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Contributors

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Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1961

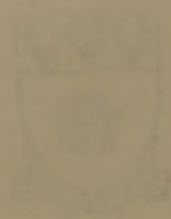
BY

J. B. S. MORGAN

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

COUNTY MEDICAL OFFICER OF HEALTH

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



Sanitary Council

ANNUAL REPORT

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1901

J. R. S. MORGAN

Sanitary Council, County of Glamorgan

COUNTY MEDICAL OFFICER OF HEALTH

Printed by

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COUNTY HEALTH COMMITTEE

(As at 31st December, 1961)

ALDERMAN MRS. E. HARRISON

(Chairman)

ALDERMAN T. W. WARDLEY

(Vice-Chairman)

Aldermen

MRS. G. BUXTON.
N. GRATTON.
J. W. HALL.

C. JACKSON.
MRS. D. M. SUTTON.
A. F. T. WYATT.

Councillors

N. BANKS.
F. BLUNT.
J. CARTER.
G. W. COCKER.
S. F. COLLINS.
J. DENTON.
H. FISHER.
W. GARDNER.
M. HEWITT.
W. JOHNSON.

J. LOMAS.
W. McBAIRN.
C. J. MERREY.
MRS. G. MOORE.
MRS. E. G. REDFERN.
P. REVILL.
MRS. A. S. THICKETT.
W. H. WHITEHEAD.
J. WILLIAMSON.
E. WRIGHT.

Co-opted Members

DR. J. L. SKINNER.
A. J. WILSON, ESQ., F.R.C.S.
T. ALLSOP, ESQ., O.B.E., J.P.
W. BELFIELD, ESQ.

J. COLLINS, ESQ.
MRS. S. A. JERVIS.
MRS. D. M. ASHLEY.

Ambulance Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN T. W. WARDLEY.
ALDERMAN A. F. T. WYATT.

COUNCILLOR H. FISHER.
COUNCILLOR M. HEWITT.
COUNCILLOR W. H. WHITEHEAD.

Mental Health Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. G. BUXTON.
ALDERMAN J. W. HALL.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN T. W. WARDLEY.
COUNCILLOR N. B. BANKS.
COUNCILLOR F. BLUNT.

COUNCILLOR J. CARTER.
COUNCILLOR H. FISHER.
COUNCILLOR MRS. E. G. REDFERN.
COUNCILLOR W. WHITEHEAD.
COUNCILLOR J. WILLIAMSON.
DR. J. L. SKINNER.

Co-opted Members:—

ALDERMAN MRS. A. M. BELFIELD, DR. H. BAILEY, DR. W. J. BARBOUR AND DR. J. A. STIRLING, TOGETHER WITH THE MEDICAL SUPERINTENDENTS OF:—
KINGSWAY HOSPITAL, ASTON HALL HOSPITAL, PASTURES HOSPITAL
AND WHITTINGTON HALL HOSPITAL.

Staff Sub-Committee

ALDERMAN MRS. E. HARRISON.
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN T. W. WARDLEY.
ALDERMAN A. F. T. WYATT.

COUNCILLOR N. B. BANKS.
COUNCILLOR J. CARTER.

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, 1961, its membership was as follows :—

Representing the County Health Committee.

ALDERMAN MRS. E. HARRISON.
(Chairman).
ALDERMAN MRS. D. M. SUTTON.
ALDERMAN T. W. WARDLEY.
COUNCILLOR N. B. BANKS.

Representing the Education Committee.

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

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1961)

ALDERMAN C. FEAKIN

(Chairman)

COUNCILLOR T. T. JENNINGS

(Vice-Chairman)

Aldermen

MRS. G. BUXTON.
H. G. BOOTH.
A. FOWLER.
N. GRATTON.

MRS. D. M. SUTTON.
T. W. WARDLEY.
C. WASS.
A. F. T. WYATT.

Councillors

D. BARTON.
F. R. BOTT.
M. W. BOWMER.
G. W. COCKER.
J. W. DENTON.
F. W. ELDRIDGE.
J. G. A. GREEN.

MRS. D. HARDMAN.
A. E. HEESON.
J. H. HIGGINGBOTTOM.
D. PRINCE.
G. SMITH.
G. N. WILSON.

Milk Licences Sub-Committee.

ALDERMAN C. FEAKIN.

COUNCILLOR T. T. JENNINGS.

Rural Water Supplies and Sewerage Acts Sub-Committee.

ALDERMAN H. G. BOOTH.
ALDERMAN C. FEAKIN.
ALDERMAN C. WASS.

COUNCILLOR F. W. ELDRIDGE.
COUNCILLOR MRS. D. HARDMAN.
COUNCILLOR A. E. HEESOM.
COUNCILLOR T. T. JENNINGS.

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

Ladies and Gentlemen,

I have the honour to present the 72nd 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 749,430) were respectively 16.08 and 12.83; the corresponding rates for England and Wales (provisional) were 17.4 and 12.0. The percentage of **illegitimate births** was 3.53, as compared with 3.39 in the previous year. (The figure for England and Wales in 1961 was 5.9). The national birth rate of 17.4 per 1,000 is the highest since 1948, when it was 17.9.

There were 8,362 **deaths**, whereas there were 7,877 in the previous year. Of the 8,362 deaths, 1,335 were certified as being due to heart disease; 1,322 as being due to malignant disease; and 1,176 as being due to vascular lesions of the nervous system. In the case of the 1,322 deaths from malignant disease, the lesion was in the stomach in 216 patients; in the lung or bronchus in 267; in a breast in 141; and in the uterus in 58.

The headings under which deaths were tabulated were changed in 1950, and consequently the individual figures prior to that year are not strictly comparable with those that have been provided subsequently. It is proposed, therefore, to set out in the following table the deaths from respiratory tuberculosis and cancer of the lung, for 1950 and subsequent years :—

Year	Deaths from		Total
	Respiratory Tuberculosis	Malignant Neoplasm of lung or bronchus	
1950 ..	154	141	295
1951 ..	119	157	276
1952 ..	110	167	277
1953 ..	113	165	278
1954 ..	80	165	245
1955 ..	74	173	247
1956 ..	51	233	284
1957 ..	51	210	261
1958 ..	46	230	276
1959 ..	34	250	284
1960 ..	39	300	339
1961 ..	29	267	296

Although the number of deaths in this County from malignant neoplasm of lung or bronchus fell from 300 in 1960 to 267 in 1961, this experience was not matched by the figures for England and Wales as a whole. In fact, the comparable national figure showed an increase—from 21,992 deaths in 1960 to 22,809 in 1961, representing an increase from 0.481 per 1,000 in 1960 to 0.494 in 1961. The rate for Derbyshire for 1961 was 0.349 per 1,000.

Dr. James A. Bougas, of Boston, Mass, U.S.A., wrote in the *Seminar International* in 1961, as follows:

"The origins of lung cancer remain obscure despite wide and deep research. Clues from the natural history of the invader help but little in rendering its clinical recognition easier. Current estimations remain rudimentary. Existing weapons against it have serious flaws. Yet, with proper use of the knowledge available, the lives of many victims are being saved. . .

Before prevention can be achieved, more adequate understanding of the pathophysiology of cancer is required. Certain agents are clearly associated with an increased occurrence of lung cancer. Until he makes the facts available for appraisal by his patients and the community, the physician's duty has not been fulfilled. Agents which seem linked distinctly to intensified incidence of lung cancer include inhaled dust or gases from radioactive mines, certain chromium compounds, asbestos and nickel. Less generally accepted agents, although much circumstantial evidence currently associates them with lung cancer, are tobacco smoke (especially from excessive cigarette smoking) and certain petroleum derivatives."

The number of deaths from **coronary disease**, including angina pectoris, has shown a gradual rise during the past few years, from 942 in 1954 to 1,312 in 1961.

A table of notifications and deaths from all forms of **tuberculosis** appears on page 43, from which it will be seen that in the year under review there were 262 new cases notified and 37 deaths recorded.

Two cases of **diphtheria** (both adults) were notified from one locality of the County during the year, although there were no deaths from the disease. This is the first year in which there have been any cases in the County since 1955. It is clearly still of importance to ensure that as many children as possible are immunised against this disease at the appropriate times.

There were 308 notifications of cases of **whooping cough**, and two deaths were attributed to this disease.

The **infant mortality** rate was 19.93 deaths under one year of age per thousand live births (which may be compared with a provisional rate of 21.6 for England and Wales, which is the lowest ever recorded in the country). The table on page 20 sets out the figures for Derbyshire since 1930. Your attention is also drawn to the tables on pages 20 and 21, relating to neo-natal and early neo-natal mortality, as well as to the comments on perinatal mortality.

The **maternal mortality** rate was 0.32 per thousand live and still-births, and is the lowest recorded in this County. (For England and Wales the provisional figure was 0.33.) Your attention is drawn to the table on page 41 which shows the mortality over the last twelve years.

Medical ethics, like every other form of thought and activity, evolves with the passage of time, and perhaps the most well-known writing on this subject is that attributed to Hippocrates, who lived in the fifth century B.C.

I suppose the two most important ingredients in medical ethics are :—

- (1) Confidentiality, which stems from attempting to protect the interests of a patient; and
- (2) Good professional behaviour, which really means good manners.

Regarding (1), the disclosure of clinical details may result in harm to the patient, but on the other hand it is sometimes to his advantage. The main thing is that the disclosure should not take place without the patient's consent, preferably in writing. Unfortunately, the patient is not always the best judge of whether disclosure should take place, and medical advice is often helpful in taking the right line.

Regarding (2), nothing but good can come from good professional behaviour; it tends to promote good working and the avoidance of rancour.

As far as the British Medical Association's Code on medical ethics is concerned, it advocates professional secrecy, save with "statutory sanction". Like medical ethics, the law of this country has evolved over the ages, and as new laws are enacted, medical ethics has undergone a degree of modification. I suppose laws are passed in the interests of the general public (although this view may be questioned from time to time!). The law on notification of infectious diseases is a good example of legislation being passed in the interests of the general public.

Doctors have had to conform with the legal system, but probably as the State became responsible for providing a Health Service for all the members of a family from 1948, this brought about the greatest impact on medical practice.

It is not always easy to reconcile the main constituents of medical ethics with the legal requirements, but the British Medical Association continually reviews the situation. Sometimes difficulties have arisen between the responsibilities of General Medical Practitioners as laid down in the Statute Book under the National Health Service Act and the responsibilities of Local Authorities as laid down in the same Act as well as in the Education Act, and the B.M.A. has made an attempt to iron them out by the following resolution which was passed at the Annual Representatives Meeting in 1950 :—

"School Health Service and Pre-school Clinics

1. Where, in the opinion of a medical officer employed by a Local Authority, a child needs special investigation (other than an ophthalmic examination) or treatment, he should send the child to a specialist only after prior consultation with the child's own doctor, upon whom rests the responsibility for general medical care.

2. In consulting the general practitioner, the medical officer should give him the opportunity to make the arrangements for the consultation or to agree—by replying or in the absence of a reply—that the arrangements should be made by the Medical Officer.

3. A copy of any special report on the child received by the Medical Officer should be sent to the child's own doctor."

The liberty of the subject is regarded as a precious commodity in our British way of life. In the field of mental health it was formerly based on the Lunacy and the Mental Deficiency Acts, which involved medical certification and the use of magistrates. But latterly this has been eased somewhat by the Mental Health Act of 1959. The magistracy have now been excluded from any responsibilities under this legislation and compulsory admission to mental hospitals is dependent only on medical certification. The new legislation, however, allows far more "informal" admissions. This means in effect that the liberty of the subject is greater than it was previously—but when for the occasional case compulsory steps are invoked, it increases the responsibility of the medical profession because it is not now shared with the magistracy as formerly. (It may be said that the mental health legislation is not part of the National Health Service, but the Mental Health Act of 1959 could not have been carried out unless it was based on the foundations of the National Health Service Act.)

All this means that it is well that the British Medical Association reviews medical ethics from time to time so that it can conform with the legislative system without losing the fundamental requirements of the Code of medical ethics which is designed primarily in the interests of patients.

Laurence Sterne (1713 to 1768) said "Man's body and mind, with the utmost reverence to both I speak it, are exactly like a jerkin and a jerkin's lining, rumple the one, you rumple the other".

Whenever there is physical disease it is accompanied by a degree of psychological effect and *vice-versa*: sometimes treatment is directed to one rather than to both. This notion has been taught for a long time, but is apt to be forgotten in practice due to specialization. I feel that as time passes this will be gradually rectified, particularly as facilities become available designed for increasing community care.

It has been suggested that the emphasis in the way the National Health Service Act is being at present operated is towards treatment rather than prevention. In my view it is better to promote increasingly good health, rather than to give treatment to just bad. Attitudes should be cultivated so that advice is sought and given early: prevention is not only cheaper but better, as it avoids suffering including possibly pain.

It is stated in the House of Lords Official Report (Hansard) on the 29th September, 1961, that Lord Cohen of Birkenhead said, in an excellent contribution to the debate on the "Shortage of Doctors"—

"My Lords, I hope the Government will view what suggestions I have made sympathetically. I share certain apprehensions with other noble Lords. Money is needed. John Webster said 300 years ago that

"Gold which buys health is never ill-spent",

and that should indeed be the motto of the Ministry of Health. Because the

saying remains as true to-day as when Disraeli uttered it in Battersea Park 80 years ago: that the health of the people is really the foundation upon which all the powers and all the happiness of the State depend".

Sir Harry Platt, a former President of the Royal College of Surgeons of England, is reputed to have stated, "We are practising twentieth century medicine in nineteenth century hospitals". The truth of that remark will be appreciated when it is realised that of the 2,699 hospitals in England and Wales, two-thirds were built before the Boer War.

Mr. Enoch Powell, the Minister of Health, is reported in *The Medical Officer* to have said at a Conference on 10th October, 1961, that "a local authority could not have effective services without deep thought and far-sighted planning by somebody, often an officer. But the best of officers get nowhere without chairmen, committee men, and councillors, who could and would work through him. Those who complained of officers dictating had no one but themselves to blame. In local government, people had a good chance of shaping and executing policy and seeing the achievement of plans they helped to initiate—'an opportunity which might be envied by Ministers who are condemned to sow what they will not reap, even if they also reap what they have not sown'."

Mr. Francis Beeston retired on 30th September, 1961, after being on the staff of the County Health Department for forty-six years. While he had certain responsibilities throughout this time for the tuberculosis service, during recent years he was called upon to undertake a degree of responsibility in connection with home nursing, the blind, and chiropody. As a Chief Sectional Clerk his work was marked by not only efficiency, co-operation, loyalty and interest, but by conscientiousness of a high order. I am sure his colleagues will join me in wishing him a long, happy and healthy retirement after a life dedicated to promoting the health services of this County.

Once again I have to thank the Members of the County Health, Education, and the Weights and Measures and Miscellaneous Services Committees for their support in obtaining improvements to the Health Services, and especially to their respective Chairmen, namely, Alderman Mrs. E. Harrison, Alderman F. A. Gent, and Alderman C. Feakin; the County Clerk and the Heads of Departments for their co-operation; and the members of my own Department for their loyal assistance and not least my Deputy, Dr. V. J. Woodward, the Principal Dental Officer, the Senior Medical Officers for Maternal & Child Welfare, Mental Health and School Health, the Supervisors of Health Visiting, Home Nursing and Midwifery, the Ambulance Officer, the Public Health Inspector, and the Chief Clerk, during a year which has been marked by considerable activity.

I am, Your obedient servant,

J. B. S. MORGAN.

County Medical Officer of Health.

*County Offices,
Matlock,
(Telephone No. Matlock 3411)
4th June, 1962.*

**MEDICAL AND DENTAL STAFF OF THE
COUNTY HEALTH DEPARTMENT
(31st DECEMBER, 1961)**

COUNTY MEDICAL OFFICER OF HEALTH

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

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH

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

SENIOR MEDICAL OFFICER FOR MATERNAL AND CHILD WELFARE

ISABEL M. McCULLOUGH, L.R.C.P. & S.I., D.C.H., D.R.C.O.G.

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH

MARGARET FYNNE, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.

SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH AND HEALTH EDUCATION

JULIA M. D. CORRIGAN, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICER FOR CHESTERFIELD BOROUGH:

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

ASSISTANT COUNTY MEDICAL OFFICERS:

W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H.

A. R. ROBERTSON, M.B., Ch.B., D.P.H.

F. D. F. STEEDE, M.B., B.Ch., B.A.O., D.P.H.

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

P. WEYMAN, L.R.C.P., L.R.C.S., L.R.F.P., & S., D.P.H.

C. G. WOOLGROVE, M.B., Ch.B., D.P.H.

MATERNAL AND CHILD WELFARE MEDICAL OFFICERS:

DOROTHY M. JACKSON, M.B., Ch.B.

HILDA E. McNAMARA, L.M.S. (Nfld), D.R.C.O.G., D.P.H.

ELLEN M. M. MURPHY, M.B., B.Ch., B.A.O., D.P.H.

MURIEL M. HELME SUTCLIFFE, B.Sc., M.B., B.S.

ASSISTANT MATERNAL AND CHILD WELFARE MEDICAL OFFICERS:

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

FRANCES G. BRILL, B.A., M.B., B.Ch., B.A.O.

J. W. CRAWSHAW, M.B., Ch.B.

R. E. DEAN, L.R.C.P.S., L.R.F.P.S.

J. DUTHIE, M.B., Ch.B.

WINIFRED GOW, M.B., Ch.B.

ALISON M. HAMILTON, M.B., Ch.B., D.P.H.

TONIE F. HAYNES, M.B., Ch.B.

EMILY B. JOHN, M.R.C.S., L.R.C.P., M.B., B.S.

MARGARETE KUTTNER, M.D.

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

D. R. McCAULLY, M.D., B.Ch., B.A.O., D.P.H.

ELEANOR M. SINGER, M.Sc., M.R.C.S., L.R.C.P., D.C.H.

MARY STEVENS, M.B., Ch.B. (Part-time)

G. STOREY, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.

MONICA L. TISDALL, M.R.C.S., L.R.C.P., M.B., B.S.

TEISI URTSON, Med.-Dip., (University of Tartu)

DENTAL STAFF:

Chief Dental Officer:

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

Dental Officers:

MARGUERITE FORD, L.D.S.

G. H. FREEMAN, (Dentist, 1921)

FLORA M. JACKSON, L.D.S. (Part-time)

F. E. WELTON, L.D.S.

BIRTH RATE, INFANT MORTALITY RATE AND DEATH
RATE DURING THE LAST SEVENTY-ONE YEARS.

Year		Birth Rate <i>per 1,000 of Population</i>	Infant Mortality <i>per 1,000 Births</i>	Death Rate from all Causes <i>per 1,000 of Population</i>
1891 to 1900	WHOLE COUNTY England and Wales	33.7 29.9	147 153	17.1 18.3
1901 to 1910	WHOLE COUNTY England and Wales	28.5 27.1	126 128	14.1 15.3
1911 to 1920	WHOLE COUNTY England and Wales	24.07 21.90	99 100	12.66 13.85
1921 to 1930	WHOLE COUNTY England and Wales	19.73 18.36	70.7 71.7	10.92 12.14
1931 to 1940	WHOLE COUNTY England and Wales	15.71 14.93	56.7 58.6	11.31 12.26
1941 to 1950	WHOLE COUNTY England and Wales	18.25 17.02	41.99 42.88	10.94 11.72
1951	WHOLE COUNTY England and Wales	15.21 15.5	28.83 29.6	11.67 12.5
1952	WHOLE COUNTY England and Wales	15.21 15.3	29.64 27.6	10.56 11.3
1953	WHOLE COUNTY England and Wales	15.41 15.5	28.79 26.8	10.20 11.4
1954*	WHOLE COUNTY England and Wales	14.86 15.2	28.03 25.5	11.55 11.3
1955*	WHOLE COUNTY England and Wales	14.66 15.0	29.14 24.9	11.67 11.7
1956*	WHOLE COUNTY England and Wales	15.34 15.6	24.15 23.7	12.29 11.7
1957*	WHOLE COUNTY England and Wales	15.76 16.1	24.33 23.1	12.13 11.5
1958*	WHOLE COUNTY England and Wales	15.79 16.4	25.94 22.6	12.59 11.7
1959*	WHOLE COUNTY England and Wales	15.87 16.5	23.34 22.2	12.22 11.6
1960*	WHOLE COUNTY England and Wales	16.21 17.1	19.74 21.9	12.11 11.5
1961*	Urban Districts .. Rural Districts .. WHOLE COUNTY England and Wales ..	14.68 17.31 16.08 17.4†	21.72 18.42 19.93 21.6†	14.75 11.18 12.83 12.0†

* See remarks on pages 15 and 16

† Provisional.

REPORT ON THE HEALTH OF DERBYSHIRE FOR THE YEAR 1961

On 18th January, 1962, the Ministry of Health issued Circular 1/62, concerning the "Annual Report of the Medical Officer of Health for 1961". The first two paragraphs of the circular read as follows :—

"I am directed by the Minister of Health to refer to Regulation 5 (3) and Regulation 15 (5)* of the Public Health Officers Regulations, 1959, under which the Medical Officer of Health is required as soon as practicable after the 31st December in each year to make a report for that year to the Council, with copies to the Minister, dealing with the sanitary circumstances, sanitary administration and vital statistics of the area and any other matters upon which he may consider it desirable to report. I am to ask that the Council will give directions for the preparation as soon as possible of the Annual Report of the Medical Officer of Health for the year 1961.

2. The Annual Report of the Medical Officer of Health is specially valuable as a source of information about the state of the public health of the area. In order that the Report for 1961 should be of the greatest value for this purpose the Minister suggests that, among other things, it should deal with the matters referred to in the following paragraphs . . ."

(The circular then gives particulars of certain points which should be covered in the annual report, including vital statistics, mental health services and health education.)

Regulation 5 of the Public Health Officers Regulations, 1959, which is mentioned above, reads as follows :—

"MEDICAL OFFICERS OF HEALTH OF COUNTIES.

Duties.

5. A medical officer of health of a county shall, in respect of the county for which he is appointed, in addition to any other duties which may be assigned to him by the county council, carry out the following duties :—

- (1) he shall inform himself as far as practicable respecting all matters affecting or likely to affect the public health in the county and be prepared to advise the county council on any such matter; and for this purpose he shall visit the several county districts in the county as occasion may require, giving to the medical officer of health of each county district prior notice to his visit, so far as this may be practicable;
- (2) he shall perform all the duties imposed on a medical officer of health of a county by statute and by any orders, regulations or directions from time to time made or given by the Minister;
- (3) he shall as soon as practicable after the 31st day of December in each year make an annual report to the county council for the year ending on that date on the sanitary circumstances, the sanitary administration and the vital statistics of the county, containing in addition to any other matters upon which he may consider it desirable to report, such information as may from time to time be required by the Minister, and furnish the Minister with as many copies of such reports as the Minister may from time to time require;
- (4) he shall furnish the Minister with one copy of any special report which he may make to the county council."

* (Regulation 15 (5), which is mentioned in the Ministry circular, is applicable to Medical Officers of Health of District Councils.)

It is thought that the following extract from the Report of the Ministry of Health for the year 1959 (p. 145) concerning "**The Medical Officer of Health**", might be of interest :—

"The Medical Officer of Health"

Any assumption that the function of the medical officer of health is likely to diminish in scope and value is based on an unimaginative approach to plain reality, and is less than a compliment to those of the past whose vision and labours have contributed so much to the striking improvements in the nation's health within a lifetime. Not only have these enhanced standards to be sustained, but still further advances to deal with existing ill-health demand much thought, study and attention.

The medical officer of health, who should increasingly regard himself as the community physician, occupies a special place of vantage. As the leader of the public health team, he is something more than a departmental organiser; indeed in the larger areas much of the day-to-day procedure is the function of his senior medical and administrative staff. With his background of training and experience in general and in social medicine it is the medical officer of health's responsibility to maintain an overall strategic survey of the business of his department. Avoiding undue pre-occupation with details which should more properly be left to others he should ensure that he is in effect keeping a careful watch on the course which his department as a whole is following and of the relationships which are being maintained between the various members of his staff. No health department, therefore, should be without its frequent staff conferences and discussions. In addition, the medical officer of health should avail himself of the opportunity to have individual contact with each member of his staff as occasion may arise.

The environmental, the personal, the welfare and the mental health services, are integral parts of one community health service, collectively devoted to and concerned with the general health and well-being of the population they serve. Many of the individual problems of these services impinge upon each other, thus emphasising the necessity for their working together in an atmosphere of co-operation and mutual understanding. All this clearly demonstrates the function of the medical officer of health in these days. Viewed in the background of the national health service as a whole, he occupies, as a community physician, a key-position; for not only is he co-ordinator and director of the services under his immediate charge, but he should also act as a link between them and the hospital and the practitioner services. However much these latter services may have acted in varying degrees of isolation in the past the lessons which the precepts of social medicine have to teach will inevitably show how great, in the interests of the sick or injured patient, is the need for closer integration between those concerned with hospital, family or personal, and community medicine.

"The main future tasks of the health department are to improve emotional and social health; to preserve the health and well-being of veterans; to support and rehabilitate persons handicapped by physical, mental or social disability; to reduce non-infectious diseases; and to continue to eliminate environmental hazards. For these tasks we need knowledge of—child psychology and social psychology; health education skills, discussion techniques and methods; physiology and disease processes; sociology; epidemiological techniques; hygiene and sanitation; and (since departments are large) staff management and administration."

This able enunciation of the scope, function and responsibility of the community physician demands consideration and acceptance, for it indicates what public health administration has come to mean in modern times. The medical officer of health, in particular, is under an obligation, therefore, to see that he attains a wide and comprehensive grasp of what community health really means, that by a process of wise delegation to others he avoids an inability to see the wood for trees, and that, above all, he exercises a stimulating and encouraging influence on his departmental colleagues."

AREA, POPULATION AND RATEABLE VALUE

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 1961 was as follows :—

Municipal Boroughs	..	..	139,270
Urban Districts	..	..	228,210
Rural Districts	..	..	381,950
Total Administrative County			749,430

The rateable value of the Administrative County in April, 1961 for the County Rate purposes was £8,536,247 and a penny rate over the whole County was estimated to produce the sum of £34,572.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS.

The main industries which give the people of the county occupation, are coal mining carried on in the East and North-East and 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.

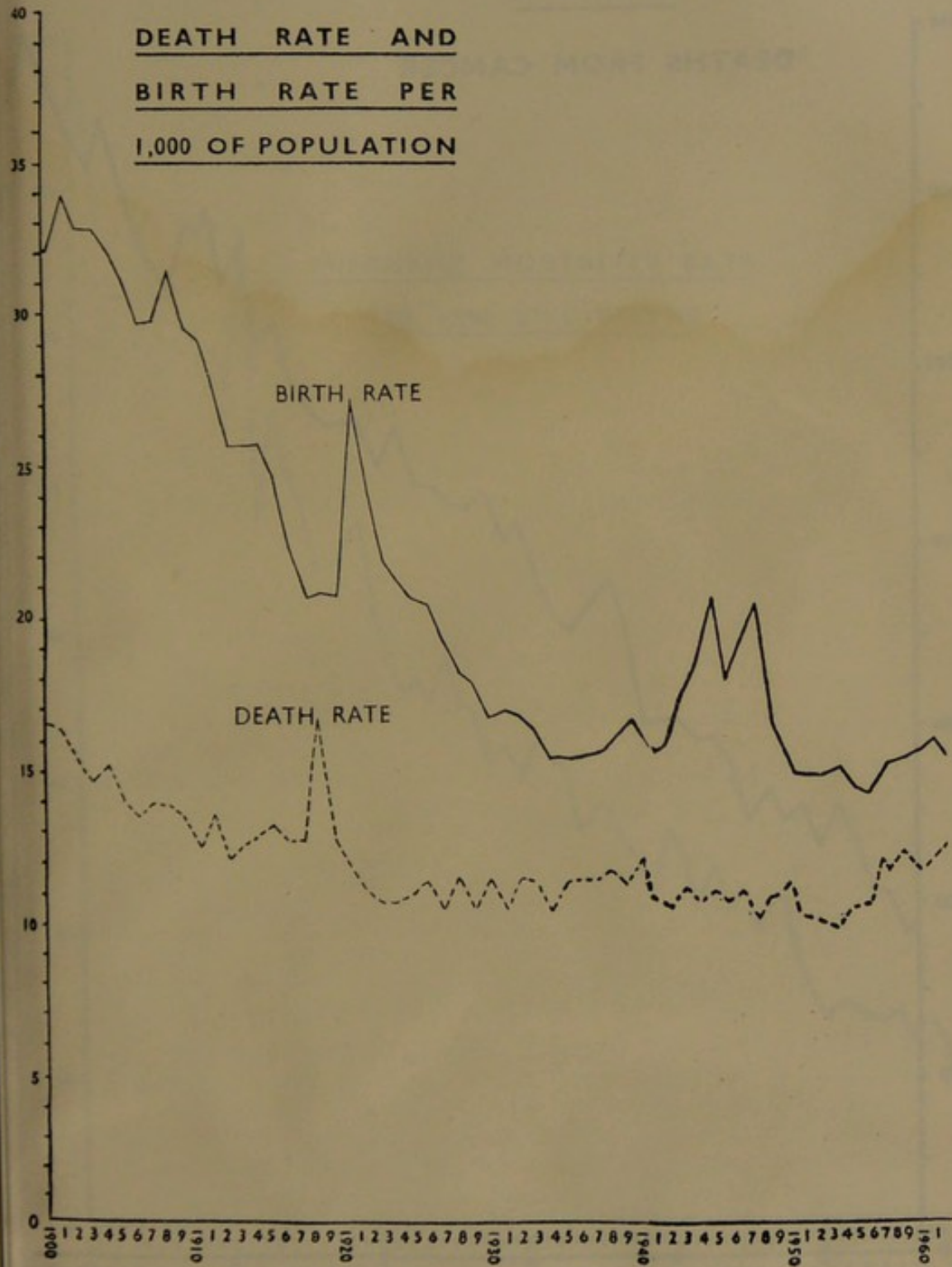
VITAL STATISTICS

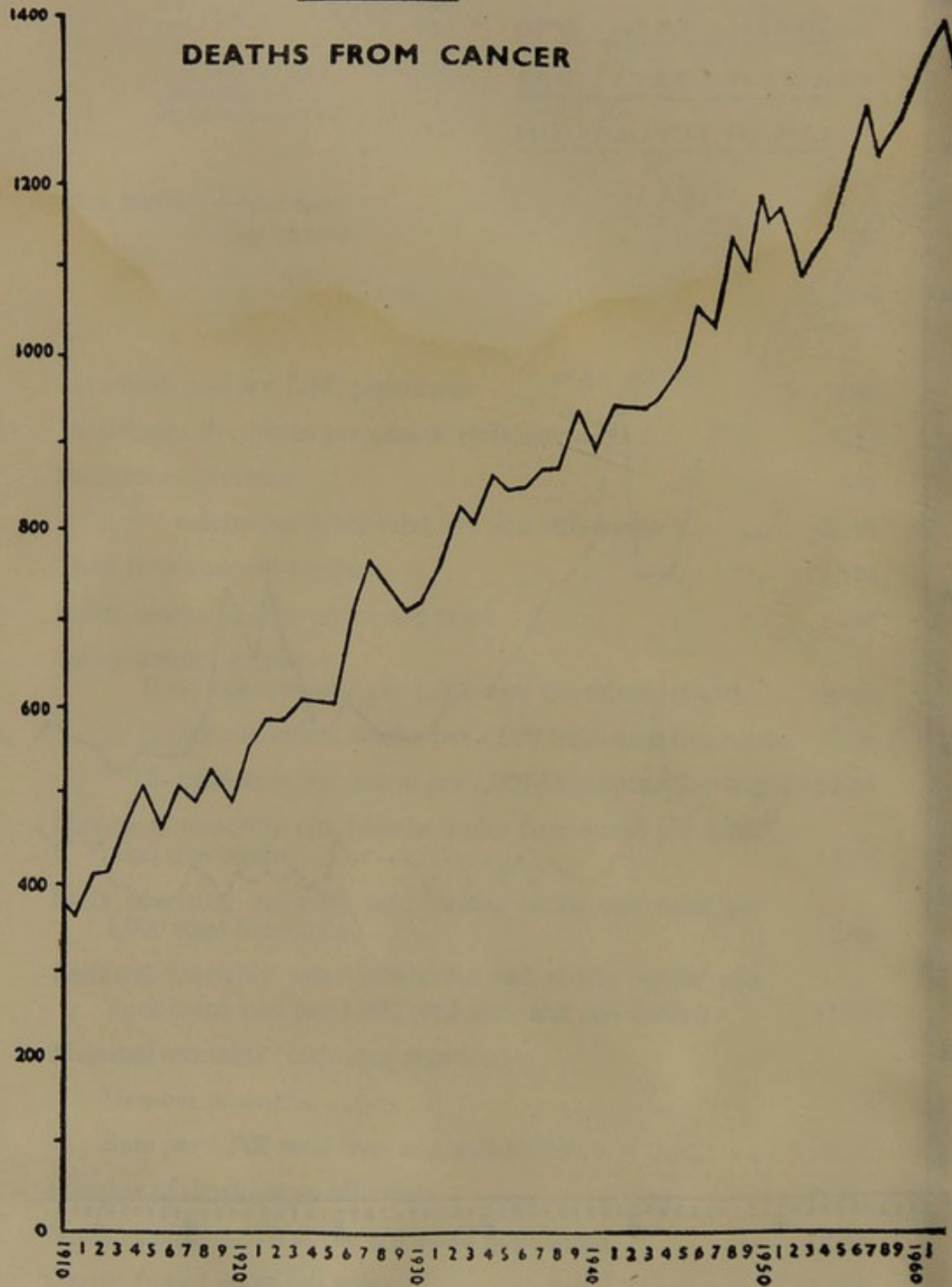
The Ministry of Health has asked for certain vital statistics to be presented in Annual Reports in a uniform manner, in order to facilitate ease of reference. The figures have therefore, been set out below on the lines suggested.

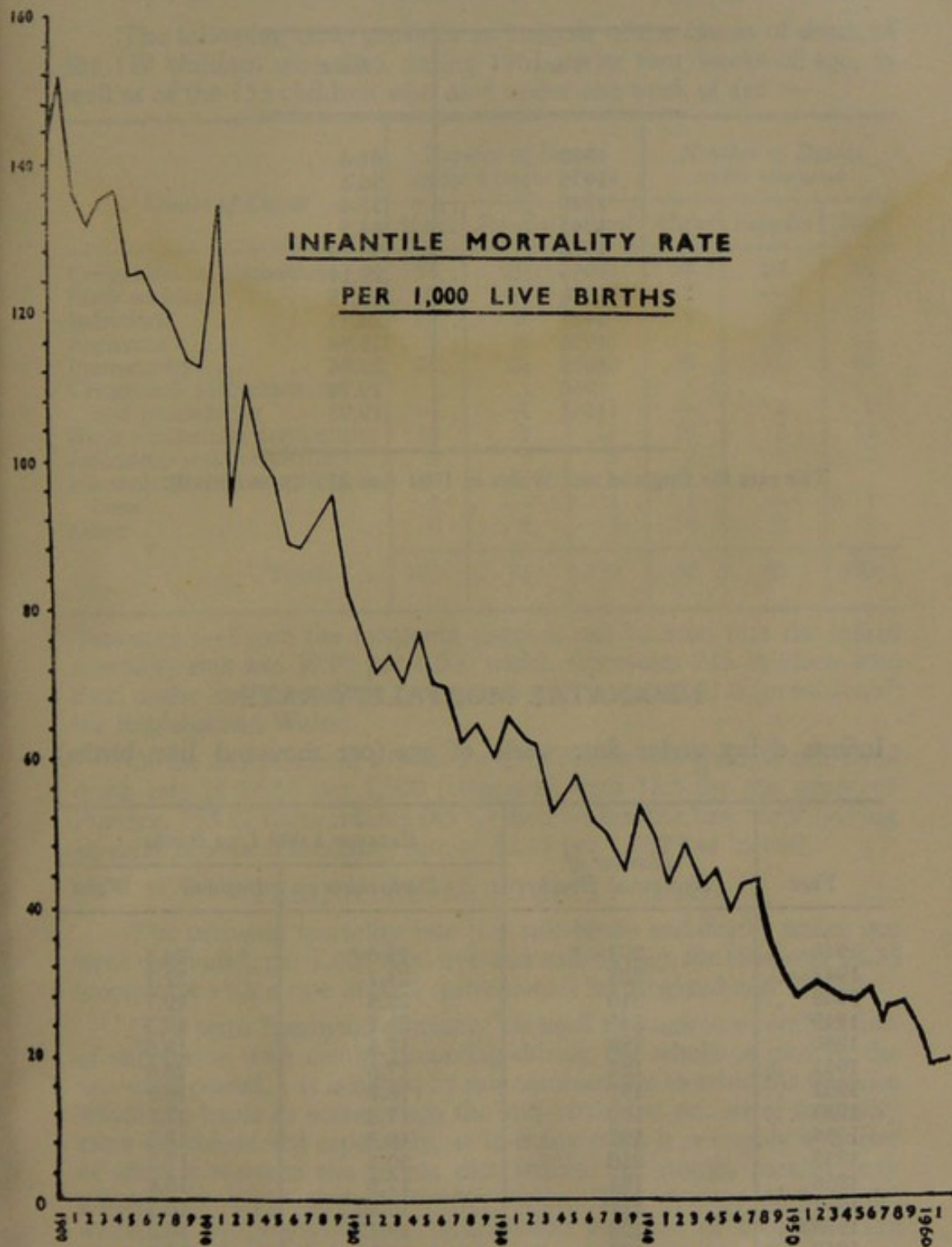
(NOTE : The birth and death rates for each County District and for the County as a whole for the years 1954 and onwards are not strictly comparable with previous years. The reason for this is that to make an approximate allowance for the way in which the sex and age dis-

tribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the areas concerned should be multiplied by an "area comparability factor", which has been provided by the Registrar-General since 1954. Since 1957, the death rate area comparability factors have also been adjusted to take account of the presence of any residential institutions in each area. When the local crude birth and death rates have been so adjusted, they are comparable with the crude rate for England and Wales or with the corresponding adjusted rates for any other area. The comparability factors for the administrative County for the year 1961 are as follows—for births : 0.98; for deaths : 1.15.

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Live Births—Legitimate ..	6,158	5,704	11,862
—Illegitimate ..	233	201	434
<i>Total</i>	<u>6,391</u>	<u>5,905</u>	<u>12,296</u>
Live birth rate per 1,000 population			16.08
Illegitimate live births per cent of total live births			3.53
Stillbirths—Number			279
—Rate per 1,000 total live and still-births ..			22.19
Total live- and still-births			12,575
Infant deaths (deaths under one year)			245
Infant mortality rates—			
Total infant deaths per 1,000 total live-births ..			19.93
Legitimate infant deaths per 1,000 legitimate live-births			19.64
Illegitimate infant deaths per 1,000 illegitimate live-births			27.65
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births)			14.56
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births)			12.44
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live- and still-births) ..			34.35
Maternal mortality (including abortion)—			
Number of deaths			4
Rate per 1,000 total live- and still-births			0.32
Number of deaths from all causes			8,362
Death rate per 1,000 of the estimated population			12.83
Deaths from Cancer (all ages)			1,322
Death rate from Cancer			2.02



DERBYSHIRE**DEATHS FROM CANCER**



INFANT MORTALITY RATE

(Infants dying under one year per thousand live births)

<i>Year</i>	<i>Rate</i>
1930 .. .	61.4
1935	56.6
1940	55.4
1945	44.5
1950	30.19
1955	29.14
1956	24.15
1957	24.33
1958	25.94
1959	23.34
1960	19.74
1961	19.93

The rate for England and Wales in 1961 was 21.6 (provisional).

