re-examinations was 225,733; the number found infested was 3,037, which gives an incidence of roughly 2.8% of the school enrolment. In 1947 the figure was 6%; it remained at 6% in 1948; in 1949 and 1950 the figures were 4.5% and 4.8%; in 1951 and 1952 they were 3.9%. The continued decrease, to 2.8% in 1953, suggests that there has been a gradual real improvement, which is welcomed. It will be necessary, however, to pay constant attention to this problem,

because although inspections and cleansing can deal with individual children, they cannot eradicate the root cause of the trouble, which is the reservoir of infestation provided by a few unsatisfactory homes where verminous conditions exist in other members of the family who are not subject to inspection.

Health Visitors and School Medical Officers have been informed that pupils attending all schools maintained by the Education Authority should be periodically examined for uncleanliness, and in particular 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. This is sometimes not possible owing to shortage of staff, but arrangements are made in the event of an area being without a regular Health Visitor for a Health Visitor from an adjacent area to carry out at least one cleanliness inspection during each year.

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. No penalty is 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 cleansing arrangements. Health Visitors have been instructed that Cleansing Notices should be served only after "informal" action has failed and that in view of the availability of efficacious insecticides the issue of a Cleansing Order should be necessary only rarely.

SCHOOL CLINICS

The Ministry of Education asked for a return showing the school clinic facilities as at 31st December, 1953, 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*	3	17
D. Ear, Nose and Throat..	—	—
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 :—

	Number	Aggregate in terms of the equivalent number of whole-time officers
Psychiatrists	—	—
Educational Psychologists ..	4	1.81
Psychiatric Social Workers ..	—	—
Paediatricians, Play Therapists, Social Workers, etc. (excluding Clerks) (specify):— Social Worker	1	0.5

Notes :—

At the end of 1953 the Authority's establishment permitted the the employment of two Child Psychiatrists. Apart from a short time in 1949, however, it has not been possible to appoint more than one such Officer at a time. Dr. Iliff, the Child Psychiatrist last employed, left the Authority's service at the end of February, 1952, and a successor has not been appointed.

As regards the part of Derbyshire which lies within the area of the Sheffield Regional Hospital Board, however, Dr. Esher, the Regional Psychiatrist, kindly agreed that Dr. Pentreath, the Medical Superintendent of the Pastures Hospital, Mickleover, or a Medical Officer on his staff, might assist the Authority by undertaking a restricted number of child guidance cases and the examination of cases referred from juvenile courts and remand homes. This work may be carried out at clinics held in County Council premises or at clinics provided by the Board.

As regards the part of Derbyshire which lies within the area of the Manchester Regional Hospital Board, it has been possible recently to arrange for a small number of patients to be seen by Dr. Malloy, the Regional Consultant Child Psychiatrist.

The method to be adopted for providing the services of a Child Psychiatrist in the future is at the present time being actively considered by the Authority in association with the Manchester and Sheffield Regional Hospital Boards.

Minor Ailments.

The Authority continued to provide facilities for the treatment of minor ailments, as shown in Table B. The numbers attending, however, have fallen in recent years. In 1948, 4,968 children made 17,899 attendances : in 1953, 2,552 children made 11,237 attendances. These figures are slightly lower than those for 1952, namely, 2,912 and 12,360. It is shown in Table B that at many clinics the attendances are extremely small, the exceptions being mainly in the four municipal boroughs where daily clinics are held and the catchment areas are compact. The availability of free medical treatment from patients' own Doctors under the National Health Service Act is probably one cause of the decline in attendances at clinics provided in the more sparsely populated areas. It seems probable, also, that there are in fact less minor ailments requiring treatment.

In view of the small numbers taking advantage of the facilities, it would be difficult to justify whole sessions devoted to minor ailments. The majority of the sessions held on Mondays to Fridays, therefore, are "short" sessions conducted by Health Visitors who are visiting the clinics in any case for other purposes (e.g. to conduct Infant Welfare Centres).

The sessions held on Saturday mornings occupy the whole morning and are usually conducted by Medical Officers. The work is not limited to the treatment of minor ailments, but extends also to the examination of special cases discovered at routine school medical inspections as it will be appreciated that occasionally, due to pressure of work at such inspections, there is not the time available for elaborate examination. Other duties may also be performed, such as diphtheria immunisation, the examination of children desiring to undertake employment, and so on.

Minor Ailments TABLE B

Annual Return of work carried out at Minor Ailment Clinics—Year ended 31st December, 1953

Minor Ailment Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools													
			No. 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. ..	51	–	–	13	–	–	–	13	–	–	19	–	–	–	19
*Ashbourne. St. Oswald's ..	2nd and 4th Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Belper. Field Lane ..	2nd and 4th Monday and 1st, 3rd and 5th Saturday, a.m.	43	–	–	7	–	–	–	7	–	–	7	–	–	–	7
Bolsover. Welbeck Road ..	2nd Saturday, a.m.	10	–	1	–	–	–	–	1	–	1	–	–	–	–	1
Buxton. Bridge Street ..	Daily	189	243	–	–	–	–	–	243	538	–	–	–	–	–	538
Chesterfield. Brimington Road	2nd and 4th Friday, a.m. ..	18	–	2	–	–	–	–	2	–	2	–	–	–	–	2
Chesterfield Excepted District :— (*a*) Town Hall .. (*b*) Edmund Street, Newbold Moor	Daily, a.m. / Daily, p.m.	422	–	–	–	–	–	1118	1,118	–	–	–	–	–	5220	5,220
Chinley. Lower Lane ..	2nd and 4th Saturday, a.m. ..	21	1	–	–	–	–	–	1	3	–	–	–	–	–	3

Derby: Walker Lane ..	2nd and 4th Saturday, a.m. ..	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Dronfield. The Grange ..	Monday, a.m. ..	50	–	133	–	–	–	–	133	–	229	–	–	–	–	229
Frecheville. Fox Lane ..	Saturday, a.m. ..	47	–	110	–	–	–	–	110	–	179	–	–	–	–	179
Glossop. Municipal Bldgs.	Daily, a.m. ..	256	282	–	–	–	–	–	282	2051	–	–	–	–	–	2,051
Heanor. Wilmot Street ..	1st, 3rd and 5th Saturday, a.m. ..	26	–	–	–	17	–	–	17	–	–	–	71	–	–	71
Ilkeston. Albert Street ..	Daily, a.m. ..	304	–	–	–	345	–	–	345	–	–	–	2230	–	–	2,230
Long Eaton. 4, Nottingham Rd.	Wednesday and 2nd and 4th Saturday, a.m.	75	–	–	–	90	–	–	90	–	–	–	134	–	–	134
Matlock Causeway Lane ..	4th Monday, a.m.	22	–	–	1	–	–	–	1	–	–	1	–	–	–	1
Melbourne. Penn Lane ..	Wednesday, a.m...	43	–	–	–	–	14	–	14	–	–	–	–	44	–	44
New Mills High Lea Hall ..	1st, 3rd and 5th Saturday, a.m. ..	28	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Ripley. Infants' C. School	3rd Thursday, a.m.	12	–	–	8	–	–	–	8	–	–	8	–	–	–	8
Shirebrook. Cliff House ..	Wednesday, a.m...	52	–	61	–	–	–	–	61	–	187	–	–	–	–	187
Staveley. Lime Avenue ..	4th Saturday, a.m.	10	–	2	–	–	–	–	2	–	2	–	–	–	–	2
Swadlincote. Alexandra Road ..	Monday and Friday, a.m. ..	60	–	–	–	–	29	–	29	–	–	–	–	95	–	95
Totals	.. .. ..	1,788	526	384	29	452	43	1118	2,552	2592	816	35	2435	139	5220	11,237

* Temporarily Closed

Dental Work.

Table V, in the Appendix to this Report, indicates the work carried out, in the form required by the Ministry of Education.

Mr. Gray, the Principal School Dental Officer, has reported on the dental work as follows :—

"As in the previous five years, 1953 was another year of struggle to keep the dental service in being. Lack of staff was again the dominant factor and this accounted for the small number of children who were inspected and received dental attention.

Wherever possible, a service was given, but it was only of a skeleton nature and in many areas of the county this was not even possible.

Since the end of 1949 to the end of 1953, the total of the whole-time staff has not exceeded five (and for one period of about twelve months was only three) and that of part-time officers three, giving an average equivalent of $5\frac{1}{2}$ whole-time officers, against a required strength of approximately 30, to deal with a school population of over 109,000.

In the middle of the year, a slight improvement in the staffing position was effected. Two whole-time officers were appointed, one to the Chesterfield Excepted District, and the other to the North-east Division. Unfortunately, the latter ceased to be employed after a few months.

At the beginning of the year, the services of a general dental practitioner were obtained on a sessional basis of two half days per week for the Clay Cross Clinic. It was hoped to enlist the assistance of several general practitioners to be employed on a sessional basis in other areas until such time as sufficient whole-time staff could be obtained, but this proved impossible through non-agreement on the question of sessional remuneration and conditions of service.

In the latter part of the year the effective staff was four whole-time and three part-time officers, two of the whole-time officers working in the Chesterfield Excepted District.

There are twenty-two fixed dental clinics in the County. Chesterfield Borough (with 12,000 children) has two, with facilities for three officers. The others are all single surgery clinics, each situated at the centre of communications of the catchment area it serves.

The magnitude of the task of providing adequate dental treatment may be gathered from a review of the number and distribution of the children concerned and the limited clinical facilities available, together with the consideration, that in addition to the care of the school population (for which there should be one whole-time dental officer to 3,500 children), the Authority has the obligation of providing dental treatment for pre-school children and expectant and nursing mothers.

The North-West Division has four clinics and an area in the Peak District where dental treatment can only be conveniently given by a dentist going round the schools with portable equipment in the summer months.

Buxton Clinic has 3,600 children in its catchment area and has been unstaffed since June, 1950, when it was last worked on a part-time basis of one day per week.

Chinley Clinic—1,100 children—Unstaffed since December, 1949, when last worked part-time.

Glossop Clinic—2,700 children—Unstaffed since October, 1948, when last worked part-time.

New Mills Clinic—2,300 children—Unstaffed since December, 1949, when last worked part-time.

Peak Car Area—1,500 children in small scattered schools. This area has been unstaffed since December, 1949. One whole-time officer worked the Buxton, Chinley and New Mills Clinics and the travelling area until his resignation.

The North-East Division has seven clinics in its area.

Bolsover Clinic—3,300 children. Unstaffed since July, 1953. Previous to that it was worked part-time, two days per week.

Chesterfield (Brimington Road) Clinic—4,500 children—This clinic is worked part-time, three days per week.

Clay Cross Clinic—2,700 children—Was unstaffed from October, 1947 until January, 1953, when it was re-opened on a part-time basis of one day per week (It is of interest to note that after a lapse of 5½ years, the first large group of children to be inspected showed that 94% required treatment).

Dronfield Clinic.—1,800 children—Unstaffed from September, 1948 until June, 1953, when the clinic was re-opened two days per week. Became unstaffed again several months later.

Frecheville Clinic—7,000 children—Like Dronfield Clinic, Frecheville was unstaffed between September, 1948, and June, 1953, when it was re-opened part-time, 3½ days per week. It was closed again after a few months when the dental officer left the Authority.

Shirebrook Clinic—4,000 children. This clinic is worked part-time two days per week.

Staveley Clinic—4,700 children—Is worked part-time, one day per week.

The Mid-Derbyshire Division has three clinics within its boundary.

Alfreton Clinic has 10,400 children in the catchment area, including 2,200 from the North-East Division. This clinic was worked part-time up to March, 1949, when it became unstaffed until July, 1949, when it was re-opened one day per week. It was closed again in August, 1952, and has remained so since.

Belper Clinic—3,900 children. Worked part-time, 2½ days per week.

Matlock Clinic—4,700 children—The catchment area draws 1,500 from the Bakewell area of the North-West Division and 800 from the Wirksworth area of the South Division. Has been unstaffed since March, 1949, but a skeleton service is worked two days per month.

The South-East Division has three clinics in its area.