NEO-NATAL MORTALITY RATE

Infants dying under four weeks of age (per thousand live births)

<i>Year</i>	<i>Number of Neo-natal Deaths</i>	<i>Rate per 1,000 Live Births</i>	
		<i>Derbyshire</i>	<i>England & Wales</i>
1946 ..	293	23.0	24.5
1947 ..	325	23.7	22.7
1948 ..	310	25.5	19.7
1949 ..	243	21.1	19.3
1950 ..	188	17.4	18.5
1951 ..	184	17.6	18.8
1952 ..	197	18.9	18.3
1953 ..	190	17.8	17.7
1954 ..	197	18.9	17.7
1955 ..	210	20.3	17.3
1956 ..	191	17.3	16.8
1957 ..	211	18.46	16.5
1958 ..	228	19.72	16.2
1959 ..	194	16.36	15.8
1960 ..	166	13.54	15.6
1961 ..	179	14.56	15.5*

* Provisional.

EARLY NEO-NATAL MORTALITY RATE (Infants dying under one week per 1,000 live births)

Number of early neo-natal deaths	153
Early neo-natal mortality rate	12.44

The following table provides an analysis of the causes of death of the 179 children who died during 1961 under four weeks of age, as well as of the 153 children who died under one week of age :—

<i>Causes of Death</i>	<i>Number of Deaths under 4 weeks of age</i>			<i>Number of Deaths under one week</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Congenital malformations ..	31	29	60	24	20	44
Birth accident	5	—	5	5	—	5
Infections	12	8	20	9	7	16
Asphyxia	8	8	16	6	8	14
Prematurity	28	22	50	28	21	49
Congenital Malformations and prematurity	—	1	1	—	1	1
Birth accidents & prematurity	10	3	13	10	3	13
Infections and prematurity ..	2	3	5	2	1	3
Haemolytic disease of New- born	1	—	1	1	—	1
Other	6	2	8	5	2	7
Totals ..	103	76	179	90	63	153

Summary :—From the foregoing pages it can be seen that the infant mortality rate was 19.93 per 1,000 which represents 245 children who died under one year of age (compared with a rate of 21.6 (provisional) for England and Wales).

Of the 245 children, 179 died within four weeks giving a neo-natal death rate of 14.56 per 1,000 (compared with 15.5 for the country). Further, 153 of those infants (85%) died within the first week (giving an early neo-natal mortality rate of 12.44 per 1,000 live births).

PERINATAL MORTALITY RATE

The perinatal mortality rate (i.e. still-births and deaths under one week combined, per 1,000 total live-and still-births), for 1961 was 34.35 (compared with a rate of 32.2 (provisional) for England and Wales).

(The term "perinatal mortality" is used to connote a combination of still-births with deaths occurring during the whole or part of the neo-natal period. It is hoped by this combination to avoid the fallacies which are liable to occur when the still-birth and neo-natal mortality rates are considered separately, as in many cases it is merely a matter of chance whether the foetus dies within the womb, in the birth passage, or immediately following birth. The concept of perinatal mortality, by providing for consideration a period of time covering these events, eliminates the chance effect and may enable a juster estimate to be made of the factors involved in their causation. It has been suggested that probably the most useful combination is still-births plus deaths during the first week.)

INSPECTION AND SUPERVISION OF FOOD

MILK SUPPLY

The Milk (Special Designation) Regulations, 1960.

As was briefly mentioned in the Report for 1960 these Regulations were introduced in that year but did not come into force until January 1st, 1961. The overall effect was that from that date the County Council, as a Food and Drugs Authority, took over from the District Councils the responsibility for the licensing and supervision of milk dealers. There were four types of licence which could be issued, as follows :—

- (i) dealer's (Pasteuriser's) licence, required for the operation of a pasteurising establishment;
- (ii) dealer's (Sterilizer's) licence, required for the operation of a sterilizing establishment;
- (iii) dealer's (Tuberculin Tested) licence, required when tuberculin tested milk, in bulk, is obtained for re-sale;
- (vi) dealer's (Pre-packed milk) licence, required when dealing in pre-packed milk of any or all of the three designations.

All types of licence are now valid for five years (from January 1st, 1961) whereas previously they were issued annually. The County Council have issued licences to pasteurisers since 1949, in accordance with the Milk (Special Designation) (Pasteurised and Sterilized Milk) Regulations, 1949-53. There has been no sterilizing plant in the area during this time.

With regard to the pasteurising plants, nine were re-licensed at the beginning of the year. This was one less than in 1960, one operator having ceased to function as such at the end of 1960. The following is the present list of those licensed :—

<i>Name</i>	<i>Address of Establishment</i>
Gisborne Dairy Ltd.	Manchester Rd., Chapel-en-le-Frith
S. Hutchings & Sons Ltd.	Derby Road, Long Eaton
Ilkeston Co-op Society Ltd.	Derby Road, Ilkeston
Long Eaton Co-op Society Ltd.	Meadow Lane, Long Eaton
R. B. Morten & Sons	The Creamery, Green Lane, Buxton
Pleasley Co-op Society Ltd.	Pleasley
Ripley Co-op Society Ltd.	Nottingham Road, Ripley
United Dairies Ltd.	Egginton, Derby
F. Wheldon	94 Breedon Street, Long Eaton
(Ceased to operate after 31.3.61).	

By the end of the year eight establishments had high temperature short time processing plants, a very definite step forward.

All establishments were regularly inspected by the County Health Inspector. As has been previously stressed in these Reports, a satisfactory sampling record is not, in itself, a guarantee of satisfactory

conditions at the dairy, particularly in regard to such matters as cleanliness, decoration, employees' clothing, and so on, all of which help to make or mar a good establishment.

The sampling figures for the year are set out below :—

Grade of Milk	Satisfactory		Unsatisfactory		Total number of samples submitted
	M.B.	Phos.	M.B.	Phos.	
Tuberculin Tested (Pasteurised)	113	122	—	—	122
Pasteurised	123	133	2	1	134

Note—(a) M.B.—Methylene Blue Test; Phos.—Phosphatase Test.

(b) Eighteen samples of Tuberculin Tested (Pasteurised) Milk and twenty-three samples of Pasteurised Milk were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 70°F. at the time of testing.

Following the “all satisfactory” figures for 1960 it is rather disappointing to have to record three failures this year. The two methylene blue failures were from one establishment close together in time, when major plant alterations were taking place and when generally conditions were very difficult for the employees. No trouble has since been experienced. The phosphatase test failure was from a “High Temperature Short Time” plant, the automatic controlling apparatus having gradually become inefficient necessitating engineers being brought in at the time. This plant has operated perfectly satisfactorily at other times. Nevertheless, the value of routine surprise sampling is well illustrated by this failure. Plant deficiencies are occasionally brought to light by such sampling, although the licensee is clearly responsible for maintaining the plant in a proper state at all times.

Milk Dealers.

The names of milk dealers licensed by district councils under the 1949 Regulations were forwarded to the County Council towards the end of 1960 and, of necessity, there was not sufficient time then to have inspections made of all the premises, etc., concerned, and consequently all those dealers applying for licences under the new Regulations had renewals issued to them without qualification. The figures at this initial stage were as follows :—

Dealers' (Tuberculin Tested) licences issued ..	29
Dealers' (pre-packed milk) licences issued ..	754

During 1961, as was anticipated, there were various changes to the original lists, due to dealers ceasing to trade, businesses changing hands, new applications, and revision of the local authorities' lists. The nett effect of these alterations was that at the end of the year, the figures were as follows :—

Dealers' (Tuberculin Tested) licences in force ..	30
Dealers' (pre-packed milk) licences in force ..	954

Sixteen of the T.T. dealers (who handle this grade of milk in bulk) also held pre-packed licences and the effective number of dealers at December 31st was therefore 968. A further analysis of this total shows that no less than 505 licences, over half, were in respect of shop dealers.

The increase in the number of "effective" dealers during the year was equivalent to 26 per cent. This rate of increase can be regarded as exceptional, and due mainly to the revision brought about by the change of supervising authorities. It is likely to be less spectacular in future, although steady increases are likely, unless there is unforeseen milk legislation.

The major problem which faced the Department after the re-licensing of all the dealers was the need for inspections of the premises from which milk was being sold. This matter was tackled without delay and priority was given to the premises of milk distributors (as opposed to shopkeepers) and of course, to the Tuberculin Tested milk handling dairies. In the event, 708 first inspections were made at licensed premises during the year, and with few exceptions all distributors were visited. It should be borne in mind that quite a number of distributors trade from centralized cold stores provided by the large dairy companies or from other joint addresses, thus reducing the number of premises to be visited.

As was expected, the conditions found at dealers' premises varied considerably. Reasonable requirements for the storage of pre-packed milk cannot be said to be either difficult or expensive to provide, but quite a number of dealers had no such facilities and were found to be leaving milk consignments standing in the open from mid-day onwards until next morning when they took it out for retail sale. Generally speaking, however, most dealers had facilities available, including refrigerators, but not all were using them properly. If there is one thing the new Regulations have done, it is to impose a uniform standard of premises and conditions over much wider areas of the country.

As an indication of the type of improvements required and the need for them the following list shows the work requested and the number of informal notices served:—

(i)	Provision of milk store	..	..	..	16
(ii)	(a)	Improvement of existing milk store	..	..	3
	(b)	Improvement of milk storage	..	..	45
(iii)		Decoration, cleanliness, etc., of milk stores	..	..	11
(iv)		Improvement of cleanliness of vehicles	..	..	—
(v)		Name and address required on vehicles	..	..	110
(vi)		Wording on bottle caps	..	..	1
(vii)		Protection of milk in containers	..	..	1

Re-inspections in respect of these notices have been necessary and again have been given some priority over other inspections. However, it is satisfactory to record that dealers have complied with the notices without question and during the year 155 of the above items were completed.

Inspection of distributors' vehicles was carried out as a routine but it is not considered these present a major public health problem. Most dairymen try to keep them both clean and in good mechanical condition.

The sampling of dealers' milk supplies was carried out during the year and did not provide any particular difficulties. The only class of dealer difficult to sample is the one retailing very few bottles of milk in the immediate locality, usually "to order". A sample taken means that someone has to forgo a pint of milk that day. The table below shows the figures for the year.

Grade of Milk	Satisfactory		Unsatisfactory		Total number of samples submitted.
	M.B.	Phos.	M.B.	Phos.	
Heat Treated					
Pasteurised	*512	554	*15	3	557
Tuberculin Tested (Pasteurised)	*356	377	*6	—	377
	*45 Samples not tested for Methylene Blue as shade temperature exceeded 70 °F.				
	Turbidity				
	Satisfactory		Unsatisfactory		
Sterilized	249		1		250
	Methylene Blue				
	Satisfactory		Unsatisfactory		
Raw					
Tuberculin Tested	110		9		119

In addition, 134 samples were examined for tubercle bacilli and all were found to be negative. 32 samples were examined for brucella abortus one of which was suspected and referred for a further sample (taken in 1962).

There are one or two points worth mentioning in regard to sampling. First, there is the concentration of wholesale suppliers, with the result that the same "brand" of milk is constantly being sampled in any particular district. Secondly, there is the anomaly of the two grades of milk "Tuberculin Tested (Pasteurised)" and "Pasteurised" being virtually one and the same grade, due to the high percentage of licensed Tuberculin Tested producers. (It is understood that this position may be put right in 1962 by unification of the two designations.)

As an indication of the concentration of the trade a record has been kept of the sources of samples taken (1,707 in all) including those from the licensed pasteurising plants in the County, and from schools and canteens.

1,281 pasteurised milks came from	29 sources
250 sterilized milks came from	11 sources
176 T.T. raw milks came from	82 sources

No less than 637 samples of pasteurised milk (over one third), came from four processing dairies.

An analysis of the sample results show that of a total of 934 pasteurised milk samples three failed to satisfy the phosphatase test (0.32%) and 21 failed the methylene blue test (2.25%). It is only fair to explain that in the case of two of the phosphatase test failures the milk sampled (from one particular dealer) was, as it turned out, raw T.T. milk, although the dealer, a shopkeeper, genuinely believed it to be "pasteurised milk"; the supplier was at fault and was sent a warning letter from the Authority. Of the methylene blue failures 12 came from milk distributors, 9 from shops. They were spread over the whole year, with a peak in July. The higher storage temperature laid down in the rules governing the test did appear to have some effect on the results, but another peak in February was mainly attributable to a pasteurising plant defection in one particular area. However, it can be said that more samples have failed the keeping test in the winter than previously because of the revision of the laboratory storage temperature.

There was one failure of the turbidity test for sterilized milk. This is very rare indeed. The milk was processed outside the County area and although the matter was taken up with the authority concerned no information could be obtained to account for the failure.

The percentage of raw milk methylene blue test failures was 8.18, a much higher figure and in line with what could be expected. Of the nine failures, 5 were from distributors, 3 from shops and 1 from a vending machine.

One difficulty in administering the Regulations was apparent quite quickly. Can a dealer buying milk from a wholesaler or another dealer be held to be responsible for failure of the milk to pass the methylene blue test, which is, practically, a test of "keeping quality". He may well keep milk for sale longer than is wise but he could have received "old" milk to start with, which, when sampled later, may fail the test. It would help in this matter if all processors "coded" the milk bottle caps so as to indicate the day of pasteurisation, but clearly there are trading disadvantages to the processor in this, which is probably why not all do it.

As is to be expected there were no positive samples of milk examined for tubercle bacilli. Of the 32 examined for *Brucella Abortus* (all by guinea pig inoculation) only one gave a positive result, a percentage of 3.1.

Where *Brucella* infection is found the result is notified to the Producer, to the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food and also to the Medical Officer of Health

of the district where the milk was produced. The latter has powers, under the Milk and Dairies (General) Regulations, 1959, to place restrictions upon the sale of such milk for human consumption.

A chemical check is made from time to time for the presence of chlorates in milk samples. Chlorates are present as an indicator in all permitted hypochlorite sterilizing solutions. If any of the sterilizing solution were left in the milk containers, its presence would be difficult to assess but the "chlorate tracer" is relatively easy to find. 33 such samples were tested and all found free from chlorates.

Specified Areas

It is pleasing to be able to report that as a result of a Ministry order operating from the 10th April, 1961, the remaining areas of the County not previously included in a "specified area" are now so covered. This means that all milk sold in the area must be of one of the designations laid down, i.e. "Tuberculin Tested", "Pasteurised", or "Sterilized".

COUNTY DISTRICT COUNCILS' AREAS

LOCAL GOVERNMENT ACT, 1958.

Delegation of Functions.

Under the provisions of Section 26 of the Local Government Act, 1958, the councils of any borough or urban district with a population of 60,000 or more became entitled to make a scheme for the delegation of certain health and welfare functions; further, county district councils not automatically entitled to make a delegation scheme could apply to the Minister of Health for his consent to do so and the Minister would consult the County Council on the application.

The functions to be included in a delegation scheme, insofar as the County Council's Health Services are concerned, are as follows :—

- (a) Under Part III of the National Health Service Act, 1946 (as amended by the Mental Health Act, 1959)—health centres; care of mothers and young children; midwifery; health visiting; home nursing; vaccination and immunisation; prevention of illness and after-care (apart from the care or after-care in residential accommodation of persons suffering from mental illness); and domestic help.

- (b) The registration and regulation of private day nurseries and child minders (under the Nurseries and Child Minders' Regulation Act, 1948).

The only county district council in the administrative county of Derbyshire entitled automatically to delegation was the Municipal Borough of Chesterfield, and "The Chesterfield Health and Welfare Services Delegation Scheme, 1960" came into operation on 1st November, 1960. A copy of this Scheme formed Appendix I to my Annual Report for 1960.

Three other district councils (Blackwell, Chesterfield, and South-East Derbyshire Rural District Councils) applied to the Minister for consent to make delegation schemes, but after considering the factors mentioned in their applications, as well as the County Council's observations, the Minister informed them that he was unable to consent to their applications.

The Chesterfield Borough Council also applied to the Minister for the delegation of the County Council's functions under Section 28 of the National Health Service Act (as amended by the Mental Health Act, 1959) so far as they relate to the care or after-care in residential accommodation of persons suffering from mental illness. The Minister can give his consent to the inclusion of these additional functions in a scheme of delegation only if he is satisfied after consultation with the County Council that there are "exceptional circumstances" justifying the exercise of the functions by the borough council. The Minister came to the conclusion that no exceptional circumstances exist in the Borough of Chesterfield to justify the delegation of these additional functions.

It is open to the borough and district councils to apply again for the Minister's consent in 1968, or at an earlier date if the area of the borough or rural district is altered or their circumstances are otherwise affected by an order of the Minister of Housing and Local Government made in pursuance of a review by the Local Government Commission for England or by the County Council under the provisions of Section 28 of the Local Government Act, 1958.

LOCAL GOVERNMENT ACT, 1933 (SECTION 111).

The County Council's Scheme under Section 111 of the Local Government Act, 1933, for the appointment of District Medical Officers of Health who are restricted from engaging in private practice, which was made after consultations with the District Councils, involves the division of the County into ten groups. In many instances arrangements have been made whereby the District Medical Officer of Health also serves the County Council as an Assistant County Medical Officer/School Medical Officer. The following table shows the position as at 31st December, 1961 :—

Area No.	County Districts	Population	Whether Section 111 scheme is operative	Proportion of time of Medical Officer devoted to	
				District Council work	County Council work
1	Clay Cross Urban .. Dronfield Urban .. Staveley Urban .. Chesterfield Rural ..	9,250 11,430 18,080 101,840	Yes	Whole-time	None
		140,600			
2	Bolsover Urban .. Blackwell Rural .. Clowne Rural ..	11,780 44,020 19,830	Yes	8/11ths.	3/11ths.*
		75,630			
3	Glossop Borough .. New Mills Urban ..	17,470 8,540	Yes	9/22nds.	13/22nds*
		26,010			
4	Buxton Borough .. Whaley Bridge Urban .. Chapel-en-le-Frith Rural ..	19,320 5,290 18,120	Yes	7/11ths.	4/11ths.*
		42,730			
5	Bakewell Urban .. Matlock Urban .. Bakewell Rural ..	3,710 18,920 18,530	No.	Part-time.	None
		41,160			
6	Long Eaton Urban .. S.E. Derbyshire Rural ..	30,930 96,580	Yes	7/11ths	4/11ths*
		127,510			
7	Swadlincote Urban .. Repton Rural ..	19,360 38,180	Yes	8/11ths	3/11ths*
		57,540			
8	Ilkeston Borough .. Alfreton Urban .. Heanor Urban .. Ripley Urban ..	34,790 23,110 23,960 17,650	Yes	8/11ths	3/11ths*
		99,510			
9	Ashbourne Urban .. Belper Urban .. Wirksworth Urban .. Ashbourne Rural .. Belper Rural ..	5,650 15,600 4,950 11,260 33,590	In operation apart from Wirksworth Urban District	6/11ths	5/11ths*
		71,050			
10	Chesterfield Borough	67,690	Yes	52%	48%†

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

†The Medical Officer of Health is also the Medical Officer for the purposes of "The Chesterfield Health and Welfare Services Delegation Scheme 1960", as well as the School Medical Officer for the Borough.

COUNTY OF DERBY.

TABLE GIVING BIRTH RATE, AND DEATH RATE, FROM ALL CAUSES.

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water).	PO
			Cens 193
(URBAN)			
ALFRETON	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,176	22,2
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	1,070	4,7
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,0
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,294	14,2
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,8
BUXTON (Borough)	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	6,337	16,8
CHESTERFIELD (Borough)	H. Bailey, M.B., Ch.B., D.P.H. ..	8,472	64,1
CLAY CROSS	J. R. Graham, M.B., Ch.B., D.P.H.	2,349	8,7
DRONFIELD	J. R. Graham, M.B., Ch.B., D.P.H.	3,452	6,3
GLOSSOP (Borough)	M. Sutcliffe, M.B., B.Ch., D.P.H. ..	3,323	20,0
HEANOR	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,417	22,4
ILKESTON (Borough)	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,017	33,1
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,3
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,599	16,5
NEW MILLS	M. Sutcliffe, M.B., B.Ch., D.P.H. ..	5,244	8,6
RIPLEY	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,415	17,7
STAVELEY	J. R. Graham, M.B., Ch.B., D.P.H.	6,504	17,8
SWADLINCOTE	M. Allan, M.B., Ch.B., D.P.H. ..	3,755	20,6
WHALEY BRIDGE	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	3,479	4,8
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B. ..	4,016	4,8
TOTALS OF URBAN DISTRICTS ..		98,065	340,2
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	86,188	11,6
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,2
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	47,074	23,1
BLACKWELL	A. R. Robertson, M.B., Ch.B., D.P.H.	21,668	44,6
CHAPEL-EN-LE-FRITH	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	103,393	18,4
CHESTERFIELD	J. R. Graham, M.B., Ch.B., D.P.H. ..	69,139	64,9
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,7
REPTON	M. Allan, M.B., Ch.B., D.P.H. ..	65,653	26,4
S.E. DERBYSHIRE	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,204	41,0
TOTALS OF RURAL DISTRICTS ..		537,391	267,4
TOTALS OF URBAN DISTRICTS ..		98,065	340,2
TOTALS OF WHOLE COUNTY ..		635,456	607,6

* Adjusted to make allowance for sex ratio.

Ended December 31st, 1961.

IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

POPULATION			Births (Live)	Deaths	Rate per 1,000 of Estimated Population*		Infant Death Rate per 1,000 Births	Comparability Factors	
Census 1951	Census 1961 (Pro- visional)	Esti- mated Mid- 1961			Birth Rate	Death Rate		for Births	for Deaths
23,385	22,998	23,110	326	245	13.68	12.51	27.61	0.97	1.18
5,439	5,656	5,650	51	73	9.30	12.02	39.21	1.03	0.93
3,356	3,603	3,710	45	85	12.74	11.68	—	1.05	0.51
15,714	15,563	15,600	217	243	13.77	12.31	9.21	0.99	0.79
10,817	11,770	11,780	220	111	18.68	12.34	36.36	1.00	1.31
19,568	19,236	19,320	302	254	16.25	12.36	26.49	1.04	0.94
68,558	67,833	67,690	921	881	13.06	13.67	21.72	0.96	1.05
8,553	9,173	9,250	126	100	13.08	12.76	15.87	0.96	1.18
7,627	11,294	11,430	268	89	20.40	10.51	3.73	0.87	1.35
18,004	17,490	17,470	273	287	16.10	14.79	14.65	1.03	0.90
24,406	23,867	23,960	370	275	15.14	14.23	24.32	0.98	1.24
33,677	34,672	34,790	529	381	15.05	14.13	22.68	0.99	1.29
28,641	30,464	30,930	553	307	17.70	11.31	27.12	0.99	1.14
17,756	18,486	18,920	267	225	14.39	11.65	7.49	1.02	0.98
8,475	8,510	8,540	143	130	17.75	15.07	13.99	1.06	0.99
18,192	17,601	17,650	257	206	14.56	13.19	7.78	1.00	1.13
17,945	18,071	18,080	317	186	17.18	13.68	22.08	0.98	1.33
20,907	19,222	19,360	282	271	14.42	16.38	46.10	0.99	1.17
5,365	5,293	5,290	72	70	14.02	13.76	41.66	1.03	1.04
4,893	4,930	4,950	79	60	16.44	12.48	12.66	1.03	1.03
361,278	365,732	367,480	5,618	4,479	14.68	14.75	21.72	0.96	1.21
12,019	11,219	11,260	159	118	15.67	11.42	31.45	1.11	1.09
19,282	18,599	18,530	259	235	15.38	11.54	—	1.10	0.91
28,193	33,711	33,590	539	386	15.88	12.99	16.70	0.99	1.13
43,112	43,800	44,020	796	429	17.54	12.28	26.38	0.97	1.26
19,006	18,366	18,120	318	288	19.65	15.26	28.30	1.12	0.96
75,745	100,851	101,840	1,709	894	15.27	12.47	16.97	0.91	1.42
19,072	19,769	19,830	320	198	16.29	11.78	37.50	1.01	1.18
31,570	37,579	38,180	659	453	17.26	13.05	10.62	1.00	1.10
75,893	95,597	96,580	1,919	882	18.48	11.41	16.16	0.93	1.25
323,892	379,491	381,950	6,678	3,883	17.31	11.18	18.42	0.99	1.10
361,278	365,732	367,480	5,618	4,479	14.68	14.75	21.72	0.96	1.21
685,170	745,223	749,430	12,296	8,362	16.08	12.83	19.93	0.98	1.15

age distribution of population, etc.—see remarks on pages 15—16.

GENERAL SANITARY ADMINISTRATION

Estimated number of houses :—

Municipal Boroughs and Urban Districts				121,696
Rural Districts				124,965
				<u>246,661</u>

	Municipal Boroughs and Urban Districts			Rural Districts		
	No. on Register	Increase or Decrease during 1961	In-spections made	No. on Register	Increase or Decrease during 1961	In-spections made
Bakehouses	149	—8	430	41	—3	90
Canal Boats	—	—	—	—	—	—
Common Lodging Houses	3	—	78	—	—	—
Dairies	83	—2	193	38	—1	18
Factories and Workplaces	1,922	—56	1,795	929	—15	804
Houses Let in Lodgings	9	+2	16	—	—	—
Ice Cream Premises—						
(a) Manufacturers	27	—	196	14	—	39
(b) Dealers	1,524	+3	1,070	1,258	+44	693
Market Stalls	531	+12	6,426	45	—	847
Milk Distributors	457	—26	331	294	—	248
Moveable Dwellings—						
(a) Sites	73	—20	236	263	—33	1,076
(b) Dwellings	515	+25	551	821	—60	1,377
Offensive Trades	17	+1	68	1	—2	28
Outworkers	753	+51	128	287	+7	374
Preserved Food Stores	514	—11	1,637	272	—1	426
Shops	5,265	—30	3,925	2,976	+15	1,744
Slaughterhouses—						
(a) Public Abattoirs	1	—	689	—	—	—
(b) Private	63	—13	9,101	66	—9	10,619
Knackers Yards	3	—	36	6	—1	38

Water Supplies.

Two minor schemes were submitted to the Rural Water Supplies and Sewerage Act Sub-Committee of the County Council during the year, both by Repton R.D.C., as follows :—

	Estimated Cost
Grangewood, Netherseal	£3,100
Church Flatt Farm, Cotton-in-the-Elms	£900

There are now public supply systems in most of the rural areas and such schemes as are being submitted are chiefly improvements or minor extensions to mains supplies.

The South Derbyshire Water Board came into being on 1st April. The area of the Board includes the Borough of Ilkeston; the Urban Districts of Alfreton, Ashbourne, Belper, Heanor, Long Eaton, Matlock, Ripley and Wirksworth and the Rural Districts of Ashbourne, Belper, Repton and S.E. Derbyshire.

The following table summarizes the information regarding water supplies in the County. It shows that of the total population involved 97.2% has a mains water supply available; the more remote parts of the rural areas largely account for the remainder.

	<i>Municipal Boroughs and Urban Districts</i>		<i>Rural Districts</i>	
		<i>Estimated Popu- lation Involved</i>		<i>Estimated Popu- lation Involved</i>
No. of Houses :				
(a) Connected to mains	117,256	356,101	121,083	371,627
(b) Supplied from standpipes on mains	116	356	197	680
(c) not supplied from standpipes or mains	413	1,169	3,271	10,525
No. of Connections made during year :				
(i) existing houses	17	53	94	280
(ii) new houses	1,550	—	4,373	—
(iii) other premises	25	—	44	—

Sewerage and Sewage Disposal.

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

<i>Authority submitting scheme</i>	<i>Parish</i>	<i>Estimated Cost</i>
Ashbourne R.D.C. ..	Marston Montgomery	£14,817
Belper U.D.C. ..	Blackbrook, Chevin and Farnah Green.	£33,500
Chesterfield R.D.C. ..	Sutton-cum-Duckmanton (and Arkwright Town)	£53,254
Repton R.D.C. ..	Brampton (Wadshelf) Trusley, Osleston and Thurvaston	£9,754 £5,423
<i>In addition revised schemes were submitted as follows :—</i>		<i>Revised Estimate</i>
Belper R.D.C. ..	Turnditch, Shottle and Postern and Hazelwood.	£26,000
	Mackworth	£13,726
	Idridgehay	£13,915
Repton R.D.C. ..	Coton-in-the-Elms, Rosliston and Cauldwell.	£63,900

All the above schemes received the Committee's approval and were allowed to rank for grant.

Information is given below of the position in the County with regard to sewerage and sewage disposal. Boroughs and Urban Districts have 98.2% of their houses connected to sewers, whilst Rural Districts have a corresponding figure of approximately 88.1%.

	<i>Municipal Boroughs and Urban Districts</i>		<i>Rural Districts</i>	
		<i>Estimated Popu- lation Involved</i>		<i>Estimated Popu- lation Involved</i>
No. of Houses :				
(a) connected to sewers	119,480	359,570	110,108	340,734
(b) not connected to sewers ..	2,243	6,796	10,982	31,645
No. of connections made during year :				
(i) existing houses	154	485	189	592
(ii) new houses	1,848	—	2,675	—
(iii) other premises	67	—	13	—
No. of conversions of other closets to W.C.s	182	—	291	—

Some notes follow of improvements made or in progress in the various districts during the year :—

Alfreton U.D.

Work on a comprehensive sewage scheme for the district has been in progress during the year. The first part of this scheme includes Pye Bridge, Ironville, Somercotes, Birchwood and Riddings.

Bolsover U.D.

A scheme to sewer 22 houses at Shuttlewood was almost complete by the end of the year.

Clay Cross U.D.

Sewers were laid along Stretton Road: 40 existing properties are now connected.

Chesterfield Borough.

Experiments on aeration plant at disposal works were apparently successful. The capacity was also increased and work on the north-west sewerage scheme was completed.

Dronfield U.D.

New sewage works were completed and put into operation: these works replace the original works entirely.

Glossop Borough.

Construction of new disposal works was begun in June, near to existing works which are unsatisfactory. Sewer extensions total 3,200 yards.

Matlock U.D.

Darley Dale sewerage scheme was started.

Wirksworth U.D.

Extensive reconstruction and additions to main sewage disposal works were virtually completed by the end of the year. Improvements and remedial work were also carried out to Homesford works.

Bakewell R.D.

Work on Derwent Valley sewerage scheme was commenced in April, 1961.

Belper R.D.

Existing sewerage systems at Allestree, Darley Abbey, Duffield and Quarndon were extended to cater for extensive housing development. Improvements were made to the Duffield disposal works as a consequence of increased flow.

Chapel-en-le-Frith R.D.

Extensions to Hope disposal works were completed towards the end of the year. Peak Dale sewerage scheme is proceeding—completion is expected by the Spring of 1962.

Chesterfield R.D.

Gleadless Ford trunk sewer and Eckington surface water sewer—schemes are in progress. Improvements were made to Tupton works and Lockobrook works.

Clowne R.D.

Scheme for sewerage properties at Whitwell Common was commenced.

Housing.

The following table shows that a total of 9,084 houses have been declared unfit from 1955-61 and of these 6,232 have been either demolished or closed; there thus remain to be dealt with nearly a third of these condemned dwellings.

With regard to Improvement Grants, there has been a small decrease in the overall number of grants approved. It is interesting to note that the Minister of Housing is by no means satisfied at the rate at which old houses are being "improved", particularly by landlords. Certainly much more could be done, but the problem is now several years old and the introduction of the "standard grant" has not had anything like the desired effect.

SLUM CLEARANCE FOR SEVEN YEARS FROM 1955

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
Estimated No. of houses declared unfit, 1955-1961	4,645	4,439
Total No. of houses demolished or closed 1955 to 31/12/1961	3,174	3,058
Houses demolished :—		
(a) in Clearance Areas	334	228
(b) not in Clearance Areas	216	198
Unfit houses closed	110	60
Unfit houses made fit and houses in which defects were remedied	2,782	736
Unfit houses in temporary use	2	13
Houses in Clearance Areas purchased	97	61

IMPROVEMENT GRANTS

	<i>No. approved for conversion or improvement (Housing Act 1958)</i>	<i>No. approved for improvement (Housing Act 1959) ('standard grants')</i>
Municipal Boroughs and Urban Districts	220	746
Rural Districts	280	480

NEW HOUSING

	<i>No. of new dwellings completed during 1961</i>	
	<i>by local authorities</i>	<i>by private enter- prise</i>
Municipal Boroughs & Urban Districts ..	707	1,191
Rural Districts	627	2,094

Swimming Baths.

The following Table shows the number of swimming baths in the County, and the results of the investigations of the samples taken.

	<i>No. of Baths</i>		<i>Samples taken</i>	
	<i>Public</i>	<i>Private (Open to Public)</i>	<i>Satisfactory</i>	<i>Un- satisfactory</i>
Municipal Boroughs & Urban Districts	12	5	158	32
Rural Districts	2	2	13	1

Refuse Collection and Disposal.

The problem of finding suitable sites for the tipping of refuse remains one of the difficulties in connection with refuse disposal, particularly in the more urbanised parts of the County. At least one rural authority has seriously considered the practicability of setting up a composting plant as one means of overcoming the problem. The table below gives the general picture in the County with regard to the systems in use.

	<i>Collection</i>		<i>Disposal</i>		
	<i>Direct Labour</i>	<i>Contract</i>	<i>No. of Controlled Tips</i>	<i>No. of Un-controlled Tips</i>	<i>In-cinerators</i>
Municipal Boroughs & Urban Districts	19	1*	22	3	2
Rural Districts	8	1	36	3	—

* Ceased after 30.9.61.

Meat Inspection.

From information which has been provided by the District Councils, it appears the following animals were killed and inspected during the year :—

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
	<i>Number killed and Inspected</i>	<i>Number killed and Inspected</i>
Cattle, excluding cows ..	23,117	18,854
Cows	11,975	4,881
Calves	1,536	1,730
Sheep and Lambs	91,687	48,314
Pigs	45,902	42,013
Horses	—	1

Moveable Dwellings.

The Caravan Sites Act, 1960 has now had some time to make its provisions better known. The general impression in the County is that, with few exceptions, both site landlords and caravan owners have accepted the "Model Standards" that have been adopted by local authorities under the provisions of Section 5 of the Act. Caravans do not present the concentrated problems within this County that are met with in seaside holiday areas, but nevertheless there are residential sites in the urban areas which require proper planning and supervision. The table following shows the numbers of sites and caravans.

	<i>Licensed Caravan Sites</i>				<i>Individual Licensed Vans</i>
	<i>Holiday</i>		<i>Residential</i>		
	<i>Sites</i>	<i>Vans</i>	<i>Sites</i>	<i>Vans</i>	
Municipal Boroughs and Urban Districts ..	9	152	32	331	49
Rural Districts ..	62	415	74	595	154

Prevention of Atmospheric Pollution.

County district councils have considerable powers under the provisions of the Clean Air Act, 1956, to control atmospheric pollution. Such provisions can be broadly divided into two parts, viz :—

- (a) general regulatory powers;
- (b) power to establish smoke control areas.

District Councils may also make bye-laws requiring new buildings to have satisfactory arrangements for heating and cooking so as to prevent the emission of smoke.

Many Authorities in the County are taking an active interest in this vital matter. In particular, many are maintaining recording apparatus and taking regular readings. The following are some examples of such records, which may be of general interest.

<i>Station</i>	<i>Readings</i>			
	<i>Total Solids (Tons per sq. mile)</i>		<i>Sulphur Absorbed (Mg. per 100 sq. cms. per day)</i>	
	<i>Monthly</i>		<i>Daily average over each month</i>	
	<i>Highest</i>	<i>Lowest</i>	<i>Highest month</i>	<i>Lowest month</i>
Bolsover U.D.C.				
Woodhouse Lane, Bolsover ..	24.34	10.87	—	—
Moor Lane, Bolsover	15.14	6.10	3.18	0.94
Cundy Road, Bolsover	—	—	2.89	1.05
Chesterfield Borough				
Queens Park	—	—	2.57	0.45
St. John's Road Depot	17.10	11.09	2.92	0.76
Sewage Works	16.03	10.57	2.53	0.78
Hasland Green	—	—	2.19	0.51
Staveley U.D.C.				
Hartington Colliery	44.74	20.28	4.63	2.26
Markham Road, Duckmanton ..	44.99	16.24	3.47	1.06
Chesterfield Road Farm	33.45	18.27	2.34	0.73
Swadlincote U.D.C.				
Average monthly deposit over 6 months 13.31 tons per sq. mile.				
Average sulphur determination over 6 months 2.09 mg. per day.				
Blackwell R.D.C.				
Hamlet Lane, Sth. Normanton				
Average monthly deposits over 12 months 9.63 tons per sq. mile				
Average sulphur determination over 12 months 1.63 mg. per day.				
Glapwell Hill.				
Average monthly deposits over 12 months 13.56 tons per sq. mile.				
Average sulphur determination over 12 months 1.00 mg. per day.				
Langwith Junction.				
Average monthly deposits over 12 months 11.72 tons per sq. mile.				
Average sulphur determination over 12 months 1.53 mg. per day.				

Generally speaking, authorities are seeking to improve the position by informal action, particularly as far as industrial undertakings are concerned.

With regard to smoke control areas the following report has been received from Chesterfield Borough :—

The Chesterfield No. 1 (Central) Smoke Control Order made by the Council and confirmed by the Ministry of Housing and Local Government became operative on the 1st June, 1962. This area embraces some 90 acres in the Centre of the Town and contains 644 premises including 191 domestic dwellings.

“The Chesterfield No. 2 (Newbold) Smoke Control Order made by the Council on the 9th December, 1960, was submitted to the Ministry for confirmation. The area involved 428 acres in the north west of the Borough largely developed in the post war years as a Corporation Housing Estate and containing 1,509 premises. Objections to the confirmation of the Order were made by two residents and a Public Enquiry was conducted by the Ministry. The Order was subsequently confirmed by the Ministry and the operative date was fixed as the 1st July, 1962.

Following a detailed survey of an area 548 acres to the west of the Borough contiguous with the No. 2 (Newbold) Area which contains 1,130 existing domestic dwellings and within which a new housing estate containing a further 700 houses is now being developed, the Borough Council made the Chesterfield No. 3 (Ashgate) Smoke Control Order which was submitted to the Ministry in December, 1961. The subjected date for the operation of this Order is the 1st January, 1963.

Other items of interest include the following :—

Bolsover U.D.C.

First smoke control area approved by Council—a development area of 86 acres now containing 72 houses, a school and industrial and commercial premises.

Wirksworth U.D.C.

A Traughber Dust Collecting Plant was installed at Wirksworth Quarries Ltd. during the year.

Chesterfield R.D.C.

The Council have submitted one smoke control area to the Minister of Housing and Local Government for confirmation as follows :—

<i>Name</i>	<i>Premises</i>	<i>Houses</i>	<i>Area</i>
Smoke Control Area No. 2 (Gleadless South)	1185	1172	296 acres.

A further area has been prepared and is ready for publication and submission to the Ministry and details of this area are :—

<i>Name</i>	<i>Premises</i>	<i>Houses</i>	<i>Area</i>
Smoke Control Area No. 3 (Gleadless North)	1352	1327	205 acres.

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 1961 there were 192 Midwives on the County Roll—four were Midwives working in private Nursing Homes, one was an independent midwife, eighty-three were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; seventy eight were County Midwives, and twenty-six were County Home Nurse/Midwives.

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

	1956	1957	1958	1959	1960	1961
Records received :—						
Medical Help	411	352	738	751	542	463
Stillbirths	118	129	137	114	112	108
Deaths of Children	54	71	67	55	44	54
Deaths of Mothers	2	1	2	—	3	—
Laying out the dead	27	15	15	20	12	16
Liability to be a source of infection	44	46	42	45	30	25
Puerperal Pyrexia—Midwives' Cases	10	13	7	6	9	9
Ophthalmia Neonatorum— all cases	4	5	3	3	2	4

Puerperal Pyrexia

The Puerperal Pyrexia Regulations, 1951, require puerperal pyrexia to be regarded as a notifiable disease. Puerperal Pyrexia is defined 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 child birth or miscarriage.

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.

Year	No. of cases of Puerperal Pyrexia	No. of Live Births and Still Births in Whole County	Case rate per 1,000 Births
1952 ..	36	10,623	3.39
1953 ..	54	11,272	4.79
1954 ..	44	10,391	4.23
1955 ..	23	10,351	2.22
1956 ..	25	11,021	2.27
1957 ..	21	11,721	1.79
1958 ..	18	11,861	1.52
1959 ..	20	12,154	1.64
1960 ..	17	12,546	1.35
1961 ..	17	12,575	1.35

Maternal Mortality

The maternal mortality rate for the whole County for the year 1961 was 0.32 per thousand live- and still-births. The following table gives the maternal mortality rate in the County since 1950.

<i>Year</i>	<i>Rate</i>
1950	1.44
1951	1.028
1952	0.749
1953	0.55
1954	0.75
1955	0.38
1956	0.62
1957	0.51
1958	0.51
1959	0.41
1960	0.33
1961	0.32

Ophthalmia Neonatorum

During the year, four cases of ophthalmia neonatorum were notified; two were treated at home and two in hospital; the vision was unimpaired in every case.

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, 1961 regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below :—

<i>Name and Address of Nursing Home</i>	<i>Accommodation approved</i>
Portland Nursing Home, "Craiglands," The Park, Buxton	15 Medical Cases.
Derby House Nursing Home, Broad Walk, Buxton	31 Medical Cases.
Ednaston Lodge, St. Mary's Nursing Home, Ednaston	22 Medical and Surgical Cases.
Borrowash House, Borrowash, Derby ..	17 Unmarried Mothers.

TUBERCULOSIS

New Cases and Deaths.—Tuberculosis was made notifiable in 1912 and the first available figures for new cases are for 1914. Since then great progress has been made in the campaign against tuberculosis. The new cases reported of all forms of the disease have decreased from 1,229 in 1914 to 262 in 1961, and the deaths from 539 to 37. This is due to many factors such as improved sanitation, and the higher standard of living, coupled with the fact that through the influence of the National Health Service Act greater emphasis has been placed on health matters generally leading to people seeking medical advice earlier than previously. Mass Radiography has played an important part in the discovery of the disease at an early stage when treatment can be more beneficial. Higher rates of National Insurance Benefits help families when the wage-earner has had to give up work in order to undertake treatment, which is often rather lengthy. The examination of contacts, with a view to tracing possible sources of infection, and the discovery of early cases, is a matter of great importance, in which the Medical Officers of Health and the Health Visitors, as well as the Chest Physician, each have their respective parts to play.

The following table shows the number of new cases, and deaths, in 1914 and thereafter at ten-yearly intervals to 1954, and finally the figures for 1961 :—

TUBERCULOSIS

	<i>Respiratory</i>		<i>Non-Respiratory</i>	
	<i>New Cases</i>	<i>Deaths</i>	<i>New Cases</i>	<i>Deaths</i>
1914	867	383	362	156
1924	829	359	338	117
1934	442	243	202	74
1944	432	202	163	43
1954	391	80	62	12
1961	212	29	50	8

New Cases during 1961.

The number of cases of tuberculosis notified during 1961, divided into the various age groups and also showing males and females separately as well as distinguishing between the Respiratory and Non-respiratory forms of the disease, are shown in the table below.

<i>Age Groups</i>	0	1	2	5	10	15	20	25	35	45	55	65	75	<i>Total All Ages</i>
<i>Respiratory—</i>														
Males ..	—	—	—	2	3	4	9	19	32	27	25	16	7	144
Females ..	—	—	2	2	—	8	7	13	11	11	9	1	4	68
<i>Non-Respiratory—</i>														
Males ..	—	—	—	1	2	3	4	3	4	2	2	—	—	21
Females ..	—	1	—	2	3	2	3	5	5	3	1	3	1	29
Total ..	—	1	2	7	8	17	23	40	52	43	37	20	12	262

The totals, not divided into age groups, are also shown for purposes of comparison in the following summary :—

SUMMARY OF NEW CASES FOR THE PAST TEN YEARS.

	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
<i>Respiratory</i>										
Males	276	253	238	204	195	212	209	184	175	144
Females	212	169	153	110	126	119	105	83	92	68
Totals	488	422	391	314	321	331	314	267	267	212
<i>Non-Respiratory</i>										
Males	32	23	30	34	23	25	18	12	19	21
Females	49	34	32	34	28	31	34	28	16	29
Totals	81	57	62	68	51	56	52	40	35	50
Total Pul. and Non-Pul. ..	569	479	453	382	372	387	366	307	302	262

Deaths from Tuberculosis.

The following Table gives details for the last five years :—

	1957	1958	1959	1960	1961
Respiratory	51	46	34	39	29
Non-respiratory	5	5	5	5	8
	<u>56</u>	<u>51</u>	<u>39</u>	<u>44</u>	<u>37</u>

The death rate per 1,000 of the population during each of the last five years is as follows :—

	1957	1958	1959	1960	1961
Respiratory	0.07	0.06	0.046	0.052	0.044
Non-respiratory	0.01	0.01	0.007	0.007	0.012
	<u>0.08</u>	<u>0.07</u>	<u>0.053</u>	<u>0.059</u>	<u>0.056</u>

The provisional figure for England and Wales supplied by the Registrar General for 1961 is 0.072 deaths per thousand of the home population.

The Table below shows the notifications and deaths in Derbyshire for the last thirteen years.

Year	New Cases	Deaths
1949	592	205
1950	514	172
1951	547	142
1952	569	122
1953	479	125
1954	453	92
1955	382	84
1956	372	57
1957	387	56
1958	366	51
1959	307	39
1960	302	44
1961	262	37

1949 was not only the first full year of operation of the National Health Service Act, but also the last year when the annual deaths from tuberculosis were over 200.

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

Ministry of Health Inquiry.

During the year under review the Ministry of Health intimated that they were "considering present trends and probable future developments in the child welfare work now done by local health authorities". In a letter dated 9th August, 1961, their Senior Medical Officer for Maternal and Child Health, Dr. Dorothy M. Taylor, sought the answers to certain questions, which are set out below :—

"Question 1. Is a Senior Maternity and Child Welfare Medical Officer engaged full-time in this work?"

*Answer—*Yes for all practical purposes although in addition she also supervises to some extent the Home Help Service and carries out occasional medical examinations for superannuation purposes.

Question 2. How many Medical Officers are employed full-time in the field of :

- (a) *maternity and child welfare?*
- (b) *child welfare only?*

Answer—(a) Five—one of whom is employed in Chesterfield Borough to which Health and Welfare Services have been delegated.
(b) None.

Question 3. How many Medical Officers undertaking child welfare clinic sessions are also engaged in school health work or other local authority duties?

Answer—(i) 13 doctors are employed full-time as Assistant County Medical Officers and School Medical Officers, and 4 doctors are Medical Officers of Health of Sanitary Districts and also act as Assistant County Medical Officers. (ii) Deputy Medical Officer of Health for Chesterfield—this post is at present vacant. (As mentioned in paragraph 2, Chesterfield has had Health and Welfare Services delegated to it by the County Council.)

Question 4. Of those undertaking child welfare work on a sessional basis, the number employed :

- (a) *General practitioners ;*
- (b) *others.*

*Answer—*There are no doctors engaged on child welfare work on a "part-time" basis in this County, although there is one General Practitioner engaged on a "sessional basis" in Chesterfield Borough.

Question 5. The number of general practitioners undertaking child welfare clinic sessions for patients on their own lists :

- (a) *in L.H.A. premises;*
- (b) *in their own surgeries with health visitors in attendance.*

Answer—

- (a) *None*
- (b) *None*

General Observations. I am setting out as an appendix to this letter information concerning Ante-natal Clinics and Infant Welfare Centres in this County from 1954 until the end of 1960, as it might prove of interest particularly in indicating trends in the use of these facilities." (Note : These figures are included in the table on pages 83 and 84). "It will be seen that the attendances at Infant Welfare Centres have been maintained pretty well over the last seven years; if anything they are rather higher during the last two years. The attendances at Ante-natal Clinics have gradually been diminishing, particularly during the last two years, and I have a feeling that now that a fee of 12 guineas or 7 guineas is available to General Practitioners for looking after pregnant women according to whether they are on the Obstetric List or not, is likely to cause the attendances at Local Health Authority Clinics to drop still further. It should be said, however, that classes conducted in health education, relaxation exercises, use of analgesic apparatus, and preparations for the confinement are becoming increasingly popular throughout the County.

I arranged to see as many as possible of the Health Visitors at a meeting at Matlock on the 18th August, so that I might have up-to-date information as to what was happening in the County in child welfare. (Some Health Visitors had fixed appointments which they were unable to cancel and some of them were on holiday, but just over 40 attended out of just over 60 employed.)

It was understood that in some localities General Practitioners were conducting Child Welfare Clinics in their own surgeries. It should be stated, however, that I have not had an official approach from any General Practitioner for a Health Visitor to be in attendance. In this County, Domiciliary Midwives and Home Nurses have over the years frequently attended Doctors' surgeries when dealing with patients, but the staffing position is much more favourable for Midwives and particularly for Home Nurses than in the case of Health Visitors. If I was officially approached by a General Practitioner for a Health Visitor to attend his surgery, I would first of all ask the Health Visitor concerned if this would substantially interfere with her attendances at fixed appointments at County Council Clinics, or her ability to carry out relief duties in adjacent vacant areas. I would then approach the other General Practitioners practising in the area to see if they were agreeable to what had been suggested by one of their colleagues because criticism would probably arise if discriminating favourable treatment was meted out to one and not to the others.

The ideal solution would be for a Health Visitor to be attached to each General Medical Practitioner, but unfortunately the staffing position precludes this happening. This will be understood more clearly when it is realized that about 550 General Medical Practitioners provide service under Part IV of the National Health Service Act in the Administrative County, whereas we have been able to employ only a little over 60 Health Visitors.

At the same time Health Visitors should be as flexible as possible as their duties will vary from time to time if they are to march in step with advances in medical knowledge; in other words, there may have to be a changing emphasis to their work.

It was observed that you request information about the content and organisation of local health authority child welfare services so that I need not make any references to the local education authority school health services. Of recent years the local health authority has not only been providing infant welfare centres but occasional toddler clinics. A large amount of time is devoted by Medical Officers to vaccination and immunisation during recent years as there is evidence to suggest that the general public are realising the value of these procedures and are becoming more willing to take advantage of the facilities."

ANTE-NATAL SCHEME

Twenty-five Ante-Natal Clinics are maintained by the Authority: seven in Municipal Boroughs, twelve in Urban Districts and six in Rural Districts. Twenty-four of the Clinics are conducted by the County Council's Maternal and Child Welfare Medical Officers, and the remaining one by a Consultant Obstetrician 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 (apart from the two which serve residents in Chesterfield Borough) are as follows :—

ALFRETON	..	County Council Clinic, Grange Street, Alfreton. Each Friday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
ASHBOURNE	..	Ante-Natal Clinic, St. Oswald's Hospital, Ashbourne. Each Thursday, 1.30 p.m. to 4.15 p.m.
BELPER	..	County Council Clinic, The Cedars, Field Lane, Belper. 1st and 3rd Mondays, 9 a.m. to 12.30 p.m.
BOLSOVER	..	County Council Clinic, Welbeck Road, Bolsover. Each Friday, 1.30 p.m. to 4.15 p.m.
BUXTON*	..	County Council Clinic, Bath Road, Buxton. 1st and 3rd Tuesdays, 9 a.m. to 12.30 p.m.
CHADDESSEN	..	County Council Clinic, Maine Drive, Chaddesden. Each Monday, 1.30 p.m. to 4.15 p.m.
CHESTERFIELD		County Council Clinic, Brimington Road, Chesterfield. Each Wednesday, 9 a.m. to 12.30 p.m. (for patients residing outside Chesterfield Borough).
CLAY CROSS	..	County Council Clinic, High Street, Clay Cross. Each Friday, 9 a.m. to 12.30 p.m.
CLOWNE	..	County Council Clinic, Cresswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m. and 2nd, 4th and 5th Thursdays 9 a.m. to 12.30 p.m.

*New Clinic, opened July, 1961.

DERBY	County Council Clinic, Cathedral Road, Derby. Each Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD ..	County Council Clinic, The Grange, Dronfield. Each Monday, 9 a.m. to 12.30 p.m.
ECKINGTON ..	County Council Clinic, Gosber Street, Eckington. Each Tuesday, 9 a.m. to 12.30 p.m.
FRECHEVILLE ..	County Council Clinic, Fox Lane, Frecheville. 1st, 3rd and 5th Mondays, 9 a.m. to 12.30 p.m.
GLOSSOP** ..	County Council Clinic, George Street, Glossop. 2nd and 4th Mondays, 9 a.m. to 12.30 p.m.
HACKENTHORPE	County Council Clinic, Main Road, Hackenthorpe. 2nd, 4th and 5th Thursdays, 1.30 p.m. to 4.15 p.m.
HEANOR	County Council Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesdays, 1.30 p.m. to 4.15 p.m.
ILKESTON ..	County Council Clinic, Albert Street, Ilkeston. 2nd and 4th Mondays, 2 p.m. to 4.15 p.m. and each Thursday, 9 a.m. to 12.30 p.m.
LONG EATON ..	County Council Clinic, 4 Nottingham Road, Long Eaton. Each Wednesday, 9 a.m. to 12.30 p.m. and 1.30 p.m. to 4.15 p.m.
MATLOCK ..	County Council Clinic, Dean Hill House, Causeway Lane, Matlock. 1st and 3rd Thursdays, 9 a.m. to 12.30 p.m.
RIPLEY	County Council Clinic, Derby Road, Ripley. 2nd and 4th Fridays, 1.30 p.m. to 4.15 p.m.
SHIREBROOK ..	County Council Clinic, Cliff House, Church Drive, Shirebrook. Each Monday, 9 a.m. to 12.30 p.m.
STAVELEY ..	County Council Clinic, Lime Avenue, Staveley. Each Thursday 9 a.m. to 12.30 p.m.
SWADLINCOTE	County Council Clinic, Alexandra Road, Swadlincote. 2nd and 4th Tuesdays, 9 a.m. to 12.30 p.m.

**New Clinic, opened April, 1961.

The following are the number of sessions and attendances at all the Ante-natal Clinics during 1961 :—

Half-day Sessions	1,236
Number of New Cases ..	2,229
Total number of attendances ..	10,506
Post-natal visits	428

Routine X-Ray Examinations of Expectant Mothers.

A communication from the Sheffield Regional Hospital Board in July, 1959 intimated that, following consideration of the Interim Report of the Adrian Committee on radiological hazards to patients, the routine x-raying of expectant mothers at the Mass Miniature Radiography Centres would be discontinued. Arrangements have been made for full size films to be taken when carrying out routine x-ray examination of these patients.

Ante-Natal Care Related to Toxaemia.

All Medical Officers conducting ante-natal clinics have received a copy of the Memorandum on ante-natal care related to Toxaemia and every effort has been made to implement the suggestions made in this Memorandum.

Supervision.—The importance of regular ante-natal care is impressed on all patients attending the ante-natal clinics. They are asked to attend every month up to the 30th week, every fortnight from 30th-36th week and every week, where possible, from the 36th-40th week. It is, however, difficult to evolve a "pattern of supervision" as many patients transfer to hospital ante-natal care if and when their application for a hospital bed is accepted.

Local Authority Ante-natal Clinics often share in the care of patients booked for hospital confinement on social grounds and who are not attending their general practitioner. This helps to relieve the hospital ante-natal clinics, and saves the patients travelling long distances.

Examination.—A routine medical examination is carried out at the patient's first visit to the Clinic. Any abnormalities detected at these preliminary examinations are referred to the patient's General Practitioner or, with his approval, to the appropriate hospital Consultant. The blood pressure is recorded, the patient weighed and the urine tested at all subsequent visits. Midwives are asked to visit any patient requiring close observation during the interval between their attendances at the clinic.

Blood Testing.—All Medical Officers have been supplied with Sahli Haemoglobinometers so that haemoglobin estimations may be made. Ferrous sulphate and Ferrous Gluconate tablets are supplied at the clinic. Patients not responding to these tablets are referred to their own doctor for alternative treatment. A sample of blood is taken from all patients whose blood group has not already been typed. These samples are sent to the Sheffield Regional Blood Transfusion Service who report on the blood group, Rh, factor and Kahn test in each case. Tests for antibodies are also carried out at 32nd—34th weeks on all Rh. negative patients when requested by the Regional Blood Transfusion Service.

Ante-natal Records.—Each patient attending the clinic receives a card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with her appointment card and particulars of her blood group. She is instructed to bring this envelope with her when attending for ante-natal examination whether at the General Practitioner's surgery or at hospital.

Follow-up Failures.—Cases who fail to attend the ante-natal clinic on the appointed day are followed up either by letter or by the domiciliary midwife. It is not possible to evolve a water-tight system

as the local authority are not informed when patients are transferred to hospital for ante-natal care or are admitted to hospital or a maternity home for their confinement.

Mothercraft and Relaxation Classes.

By the end of 1961 Classes were being held at the following County Council clinics :—

Alfreton; Bolsover; Buxton; Chaddesden; Chesterfield; Clay Cross; Clowne; Derby; Dronfield; Eckington; Frecheville; Glossop; Hackenthorpe; Heanor; Ilkeston; Long Eaton; Matlock; New Mills; Ripley; Shirebrook; Staveley and Swadlincote.

These classes are usually conducted jointly by the Health Visitor for the area and one or more Midwives who have received special training in the technique of correct breathing, exercise and relaxation in pregnancy and child birth. Whilst each class varies slightly, the general procedure is as follows :—

Mothers are invited to attend a series of six—eight classes. The first class commences with a short introductory talk on the aims of the class and the proposed procedure. The Midwife then demonstrates the correct method of breathing and the approved exercises and supervises the mothers as they try to do them.

During this procedure the Health Visitor makes a cup of tea and the mother, the Midwife and the Health Visitor join in a discussion on various aspects of pregnancy, e.g.

- mental attitude of both parents;
- need for regular medical and dental supervision;
- welfare foods, maternity grants, etc.

At each succeeding class the Midwife instructs and supervises the exercises and these are followed by a talk, demonstration, or showing of a film strip. The class then terminates with a lively and helpful discussion when the mothers are urged to talk about their problems.

When more than six mothers attend the class is divided into two groups, the Midwife taking one for exercises whilst the Health Visitor talks to the others; they then change over.

The following subjects are covered usually by the Midwife :—

- the preparation for the confinement;
- the stages of labour and the normal delivery;
- the administration of analgesia with demonstration of gas and air and trilene machines;
- bathing the baby may be demonstrated either by the Midwife or the Health Visitor.

Talks or film strips by the Health Visitor include :—

- diet and nutrition in pregnancy;
- general conduct in pregnancy including suitable clothing and footwear and care of the breasts;
- the preparations for the baby including layette, cot and pram.
- care of the baby including feeding;
- the post-natal examination; the help available from Doctor, Midwife and Health Visitor and the benefits of attendance at the Infant Welfare Centre;
- any other subjects which may arise from the discussions.

All clinics where relaxation classes are held have been supplied with a film strip projector and have a variety of film strips available, including one showing a normal confinement.

At some classes sound films on normal confinement, breast feeding, correct lifting and "Jenny Comes Home", have been shown.

It would appear that these classes are excellent media for group teaching and discussion. The mothers enjoy them and are sorry when they are finished.

The Midwives report that the mothers are more co-operative during labour and delivery and the incidence of uterine inertia has decreased.

The Health Visitors report that "getting to know" the mothers beforehand is invaluable at the primary visits, and as a consequence there is a greater likelihood of the mothers bringing their babies subsequently to the infant welfare centres.

A Health Visitor also attends the Derby City Hospital ante-natal sessions to talk to the mothers about help which the Local Authority can provide after the baby is born.

Special courses for midwives have been arranged by the Royal College of Midwives in Mothercraft and Relaxation, and up to the end of 1961, thirty-nine Midwives have attended. Ten midwives are being sent each year until all the midwives have had an opportunity of attending.

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 available at the Authority's ante-natal clinics, and these are passed to the appropriate Bed Bureau. Kingsmill Hospital, Mansfield has also agreed to allocate six beds per month to patients living on the eastern fringe of the county.

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. Where insufficient beds are available for all applicants 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 :—

	<i>Bed Derby</i>	<i>Bureaux Chesterfield</i>	<i>Other Hospitals</i>
Suitable for home confinement	26	30	2
Hospital accommodation desirable but not essential	142	104	9
Home conditions unsuitable and hospital confinement necessary	317	439	69
Miscellaneous visits (i.e., cancellations, mis-carriages, removals from district, etc.) ..	20	67	3

CHILD WELFARE CENTRES

During 1961, three Infant Welfare Centres were opened in the County, at Chesterfield, Sawley and Somercotes, bringing the total to 101.

The number of sessions and attendances at the Infant Welfare Centres during 1961 are set out below :—

Half-day sessions	4,700
Number of new cases under one year of age	9,378
Number of children who attended during the year and who were born in :—	
1961	7,912
1960	7,097
1959-56	5,347
Total number of children who attended during the year	20,306
Number of attendances by children who, at the date of attendance, were :—	
Under one year	122,426
One but under two	24,139
Two but under five	12,970
Total attendances during the year ..	159,535

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. They 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. The figures for 1961 are as follows :—

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

(a) In Hospital	..	..	..	..	589
(b) At Home	..	..	..	..	212
(c) In Private Nursing Homes	..	..	..	..	9
Total	..	..	..	..	810

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

(a) In Hospital	..	..	..	..	129
(b) At Home	..	..	..	..	21
(c) In Private Nursing Homes	..	..	..	..	—
Total	..	..	..	..	150

Of the 589 premature babies who were born in hospital forty-eight died within twenty-four hours of birth and 514 survived twenty-eight days.

Of the 212 born at home, fifty-six were transferred to hospital on or before the twenty-eighth day, and of the remainder five died within twenty-four hours of birth and 147 survived twenty-eight days.

All the nine born in Private Nursing Homes survived twenty-eight days.

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

The Council has agreed to the provision of certain equipment for the domiciliary nursing of premature infants. No charge will be made for the loan of the equipment but if it is damaged, other than that which can be accounted for by fair wear and tear, the actual cost of repair or replacement will have to be paid.

The equipment will be issued in units and each unit will comprise the following articles :—

1. One Cot Set consisting of (a) One Cot, (b) Two Cot Ends, (c) Four Rails, (d) Four Lining Rods, (e) One Tray, (f) One Box (g) One Key.
2. Two Cot Linings.
3. One Cot Mattress.
4. Four Cot Blankets.
5. One Feeding Bottle.
6. One Mucus Catheter.
7. Two Hot Water Bottles.
8. One Hot Water Bottle Cover.
9. One Mackintosh Sheet.
10. One Thermometer.
11. One set of Premature Infant Clothing comprising (a) Two Vests, (b) One Gown without hood, (c) Two Gowns with hood.

In the event of a Unit being required for a patient under the care of a doctor or midwife, the following should be approached as appropriate :—

Northern part of the County excluding the Borough of Chesterfield.

Telephone Nos.

Miss M. Blackbird, Supervisor of Midwives, County Clinic, Brimington Road, Chesterfield.	Day—Chesterfield 2773. Night—Chesterfield 6288.
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Southern part of the County.

Miss P. Richards, Supervisor of Midwives, County Offices, Matlock.	Day—Matlock 3411. Night—Horsley 517.
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Chesterfield Borough only.

Mrs. M. C. Rhodes, Supervisor of Midwives, Town Hall, Chesterfield.	Day—Chesterfield 3232 Extn. 256. Night—Chesterfield 2909.
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Phenylketonuria.

Phenylketonuria is an inherited metabolic disease, the basic fault appearing to be a deficiency of the enzyme normally responsible for the breakdown of phenylalanine absorbed in excess of the body's requirements. As a result, phenylalanine accumulates in the blood and is excreted in the urine with certain of its derivatives. A severe degree of mental deficiency is present in most cases, believed to be due to interference with brain development occasioned by the high concentration

of phenylalanine in the blood; there may be associated epileptic seizures and other physical stigmata. A few cases with normal or near normal intelligence have been recorded. The condition is rare and on the basis of present knowledge it is quite likely that in the county one child will be born with this condition, on the average, not more frequently than once in two years—in fact, it may not be as often as that. It is believed that the *early* detection and treatment of this condition with a special diet is beneficial and gives a reasonable chance of preventing, or mitigating, mental retardation. In any case, the patient is likely to be much more manageable, losing a troublesome restlessness; fits, if present, cease; and eczema clears up. By means of a simple test of a baby's urine, it is possible to determine whether the child is likely to have this condition. Even though the incidence is so small, the possibility of the prevention or lessening of the mental retardation which may be associated with this condition, makes it important to ascertain these children. The Derbyshire Local Medical Committee was consulted and approved the introduction of phenylketonuria tests in Derbyshire under arrangements made by the County Health Committee, provided that the Doctors of patients concerned are notified of any positive results.

Since May, 1961, Health Visitors have been testing the urine of all the babies in their areas as soon as they reach three weeks of age. One positive reaction was obtained towards the end of the year, and the child's General Medical Practitioner made the necessary arrangements for the patient to receive a full investigation in hospital.

YOUNG CHILDREN HANDICAPPED BY IMPAIRED HEARING

On 18th September, 1961 the Ministries of Education and Health jointly issued a circular under the above caption (Ministry of Education Circular 14/61 and Ministry of Health Circular 23/61) which reads as follows :—

"I am directed by the Ministers of Health and Education to send you a copy of a memorandum on the services for young children handicapped by impaired hearing. This has been prepared for the guidance and information of those concerned with the ascertainment, diagnosis and training of young deaf children. Copies are also being sent to hospital authorities, Executive Councils and Local Medical Committees.

2. The memorandum emphasises the importance of the early diagnosis of any degree of hearing handicap in young children in order that appropriate medical and educational services may be provided at the earliest possible age and with the best prospect of success. Local authorities are asked to review the adequacy of the methods of finding cases of impaired hearing through their maternity and child welfare and school health services; to consult with Local Medical Committees on arrangements for co-operation with general practitioners to ensure a comprehensive system of early ascertainment; and to examine with hospital authorities and Local Medical Committees the arrangements for the special follow-up of babies born in hospitals who are in the group considered as being "at risk".

3. Following the initial diagnosis, full investigation is best undertaken at an audiology clinic. It is not envisaged that there should be a uniform pattern in the clinic services for young deaf children. These are, as the memorandum shows, at present provided by the hospital service, by local health authorities as part of the child welfare services and by local education authorities as part of the school health services. But it is important that developments, as they take place, should be based on close understanding and co-operation between the three services concerned, to ensure the most economical use of staff and continuity of care for the child; and that clinics should be backed by an efficient service for the fitting, adjustment and repair of Medresco hearing aids and the provision and replacement of ear moulds. Regional Hospital Boards are being asked, in consultation with Boards of Governors of teaching hospitals as necessary, to review with local health and education authorities the present arrangements in their areas, and to formulate plans for future development. Where the local authority is providing consultant otologist services, the Board will need to decide, after consultation with the authority, what hospital specialists services are needed; and Boards are being advised that, where specialists services are not provided by the local authority, the Board should, as a general rule, be prepared to provide them, on hospital premises or elsewhere as convenient.

4. The local authority will again be concerned, following the assessment and prescription of treatment, in giving guidance to parents on the management of the child at home and in giving advice on the family problems which may arise as a result of the child's disability. Children with impaired hearing may also need special educational treatment which it is the duty of the local education authority to provide. For some children this will mean education in a special school or a class for the partially deaf; others may be able to join hearing classes at ordinary schools, where the authority will need to supervise their progress, while offering appropriate guidance and advice to parents.

5. So that all children handicapped by impaired hearing may receive the maximum assistance from the services available, hospital authorities are being advised that where a child is found by a hospital specialist to have any material hearing loss, all relevant information should be supplied to the Medical Officer of Health or Principal School Medical Officer concerned, as well as to the general practitioner.

Hearing Aids

6. It is important that the parents of children with defective hearing, teachers and those who give advice on the welfare of children, should know something about the proper use of hearing aids. A leaflet, "The Child who uses a Hearing Aid", has been prepared by the Ministry of Health and the Ministry of Education for the guidance of parents, teachers and local authority staff without specialist training in the education of the deaf. A copy of the leaflet is enclosed. Further copies may be obtained from the Ministry of Education or the Ministry of Health. Copies will also be issued by hearing aid centres to parents of children whenever a hearing aid is issued.

7. Copies are enclosed of the memorandum (H.M. (61) 89) sent to hospital authorities and the letter (E.C.L. 79/61) sent to Executive Councils.

8. Copies of this circular have been sent to the Medical Officer of Health and the Chief Education Officer and to the Clerks and Medical Officers of Health of authorities exercising delegated health and welfare functions under the Local Government Act, 1958."

In February, 1962, I wrote on this matter to the Senior Administrative Medical Officer of the Sheffield Regional Hospital Board and as that letter described the steps which had been taken in this County I thought it would be convenient if I quoted it below :—

"You have had some correspondence over recent months with my Department on this subject, particularly concerning circulars 14/61 of the Ministry of Education and 23/61 of the Ministry of Health addressed to Local Health and Education Authorities (England); H.M. (61) 89 addressed to Regional Hospital Boards and Hospital Management Committees; and E.C.L. 79/61 addressed to the Clerk of Executive Councils on 18th September, 1961.

I have reported the receipt of these circulars to the appropriate Committee of my own authority. I have also contacted the Derbyshire Local Medical Committee, as well as the Consultant E.N.T. Surgeons at Chesterfield and Derby respectively.

At the consultation with the Local Medical Committee it was agreed that it was important that the arrangements should ensure co-operation with the general, medical practitioners, so that a comprehensive system of early ascertainment could take place. Incidentally, the general medical practitioners "may be among the first to find or to be made aware of defects in hearing, of which there may sometimes be a history in the child's family". References to Consultant Otologists should always take place through the family doctor. In this connection I am setting out as a footnote to this letter a resolution of the Annual Representative Meeting of the British Medical Association passed in 1950, which, incidentally, has also been approved by the Society of Medical Officers of Health. All the Health Visitors in the county have now been trained in carrying out tests on young children's hearing. The Health Visitors will screen all children "at risk"—this accounts for some 20% of the total births. The screening will take place at ten months and again at eighteen months. Children who fail the screening test will have a hearing test carried out by a Teacher of the Deaf and a medical examination by a School Medical Officer. A third test, including one by pure tone audiometry will be carried out just before or just after the child enters school.

Regarding older children, there are four pure tone audiometers available in the County at the present time for use by the School Medical Officers. Arrangements have been made for all the pupils at the Special Schools conducted by my Authority to have a hearing test. A special class has been established at the New Whittington County Primary School, Chesterfield, for detailed investigation of children who fail the initial screening test. This special class acts in a sense as an assessment centre where assessment is carried out by Mr. Rawden, a teacher of the Deaf on the staff of the County Council, and a School Medical Officer, with the assistance, if necessary, of an Educational Psychologist. Arrangements have also been made for Mr. G. E. Mann, F.R.C.S., the Consultant Otologist at the Chesterfield Royal Hospital, to attend the unit whenever required, apart from regular visits he makes to observe the progress of the children.

A second Teacher of the Deaf, Miss Kennerley, has recently taken up duty for work in the South of the County. The County Council's Clinic at Belper has accommodation available to carry out the same sort of assessment as is already provided at the New Whittington School, Chesterfield, for the North of the County. Here again a School Medical Officer with a special interest in problems of the deaf will attend all diagnostic sessions. Mr. R. L. Flett, F.R.C.S., the Consultant Otologist at the Derbyshire Royal Infirmary and the Children's Hospital, Derby, has agreed to see cases who are referred to him.

I think what has been agreed to and arranged is reasonably satisfactory at the present time, but I have a feeling that the service may grow as it becomes better known and it may be necessary to arrange for the provision of further centres.

Footnote :—Extract from the Year Book, 1962, of the British Medical Association, under the caption "Some important Decisions on Questions of Policy" (page 179) :—

"School Health Service and Pre-school Clinics

1. Where, in the opinion of a medical officer employed by a local Authority, a child needs special investigation (other than an ophthalmic examination) or treatment, he should send the child to a specialist only after prior consultation with the child's own doctor, upon whom rests the responsibility for general medical care.
2. In consulting the general practitioner, the medical officer should give him the opportunity to make the arrangements for the consultation or to agree—by replying or in the absence of a reply—that the arrangements should be made by the Medical Officer.
3. A copy of any special report on the child received by the Medical Officer should be sent to the child's own doctor."

Supply of Extra Vitamins, etc.

The County Council has for many years supplied certain proprietary preparations at Infant Welfare Centres and Ante-natal Clinics at approximately cost price. At Ante-Natal Clinics simple preparations of iron in tablet form (Tabs. Ferri. Sulphatis Co.), Ferrous Gluconate, and also of calcium with vitamins (Tab. Calciferol Co.) are prescribed by the Clinic Medical Officers in suitable cases.

The preparations now sold at Infant Welfare Centres are as follows :—

Virol.
 Rose Hip Syrup.
 Adexolin in Liquid Form.
 Lactagol.
 Ostermilk.
 Ovaltine.
 S.M.A. Milk.

(Maltoline with iron and Colact, which were formerly supplied, have been discontinued by the manufacturers).

Welfare Foods Service

A significant change in this Service occurred on 1st June, 1961, when for the first time, welfare foods other than milk were sold at prices which cover the cost. The change, which was announced on 1st February, 1961, increased the price of concentrated orange juice from 5d. to 1s. 6d. a bottle, and fixed charges of 1s. 0d. a bottle for cod liver oil and 6d. a packet for vitamin A and D tablets instead of free supplies to all those entitled to benefit. Beneficiaries holding tokens issued by the National Assistance Board or the Ministry of Labour for free supplies of welfare foods may still obtain them without payment.

The immediate result of the revised charges was a drop in sales during June, July and August, followed by improved uptake during September, October and November. A comparison of the issues throughout the administrative County during November, 1961, with those for the same month in 1960, shows that uptake of cod liver oil had declined by 66½%, Vitamin A and D tablets by 40% and orange juice by 60%, although the percentages varied in different areas.

Sales of rose-hip syrup and Adexolin (at 1s. 9d. and 9d. a bottle respectively) at Infant Welfare Centres increased during the year: this was especially noted after 1st June when these preparations were preferred by many mothers to the orange juice and cod liver oil now costing more than previously.

While issues of National Dried Milk showed a continued fall, the fall was less by 2½% than in the previous year, the number of issues at full price rising by nearly 50%.

The following table shows the issues of welfare foods in the County area in 1961:

	<i>National Dried Milk Tins</i>	<i>Cod Liver Oil Bottles</i>	<i>Vitamin A. & D. Packets</i>	<i>Orange Juice Bottles</i>
Issued against coupons—				
(a) By stamps	56,032	35	53	128,807
(b) By Cash	65,286	5,533	9,593	48,979
(c) Free	2,554	20,034	18,614	2,583
Issued to—				
N.H.S. Hospitals	635	12	—	502
Day Nurseries	25	324	—	456
Issued at full price	4,420	—	—	—
	128,952	25,938	28,260	181,327

During the year distribution was arranged at Infant Welfare Centres which were opened at Somercotes and Sawley, and at Buxton distribution was transferred from premises in High Street, to the new County Council Clinic. Centres at Midway, Kirk Ireton, Tibshelf, Denby, Ockbrook and Whatstandwell were closed following the change in June owing either to lack of attendance or withdrawal from the Service by the voluntary workers.

The number and types of distribution centres serving County residents are given below :—

<i>Location</i>	<i>At County Council Clinics or Infant Welfare Centres</i>		<i>At other Premises</i>
Chapel-en-le-Frith R.D. ..	3		6
Glossop Borough	2		—
New Mills U.D.	1		—
Whaley Bridge U.D.	1		1
Buxton Borough	1		—
Bakewell R.D.	5		8
Bakewell U.D.	1		1
Matlock U.D.	2		8
Wirksworth U.D.	1		1
Ashbourne R.D.	—		3
Ashbourne U.D.	1		1
Repton R.D.	3		8
Swadlincote U.D.	1		—
Chesterfield R.D.	21		—
Chesterfield Borough ..	8		—
Bolsover	2		—
Staveley U.D.	2		—
Clay Cross U.D.	1		—
Dronfield U.D.	1		1
Clowne R.D.	3		—
Blackwell R.D.	6		3
Alfreton U.D.	3		3
Belper R.D.	3		4
Belper U.D.	1		1
Derby Borough	1		—
South-East Derbyshire R.D.	14		2
Ripley U.D.	3		—
Heanor U.D.	2		1
Ilkeston Borough	3		—
Long Eaton U.D.	2		—
Totals	98		52

The prices and allocation of Welfare Foods are as follows :—

<i>Product</i>	<i>Price</i>	<i>Allocation</i>	
	s. d.		
<i>Adexolin</i>	9	1 bottle per week	
<i>Ovaltine</i>	2 0	1 tin per week	
<i>Rose Hip Syrup</i> ..	1 9	1 bottle per week	
<i>Virol</i>	1 10	1 carton per week	
<i>Ostermilk</i>	3 0	1-3 packets per week	Available to mothers of children under 5 years of age attending the Infant Welfare Centre. The child's signed weight card must be produced before foods can be purchased. Cards must be signed by the Doctor or Health Visitor once each month for Infants under one year, and at least every three months for children between the ages of 1 and 5 years.
<i>S.M.A.</i>	5 6	1-3 tins per week	

<i>Product</i>	<i>Price</i>	<i>Allocation</i>	
	<i>s. d.</i>		
<i>Lactagol</i> ..	1 9	1 packet per week	} Available to expectant and nursing mothers on production of the Welfare Milk Token Book.
<i>Ovaltine</i> ..	2 0	1 tin per week	
<i>National Dried Milk</i> ..	2 4	& milk token	} Available to expectant and nursing mothers, children under 5 and handicapped children.
		1 to 2 tins per week	
	4 0	at full price	
<i>Orange Juice</i> ..	1 6		
<i>Cod Liver Oil</i> ..	1 0		
<i>Vitamin A & D Tablets</i> ..	6		

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

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

"Staff changes and illness resulted in appreciably fewer treatment sessions throughout the year and this was reflected in a corresponding drop in the amount of work done for the mothers and very young children. The retirement of the Senior Dental Officer of Chesterfield Borough left that area temporarily unstaffed and consequently no work was done there. Some 47 expectant mothers received attention, the treatment including fillings, extractions, gum treatments and dentures.