Heanor Clinic—4,300 children—Unstaffed since November, 1948, when last worked part-time.

Ilkeston Clinic—6,200 children—Unstaffed since November, 1948, but a skeleton service of five days per month is worked.

Long Eaton—6,400 children—Unstaffed since November, 1948, previous to which it was worked part-time. A skeleton service of three and occasionally four, days per month is in operation.

The South Division has three clinics.

Ashbourne Clinic—2,200 children—Unstaffed since September, 1947, but a skeleton service of two days per month is worked.

Derby Clinic has 13,100 children in its catchment area, 1,500 of whom are drawn from the Mid-Derbyshire Division and 1,100 from the South-East Division. This clinic is worked full time. The demand for urgent treatment is so great that nearly all the clinical time is taken up dealing with casuals.

Swadlincote Clinic—6,000 children. Unstaffed since August, 1952. Previous to that it was worked part-time, three days per week.

As previously stated, all these clinics are single surgery units and it will be appreciated that fourteen of them have greater numbers of children attached to them than one whole-time dental officer can treat thoroughly in one year. Until such time as new clinics or modifictions to existing premises (especially in the Alfreton, Derby and Frecheville areas), and additional staff are obtained, such services as can be run must be of an unsatisfactory nature and have very limited value from the point of view of preserving the teeth of the rising generation.

Of the school population of 109,099, 82,000 had no dental inspection at school in 1953. In the Administrative Divisions, 15,354 children had school dental inspections and in Chesterfield Borough, 1,077, while 4,211 special inspections (plus 2,950 in Chesterfield Borough) were made at the clinics. These latter inspections were the result of children attending the clinics as casuals, chiefly for urgent treatment.

The periodic school inspections showed that an average of 75% of those examined had defects which varied from slight to gross caries and sepsis and that over 40% required extractions, in addition to a great amount of conservative treatment. In many cases the sepsis was of long standing. In these chronic cases, pain is absent, and parents are thus often unaware of the disease and consequently the children run the risk of injury to their health.

All the children found with defects at the school inspections could not be given the opportunity to receive attention. The policy of selecting children for treatment was the same as in previous years, viz., only those children whose dentitions required the minimum of conservative treatment and those with gross caries and sepsis were referred to the clinics. It has been stated before that this is most unsatisfactory, as many cases are ignored and subsequently deteriorate until such time as they are forced to seek radical treatment, and by that time the dentition in most cases has reached a stage beyond repair and dentures are the prospect for the future. Thus prevention (the essence of which is inspection followed by planned and regular treatment) is not being achieved.

Over 16,700 attendances for treatment were made by 11,378 children and, in addition, 1,213 by pre-school children, and 25 by expectant and nursing mothers.

About 63% of all the clinical time was taken up dealing with casuals and pre-school children. This amount of time had to be used at the expense of those children referred at the periodic school inspections.

Of the number of children treated (11,378), less than one third were classified as being dentally fit after receiving attention. Pressure of numbers prevented comprehensive treatment to all who required it. The service was essentially an extraction one. Destructive treatment far outweighed conservative and preventive measures as shown by the extraction of over 3,500 unsaveable permanent and 17,000 temporary teeth, against 3,400 permanent and 200 temporary teeth preserved by fillings.

More than 4,700 general anaesthetics of nitrous oxide and oxygen were given. These were limited to children who required multiple extractions (approximately one third) and were administered by the School Medical Officers, who examined each child prior to giving the anaesthetic. The number of half days per month devoted to general anaesthetic sessions varied from two to five at the clinics in commission. Portable apparatus was chiefly used, one set serving several clinics. Local anaesthesia by injection or the obtundent action of ethyl chloride was used on all other cases requiring extractions.

Miscellaneous operations of a minor nature totalled over 2,800. They consisted chiefly of silver nitrate treatment of incipient caries; sedative dressings to relieve pain until such time as extractions under general anaesthesia could be carried out; the removal of tartar and the treatment of gum conditions. A few cases of delayed haemorrhage following extractions were dealt with.

X-ray examinations, when required, were made by arrangement with the Sheffield Regional Hospital Board.

Orthodontic treatment was continued on a moderate scale. Thirty new cases began courses of corrective treatment by removable appliances and thirty-seven (some carried over from 1952) had treatment satisfactorily completed. Fifty-five partial dentures were fitted to replace front teeth lost through disease or accidents.

Children resident in Children's Homes and Special Schools maintained by the Authority received inspections and any necessary treatment at approximately half-yearly intervals. It is gratifying to record that the dental conditions of these children were very good. Those resident for considerable periods required little or no attention. Most of the treatment required was confined to the new admissions.

Visual Defects.

Table C shows the number of children who attended the eye clinics and the number of attendances. Treatment was provided at the Authority's eye clinics under two schemes as follows :—

(i) *Supplementary Ophthalmic Services.*

Medical Officers on the Ophthalmic List attended three clinics and were paid on a sessional basis by the Authority, which recovered 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.

(ii) *Hospital Eye Service.*

Seventeen of the Authority's eye clinics were 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.

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. In this connection, certain figures have kindly been provided by the Derbyshire Executive Council relating to work performed by Ophthalmic Medical Practitioners and Ophthalmic Opticians outside the Authority's scheme, and these figures are included in Group 2 of Table IV in the Appendix to this Report.

Health Visitors are informed of the treatment prescribed for patients who attend County Eye Clinics, in order that they may 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.

Ear, Nose and Throat Clinic.

The ear, nose and throat clinic formerly conducted at Municipal Buildings, Glossop, by Mr. A. I. Goodman, a Specialist on the staff of the Manchester Regional Hospital Board, was discontinued at the end of January. One Consultant's session was held, 22 children attending for treatment. As mentioned in my last Report, the Consultant attends regularly at Woods Hospital, Glossop, and it was decided that it would be more economical and no less efficient if all the patients were seen at the Hospital.

Orthopaedic and Postural Defects.

The Orthopaedic clinics conducted on County Council clinic premises continue to be visited by Orthopaedic Specialists employed by Regional Hospital Boards. Table D indicates the attendances made by school children, and further particulars appear in Table IV, Group 4, of the statistics at the end of this Report. The number of individual children who attended was 1,110, attendances totalling 5,450. These figures are comparable with 1,038 and 6,504 in the previous year.

TABLE C

Annual Return of work at Eye Clinics—Year ended 31st December, 1953

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 (*c*) ..	Each Wednesday, p.m.	43	–	62	215	–	–	–	277	–	121	428	–	–	–	549
Belper. Field Lane ..(*c*) ..	3rd Tuesday, a.m.	10	–	–	70	–	–	–	70	–	–	127	–	–	–	127
Bolsover. Welbeck Road (*f*)..	1st and 3rd Monday, p.m. ..	17	–	82	–	–	–	–	82	–	159	–	–	–	–	159
Buxton. Bridge Street (*e*) ..	1st, 3rd and 4th Monday a.m. ..	41	445	–	–	–	–	–	445	496	–	–	–	–	–	496
Chesterfield. Brimington Rd. (*f*)	2nd and 4th Monday, p.m. ..	19	–	118	–	–	–	–	118	–	219	–	–	–	–	219
Chesterfield Excepted District. Town Hall .. (*d*) ..	Monday & Thursday, a.m.	93	–	–	–	–	–	759	759	–	–	–	–	–	1805	1,805
Clowne. Sen. Girls' School (*f*)	2nd and 4th Wednesday, p.m.	13	–	109	–	–	–	–	109	–	149	–	–	–	–	149
Derby. Walker Lane (*b*)	Each Monday, a.m.	40	–	–	30	5	417	–	452	–	–	41	6	534	–	581

Dronfield. The Grange (*f*) ..	2nd and 4th Friday, p.m. ..	16	–	113	–	–	–	–	113	–	142	–	–	–	–	142
Frecheville. Fox Lane .. (*f*) ..	1st and 3rd Tuesday, p.m. ..	17	–	116	–	–	–	–	116	–	166	–	–	–	–	166
Glossop. Municipal Bldgs. (*a*)	1st and 3rd Saturday, a.m. ..	28	123	–	–	–	–	–	123	154	–	–	–	–	–	154
Heanor. Wilmot Street (*c*) ..	1st Tuesday, a.m.	12	–	–	–	86	–	–	86	–	–	–	141	–	–	141
Ilkeston. Albert Street (*b*) ..	1st and 3rd Friday, a.m. ..	20	–	–	–	205	–	–	205	–	–	–	284	–	–	284
Killamarsh. County B. Sch. (*f*)	1st and 3rd Friday, p.m. ..	14	–	80	–	–	–	–	80	–	112	–	–	–	–	112
Long Eaton. Grange School (*b*)	2nd and 4th Tuesday, a.m. ..	19	–	–	–	195	–	–	195	–	–	–	244	–	–	244
Matlock. Dean Hill House, Causeway Lane (*c*)	2nd and 4th Friday, a.m. ..	20	18	–	101	–	15	–	134	32	–	217	–	26	–	275
New Mills. High Lea Hall (*e*) ..	2nd Monday, a.m.	10	91	–	–	–	–	–	91	107	–	–	–	–	–	107
Shirebrook. Cliff House (*f*) ..	2nd and 4th Tuesday, p.m. ..	20	–	121	–	–	–	–	121	–	190	–	–	–	–	190
Staveley. Lime Avenue (*f*) ..	1st and 3rd Wednesday, p.m.	20	–	119	–	–	–	–	119	–	213	–	–	–	–	213
Swadlincote. Alexandra Road (*b*)	2nd and 4th Thursday, p.m. ..	20	–	–	–	–	193	–	193	–	–	–	–	259	–	259
Totals	.. .. ..	492	677	920	416	491	625	759	3,888	789	1471	813	675	819	1805	6,372

Medical Officer Conducting Clinic :— (*a*) Dr. B. Boas ; (*b*) Dr. J. E. Coates ; (*c*) Dr. D. B. H. Dawson ;
(*d*) Dr. E. W. Morris (*e*) Dr. N. Warwick ; (*f*) Dr. D. J. K. Wilkie

TABLE D

Annual Return of Orthopaedic Work—Year ended 31st December, 1953

Orthopaedic 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 ..	Thursday, a.m. and p.m.	94	–	31	30	–	–	–	61	–	180	224	–	–	–	404
Bolsover. Welbeck Road ..	Friday, p.m. ..	47	–	25	–	–	–	–	25	–	189	–	–	–	–	189
Buxton. Bridge Street ..	4th Thursday, alt. months	5	30	–	–	–	–	–	30	33	–	–	–	–	–	33
Chesterfield. Brimington Road ..	1st and 3rd Wednesday, a.m. and p.m. and 2nd and 4th Wednesday, a.m.	68	–	59	–	–	–	*6	65	–	303	–	–	–	*28	313
Chesterfield Excepted District. Town Hall ..	Tuesday and Friday	157	–	–	–	–	–	299	299	–	–	–	–	–	1062	1,062
Chinley. Lower Lane ..	2nd and 4th Monday, a.m. and p.m.	40	32	–	–	–	–	–	32	91	–	–	–	–	–	91

Clay Cross. High Street ..	Monday, p.m. ..	44	–	28	–	–	–	1	29	–	130	–	–	–	1	131
Derby. County Offices Yard	Thursday, a.m. and p.m.	98	–	–	17	5	186	–	208	–	–	153	35	767	–	955
Dronfield. The Grange ..	2nd Wednesday p.m.	11	–	†	–	–	–	–	†	–	58	–	–	–	–	58
Glossop. Municipal Buildings	2nd and 4th Tuesday, a.m. and p.m.	42	56	–	–	–	–	–	56	231	–	–	–	–	–	231
Heanor. Wilmot Street ..	Friday, p.m. ..	47	–	–	1	26	–	–	27	–	–	6	185	–	–	191
Ilkeston. Albert Street ..	Wednesday, a.m. and p.m.	94	–	–	–	54	–	–	54	–	–	–	347	–	–	347
Long Eaton. 4, Nottingham Rd.	Friday, a.m. ..	47	–	–	–	30	–	–	30	–	–	–	245	–	–	245
Matlock. Dean Hill House, Causeway Lane ..	Tuesday, a.m. and p.m.	94	17	–	39	–	5	–	61	117	–	182	–	24	–	323
Shirebrook. Cliff House ..	Friday, a.m. ..	47	–	27	–	–	–	–	27	–	215	–	–	–	–	215
Staveley. Lime Avenue ..	Monday, a.m. ..	44	–	47	–	–	–	–	47	–	262	–	–	–	–	262
Swadlincote. Alexandra Road ..	1st and 3rd Tuesday, a.m. and p.m.	50	–	–	–	–	59	–	59	–	–	–	–	382	–	382
Totals	.. .. ..	1,029	135	217	87	115	250	306	1,110	472	1337	565	812	1173	1091	5,450

* 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. The following figures show the work done during 1953 in respect of school children :—

	Divisional Executive				Totals
	Mid.	S.E.	S.	Chesterfield	
Sessions	(Total—100—Not apportionable)			53	153
First Attendances ..	2	4	20	202	228
Subsequent Attendances	80	104	379	2,882	3,445

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 I am pleased to be able to record here that for the fifth successive year there has not been a single death from diphtheria in the County, and, for the second year in succession, no case of diphtheria was notified.