A total of 450 pre-school children, (about 100 less than in the previous year), were dealt with, the chief item of treatment being extractions to relieve pain and clear up abscesses. Chemical dressings of silver nitrate and a small amount of conservative work in suitable cases were also done.

A distressing feature, in many of these young children, is the numerous decayed and abscessed teeth they possess (teeth which should remain sound and useful until 12 years of age). Extractions is the only remedy and this in most cases has disastrous effects on the jaws and the permanent teeth later on.

It is surprising how many parents do not appreciate the importance of the child's first set of teeth, the need to care for them and whether they are good or bad. When forced to seek help the same story is repeated over and over again. "They did not realize the little one had bad teeth. It was only after several wakeful nights and the household could stand it no longer that it was decided to do something

about it." Then follows the dentist's nightmare of dealing with a tired, frightened, howling little mite, hardly able to open an inflamed and painful mouth. Alleviation, not cure, is the best that can be expected of a condition that need never have been allowed to occur. As long as parents continue to give their children all manner of sweet things, almost from the day they are born, these harrowing scenes and painful processes will continue unceasingly. It is not uncommon to see a child not yet at school who is practically edentulous. In one instance during the year it was necessary, for general health reasons, to fit up one such infant with complete sets of upper and lower artificial dentures".

The following table sets out the particulars of the work done for the mothers and pre-school children :—

	<i>Expectant and Nursing Mothers</i>			<i>Pre-School Children</i>		
	<i>County</i>	<i>Chesterfield Borough</i>	<i>Total</i>	<i>County</i>	<i>Chesterfield Borough</i>	<i>Total</i>
Number examined ..	51	—	51	728	18	746
Number with defects ..	49	—	49	470	17	487
Attendances	110	—	110	703	19	722
Number treated	47	—	47	433	17	450
Number made dentally fit	22	—	22	147	4	151
Fillings	17	—	17	32	—	32
Extractions	116	—	116	465	30	495
General Anaesthetics ..	12	—	12	175	14	189
AgNO ₃ treatments ..	1	—	1	515	10	525
Dressings	9	—	9	35	—	35
Scalings	9	—	9	7	1	8
Radiographs	—	—	—	1	—	1
Full upper or lower dentures	7	—	7	2	—	2
Partial upper or lower dentures	2	—	2	—	—	—

ILLEGITIMATE CHILDREN

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

1. Number of illegitimate births known to the Welfare Authority for the period 1st January, 1961, to 31st December, 1961.	315
Number of unmarried mothers	253
Number of married mothers	48
Number of widows	8
Number of divorcees	6

2.	The number in which the mother and child :—				
	(a)	returned to live with mother's parents	..	..	113
	(b)	returned to live with relatives	..	..	16
	(c)	found or were helped to find lodgings where they could live together (of these 27 went to Borrowash House Mother and Baby Home, 4 to the Firs, Bake-well, and 5 into lodgings).	..	..	36
	(d)	living in their own homes	..	..	7
	(e)	had to separate (i) the child going to the care of a foster mother	..	..	3
		(ii) the child going to a Residential Nursery	..		1
3.	The number of illegitimate children who had been or were being legally adopted				
	..	..	..	..	51
4.	The number of mothers who have married since the birth of the child				
	..	..	..	..	13
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him..				
					65
6.	The number of illegitimate children who have died during the year				
	..	..	..	..	4
	Still-births	..	..	..	6

During the year under review 65 unmarried mothers, included in the total of 315, were accommodated in various Mother and Baby Homes, for whom financial responsibility was accepted by the Derbyshire County Council.

From April, 1948 to May 1950, this service was free, but in May 1950 the County Health Committee resolved that the Home should be requested to collect the sum of £1 1s. 0d. per week from each girl accommodated, wherever possible, in view of the fact that she would be in receipt of benefits from the Ministry of National Insurance or the National Assistance Board. At the end of 1960, the amount collected from each girl was 40/- per week, leaving her with 10/- per week pocket money. These benefits have again been increased in the year under review and the girls are now contributing 46/- per week and keeping 11/6d. per week "pocket money".

REPORTS RECEIVED FROM MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

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

“As in previous years I am asking Maternal and Child Welfare Medical Officers on the staff of my Department to submit reports on their work during the past year. (Relevant excerpts may be quoted in my Annual Report.)

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

- (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) Immunisation procedures :—
 - (i) diphtheria immunisation;
 - (ii) whooping cough vaccination, etc.;
 - (iii) poliomyelitis vaccination;
- (4) the role of the Medical Officer and Health Visitor in Health Education at Ante-natal Clinics or Infant Welfare Centres.
- (5) Methods used at Ante-natal Clinics to follow up non-attenders and the measure of success obtained by these methods.
- (6) The integration of clinic services with other aspects of the wider Health Service, with particular reference to the liaison between Hospitals, General Practitioners, and the Local Authority.

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) The incidence of different diseases in different parts of the area, examples are Bronchitis and Gastro-intestinal conditions.
- (f) Problem families and evidence of child neglect.
- (g) Accidents at play and in the home.
- (h) Incidence of anaemia in the ante-natal period, observations on relaxation and post-natal exercises where these have been advised.

I am giving you early notice of the matter because I am anxious to receive your report **not later than 8th January, 1962.**”

Dr. I. M. McCullough, Senior Medical Officer for Maternal and Child Welfare, reports as follows :—

"As in all other parts of the country, the changing social conditions of families living within the County, particularly in the more industrial areas, brings to light fresh problems as earlier difficulties such as poor housing, deficient diets, lack of clothing, etc., become rare. Families moving onto new housing estates or moving away from their village homes, tend to remain isolated units, separated from family ties and slow to make contact with new neighbours and friends. This situation leads to a greater demand for hospital confinement, although the home conditions are often quite satisfactory. Old people are separated from younger members of the family and need the assistance of the Home Help Service.

The steadily maintained attendance at Infant Welfare Centres indicates that young mothers, although often well informed, appreciate the opportunity, not only to discuss problems with the Doctor or Health Visitor in attendance, but also to meet other mothers with young families faced with similar difficulties. This is particularly so amongst mothers who have recently come to live in the area. Mothercraft and Relaxation Classes continue to be popular. Midwives who attend patients who have been to these classes find that they are less apprehensive and more co-operative during their confinement and more confident about handling the baby after delivery. Two new Infant Welfare Centres and three new Mothercraft and Relaxation Classes were opened during the year under review. Mothers Clubs are now running in three different areas in the County. These provide a social evening for mothers where they can hear talks and discuss questions relating to home making and the general health and welfare of their families.

The attendance at Day Nurseries remains approximately the same. There have been no serious outbreaks of infectious disease and the general health of the children is good. There are always a few children with special difficulties and it is encouraging to see how they gradually improve with patient supervision and guidance from the staff and the daily contact with other normal children of the same age. This is particularly apparent with some of the "only" children who tend to develop difficult feeding habits. With increasing traffic on the roads, parents appreciate a place where their energetic youngsters can play in safety under supervision.

Eighty-three children were placed on the Handicapped Children's Register in 1961. These children are kept under regular supervision by the Health Visitors. Any children who, at the age of two years, are still considered handicapped, are reported to the School Health Section of the Health Department, so that those requiring special assessment may be seen before they become five years old. Fortunately, quite a large proportion are no longer handicapped by the time they reach the age of two years."

Dr. D. M. Jackson :—

"The children attending the Infant Welfare Centres are, with very few exceptions, clean, healthy and well-cared for, the standard of mothercraft being undoubtedly high.

Breast Feeding

The incidence of breast feeding in different areas is extremely variable but I do find that advice in the Ante-natal Clinics is a great help in this direction. The mother can tackle problems as they arise with much more confidence if it has already been explained to her that a crying baby is not necessarily a starving baby and that many alterations can be made in breast feeding routine to suit the individual mother and baby. A bottle then becomes the last resort, not the first.

Immunisation

Immunisation procedures are being more and more widely accepted though vaccination against smallpox still lags far behind.

The follow-up of non-attenders at the Ante-natal Clinics is, on the whole, effective, but is particularly difficult at the Derby Clinic on account of the widely scattered areas which are served.

Ante-natal record cards are still being returned to the Clinic in only a very small proportion of cases, and most of them have no information with regard to the confinement. However, there has been a very definite increase in cards received in the last few weeks of the year, so the overall picture may be misleading and better liaison be in store in 1962."

Dr. H. E. McNamara :—

*"General Health and Nutrition of Children :—*In the majority of cases the general health and nutrition of the children is satisfactory. Where it is not, it is due to the poor standard of maternal care.

*Cleanliness and Communicable Diseases :—*The standard of cleanliness is good. Apart from measles in the spring of 1961 the incidence of communicable diseases was low.

*Immunisation Procedures :—*The number of children immunised at some centres is gratifying. In other areas the number not immunised was disappointing.

Role of Health Visitor and Medical Officer in Health Education.

*Ante-natal Clinics :—*In certain clinics one can spend a reasonable amount of time with each patient, and at these, it is possible to institute health education. Unfortunately this does not prevail in all clinics.

*Infant Welfare Clinics :—*There is time for health education at the Infant Welfare Clinics, but the places are not suitable very often. A mothers' tea-party being in progress, and welfare foods being bought and sold, make it impossible for the Health Visitor to be heard above the din.

The mothers themselves would rather come to the clinic to have the baby weighed and to buy the food, than to have advice from a professional person : the weighing scales and the Welfare Foods are the net.

The Follow-up Arrangements from Ante-natal Clinics :—This is not standardized at the various clinics and after 10 months I have not seen the light about the procedure of following defaulters from the ante-natal clinics.

Integration of the Clinic Services with the wider aspects of the Health Service :—

In areas where there are good National Health Hospitals integration exists. Unfortunately this happy situation does not apply in all areas.

Breast Feeding :—The incidence of breast feeding is low. In the majority of cases an attempt was made, but it was early abandoned, usually without adequate reason!"

Dr. E. M. M. Murphy :—

"The general health and nutrition of the children attending Infant Welfare Centres, continues to be good.

One point, however, I think deserves some consideration—the overweight baby is very often found—and, in view of the recent statement of the Professor of Nutrition and Dietetics at London University on obesity and over-nutrition—especially amongst school-children—and the fact that it pre-disposes the child to diabetes and bronchitis—some education of the parents on its dangers, is I think, highly desirable. It seems they feel that any attempt to change their feeding ways, is a criticism of their management of the baby. But it is true that so much care and attention has been given to babies and young children of late years, coupled with the increased amount of money the average housewife now has to spend on food stuffs, and to give as pocket money to the children, that all this has tended to blind people to the fact that too much food is as bad as too little. Some posters at the clinics on this topic might help. There seems to be a deeply ingrained feeling in the population generally that the fat baby is a much finer specimen than his thinner fellow. Many mothers give their babies when they are between 6-12 months, too much starch, and little or no meat. As is popularly supposed, children do not grow "out" of fatness, naturally—it is the result of too much food and too little physical activity—and it is much easier to prevent it occurring by proper feeding and proper feeding habits, than to try to cure it once it has become established.

Cleanliness of Mothers and Children

Very high standard—especially at Infant Welfare Clinics. At some of the Ante-natal Clinic standards of the pregnant women leave a lot to be desired.

Communicable Diseases

I have not seen any.

Immunisations

Up to recently, most mothers went to their own doctors for the triple antigen: now that we are using this antigen at the clinics I think the number of immunisations will increase.

The mothers all show a very keen desire to have their children immunised somewhere.

The poliomyelitis sessions I have conducted have all been very well attended.

The Role of the Medical Officer and Health Visitor in Health Education at Ante-natal and Infant Welfare Clinics continues to be very important.

The Health Visitor or Midwife calls at the defaulter's home, where a mother has not brought her baby to the Clinic for some time, or where the woman has missed an ante-natal appointment—to ascertain what is wrong.

Incidence of Breast Feeding

Many mothers are very anxious to feed their babies and some succeed for 2-3 months.

Gastro-intestinal Conditions

Rare amongst the babies I have seen. Bronchitis more common.

Anaemia in the Ante-natal Period

Very common to get haemoglobin levels of 60%. The importance of giving iron during pregnancy as a routine measure seems very great.

One wonders if the patient absorbs the type of iron pills we are giving as several women, who I think did take the pills, showed no rise in haemoglobin level after several weeks therapy.

Incidence of Pre-Eclamptic Toxaemia

By keeping a strict watch on weight gain—I think it is possible to reduce the incidence of this disease.

I have not seen any gross cases this year.

Relaxation and Post-natal Exercises.

These are very beneficial I feel."

NURSERY PROVISION FOR CHILDREN UNDER FIVE

DAY NURSERIES

The Authority's five Day Nurseries at Chaddesden, Glossop, Ilkeston (two), and Long Eaton, continued to operate satisfactorily, and no major changes took place.

Student Training.

During the year under review eleven students from the County Day Nurseries completed a two-year course of training and ten were successful in gaining the Certificate of the National Nursery Examination Board.

The students received courses of Further Education and attended a training centre for this purposes, on two days per week. While in the Nursery they are, of course, continually under expert supervision and receive practical training while taking part in the daily life of the Nursery. For this reason, the Ministry of Health has 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. Students from Chaddesden Day Nursery attend a course of Further Education at Derby. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Nursery Training Centre in Nottingham.

Charges to Parents.

The maximum charge to parents is 10/0d. per day, while the minimum charge is 3/0d. per day. The scale of charges to decide when a reduction in the maximum shall be made is as follows :—

		<i>Net weekly earnings of parent and spouse (if any)</i>			<i>Charges per day</i>		
		£	s.	d.	£	s.	d.
Not exceeding	.. ..				8	0	0
		8	0	0	to 9	0	0
		9	0	1	to 10	0	0
		10	0	1	to 11	0	0
		11	0	1	to 12	0	0
		12	0	1	to 13	0	0
		13	0	1	to 15	0	0
		15	0	1	to 17	0	0
Exceeding	.. ..				17	0	0

Where the net weekly earnings are less than £17, the charge for a second child is to be 1/0d. per day less than the assessed charge for the first child, subject to a minimum of 3/-d. per day for each child.

The Chairman and Vice-Chairman are authorised to deal with any cases of hardship.

It has been found that the increased charges resulted in a drop in attendances at most of the nurseries, and this drop in numbers has tended to persist, except in the case of Chaddesden Nursery.

Medical Inspections.

Each Nursery is visited once each month by one of the Authority's Medical Officers. During these visits all new admissions are examined and any other children who have been under recent medical treatment or about whom the mother wishes special advice. Regular attenders are examined about once every six months. It is thus possible to detect defects in their early stages and with the co-operation of the general practitioner to secure early treatment. Special inspections are made in the case of infectious disease and the nurseries are also visited from time to time by Medical members of the Central Office staff and by the Superintendent Health Visitor.

Dental Inspections.

Annual inspections were carried out at all the Day Nurseries and the dental conditions again found to be generally very good. Some 140 children were examined and of this number, it was only necessary to arrange and provide treatment for 14, most of the treatment being of a minor nature.

Opportunity was taken to provide the parents with the Authority's standard leaflet on the teeth and their care and matters pertaining to dental health.

Protection of Children against Tuberculosis—Ministry of Health Circular 64/50.

In accordance with the recommendations of the Joint Tuberculosis Council contained in the above Circular, all the staffs of Day Nurseries are subject to an x-ray examination of the chest before appointment and annually thereafter. This is laid down in the conditions of service set out in the application forms signed by all candidates for nursing posts in the County Nurseries, while a similar form agreeing to an initial and annual x-ray is signed by domestic staff before appointment.

During the year, nursing and domestic staffs at the five Nurseries administered by the County Health Committee were x-rayed in groups by arrangements with the Mass Miniature Radiography Units operating in or near Derbyshire. Our thanks are due to the Directors of these Units for their ready co-operation.

Matrons' Reports.

The following reports have been received from the Matrons of the Day Nurseries :—

Chaddesden Day Nursery.

"Number of children on the register on 31st December, 1961	44
Number of children admitted during 1961	39
Number of children who have attended in 1961	83
Average number of children on the register during 1961 ..	43
Average daily attendance under two years	9
Average daily attendance two to five years	25.27
Number of children on the waiting list December 1961 ..	14

The nursery continues to be useful to parents who for one reason or another had to leave their children while they go to work. Some children have been cared for on compassionate grounds, such as the mother going into hospital for an operation or the mother being pregnant. Great appreciation has been shown by the parents for the care and attention given to their children.

Children have attended well during the year apart from two weeks in April, when there were many children absent owing to an outbreak of measles and the usual precautions were taken during this period. The health of the children otherwise has been excellent.

The nursery equipment is in good order. A new formica topped table has been provided for the baby nursery. Floors in the bathrooms office and staff room have been tiled. This has made cleaning easier and has considerably brightened up the rooms. The cotton cellular blankets supplied to the baby nursery are hygienic, and they are easy to wash and can be boiled.

I appreciate my efficient and happy staff, they play a great part in the running of the nursery and maintaining the good health and happiness of the children.

Three students sat for the N.N.E.B. and they were successful in passing the examination.

Seven pupil Assistant Nurses have attended the Nursery during 1961. They have been most helpful and have all expressed their thanks for the happy stay and have benefited in health and experience.

I appreciate the Works Department for their prompt dealing of urgent repairs.

The visits from the Members of the County Health Committee have been greatly appreciated. We are all pleased to see them and to know they are interested in the activities of the nursery."

Whitfield Day Nursery, Glossop.

"Register and Attendances"

Number of children on the register on 31st December, 1961	25
Number of children admitted during 1961	31
Number of children who have attended in 1961	52
Average number of children on the register during 1961 ..	21
Average daily attendance under two years	4.6
Average daily attendance two to five years	9.9

Children have attended regularly, being absent only when parents are away from work because of illness or changing jobs. We have no waiting list, except one or two names are recorded until the mother finds a suitable job. The general health of the children has been notably good, no epidemics of infectious disease to report, only the usual coughs and colds.

The County Health Authority's regard for the maintenance of supplies of food and materials needed for the smooth running of the Nursery is appreciated.

Mrs. Sidebottom, a Nursery Assistant for many years, retired and has been greatly missed by both children and staff."

Station Road Day Nursery, Ilkeston.

"The number of children on the register on 31st December, 1961 was 29 and 68 children attended in the year; of these 38 were admitted during the year. The average daily attendance for under 2 years was 8.4 and for over 2 years 12.6.

There has been a stability about 1961, the numbers have remained firm, even amounting to a slight increase in average attendance. The work of the nursery has gone quietly along, one family was helped in an emergency, when mother entered hospital to have a fourth child. Also one of our children went to live in Nottinghamshire, and by arrangement, this child was allowed to continue coming to the nursery. At the end of the year we also had 3 part-time children on the register.

The reason for absence remain the same—coughs and colds, and older brothers and sisters looking after the small fry at holiday times. We have been very fortunate in so far that we have had only 1 case of measles, and 1 case of german measles in the year.

The general maintenance of the nursery has been well attended to by the Works department. Towards the end of the year, we were pleased to have new wash basins fitted for our 2-5 year olds. This has been much appreciated by children and staff alike. At the same time a french door has replaced a window in the toddler play-room, the full benefit of which we shall see when the summer is with us once more. During these alterations we have had the drains attended to; these have been causing trouble for some time. Therefore with new inspection pits and drains I trust these difficulties will now be eliminated. Three of our downstairs rooms have also been refreshed with a coat of paint.

Two students sat the N.N.E.B. examination in July; one passed, one failed—our first. This student was successful, however, at her second attempt.

The vacancies created by these students leaving in August, were filled, but unfortunately one girl decided at the very last moment not to carry on, and therefore did not take up her position on September 1st. This means we are working with one student short, which in its turn has created staffing difficulties whenever we have had illness or holidays with members of the staff. The nursery is, of course, working without a Warden, owing to the small numbers.

We have received five visits from members of the County Health Committee; these visits have been most helpful and enjoyable, and we look forward to further visits in 1962.

My hope for 1962 is that the Nursery will continue to be of service in this area."

Whitworth Road Day Nursery, Ilkeston.

"Number of children on the register, 1st January 1961.. .. ."	under 2 yrs.	6
	over 2 yrs.	28
	Total ..	34
Number of children admitted during 1961 ..	under 2 yrs.	20
	over 2 yrs.	32
	Total ..	52
Number of children who left during 1961 ..	under 2 yrs.	15
	over 2 yrs.	32
	Total ..	47
Number of children on the register, 31st December, 1961	under 2 yrs.	14
	over 2 yrs.	26
	Total ..	40
Average number of children on Register ..	under 2 yrs.	10
	over 2 yrs.	25
	Total ..	35
Average daily attendance	under 2 yrs.	8
	over 2 yrs.	19
	Total ..	27

The position in the Nursery remains about the same. The average for the year being the same as for the previous year and the total receipts approximately the same, in the region of £2,900.

The reasons for admission are mostly economic, although we have children from all sections.

With regard to infectious illnesses, we have only had two isolated cases of measles during 1961; although children and staff have had colds and coughs.

The change-over in Senior Staff has been greater than at any other time, 4 seniors having left or are leaving shortly, for family reasons. One left after 12 years' service, one after 8 years, and two are shortly leaving after 6 years. It is indeed a great change-over in senior staff. The students and senior staff have done excellent work during the year. Three students sat their N.N.E.B. examination; two passed and one has re-sat her examination.

One student remained at the Nursery, one is at Guy's Hospital and one is at a County Council Residential Home.

We have been very pleased with the new stove for the cook.

All departments have been grateful for the supply of new equipment and new blankets for the Baby Nursery. If the staff remains as it is I would like thought again given to the milk room being made part of the Baby Nursery (with observation window). When only one staff is on before 10 a.m. and after 4 p.m. it is impossible to be in the nursery and making up feeds in the milk room.

The gramophones and films from the Museum Service have been very welcome and provide the change which is necessary, particularly in the winter.

The grounds at the rear of the nursery have been scythed this year and it has made the nursery exterior much more tidy.

We have had six visits from members of the Health Committee; we always enjoy these visits, and the interest shown in the Nursery."

Long Eaton Day Nursery.

"Number of children on the register on 31st December 1961	42
Number of children admitted during 1961	41
Number of children who have attended in 1961	49
Average number of children on the register during 1961 ..	41
Average daily attendance under two years	8
Average daily attendance two-five years	21.1

The children have attended the Nursery very well and fairly regularly during the year. During January and February we had fourteen cases of measles and in December three cases of scarlet fever. All the usual precautions were taken in each instance. Apart from this the general health of the children has been good.

During the year a new stainless steel sink unit was installed in the kitchen. A new hot water storage tank was installed. We have also had six new rest beds for the toddlers, a number of push and pull toys, including a nursery rocker, and a dinner wagon. All the toys were received with great pleasure by the children.

Three students sat for the N.N.E.B. examination and the three were successful, although one had to take the examination a second time. These three are now in posts with private families.

As in former years we are always pleased to welcome visitors from the County Health Committee.

One of our staff Nursery Nurses attended a refresher course at the Nursery Nurses Training Centre Nottingham from 14th February, 1961 to 24th February, 1961. This she found very helpful and came back with many new ideas."

Reciprocal arrangements with other Authorities.

As a general principle the County Health Committee has decided that payment be made for all Derbyshire children who attend other Authorities' Day Nurseries or vice versa; that the home address be taken into account in deciding which nursery is appropriate; and that a charge be made in accordance with the Derbyshire scale of assessment.

Derbyshire children on the eastern border of the County may attend Nottinghamshire Day Nurseries and vice versa, the difference between the charge to the parent and the cost per child-day being met by the appropriate Authority. At the end of the year eight Derbyshire children were attending Nottinghamshire Day Nurseries, and one Nottinghamshire child attended a Derbyshire Day Nursery during the year.

Children living near to the northern border of Derbyshire may attend Sheffield Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. Two Derbyshire parents took advantage of this arrangement during 1961.

At the end of the year, twenty-three children from the County Council's area were attending Derby Borough Day Nurseries.

Training of Pupil Assistant Nurses.

The arrangement continued during the year whereby Pupil Assistant Nurses employed by the Derby Area No. 1 Hospital Management Committee work for a period of six or eight weeks at one of the Day Nurseries to gain experience. The Management Committee supplied their services free of charge, and the Derbyshire County Council provided their meals.

Courses and Conferences.

The National Association of Nursery Matrons held its Annual Conference in Scarborough on 18th and 19th March, 1961, and the Matrons of the Chaddesden and Whitworth Road, Ilkeston, Day Nurseries were allowed to attend. The Matron of Glossop Day Nursery attended a study day organised by the Royal College of Nursing in London on 3rd May, 1961.

Two Nursery Nurses, Mrs. G. N. Shaw of Station Road Ilkeston Day Nursery and Miss I. E. Mead of Long Eaton Day Nursery, attended a refresher course for Nursery Nurses organised by the City of Nottingham Education Committee, from 14th to 24th February, 1961.

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

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

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 :—

	<i>Number of Midwives on the staff at the end of</i>						
	1955	1956	1957	1958	1959	1960	1961
County Midwives ..	72	71	72	70	68	74	78
Home Nurse Midwives ..	30	30	29	29	28	28	26

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 sixty-nine Midwives out of a total of seventy-eight and twenty-six Home Nurse Midwives out of a total of twenty-six are using motor cars.

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 1961 there were 192 Midwives on the County Roll—four were Midwives working in private Nursing Homes; one Midwife in independent practice; eighty-three were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; seventy-eight were County Council Midwives; and twenty-six were County Council Home Nurse/Midwives.

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 directly to the County Council for occupation by a Midwife or to the officer concerned. Where this assistance from the Local Sanitary Authorities has been forthcoming, very little difficulty has been experienced in filling vacancies.

Statistics.

The following table sets out certain relevant figures regarding the Midwifery Service for the years 1955 to 1961.

	1955	1956	1957	1958	1959	1960	1961
Numbers of cases attended by Midwives employed by the Authority:							
(i) As Midwives	3,039	3,349	3,430	3,500	3,548	3,705	3,346
(ii) As Maternity Nurses	1,352	1,402	1,351	1,248	1,304	1,246	1,361
Total	4,391	4,751	4,781	4,748	4,852	4,951	4,707
Number of cases in which Gas and Air was administered	2,611	2,651	639	374	411	369	375
Number of cases in which Pethidine was administered :							
(i) When acting as a Midwife	1,297	1,693	1,954	1,927	1,989	2,198	1,954
(ii) When acting as a Maternity Nurse	826	704	795	707	781	754	857
Number of cases in which Trilene was administered :							
(i) When acting as a Midwife	-	323	2,237	2,477	2,733	2,977	2,618
(ii) When acting as a Maternity Nurse	-	130	755	791	929	893	1,097

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	105
Employed in Homes and Hospitals in the National Health Service	79
Employed in Nursing Homes or Maternity Homes not in the National Health Service.	4

The number of cases where gas and air analgesia was administered by Midwives in domiciliary practice during the year 1961 was 375.

Facilities are provided to enable domiciliary Midwives practising in the area to attend courses of instruction on 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 to the Midwife.

Pethidine.

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	..	..	877
1952	..	..	1,190
1953	..	..	1,399
1954	..	..	1,665
1955	..	..	2,135
1956	..	..	2,397
1957	..	..	2,749
1958	..	..	2,634
1959	..	..	2,770
1960	..	..	2,952
1961	..	..	2,811

Trichloroethylene B.P. (Trilene).

All midwives employed by the County Council have been instructed in the use of, and provided with, Trilene Inhalers, as an alternative method of inhalational analgesia to Gas and Air. The Inhalers are of a type approved by the Central Midwives Board for use by midwives, the same conditions being enjoined regarding the medical examination and the presence of a "second person" as with Gas and Air Analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year was 3,715.

Refresher Courses.

Since 1st February, 1955 all midwives have attended a Refresher Course as laid down under Section "G" of the Rules of the Central Midwives Board. Under this arrangement midwives will continue to be sent at regular intervals. 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) £3 3s. 0d. per week to the Midwife for providing board and lodging for each pupil; while the County Council pays £30 per annum to the Midwifery Teacher.

The Midwife in the Maternity Service.

The Royal College of Midwives have issued a Memorandum on Policy, and it was thought that the following excerpts from it might prove of interest :—

"The Midwife in the Maternity Service.

The Royal College of Midwives believes that if the best possible care is to be given to the mothers and babies of the country the Maternity Service must continue to be based on the provision of an adequate number of well-educated, well-trained and experienced midwives. At the same time the College welcomes the provision, under the National Health Service Act, 1946, for maternity medical services to be given by general practitioner obstetricians, and for the attendance of consultant obstetricians, should the need arise.

The midwife today is trained to be "the practitioner of normal midwifery" (Report of the Working Party on Midwives, para. 102), and as a member of the obstetric team she should be given a share in the planning and organisation of the Service. Only thus will the mother and baby be best served and the best type of midwife find sufficient scope within the service.

The function of the midwife should be substantially the same whether she is engaged in institutional or domiciliary practice, and in the following paragraphs we have outlined what we believe should be the scope of her work.

The Responsibility of the Midwife.

1. *Ante-natal Care.*

The responsibilities of the midwife for the clinical care of the expectant mother are determined by the Rules of the Central Midwives Board.

The routine ante-natal care of the expectant mother should be recognised as the duty of the midwife in association with the doctor, who is responsible for the general medical care and attendance when need arises.

We believe it is of vital importance for the midwife to continue to exercise her clinical skill, including the ante-natal examination of women attending Local Authority clinics or other centres. Many doctors are now undertaking ante-natal care in their own surgeries, but this does not absolve the domiciliary midwife from taking the full share or responsibility. In hospital practice, where the obstetricians attend every ante-natal clinic, we consider it essential that there should also be ante-natal sessions conducted by midwives.

The midwife has always been a teacher of individual mothers, but today she is taking a much larger part in the ante-natal teaching of groups of mothers, and we are glad that her responsibility for this important work is increasing and will increase in the future.

Classes for the mothers in ante-natal clinics should be organised by the midwife in co-operation with other members of the health team. The midwife herself should give the teaching on the physiology of labour and the preparations for it, the use of inhalational analgesics,

the preparations for the baby, and breast feeding. Provided she has had the appropriate experience, the midwife may, and often does, give instruction on relaxation and ante-natal exercises to small groups of mothers.

In our opinion, the assessment of the suitability of the home conditions for confinement should be made by the midwife in consultation, where necessary, with the patient's own doctor.

2. *Care during Labour.*

Every mother should be under the constant care of a midwife during the whole of her labour. Although a doctor may be present for part of the time, the midwife should continue to take full responsibility for the majority of normal deliveries. She can administer inhalational analgesics and, under the Dangerous Drugs Acts, she can give certain pain-relieving drugs. It is thus within her power, and it is her duty, to give the mother adequate relief from pain during labour.

3. *Post-natal Care.*

The responsibility of the midwife for the care of the mother and baby is a very important one. They should, if possible, be looked after during the post-natal period by the same midwifery team who cared for them throughout pregnancy and labour. We deplore the practice in some hospitals of sending the mother and baby home, or to other premises, within a few days of confinement since this makes it impossible to give them continuity of care.

The care of mothers and babies should remain the responsibility of midwives for at least twenty-eight days. It is the duty of the midwife to encourage the mother to attend for a post-natal examination and to make the necessary appointment.

We are strongly of the opinion that premature babies should be nursed by midwives."

HEALTH VISITING

(Section 24)

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. The Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of their work for the County Health Committee has already been referred to (under Section 22) as a substantial part of the care of mothers and young children is in their hands. Including the Superintendent Health Visitor and Deputy Superintendent Health Visitor, at the end of 1961, the establishment provided for the employment of seventy-five Health Visitors who also act as School Nurses. (The Authority has increased the establishment by ten from April 1962.)

The Health Visitor's duties are many and varied; in this County they include school nursing, attendance at maternal and child welfare, tuberculosis and poliomyelitis clinics, tuberculosis visiting, care of the

aged and the sub-normal and handicapped child. Much progress has been made, especially at Mothercraft and Relaxation Classes and in the schools.

One Health Visitor retired and three Health Visitors left during the year under review. Of these one resigned to join her husband at Blackpool, another went to Canada and one resigned to take up a senior appointment in Essex. Six new Health Visitors took up duty, four of whom were newly qualified Health Visitors whose training had been sponsored by the Authority. There is still a national shortage of Health Visitors, and the recruitment of Student Health Visitors has not been as good in the year under review as in the previous year. Every effort is, however, being made to recruit more staff.

Increasing stress is being laid on the importance of liaison between the Health Visitor and the General Practitioner. For many years in this County Health Visitors have been asked to introduce themselves to the General Practitioners when they commence work in their area. Many Health Visitors have no hesitation in discussing problems relating to patients with the General Practitioner concerned but there is still room for closer co-operation between all field workers on the district.

Health Visitors are in frequent touch with the hospitals either directly through the hospital almoner or by receiving written details of cases when they are discharged from hospital. In this way they are kept informed of any cases requiring special supervision and help.

Training of Health Visitors.

In view of the shortage of candidates to this branch of the nursing profession, a scheme is in operation whereby State Registered Nurses under thirty-five years of age who hold the certificate of the Central Midwives Board or the first certificate under the new Central Midwives Board's rules, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly these conditions provide for the County Council being responsible for the full cost of training at an approved training centre, and the student being paid three-quarters of the minimum of the Health Visitor's salary during the training period and the Health Visitor's salary on qualification. Of this period, approximately nine months will be spent as a student and the remainder as 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.

Four students commenced training in October. In all there are twenty-one Health Visitors in this County who were trained under this scheme since 1949, and of these three only have left the County Council's service since their contracts expired.

STATISTICS RELATING TO MATERNAL AND CHILD WELFARE

Statistics regarding the Authority's Maternal and Child Welfare Services are submitted annually to the Ministry of Health, and appear at the end of this report (Appendix I).

Certain facts are extracted for use in the Department, but as they are likely to be of general interest they are set out in the table on pages 83 and 84, 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 figures are based on the number of notified births, which varies slightly from the number of registered births provided by the Registrar-General.)

MATERNAL AND CHILD WELFARE

1. Ante-natal Clinics—						
Number of sessions	..	..	..	..	..	1,236
New Cases	..	..	..	..	..	2,229
Ante-Natal attendances	..	..	..	..	..	10,506
Post-Natal attendances	..	..	..	..	..	428
2. Visits to Homes—						
Number of children under five years of age visited during year	..	..	..	..	..	40,597
Expectant mothers:—						
First visits	..	..	..	..	..	2,127
Total visits	..	..	..	..	..	2,884
Children under one year of age :—						
First visits	..	..	..	..	..	12,038
Total visits	..	..	..	..	..	34,859
Children age one year and under two years:—						
Total visits	..	..	..	..	..	15,181
Children age two but under five years:—						
Total visits	..	..	..	..	..	26,480
Tuberculosis Households:—						
Total visits	..	..	..	..	..	2,017
Other cases:—						
Total visits	..	..	..	..	..	6,668
Total number of families or households visited by Health Visitors	..	..	..	..	..	34,028
3. Infant Welfare Centres—						
Number of sessions	..	..	..	..	..	4,700
Number of new cases under one year of age	..	..	..	..	..	9,378
Number of children who attended during the year and who were born in:—						
1960	..	..	..	..	..	7,912
1959	..	..	..	..	..	7,097
1958-55	..	..	..	..	..	5,347
Total number of children who attended during the year	..	..	..	..	..	20,306
Number of attendances made by children who, at the date of attendance were:—						
Under one year	..	..	..	..	..	122,426
One but under two	..	..	..	..	..	24,139
Two but under five	..	..	..	..	..	12,970
Total attendances during the year	..	..	..	..	..	159,535

NUMBER OF NOTIFIED BIRTHS :

	1954	1955	1956	1957	1958	1959	1960	1961
Live Births	10,122	10,130	10,769	10,946	10,991	12,532	12,908	12,975
Still Births	269	221	250	274	298	281	291	281
Total Births	10,391	10,351	11,019	11,220	11,289	12,813	13,199	13,256

DOMICILIARY MIDWIFERY :

L.H.A. Midwives—Number of cases attended :
as Midwives
as Maternity Nurses

.. .. .	3,047	3,039	3,349	3,430	3,500	3,548	3,705	3,346
.. .. .	1,385	1,352	1,402	1,351	1,248	1,304	1,246	1,361
Total	4,432	4,391	4,751	4,781	4,748	4,852	4,951	4,707

Midwives in private practice, number of cases attended :

As Midwives
As Maternity Nurses

.. .. .	9	1	2	—	—	—	—	—
.. .. .	8	16	3	5	—	—	—	—
Total	17	17	5	5	—	—	—	—

Domiciliary Cases—Grand Total

.. .. .	4,449	4,408	4,756	4,786	4,728	4,852	4,951	4,707
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Number of Domiciliary Cases attended as a percentage of all notified births

.. .. .	42.8	42.4	43.16	42.66	42.05	37.79	37.51	35.5
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	1954	1955	1956	1957	1958	1959	1960	1961
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ANALGESIA.

Number of cases in which inhalational analgesics were administered by L.H.A. Midwives in Domiciliary practice

2,667	2,611	3,104	3,631	3,642	4,073	4,239	4,090
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Number of cases of Analgesia as a percentage of domiciliary births ..

59.9	59.46	65.3	75.86	76.7	83.94	85.61	84.77
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ANTE-NATAL CLINICS.

Number of L.H.A. Clinics

22	23	23	24	24	24	25	25
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Number of new cases attending during the year

3,976	3,777	3,837	3,349	3,149	2,924	2,732	2,229
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Number of new ante-natal cases as a percentage of all notified births

38.3	36.5	34.8	29.85	27.89	24.38	20.69	16.8
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POST-NATAL CLINICS :

Number of cases attending during the year (including post-natal cases at Ante-natal Clinics)

487	514	559	506	485	473	470	399
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Number of new post-natal cases as a percentage of all notified births

4.68	4.97	5.07	4.51	4.29	3.69	3.56	3.09
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INFANT WELFARE CENTRES :

Number of L.H.A. Centres

85	86	88	92	95	97	98	101
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Number of Voluntary Centres

3	3	2	2	2	2	2	2
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Number of children who first attended an Infant Welfare Centre during the year (under one year)

6,995	6,245	6,663	7,069	7,294	9,108	9,205	9,589
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Number of first attendances of children under one year of age at I.W.Cs. as a percentage of notified live births

69.17	60.3	61.87	63.00	66.36	72.67	71.31	72.34
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HOME NURSING SERVICE

(Section 25)

This service has now been in operation for thirteen years and its value to the community is so well known and appreciated that little comment is necessary. Much of the nurses' time is taken up in nursing the elderly. Their services also do much to relieve the pressure on hospital beds. It has been found that nursing in the home, when possible, is far more acceptable to the majority of patients than treatment in hospital, particularly with the elderly and young children, as they seem to progress more favourably in familiar surroundings.

The County Council, through their Care and After Care Service, provide a large number of nursing aids which prove very helpful in the nursing of patients in their homes.

In the interests of the service, when vacancies for nurses occur, the circumstances of the area are reviewed to see if any changes are desirable.

The following table shows the staffing position at the end of each year since the inception of the service.

	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Full-time Home Nurse-Midwives ..	44	43	38	37	35	35	32	30	30	29	29	27	28	26
Home Nurses ..	81	91	104	99	99	99	103	108	112	112	114	115	113	115
Total ..	125	134	142	136	134	134	135	138	142	141	143	142	141	141
Part-time ..	2	—	2	3	2	—	—	—	—	—	—	1	1	—
TOTAL full-time and part-time ..	127	134	144	139	136	134	135	138	142	141	143	143	142	141

During 1961 the nurses attended 13,457 patients and the number of visits paid was 366,392; 42% of the patients attended were over sixty-five years of age at the time of the first visit, and 3% were under five years of age.

Of all the patients visited, 25% were paid more than twenty-four visits.

In Appendix I to this report a copy of the Annual Return to the Ministry of Health is set out, giving details of these services provided by the Authority, and in Part 1, section 6, is an analysis of the type of work the nurses are called upon to carry out, showing the number of cases and visits made to medical, surgical, infectious diseases, tuberculosis, maternal complications and others.

The County Council has realised the advantage to all concerned of nurses using cars in connection with their duties, and it is their policy to grant car allowances to these Officers. The number using cars at the time of writing is 126 out of 141 nurses. Many nurses take advantage of the County Council's Scheme for granting loans towards the purchase of cars.

Local Housing Authorities have again been helpful in renting houses on their housing estates for occupation by home nurses, thus enabling the nurses to reside where there is a concentration of people.

The principle of enabling nurses to attend post-certificate or refresher courses every five years has been continued, and in addition to this, for the fifth year in succession, a limited number of nurses have been allowed to attend special courses on Mental Health. This type of course is felt to be important in view of the changing attitude towards mental illness. There can be no doubt that money spent on these courses is well worth-while, as the nurses are made aware of the latest advances in treatment.

VACCINATION AND IMMUNISATION

(Section 26)

Various methods of vaccination and immunisation against several communicable diseases have become available in recent years, which play an important part in preventive medicine. In general, the public have taken advantage to an increasing extent of the facilities offered.

On 12th September, 1961, the Ministry of Health issued Circular 26/61, which enclosed, with commendation, a memorandum summarising advice that had been given by the Standing Medical Advisory Committee concerning the timing of various immunisation procedures in childhood. The memorandum points out that in attempting to decide the most satisfactory times for administering the different antigens which are now available (singly or in combination), "three considerations seem to be of particular importance :—

- (i) The greatest possible measure of immunity should be provided against each particular disease;
- (ii) There should be the least risk of causing harmful reactions or complications and, in particular, of inducing provocation poliomyelitis;
- (iii) The number of injections given to the child and the number of visits necessary should be as low as possible."

The memorandum goes on to say that "No single schedule can fully meet all these considerations" and accordingly two alternative schedules of immunisation procedure were attached to the memorandum, with the comment that "in some cases it may be desirable to modify one of the schedules to meet special circumstances," and that "modification of these schedules may be necessary later in the light of rapidly advancing knowledge in this field." (Incidentally, in April, 1962, the schedules had to be modified to take account of the introduction of oral vaccine against poliomyelitis.)

The Ministry's Circular pointed out that both the schedules provided for the use of "combined antigens" (for example, a combination of antigens giving protection against diphtheria/pertussis/tetanus) and referred to the slight risk of "provocation poliomyelitis" which their use entailed (that is, "poliomyelitis occurring within a few days of injection with paralysis particularly affecting the site of inoculation"). The memorandum pointed out that "the risk of such cases occurring is much less than in past years and there is reason to believe that they will not become more frequent if the prevalence of poliomyelitis in the population remains low. The objection on this ground to the use of combined antigens is therefore considerably reduced. It is a reasonable assumption that poliomyelitis vaccination will protect against provocation paralysis although this has not been demonstrated in man."

The effect of the Circular and memorandum is that Doctors are free to act in accordance with the suggestions set out in the two alternative schedules of immunisation, or to adopt any variations of them which in their clinical judgement seem advisable.

Diphtheria.

Last year I wrote that we had then gone five years in succession without a case of diphtheria. In 1961, two cases were notified. This should serve as a timely reminder that immunisation against this disease is still essential. This needs saying because of the slight fall in the number of children immunised from the improved figure achieved in 1960.

Immunisation against Diphtheria.

<i>Year</i>	<i>Primary</i>	<i>Booster</i>
1952.. ..	7,488	6,748
1953.. ..	6,730	4,727
1954.. ..	7,531	5,862
1955.. ..	7,677	8,028
1956.. ..	8,314	5,831
1957.. ..	8,577	6,570
1958.. ..	8,973	4,536
1959.. ..	9,552	4,492
1960.. ..	13,152	13,166
1961.. ..	12,544	7,562

The Ministry of Health have estimated that in this County 62% of the children aged 0-4 years and 46% of those aged 0-14 years have been immunised against diphtheria during the years 1957-1961.

Small Pox.

No cases have been reported in the County, but it is important that the vaccination rate should be high as otherwise there is a possibility that if the disease is introduced into the Country a major epidemic may occur.

Vaccination against Small Pox

<i>Year</i>	<i>Vaccination</i>	<i>Re-vaccination</i>
1952.. ..	1,612	729
1953.. ..	1,939	795
1954.. ..	1,815	568
1955.. ..	1,816	476
1956.. ..	2,276	564
1957.. ..	2,833	656
1958.. ..	3,541	715
1959.. ..	3,234	648
1960.. ..	3,517	736
1961.. ..	3,197	644

The following is a copy of the Annual Return for the year ended 31st December, 1961, which was submitted to the Ministry of Health, relating to the vaccination position.

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

<i>Age at date of Vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2 to 4</i>	<i>5 to 14</i>	<i>15 or over</i>	<i>TOTAL</i>
Number Vaccinated	1,159	1,091	350	232	365	3,197
Number Re-vaccinated	7	9	24	66	538	644

II. NUMBER OF CASES SPECIALLY REPORTED DURING PERIOD.

One child under one year of age (Generalised Vaccinia).

According to information supplied by the Ministry of Health, the number of Derbyshire children under one year of age vaccinated during 1961 expressed as a percentage of the live births during the 12 months ended 30th June, 1961, was 9%.

At the end of 1961 and the early part of 1962, the need for continued watchfulness in the field of vaccination against smallpox was sharply emphasised by events which occurred in the north of the country and in the Midlands.

The essential weapon against the spread of smallpox has always been considered the primary vaccination of children in early life. Primary vaccination in early life has a great advantage over such vaccination in adults, for when we are very young, local and general reactions, which can be severe in the adult, are least, and the risk of serious complications is not so high. In fact I would recommend that every child be vaccinated before the age of 2 years, as even in later childhood and adolescence, the complications of vaccination can be more serious

than in the first 2 years of life. With the increased use of air travel and the possibility of smallpox being introduced at short notice from abroad, it is desirable that everyone be vaccinated very early in life, and that this should be repeated at intervals so as to avoid so long an interval between vaccinations that a reaction approaching the primary type may result. We have noticed in my Department in vaccinating ambulance personnel that a history of previous vaccination, however remote, nearly always seemed to modify the severity of the reaction, and, of course, the more recent the last vaccination the less was the disturbance caused by re-vaccination.

Whooping Cough.

The scheme for making antigen available to General Medical Practitioners came into operation in October 1958, and the following table shows the number of children who have been given this form of immunisation during 1961 :—

<i>Year of birth</i>	<i>Number of children</i>
1961	2,437
1960	2,869
1959	373
1958	194
1957	142
1952-1956 ..	336
1947-1951 ..	125
Total	6,476

There were 308 cases of whooping cough notified during the year, and two deaths from the disease.

The Ministry of Health have intimated that the total number of children born in Derbyshire in 1960 or 1961 and vaccinated against whooping cough during 1961, expressed as a percentage of the live births during the 12 months ended 30th June, 1961, was 43%.

Tetanus.

As in the case of Whooping Cough the antigen became available to General Medical Practitioners in October 1958, and 5,502 persons have been given this form of immunisation during 1961.

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis.

Whilst the powers for providing and carrying out this form of vaccination are given under Section 28 of the National Health Service Act (Prevention of Illness, Care and After-Care), for the purpose of this Report it is convenient to deal with it under the general section on Vaccination and Immunisation. This type of vaccination falls under two headings, namely: (1) the Contact Scheme; (2) the School-children's Scheme.

(1) *The Contact Scheme* is carried out by Chest Physicians who wish to use it on their own medical responsibility for contacts of cases of respiratory tuberculosis, and is generally confined to children. The scheme came into operation in 1950 when the Ministry of Health made available supplies of vaccine. The numbers of persons vaccinated under this scheme are as follows :—

1950	..	..	38	1956	..	..	339
1951	..	..	164	1957	..	..	530
1952	..	..	165	1958	..	..	694
1953	..	..	269	1959	..	..	586
1954	..	..	379	1960	..	..	444
1955	..	..	387	1961	..	..	652

(2) *The Schoolchildren's and Students' Scheme* In the first place this scheme provided for the B.C.G. vaccination of children between their thirteenth and fourteenth birthdays (subject to parental consent). This age group was chosen by the Ministry of Health because it enables the majority of children to be vaccinated in what is their penultimate year at school, and to leave school with such protection as the vaccination affords. However, in April 1959, the Ministry of Health approved an extension of the schemes to children of fourteen years of age and upwards who are still at school, and also to students attending Universities, Teacher Training Colleges, Technical Colleges or other Establishments of Further Education.

Briefly, the procedure is to skin test the pupils and the negative reactors are then vaccinated with B.C.G. The Ministry of Health supplies on request the material for skin testing and the actual B.C.G. The School Medical Officers carry out this work and as it is essential that they should be trained in the technique of the procedure the County Health Committee has sanctioned them attending approved courses of instruction.

The scheme came into operation towards the end of 1957 and has been extended gradually over the whole of the County as staff becomes available. However, in the early stages the development of the scheme was limited as much of the time of the School Medical Officers was occupied in poliomyelitis vaccination.

Details of the work carried out from 1957 to 1961 are given below :—

Schoolchildren

Year	No. of schools at which skin testing and B.C.G. were carried out	Offered skin testing and B.C.G.	Skin tested	No. found positive	Tuberculin negative	Vaccinated with B.C.G.
1957	6	584	442	} not available	330	329
1958	29	3,098	2,065		1,564	1,542
1959	68	9,694	6,405	1,394	4,891	4,725
1960	79	12,777	8,752	2,043	6,480	6,369
1961	75	9,459	6,032	1,178	4,644	4,566

Students attending Further Education Establishments

<i>Year</i>	<i>No. of establishments at which skin testing and B.C.G. were carried out</i>	<i>Offered skin testing and B.C.G.</i>	<i>Skin tested</i>	<i>No. found positive</i>	<i>Tuberculin negative</i>	<i>Vaccinated with B.C.G.</i>
1960	3	117	64	34	30	30
1961	4	390	220	28	185	175

School children and students who are tuberculin positive are, of course, not offered vaccination as they are already deemed to have a degree of immunity.

Under these two schemes, namely (1) contacts, and (2) school children and students, a total of 5,393 persons were given B.C.G. in 1961 compared with 6,843 in 1960 and 5,311 in 1959.

It will be appreciated that the smaller percentage of "positive" reactors means there is less tuberculosis infection in the community.

At the request of the Local Medical Committee, and in order to create a link between the County Council's Service and General Medical Practitioners, the results of skin testing of school children and students are made known to the family doctors, and where strongly positive cases are found which warrant further investigation, the parents are informed and given a note to hand to their doctor so that if he considers it advisable he can refer the child to the Chest Physician for any necessary "follow-up" action.

The following letter was sent in July, 1960 to all the Authority's Medical Officers :—

"Prevention of Tuberculosis.

The local Medical Committee has requested that results of tuberculin tests should be made available to general practitioners. Forms TTN, TTP, and TTPP (1) and (2) are attached and are appropriate to negative, positive, and strongly positive reactors. The child or young person should be asked to take the appropriate form to the family doctor and in the case of strongly positive cases, form TTPP (2) should be issued so that the parent may be aware of the position.

The scheme relates only to skin testing and B.C.G. Children whom you diagnose as possibly suffering from clinical tuberculosis should now be rare enough to warrant a visit to the home, and a word with, or note to, the family doctor. It will be appreciated from the forms that letters to Chest Clinics will be sent only after an opportunity has been given for the family doctor to intimate that he is making his own arrangements. It will be necessary for you to put a Clinic address on these forms and rubber stamps may be purchased for this purpose if they do not exist in a suitable size. It will also be necessary for you to visit the Clinic to see if any reply has been

received from either the patient or the patient's doctor before posting any letters to the Chest Physician, or in the event of holiday, illness, etc. for you to arrange for some other person to do this.

In all cases, when writing to the Chest Physician, the name of the family doctor should be given."

To make the position clear regarding strongly positive reactors I give below a copy of a letter dated March 1960 I sent to all Senior and School Medical Officers, together with the Notes of the Second Report of the Medical Research Council (amended, however, to bring the figures up to date):—

"B.C.G. Vaccination.

I enclose for your information a short note on the second report of the Medical Research Council's Tuberculosis Vaccines Clinical Trials Committee with some suggestions on the future prosecution of the B.C.G. vaccination scheme.

The note is self explanatory but I would stress the very favourable results of B.C.G. vaccination mentioned in paragraphs 1 to 3. I would also stress the value of tuberculin testing in the thirteen year age group. As mentioned in paragraph 8 of the note the incidence of tuberculosis in the strongly positive group is as high as 3.5 per thousand per annum.

I would, therefore, like to refer to the instruction which appears on the form of return which School Medical Officers make on the results of their vaccinations in the thirteen-year-old children which reads—

"Children who give only mild positive reactions to tuberculin are those least likely to develop tuberculosis. Children who are tuberculin tested in conjunction with the B.C.G. programme and are found to be severe reactors, e.g., degree 4 positive to the Heaf test, or give more than 15 mm reaction to 3 T.U. Mantoux should be X-rayed. It may be suggested that where serial tuberculin testing of schoolchildren is being carried out, only tuberculin hypersensitive children should be X-rayed."

One further point is that while we have not carried out controlled trials in Derbyshire, we can say that the amount of tuberculosis measured either by deaths from the disease or by notification is appreciably less than in the country as a whole. The tuberculosis death rate (all ages) was 7 per 100,000 of the population in the County as compared with 10 for England and Wales in 1958. The notifications in the 10 to 20 age group in the last few years have been :—

1951	..	..	71	1957	..	..	51
1952	..	..	85	1958	..	..	50
1953	..	..	67	1959	..	..	28
1954	..	..	65	1960	..	..	34
1955	..	..	48	1961	..	..	25
1956	..	..	44				

While this low incidence of tuberculosis in Derbyshire is reassuring, the Medical Research Council trials show that we have in B.C.G. vaccination a means of combating still further the disease in adolescents. We hope by its means to achieve even better results in the future."

The paragraph above was written in 1959 with regard to the figure of 50 cases reported in 1958. It will be noticed with satisfaction that the figure is 25 for 1961, though fluctuations may still occur.

"B.C.G. Vaccination.

1. The Second Report to the Medical Research Council by their Tuberculosis Vaccines Clinical Trials Committee was published in the British Medical Journal on September 12th, 1959, under the title "B.C.G. and Vole Bacillus Vaccines in the Prevention of Tuberculosis in Adolescents". There were 56,700 participants in the trial who at their entry to it were between fourteen and fifteen-and-a-half years. Those who were tuberculin negative were divided into four groups.

- (1) B.C.G. vaccinated group in whom, during the five year period of follow up, the annual incidence of tuberculosis was 0.38 per 1,000.
- (2) Concurrent tuberculin negative unvaccinated group: annual incidence 2.29 per 1,000.
- (3) Vole bacillus vaccinated group; annual incidence 0.33 per 1,000.
- (4) Concurrent tuberculin negative group; annual incidence 2.62 per 1,000.

2. The protective efficacy of each vaccine was thus substantial and moreover, the incomplete information beyond five years shows that similar high levels of protection have continued up to at least six and-a-half years after entry to the trial. The degree of protection was similar for pulmonary tuberculosis, for tuberculosis pleural effusion and for hilar gland enlargement (in association with other lesions).

Further, there were no cases of tuberculous meningitis or miliary disease among the vaccinated compared with four of each among the unvaccinated and too there is a suggestion that the lesions which did occur among the vaccinated group were less severe than those among the unvaccinated.

3. This evidence therefore suggests that vaccination of children about the age of fourteen does confer a considerable degree of protection over a period of five years and probably for six-and-a-half years.

4. Those who were positive to the tuberculin test on entry to the trial can be divided into two groups.

- (1) Those strongly positive to 3 T.U. (15 mm induration or more) had an annual incidence of 3.50 per 1,000 in the first two-and-a-half years, 1.67 in the second two-and-a-half years and 0.88 in the five to seven-and-a-half year period.

- (2) Those weakly positive to 3 T.U. or only positive to 100 T.U. There were annual incidences of 0.77 and 0.73 per 1,000 during the first two-and-a-half years and subsequent periods.

5. The trial is to continue on a modified scale with the object of determining whether the degree of protection demonstrated over five years and almost six-and-a-half years persists even longer.

6. In the meantime the trial has demonstrated :—

- (1) B.C.G. vaccination offers a substantial degree of protection.
- (2) The risk of subsequent clinical tuberculosis in those strongly positive to 3 T.U. is appreciable.
- (3) The risk of subsequent disease among those with a weak reaction to 3 T.U. or who are only positive to 100 T.U. is less, but still twice that of the B.C.G. vaccinated group.

7. The present B.C.G. programme is based on the tuberculin test at age thirteen. Those who are negative reactors to the test are offered B.C.G. vaccine, either the Danish liquid vaccine or the dried vaccine manufactured in this country. The conversion rate of the freeze-dried vaccine is comparable to that of the liquid one and the vaccine has the advantage that it can be stored under suitable conditions up to twelve months before use so that viability tests can be made before the vaccine is issued.

8. The value of tuberculin testing at age thirteen is not only to sort out those suitable for vaccination but also to bring to light those in whom there is a strong positive reaction and among whom an annual incidence of tuberculosis of the order of 3.50 per 1,000 may be expected in the next two-and-a-half years. These strong positive reactors need supervision and there is a good case for arranging that they should be under the care of a chest physician so that both they and their contacts can be kept under supervision. For other positive reactors to the tuberculin test it should suffice to arrange an annual attendance for X-ray. In addition the general practitioner should be informed so that he can advise an X-ray at an earlier date if he considers it necessary.

9. The very considerable value to the community of a B.C.G. programme which advocates tuberculin testing of schoolchildren at thirteen and B.C.G. vaccination to tuberculin negatives before school leaving can only be achieved where the programme is vigorously pursued. At present less than half the schoolchildren who could benefit under the scheme do so. To increase the number of children tuberculin tested will mean that more children are given a measurable degree of protection, that more children already infected come under the direct care of the chest physician and that the opportunities of discovering sources of infection by contact tracing are considerably improved.

10. Because of the importance both to the individual and to the medical officer of health of the B.C.G. record card, medical officers of health are advised to retain cards for a period of ten years.

11. The M.R.C. Trial is to continue on a modified scale for a further period, the object being to determine whether and how far the manifest advantages of B.C.G. vaccination persists beyond the so far proven six-and-a-half years of the trial. A scheme will be worked out under which it is hoped that chest physicians and medical officers of health will be able to inform the M.R.C. of any cases of tuberculosis which occur among the trial participants. The M.R.C., B.C.G. Trial Committee will be very grateful for any help that medical officers of health and chest physicians are able to give in this follow up, details of which will be sent to medical officers of health later."

Poliomyelitis.

During the year the arrangements continued whereby Local Health Authorities arranged for the vaccination against poliomyelitis of those over six months old and up to forty years of age, of expectant mothers, and others at special risk.

From 1st January, 1961, anyone not included in these groups could be vaccinated by his general medical practitioner with inactivated poliovirus vaccine, available through the pharmaceutical service.

In April 1961, the Ministry of Health informed Local Health Authorities that in view of the greater risk of infection to which children at school are exposed, the Joint Committee on Poliomyelitis Vaccine had recommended that a reinforcing fourth dose should be offered to children when they entered school (normally at the age of five), and also to children of five and over already at school who had not reached the age of twelve, and to all children of similar age who were not attending school. In all cases the fourth dose was to be administered not earlier than one year after the third dose. Arrangements were therefore made for fourth doses to be given in appropriate cases.

In a letter dated 1st August, the Controller of Supplies of the Ministry of Health informed Local Health Authorities that the demands for vaccine had been exceptionally high and it was necessary for the Ministry to apportion stocks according to availability. A further letter was received from the Ministry dated 29th August stating that the supplies of vaccine for distribution would be restricted and that it was unlikely that further supplies would be received before the end of September or the beginning of October. It was suggested that where adjustments in the vaccination programme were necessary the following order of preference should be given :—

1. Second and third doses to enable the course of immunisation to be completed within the time limits advised;
2. Expectant mothers, people going abroad or any other cases in which the time of the immunisation has special importance;
3. First doses for babies and other children not yet immunised;
4. Fourth doses for children aged five to twelve;

On 25th October, the Ministry of Health wrote a further letter which advised that while supplies of vaccine were restricted, arrangements for fourth doses should be suspended. The following is a relevant excerpt from that letter :—

"I am enclosing a copy of a statement the Minister made in Parliament yesterday about the poliomyelitis vaccination programme. You will see from it that the Joint Committee on Poliomyelitis Vaccine has now advised in favour of the use of Sabin vaccine (a live vaccine taken by mouth) for primary vaccinations. A circular about this will be issued as soon as the detailed arrangements have been worked out in consultation with the local authority associations and the medical profession.

You will see also that the continued use of inactivated "Salk" vaccine, administered by injection, has been recommended for the completion of courses of vaccination begun with that type of vaccine.

An appraisal of the supply position for "Salk" vaccine indicates that the quantities becoming available in November will probably be of the same order as in October. After the November distribution it is unlikely that further supplies will be available until early January.

The Joint Committee has now advised that while supplies of vaccine are restricted it would be appropriate for the arrangements for fourth doses for children aged five to twelve to be suspended. Accordingly for the present the supplies of vaccine available to your authority should be used in accordance with the order of preference suggested in the Ministry's letter of 29th August, excluding fourth doses for children.

The Joint Committee has also advised that third doses of vaccine, which have normally been given seven months after the second dose, can be postponed for the time being provided they are given within twelve months of the second dose"

The statement in Parliament, referred to above, was, in brief, that the Joint Committee on Poliomyelitis Vaccine had recommended that:—

- "1. Sabin vaccine may be used both safely and effectively for primary vaccinations.
2. Pending further study, Sabin vaccine should not be used to complete a course of vaccination started with Salk vaccine.
3. So long as Salk vaccine is available, it should also be provided for primary vaccination if the doctor prefers it."

The statement concluded by saying that Sabin vaccine would be made available at a later date.

During the year 40,547 Derbyshire patients received two injections against poliomyelitis, 30,342 received their third injection and 41,954 children received fourth injections. Since the inception of the scheme for vaccination against poliomyelitis, 248,732 Derbyshire patients have received two injections; of these 207,944 received their third injection, and 41,954 children received fourth injections.

The Ministry of Health have indicated that 77% of Derbyshire persons born in the years 1943-1961 have been vaccinated since polio' vaccination started.

In February, 1962, Circular 3/62 was received from the Ministry of Health indicating that live oral vaccine ("Sabin" vaccine) was available for routine vaccination against poliomyelitis. The recommended course of this vaccine consists of three doses each of 3 drops,

given at intervals of four to eight weeks. The Circular also points out that (contrary to what was first thought) a course of immunisation started with "Salk" vaccine may be completed with the oral vaccine. Authority was also given in this Circular for fourth doses to be resumed for children between the ages of 5 and 12 years from 31st March, 1962.

For the convenience of readers of this report who are concerned with the technical side of the use of Sabin Oral Vaccine, Appendix I of Circular 3/62, is quoted below :—

NOTES ON THE USE OF POLIOMYELITIS VACCINE (ORAL) FOR ROUTINE VACCINATION

1. *Nature of the Vaccine.*

The oral vaccine now being introduced for routine vaccination against poliomyelitis contains living attenuated poliomyelitis viruses of types 1, 2 and 3. It has been prepared in this country from the Sabin strains and is offered in such strength that the human dose is contained in 3 drops. Before any batch of vaccine is released for use, it will have been subjected to tests for safety with results satisfactory to the Medical Research Council.

2. *Doses.*

The recommended course of this vaccine consists of three doses each of 3 drops, given at intervals of four to eight weeks. If the vaccine is regurgitated a dose may be repeated. The vaccine can be administered on a lump of sugar or in syrup (B.P.) For babies a dropping pipette may be used.

3. *Mode of action.*

The oral administration of this vaccine is usually followed by multiplication of the viruses in the intestine, by their excretion in the faeces, and by the development of poliovirus antibodies.

4. *Reaction.*

The vaccine is not known to cause reactions either local or general.

5. *Use of Vaccine.*

- (a) A full course of oral vaccine (three doses as defined above) may be administered as a means of routine immunisation in the priority groups, who have not previously received any injections of "Salk" vaccine.
- (b) Where persons in the priority groups have had only **one** injection of "Salk" vaccine, either their immunisation should be completed with two further doses of "Salk" vaccine (the first within eight weeks) or a full new course of immunisation with three doses of oral vaccine should be commenced.
- (c) Where persons in the priority groups have had **two** injections of "Salk" vaccine, of which the second was given not more than one year previously, their immunisation may be completed after an interval of 7 to 12 months either with one further dose of "Salk" vaccine or with one dose of oral vaccine. If, however, the second injection of "Salk" vaccine was given more than one year previously, a full new course of either three doses of "Salk" vaccine or three doses of oral vaccine should be commenced."

(Paragraph (c) has been amended by Circular 8/62—see note below).

- "(d) Children aged 5 to 12 years who have had three injections of "Salk" vaccine may, when the present restriction on fourth doses is lifted on 31st March, 1962, have immunisation reinforced by either a fourth injection of "Salk" vaccine or one dose of oral vaccine."

(Paragraph (e) has been cancelled by Circular 8/62—see note below).

“6. *Contra-indications.*

Oral vaccine should not be administered to persons with acute or intercurrent illness; or, without previous special consideration, to those in poor or indifferent health or with obvious constitutional disturbance. It should not be given while diarrhoea or other evidence of intestinal dysfunction exists. Before it is given to patients undergoing cortico-steroid therapy there should be consultation with the doctor in charge. There is no evidence that pregnancy is a contra-indication. It is advisable to allow an interval of three weeks after any dose of oral vaccination before any other immunising procedure is undertaken. A similar interval should be considered in the case of elective surgery, and tonsillectomy should be postponed until the course of oral vaccine has been completed.”

(Regarding expectant mothers—see Circular 8/62—note below.)

“Routine use of the oral vaccine may be undertaken in any season and is not contra-indicated during periods of high poliomyelitis prevalence.

7. *Deterioration of the Vaccine.*

Vaccine which has become turbid or which is time-expired in relation to the various stages of storage, distribution and administration indicated in paragraph 8 below should not be used but should be destroyed in its container, e.g., by boiling. When any vaccine is thus destroyed the local health authority should notify the Ministry of Health (Supplies Branch).

8. (A) *Forms of presentation of Vaccine, delivery to the local health authority and bulk storage by local health authority.*

Initially the vaccine will be supplied in either (i) pliable dropper bottles made of polythene or (ii) glass vials with separate droppers. The recommended dose will be contained in three drops to be obtained as indicated below :—

(i) *Pliable dropper bottles.*

These will have a plastic screw cap, covering an orifice plugged with a stainless steel pin. The latter must be removed before use and discarded. The bottles will not be full but will contain either 1 ml. (10 doses) or 2.5 ml. (25 doses) of vaccine.

Each bottle will be in an individual labelled package and the packages will be in cartons, each carton holding ten.

Six of these cartons (i.e., 60 bottles) will be enclosed in sealed tin boxes measuring approximately 5 in. x 7 in. x 4 in. For transport to the local health authority from the manufacturers, estimated to take not more than thirty-six hours, the tin boxes will be packed in carbon-dioxide snow in insulated containers, which will maintain the vaccine in the frozen state. On receipt by the local health authority the sealed tin boxes should be removed from the insulated container and placed in “deep freeze” storage (i.e., $-5^{\circ}\text{C}.$ or below) to maintain the vaccine in the frozen state until it is issued for use. Under these conditions it will have a “life” of at least one year. Ordinary household polyvinyl gloves will be necessary to protect persons handling tin boxes at this low temperature.

(ii) *Glass Vials.*

Each vial will have a metal cap covering a rubber stopper. Vials will not be full but will contain 1.5 ml. (10 doses) of vaccine. Special droppers contained in polyvinyl sachets and designed to deliver the recommended dose in three drops, will accompany the vials separately.

Each vial will be in an individual labelled package and one hundred of these packages will be packed in cartons measuring approximately 12 in. x 6 in. x 5 in.

For transport from the manufacturer to the local health authority, estimated to take not more than thirty-six hours, these cartons will be placed in carbon-dioxide snow in insulated containers which will

maintain the vaccine in a frozen state. On receipt by the local health authority, the cartons should be removed from the insulated containers and placed in "deep freeze" storage (i.e., $-5^{\circ}\text{C}.$ ** or below) to maintain the vaccine in the frozen state until it is issued for use. Under these conditions it will have a "life" of at least one year.

(B) *Distribution of vaccine to user by local health authority and storage after distribution.*

When vaccine is to be issued for use, the required number of individual packages containing pliable dropper bottles or glass vials) should be removed from the appropriate storage mentioned above i.e. "deep freeze") and the labels marked with the date of issue with an indelible pencil or a suitable rubber stamp. This marking is important in relation to the expiry date of the vaccine after issue. One or more of the packages should then be placed in one of the special polystyrene insulating containers* provided by the Department and despatched by post or otherwise to the user. Delivery to the user should not take more than twenty-four hours.

On receipt by the user, the packages must be placed in a domestic refrigerator and kept at a temperature of 0° to $4^{\circ}\text{C}.$ at which temperature the thawed vaccine in the pliable dropper bottles or glass vials will have a life of one month from the date of issue from "deep freeze" storage ($-5^{\circ}\text{C}.$ ** or below) in which the vaccine has been maintained frozen. When vaccine in either of these containers has been removed from the 0° to $4^{\circ}\text{C}.$ refrigerator for use, it must be kept in a cool place away from direct sunlight and preferably should be used the same day. Any vaccine kept out of the 0° to $4^{\circ}\text{C}.$ refrigerator under these conditions for a total of more than twenty-four hours should be destroyed in its container (e.g. by boiling).

9. *Cases of Poliomyelitis occurring within 21 days of any dose of oral vaccine.*

The possibility of oral vaccine being given within the incubation period of naturally acquired poliomyelitis cannot be excluded and as a result cases of poliomyelitis may occur within 21 days of any of the three doses of the vaccine. Medical Officers of Health are asked to send prompt information regarding such cases to the Senior Medical Officer, Epidemiological Section, Ministry of Health, Savile Row, London, W.1. and to get in touch with the nearest Public Health Laboratory with a view to arrangements being made for the collection of stool specimens for virological examination.

There is no evidence that any disease affecting the central nervous system has been causally related to the use of oral vaccine made from the Sabin strains, but it is important that any patient showing symptoms suggestive of a neurological lesion after receiving the vaccine should be thoroughly investigated so that any possible misgiving on this point can be allayed. It should also be remembered that the incubation of acute infections simulating poliomyelitis but due to other micro-organisms may be in progress when oral vaccine is administered.

*The polystyrene insulating containers will have external dimensions of $5\frac{1}{2}$ in. x $5\frac{1}{2}$ in. x $5\frac{1}{2}$ in. and the wall will be $1\frac{1}{2}$ in. thick. Each container will hold up to 6 pliable dropper bottles in their packages—60 or 150 doses of vaccine or 3 glass vials in their packages with 3 droppers in polyvinyl sachets—30 doses of vaccine. For posting (letter post) the container, which is returnable to the local health authority, should be bound with adhesive tape and labelled "Vaccine—Urgent."

**The manufacturers' labels on vaccine containers and packaging may specify "deep freeze" temperature of $-20^{\circ}\text{C}.$ or below. The instruction specifying a temperature of $-5^{\circ}\text{C}.$ or below given in this Appendix should be regarded as reflecting the most recent information and has the agreement of the manufacturers of the vaccine."

The Ministry's Circular 8/62 amended the above Appendix as follows :—

(i) Paragraph 5(c) of the Appendix was modified by paragraph 5(ii) of Circular 8/62, which reads as follows :—

“When a dose of oral vaccine is being given to complete immunisation started with two doses of “Salk” vaccine (the second of which was given not more than one year previously) the dose of oral vaccine should preferably be given after an interval of ten to twelve months. This modifies subparagraph (c) of paragraph 5 of the ‘Notes on the Use of Poliomyelitis Vaccine (Oral) for Routine Vaccination’.”

(2) Paragraph 5(e) of the Appendix was cancelled by paragraph 5 (i) of Circular 8/62.

(3) Paragraph 5 (iii) of Circular 8/62 reads as follows :—

“Women known to be pregnant should preferably not be given oral vaccine earlier than the fourth month of their pregnancy.”

Yellow Fever.

Persons who propose to travel to certain countries are required to possess an International Certificate of Vaccination against yellow fever as a condition of entry. The County Council's Clinic, at Cathedral Road, Derby, has been designated by the Ministry of Health as one of the 40 Centres in the Country available for giving this form of vaccination, and since the scheme came into operation on 1st July, 1960, a medical officer of the County Council's staff has attended this Clinic each Monday morning to vaccinate intending travellers. A charge of £1 1s. 0d. is made for each vaccination performed. During the year 212 persons were vaccinated against yellow fever and provided with International Certificates.

AMBULANCE SERVICE

(Section 27)

Structure and Organisation.

During the year there were no further developments in the structure and organisation of the Ambulance Service, which continued to be wholly directly operated by the County Council from :—

- (a) Four main stations with radio control and one sub-station, all of which are manned throughout the 24 hours; and
- (b) Nine sub-stations manned during the day-time only.

In respect of the day stations, night cover was afforded by stand-by arrangements augmented by the main stations' resources, with the exception of Glossop, where complete night cover was given by the Stalybridge Ambulance Station operated by the Cheshire County Council. As mentioned in my report for last year, until the 6th March, 1961, the day stations were manned from 7 a.m. to 7 p.m. and after that date which coincided with the introduction of new rotas for the 42-hour week, with the exception of Glossop, the day stations were manned from 8 a.m. to 7 p.m.

Incidentally, in view of the proximity of the Heanor Ambulance Station to the main station at Ripley, certain night cover was afforded by the latter dependent on circumstances.

The Superintendents of main stations continued to supervise the day stations within their own telephone area during the absence of the Day Station Superintendents for short periods.

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

The following is an up-to-date list of addresses and telephone numbers of the County Council's Ambulance Stations :—

Addresses and Telephone Numbers of Ambulance Stations.

Ambulance Station	Telephone Numbers		Address
	8 a.m. – 7 p.m.	7 p.m. – 8 a.m.	
Main Station *MICKLEOVER	Derby 53916	Derby 53916	Station Road, Mickleover, Derby.
Sub-Stations Ashbourne	Ashbourne 441		Green Road, Ashbourne.
Ilkeston	Ilkeston 3401		Manners Avenue, Ilkeston.
Long Eaton	Long Eaton 1055		Briar Gate, Long Eaton.
Swadlincote	Swadlincote 7041		Civic Centre, Off Mid- land Road, Swadlincote
Main Station *RIPLEY	Ripley 75	Ripley 75	Ivy Grove, Ripley.
Sub-Stations Heanor	Langley Mill 3141		Wilmot Street, Heanor.
Matlock	Matlock 706		Town Hall, Bank Road, Matlock.
Main Station *BUXTON	Buxton 2012	Buxton 2012 (7 p.m.—7 a.m.)	Park Road, Buxton.
Sub-Stations New Mills	New Mills 3333		Park Road, New Mills.
Bakewell	Bakewell 393		Baslow Road, Bakewell.
Glossop	Glossop 3101 (7 a.m.—7 p.m.)		Talbot House, Talbot Road, Glossop.
Main Station *CHESTERFIELD Sub-Station **Eckington	At all times Chesterfield 6282		Ashgate, Chesterfield. Cast'e Hill, Eckington.

*Manned throughout the 24 hours and equipped for radio control.

**Manned throughout the 24 hours. Apart from the requisitioning of ambulance transport, the Telephone No. of this Station is Eckington 2391.

NOTES : (a) For all emergency cases, call the Telephone Exchange and ask Operator for "AMBULANCE".

(b) In all cases of difficulty in contacting a Sub-Station manned only from 8 a.m. to 7 p.m. (or 7 a.m. to 7 p.m. as in the case of Glossop) contact should be made, where necessary, with the appropriate Main Station indicated above.

The arrangements, which were made at the inception of the Service, whereby the New Mills Ambulance Station gave ambulance cover to the Disley area on behalf of the Cheshire County Council throughout the 24 hours, were continued. Similar reciprocal arran-

gements in force since 1948 with other neighbouring authorities along the whole of the County boundary were continued, in the interests of economy and efficiency.

All long distance journeys outside the County were dealt with centrally. In order to reduce the amount of detailed accounting in respect of journeys undertaken on behalf of other authorities, the arrangements with certain neighbouring authorities to waive charges were continued during the year.

Conveyance of Mentally Disordered Patients.

The arrangement whereby ambulance transport was provided from the Mickleover Ambulance Station for the transportation of mentally disordered patients to and from The Pastures Hospital, Mickleover, was continued during the year: the ambulance station is situated at a distance of approximately one mile from the hospital and, therefore, the services of specially trained attendants can be readily utilised. The remaining ambulance stations in the County dealt with the transportation of patients outside the scope of this arrangement. The Ambulance Service continued to convey patients to certain Training Centres in the County; all mileage undertaken in this connection was appropriately charged to the Mental Health Service.

Conveyance of Patients by Rail.