HANDICAPPED PUPILS

General.

It will be seen from the accompanying Table concerning "Handicapped Pupils," which has been provided by the Director of Education, that during the year, 183 pupils were ascertained as requiring education at special schools or boarding in homes, and 169 children were admitted. The number attending special schools on 1st December, 1953, was 420, which may be compared with 347 in 1952 and 301 in 1951. The increased number of children placed in special schools is mainly due to the opening of the Authority's own residential special school for educationally subnormal boys at Overseal, and the completion of the second phase of the building work at the John Duncan School, Buxton, for educationally subnormal girls.

The number of children awaiting places in special schools on 1st December was 225, which included 158 educationally subnormal pupils, the majority of whom were attending ordinary schools.

Regulations.

In August the Minister issued The School Health Service and Handicapped Pupils Regulations, 1953, which referred, among other matters, to the definitions of handicapped pupils; these have been slightly amended from those hitherto in operation, having regard to the experience gained during the past few years. The Regulations have brought about more flexibility, and in certain instances have simplified or widened the scope of the definitions.

HANDICAPPED PUPILS
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	1	8	–	73	9	53	21	2	169
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	6	–	9	–	82	16	45	22	3	183
On or about December 1st :—										
C. Number of Handicapped Pupils from the area :—										
(i) Attending Special Schools as—										
(*a*) Day Pupils ..	–	2	4	–	98	3	4	51	–	162
(*b*) Boarding Pupils ..	8	11	43	15	27	8	91	12	17	232
(ii) Attending Independent Schools under arrangements made by the Authority ..	–	–	–	–	–	3	16	7	–	26
(iii) Boarded in Homes ..	–	–	–	–	–	–	–	–	–	–
Total (C)	8	13	47	15	125	14	111	70	17	420
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(*a*) In hospitals	–	–	–	–	4	–	–	–	—	4
(*b*) Elsewhere	1	–	–	–	4	27	–	–	1	33
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a Special School)	5	2	10	1	15	24	158	8	2	225

Amount spent on arrangements under Section 56 of the Education Act, 1944, for the education of handicapped pupils otherwise than at school, in the financial year ended 31st March, 195[illegible] £1,920/6/3d.

RETURNS FOR DIVISIONAL EXECUTIVE AREAS

Division	Categories	(1) Blind (2) Partially Sighted		(3) Deaf (4) Partially Deaf		(5) Delicate (6) Physically Handicapped		(7) Educationally sub-normal (8) Maladjusted		(9) Epileptic	Total (1)—(9)
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
North-west	A	1	–	–	–	6	1	2	6	1	17
	B	2	–	1	–	7	1	2	6	–	19
	C (i) (*a*) ..	–	–	1	–	–	–	–	–	–	1
	C (i) (*b*) ..	1	1	2	3	3	1	10	3	4	28
	C (ii)	–	–	–	–	–	1	1	2	–	4
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	1	1	3	3	3	2	11	5	4	33
	D (*a*) ..	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	2	–	–	–	2
	E	1	–	1	1	–	4	30	3	–	40
North-east	A	–	–	5	–	12	3	15	2	1	38
	B	1	–	4	–	14	10	21	2	–	52
	C (i) (*a*) ..	–	2	2	–	5	3	2	2	–	16
	C (i) (*b*) ..	2	2	17	4	10	1	25	5	4	70
	C (ii)	–	–	–	–	–	1	6	–	–	7
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	2	4	19	4	15	5	33	7	4	93
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	10	–	–	–	10
	E	1	–	4	–	4	10	71	4	–	94
Mid-Derbyshire	A	–	–	1	–	5	1	13	–	–	20
	B	–	–	1	–	5	1	10	–	–	17
	C (i)(*a*) ..	–	–	–	–	–	–	–	–	–	–
	C (i) (*b*) ..	1	2	6	4	4	2	15	2	3	39
	C (ii)	–	–	–	–	–	1	5	3	–	9
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	1	2	6	4	4	3	20	5	3	48
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	1	–	–	–	–	3	–	–	–	4
	E	–	–	1	–	–	1	23	–	–	25

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	14	1	–	16
	B	2	–	–	–	2	2	7	1	–	14
	C (i) (*a*) ..	–	–	1	–	–	–	1	–	–	2
	C (i) (*b*) ..	–	2	4	–	–	2	25	2	1	36
	C (ii)	–	–	–	–	–	–	1	2	–	3
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	–	2	5	–	–	2	27	4	1	41
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	3	–	–	–	3
	E	2	–	–	–	2	5	16	–	–	25
South	A	–	1	2	–	7	3	6	–	–	19
	B	1	–	3	–	10	2	1	1	–	18
	C (i) (*a*) ..	–	–	–	–	–	–	1	–	–	1
	C (i) (*b*) ..	3	2	14	1	5	2	13	–	2	42
	C (ii)	–	–	–	–	–	–	3	–	–	3
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	3	2	14	1	5	2	17	–	2	46
	D (*a*)	–	–	–	–	–	–	–	–	–	–
	D (*b*)	–	–	–	–	–	9	–	–	–	9
	E	1	2	4	–	3	4	15	1	–	30
Chesterfield	A	1	–	–	–	43	–	3	12	–	59
	B	–	–	–	–	44	–	4	12	3	63
	C (i) (*a*) ..	–	–	–	–	93	–	–	49	–	142
	C (i) (*b*) ..	1	2	–	3	5	–	3	–	3	17
	C (ii)	–	–	–	–	–	–	–	–	–	–
	C (iii) ..	–	–	–	–	–	–	–	–	–	–
	Total (C) ..	1	2	–	3	98	–	3	49	3	159
	D (*a*)	–	–	–	–	4	–	–	–	–	4
	D (*b*)	–	–	–	–	4	–	–	–	1	5
	E	–	–	–	–	6	–	3	–	2	11

Defective Hearing.

Shortly before the end of the year under review, consideration was given to the methods of assessing hearing (e.g., the 'forced whisper' test, the gramophone audiometer, and the pure tone audiometer). After careful consideration, the Committee authorised the purchase of a portable pure tone audiometer, which may readily be conveyed from school to school for the purpose of carrying out 'sweep tests,' as well as a more elaborate model for use at a central clinic, which includes a gramophone pick-up, and a microphone for testing with speech. At the time of writing this Report, the equipment has been received and is being given preliminary trials.

Co-operation with other Authorities.

Liaison has been maintained between the Authorities in the North Midlands Region, and with those in the West Midlands, since residential accommodation for certain categories of handicapped pupils can be provided more economically on a regional basis.

Hostel for Maladjusted Pupils.

Progress has continued in the adaptations at Stretton House, Clay Cross, which will be opened early in 1954 as a Hostel for maladjusted children.

Cerebral Palsy.

At a Conference of local education authorities of the North Midlands, held in 1947, the Derbyshire County Council was asked to explore the possibility of establishing a Unit for the treatment and training of children suffering from "spastic paralysis and allied conditions," which may perhaps be better called by the generic term of "cerebral palsy." In order to assess the extent of the provision required, the information already available in the county health department was reviewed, and an inquiry was addressed to all medical practitioners practising in the administrative county asking for their co-operation in indicating the extent of the condition in their practices.

Subsequently, the British Council for the Welfare of Spastics requested certain information for submission to their Educational Advisory Committee which had been appointed to study all matters appropriate to the education and training of children and adults suffering from these conditions. Early in 1948, therefore, as a result of information already obtained, arrangements were made for the School Medical Officers to submit up-to-date reports on all the children thought to be suffering from cerebral palsy. The following information was elicited as a result of the investigation :—

	Boys	Girls	Total
(1) NUMBER, and SEX DISTRIBUTION of CHILDREN (0-16 years of age inclusive) suffering from "SPASTIC PARALYSIS and Allied Conditions" (as at March, 1948)	52	34	86

	Boys	Girls	Total
(2) DISTRIBUTION OF (1) AMONG THE FOLLOWING CATEGORIES :—			
(a) Affected on one side only	21	16	37
(b) Affected in both legs	11	8	19
(c) Affected in both arms	2	1	3
(d) Affected in both legs and arms	5	2	7
(e) With indistinct speech	8	5	13
(f) With no speech at all	5	2	7
(g) With a combination of any of the above ..	13	7	20
(3) NUMBERS of (1) CONSIDERED :—			
(a) to be of NORMAL INTELLIGENCE..	18	13	31
(b) To have some degree of BACKWARDNESS	17	12	29
(c) To be SERIOUSLY SUBNORMAL but EDUCABLE	9	4	13
(d) To be apparently INEDUCABLE ..	8	5	13
(4) DIFFERENTIAL PHYSICAL CLASSIFICATION OF (1)† :—			
(a) Spastic..	44	21	65
(b) Athetoid	4	4	8
(c) Ataxic	4	7	11
(d) Rigid	—	2	2
(e) Tremor	—	—	—

†—The importance of correct classification lies in the fact that, from the therapeutic aspect, if success is to be obtained, different methods of treatment require to be adopted according to the category to which the patient belongs. Of a large series of cases, it has been found that whilst 45% proved to be true spastics, 50% were diagnosed as athetoids, and the remining 5% were ataxic, rigid or mixed types. ("Spasticity" means weekness of muscle power with rigidity; "athetosis" means complicated involuntary movement; "ataxia" means inco-ordination of movement; "rigidity" and "tremor" are sufficiently obvious terms as not to require further definition).

	Boys	Girls	Total
(5) NUMBERS OF (1) WHO (in March, 1948) :—			
(a) Attended ORDINARY SCHOOL (L.E.A. or Private)	25	19	44
(b) Attended a SPECIAL SCHOOL (L.E.A. or Private)	—	—	—
(c) Attended a VOCATIONAL TRAINING or an OCCUPATIONAL CENTRE ..	1	—	1
(d) Received NO EDUCATION	25	13	38*
(e) Received EDUCATION AT HOME ..	1	2	3

*—7 boys and 6 girls in this group are under five years of age.