Continued efforts have been made to bring to the notice of hospitals and general medical practitioners the advantage of the use of ambulance/rail/ambulance transport particularly in respect of requests for long distance journeys. During the year 255 journeys were undertaken by this form of transport compared with 250 in 1960. As in previous years, other Local Health Authorities, as well as the Railway Undertaking, have been most co-operative in connection with the transportation of patients under these arrangements. The voluntary organisations of the British Red Cross and St. John have been of valuable assistance in providing escorts.

Infectious Diseases.

As in the past, no special vehicles were set aside for the conveyance of infectious patients and all such cases requiring transport were conveyed by the general Ambulance Service. All personnel are familiar with the procedure for the disinfection of vehicles and equipment. In connection with the transportation of patients suffering, or suspected of suffering, from smallpox special equipment is held at each of the main stations to deal with cases which might arise.

Since 1951, biennial vaccination against smallpox of all operational personnel has been carried out. The following table shows the number of personnel vaccinated during the past five years :—

<i>Year</i>	<i>Smallpox Vaccinations</i>			
1957 ..	..	..	..	94
1958 ..	..	..	..	94
1959 ..	..	..	..	101
1960 ..	..	..	..	116
1961 ..	..	..	..	97

Major Accidents.

As in the past, a supply of emergency equipment has been held at each of the main stations for the purpose of dealing with any major accident which might arise. The procedure for dealing with major accidents is reviewed from time to time and amended instructions issued, when necessary, due to changed circumstances either within the Police, Fire and Ambulance Services or the Hospital Organisation; the latest revised instruction was issued on the 17th April, 1961.

Premises.

The new ambulance station at Long Eaton was occupied on the 1st August, 1961.

During the year, the Council continued to seek for suitable sites for ambulance stations to replace certain unsatisfactory accommodation remaining in the County.

Telecommunications.

The policy of the County Council to equip all 12-volt ambulances with radio-telephony was continued; the older ambulances with the 6-volt electrical system are gradually being passed out of service and being replaced by 12-volt ambulances fitted with radio-telephony. By the end of the year under review, only six 6-volt ambulances with radio-telephony remained in the Service. Six mobile R/T units were ordered during the year although delivery was not effected by the 31st December, 1961; three aerials, leads and cradles to fit new ambulances to take existing sets already in commission were ordered during the year but were not delivered by the 31st December, 1961. These units are, therefore, not included in the figures shown in the following table which indicates the number of mobile equipments which were operating under the respective fixed stations on the 31st December, 1961 :—

<i>Controlling Base Station</i>	<i>Sub-Station</i>	<i>Number of Mobile Equipments</i>
Buxton .. ..	.. ..	8
	<i>Bakewell</i> ..	3
	<i>Glossop</i> ..	4
	<i>New Mills</i> ..	4
Chesterfield ..	.. ..	12
	<i>Eckington</i> ..	7
Mickleover ..	.. ..	10
	<i>Ashbourne</i> ..	2
	<i>Ilkeston</i> ..	3
	<i>Long Eaton</i> ..	3
	<i>Swadlincote</i> ..	4
Ripley .. ..	.. ..	10
	<i>Heanor</i> ..	2
	<i>Matlock</i> ..	4
	Total ..	76

Personnel.

Safe Driving Awards. The following table shows the results of the 1961 competition of the Royal Society for the Prevention of Accidents, together with those of the previous five years :—

<i>Year</i>	<i>Entered</i>	<i>Not Eligible</i>	<i>Disqualified</i>	<i>Diploma</i>	<i>5 Year Medal</i>	<i>Bar to 5 Year Medal</i>	<i>10 Year Medal</i>	<i>Bar to 10 Year Medal</i>	<i>15 Year Brooch</i>	<i>Bar to 15 Year Brooch</i>	<i>20 Year Brooch</i>	<i>Bar to 20 Year Brooch</i>	<i>Exemptions</i>
1956	185	5	31	110	7	29	—	1	—	2	—	—	—
1957	171	7	44	76	3	28	1	1	1	2	—	—	8
1958	182	3	50	78	6	27	6	4	—	2	1	—	5
1959	192	7	21	100	9	24	9	8	2	1	1	1	9
1960	181	12	20	85	12	25	4	14	—	3	—	2	4
1961	202	5	23	101	9	35	2	16	—	1	—	2	8

The total number of accidents in which Ambulance Service vehicles were involved during the year was 140 compared with 162 for 1960 (i.e., a decrease of 13.58%). The definition of "accident" as laid down by the Royal Society for the Prevention of Accidents has been strictly applied; all accidents, therefore, no matter how trivial, whether on the public highway or not, are reported and investigated, and where necessary, advice is given to the drivers concerned. The high standard of finish to the modern ambulance bodywork may easily be damaged by the slightest accident and, therefore, the standard of driving and care of vehicles by crews must at all times be of the highest order.

Establishment.

The following table shows the authorised establishment of ambulance personnel as at the 31st December, 1961 :—

<i>Ambulance Station</i>	<i>Station Superintendent</i>	<i>Shift Leaders</i>	<i>Senior Drivers</i>	<i>Driver Attendants</i>	<i>Female Clerk</i>
Ashbourne	1	—	1	5	—
Bakewell	1	—	1	6	—
Buxton	1	4	—	25	—
Chesterfield	1	4	—	27	1
Eckington	1	4	—	26	—
Glossop	1	—	1	6	—
Heanor	1	—	1	5	—
Ilkeston	1	—	1	7	—
Long Eaton	1	—	1	7	—
Matlock	1	—	1	7	—
Mickleover	1	4	—	26	—
New Mills	1	—	1	7	—
Ripley	1	4	—	26	—
Swadlincote	1	—	1	7	—
Not allocated	—	—	—	2	—
Totals	14	20	9	189	1

Vehicles.

During the year the following new replacement vehicles were ordered :—

- (a) two Bedford/Lomas ambulances on the 'J' type chassis (primarily for sitting cases); and
- (b) seven Bedford/Lomas ambulances (2/4 stretcher type) on the 'J' type chassis.

Delivery of the four remaining new vehicles ordered in 1960 was effected in 1961.

Six ambulances were, however, passed out of service resulting in a temporary decrease in the net strength of the fleet of two ambulances by 31st December, 1961.

The following vehicles were operational on the 31st December, 1961.

<i>Location</i>	<i>Number of Ambulances</i>	<i>Number of Light Ambulances</i>	<i>Number of Cars</i>
Ashbourne	2	1	—
Bakewell	3	1	1
Buxton	5	3	1
Chesterfield	7	3	1
Eckington	5	3	—
Glossop	3	1	1
Heanor	2	—	1
Ilkeston	3	1	—
Long Eaton	3	1	1
Matlock	3	1	—
Mickleover	6	3	1
New Mills	3	1	—
Ripley	7	3	1
Swadlincote	3	1	1
Pool	4	—	—
Totals	59	23	9

The following Table shows the average:

(a) daily mileage travelled; (b) number of patients conveyed per day; and (c) mileage per patient; compared with similar figures for the corresponding months of the previous four years:

Month	1957			1958			1959			1960			1961		
	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Miles per Patient	Average Miles per Patient
January ..	4,344	7.8	4,431	7.7	4,645	7.6	610	7.6	4,322	7.6	567	7.6	4,861	642	7.6
February	4,207	7.6	4,043	7.7	4,616	7.8	588	7.8	4,612	7.8	617	7.5	4,943	640	7.7
March ..	4,114	8.0	4,366	7.8	4,216	7.9	530	7.9	4,801	7.9	640	7.5	4,804	672	7.1
April ..	4,161	8.1	4,361	7.9	4,726	7.9	598	7.9	4,402	7.9	577	7.6	4,672	634	7.4
May ..	4,471	7.8	4,359	7.7	4,463	7.9	560	7.9	5,024	7.5	666	7.5	5,119	687	7.5
June ..	4,078	8.3	4,356	7.8	4,680	7.8	598	7.8	4,798	7.8	640	7.5	5,178	698	7.4
July ..	4,414	7.8	4,347	7.6	4,602	7.7	600	7.7	4,812	7.6	636	7.6	4,869	640	7.6
August ..	4,082	8.2	4,146	7.8	3,961	7.9	498	7.9	4,766	7.9	625	7.6	4,836	619	7.8
September	4,207	8.2	4,475	7.7	4,467	7.7	581	7.7	4,875	7.4	653	7.4	4,920	637	7.7
October ..	4,175	7.9	4,515	7.6	4,660	7.8	598	7.8	4,805	7.5	641	7.5	4,855	626	7.7
November	4,289	8.0	4,370	7.9	4,430	7.6	578	7.6	5,123	7.3	704	7.3	5,009	659	7.6
December	3,952	8.2	4,233	7.6	4,227	7.6	552	7.6	4,661	7.7	606	7.7	4,487	570	7.9
Averages for the year	4,208	8.0	4,333	7.8	4,474	7.8	574	7.8	4,750	7.5	631	7.5	4,879	644	7.6

The following Table shows the number of patients conveyed and the mileages covered by Ambulances, Light Ambulances and Sitting Case Cars during the year.

	Cars			Light Ambulances			Ambulances			Totals		
	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage	Acci- dent or Emerg- ency	Total Cases	Mileage
1961												
January ..	7	1,226	9,848	43	4,611	41,226	837	14,068	99,604	887	19,905	150,678
February ..	6	1,191	11,009	43	4,461	38,646	703	12,272	88,746	752	17,924	138,401
March ..	8	1,350	11,236	36	4,921	40,803	760	14,570	96,899	804	20,841	148,938
April ..	12	1,253	10,998	30	4,394	36,378	786	13,359	92,791	828	19,006	140,167
May ..	15	1,342	12,734	25	5,139	43,386	813	14,809	102,561	853	21,290	158,681
June ..	7	1,600	13,348	41	5,120	42,079	906	14,226	99,904	954	20,946	155,331
July ..	9	1,114	10,630	35	4,661	40,044	889	14,050	100,253	933	19,825	150,927
August ..	6	1,068	10,190	37	5,079	42,476	867	13,053	97,247	910	19,200	149,913
September ..	7	1,156	11,152	29	4,628	41,598	817	13,322	94,856	853	19,106	147,606
October ..	6	1,429	13,386	36	5,127	43,778	781	12,973	93,341	823	19,529	150,505
November ..	3	1,265	11,770	44	4,935	42,564	747	13,579	95,935	794	19,779	150,269
December ..	4	882	9,511	28	4,488	38,798	855	12,299	90,780	887	17,669	139,089
Totals ..	90	14,876	135,812	427	57,564	491,776	9,761	162,580	1,152,917	10,278	235,020	1,780,505

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

The County Council as a Local Health Authority may, with the approval of the Minister of Health, make arrangements for the prevention of illness, the care of persons suffering from illness or mental defectiveness, or the after-care of such persons. The powers under this section, therefore, extend over a wide field, and are inter-related with the hospital and specialists and general practitioner services provided respectively under parts II and IV of the National Health Service Act, as well as the many other enactments administered by the County Council, and the District Councils. A close liaison is maintained with the appropriate hospitals, the County Welfare Officer as well as Medical Officers of Health of Sanitary Districts in carrying out the manifold powers and duties which constitute modern social medicine. For example, when a patient requires admission to hospital, particularly if it is for a long stay, a report is requested from a Health Visitor to help the hospital staff to determine the priority for admission, the County Welfare Officer is informed, in appropriate cases, as he has duties under the National Assistance Act for safeguarding a person's effects while he is in hospital; the Children's Officer is informed where help is required in arranging for the care of children; while the Home Nurse, the Home Help and the Health Visitor, are contacted in suitable cases as their assistance may facilitate the early return of the patient to his home, thus helping to relieve the pressure on hospital beds. Furthermore, patients are often happier at home amid familiar surroundings.

All the home nurses are provided with a stock of sick room equipment which is readily available for loan to patients when nursed in their own homes. Articles such as wheel-chairs (self-propelled and push-type), hospital type bedsteads, sponge rubber mattresses and commodes are loaned on a temporary basis. A side-folding self-propelled chair, which is now on the market, is proving very popular, as it easily manoeuvred within the house, whilst at the same time it is suitable for short outdoor excursions. The request for wheel-chairs is very heavy, particularly in the summer months. While persons suffering from permanent or semi-permanent disabilities may be provided, through the Hospital and Specialist Services, with wheel chairs of various kinds, including motor-propelled, not infrequently requests are received from hospitals for wheel chairs to be loaned to patients suffering from permanent disabilities until a special chair can be provided through the Hospital and Specialist Services, and wherever possible these requests are met. Special walking-aids are provided to help cripples, adults and children, to learn or re-learn to walk. All these articles are loaned free of charge. The Council's service is becoming more widely known and further stocks of all these articles are purchased from time to time to meet the increasing demand. There is every reason to believe that sick room equipment and articles mentioned above add to the comfort of patients and are much appreciated.

In addition, the Council has for a number of years made a grant to the British Red Cross Society, in consideration of the assistance provided through their Medical Loan Scheme to Derbyshire residents.

Blindness and Partially-Sightedness.

The County Council is responsible for the welfare of the Blind and Partially Sighted, and the service is under the direct control of the County Welfare Committee.

All applicants for registration as Blind or Partially Sighted Persons are required to be medically examined, and for some years a standard form of medical report and certificate (Form B.D.8), which was introduced by the Ministry of Health, has been in general use throughout the country. Wherever possible Ophthalmologists of Consultant status are asked to examine applicants and complete the form. As these forms contain medical information which is of a confidential nature, the examinations are arranged through the County Health Department. With the written consent of the person concerned, particulars on broad lines are transmitted to the County Welfare Officer for registration, classification, and follow-up purposes.

In July of 1961, a circular letter was received by the Authority from the Ministry of Health asking that a copy of the Form B.D.8 completed with respect to blind and partially sighted persons, should be passed on to the General Practitioner concerned in the case.

The following is the appropriate paragraph from the Ministry's letter of 26th July, 1961, which sets out the official position :—

"We are in agreement with the British Medical Association that the whole content of the form provides essential information which the Doctor should have. With the agreement of the Local Authority Association, I am writing to ask each County and County Borough Council and those Authorities which are exercising delegated health and welfare functions to make arrangements for a copy of the completed Form B.D.8 to be sent in future, as a routine measure, to the General Practitioner of each person who is registered as blind or partially sighted."

The practice of letting the local doctor have a copy of the Specialist's form was started in the middle of the year under review and has proceeded smoothly and without difficulty.

Cataract, Glaucoma and Retrolental Fibroplasia.

The Ministry has 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 the years 1953 to 1961 which clearly indicates that these diseases are more prevalent in the upper age groups.

		Under 50	50-60	60-70	70-	Total
Cataract	.. 1953	14	5	32	126	177
	1954	10	9	22	145	186
	1955	1	5	19	110	135
	1956	4	6	18	94	122
	1957	2	3	10	99	114
	1958	3	3	9	67	82
	1959	3	1	5	61	70
	1960	4	2	9	53	68
	1961	2	5	9	43	59
Glaucoma	.. 1953	1	1	7	11	20
	1954	-	3	3	8	14
	1955	1	1	5	14	21
	1956	1	2	5	23	31
	1957	1	-	1	11	13
	1958	-	3	8	17	28
	1959	-	-	4	12	16
	1960	1	2	8	25	36
	1961	1	-	2	14	17

It is pleasing to see that the number of persons registered as Blind or Partially Sighted, due to cataract, is decreasing. Two factors may play a part in this decrease, namely: (1) possibly people are seeking medical advice and treatment earlier than formerly, and (2) surgical treatment may now be carried out at an earlier stage in the development of the condition than was the case in the past, thus preventing blindness occurring. However it would seem that there is a natural reluctance for the elderly to undergo operative treatment.

With regard to retrolental fibroplasia, this is a condition which it has been suggested may be due to an excessive amount of oxygen being administered in cases of prematurity, which, most unfortunately, results in blindness. In this County the incidence has been small, up to the end of 1961 only seven cases had been reported, three in 1952, two in 1955, one in 1956, and one in 1961.

Chiropody.

It will be remembered that in my Report for 1960, I dealt at considerable length with the Ministry of Health circular, the County Council's Proposals and the Professions Supplementary to Medicine Act, all of which ushered in the new Chiropody Service provided by Local Health Authorities.

At the end of that section of the Report I stated that it would be clear from what had then been said that a full expansion of the service depended on the new "Professions Supplementary to Medicine" Act which had not then been brought into force. During 1961, the Professions Supplementary to Medicine Act, 1960 (Commencement No. 1) Order, 1961, was published which brought into operation as from 1st

July, 1961, certain parts of the Act and in particular, the provisions with respect to the establishment and constitution of a Council for these Professions and also the Board for the profession of Chiropodist. At the end of December, 1961, it was also learned that the Registrar of the Council for the Professions Supplementary to Medicine had taken up his appointment.

It will be remembered that in my report last year it was pointed out that the Act made it clear that registers would be expected to be published "not later than two years from the beginning of the year next following that in which the Board is established".

In January 1961, services were started at Buxton and at New Mills. In March chiropody was commenced at the County Council's Clinics in Clowne, Dronfield and Frecheville. Later, in April, a clinic was commenced in Ashbourne, followed in the same month by the establishment of the service in Glossop. It was not, however, until September that we were able to start chiropody in Swadlincote and at Chapel-en-le-Frith. Only at the end of the year were we able to commence in the Bolsover, Eckington and Staveley areas.

At the time of writing this Report, we have further extended our activities to Chaddesden, Derby (Cathedral Road) Clinic, Belper, Heanor, Long Eaton and Matlock, and it is hoped shortly to make appointments in other areas. At the end of this section there is a list of the chiropody services provided by your Committee. They are all, of course, conducted in premises owned by the County Council, except at Ashbourne, where the clinic is held in St. Oswald's Hospital.

Publicity. To enable everyone concerned to be made aware of the Council's proposals, a brief resume of the Chiropody Scheme has been circularized. It is quoted below in full :—

"CHIROPODY SERVICE"

*Notes on the County Council's Scheme as a Local
Health Authority, for providing Chiropodial Treatment.*

(1) The Derbyshire County Council, acting as a Local Health Authority, has decided to establish gradually a Chiropody Service as part of their arrangements for the prevention of illness, care and after-care, under Section 28 of the National Health Service Act 1946.

The following notes in "question and answer form" have been written for the information of medical practitioners, the County Council's medical and nursing staff, and other interested persons, in the hope that they may facilitate the introduction of the scheme.

(2) *Who may be Treated ?* Although there is no formal limitation of the ultimate scope of the service, in the early stages it is limited to the following groups :—

- (a) *The Elderly*, (i.e. males over the age of sixty-five and females over the age of sixty years).

Chiropodial treatment for the elderly will be **free**, and is not subject to the application being supported by a medical certificate.

- (b) *The Physically Handicapped*, and other persons for whom there are particular medical grounds.

- (c) *Expectant Mothers.*

Patients in groups (b) and (c) above may receive **free** chiropodial treatment, provided that their applications are supported by a certificate from their General Medical Practitioner.

(Note :—**At a later stage** in the development of the service, chiropody may be provided for other persons, providing they pay a standard charge based on the cost for the normal service plus a charge for dressings and any additional treatment provided. In cases of hardship such patients may apply for free treatment or treatment at a reduced charge. **When this stage is reached publicity will be given to the fact.**)

- (3) *Where will Treatment be Provided ?*

- (a) Treatment will usually be carried out at **County Council Clinics**. If necessary, ambulance transport will be arranged for appropriate patients, subject to the usual rules applicable to the use of the County Council's Ambulance Service (namely, on the authority of a doctor, dentist, nurse or midwife, as well as a hospital or any other institution for the sick, provided that the patient cannot reasonably be required to travel by public transport).
- (b) It is also recognised that there may be some patients who will need to be provided with chiropodial treatment **in their own homes**. Before such domiciliary treatment is arranged, however, it will be necessary for the patient to produce **a medical certificate** from his or her General Medical Practitioner stating that this is essential on medical grounds, and the Chiropodist will seek the prior approval of the County Medical Officer of Health.

- (4) *How is Application for Chiropodial Treatment Made ?*

- (a) The County Council's scheme will come into operation in different parts of the County at different times, as the services of Chiropodists become available. In the early stages, only a limited number of sessions will be available.
- (b) When sessions are arranged at a particular County Council Clinic these notes will be issued to Doctors, nurses and other interested persons in the area likely to be served as well as a covering letter giving details of the service which has been arranged.
- (c) Some patients will already be known to the Chiropodist (e.g. through Old People's Clubs) and in these cases, if they are in the eligible groups, it will be a simple matter for an arrangement to be made directly between the patient and the Chiropodist.

Some patients may be in touch with members of the County Council's staff (e.g. Midwives, Health Visitors, Home Nurses) and the latter should assist in arranging treatment. All that is necessary is a written request addressed to the Chiropodist at the particular Clinic giving name, age, address and group (see para. (2) above).

Requests for :—

- (i) *Clinic* treatment for expectant mothers and the physically handicapped should be accompanied by a medical certificate.
- (ii) *Domiciliary* treatment for all groups should be supported by a medical recommendation.
- (iii) *Ambulance* transport should be arranged as mentioned in 3 (a) above."

The notes have been sent to Members of the Council, Medical Officers of Health, General Practitioners, many categories of County Council staff, Clerks of the District and Parish Councils, the Secretaries of Hospital Management Committees, Secretaries of Old People's Clubs, the County Welfare Officer, Chiropodists on the Council's staff and to the National Assistance Board.

As Old People's Clubs obviously occupy a special position with regard to chiropody, a special short note was addressed to the Secretaries of such Clubs in the areas where we were able to start a service and a copy of that note is quoted below :—

"I enclose some information concerning the inauguration of the County Council's Scheme, as a Local Health Authority, for providing a Chiropody Service, which is starting in the north-east of the County (as described in the "Chiropody Notes" Nos. 1 and 2 herewith).

I understand that hitherto some of the funds of the Old People's Clubs have been very kindly used to assist the elderly to pay for chiropodial treatment. You will observe from the enclosed information that **free** treatment for the elderly is to be provided under the County Council's Scheme. It has been suggested, however, that some elderly people might appreciate some financial or other assistance towards transport to the Clinic, and in forwarding particulars of the County Council's Scheme I have been asked to mention this point for your kind consideration".

CHIROPODY TREATMENT CARRIED OUT DURING 1961

	<i>Elderly</i>		<i>Physically Handicapped</i>		<i>Expectant Mothers</i>		<i>No. of Sessions</i>
	<i>Patients</i>	<i>Treatments</i>	<i>Patients</i>	<i>Treatments</i>	<i>Patients</i>	<i>Treatments</i>	
Treatment at Clinics	1,166	3,414	26	52	3	3	608
Domiciliary Treatment	104	467	5	9	—	—	—

The following table shows the Chiropody sessions which are being conducted at the time of writing this report :—

<i>Clinic</i>	<i>Times of Opening</i>	<i>Chiropodists</i>
ASHBOURNE St. Oswald's Hospital ..	1st and 3rd Mondays of the month, 9.30 a.m. to 12.30 p.m.	T. E. Martin, M.Ch.S.
BELPER Field Lane ..	Tuesdays— 9.30 a.m. to 12.30 p.m.	Mrs. M. D. Bewley, M.Ch.S.
BOLSOVER Welbeck Road ..	Thursdays— 9.30 a.m. to 12.30 p.m. 1.45 p.m. to 4.45 p.m.	J. B. Hewitt, M.Ch.S.

<i>Clinic</i>	<i>Times of Opening</i>	<i>Chiropodists</i>
BUXTON Bath Road ..	Tuesdays, Wednesdays, Thursdays, Fridays— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturdays— 9.0 a.m. to 12 noon.	Miss B. M. H. Wyse, M.Ch.S.
CHADDESSEN Maine Drive ..	Fridays— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Miss E. Jones, M.Ch.S.
CHAPEL-EN-LE- FRITH Eccles Road ..	Mondays— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Miss B. M. H. Wyse, M.Ch.S.
CHESTERFIELD Brimington Road	Tuesdays— 10.30 a.m. to 1.30 p.m. Tuesdays— 10.0 a.m. to 1.0 p.m. 2.0 p.m. to 5.0 p.m.	G. Carter, M.Ch.S. J. B. Hewitt, M.Ch.S.
CLOWNE Creswell Road ..	Tuesdays— 9.30 a.m. to 12.30 p.m. Mondays— 9.30 to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Miss J. Wright, M.Ch.S. J. B. Hewitt, M.Ch.S.
DERBY Cathedral Road ..	Fridays— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	Mrs. C. I. Beattie, M.Ch.S. Mrs. A. E. Great- orex, M.Ch.S.
DRONFIELD The Grange ..	Thursdays— 9.30 a.m. to 12.30 p.m.	Mrs. H. G. Goddard, M.Ch.S.
ECKINGTON .. Gosber Street ..	Saturdays— 9.30 a.m. to 12.30 p.m.	J. B. Hewitt, M.Ch.S.
FRECHEVILLE Fox Lane ..	Wednesdays— 9.30 a.m. to 12.30 p.m.	Mrs. H. G. Goddard, M.Ch.S.
GLOSSOP George Street ..	Mondays— 10.0 a.m. to 1.0 p.m. Wednesdays— 9.0 a.m. to 12 noon.	K. Horrox, M.Ch.S.
HEANOR Wilmot Street ..	Mondays— 9.30 a.m. to 12.30 p.m.	C. A. Bewley, M.Ch.S.
LONG EATON 4 Nottingham Rd.	Alternate Mondays— 9.30 a.m. to 12.30 p.m.	Q. J. Beattie, M.Ch.S.

<i>Clinic</i>	<i>Times of Opening</i>	<i>Chiropodists</i>
MATLOCK Causeway Lane ..	Fridays— 9.30 a.m. to 12.30 p.m.	D. Nolan, M.Ch.S.
NEW MILLS High Lea Hall ..	Tuesdays— 9.0 a.m. to 12 noon 1.30 p.m. to 4.30 p.m. Wednesdays— 9.0 a.m. to 12 noon.	Mrs. I. Greenhalgh, M.Ch.S.
STAVELEY Lime Avenue ..	Wednesdays— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Fridays— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	J. B. Hewitt, M.Ch.S.
SWADLINCOTE Alexandra Road	Wednesdays— 9.0 a.m. to 12 noon. Fridays— 9.0 a.m. to 12 noon.	Mrs. M. K. Archer.

Mass Radiography.

The Regional Hospital Boards provide the Mass Radiography service, and whilst there is not a Unit based in the County, nevertheless the following four Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time :—

Sheffield Regional Hospital Board.

Nottingham Area No. 2 Unit, based on Nottingham.

South Yorkshire Area Unit, based on Doncaster.

Sheffield Area Unit, based on Sheffield.

Manchester Regional Hospital Board.

Unit No. 3, based on Stockport.

In addition there are static Units in Nottingham and Sheffield to which cases may be referred.

Occupational Therapy for Patients suffering from Tuberculosis

By agreement with the County Welfare Committee the Craft Instructors of the Welfare Department give instruction to tuberculosis patients on the recommendation of a Chest Physician. The County Health Committee has agreed to accept financial responsibility for the appropriate portion of the salaries and travelling expenses of the Craft Instructors.

Chest and Heart Association (formerly the National Association for the Prevention of Tuberculosis).

The County Council has for some years made an annual grant to this Association. It is a voluntary body which has been in existence for some sixty years and has done good work in the campaign against tuberculosis. In January 1959 the title of the Association was changed to correspond with the widening scope of their work in the field of chest and heart diseases.

Village Settlements.

The demand in this County for accommodation in these Settlements continues to be small. On the 31st December, 1961 there was one male patient in Sherwood Village Settlement, who has the tenancy of a house in the Settlement.

Chest Clinics.

This branch of the service is under the control of the Regional Hospital Boards, the Chest Physicians being officers of the Boards. Nevertheless the County Council pays a proportion of their salaries in respect of the Care and After Care work undertaken by these Officers.

HEALTH EDUCATION

Encouraging progress was made during 1961 in Health Education in the County. The plan of having a central pool of material from which all outside staff can draw has worked well. Each clinic, however, has its own filmstrip projector; a supply of filmstrips that are in constant use, e.g. for relaxation and mothercraft classes; pegboards and display material; flannelgraphs, etc.

At the central office we have continued to build up a comprehensive lending library of all visual aids; this is well used and much appreciated by the outside staff. These visual aids are :—

Films. Twenty-seven films are owned by us. One film has been obtained on a five year loan and seven other films have been borrowed for periods of six to twelve months. Other films are hired from the various film libraries as required.

Sound Projectors. Five sound projectors have been placed for use of Health Visitors and Home Safety Committees.

Filmstrips. Two hundred and six filmstrips are available from the central office. Ninety-six filmstrips are in outside clinics for mothercraft and relaxation classes.

Flannelgraphs. Twelve flannelgraphs are available for loan.

Exhibitions. The following exhibitions were made by our own staff either at the central office or in the clinics; they are kept at the central office and sent out to the clinics, schools or libraries :—

Mental Health
 Care of the Feet
 Home Safety for Children
 Christmas Safety
 Falls
 Home Safety
 Smoking and Lung Cancer
 Does Your Holiday go up in Smoke
 Food Hygiene
 Dental Health
 Welfare Services
 Care of the Eyes
 Holiday Safety

These have been circulating the clinics. It has been encouraging to note that many Health Visitors are now producing their own displays for the pegboards in their clinics.

Posters and Leaflets. There is a monthly issue of posters and leaflets to 92 clinics and infant welfare centres, four general practitioners, two factories, six old people's clubs and several schools. We have a rule that posters must not be displayed for more than a month at a time and only one subject is displayed at once.

Projects during the year.

Smoking and Lung Cancer.—Education about the connection between smoking and cancer of the lung began in the County three years ago. We have dealt solely with the dangers to health in this habit and have been concerned rather to prevent young people taking up smoking than to make smokers give it up. We have spoken mainly in schools, to parent-teachers associations, and to youth clubs.

The propaganda follows the pattern of all our health education subjects: films, filmstrips, flannelgraphs, visgraphs, talks, posters and leaflets. We have ceased to show the B.B.C. film on Smoking and Lung Cancer. This was shown in schools and clinics, accompanied by a talk.

We have been fortunate to get the sound filmstrip, "To Smoke or Not to Smoke", made by the American Cancer Society, through the Christie Hospital Manchester. This is an honest no-nonsense propaganda item intended to prevent young people taking up smoking and as such is readily understood and accepted (or rejected) by the children. For this reason we believe it has been a great success wherever it has been shown, and invariably provokes a lively discussion even among the youngest entrants in grammar and secondary schools. We now have seven copies of this filmstrip for loan. Three District Medical Officers of Health—Buxton, S.E.-Derbyshire and Glossop, have shown it in all the schools in their areas. Hope Valley College and Henry Fanshaw

Grammar School each has retained a copy for showing throughout the term. Occasionally the film dealing with cancer in general, "From One Cell", is shown first. Pupils, especially those studying biology, find this very interesting. One General Practitioner has shown the sound film-strip at a youth club, Health Visitors have shown it in youth clubs and we have shown it to the new recruits to the County Council's staff.

The County Libraries have distributed for us three thousand bookmarks of the "Cancer Cigarette" and the exhibitions have been displayed in the clinic window in Derby, in other clinics and in the Codnor Secondary School.

To every Headmaster in the County we sent a copy of the booklet "A Message from an M.O.H."

Home Safety.—There are eight Home Safety Committees which are voluntary committees set up at the invitation of the Health Committee of each local authority.

The purpose of the committees is to prevent or reduce in severity the number of accidents in the home. This is achieved by keeping the public informed of the precautions which should be taken in the home, particularly where there are young children and old people. This aim is carried out by various means of publicity—posters lectures, films and filmstrips, pamphlets, publication of articles in newspapers and on television and radio.

Propaganda and publicity is done mainly by displaying posters on hoardings and in shops; by pamphlets, by talks, filmstrips and film shows to various organised groups such as Old People's Clubs, Women's Institutes, schools and in clinics. For technical reasons much of this part of the work is done by the County Council's staff, e.g. Doctors, Health Visitors, Fire Officers. Two Committees, namely, Blackwell and Buxton, have their own filmstrip projectors. In other cases, when a film or filmstrips are needed the projector is borrowed from us and a Doctor or Health Visitor operates it and gives the talk. The Fire Service also lend films and personnel.

It is understood that the General Medical Practitioners provide the Medical Officer of Health of Blackwell Rural District, and certain hospital authorities provide the M.O's.H. of Buxton and Glossop, with figures relating to non-fatal accidents in the home. This co-operation is much appreciated as it provides useful information. The Fire Officer gives figures and descriptions of burning accidents which is of value in giving advice on prevention.

An ambitious newspaper quiz competition which was organised by the Chesterfield R.D.C. Committee brought together all the Home Safety Committees in the County as well as local authorities not having Home Safety Committees. This was successful enough for them to think of repeating it next year; a very good example of successful co-operation.

The teacher members support the various campaigns in their schools. In one area (Swadlincote) the Headmasters of the schools are on our own list for regular supplies of posters and leaflets.

During a particular effort by a Home Safety Committee, e.g. Fire Prevention Week or Water Safety Campaign, we put on an exhibition, talks and film shows in the County Council Clinics to give it support. A special exhibition travels round the county for this purpose. We have received great assistance from both the Gas and Electricity Authorities all over the County in supplying safe cookers and equipment for display at the exhibitions.

The following are a few examples of the activities during 1961 of the various Home Safety Committees :—

Chesterfield R.D.C. Requested support for a Private Member's Bill on Home Hazards by their M.P.

Home Safety Displays at Barlow and Marsh Lane during their well-dressings. This included a Hazard House competition at Barlow.

Inter-schools Home Safety Quiz contest. The following schools took part :—

Eckington County Secondary
Heath County Boys'
Thornbridge
Tupton Hall

Distribution of Leaflets "Plastic bags—a danger to your child".

Distribution of Home Safety Christmas Cards.

Support for the National Fire Prevention Week, 30th October to 4th November, 1961, by distributing book-marks to libraries and supporting the National Children's Home Safety Poster Competition.

Supporting the National Gas Campaign, by distributing 5,000 "Safe Use of Gas" pamphlets, arranging for an exhibition to be held at Eckington and inserting in the local press a suitable notice on the safe use of gas.

Support of the Under Fives' Campaign by distributing 200 posters and 500 birthday cards to clinics, Old People's Clubs, the W.V.S. and any other suitable organisations.

Buxton. First-aid Week, 10th-17th April. Local stores and chemists asked to make special window displays.

Support for the National Fire Prevention Week. The Fire Prevention Officer arranged an indoor fire prevention display in the foyer of the library for a week. The Fire Service caravan on display for a day on Saturday, 4th November. A suitable display was arranged at the County Council Clinic. A home Safety Exhibition was also arranged in the Pavilion Gardens. Ironmongers and drapers were asked to co-operate by staging window displays featuring fire prevention. Cinemas were to show suitable trailer films. Stickers were issued for all Corporation vehicles and posters were displayed in all suitable places.

A water Safety Campaign was organised at the well-dressings.

The press was asked to publish a notice on the danger to children from plastic bags.

Children's Home Safety Poster competition was also organised in connection with the Fire Prevention Week.

Swadlincote. A Home Safety Exhibition in the Public Library in January. Requested support for a Private Member's Bill on Home Hazards by their M.P. Safe Use of Gas campaign supported with press notice and distribution of leaflets.

Support of the Water Safety Campaign by distributing posters and leaflets.

Support for the First Aid Week, 10th-17th April, and requesting St. John's Ambulance Brigade to stage Home Accidents in First-aid demonstrations, and local stores and chemists asked to display First-aid boxes.

World Health Day. Display of suitable propaganda for this occasion.

Support through the local press for publicising the dangers of plastic bags.

Leaflets distributed to the general public through local electrical contractors, pointing out the dangers from the misuse of electricity.

Posters displayed in local shops, the public library and other suitable places to support the National Fire Prevention Week. The Fire Prevention exhibition caravan was booked for one day and the Headmasters of local Secondary Schools were invited to take parties of children.

Publicity was given in the "Burton Daily Mail" for care to be taken in the hanging of Christmas decorations and cards.

Blackwell. Safe Use of Gas Campaign. Talks and demonstrations were given to four Old People's Clubs.

One thousand leaflets "Just Arrived" and one thousand "First Birthday" were distributed to support the under five's campaign.

One hundred handbooks of "First-aid" were issued to local chemists who were making a special display of First-aid boxes during the "First-aid" week.

Featurettes issued by "Rospa" on "Hazards in the Home". "Is Your Home Dangerous" and "An Adult's Responsibility" were circulated to church organisations for inclusion in their magazines.

The Water Safety Campaign was supported with suitable posters and the "Water Safety Code" booklets.

Support for the National Fire Prevention Week. A film "Guard That Fire" was shown at local cinemas and the Fire Service Exhibition Caravan was also booked.

Heanor. S.O.S. cards were distributed to old people.

National Fire prevention Week was supported by the distribution of "Fire Prevention Code" and the posting of suitable posters. The Fire Service Exhibition Caravan was also booked during the week. A special display exhibition was borrowed from "Rospa".

Danger from plastic bags leaflets were distributed.

A Proban display stand was exhibited in the clinics.

Glossop. Requested support for a Private Member's Bill on Home Hazards by their M.P.

A competition was organised in connection with displays of flame resistant materials in the local shops.

A Home Safety quiz was organised in local junior schools.

Home Safety Birthday Cards were distributed to children in the Borough on their first birthday. Two thousand "Protect Your Child" bookmarks and 50 "Turn Handles" posters were issued.

Support for the First-aid Week by requesting local stores and chemists to display First-aid boxes and also requesting the St. John's Ambulance Brigade to include the treatment of home accidents in any demonstrations they gave during the week.

Support for the National Water Safety Week with posters and "Water Safety Codes."

Arranged for featurettes entitled "An Adult's Responsibility", "Is Your Home Dangerous", and "Hazards in the Home" to be published in the Glossop Chronicle and Advertiser.

Supported the National Fire Prevention Week. Borrowed the Fire Service Exhibition Caravan on 3rd November. Distributed suitable literature and posters to support this campaign. An exhibition was also arranged in the County Council Clinics.

Requested local shop keepers not to sell fireworks until just before 5th November.

Christmas Safety Posters, etc., were displayed.

This Committee also own a model of Hazard House.

Clowne and Alferton and Ripley Home Safety Committees have only recently been formed. Whaley Bridge and Chapel-en-le-Frith are arranging to form their own Committees within the near future.

In conjunction with the First-aid Week organised by the St. John's Ambulance Association a Home Safety Exhibition was staged in the Ilkeston Town Hall on 9th June.

In support of the National Fire Prevention Week, 28th October-4th November, a Home Safety Display of flame and flare-free clothing was organised at Buxton Clinic. Posters, literature and samples of safe materials were distributed to all our H.V.'s for demonstration in their clinics.

The Safe Clothing Exhibition was later shown in the Swadlincote Public Library.

Dental Health.

The Dental Health campaign has continued and the exhibition, featuring the container of childrens' teeth, collected by the Principal Dental Officer, has been displayed in more of our clinics and schools. The School Medical Officers, Dentists, Health Visitors and School Nurses have spoken to children in school and at the same time leaflets have been distributed and posters displayed.

From 10th-22nd April the Central Council for Health Education Clean Air Exhibition was arranged at Ripley Clinic.