ANALYSIS OF 86 CASES INTO AGES, and INDICATING THE EDUCATIONAL TREATMENT RECOMMENDED

EDUCATIONAL TREATMENT RECOMMENDED	Age :	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Totals
(1) ATTENDANCE AT AN ORDINARY SCHOOL	Boys	1	–	–	2	3	2	3	1	3	1	2	1	2	1	–	–	22
	Girls	–	–	1	3	1	1	1	2	4	2	2	1	1	2	–	–	21
	Total	1	–	1	5	4	3	4	3	7	3	4	2	3	3	–	–	43
(2) ATTENDANCE AT AN ORDINARY SCHOOL — BUT WITH SPECIAL EDUCATIONAL TREATMENT ..	Boys	–	–	–	1	–	1	1	–	–	–	–	–	–	–	–	–	3
	Girls	–	–	–	–	–	1	–	–	–	1	–	–	–	–	1	–	3
	Total	–	–	–	1	–	2	1	–	–	1	–	–	–	–	1	–	6
(3) ADMISSION TO A SPECIAL HOSPITAL SCHOOL..	Boys	–	–	1	–	2	1	–	1	2	1	–	1	1	2	–	–	12
	Girls	–	–	1	–	–	–	–	–	–	–	–	2	–	–	–	–	3
	Total	–	–	2	–	2	1	–	1	2	1	–	3	1	2	–	–	15
(4) HOME CARE ..	Boys	–	–	–	1	–	–	–	–	–	–	–	–	–	1	–	1	3
	Girls	–	–	–	–	–	–	–	–	–	–	1	–	–	1	–	–	2
	Total	–	–	–	1	–	–	–	–	–	–	1	–	–	2	–	1	5
(5) HOME CARE (These Patients are probably Ineducable)	Boys	–	–	–	1	–	1	1	–	2	–	–	1	–	–	–	–	6
	Girls	–	–	–	1	1	–	–	–	–	–	1	–	–	–	–	–	3
	Total	–	–	–	2	1	1	1	–	2	–	1	1	–	–	–	–	9
(6) THESE PATIENTS ARE INEDUCABLE	Boys	–	–	–	–	–	–	1	–	–	2	–	1	1	–	1	–	6
	Girls	–	–	–	–	–	–	–	1	–	1	–	–	–	–	–	–	2
	Total	–	–	–	–	–	–	1	1	–	3	–	1	1	–	1	–	8

It may be of interest to summarise the position below, and to compare the figures ascertained in Derbyshire, during these special investigations, with the estimated figures for England and Wales shown in "The Educability of Cerebral Palsied Children" by Miss M. I. Dunsdon, M.A., F.B.Ps.S. :—

	DERBYSHIRE			ENGLAND AND WALES
	Incidence	Number of Cases		
1. INCIDENCE	1.0 per 1,000	Total number of cases	86	1.0 per 1,000 (5,325 cases)
2. PROPORTION so slightly handicapped that they may attend ORDINARY SCHOOL	50%	Number of cases recommended as suitable to attend ordinary schools..	43	50%

3. The remaining 50%—i.e., 43 cases in Derbyshire—will either require special provision, or will prove to be ineducable, as follows :—

4. PROPORTION likely to be able to ATTEND SPECIAL SCHOOLS	24%	No. of slightly handicapped cases who might attend ordinary schools with special provision..	6	20% of whom some, slightly handicapped, would be likely to gain no educational benefit by transfer to a school exclusively for cerebral palsied children, while others (those mainly mentally subnormal) would do better in E.S.N. Special Schools.
	(7%)			
	(17%)	No. suitable for 'Hospital Special Schools' .. .. (Of the 15, in the age range 4 - 11 years there are 7 children. It is suggested Talbot House takes 20 children aged 4-11, 5 from Derbyshire and remainder out-county). *	15	

5. The remaining 26%—i.e., 22 cases in Derbyshire—will prove to require home care and the majority are 'ineducable' :—

6. Recommended for HOME CARE	6%	5	
INEDUCABLE	20%	17	
TOTALS	100%	86	

*Since this was drafted, discussions have taken place concerning the opening of Talbot House Residential School, Glossop, early in 1954, and it is now suggested that generally children should not be admitted below the age of 6 years. The upper age limit is 16 years.

It was felt that any Special School established by the Authority for the treatment and education of children suffering from cerebral palsy should be situated near to a University where there is a medical Faculty, because the services of a range of medical specialists may be required. Ultimately, Talbot House, Glossop, thirteen miles from Manchester—was purchased by the Authority and it is hoped that children will be admitted by mid-1954. I should like to record my grateful appreciation of the help and advice which has been freely given by Sir Harry Platt, the Emeritus Professor of Orthopaedic Surgery at Manchester University, who is also Consultant Adviser in Orthopaedics to the Ministry of Health, and the co-operation of Professor Gaisford of the Department of Child Health at Manchester, through whose good offices arrangements have been made for the services of Dr. R. M. Forrester to be available for regular consultations at the School, and to maintain liaison with the Department of Child Health and any other Consultants whose services might be required from time to time. Initially it is proposed to admit up to twenty pupils, of both sexes, aged between six and sixteen years, and of normal intelligence, though a proportion of children with subnormal intelligence may have to be accepted.

Independent Schools.

The Ministry of Education requested a return showing the independent schools being assisted by the authority, on 1st December, 1953, under Section 6 of the Education (Miscellaneous Provisions) Act, 1953, 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	26
(3)	Categories of handicap of the pupils :—	
	Educationally subnormal	16
	Maladjusted	7
	Physically handicapped	3

Cases reported to Local Health Authority.

During the year the following numbers of pupils were reported by the Education Authority to the Local Health Authority, as being ineducable (section 57 (3), Education Act, 1944), and 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	1	2	–	–
North-east	8	4	1	1
Mid-Derbyshire	1	2	–	1
South-east	5	1	–	1
South	7	1	1	–
Chesterfield	2	3	2	4
Totals	24	13	4	7

Full-time Courses of Further Education for the Handicapped.

On December 31st, 1953, the following students were in training:—

Blind Cases.

Royal Institution for the Blind, Nottingham	1
Yorkshire School for the Blind, York	2
Royal Normal College, Rowton Castle	1
Schools for the Blind, Liverpool	1

Maladjusted Pupils.

The establishment in 1953 permitted the employment of two Child Psychiatrists, four Educational Psychologists working part-time in connexion with child guidance, and four psychiatric Social Workers.

Unfortunately, we were, throughout the year, without the sevices of a whole-time Child Psychiatrist on the Authority's staff, but discussions have taken place between the County Council and the Sheffield Regional Hospital Board, as a result of which proposals are afoot for a joint appointment to be made of a whole-time Child Psychiatrist of Consultant status who will devote the major part of his time to the treatment of maladjusted children at County Council clinics within the area of the Board.

During 1953, however. Dr. Esher, the Board's Regional Psychiatrist, kindly continued the arrangement by which Dr. Pentreath, the Medical Superintendent of The Pastures Hospital, Mickleover, or a Medical Officer on his staff, assisted by dealing with a limited number of child guidance cases and undertaking the examination of cases referred from juvenile courts or remand homes. These patients were seen at County Council clinics or at clinics administered by the Board. The amicable working of this arrangement has been much appreciated.

Table IV, Group 5, in the Appendix to this Report, shows the number of pupils treated under child guidance arrangements. The following reports have been received :—

(1) Dr. E. U. H. Pentreath—

"During the year 1953 the situation obtaining in the latter half of 1952 persisted, in that the County had been unable to employ a Children's Psychiatrist and still had to rely on help from the Sheffield Regional Hospital Board. This was afforded in 1953 as in 1952 by the children's work being delegated to Dr. Ford Thomson.

The increase in work noted in last year's report was maintained, and during the year nearly 200 children were seen by Dr. Ford Thomson and the numbers of interviews were more than doubled, over 2,000 interviews being given to children and over 1,000 to parents, Probation Officers, and other adults having charge of children. The trend of the Juvenile Courts towards referring more children to the Psychiatrist was continued and over 80% of the cases referred were taken on for treatment. It is note-worthy that out of 84 cases referred by Juvenile Courts or Probation authorities in 1952 and 1953, 69 were accepted for treatment, and at the end of the year there had been only four definite failures, two of these were sexual psychopaths and in two other cases there was non-co-operation from the parents of the children.

At present the Psychiatrist is gravely handicapped by the fact that no Psychiatric Social Worker is available to assist him, and clerical arrangements have of necessity to be of a makeshift nature, much of the correspondence having to be undertaken by the staff at the Pastures Hospital, in addition to their other duties.

Large as has been the volume of work performed in the past year, it does not by any means measure the quantity of Children's Psychiatry which could profitably be undertaken, were an adequate staff available, since many minor cases are screened out and a waiting list of 24 children, some in urgent need of treatment, had accumulated by the end of the year.

Dr. Pentreath, the Medical Superintendent of the Pastures Hospital, Mickleover, would like to record his appreciation of Dr. Ford Thomson's achievements during the year in dealing with so many children effectively, whilst carrying on other duties at the Pastures Hospital and other important work."

(2) Mrs. Flint, Educational Psychologist—

"During the past year children have been seen regularly at Clinics in all areas of Derbyshire excepting that of the North-East. For the third time a little group of training college students from Matlock have done remedial teaching under supervision and as before this has proved valuable work. As there is still no P.S.W., the Psychologist has visited homes and interviewed parents, as this is a necessary part of any Child Guidance work. Visits have also been made to Derbyshire maladjusted children who are in Schools (including one Home Office School) and Hostels outside the County, co-operation between all the people concerned with these children being essential if satisfactory adjustments are to take place.

As far as possible stress has been laid on the preventive as well as the diagnostic and therapeutic side of this work and talks to Parent-Teacher Associations are useful in this respect."

(3) Statistical Information (excluding work done at Brambling House, Chesterfield)—

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid-Derby-shire	South-east	South	
(1) Cases Closed during 1953 :—						
(i) Adjusted	3	9	6	–	7	25
(ii) Improving	3	–	6	1	12	22
(iii) Partially adjusted	–	2	–	–	1	3
(iv) Unadjusted	–	1	–	2	–	3
(v) Miscellaneous	1	–	4	3	2	10
(vi) Diagnostic and advice only	4	10	17	11	17	59
Totals	11	22	33	17	39	122
(2) Cases having regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—						
(*a*) Psychiatrist—						
(i) Making satisfactory progress	–	16	11	6	7	40
(ii) Some improvement ..	–	3	2	1	2	8
(iii) No improvement	1	–	–	–	–	1
Totals	1	19	13	7	9	49
(*b*) Educational Psychologists :—						
(i) Making satisfactory progress	–	–	12	4	16	32
(ii) Some improvement ..	–	1	2	5	1	9
(iii) No improvement	–	–	–	2	1	3
Totals	–	1	14	11	18	44
(3) Cases having only Occasional Interviews, or under Supervision :—						
(i) Making satisfactory progress	3	12	4	7	13	39
(ii) Some improvement ..	2	5	3	1	6	17
(iii) No improvement	2	2	1	1	3	9
(iv) Diagnostic and Other ..	–	3	7	4	8	22
Totals	7	22	15	13	30	87
(4) Cases Recently Opened ..	2	–	2	2	7	13
(5) SUMMARY :—						
(i) Number of "current cases"	10	42	44	33	64	193
(ii) Number of "closed cases"	11	22	33	17	39	122
Total Number of Cases dealt with during 1953 ..	21	64	77	50	103	315
(6) Number of Cases on Waiting List for first interview as at 31st December, 1953 ..	17	–	6	12	6	41

CHILD GUIDANCE WORK	Divisional Executive					Totals
	North-west	North-east	Mid-Derby-shire	South-east	South	
(7) Psychiatrist's Interviews with Patients	38	795	301	240	403	1777
Psychiatrist's Interviews with Parents	4	372	216	136	151	879
Psychiatrist's Visits :—						
(i) to Schools	–	–	–	–	–	1
(ii) to Homes	–	–	–	–	–	3
(iii) to Institutions						2
Total number of siblings of patients seen	–	–	–	–	–	15
Total number of Interviews with siblings	–	–	–	–	–	126
Number of Interviews with Probation Officers, Social Workers, etc.	–	41	7	4	41	93
Number of Reports to Magistrates	–	–	–	–	–	42
(8) Educational Psychologists' Visits :—						
(i) to Schools	16	2	30	20	30	98
(ii) to Homes	17	9	24	16	20	86
Number of Child Guidance Cases tested	26	3	40	20	26	115

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

School Medical Officer	50
Private Doctors	23
Hospitals	12
Parents	4
Teachers	36
Courts and/or Probation Officers	51
Others	35

Speech Therapy.

The Authority has authorised the employment of five Speech Therapists. Throughout 1953 there were three vacancies. Miss Ward continued to serve in Chesterfield throughout the year, and treated children from the Borough and the surrounding areas; Miss Young conducted clinics at Belper, Derby and Matlock. The following report has been provided by Miss Young:—

"Clinics have been held during the year at Belper, Derby and Matlock. Results of treatment have been fairly satisfactory, and co-operation with schools and parents has been good. A rather disappointing feature of the work, however, has been the large number of cases who fail to keep appointments at the clinics, due mainly, it is felt, to the long distances which they have to travel. Many children have to be discharged as "un-co-operative" who, in actual fact, would be willing and able to benefit from treatment, were clinics provided nearer to their homes. There seems to be no solution to this problem without the appointment of another therapist to the County.

Patients have, for the most part, been taken individually, for although it is not possible by this method to have so many children under treatment at a time, their progress is found to be quicker than in group work. The patients have been classified as "stammerers," "articulatory defects" (which may range from a single faulty sound to speech which is almost unintelligible) and "other speech defects," In the latter group fall patients with cleft palates, voice disorders and hasty or muttered speech. A few spastic patients have also received treatment. The patients' ages have ranged from 3 to 18 years. It is generally felt that advice to the parents is better than clinical treatment for pre-school children, but the best age for treatment varies with each child. At the initial interview an attempt is made to ascertain whether the child is yet ready for treatment and he may have to be placed on the waiting list until it is considered that the optimum age has been reached.

Thanks must be expressed to the School Medical Officers and to the school teachers for their referral of cases, but in spite of their excellent work, some cases, especially of stammering, are not referred until they are on the point of leaving school. As stammering rarely makes its appearance after the age of 10 or 11 years these children must have begun their stammering during their years in the Infants' and Junior Schools. In common with other ailments, speech defects are more easily treated at the onset than when they have become well established, and referral of children as soon as a defect has been noticed would be appreciated."

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	1	3	4	5	6	19
Articulation Defects ..	1	4	13	9	38	65
Other Speech Disorders ..	–	2	6	6	2	16
Old Cases—						
Stammerers	4	1	10	3	5	23
Articulation Defects ..	2	1	8	8	10	29
Other Speech Disorders ..	–	2	10	6	2	20
Total Number of Individual Patients	8	13	51	37	63	172
Total Attendances for Treatment	42	87	519	424	593	1,665
(2) Results of Treatment of Cases seen during 1953 :—						
Cases Closed :—						
Stammerers—						
Cured	1	–	2	–	4	7
Improved	3	1	4	6	3	17
Not improved	–	–	–	–	–	–
Discontinued for various reasons	1	1	1	4	7	14
Articulation Defects—						
Cured	–	2	3	2	7	14
Improved	–	–	7	4	6	17
Not improved	–	–	–	–	–	–
Discontinued for various reasons	1	2	8	1	5	17
Other Speech Disorders—						
Cured	–	1	1	–	1	3
Improved	–	–	1	–	4	5
Not improved	1	–	–	–	–	1
Discontinued for various reasons	–	1	3	4	4	12
Total number of Cases Closed	7	8	30	21	41	107
Cases Still Under Treatment—						
Stammerers	2	1	10	1	6	20
Articulation Defects ..	2	4	12	8	20	46
Other Speech Disorders ..	–	1	7	10	4	22
Cases seen once for initial examination and advice only.. ..	1	4	7	10	28	50
Total Number of Cases already seen, Carried Forward to 1954	5	10	36	29	58	138

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 Decmber, 1953	–	2	2	6	6	16
(4) Visits :—						
To Schools..	–	–	–	2	1	3
To Homes	–	–	–	–	1	1
(5) Number of Interviews with Parents	4	12	36	35	84	171
(6) Total Number of Sessions conducted at Clinics	Belper 95 ;		Derby 221 ;		Matlock 96	412

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 499 pupils desiring to undertake part-time employment. Certificates of fitness were given in 495 instances, and in only four cases was it decided that the suggested employment would be prejudicial to the health or physical development of the child and render him unfit to obtain proper benefit from education.

NATIONAL SURVEY OF THE HEALTH AND DEVELOPMENT OF CHILDREN

A Joint Committee of the Institute of Child Health (University of London), the Society of Medical Officers of Health, and the Population Investigation Committee, have been following the health, growth and development of about 6,000 children born between March 3rd and 9th, 1946, drawn from all social classes and from all parts of Great Britain. The main aims of the Inquiry are to collect information on a national scale on accidents, illnesses, growth and development ; to show in what ways the health and growth of young children are affected by environment ; to trace the history of a large group of prematurely born children who have been individually "matched" with children born at term ; and to observe the achievement of children against the background of their ability, health and opportunities.

As regards the children born in this County, the Authority's Health Visitors co-operated in the original survey in 1946, when the babies were aged six weeks, in 1948, when they had attained two years of age, and in 1950 when they were four years old.

The Joint Committee hope to continue the Inquiry throughout the primary school period, and sought the co-operation of the Education Committee, which was readily given, early in 1952, when the children were, of course, of school age. The Joint Committee feel that it will be sufficient for the purpose of the inquiry if the children concerned are clinically examined at seven, nine and eleven years of age. In addition, the assistance of Teachers has been obtained in keeping standardised records of their absences from school, since September, 1952. During 1953, 64 children were examined by the School Medical Officers. Health Visitors visited the homes of the children once a term to ask the mothers about school absences and sickness during holiday periods. In the light of the experience gained, the Joint Committee propose to reduce these visits to one a year, the visit to be made in October. It is felt that this will reduce the amount of work involved without incurring a significant loss of information.

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

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

Dr. Sutcliffe (Part of N.W. Division) :—

(1) *General health, well-being and nutrition:* In general the condition and health of the school children remained good, and their clothing satisfactory. The accurate assessment of the general condition and state of nutrition is a difficult task without some definite criterion to work on. As yet no definite standard of measurement has been devised; it thus still depends on individual medical officers. The main factors to be taken into consideration are the general well-being of the child and his or her ability (a) to take full advantage of the education provided and (b) to stand up to ordinary every-day life and strain. Only a small proportion of children were placed in category C. It is unlikely that any cases of malnutrition in the area are due to an insufficiency of food, though some might have been caused by defects of quality and unbalanced diets, particularly in those families where the mother goes out to work all day. Poor general condition from impaired digestion caused by overtiredness and insecurity is found in children from unsatisfactory homes. Functional nervous disturbances such as lack of appetite and refusal of food, causing deterioration in the general condition, are in great part due to mistakes of management and occurred most often in the entrants group. The unsatisfactory general condition seen occasionally in older children is usually due to inborn errors of metabolism and constitutional disease. 2.04% of the entrants were placed in category C; 2.1% of the second age group and 3.2% of the third age group. The general condition of the pupils seen was assessed as follows: A—34.7%; B—62.8%; C—2.3%. In 1953, 72% of pupils were taking the free issue of one third of a pint of milk per day and 43% were having a midday meal at school. This compares favourably with the numbers participating in 1952. All the milk provided for the children in schools is pasteurised and is sampled at regular intervals for bacterial content and keeping qualities. There is a poor response to the Milk-in-Schools Scheme amongst the Grammar School girls due to the current fashion for slimming and the mistaken idea that milk, which is the most effective of all foods in ensuring a well-balanced dietary, causes obesity.

The provision of school canteens is greatly appreciated particularly by the mothers who take employment outside their homes and are unable to provide a midday meal for their children.

(2) *Cleanliness of Pupils:* In Glossop, 1953 has been a year of strenuous effort on the part of the Health Visitor and School Nurse in attempting to reduce uncleanly conditions, particularly in regard to vermin of the head. Certain families, about forty in number, repeatedly cause difficulties in this matter and the tendency for girls again to adopt long hair fashion is to be deplored. It is very difficult

to disinfest and keep clean all members of our chronically verminous families, the older members of which remain reservoirs of infestation for the rest of the community. During 1953 the Health Visitor made 36 inspections in the schools for uncleanliness : 6,032 examinations of 2,388 individuals were carried out ; 202 pupils were found to be infested and 38 were cleansed at the clinic. The incidence of infestation was approximately 8.4%. After the summer holidays there was an increased incidence of impetigo but this was quickly brought under control. Two cases of scabies were treated at the clinic.

(3) *Diphtheria Immunisation:* During the year eight primary courses and 115 boosting doses of diphtheria prophylactic were given to school children and 236 primary courses to children under five years at the clinics in Glossop. For the third year in succession, there has been no case of diphtheria in Glossop, but the absence of the disease has unfortunately given rise to a false sense of security and a consequent decrease in the number of re-inforcement doses of diphtheria prophylactic.

(4) *Hygienic conditions of schools:* In the older schools the hygienic standards are much below those prescribed by the School Premises Regulations of 1951, and with the existing overcrowded buildings it is difficult to improve matters. In view of other financial demands only slow progress can be anticipated for some time but certain improvements are to be made in 1954.

A survey has been made of the existing sanitary accommodation and washing facilities and it was found that many of the schools had a deficiency of closets, urinals and washhand basins. In very few of the schools was hot water provided to the existing washbasins. As 43% of children take school meals the provision of adequate facilities for handwashing is essential. It is very difficult to instil hygienic principles into the children of our careless families when the conditions in our schools are substandard.

(5) Close co-operation exists between the general practitioners in the area and the Public Health Department. Problems of mutual interest are discussed at the meetings of the local medical society. The School Health Service is grateful to those hospitals of the Ashton, Hyde and Glossop Group which issue reports on discharge of school children from hospital.

(6) *Dental Caries:* The periodic school medical inspections showed a reasonable standard of general health but a poor standard of dental health which was particularly noticeable in the entrants to primary schools where the incidence of dental caries varied from 60% to 70%. The children appeared to have a diet adequate in calories, most of them had taken Cod Liver Oil or an equivalent preparation since early infancy and 89% were having milk in school. The cause of dental caries is complex and many theories have been advanced to explain it. It is one of the consequences of civilisation and may be due to the increased consumption of sugar, sticky carbohydrate sweets,

the change in the bread texture and the lower extraction rate of the flour. A recent view is that caries of the temporary teeth occurs after the prolonged use of an acid iron tonic ; syrupy medicines and liquids are also thought to contribute to the increased incidence. It was difficult to obtain evidence in support of this latter theory. Most of the children were given snacks and sweets between meals and cake and biscuits immediately before bedtime. They are accustomed to finish a meal with soft pappy food such as sticky buns, pies, pastries, biscuits and puddings, which leave particles of fermentable carbohydrate on the teeth, instead of being offered cleansing foods such as fresh fruit, vegetables and salads. A complete change of diet is not practicable but much can be done by educating the parents and older children in the value of wholemeal bread, dairy produce, fruit and vegetables. When there are not sufficient dentists in the country to deal with the alarming increase in dental disease the teaching of prevention is essential.

Dr. Cochrane (Part of N.W. Division) :—

(1) *General health and well-being:* It is with pleasure that I find the children of this Borough maintain a good standard of general health and well-being. It is not possible to give figures for the numbers of children who now undergo operation for removal of tonsils and adenoids, because most of the cases are referred by the private doctor to the consultant and the operations take place in hospitals without reference to the School Medical Officer. Children who are found to suffer, on inspection, from nose and throat trouble are at once referred to the private practitioner for his guidance and treatment.

(2) *Nutrition and school meals:* Most children attending the various schools can confidently be placed in category A for nutrition. No child can be classified in category C for the year 1953. The number of children who take school meals seems to remain fairly constant and the reasons for not participating in a school meal are varied. In some cases, the children have the main meal of the day when the father returns from work. In others, there is the natural reluctance of a child to break away from the type of meal of food which he or she has been accustomed to at home. The old adage "what you like best does you most good" may have some bearing on this matter.

(3) *Cleanliness:* Out of 4,526 examinations by the School Nurses, 46 pupils were found to have pediculosis and those, as in former years, constitute old offenders. There was a jump in the number of cases of impetigo but scabies was non-existent during the year and only two cases of ringworm were found in the children.

(4) *Diphtheria Immunisation:* The advent of a mixed vaccine to combat diphtheria and whooping cough has naturally created the desire amongst many parents to have the children treated so as to prevent both diseases. At present all immunisation against whooping cough is done by the private practitioners.

(5) *Hygienic conditions of schools:* The completion of one new school and the erection of another in the Borough will go some way towards raising the standard of hygiene in the schools. The older schools, naturally, cannot provide a standard of hygiene which ought to exist in the modern schools.