A special exhibition of first aid materials was also arranged in Swadlincote Public Library, in support of World Health Day and the First-aid Week, from 8th -17th April.

A Holiday Safety Exhibition featured in Buxton new clinic for the opening. This exhibition was displayed later in our other clinics.

With the help of the County Welfare Department, an exhibition of aids for the handicapped was organised. It is now circulating the clinics and has also been displayed at Swadlincote Library.

The Codnor Secondary School organised a Health Week from 6th-10th November, and various displays were lent to them. These exhibitions were supported by talks from Dr. Corrigan, Miss Bartram and the teachers.

The relaxation classes for expectant mothers have proved to be a very fertile ground for group teaching and have been run jointly by the Midwives and Health Visitors. Health Visitors have also attended sessions at some Maternity Hospitals to speak about the work of the Health Visitors to mothers attending the relaxation classes held there.

In-Service Training.—Films have been shown to Health Visitors, Midwives, Home Nurses and Home Helps. The Senior Medical Officer for School Health and the Deputy Superintendent Health

Visitors have spoken at meetings of Parent Teacher Associations. Talks and film shows have been given by the Senior School Medical Officer, the Senior Dental Officer, the Deputy Superintendent Health Visitor and the Health Visitors at Women's Institutes and other Women's Organisations, Parent Teacher Associations, Old Age Pensioners' Clubs and other similar Organisations.

Health Education Talks and Film Shows during 1961

	AUDIENCES			SUBJECT			Films
	<i>At Child Welfare Centres</i>	<i>At Ante-natal Relaxation and Mothercraft Sessions</i>	<i>At Voluntary Schools and Other Places</i>	<i>Child Welfare and Miscellaneous Matters</i>	<i>Ante-natal matters</i>	<i>Home Safety</i>	
Alfreton	4	106	1	9	100	—	6
Ashover	1	—	—	—	—	1	—
Belper	1	—	—	1	—	—	—
Bolsover	4	2	7	8	2	2	3
Blackwell School	—	—	9	8	—	1	1
Brooklands School	—	—	7	6	—	1	—
Buxton	—	71	17	15	65	9	7
Chaddesden ..	3	54	3	49	13	—	7
Chapel-en-le-Frith	18	1	4	15	—	2	7
Chesterfield ..	—	45	2	2	43	1	4
Chinley	4	—	—	3	—	1	—
Clay Cross ..	13	50	2	14	48	1	9
Clowne	22	72	12	13	47	12	120
Cotmanhay ..	6	—	—	4	1	1	—
Derby	—	51	—	—	51	—	—
Draycott	1	—	—	1	—	—	—
Dronfield ..	—	64	4	6	57	—	10
Duffield	1	—	—	—	—	1	—
Eckington ..	2	53	12	6	5	1	10
Frecheville ..	8	48	4	15	38	3	3
Glossop	5	91	1	14	67	1	10
Hackenthorne ..	18	44	29	23	38	5	55
Heanor	15	58	12	33	52	—	1
Ilkeston	58	144	29	88	105	28	14
Long Eaton ..	1	82	27	23	81	—	10
Matlock	1	49	3	5	46	—	5
New Mills ..	3	21	—	—	21	—	3
Pinxton	1	—	—	—	—	1	—
Ripley	3	92	3	15	82	2	—
Shirebrook ..	—	49	50	—	49	—	81
Spondon	—	—	6	4	—	—	2
Staveley	16	27	3	19	23	3	2
Swadlincote ..	8	77	79	67	58	11	28
Whaley Bridge ..	10	—	—	8	—	3	—
Wingerworth ..	2	—	—	1	—	1	—
Hope College ..	—	—	7	7	—	—	—
South Normanton	—	—	1	1	—	—	—
Allestree	—	—	2	2	—	—	—
Tansley	—	—	1	1	—	—	—
Darley Dale ..	—	—	1	1	—	—	—
Nightingale Mat. Home	—	2	—	2	—	—	—
Littleover ..	—	—	1	1	—	—	—
Derby City Hospital	—	1	—	1	—	—	—
Ambergate ..	—	—	1	1	—	—	—
Ashford	—	—	1	—	—	—	1
Osmaston	—	—	1	—	—	1	—
Cresswell	—	—	1	—	—	—	1
South Darley ..	—	—	1	—	—	1	2

HOME HELP SERVICE

(Section 29)

General Administrative Arrangements.

The Home Help service, outside the Borough of Chesterfield, is under the day-to-day control of the County Home Help Organiser, supervised by the appropriate Medical staff. There are six Area Organisers, including one in Chesterfield Borough.

Further expansion of the service has continued during the year. More Home Helps have been appointed and it has been possible to provide help for more people and for longer periods.

The progress of the scheme during recent years is indicated in the following figures :—

	1957	1958	1959	1960	1961
Home Helps	151	204	260	334	413
Cases Served	1,279	1,426	1,698	2,156	2,446
Area Home Help Organisers	1	3	5	5	6

It is interesting to see the gradually increasing number of elderly people who have benefited from the Home Help service in this county during recent years, as shown by the following figures (which do not include Chesterfield) :—

<i>Year</i>	<i>No. of Old Persons assisted</i>
1952	192
1953	297
1954	460
1955	580
1956	672
1957	796
1958	911
1959	1,329
1960	1,504
1961	1,752

Availability of Service.

Particulars of the service are obtainable from the local Health Visitor (a map and names, telephone numbers and addresses of Health Visitors are given on page 27 of the County Council's Health Services Handbook), local County Council Clinic or Centre (these are listed under "Districts Separately" in the Handbook commencing on page

105), or from the County Medical Officer of Health, County Offices, Matlock (Telephone number Matlock 3411). Area Organisers can be contacted direct in any case of emergency at the following places :—

- (1) *South of the County*—Miss Bracegirdle—Derby Clinic
Tel. Derby 45934—9 a.m.-10 a.m. daily.
- (2) *Southern Centre of the County*—Mrs. Richards—Ripley Clinic,
Tel. Ripley 872—9 a.m.-10 a.m. daily.
- (3) *Northern Centre of the County*—Miss Priestley—County Offices,
Tel. Matlock 3411—9 a.m.-10 a.m. daily.
- (4) *North East of the County*—Miss Haythornthwaite—Eckington
Clinic, Tel. Eckington 2591—9 a.m.-10
a.m. daily.
- (5) *North West of the County*—Mrs. Hopkins—Buxton Clinic,
Tel. Buxton 4451—9 a.m.-10 a.m. daily.

Residents in Chesterfield Borough may obtain information from the Health Department, Town Hall, Chesterfield, (Tel. Chesterfield 3232).

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

- (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 in spite of the fact that Home Helps attending cases of tuberculosis are paid an additional wage of 2d. per hour; whilst such cases are entitled to the facilities available, special safeguards have to be imposed to protect the personnel.

The following recommendations of a committee of medical officers of Local Health Authorities and Chest Physicians of wide experience working in the area of the Manchester Regional Hospital Board are regarded as being most useful in dealing with this difficult 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 persons 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.

Conditions for Home Helps.

The present hourly rate for Home Helps is 3/7½d. per hour. Travelling expenses together with travelling time in excess of forty minutes each day at the normal rate of pay is also paid.

Home Helps are supplied with maroon nylon overalls.

An additional three days holiday each year is allowed to Home Helps after ten years service and some qualified for this benefit during the current holiday year.

National Institute of Houseworkers Ltd.

The County Health Committee agreed in January 1960 to be associated with the training scheme of the Institute and also that Home Helps employed by the County Council who wished to take

advantage of the training scheme be sponsored by the Committee. During the year thirty-three Home Helps took the tests at Staveley, Clay Cross, Heanor, Creswell, Ilkeston, and Long Eaton, six passing with credit (65%—79% marks) nineteen with Grade 1 pass (55%—64% marks) and seven with Grade 11 pass (45%—54% marks).

The Home Helps who took the test, together with the old people who co-operated in allowing the use of their homes, enjoyed the experience very much and it is anticipated that further tests will be arranged in other parts of the County. It is also hoped that an official presentation of the diplomas and badges can be arranged early next year.

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 Area Home Help Organiser should recommend the number of hours to be worked, which in any case should not exceed forty-two per week.

Rules of Assessment.

Recovery of the cost (or part of the cost) of providing Home Helps, is made in accordance with a suitable scale of assessment. A fixed minimum charge of 5s. 0d. per week for the service was introduced in September, 1960. Many people in receipt of National Assistance are able to recover this amount from the National Assistance Board.

MENTAL HEALTH SERVICE

I asked Dr. Margaret Fynne, the Senior Medical Officer for Mental Health, to let me have a report, suitable for inclusion in my Annual Report, on the work of the Mental Health Section of the County Health Department, which she has submitted as follows :—

“To me this year has been a most interesting and stimulating one. It has been one of further advance and development in the wide field of Mental Health. The Mental Health Act of 1959 is indeed a challenge to all progressive Local Authorities and one that this Authority was eager to accept. As a result of this response by the Authority the meetings of the Mental Health Sub-Committee were well attended both by the members and also by the Superintendents of the various psychiatric hospitals and as a result various ideas and plans for the future were put forward.

On 1st November 1960, Chesterfield Borough took over its delegated powers for Mental Health and Welfare from the County Council and as a result of this two Mental Welfare Officers were assigned to the Borough.

Personnel. To the Establishment for the 1st April, 1961 was added four trainee assistants (ex grammar school) for Training Centres at Ashbrook, Chesterfield and Stanton Vale, Ilkeston.

Procedure for Admission to Hospital. The greatest percentage of our patients enter the Psychiatric Hospitals as informal patients. Many of them have previously attended the out-patient psychiatric clinics—others go as informal—being sent by their general medical practitioners.

Only three patients were admitted under Section 26 during the year to hospitals for the subnormal—one of these was to a Special Hospital. All other admissions to hospitals for the subnormal save for one Section 29, were on an informal basis, save for those under Court Order.

During the year several patients were admitted from the Courts to various hospitals best suited to their needs under Section 60 and Section 65.

Fewer orders are necessary—Section 29 being the more usual. The length of stay in hospital for the mentally ill has been greatly reduced and the Mental Welfare Officers carry out pre-care and after-care when required. Breakdowns of many of the Psychiatric patients are frequent and many return to hospital after a short stay in the community.

All other services are available if required: Home Nurse—Home Help—Occupational Therapy and Physiotherapy.

Training Centres. Routine dental and medical examinations are carried out in all Training Centres. One unqualified assistant supervisor from Ashbrook Training Centre successfully completed the Diploma Course in London, held under the auspices of the National Association for Mental Health and returned to resume her duties with the County Council.

Two trainee students were accepted for the Diploma Course and are attending the Sheffield Course.

Nine Training Centre Staff and three Craft Instructors attended a Refresher Course held by the National Association of Mental Health in Bristol.

Outside Field Staff. Two Craft Instructor Occupational Therapists attended a Refresher Course in Liverpool under the auspices of the Occupational Therapists.

Four Mental Welfare Officers on the staff attended a conference on Mental Health held at Buxton.

Seaside Holidays. This year the County Council rented a holiday camp in Rhyl for two weeks and a party of children from Training Centres and adults from Craft Instruction Classes in the North East and West and Centre of the county went for the first week. In addition we took with us a selected party of women patients from Whittington Hall Hospital accompanied by some nurses.

On the week following the remainder of the children attending Training Centres and adults from the Craft Instruction classes went for their holiday. In addition they took a selected party of male patients from Ridgeway Hospital. These parties were in charge of a Craft Instructor and were accompanied by all the Training Centre staff, one Mental Welfare Officer, two male Central Office staff—craft instructors and two male and four female student nurses kindly lent to us by the courtesy of the Hospital Management Committee of the Pastures Hospital.

This was the first occasion on which the Local Authority and the Regional Hospital Board took part in a combined holiday under the auspices of the Local Authority. It proved a great success in spite of the weather. This combined holiday is now a recognised annual proceeding. Some after-care patients who had been discharged from the Psychiatric Hospitals also accompanied the party.

New Training Centres and Hostels for Sub-normal. The new purpose built Junior and Adult Training Centres in Chinley which we had hoped to open in September have been delayed due to the inclement weather, shortage of labour and materials. It is hoped that they will be ready for opening early in the Spring of 1962. A hostel for sub-normal girls under 16 years, is also planned for the site and it is hoped to erect it in 1962.

A purpose-built Adult Training Centre, for 120 places, costing £57,316 19s. 1d. plus furniture and equipment £5,443 6s. 11d. is at the moment being erected and it is hoped that this will be ready for opening in the Spring of 1962. This is close to the Ashbrook Training Centre, Chesterfield. To this Centre will be transferred the young male adolescents from the Red House and the 16 year old females from Ashbrook, leaving the Ashbrook Junior Training Centre with children only. A hostel for sub-normal boys is also planned nearby. Sites have been investigated for a new Junior and Adult Training Centre in Mid-Derbyshire and at the moment negotiations are taking place to acquire a site for such a purpose in Mid-Derbyshire where it is also planned to erect a hostel for sub-normals close by.

Negotiations are also taking place for a site for a purpose built Adult Training Centre 120 places in the South East of the County and it is hoped to acquire this site early in 1962 and to start construction.

Negotiations are also taking place for a site for an Adult and Junior Training Centre in the South of the County with a hostel near by. These negotiations have proved somewhat difficult and prolonged so that it is hoped to report more progress about this project in 1962.

Hostels for the Rehabilitation of the Mentally Ill :—"Red House", Stonegravels in Chesterfield, has, as previously mentioned in the report of 1960, been purchased by the County Council for this purpose. At the moment of writing the adaption of "Red House" and the erection of the new block for use as a hostel for the mentally ill is about to start.

Another hostel of this type is planned for the South of the County.

Group Classes: Domiciliary Occupational Therapy. Home teaching is carried out in isolated districts. The classes for pre-care and after-care patients have ceased to exist as people who attended them asked if they might attend the classes for the sub-normal instead. There is very little demand for domiciliary occupational therapy for this type of case.

Open Days and Sales of Work take place in the various Centres at regular intervals throughout the year. These are open to the public and are not confined to parents and relatives. As a result of this people are much more understanding and sympathetic towards the people and children less fortunate than themselves and the old prejudice is breaking down and at times I am even given concrete help.

The Parents' Association for Mentally Handicapped Children. The Chesterfield and District Society presented Ashbrook Training Centre with a book case in December, while the Ilkeston and Long Eaton Society paid for the paving of some footpaths in Stanton Vale Training Centre and donated a piano organ for the Centre. The Buxton Society presented the sum of £161 11s. 9d. for provision of play equipment at the new Chinley Junior Training Centre in addition to providing various articles for outdoor activities including rocking horses and pedal tricycles. All these gifts were much appreciated.

Social Clubs. These are still in existence as psychiatric clubs. In addition a social club for the mentally ill was opened at Alfreton—so far it has not proved a success. A club for the mentally sub-normal has also been opened in Alfreton and this is quite successful but I hope to develop it still further. I am also hoping to develop more clubs for the sub-normals when the new adult Training Centre opens.

Student Nurses from the Psychiatric Hospitals do a week's field work with the Mental Welfare Officers. We also had a student in Social Science from Edinburgh University to do her field training during the summer vacation. She accompanied the Mental Welfare Officers and got a good insight into the field of Mental Health with all its problems. We also had three students from the Diploma Course of the National Association for Mental Health for practical training, two being based at Ashbrook and one in Stanton Vale.

Registration of Residential Homes for Mentally Disordered Persons. During 1961 two Residential Homes for Mentally Disordered Persons (St. Christopher's Trust, Redcourt, Glossop and Dr. Barnado's Home, Southwood, Holbrook), have been registered in pursuance of Section 37 of the National Assistance Act, 1948, as applied by Part III of the Mental Health Act, 1959, by the Derbyshire County Council.

Conclusion. There is no doubt that the outlook concerning Mental Health is changing, thanks to the Mental Health Act of 1959. Already the psychiatric hospitals are carrying out adaptations in order to accept the new concept of the modern psychiatric hospital where now, of course, there is "an open door". In course of time these big hospitals will disappear and the psychiatric unit will be part and parcel of the General Hospital. "The old order changeth yielding place to new."

As a result of this new outlook and with the help of new advances and research into drug therapy the time spent in hospital by the psychiatric patient is usually a short one. Discharges are frequent and many patients break down even though attending psychiatric clinics and have to be re-admitted. Some remain in the community for only a short time before re-admission while others do quite well. As a result of this the emphasis has now been shifted to community care and it is upon the patient's General Practitioner that the responsibility rests. He, therefore, can be regarded as the key figure for Community Care, being able to call upon the Mental Welfare Officers and other ancillary services to assist him. The General Practitioner plays in my opinion the most important role under the Mental Health Act of 1959 and it is to him that the patient turns for help and advice. He must therefore expect in the future, even greater demands on his time in the wide and ever expanding field of Mental Health."

Co-ordination with Regional Hospital Boards and Hospital Management Committees.

As in previous years, cordial relations and close co-operation have been maintained with the various Regional Hospital Boards and Hospital Management Committees. Mental Welfare Officers have continued to visit the mentally handicapped and reports on home circumstances are submitted to Hospitals in respect of patients on leave from Hospitals.

Most of the visiting of the mentally ill and the sub-normal and severely subnormal patients is now carried out on an informal basis. Efforts are now made to find work for some of the patients who have been discharged from Hospital to the community. Others, of course, are attending craft instruction classes and will attend the Adult Training Centres when they are established.

Under the National Health Service Act, the responsibility for mentally sub-normal and severely sub-normal patients on leave from Hospitals rests with the various Hospital Management Committees, but since many of the Hospitals do not employ their own Social Workers, arrangements are made with the Medical Superintendents to have the work done by Officers of the Local Health Authority.

With the co-operation of Derby No. 3 Hospital Management Committee and the Hospital Management Committees of other Mental Hospitals, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, for the conveyance of patients to those Hospitals.

Voluntary Associations.

The National Association for Mental Health.

This Association is of assistance in arranging courses of instruction which are attended by Medical Officers of the Council with a view to their being approved under the Medical Examinations (Sub-normal Children) Regulations, 1959.

It also arranges for courses in connection with the obtaining of the Diploma of the Association, whereby suitable candidates who are interested in the work of Training Centres are selected to attend these courses which are held under its auspices. In addition, the Association arranges annual residential refresher courses for personnel who work in the Training Centres. Occasionally, it arranges conferences relating to matters dealing with Mental Health.

The County Council make an annual subscription of £30 to the Association.

Work undertaken in the Community.

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

The work of the Mental Welfare Officers is chiefly concerned with the care and after-care of the mentally handicapped. The Officers visit the patients 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 officers and other public departments. A continuous record of each case is kept in the Central Office, compiled from the detailed reports of the Mental Health Officers on their visits.

(b) *Under the Mental Health Act, 1959. Admission to Hospitals.*

During the year 1961, as shown in the following table, 1,229 patients were admitted to Mental Hospitals and in respect of 452 of these, Orders were obtained by the Mental Welfare Officers. Also, advice and information were given to patients and relatives in the case of a number of patients admitted informally under the Mental Health Act. It is noteworthy that approximately 63% of the cases were admitted informally under the Mental Health Act, 1959, and it is encouraging that more and more people are realising that mental illness is similar to many other illnesses in that early treatment may bring about recovery.

During the period 1st January, 1961 to 31st December, 1961, the following numbers of patients were admitted to hospitals for the mentally ill :—

<i>Hospital</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Pastures Hospital, Mickleover	538	520	1,058
Kingsway Hospital, Derby	19	37	56
Parkside Hospital, Macclesfield	27	40	67
St. Matthew's Hospital, Burntwood	2	8	10
Middlewood Hospital, Sheffield	1	2	3
St. Thomas' Hospital, Stockport	10	5	15
Oakwood Park Hospital, Conway	1	—	1
Andressey Hospital, Burton-on-Trent	1	—	1
Derbyshire Royal Infirmary, Derby	1	—	1
Scarsdale Hospital, Chesterfield	7	8	15
Coppice Hospital, Nottingham	2	—	2
	609	620	1,229

These patients were admitted in the circumstances set out below:—

<i>Mental Health Act, 1959.</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Informal Admission (Section 5)	385	388	773
Admission for Observation (Section 25)	15	28	43
Admission for Treatment (Section 26)	11	13	24
Emergency Admissions for Observation (Section 29)	195	190	385
Court Orders for Hospital Admission (Sec. 60) ..	1	1	2
Court Orders Restricting Discharge (Sec. 65) ..	1	—	1
Transfers to Hospital of Prisoners (Sec. 72) ..	1	—	1
	<u>609</u>	<u>620</u>	<u>1,229</u>

Many cases originally admitted under Section 29 of the Mental Health Act have been re-admitted, some on several occasions, during the year for further treatment after a short stay in hospital. This quick re-admission rate has, of course, given rise to a large number of emergency admissions under Section 29 of the Mental Health Act, many of them being the same patient.

(c) *Cases Under Guardianship.*

The cases under Guardianship Orders were visited occasionally by the Senior Medical Officer for Mental Health, as well as regularly by Mental Welfare Officers.

There were two admissions to the Guardianship of the Local Health Authority during 1961. At the 31st December, 1961, there were three patients under Guardianship (two under the Local Health Authority and one under another Guardian). These consist of two females and one male, all severely sub-normal and over 16 years of age.

Admissions to Hospital for the mentally sub-normal.

The following table shows the number of patients admitted during the year 1961 :—

	<i>Under age 16</i>		<i>Over age 16</i>		<i>Total</i>		<i>Total Cases</i>
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	
Informal admissions	4	2	3	3	7	5	12
Admission under Order:—							
Section 26	—	—	1	2	1	2	3
Section 29	—	—	1	1	1	1	2
Section 60	—	—	11	1	11	1	12
Section 65	—	—	3	—	3	—	3
	<u>4</u>	<u>2</u>	<u>19</u>	<u>7</u>	<u>23</u>	<u>9</u>	<u>32</u>

Cases urgently awaiting admission to Hospitals for the Mentally Sub-normal, at 31st December, 1961.

Area	Under 16		Over 16		Total		
	M.	F.	M.	F.	M.	F.	T.
Manchester Regional Hospital Board area (Population 68,740)	2	1	1	—	3	1	4
Sheffield Regional Hospital Board Area (Population 680,690)	35	28	12	25	47	53	100
Whole County	37	29	13	25	50	54	104

The urgent waiting list has been as follows during the last few years :—

1957	1958	1959	1960	1961
98	102	104	55	104

In addition to these cases on the urgent waiting list there are a number of mentally sub-normal patients awaiting admission to Hospitals 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 mentally sub-normal children who are awaiting admission to Hospitals, four beds have been reserved by the Sheffield Regional Hospital Board for short-term stay, and during the year 137 cases were admitted for periods of two to eight weeks. This figure also includes cases admitted for short term care through the Manchester Regional Hospital Board. This has been greatly appreciated by the parents who have been able take a holiday or have a rest from the continual care of the child. Other periods of short term care have been arranged on account of the mother herself being admitted to hospital.

Number of patients referred to Local Health Authority during year ended 31st December, 1961

PART II

Referred by	Mentally Ill						Psychopath						Sub-normal						Severely-sub normal						Totals						Grand Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																								
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APPENDIX I

NATIONAL HEALTH SERVICE ACT, 1946

LOCAL HEALTH SERVICES

PART I.

RETURN RELATING TO SERVICES PROVIDED BY OR ON
BEHALF OF THE COUNCIL AS LOCAL HEALTH AUTHORITY
AND OF THE WORK DONE DURING THE YEAR 1961

1. Births.

Actual number of births in the Authority's area during the year as notified under Section 203 of the Public Health Act, 1936, or Section 255 of the Public Health (London) Act, 1936, and the number as adjusted by any notifications transferred in or out of the area :—

(1)	Live Births		Stillbirths		Totals	
	Actual (2)	Adjusted (3)	Actual (4)	Adjusted (5)	Actual (6)	Adjusted (7)
(a) Domiciliary ..	4,717	4,715	50	50	4,767	4,765
(b) Institutional ..	4,581	8,258	96	231	4,677	8,489

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

(1)	Number of premises* in use at end of year (whether held at Child Welfare Centres or elsewhere)	Average number of sessions held per month† during year‡		Number of women in attendance		Total number of attendances during the year	
		Medical Officers Sessions	Mid-wives Sessions †	Number of women who attended during year	Number of new cases included in col. (4)	Medical Officers Sessions	Midwives Sessions†
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
<i>L.H.A. Clinics:</i>	25	103	—				
(a) For ante-natal examination	25	2	—	3,052	2,229	10,506	—
(b) For post-natal examination	—	—	—	403	399	428	—
<i>Clinics provided by Vol. Org.:</i>	—	—	—				
(c) For ante-natal examination	—	—	—	—	—	—	—
(d) For post-natal examination	—	—	—	—	—	—	—

†Where no Medical Officer is present or available.

*Premises used both for ante-natal and post-natal work, whether in the same or different clinic sessions, should be counted as clinics for ante-natal examination, but their number should also be shown separately in the boxes.

‡Sessions in which both ante-natal and post-natal work is done should be counted as ante-natal sessions but their number should also be shown separately in the boxes.

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.

Attendances by mothers for the purpose of obtaining welfare foods, etc. only should not be included in the Table.

Attendances at specialist clinics or for special treatment, e.g., orthopaedic clinics, sunlight treatment, etc. should not be included in the Table.

Centres provided by :	Number of centres provided at end of year	Number of Child Welfare sessions now held per month at centres in col. (2)	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year
				1961	1960	1959-56		Under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(a) L.H.A. ..	101	392	9,378	7,912	7,097	5,347	20,306	122,426	24,139	12,970	159,535
(b) Vol. Org. ..	2	6	211	185	147	67	399	2,188	357	133	2,678

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

- | | | |
|--------|--|------|
| 1. (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 | 0.1 |
| (2) | Dental Officers | 0.38 |
| (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 | Nil |
| (c) | Number of dental clinics in operation at end of year | 9 |
| (d) | Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year | 6* |
| | (Chesterfield Borough) | |
| (e) | Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year | Nil |

* None specifically set aside in remainder of County for expectant and nursing mothers and pre-school children.

2. Dental Treatment Return.

A. NUMBERS PROVIDED WITH DENTAL CARE:

(1)	Examined (2)	Needing Treatment (3)	Treated (4)	Made Dentally Fit (5)
Expectant and Nursing Mothers	51	49	47	22
Children under Five	746	487	450	151

B. FORMS OF DENTAL TREATMENT PROVIDED:

(1)	Scalings and Gum Treatment (2)	Fillings (3)	Silver Nitrate Treatment (4)	Crowns or Inlays (5)	Extractions (6)	General Anaesthetics (7)	Dentures Provided		Radiographs (10)
							Full Upper or Lower (8)	Partial Upper or Lower (9)	
Expectant and Nursing Mothers	9	17	1	—	116	12	7	2	—
Children under five	8	32	525	—	495	189	—	—	—

5. Health Visiting and Tuberculosis Visiting.

A. Visiting.

[illegible]

*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.

|| "No access" visits should be shown in the boxes. They should be excluded from the totals which are to relate to effective visits only. In the case of a family containing more than one person with whom the health visitor is concerned, the number of effective visits to be recorded is the number of persons to whom the visitor gives effective consideration on the occasion of a visit to a household. The number of "no access" visits is the number of persons to whom a visit was intended but not made effectively owing to failure to contact the person or a responsible representative.

¶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 during the year 6,874
- (b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year —

6. Home Nursing.

(1)	Medical (2)	Surgical (3)	In- fectious Diseases (4)	Tuber- culosis (5)	Maternal Complica- tions (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. ..	9,759	2,705	28	170	92	3,548	16,302	5,640	358	3,363
(b) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	—
Number of visits paid by Home Nurses during the year :—										
(c) L.H.A. ..	279,108	58,969	447	8,374	642	119,973	467,513	213,621	2,868	217,704
(d) Vol. Org. under arrangements with the Authority	—	—	—	—	—	—	—	—	—	—

* The number of visits paid to the special classes of patients in columns (9), (10) and (11) should be shown under items (c) and (d) as appropriate.

7. Domestic Help.

(i) Number of Domestic Help Organisers (including Assistant Organisers) employed at the end of the year:—

(a) Whole-time	7
(b) Part-time	Nil.
(c) Whole-time equivalent of (b)	Nil.

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

(a) Whole-time	133
(b) Part-time	280
(c) Whole-time equivalent of (b)	164.9

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

	Total	Cases included in previous col. in which help began prior to 1961
(a) Maternity (including expectant mothers)	233	4
(b) Tuberculosis	3	3
(c) Chronic sick including aged and infirm	1,942	1,203
(d) Others	268	121

*A case should be counted only once, even if help ceased and recommenced during the year.
All cases should be counted, even if help began in the preceding year.

8. Distribution of Welfare Foods.

Number and type of distribution points at end of year :—

(a) Maternity and child welfare centres..	100
(b) Others	52

9. 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	54	126	37.01	87.48
(b) Nurseries maintained by Voluntary Organisations by arrangement with the Council under Section 22 of the Act	—	—	—	—	—	—	—

10. 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.

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

Name and Address of Home or Hostel (1)	Total beds (excluding maternity and labour and cots) (2)	Number of beds			Number of admissions (ignoring re-admissions after confinement) during the year (6)	Number of admissions in col. (6) for which the authority was responsible (7)	Average length of stay	
		Maternity (excluding labour and isolation)* (3)	Labour beds (4)	Cots (5)			Ante natal (8)	Post natal † (9)
(a) Provided by the Authority :—		N	I	L				
(b) Provided or used by Voluntary Organisations with which the Authority make arrangements under Section 22 (1) or to which the Authority make payment under Section 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	75
(2) Post-Natal Cases	71

*A separate form M.C.W. 96a, should be furnished for each institution with *maternity* beds included in the above table.

†Exclusive of the lying-in period.

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, (in the case of homes in Wales, to the Chairman, Welsh Board of Health, Cathay's Park, Cardiff) of every occurrence in any of these institutions of :—

- (a) DEATH ;
 (b) OPTHALMIA NEONATORUM, PEMPHIGUS AND INFECTIVE GASTRO-ENTERITIS ; AND
 (c) AN OUTBREAK OF OTHER INFECTIOUS DISEASES.

12. 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.		
	Domi- ciliary Midwives	Midwives in Insti- tutions	Total
(a) Midwives employed by the Authority	104	—	104
(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	—	83	83
(ii) Otherwise	—	—	—
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	1	4	5
Totals	105	87	192

2. Deliveries Attended by Midwives.

NOTES : This table relates to women delivered, not in the case of multiple births, to infants.

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 confinement takes place.

Domiciliary cases attended by midwives (cols. (2)-(6)) should *not* include cases delivered in institutions but attended by domiciliary midwives on discharge and before the 14th day. This information should be provided at item (e).

	Number of deliveries attended by Midwives in the area during the year					
	Domiciliary Cases					Cases in Institutions
	Doctor not booked		Doctor booked		Totals	
	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		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority ..	49	487	1,312	2,859	4,707	—
(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 ..	—	—	—	—	—	4,430
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	—	—	—	—	—	238
TOTALS ..	49	487	1,312	2,859	4,707	4,668

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the tenth day, 1,960.

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 ..	282
(ii) Others	105
Total	387

(b) Cases in Institutions	325
-----------------------------------	-----

4. Administration of Inhalational Analgesics.

(1) Institutional Midwives.

Number of Institutional Midwives in practice in the area at the end of the year qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board :—

(a) Employed in homes and hospitals in the National Health Service	79
(b) Employed in nursing homes or in maternity homes and hospitals not in the National Health Service	4

(2) Domiciliary Midwives.

NOTE : The information asked for item (d) in columns (3)-(10) should be supplied where available.

(1)	Number of domiciliary midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (2)	Number of sets of apparatus for the administration of inhalational analgesics in use at end of year		Number of cases in which inhalational analgesics were 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 present at time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at time of delivery of child	When doctor was not present at time of delivery of child
		Gas and air (3)	"Tri-lene" (4)	Gas and air (5)	"Tri-lene" (6)	Gas and air (7)	"Tri-lene" (8)	(9)	(10)
a) Domiciliary Midwives employed directly by Local Health Authority	104	103	103	156	1,097	219	2,618	857	1,954
(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	1	—	—	—	—	—	—	—	—
Totals	105	103	103	156	1,097	219	2,618	857	1,954

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	3	12

† i.e., number of children to whom the registrations relate.

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 whose registrations were with- drawn during year	—	—	—	—
Homes on the register at end of year	6	28	74	102
Homes exempt from registration at end of year	—	—	—	—

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

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

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 any notifications transferred in or out of the area).

(a) In hospital	589
(b) At home	212
*(c) In private nursing homes	9
Total	810

2. Number of Premature Still-Births Notified (as adjusted by any notifications transferred in or out of the area).

(a) In hospital	129
(b) At home	21
*(c) In private nursing homes	—
Total	150

“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			Born in hospital	Born at home	Born in nursing home.
	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			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
(a) 3 lb. 4 oz. or less (1,500 gms. or less)	75	31	31	6	3	3	8	3	4	-	-	-	-	-	-	52	8	-
b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	105	8	94	11	1	9	27	4	21	-	-	-	-	-	-	42	2	-
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	133	6	121	14	-	13	8	-	8	2	-	2	-	-	-	15	1	-
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	276	3	268	125	1	122	13	1	11	7	-	7	-	-	-	20	10	-
Totals	589	48	514	156	5	147	56	8	44	9	-	9	-	-	-	129	21	-

†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.

(1)	Administrative and Supervisory Nursing Staff (excluding Health Visitor Tutors)			Health Visitors except those in Cols. (8)-(10)			Tuberculosis Visitors†			Other 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)	Equiv. Whole-time of (12) (13)
Local Health Authority ..	—	4	1.6	—	60	42	—	—	—	—	1	.7
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 in the boxes.

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

2. Domiciliary Midwifery.

(A).

(1)	Administrative and Supervisory Nursing Staff			Domiciliary Midwives		
	Whole-time*	Part-time*	Equivalent Whole-time of (3) of (4)	Whole-time†	Part-time†	Equivalent Whole-time of (6) of (7)
(2)		(3)	(4)	(5)	(6)	(7)
(a) Local Health Authority ..	— —	3 3	1.5	76 3	28 —	14
(b) Voluntary Organisations ..	— —	— —	—	— —	— —	—
(c) H.M.C. or B.G.	— —	— —	—	— —	— —	—

*Non-Medical Supervisors of Midwives should be included and also shown separately in the boxes.

†Midwives approved as teachers should be included and also shown separately in the boxes.

(B). 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 13

3. Home Nursing.

	Administrative and Supervisory Nursing Staff			State Registered Nurses (S.R.N., R.S.C.N., and R.F.N.)			State Enrolled Nurses			Student Home Nurses
	Whole-time	Part-time	Equiv. Whole-time of (3)	Whole-time*	Part-time*	Equiv. Whole-time of (6)*	Whole-time*	Part-time*	Equiv. Whole-time of (9)*	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
(a) Local Health Authority . .	1	2	1	109	23	11	6	3	2	—
				—	—	—	—	—	—	—
(b) Voluntary Organisation . .	—	—	—	—	—	—	—	—	—	—
				—	—	—	—	—	—	—

*Male nurses should be included and also shown separately in the boxes.

4. Nurses Engaged on Combined Duties.

NOTE: A nurse should be counted once only in this section. If part of her duties relates to health visiting, home nursing, or midwifery, she will also have been counted in one or more of sections 1, 2 and 3 above.

Number of nurses engaged in:

(a) Health visiting and school nursing only ..	62
(b) Home nursing and midwifery only ..	26
(c) Health visiting, home nursing and midwifery only ..	Nil
(d) Health visiting, home nursing, school nursing and midwifery only ..	Nil
(e) Other combinations (please specify) ..	Nil

5. Administrative Nursing Staff (excluding Health Visitor Tutors)

Actual number of nurses whose duties in the services in 1, 2 and 3 above are:—

(a) wholly administrative and supervisory ..	5
(b) partly administrative and supervisory ..	3

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 whose employment in these three services is:—

(a) Whole-time ..	285
(b) Part-time ..	3

7. Nursery Staff—Day Nurseries.

1)	Nursery Supervisors †	Matrons		Deputy Matrons		Other Staff—Excluding Domestics					
		State Registered i.e. S.R.N., R.S.C.N. or R.F.N.	Others	State Registered i.e. S.R.N., R.S.C.N. or R.F.N.	Others	S.R.N.'s R.S.C.N's R.F.N's	S.E. N's	Nursery Nurses	Wardens	Nursery Assistants and other staff (excluding domestics) (11)	Nursery Students (12)
L.H.A.	—	3	2	1	3	1	2	8	3	4.5	19
Vol. Org.*	—	—	—	—	—	—	—	—	—	—	—

†The number of part-time Supervisors should be included and also shown in the boxes.

*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.

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 ..	12
(b) Tuberculosis Visitors ..	—
(c) Domiciliary Midwives ..	1
(d) Home Nurses ..	2
(e) Day Nursery Staff (specify grades) ..	—

COUNTY OF DERBY

Table of Deaths during the year 1961 in each of the Sanitary Districts, Classified according to Diseases.

APPENDIX II.

Table of Deaths during the year 1961 in each of the Sanitary Districts, Classified according to Diseases.																																	APPENDIX II.									
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	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia	Alcoholism	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	-	-	-	-	-	-	2	9	7	2	1	24	2	-	-	34	38	-	41	14	4	11	10	5	3	6	-	2	-	-	4	11	3	8	8	3	-	245		
ASHBOURNE	-	-	-	-	-	-	-	-	-	2	1	-	-	-	-	-	-	17	12	-	21	10	3	3	8	1	-	-	-	-	-	-	1	3	7	1	-	-	73			
BAKEWELL	-	-	-	-	-	-	-	-	-	9	9	1	-	15	1	-	-	20	11	-	13	10	-	25	13	3	1	-	-	-	-	-	1	3	4	4	4	-	85			
BELPER	1	-	1	-	-	-	-	-	-	1	1	6	1	15	1	-	-	14	15	1	17	6	16	10	5	4	1	-	-	-	-	-	3	6	2	6	1	-	243			
BOLSOVER	-	-	-	-	-	-	-	-	-	9	9	1	-	9	1	-	-	9	4	-	13	21	2	16	10	5	4	1	-	-	-	-	-	4	15	6	2	4	1	-	111	
BUXTON (Borough)	1	2	2	-	-	-	-	-	-	1	4	2	1	7	3	-	-	121	124	10	121	49	11	88	58	10	6	6	-	-	-	-	-	4	60	14	24	14	2	254		
CHESTERFIELD (Borough)	1	-	-	-	-	-	-	-	-	21	25	9	7	74	3	-	-	10	46	4	3	7	14	2	2	2	-	-	-	-	-	-	3	23	23	1	3	-	881			
CLAY CROSS	-	-	-	-	-	-	-	-	-	11	4	-	-	1	7	-	-	14	11	7	8	5	4	5	6	3	1	-	-	-	-	-	3	30	30	1	5	5	100			
DRONFIELD	-	-	-	-	-	-	-	-	-	11	4	-	-	1	7	-	-	55	29	1	52	12	9	12	14	1	3	1	-	-	-	-	4	6	2	1	2	89				
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URBAN DISTRICTS	21	4	10	-	1	1	-	-	9	132	141	63	34	349	20	38	670	683	61	605	255	92	262	286	57	31	26	41	28	-	-	50	314	54	92	45	2	-	4,479			
(RURAL)																																										
ASHBOURNE	-	1	-	-	-	-	-	-	-	5	4	3	1	8	-	-	-	20	11	3	23	11	3	5	5	-	1	-	-	-	-	1	6	1	5	-	-	118				
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URBAN DISTRICTS	21	4	10	-	1	1	-	-	9	132	141	63	34	349	20	38	670	683	61	605	255	92	262	286	57	31	26	41	28	-	-	50	314	54	92	45	2	-	4,479			
WHOLE COUNTY	29	8	15	-	2	2	-	-	-	13	216	267	141	58	640	38	67	1,176	1,312	144	1,191	446	178	469	538	111	70	47	62	43	4	88	606	119	188	72	2	-	8,362			

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

***Health & Well-being
of School Children***

FOR THE

Year ended 31st December, 1961

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

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DERBYSHIRE EDUCATION COMMITTEE (1961-1962)

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SPECIAL SERVICES SUB-COMMITTEE OF THE DERBYSHIRE EDUCATION COMMITTEE (1961-1962)

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F. P. HEATH, ESQ.