(6) *Inter-relationship of the National Health Service and the School Health Service:* The National Health Service Act has, in no small measure, diminished the efficiency of the School Medical Service, and it is only natural that if a child is brought to see the School Doctor at a clinic and that child is referred to the family doctor, the parent may consider that the necessity for consulting the school doctor first has been considerably lessened if not altogether rendered futile.

(7) The children with dental defects cannot, at the moment, be given any dental treatment, and it is depressing to see so many leavers who are about to undertake employment suffering from major dental trouble.

The Orthopaedic Clinic is one bright feature of the School Medical Services because there, boys and girls are seen by the Specialist, with the Doctor and Health Visitors present, and the progress of these cases can be carefully observed.

The treatment of children suffering from speech defects offers, in this part of the County, considerable difficulty. The nearest clinics are at Matlock and Belper and the journey from Buxton to these other centres involves much difficulty for the parent or for the person who is obliged to take the child to the clinic. The shortage of Speech Therapists is fully appreciated and although it may not seem a great hardship to go from Buxton to Matlock or Belper for the very necessary treatment, the difficulties are such as to prejudice the child from securing the necessary guidance and instruction.

Dr. Cash (Part of N.E. Division) :—

The general health of the children is very satisfactory, and few children fall into category C. The few who do are in the main children who have had the set-back of prolonged ill health and it is seldom that neglect and undernourishment are the cause.

Nutrition on the whole is fairly good, and children in rural areas are noticeably bigger than those in the more heavily populated areas. Milk is not as popular as it used to be and attendance at meals in most schools has fallen off quite considerably.

Cleanliness is not always as good as it should be, but I do not think pediculosis is increasing. There appears to be a nucleus of persistent offenders which is extremely difficult to eradicate.

Diphtheria immunisation is falling off to a small extent, and vaccination is unfortunately an infrequent event nowadays.

Hygienic conditions in schools are not always satisfactory, particularly washing facilities and sanitation which in some areas are most inadequate.

Dr. Burke (Part of N.E. Division) :—

(1) *General health and well-being:* The general health and well-being of the children in my area continues to be satisfactory on the whole. Of 540 boy entrants, 10% were classified as A, 85.37% B, and 4.62% C. Of 520 girls, 10.57% were classified as A, 83.46% B, and 5.96% C. As in previous years more entrants were classified as C than children in the higher age groups. In the second age group of 361 boys, 21.60% were classified as A, 75.90% B, and 2.94% C. Of 372 girls, 16.39% were classified as A, 79.30% B, and 3.76% C. In the leaver group of 292 boys, 25.68% were classified as A, 72.26% B, and 2.02% C. Of 381 girls, 20.73% were classified as A, 77.95% B, and 1.32% C. In my opinion, the proneness of young children to get infective diseases in the early years of school life is the main cause of their tendency to ailments like bronchitis, chronic rhinitis, otitis, and prolonged convalescence from whooping cough, all of which I regard as factors in their general condition which would be sufficient to place them in class C, unsatisfactory. A few of them of subnormal intelligence suffer from malnutrition because of difficulties in getting them to feed properly, and to attend to bowel and bladder functions. There are a few problem families in my area, the children of which do not get proper meals and are generally neglected and ill nourished with deleterious effects on their health and development.

(2) There has been a considerable drop in the number of children taking school meals, in many schools in my area the number of tables occupied being considerably less than two or three years ago. There seems to be a disinclination to pay the increased prices for meals on the part of certain parents, especially when two or more children of the families have been taking school dinners. The great majority of the children in all the schools take milk at school. I am convinced about the great value of school meals and milk.

(3) *Cleanliness of pupils:* Two boys and four girls were found with pediculosis capitis at school inspections. Six cases of impetigo were found. All were treated satisfactorily.

Scabies was discovered in a family of children and an inspection was made of the pupils, 73 in number, who had had contact with the children affected. No cases of scabies were found among the contacts.

On the whole the condition of the clothing and cleanliness of the children continues to be satisfactory.

(4) *Diphtheria Immunisation:* Primary Immunisation was completed at school for ten children under five years of age, and for 178 children between five and fifteen years of age ; 647 children received

reinforcement doses at school. At the School Clinics primary immunisation was completed for four children under five years of age; and for 41 children between five and fifteen years of age; twenty-two children received reinforcement doses. As in previous years I have found that most mothers prefer to have their children immunised with other children at school, and not to be present at the immunisation, rather than to take them to one of the school clinics for the purpose. I received 76 refusals for immunisation for various reasons. It was not possible to form an accurate estimate of the number of refusals, an unkown number of consent cards not having been returned. I believe that many parents refuse because diphtheria is now an uncommon disease and they have forgotten what a serious outbreak of diphtheria can cause in illness and loss of life. I have been surprised at times by the irrational attitude of otherwise sensible parents towards immunisation, even after pointing out to them the risks that their children were running from possible contact with immune carriers *et al.*

(8) *National Health Service:* Relations with the medical practitioners in my area continue to be satisfactory; they are most helpful and co-operative. The reports from the hospitals are very helpful. Every facility has been afforded to me when I have visited Chesterfield Hospital to examine patients who have been recommended for transfer to hospital schools, etc.

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

(1) *General health and well-being:* The health of the school children as a whole remains on the average good and continues to be up to the high standard of the last few years. It has been noted that the number of cases of slight malnutrition found at medical inspections in the north-east area of the County is higher than it is in the south-east, the explanation for this being that in an industrial area like Blackwell there are more "problem families" than in an agricultural area. These problem families for varying reasons are unable to feed and care for their children properly even though their income may exceed the scale laid down by the County Council for free meals. I suggest that if the nutrition of these children is to be improved it might be advisable to raise the scale for free meals in schools.

(2) *Nutrition, School Meals, Milk in Schools Scheme:* Owing to the increase in the price of meals there has been some diminution in the number of children taking them. The meals on the whole are palatable and nutritious. Milk in schools continues to be very popular and about 90% of the children take advantage of the scheme.

(3) *Scabies and Verminous heads:* Only 15 cases of scabies among school children were treated at the Disinfestation Centre, compared with 34 in 1952, 32 in 1951 and 37 in 1950. One hundred and four cases of verminous heads were treated at the Disinfestation Centre, an increase of 27 over the previous year. The number appears to be slowly increasing from year to year, and there is no doubt that the shortage of Health Visitors in the area is one of the causes of the increase. A considerable number of cases of impetigo occurred at schools in Shirebrook and Pinxton during November.

(4) *Diphtheria Immunisation:* There has been a falling off in the number of infants immunised during 1953, due, I believe, to the fact that some parents do not consider it necessary as cases of diphtheria are very rarely met with nowadays. The percentage of entrants into schools who are immunised continues to be satisfactory, but that of 11-year-olds is not so good. The co-operation and help of the Headteachers is very necessary to get this work carried out.

(5) *Hygienic conditions of the schools:* There has been very little alteration in the hygienic conditions of the schools; the conditions, on the whole, of the schools in this area are satisfactory.

(8) *National Health Service and the School Health Service:* The copies of reports from Hospitals on school children, issued by specialists, are very helpful, and a big advance in the co-operation between the National Health Service and the School Health Service.

Children with defective vision who are in need of glasses obtain them much more quickly than they used to do when the National Health Service started, but there is still a considerable delay before cases of tonsils and adenoids receive hospital treatment.

Dr. Morrissey (Part of Mid-Derbyshire) :—

(1) *General health and well-being of the children:* The general condition and nutrition of the children was satisfactory. The grouping of the children for general condition in the area was as follows :— A (good) 35.5% ; B (fair) 64.4% ; C (poor) 0.1%.

The number of cases of infectious disease notified during the year showed a big increase compared to 1952, 336 as against 93, mainly due to 246 cases of measles in the spring.

(2) *Cleanliness of pupils:* The school nurses have regularly carried out inspections. The amount of head infestation in this area is remarkably low and only one child was seen by the Medical Officer with pediculosis. No cases of scabies or tinea capitis were seen.

(3) *Diphtheria Immunisation:* Most of the immunisation of pre-school children in the area is given by General Medical Practitioners, who almost invariably combine it with whooping cough vaccine. There was a very good response when supplementary immunisation was offered at the schools, but very few parents were prepared to come to the Clinic for the purpose.

(4) *Hygienic conditions of schools:* There is overcrowding in a number of school classes, especially in the Primary Schools. Most of the schools are fairly old but satisfactory as regards sanitation, heating and ventilation. The principal fault is inadequate playground space. School Dining rooms were clean and well maintained, in spite of unsatisfactory premises in some cases.

(5) *Attendance of parents at school medical inspections:* This varies according to the age groups, being very satisfactory in the entrants but dropping to practically nil in the leaver groups.

(6) *Co-operation with the National Health Service:* The reports which are received from the Hospitals are of much value, particularly in the ascertainment of handicapped pupils.

Dr. Barker (Part of S.E. Division) :—

(1) *The general health and well-being* of the school children was very satisfactory. As regards infectious disease there were about 100 cases of measles in the spring but there were no deaths. There were 30 cases of whooping-cough also with no deaths. There were 75 cases of chicken-pox and 36 cases of a mild type of scarlet-fever. For the sixth successive year there were no cases of diphtheria at all in the Borough of Ilkeston.

(2) The state of nutrition of the school children was on the whole very good and there was an improvement upon the figures for 1952. The number of individual children who had a routine inspection was 1,715 and the state of their nutrition was classified as follows :—Good 93.6%, Fair 6.2%, Poor 0.1%. The number of children whose nutrition was classified as poor was two. One was a little girl in an Infants' school who had suffered from rickets in infancy and had had repeated attacks of bronchitis. Appropriate advice was given to the parent. The other case was a small boy in an infants' school who has suffered for some time with chronic catarrh. It was thought that he was in need of an operation in order to deal with unhealthy tonsils and adenoids. The practitioner in charge of the boy was of the opinion that he was not strong enough for the operation.

(3) The cleanliness of the pupils showed the same steady improvement as formerly. The number of individual children who were examined for infestation was 5,347 and the number found to be infested was 201. This gives a percentage of 3.7 The figures for the incidence per cent of infected children are as follows :—1953—3.7% ; 1952—4.6% ; 1951—6.5% ; 1950—7% ; 1949—8% ; 1948—10% ; 1947—15% ; 1946—18%. A continued improvement is therefore plainly to be seen. A diminution of the overcrowding in houses has much to do with this satisfactory result.

There were no cases of Scabies during the year, and there was one case of ringworm of the body. The number of cases of impetigo was 54.

(4) The sessions for immunisation against Diphtheria were held as usual about once a month at the school clinic and there was a satisfactory attendance.

(5) The hygienic conditions of the schools in the town are on the whole satisfactory. The two new schools, namely the Field House County Infants' School and the Cotmanhay Junior and Infants' School, have set a very high standard of ventilation, lighting and general hygiene. It may be some years before the older schools have reached a similar standard. The school canteen facilities are satisfactory.

(6) As regards the relation between the School Health Service and the National Health Service, I can say that we are now receiving a fair number of letters from hospitals within the County concerning the illness and conditions for which school children are being investigated and treated.

Dr. Hamilton (part of S.E. Division) :—

(1) *General Health:* The impression received during routine medical inspections with regard to the health of the children in this area is that, of the elder ones it is, on the whole, good, but that in the Entrant Group it is not quite so satisfactory. Much ill-health appears to be directly connected with the continued presence of unhealthy tonsils and/or adenoids (particularly noticeable in the 6 and 7 age groups), of which the long waiting-lists at both the Derbyshire and the Nottingham Children's Hospitals hold up the removal. This chronic subnormal health has relegated many children to Group B in the reports on school medical inspections who would probably have been Group A if operated on. A second cause of ill-health among the younger children appears to be bad housing and overcrowding, a number of instances of which have been personally observed during home visits and many others reported by Health Visitors. A third cause is, in a few cases, parental neglect or indifference, or inability to appreciate what is harming a child. This class is not so large as either of the other two. It is noticeable that no case of bad health has been seen which is directly referrable to actual poverty or want.

(2) *Nutrition:* This appears on the whole fairly good, only a few cases of genuine malnutrition having been seen.

(3) *Cleanliness:* A few cases of pediculosis have been met with and about half a dozen of mild and recent impetigo. No scabies has been seen, but a number of children are seen to be flea-bitten when examined, almost without exception in industrial and not agricultural areas.

(4) *Diphtheria Immunisation:* The largest proportion of non-immunised children has been encountered in the Long Eaton area, together with a fair number of parents who express objection to having the inoculation performed and who are not open to reason on the subject. In several other areas, e.g., Sandiacre and Kilburn, it was found that the population of non-immunised 5-year-olds was unduly high and here the parents have asked at routine school medical inspections for immunisation.

(5) *National Health Service and School Health Service:* Contact made by telephone with general practitioners has always been met with co-operation, and often with cordiality as well. It would be appreciated, however, if there were any mechanism which would give the School Medical Officer personal contact with the practitioners, so that they might realise that the Medical Officer is not attempting to be meddlesome with their patients, and also that he or she could get a better picture of the background of certain cases, whom the private doctor naturally knows better than the Medical Officer does.

Dr. Crawshaw (Mainly South Derbyshire, and a small part of S.E. Derbyshire) :—

The general health and well-being of the children in my area is very good. There is little chronic disease and the children are generally bright and active. There are a few children in Category C. These children, as a rule, have congenital defects or have had a severe infection before their school days. The commonest conditions are chronic bronchitis or bronchiectasis, following broncho-pneumonia in pre-school days. Efficient hospital treatment greatly improves, and in some cases cures, these chronic diseases. The general standard of nutrition is good and I consider that school meals and milk in schools are largely responsible for this.

Pediculosis is steadily diminishing and I have seen no impetigo or scabies during the year.

Diphtheria Immunisation is greatly helped by the General Practitioners who are anxious to keep a high level of immunisation.

The hygienic condition of the schools is good, but washing facilities are often poor and sanitary arrangements primitive.

The National Health Service and the School Service work fairly well together, but it is difficult to establish personal relations with General Practitioners in such a wide area.

Dr. Allan (Part of South Derbyshire) :—

(1) *General health and well-being of the children:* There is no evidence of any deterioration throughout the year, and speaking generally the health of the children remains satisfactory. To assess the general condition is notoriously difficult, for it depends on the assessment of the sum-total of the physical and emotional characteristics of the child. Such factors as height, weight, texture of skin, muscle tone, posture, and general vitality, must all be taken into account, and this within a strictly limited time period. It is natural that the entrant group should show the highest proportion of category C, for school entrance is an uncertain and difficult time for the young child, and any natural apprehension is bound to be heightened. The commonest expression of such maladjustment is disturbance of appetite before and during school hours. A number of these children have been greatly helped by the school meals and milk-in-schools scheme. One youngster who was very finicking about his meals at home had two helpings of the first course and three of the second course at his first school dinner.

(2) *Nutrition:* Both the school meals and the milk-in-schools scheme are essential for the sound nutrition and good general condition of the school children. It is unsatisfactory that in some instances school desks are used as dining tables, but it seems the best that can be done under the present economic conditions.

(3) *Cleanliness of pupils:* During the year very few cases of impetigo and none of scabies have been seen. There is still a hard core of families regularly infected with pediculosis, and it is so difficult to get the mother to see that the family must be treated and not just the school child. The new insecticides are very effective even in the bad families, and even under bad housing circumstances when used effectively by the family.

(4) *Diphtheria immunisation:* A number of school entrants have not been immunised, and this unfortunate state is in part due to the parents' entire lack of experience, direct or indirect, of the disease diphtheria, and insufficient home visits.

(5) *School premises:* Once again subsidence in the Swadlincote area has caused much trouble, but a fairly reasonable standard has been maintained. I think more consideration should be given to staff accommodation, including staff room and toilet accommodation.

(6) *National Health Service and School Health Service:* After considerable experience of these two services I think co-operation is improving, and the practitioners realise that the School Health Service can supplement and extend their curative work. The Hospital reports are invaluable and form a very essential part of the child's medical record.

The following report has been received from Dr. J. A. Stirling, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

The general state of health of the Chesterfield school population continued to be very satisfactory during the year 1953. Very few children were found to be inadequately clad and no cases of real malnutrition were seen. A small resistant core of verminous and infested cases remains at about the same level and it is disappointing that almost all of these cases can be traced to lack of parental interest.

During the year, foot inspections by the school nurses were instituted as there had been a slight increase in the incidence of verrucae (plantar warts) in the school population. These inspections have been combined with the general cleanliness inspections and while several cases of unsuspected verrucae were brought to light, the foot inspections have also been helpful in discovering minor foot ailments requiring chiropodial treatment. Appropriate preventive and hygienic measures have been instituted at the schools where plantar warts were discovered.

Of the children inspected in the periodic age groups, 13.8% were found to require treatment which was obtained for them through the child's family doctor or with his concurrence through the School Medical Service.

The percentage of children taking school meals and milk has fallen from 45.4% and 79% respectively in 1952 to 31.1% and 77.9% respectively in 1953. This is rather disappointing but it must be recorded that no deterioration in the physical condition of school children has been detected as a result of these diminished percentages.

Of the children examined in the periodic age groups only 0.51% of entrants, 0.96% of primary leavers and 1.22% of final leavers were placed in category C with regard to general condition which constitutes a slight improvement over previous figures.

The sunlight (ultra violet light) treatment clinic, continues its usefulness and is still greatly valued by parents who see the beneficial results in the improved health of their children.

During the year, group audiometry by portable audiometric apparatus has been carried out in nine of the secondary schools of the Borough. In the course of this, some 3,000 children were tested for hearing deficiencies and those found to have defects were sent for further tests, and treatment arranged where necessary.

The Ashgate Annexe Ward for children suffering from heart disease and the Home Teaching Service for severely handicapped children have continued to play their parts in the education of children unable to attend any type of school by virtue of their physical disability. These are invaluable services even though they only cater for a very small fraction of the school population.

The Children's Centre continued its function of giving advice and treatment to maladjusted children. It is disappointing that the Centre has had to continue for another year without the services of a Psychiatrist who is, of course, an essential member of the team, and it is extremely desirable that an appointment should be made to this post as soon as possible. In the absence of a Psychiatrist, it has been necessary to refer severely disturbed children to a Psychiatrist of the Regional Hospital Board. While we are very appreciative of the help given in this way, this is by no means an ideal arrangement and there is no doubt that the only satisfactory solution will be to appoint a Psychiatrist to the Centre.

The delicate children of the Borough continued to have available for them the facilities of the Open Air School at Brambling House, which fulfils its purpose of rehabilitating children in sub-normal health so that they become fit for return to normal schools.

A total of 167 Borough and County children received treatment at the Speech Therapy Clinic for the following types of defects: Stammering 40, Dyslalia (articulatory defects) 104, Stammering and Dyslalia 11, Cleft Palate 7, Retarded Speech 2, Voice defects 3.

As is well known, the state of the dental health of school children has in recent years deteriorated due to shortage of dental staff. It is pleasing to record, therefore, that the vacancy in the School Dental staff was filled in August, 1953, by the appointment of Miss A. M. Keane, L.D.S.

APPENDIX

TABLES OF THE MINISTRY OF EDUCATION

Ministry of Education—Medical Inspection Returns—Year ended 31st December, 1953

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	1,442	2,105	1,692	2,152	2,552	1,162	11,105
Second Age Group ..	1,189	1,731	782	728	1,327	942	6,699
Third Age Group ..	674	1,325	747	879	886	987	5,498
Totals	3,305	5,161	3,221	3,759	4,765	3,091	23,302
Number of Other Periodic Inspections*	157	—	—	—	37	369	563
Grand Totals	3,462	5,161	3,221	3,759	4,802	3,460	23,865
B. Other Inspections :—							
Number of Special Inspections	511	1,036	164	759	581	1,010	4,061
Number of Re-inspections	191	1,438	683	809	711	4,754	8,586
Totals	702	2,474	847	1,568	1,292	5,764	12,647

* Periodic inspections of children attending the Authority's Special Schools.

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 Inspections to require treatment for a defect are not excluded from this return by reason of the fact that they are already under treatment for that defect.

(2) No individual pupil is recorded more than once in any column of this Table, and therefore the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Divisional Executive	Group	For Defective Vision (excluding Squint)	For any of the Other Conditions recorded in Table IIa	Total Individual Pupils
North-west ..	Entrants	71	143	212
	Second Age Group ..	119	91	207
	Third Age Group ..	74	50	122
	Total (Prescribed Groups)	264	284	541
	Other Periodic Inspections	5	40	40
	Grand Total ..	269	324	581
North-east ..	Entrants	14	505	518
	Second Age Group ..	202	244	426
	Third Age Group ..	161	197	341
	Total (Prescribed Groups)	377	946	1,285
	Other Periodic Inspections	—	—	—
	Grand Total ..	377	946	1,285
Mid-Derbyshire	Entrants	15	260	273
	Second Age Group ..	52	78	130
	Third Age Group ..	64	47	110
	Total (Prescribed Groups)	131	385	513
	Other Periodic Inspections	—	—	—
	Grand Total ..	131	385	513

TABLE I (*continued*)

Divisional Executive	Group	For Defective Vision (excluding Squint)	For any of the Other Conditions recorded in Table IIa	Total Individual Pupils
South-east ..	Entrants	14	247	259
	Second Age Group ..	45	54	94
	Third Age Group ..	104	57	153
	Total (Prescribed Groups)	163	358	506
	Other Periodic Inspections	—	—	—
	Grand Total	163	358	506
South.. ..	Entrants	18	467	483
	Second Age Group ..	135	213	339
	Third Age Group ..	92	107	196
	Total (Prescribed Groups)	245	787	1,018
	Other Periodic Inspections	2	37	37
	Grand Total	247	824	1,055
Chesterfield ..	Entrants	9	208	216
	Second Age Group ..	10	66	76
	Third Age Group ..	42	102	135
	Total (Prescribed Groups)	61	376	427
	Other Periodic Inspections	8	174	174
	Grand Total	69	550	601
Totals—Whole Administrative County ..	Entrants	141	1,830	1,961
	Second Age Group ..	563	746	1,272
	Third Age Group ..	537	560	1,057
	Total (Prescribed Groups)	1,241	3,136	4,290
	Other Periodic Inspections	15	251	251
	Grand Total	1,256	3,387	4,541

TABLE II

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1953

PART I—WHOLE ADMINISTRATIVE COUNTY

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

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	350	152	141	21
5	Eyes—*a.* Vision ..	1256	721	459	227
	b. Squint ..	380	90	93	14
	c. Other ..	65	51	99	18
6	Ears—*a.* Hearing ..	47	88	43	32
	b. Otitis Media	125	124	72	12
	c. Other ..	55	41	40	6
7	Nose or Throat ..	921	1559	174	110
8	Speech..	65	98	59	33
9	Cervical Glands ..	65	564	16	27
10	Heart and Circulation	100	334	29	45
11	Lungs	270	403	43	58
12	Developmental— *a.* Hernia ..	56	37	5	–
	b. Other ..	52	149	4	7
13	Orthopaedic— *a.* Posture ..	50	156	6	8
	b. Flat Foot ..	272	247	35	8
	c. Other ..	395	434	69	31
14	Nervous System— *a.* Epilepsy ..	31	11	13	7
	b. Other ..	33	61	11	23
15	Psychological— *a.* Development	102	118	44	70
	b. Stability ..	115	135	44	28
16	Other	267	257	281	184

TABLE II (*continued*)

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1953

PART II—DIVISIONAL EXECUTIVES

Defect Code No.	Defect or Disease	Periodic Inspections												Special Inspections											
		Number of Defects												Number of Defects											
		Requiring Treatment						Requiring to be kept under observation, but not requiring treatment						Requiring Treatment						Requiring to be kept under observation, but not requiring treatment					
		Divisional Executive						Divisional Executive						Divisional Executive						Divisional Executive					
		North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield
4	Skin	19	191	32	16	49	43	4	51	28	12	26	31	8	20	2	12	7	92	1	15	–	2	2	1
5	Eyes–*a.* Vision ..	269	377	131	163	247	69	110	124	34	35	90	328	25	133	22	57	67	155	16	71	10	19	22	89
	b. Squint ..	31	61	56	94	104	34	4	27	9	12	11	27	4	24	11	30	14	10	1	2	2	5	–	4
	c. Other ..	4	9	14	3	19	16	2	22	6	4	3	14	1	5	–	14	3	76	–	3	1	4	5	5
6	Ears–*a.* Hearing ..	2	5	12	9	16	3	11	23	12	23	10	9	1	9	3	20	2	8	2	8	2	4	–	16
	b. Otitis Media	6	32	22	15	24	26	6	20	22	35	29	12	–	8	5	16	5	38	–	1	1	3	7	–
	c. Other ..	2	45	2	1	1	4	1	28	4	1	1	6	2	3	–	5	–	30	1	2	–	2	–	1
7	Nose or Throat ..	93	379	94	122	175	58	132	487	151	370	287	132	5	44	11	22	38	54	11	23	13	24	31	8
8	Speech	4	7	9	13	11	21	8	25	18	20	16	11	–	15	6	4	8	26	–	6	3	7	1	16
9	Cervical Glands ..	4	44	5	2	5	5	17	333	17	89	13	95	1	10	1	–	1	3	2	15	3	5	–	2
10	Heart & Circulation	1	4	5	5	18	67	28	50	51	69	60	76	–	3	–	2	2	22	3	14	10	11	4	3
11	Lungs	19	66	40	17	65	63	40	62	67	75	115	44	1	6	3	8	6	19	1	21	11	13	11	1
12	Developmental—																								
	a. Hernia ..	7	21	7	3	13	5	7	8	8	6	7	1	–	3	1	–	1	–	–	–	–	–	–	–
	b. Other ..	1	12	7	3	17	12	4	72	18	6	17	32	–	1	–	–	2	1	1	3	1	–	1	1
13	Orthopaedic—																								
	a. Posture ..	2	5	7	5	12	19	10	59	9	3	37	38	–	2	–	1	–	3	2	–	4	–	2	–
	b. Flat Foot ..	39	32	28	18	103	52	24	77	36	1	30	79	7	5	1	3	5	14	2	2	1	–	3	–
	c. Other ..	41	61	37	28	142	86	34	168	35	52	81	64	9	19	3	8	9	21	8	13	4	4	2	–
14	Nervous System ..																								
	a. Epilepsy ..	–	7	5	8	7	4	–	2	3	1	4	1	1	3	2	3	1	3	–	2	1	4	–	–
	b. Other ..	2	16	5	–	6	4	–	20	22	3	13	3	–	4	–	2	1	4	1	17	1	3	–	1
15	Psychological—																								
	a. Development	40	2	9	–	50	1	29	24	11	19	15	20	1	11	13	4	11	4	–	27	14	18	–	11
	b. Stability	7	5	5	2	25	71	14	47	8	7	19	40	–	15	2	–	11	16	2	9	5	7	2	3

TABLE II (*continued*)

B.—Classification of the General Condition of Pupils inspected during the Year in the Age Groups

Divisional Executive	Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
			No.	% of Col. (3)	No.	% of Col. (3)	No.	% of Col. (3)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
North-west	Entrants	1,442	1,265	87.72	173	12.00	4	0.28
	Second Age Group ..	1,189	924	77.71	259	21.78	6	0.51
	Third Age Group ..	674	604	89.62	66	9.79	4	0.59
	Other Periodic Inspections	40	40	100.00	–	–	–	–
	Totals	3,345	2,833	84.70	498	14.88	14	0.42
North-east	Entrants	2,105	296	14.06	1,712	81.33	97	4.61
	Second Age Group ..	1,731	286	16.52	1,384	79.96	61	3.52
	Third Age Group ..	1,325	272	20.53	1,012	76.38	41	3.09
	Other Periodic Inspections	—	–	–	–	–	–	–
	Totals	5,161	854	16.55	4,108	79.60	199	3.85
Mid-Derbyshire	Entrants	1,692	922	54.49	751	44.39	19	1.12
	Second Age Group ..	782	380	48.59	399	51.02	3	0.39
	Third Age Group ..	747	397	53.14	341	45.65	9	1.21
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	3,221	1,699	52.75	1,491	46.29	31	0.96
South-east	Entrants	2,152	1,797	83.50	349	16.22	6	0.28
	Second Age Group ..	728	641	88.05	87	11.95	–	–
	Third Age Group ..	879	796	90.56	83	9.44	–	–
	Other Periodic Inspections	–	–	–	–	–	–	–
	Totals	3,759	3,234	86.03	519	13.81	6	0.16
South	Entrants	2,552	1,665	65.24	882	34.56	5	0.20
	Second Age Group ..	1,327	794	59.83	520	39.19	13	0.98
	Third Age Group ..	886	464	52.37	421	47.52	1	0.11
	Other Periodic Inspections	37	–	–	32	86.49	5	13.51
	Totals	4,802	2,923	60.87	1,855	38.63	24	0.50
Chesterfield	Entrants	1,162	318	27.37	838	72.12	6	0.51
	Second Age Group ..	942	285	30.25	648	68.79	9	0.96
	Third Age Group ..	987	328	33.23	647	65.55	12	1.22
	Other Periodic Inspections	174	3	1.73	131	75.28	40	22.99
	Totals	3,265	934	28.60	2,264	69.34	67	2.06
Totals—Whole Administrative County	Entrants	11,105	6,263	56.40	4,705	42.37	137	1.23
	Second Age Group ..	6,699	3,310	49.41	3,297	49.22	92	1.37
	Third Age Group ..	5,498	2,861	52.04	2,570	46.74	67	1.22
	Other Periodic Inspections	251	43	17.13	163	64.94	45	17.93
	Grand Totals ..	23,553	12,477	52.97	10,735	45.58	341	1.45

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 appears in the body of this Report.
All cases of infestation, however slight, are recorded.
The return relates to individual pupils and not to instances of infestation.

	Divisional Executive						Totals
	North-west	North-east	Mid-Derbyshire	South-east	South	Chesterfield	
(i) Total number of examinations in the schools by the school nurses or other authorised persons	28,962	47,831	33,966	42,926	41,738	30,310	225,733
(ii) Total number of individual pupils found to be infested	355	1,264	341	485	322	270	3,037
(iii) No. of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) ..	—	6	—	—	3	47	56
(iv) No. of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	—	—	—	—	—	—	—

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	–	–	–	1	1	–	2
(ii) Body ..	1	1	–	1	–	–	3	–	–	2	–	–	–	2
Scabies	2	1	–	–	–	2	5	–	–	–	–	–	–	–
Impetigo	77	37	1	56	4	59	234	1	8	2	1	7	1	20
Other Skin Diseases ..	12	36	1	20	1	208	278	–	13	52	34	123	34	256
Totals	93	75	2	77	5	269	521	1	21	56	36	131	35	280

TABLE IV (*continued*)

GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of Cases dealt with													
	By the Authority							Otherwise						
	Divisional Executive						Totals	Divisional Executive						Totals
	North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field		North-west	North-east	Mid-Derby-shire	South-east	South	Chester-field	
External and Other, excluding errors of refraction and Squint ..	2	28	3	8	3	141	185	–	273	26	85	37	30	451
Errors of refraction (including Squint) ..	657	–	–	–	–	–	657*							4,978†
Totals	659	28	3	8	3	141	842							5,429†
Number of Pupils for whom Spectacles were:														
(*a*) Prescribed ..	408	–	–	–	–	–	408*							3,314†
(*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	–	–	–	–	–	–	–	–	–	–	–	1	–	1
(*b*) for adenoids and chronic tonsilitis ..	–	–	–	–	–	–	–	64	565	8	119	181	286	1,223
(*c*) for other nose and throat conditions ..	–	–	–	–	–	–	–	1	–	–	3	1	–	5
Received other forms of treatment	–	12	–	1	5	44	62	25	18	20	29	44	81	217
Totals	–	12	–	1	5	44	62	90	583	28	151	227	367	1,446

GROUP 4.—ORTHOPAEDIC, AND POSTURAL DEFECTS.

(*a*) Number treated as in-patients in hospitals	–	–	–	–	–	–	–	2	23	30	45	66	9	175
(*b*) Number treated otherwise, *e.g.*, in clinics or out-patients departm't	–	–	–	–	–	–	–	165	219	128	142	337	314	1,305

* Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

† It has not been possible to analyse this figure into "Divisions."

GROUP 5.—CHILD GUIDANCE TREATMENT.

	Number of Cases Treated													
	In the Authority's Child Guidance Clinics							Elsewhere						
	Divisional Executive							Divisional Executive						
	North-west	North-east	Mid-Derby-shire	South-east	South	Ches-ter-field	Totals	North-west	North-east	Mid-Derby-shire	South-east	South	Ches-ter-field	Totals
Number of Pupils treated at Child Guidance Clinics	23	88	79	52	104	103	449	2	–	–	–	–	–	2

GROUP 6.—SPEECH THERAPY

	Number of Cases Treated													
	By the Authority							Otherwise						
Number of Pupils treated by Speech Therapists	9	38	55	37	63	137	339	–	–	–	–	–	–	–

GROUP 7.—OTHER TREATMENT GIVEN.

(*a*) Miscellaneous minor ailments	541	265	16	366	30	1,077	2,295	3	30	–	5	–	4	42
(*b*) Other than (*a*) above (specify) :—														
(i) Sunray treatment..	–	–	2	4	20	202	228	–	–	–	–	–	–	–
(ii) Nervous System ..	–	–	–	–	–	–	–	1	–	18	14	28	15	76
(iii) Heart & Circulation	–	–	–	–	–	–	–	–	7	8	9	24	57	105
(iv) Respiratory System	–	–	–	–	–	–	–	1	22	39	46	134	37	279
(v) Other Medical Conditions ..	–	–	–	–	–	–	–	5	28	79	85	213	45	455
(vi) Surgical Conditions	–	–	–	–	–	–	–	3	27	52	70	178	29	359
Totals	541	265	18	370	50	1,279	2,523	13	114	196	229	577	187	1,316

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	8	8,610	2,594	1,131	3,011	1,077	16,431
(*b*) Specials	1	1,692	191	847	1,480	2,950	7,161
TOTALS	9	10,302	2,785	1,978	4,491	4,027	23,592
(2) No. found to require treatment..	9	8,329	1,852	1,692	3,813	3,634	19,329
(3) No. referred for treatment ..	9	6,078	1,601	1,379	3,401	3,354	15,822
(4) No. actually treated	9	4,028	1,042	1,263	2,059	2,977	11,378
(5) Attendances made by pupils for treatment	23	5,867	1,554	1,712	3,009	4,571	16,736
(6) Half-days devoted to :—							
Inspection	–	68	17	5	19	7	116
Treatment	Not Apportionable					557	2,087
TOTALS (6)	Not Apportionable					564	2,203
(7) Fillings :—							
Permanent Teeth	1	841	1,108	358	1,360	565	4,233
Temporary Teeth.. ..	–	59	9	14	39	99	220
TOTALS (7)	1	900	1,117	372	1,399	664	4,453
(8) No. of teeth filled :—							
Permanent Teeth	1	736	933	279	1,012	518	3,479
Temporary Teeth.. ..	–	55	7	11	37	94	204
TOTALS (8)	1	791	940	290	1,049	612	3,683
(9) Extractions :—							
Permanent Teeth	1	1,132	224	465	530	1,202	3,564
Temporary Teeth.. ..	35	6,519	1,149	2,317	3,135	3,970	17,125
TOTALS (9)	36	7,651	1,373	2,792	3,665	5,172	20,689
(10) Administration of general anaesthetics for extraction ..	4	1,161	346	978	660	1,598	4,747
(11) Other Operations :—							
Permanent Teeth	–	593	268	54	185	368	1,468
Temporary Teeth.. ..	4	695	185	88	296	85	1,353
TOTALS (11)	4	1,288	453	142	481	453	2,821