MRS. J. PLATTS
F. R. ROLLINSON, ESQ.

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, 1961, its membership was as follows :—

Representing the County Health Committee :

ALD. MRS. E. HARRISON (Chairman)
ALD. MRS. D. M. SUTTON
ALD. T. W. WARDLEY
COUN. N. B. BANKS

Representing the Education Committee :

ALD. MRS. G. BUXTON
ALD. MRS. O. EDEN
ALD. F. A. GENT
ALD. 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, 1961.

To the Chairman and Members of the
Derbyshire Education Committee.

Ladies and Gentlemen,

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

Generally speaking, I think it can be fairly said that the health and well-being of Derbyshire children has been satisfactory during the year under review.

Smoking and Health.

The following is an excerpt from the Royal College of Physicians' own summary of its Report on "Smoking in Relation to Cancer of the Lung and other Diseases" :—

"Conclusions

The benefits of smoking are almost entirely psychological and social. It may help some people to avoid obesity. There is no reason to suppose that smoking prevents neurosis.

Cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart disease and various other less common diseases. It delays healing of gastric and duodenal ulcers. The risks of smoking to the individual are calculated from death rates in relation to smoking habits among British doctors. The chance of dying in the next ten years for a man aged 35 who is a heavy cigarette smoker is 1 in 23, whereas the risk for a non-smoker is only 1 in 90. Only 15% (one in six) of men of this age who are non-smokers but 33% (one in three) of heavy smokers will die before the age of 65. Not all this difference in expectation of life is attributable to smoking.

The number of deaths caused by diseases associated with smoking is large.

Need for Preventive Measures.—Reduction in general air pollution should reduce the risks of cigarette smoking, but it is necessary for the health of the people in Britain that any measures that are practicable and likely to produce beneficial changes in smoking habits shall be taken promptly.

Preventive Measures

Since it is not yet possible to identify those individuals who will be harmed by smoking, preventive measures must be generally applied.

The harmful effects of cigarette smoking might be reduced by efficient filters, by using modified tobaccos, by leaving longer cigarette stubs, or by changing from cigarette to pipe or cigar smoking.

General discouragement of smoking, particularly by young people, is necessary. More effort needs to be expended on discovering the most effective means of dissuading children from starting the smoking habit. There can be no doubt of our responsibility for protecting future generations from developing the dependence on cigarette smoking that is so widespread to-day.

Most adults have heard of the risks of cigarette smoking but remain unconvinced. Doctors, who see the consequences of the habit, have reduced their cigarette consumption. Some evidence of concern by the Government is needed to convince the public. The Government have so far only asked local health authorities to carry out health education in respect of smoking, but little seems to have been achieved. The Central Council for Health Education and Local Authorities spent less than £5,000 on anti-smoking education in 1956-60, while the Tobacco Manufacturers spent £38m. on advertising their goods during this period.

Possible Action by the Government

Decisive steps should be taken by the Government to curb the present rising consumption of tobacco, and especially of cigarettes. This action could be taken along the following lines :—

- (1) more education of the public and especially school-children concerning the hazards of smoking;
- (2) more effective restrictions on the sale of tobacco to children;
- (3) restriction of tobacco advertising;
- (4) wider restriction of smoking in public places;
- (5) an increase of tax on cigarettes, perhaps with adjustment of the tax on pipe and cigar tobaccos;
- (6) informing purchasers of the tar and nicotine content of the smoke of cigarettes;
- (7) investigating the value of anti-smoking clinics to help those who find difficulty in giving up smoking.

Doctors and Their Patients

There are good medical grounds for advising patients with bronchitis, peptic ulcer, or arterial diseases to stop smoking. Even a smoker's cough may be an indication that the habit should be given up. Doctors are better able to help their patients to stop smoking if they do not smoke themselves. They have a special responsibility for public education about the dangers of smoking."

As I see it, the people of this country lay great store on the liberty of the subject, which means that there should be a minimum of control by other people. If, therefore, we rely on self-control, we are more likely to accomplish it if it is based on real knowledge. It strikes me, therefore, that every step should be taken to make sure that the general public are aware of the Royal College of Physicians' findings.

If we are to persuade people to take the right action, it is helped a great deal by example, particularly by parents, teachers, doctors, and well-known personalities, who appear on the cinema and television screens, not to mention Members of Parliament and County, Borough and District Councillors!

Local Health and Education Authorities have a responsibility in the field of Health Education, and I feel that they should provide films, posters and lectures wherever an opportunity presents itself. While Local Government has a responsibility and a contribution to make, it would be foolish to restrict it only to that field. In my view it needs to be dealt with nationally as well as locally.

I think that Health Education is a continuous process and should embrace all fields of health. From time to time, "smoking and health" should appear as a topic, but not too frequently, otherwise it might stimulate a resistance in the person to whom it is directed. Put another way, particularly as far as smoking is concerned, it should be presented in an insidious and subtle manner rather than a full scale mass propaganda drive.

"Mr. Powell supports L.A. Health Services"

From time to time the need for the continuation of the School Health Service has been questioned. In this connection the following report that appeared in *"The Medical Officer"* on 27th April 1962 has some relevance :—

"The Minister of Health, Mr. Enoch Powell, regards local health authorities' services for mothers, infants, and school children as here to stay. He made this clear in a speech when opening a new central clinic at Dudley on 6th April.

'In the field of health and welfare the local authorities have always been pioneering—with voluntary effort often scouting on ahead of them,' said the Minister. 'Indeed, one could say without much exaggeration that our local government system as we have it today was called into existence largely to meet the needs of health.'

It was perfectly true that since 1948 every single item of service which mothers, infants and school children would receive here is—in theory, at any rate—available elsewhere in the National Health Service, through the hospital service or the Executive Council services. Logically, therefore, some might argue that this provision has now been rendered superfluous. 'I believe that I am sometimes accused of being 'over-logical,' or sometimes just 'logical'—and 'logical' is a term of abuse in politics—but I must say I would regard such an argument as this as being, at best, outrageous **bad logic**,' declared Mr. Powell.

The reason was not so much that those other parts of the National Health Service are still far from having reached a point where they can afford to dispense with any reinforcement. It was that a close and continuous concern with the health and welfare of every child from conception to school-leaving was something that neither the hospital nor the Executive Council services were designed to develop, but something that is nevertheless indispensable. The treatment of sickness or injury as it arose was no substitute for prevention, for health education and training, for the early ascertainment of weaknesses or deficiencies—in short, for a positive approach to well-being. This was the function of the local authority, as health, welfare and education authority; and this was the function which the building Mr. Powell was opening was designed to serve. . . . "

Personally, I agree with the comments made by the Minister of Health. Perhaps it will not be out of place in giving consideration to this matter if I quote from my Annual Report for 1953 :—

" . . . 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 slightest 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.

At the date of drafting this introductory letter a large number of the Members and Officers of the County Council are mourning the loss of Alderman F. A. Gent, which took place a week or two ago, who had been the Chairman of the Education Committee since 1946. In other words, he had occupied a most responsible position in the implementation of the Education Act of 1944, pretty well from its inauguration up to the present time. His intense interest in all matters affecting education was one of the qualities that endeared him to many, and he never ceased in dealing with a problem to have a "forward look." I think that from time to time he realised that education and health have much to contribute to one another—in fact, neither blossoms to its full splendour without the help of the other.

Alderman Gent, as well as Alderman Mrs. E. Harrison, the Chairman of the County Health Committee, who is also the Chairman of the Joint Medical Services Sub-Committee, have been most helpful in persuading their Committees to agree to schemes for expanding and improving the Health Services. Mr. J. L. Longland, the Director of

Education, and his staff have co-operated most understandingly in the arrangements for providing an efficient School Health Service, and I must also pay tribute to the assistance I have received from the staff of my own Department, but not least Dr. V. J. Woodward, my Deputy; Mr. Gray, the Principal Dental Officer; Dr. Julia Corrigan, the Senior Medical Officer for School Health; Miss Lloyd and Miss Daybell, the respective Superintendent and Deputy Superintendent Health Visitors; Mr. Rowley, the Public Health Inspector; and Mr. Dilks, the Chief Clerk, all of whom have contributed most conscientiously and loyally to maintaining and expanding the School Health Service during the year.

I am,

Your obedient Servant,

J. B. S. MORGAN,

Principal School Medical Officer.

County Offices,

Matlock.

(Telephone : Matlock 3411).

7th May, 1962.

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-1961 ..	139,270	228,210	381,950	749,430

Primary and Secondary Schools.

Divisional Executive	Types of Schools and Numbers	Average No. on Registers
North-west	Primary .. 80	7,963
	Secondary .. 17	6,305
North-east	Primary .. 117	20,559
	Secondary .. 32	13,413
Mid-Derbyshire ..	Primary .. 75	15,107
	Secondary .. 19	2,556
South-east	Primary .. 63	10,654
	Secondary .. 15	7,509
South	Primary .. 103	13,221
	Secondary .. 18	8,506
Chesterfield ..	Primary .. 26	6,155
	Secondary .. 13	5,813
Total — Whole Administrative County	Primary .. 464	73,659
	Secondary .. 114	44,102

Nursery Schools and Nursery Classes.

Divisional Executive	Number of Schools or Classes	Approx. No. on Registers
North-west ..	Schools .. 1	43
	Classes .. 1	22
North-east ..	Schools .. 1	61
	Classes .. 6	143
South-east ..	Classes .. 2	60
Chesterfield ..	Classes .. 9	341

Special Schools.*Approx. No. on Registers*

Ashgate Croft (E.S.N. Mixed) Day Special School, Chesterfield	160
Brambling House Open Air School and Children's Centre, Chesterfield	125
Bretby Orthopaedic Hospital Special School, Bretby	45
John Duncan (E.S.N. Girls') School, Buxton ..	70
Overseal Manor (E.S.N. Boys') School	44
Talbot House, Glossop (Cerebral Palsy) ..	22
The Brackenfield Day Special School (E.S.N., Mixed), Long Eaton	98
The Delves Day Special School (E.S.N. Mixed) Swanwick, (opened 4th September, 1961) ..	65

Boarding Homes for Maladjusted Pupils.

Holly House, Chesterfield	12
Stretton House, Stretton	23

New Schools.*North West Division—*

Glossop, Blessed Philip Howard R.C. Secondary School—4th September.

South East Division—

Long Eaton, Sawley C.I. (School transferred to new building)—19th June

South Division—

Mickleover, Ravensdale C.J.M. and Infants School—5th September

Littleover, Ridgeway C.I.—4th September.

Chesterfield Excepted District—

Chesterfield, Newbold C.E. (school transferred to new building)—23rd October

Schools Closed.*North East Division—*

Pilsley County Secondary—19th July

Blackwell C.E. J.M.—31st December

Mid-Division—

Mackworth C.E. J.M. and I.—15th September

South Division—

Edlaston C. J.M. and I.—21st July

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	1954 ..	112,021
1947 ..	87,107	1955 ..	114,744
1948 ..	91,875	1956 ..	116,699
1949 ..	95,595	1957 ..	118,761
1950 ..	97,511	1958 ..	119,792
1951 ..	100,973	1959 ..	118,520
1952 ..	106,323	1960 ..	117,732
1953 ..	109,099	1961 ..	117,761

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	1951 ..	10,440
1941 ..	10,078	1952 ..	10,425
1942 ..	11,032	1953 ..	10,663
1943 ..	11,724	1954 ..	10,417
1944 ..	13,149	1955 ..	10,329
1945 ..	11,393	1956 ..	11,011
1946 ..	12,710	1957 ..	11,428
1947 ..	13,714	1958 ..	11,560
1948 ..	12,152	1959 ..	11,868
1949 ..	11,534	1960 ..	12,262
1950 ..	10,799	1961 ..	13,356

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 the Local Health Authority under the Mental Health Act.

(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, 1961, 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 of Officers	Numbers in terms of full-time officers employed in the School Health Service
(a) Medical Officers (including the Principal School Medical Officer)—*		
(i) Whole-time School Health Service	—	—
(ii) Whole-time School Health and Local Health Services	28	13.2
(iii) General Practitioners working part-time in the School Health Service ..	1	0.19
(b) Physiotherapists, Speech Therapists, etc. (Specify)—		
(i) Orthopaedic Physiotherapists	3	2.2
(ii) Speech Therapists	3	1.6
(c) (i) School Nurses	66	21.9
(ii) No. of above who hold a Health Visitor's Certificate	62	
(d) Nursing Assistants	17	11.9

*—All Medical Officers of the School Health Service other than those employed part-time for specialist examination and treatment only.

	Officers employed on a salary basis		Officers employed on a sessional basis	
	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service	Number of Officers	Numbers in terms of full-time officers employed in the School Dental Service
(e) Dental Staff:				
(i) Principal School Dental Officer	1	0.9	—	—
(ii) Dental Officers	5	3.5	1	0.3
(iii) Orthodontists (if not already included in (e) (i) or (e) (ii) above	—	—	—	—
Total	6	4.4	1	0.3
Total full-time .. equivalent (Col. 2 plus Col. 4)		4.7		
	Number of Officers		Numbers in terms of full-time officers employed in the School Dental Service	
(iv) Dental Attendants	8		6.8	

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., L.R.C.P., M.R.C.S., D.P.H.	15%	85%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER— V. J. Woodward, M.B., Ch.B., D.P.H.	30%	70%
SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH— Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.	50%	50%
SENIOR MEDICAL OFFICER FOR MENTAL HEALTH— Margaret Fynne, B.A., M.B., B.Ch., B.A.O., L.M., D.P.H.	2½%	97½%
SCHOOL MEDICAL OFFICERS— Frances G. Brill, B.A., M.B., B.Ch., B.A.O.	70%	30%
A. Chynoweth, L.R.C.P., M.R.C.S. (Left 18.7.61)	70%	30%
J. W. Crawshaw, M.B., Ch.B.	70%	30%
R. E. Dean, L.R.C.P.S., L.R.F.P.S.	70%	30%
J. Duthie, M.B., Ch.B.	70%	30%
Paramesvary Elagunathan, M.B., B.S. (commenced 28.12.61)	70%	30%
Winifred Gow, M.B., Ch.B.	70%	30%
J. D. Hall, L.R.C.P., M.R.C.S., D.P.H. (Left 30.9.61)	70%	30%
Alison M. Hamilton, M.B., Ch.B., D.P.H.	70%	30%
Tonic F. Haynes, M.B., Ch.B.	70%	30%
Emily B. John, M.B., B.S., M.R.C.S., L.R.C.P.	70%	30%
Margarete Kuttner, M.D.	70%	30%
D. R. McCaully, M.D., B.Ch., B.A.O., D.P.H.	70%	30%
Margaret Muckart, M.B., Ch.B. (Left 23.9.61)	70%	30%
Eleanor M. Singer, M.Sc., L.R.C.P., M.R.C.S., D.C.H., (Commenced 19/8/61) (10/11ths)	64%	27%
Mary Stevens, M.B., Ch.B. (3/11ths)	25%	2%
G. Storey, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.	70%	30%
Monica L. Tisdall, L.R.C.P., M.R.C.S., M.B., B.S. (commenced 19.9.61) (4/11ths)	25%	11%
Teisi Urtson, Med-Dip., Univ. of Tartu	70%	30%
(5½ vacancies).		
PART-TIME SCHOOL MEDICAL OFFICERS— M. Allan, M.B., Ch.B., D.P.H.	20%	80%
W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	33%	67%
A. R. Robertson, M.B., Ch.B., D.P.H.	20%	80%
F. D. F. Steede, M.B., B.Ch., D.P.H.	27%	73%
Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H.	30%	70%
P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	20%	80%
C. G. Woolgrove, M.B., Ch.B., D.P.H.	27%	73%
BOROUGH SCHOOL MEDICAL OFFICER for Chesterfield Excepted District— J. A. Stirling, D.S.C., M.B., Ch.B., D.P.H. (retired 8.2.61)	24%	76%
H. Bailey, M.B., Ch.B., D.P.H. (commenced 9.2.61)	24%	76%

Staff	Proportion of whole time (expressed as a percentage) devoted to	
	School Health Service	Public Health
SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
H. James, L.R.C.P., L.R.C.S., L.R.F.P.S.G., D.P.H. (left 30.4.61)	72%	28%
Joan M. B. Leith, M.B., Ch.B., B.A.O., D.P.H. (one vacancy)	28%	72%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CONSULTANT CHILDREN'S PSYCHIATRISTS—		
D. J. Salfield, B.Sc., M.D., D.P.M.	75%	7%
F. G. Thorpe, M.B., B.Ch., D.P.M.	75%	7%
(Both by arrangement with Hospital Authorities)		
EDUCATIONAL PSYCHOLOGISTS—		
J. R. Fish, B.Sc.	25%	—
Grace M. Hamer, M.A. (Chesterfield Excepted District)	50%	—
Jean Ingham, B.A. (Chesterfield Excepted District)	50%	—
Mary P. Joyce, B.Sc.	25%	—
Phyllis Lane, B.A.	25%	—
P. H. Priestley, M.A.	25%	—
B. W. Brook, B.A. (commenced 1.4.61)	25%	—
PSYCHOTHERAPIST—		
Coral L. Tibbetts, B.Sc., Dip.Psych. (left 14.9.61) ..	90%	10%
(Two vacancies)		
PSYCHIATRIC SOCIAL WORKERS—		
(Two vacancies).		
SOCIAL WORKERS—		
Ethel N. Ives, (Chesterfield Excepted District) ..	66%	—
(One-and-a-third vacancies).		
SPEECH THERAPISTS		
Pamela Bauer, L.C.S.T. (commenced 9.10.61) (4/11ths)	33%	3%
Rosemary Orwin, L.C.S.T. (Chesterfield Excepted District) (commenced 1.9.61)	100%	—
(Nine-and-a-half vacancies)		
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S.	90%	10%
DENTAL OFFICERS—		
G. H. Freeman (Dentist, 1921)	90%	10%
F. E. Welton, L.D.S.	90%	10%
Marguerite G. Ford, L.D.S. (commenced 1.5.61) ..	90%	10%
PART-TIME DENTAL OFFICERS—		
Flora M. Jackson, L.D.S. (6/11ths)	50%	5%
Dorothy Littlar, L.D.S. (6/11ths) (Retired 31.1.61)	50%	5%
Ilse B. Mann, L.D.S. (4/11ths) (left 31.12.61) ..	33%	3%
(Eight vacancies).		
Chesterfield Excepted District—		
A. R. Littlar, L.D.S. (Borough Senior Dental Officer) (retired 19.2.61)	90%	10%
R. J. G. Young, L.D.S. (Part-time-commenced 14.12.61)	30%	—
(2.7 vacancies)		

At the end of 1953 we had the equivalent of 8.4 whole-time School Medical Officers; at 31.12.54 the figure was 9.3. In 1955 the County Council agreed to increase the establishment by seven Assistant Maternal and Child Welfare and School Medical Officers, in order to meet the growing needs for their services and to bring the ratio of staff up to a figure similar to the average for the country as a whole. At 31.12.55 the equivalent of 10.5 officers were engaged in school health work and at the end of 1956 the figure was 13.9. Steps were also being taken to arrange a scheme for carrying out B.C.G. vaccination of certain school children (which is designed to afford protection against tuberculosis), and the County Council therefore agreed that six additional Medical Officers be appointed (who would act as Maternal and Child Welfare as well as School Medical Officers), according to the need, to enable it to be implemented without detriment to the other schemes which had already been established. It will be seen from the foregoing schedules of staff that at the end of 1961 we had the equivalent of (approximately) $13\frac{1}{2}$ school medical officers, with roughly six combined posts of Assistant Maternal and Child Welfare Medical Officer/School Medical Officer to be filled.

Each Medical Officer is assisted by a "Medical Officer's Attendant." This scheme was introduced to relieve Health Visitors of some of the routine tasks, and has worked very well, the Attendant helping the Doctors not only in minor nursing work but also with the clerical work.

Regular meetings of the Medical Officers (about two each term) were held.

GENERAL CONDITION OF PUPILS

In circular number 352 dated 24.3.59 the Ministry of Education referred to medical and dental inspections in the following terms :—

"Medical and Dental Inspections. The frequency of medical and dental inspections has not been prescribed. The duty upon authorities to carry out these inspections at appropriate intervals is stated sufficiently clearly in s. 48 (1) of the Education Act, 1944. Where this duty is carried out by means of *periodic general medical inspections*, they should take place during the first and last years of compulsory school attendance, and one other inspection either during the last year in the primary school, or the first year in the secondary school. It will also be desirable to inspect young children under five years as soon as possible after they begin school, and also during their last year at school pupils who stay at school beyond the age of fifteen.

School dental inspections should, as far as practicable, be carried out at least once a year, and treatment offered promptly to those who are found to need it. The Ministry's circular states, however, that "this is unfortunately at present possible only in a few areas owing to the shortage of school dentists."

The circular goes on to say that "Medical and dental inspections should take place in school whenever this is possible. The Standards for School Premises Regulations include a requirement that suitable accommodation shall be immediately available at any time during school hours for the inspection and treatment of pupils by doctors, dentists, nurses and other professional workers in the School Health Service."

The circular—in my opinion very truly—points out that "the efficient conduct of the School Health Service depends above all on the close contact of doctors and nurses with the teachers, the parents and the children in the

schools. They should be regular visitors, and the teachers should be encouraged to bring to their notice both those children who show particular defects and those whose general condition seems to indicate the need for an expert medical examination. There should also be close co-operation between the School Health Service staff and the children's general medical practitioners."

In this County, three general medical inspections of the school children take place, generally arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance. (Exceptionally, arrangements may be made for children to be examined in the last year at a junior school, instead of during the first year at a secondary school—this is to relieve some of the pressure on the larger secondary schools through which "the bulge" in the school population is passing).

In addition, children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined, and those previously observed to have defects requiring observation or treatment are re-examined. As no routine general medical inspection is normally carried out in the "junior" departments or schools, School Medical Officers have been requested to make a point of getting in touch with the Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children they require to be specially examined or cases in need of re-examination.

The number of pupils examined at routine medical inspections totalled 29,955. For 1955 and for each subsequent year the corresponding figure has been 29,982; 27,734; 28,385; 30,520; 33,394 and 32,588.

In the course of examining the 29,955 children at routine inspections, 5,041 children were found who required treatment for various conditions, (16.8% of those examined). However, only 140 children were classed as being in an "unsatisfactory" physical condition (0.46% of the total number examined).

The percentage found to need treatment in 1961 (16.8%) may be compared with the following figures for successive years (starting with 1953):—18.4; 17.3; 19.5; 18.1; 16.8; 18.9; 17.7; 15.6. The last published figure for England and Wales (year 1959) was 15.76%.

The percentage of those whose "physical condition" has been considered to be "unsatisfactory," since this classification was introduced in 1956, are as follows :—

Year						% "unsatisfactory"
1956	..	..	..	..	..	2.72
1957	..	..	..	..	..	3.88
1958	..	..	..	..	..	2.57
1959	..	..	..	..	..	1.33
1960	..	..	..	..	..	2.51
1961	..	..	..	..	..	0.46

(The last published average for the country as a whole was 1.14% for the year 1959).

There is, of course, a wide gap between the 16.8% of children who were found to need treatment and the 0.46% regarded as "unsatisfactory". As mentioned in previous Reports, this is due to the fact that the defects recorded as requiring treatment cover a wide range, and are of varying degrees of severity. The presence of a defect does not necessarily result, therefore, in a child being regarded as of "unsatisfactory physical condition".

Vision. I have referred in previous Reports to an upward trend in the incidence of defective vision. The number of children referred for treatment for defective vision was almost 48 per 1,000 examined for the year 1947; this ratio gradually climbed during subsequent years to 96.9 in 1958; it dropped slightly (to 88.3) in 1959; rose to 94 in 1960, and for the year under review is 91.

The wide variation between figures from different Education Authorities show that there is likely to be a marked personal factor in the recording of visual defects.

Squint. Prior to 1952 cases of squint were recorded in about 9 or 10 out of every 1,000 children examined. Subsequently there was a gradual increase which reached 16.9 in 1955. The figures dropped in the two following years, but climbed again in 1958 and 1959, to 13.6 and 16.3 respectively. For 1960 the rate dropped to 12.4 per 1,000, and in 1961 it has again fallen slightly, to 11 per 1,000.

Nose and Throat Defects. The rate per 1,000 of pupils thought to require treatment for nose and throat defects varied during the few years prior to 1947 from 28 to 49. The figure for 1957 was only 13.32, but in 1958 it was 21.6. Since then it has gradually fallen to 11.1 in 1961. During the examinations at schools the School Medical Officers have recorded the children seen at periodic medical inspections who have undergone tonsillectomy at any time previously. The figures in Derbyshire during 1961 were as follows :—

Groups Inspected	Numbers Inspected	Numbers and percentages found to have had tonsillectomy	
		No.	%
Entrants	10,242	571	4.7
Second age group ..	11,268	1,216	10.8
Leavers	8,445	1,654	19.6

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.

Improvements to the sanitary, cloakroom and washing facilities, as well as heating and lighting installations, where this is desirable at some of the older schools in various parts of the County, have continued to be made.

Swimming Baths.

Although many of the schools include training for swimming in their curriculum, there is only one swimming bath in the County (outside Chesterfield Excepted District) for which the Education Authority itself is responsible; this is the open air bath at Ashbourne. Pupils from many schools in the locality use it, and the facilities have for some years now been made available to youth and similar organisations, as well as to members of the public. In 1961 the attendances of school children totalled 17,600 out of 24,237 attendances altogether. The bath is equipped with a modern treatment plant, which has proved reliable, and the standards attained, from a health aspect, have been admirable.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME

The following table gives particulars of the meals and milk provided on a day in September, 1961 :—

	Primary Schools	Secondary Schools
Number of children present	63,321	46,976
<i>Meals provided :—</i>		
Number of meals	30,247	26,626
% of numbers present	47.77%	56.68%
<i>Milk provided :—</i>		
Number of bottles	58,549	31,699
% of numbers present	92.46%	67.47%

Source and Quality of Supplies of Milk.

The Education Committee endeavour at all times to obtain the highest grades of milk, and it is pleasing to know that at the end of 1961, out of 644 establishments (including independent schools), 637 were receiving pasteurised milk. There are still six sources supplying raw Tuberculin Tested milk to seven schools, including two independent schools which take milk from their own farms. This situation is carefully watched and efforts are made to substitute Pasteurised milk wherever possible. Indeed in one case this year a new pasteurised milk supplier was obtained for a village school but he gave up after a short period, on economic grounds, and the supply had to revert to the original supply of raw milk.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. Pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation), and raw milks to the biological test (for tubercle bacilli). Any pasteurised milk which

fails to pass the phosphatase test is examined for tubercle bacilli as a matter of course. Canteen milk supplies are subjected to the same procedure.

Although there are ninety-one suppliers of milk to schools there are only twenty-nine sources of supply, as many retailers buy their milk from the major pasteurising establishments. Nevertheless, all supplies of pasteurised milk are sampled at least yearly, whilst supplies of raw milk are sampled at least twice yearly for biological examination.

The following table combines figures of both school drinking milk and canteen milk supplies :—

	Phosphatase		Tubercle Bacilli		Total No. of samples submitted
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
Pasteurised ..	91	—	22	—	91
Tuberculin Tested ..	—	—	12	—	12

INFESTATION WITH VERMIN

The Health Visitors and Teachers have, as ever, been mindful of the problem of cleanliness of children. The Health Visitors and School Nurses carried out 249,121 examinations and re-examinations of Derbyshire school children during the year, in the course of which they discovered 1,730 individual children to have either nits or lice in their hair (mostly nits). This is just over 1.5% of the school enrolment and is a slight improvement over recent years during which the rate has been a little over 2%. Ten years ago the Derbyshire figure was about 7%. As the Chief Medical Officer of the Ministry has said, this is essentially a family problem, and it is to be hoped that the continued efforts of the nursing staff and the long term effects of education will bring about a further reduction in this unpleasant and preventable condition.

(The Authority's scheme for cleanliness inspections was last described in detail in my Annual Report for 1953 and remains substantially unchanged).

SCHOOL CLINICS

The Ministry of Education asked for a return showing the school clinic facilities as at 31st December, 1961; a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

1. 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

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

Examination and/or Treatment (1)	Number of School Clinics (<i>i.e.</i> , premises) where such treatment is provided—	
	Directly by the Authority (2)	Under arrangements made with Hospital Authorities (3)
A. Minor ailment and other non-specialist examination or treatment	28	—
B. Dental	26	—
C. Ophthalmic*	3	19
D. Ear, Nose and Throat	—	—
E. Orthopaedic	—	10
F. Paediatric†	—	—
G. Speech Therapy	26	—
H. Physiotherapy	—	—
J. Orthoptic	—	—
K. Sunray (U.V.L.)	2	—
L. Chiropody	—	—
M. Rheumatism and Heart	—	—
N. Asthma	—	—
P. Remedial Exercises	—	—
Q. Vaccination and Immunisation	28	—
R. Audiology	1	—
S. Others (specify)	—	—

* 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 CLINICS.

(1) Number of Child Guidance Clinics provided by the Authority—11.

(2) Staff of Clinics :—

	Number	Aggregate in terms of the equivalent number of full-time officers
Psychiatrists*	2	1.6
Educational Psychologists	7	2.3
Psychiatric Social Workers	—	—
Paediatricians, Play Therapists, Social Workers, etc. (excluding Clerks) (specify) :—		
Social Worker	1	0.66

*—The County Council pays two notional half-days' salary to the Hospital Authorities in respect of each of these two Psychiatrists.

New Clinics.

During the year 1961 the following new clinics were opened :—

- (1) Buxton, Bath Road, in June, 1961.
- (2) Glossop, George Street, in March, 1961.

The existing Clinics at Bolsover and Staveley were extended and modernised, this work being completed in February, 1961.

It is expected that the building of a new clinic in Swadlincote will be commenced in mid-1962, as well as the extension and modernisation of existing Clinics at Clay Cross and Ilkeston.

Minor Ailments.

The decline which has been noted during recent years in attendances for the treatment of minor ailments continued, and many clinics were not called upon to treat any minor ailments. However, most of the sessions when treatment is available are quite short, and are conducted by Health Visitors who are frequently attending the clinic premises for other purposes, such as for giving advice on infant welfare. At sessions attended by Medical Officers, it is possible to include the examination of special cases discovered at routine school medical inspections requiring more elaborate examination—(it will be realised that occasionally, due to the pressure of work at the inspections, the latter are not always practicable). Immunisation against diphtheria is also available on demand as well as medical examination of children desiring to know if they are fit to undertake certain forms of employment.

The following table shows the Clinics at which facilities were available for minor ailments. Altogether, 795 children made 2,675 attendances.

Clinic	When Held	Number of Minor Ailment Clinic Sessions	Number of individual children who attended during the year	Total number of attendances during the year
Alfreton. Grange Street ..	Wednesday, a.m.	27	—	—
Ashbourne. St. Oswald's ..	2nd and 4th Wednesday, a.m.	—	—	—
Belper. Field Lane ..	2nd and 4th Mon- day and 1st, 3rd and 5th Saturday, a.m.	—	—	—
Bolsover. Welbeck Road ..	2nd and 4th Thursday, a.m. ..	—	—	—
Buxton. Bath Road ..	Daily	143	12	25

Chesterfield. Brimington Road ..	2nd and 4th Friday, a.m. ..	—	—	—
Chesterfield Excepted District :—				
(a) Town Hall ..	Daily, a.m. }	317	270	1,239
(b) Edmund Street, Newbold Moor	Monday and Thursday p.m. }			
Chinley. Lower Lane ..	1st, 3rd and 5th Saturday, a.m. ..	—	—	—
Clay Cross High Street ..	Saturday, a.m. ..	32	123	123
Clowne. Creswell Road ..	3rd Saturday, a.m.	11	17	17
Derby. Cathedral Road ..	Tuesday, p.m. and 2nd and 4th Saturday, a.m. ..	—	—	—
Dronfield. The Grange ..	Saturday, a.m. ..	—	—	—
Frecheville, Fox Lane	Saturday, a.m. ..	—	—	—
Glossop. George Street ..	Daily, a.m. ..	224	341	1,224
Hackenthorpe. Main Street ..	2nd and 4th Saturday, a.m.	—	—	—
Heanor. Wilmot Street ..	1st, 3rd and 5th Saturday, a.m. ..	—	—	—
Ilkeston, Albert Street	Daily, a.m. ..	32	32	47
Long Eaton. 4, Nottingham Rd.	Saturday, a.m. ..	—	—	—
Matlock. Causeway Lane ..	Saturday, a.m. ..	—	—	—
Melbourne. Penn Lane ..	Wednesday, a.m. ..	—	—	—
New Mills. High Lea Hall ..	2nd and 4th Saturday, a.m. ..	—	—	—
Ripley. Derby Road ..	3rd Thursday, a.m.	—	—	—
Shirebrook. Cliff House ..	Wednesday, a.m. ..	—	—	—
Staveley. Lime Avenue ..	Monday a.m. and 4th Saturday, a.m.	—	—	—
Swadlincote. Alexandra Road ..	2nd and 4th Wednesday	—	—	—
Totals .. ..	.. ..	786	795	2,675

Dental Work.

A statistical report appears in Part IV of the Appendix. Mr. H. E. Gray, the Principal School Dental Officer, has provided the following report :—

“A creditable year's work can be reported in spite of staff shortage. Two retirements, the Senior Dental Officer of Chesterfield Borough and a part-time officer, at the beginning of the year, were partly offset by the services of a temporary whole time officer for two months and immediately following that, a whole-time appointment was made. Thereafter, the staffing position remained stable during the last nine months of the year at four whole-time and two part-time officers. This, of course, was well below establishment.

The number of inspection and treatment sessions was 1,993, which was 972 fewer than in 1960, due to the staff changes and illness. The yearly sessions have shown a steady fall from 5,450 prior to the introduction of the National Health Service, to this low level.

However, the work continued at a slightly increased rate compared with the previous year, which in turn was itself better than the year before.

The Authority continued its efforts to secure staff and very determined attempts were made. In addition to periodical advertisements in the professional press, students holding County awards and about to complete their studies and training were contacted with a view to working in the School Service for a time. Through the principals of all the University Dental Schools, notice was brought to the senior students of the posts open to them, as soon as they qualified. There resulted a number of enquiries and some interviews of potential candidates, but the pull of general practice took preference.

In the last few years the work on dental health education has been gaining momentum and this most important aspect of the school service was pursued with greater vigour than ever. Many excellent posters and leaflets, available from numerous sources, were widely used in the schools, clinics, ante-natal and infant welfare centres. Instruction in the school curriculum, film shows to suit different age groups, exhibitions of models and talks to Women's Institutes all formed part of the campaign to try to eliminate much of the need for dental treatment.

Thanks are expressed to many of the doctors, Health Visitors and School Nurses who enthusiastically did much to further this work in the schools and in their contacts with the mothers of young children

Inspections were carried out at 84 schools, including the special schools, which received an inspection at least once a year. Over 19,000 inspections were made, of which 3,000 were special inspections at the clinics; offers of treatment were given to 12,600, and of this number some 7,700 received the necessary attention. The number treated is always considerably less than the number to whom

offers of treatment are given. This results from the fact that many parents refuse to allow their children to have dental care. Refusal of treatment following school inspections varied from 20%—80%, but in the majority of the schools inspected, 50%—70% of the parents agreed to the treatment proposed. The offers of treatment were limited to those children not in the care of the family dentist. The children treated made over 13,800 attendances. The main items of treatment were some 6,000 fillings, the extraction of 2,899 permanent teeth and 8,070 temporary teeth. General anaesthetics were administered on 3,954 occasions and miscellaneous operations, mostly of a minor nature, were approximately 3,900.

Sixty children were fitted with artificial dentures, some of them full or almost full sets.

The amount of orthodontic treatment carried out was in excess of that of the previous year. Ninety-one new cases began courses of regulation treatment in addition to 26 carried over from the year before. A hundred appliances were fitted and 72 children had the treatment satisfactorily completed. Six failed to co-operate and treatment was discontinued, leaving 39 cases still under treatment at the end of the year.

Orthodontic treatment is often tedious and prolonged. It may take a year, two, or even three years of effort, and the closest co-operation is required of both the parent and the patient if a pleasing improvement in appearance is to be obtained.

Mention has been made on numerous occasions of the necessity of regular attention and the timely follow-up of treatment already given, if much time, effort and materials are not to be wasted.

In conditions where the numbers per dentist are so great that it is impossible to carry out annual inspections in a given area or group of schools, the problem of treatment planning for individual patients so as to achieve the best results in the long run is no easy one. It is only by assessing the soundness or otherwise of the teeth of the school leavers, that the success or failure of the school dental service can be judged. A fair measure of success can be claimed following a policy introduced several years ago. Parents are advised, after a child has been treated, to make an appointment in six months for a check-up, irrespective of any school dental inspection. A great many now do this with gratifying results. Often, no attention is required and when any is necessary, it can usually be speedily carried out with the minimum of discomfort and complete success assured. In this way, with the co-operation of the interested and appreciative parents, the desired results are achieved and it is possible to treat greater numbers in this category and at the same time provide an extraction service for those who "only want the bad ones out when they ache".

Visual Defects.

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. 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.*

Nineteen of the Authority's eye clinics were conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. 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, 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.

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.

The following table shows the number of children who attended the eye clinics and the number of attendances :—

Eye Clinic	When Held	Number of Clinic Sessions	Children Attending Maintained Schools	
			Number of individual children treated	Total number of attendances
Alfreton. Grange Street ..	1st, 3rd & 4th Wednesday, p.m. . .	21	256	300
Belper. Field Lane ..	4th Friday, a.m. . .	12	121	134
Bolsover. Welbeck Road ..	1st and 3rd Wednesday, a.m. . .	14	111	115
Buxton. Bath Road ..	Each Monday a.m.	39	391	431

Chesterfield. Brimington Rd. ..	2nd and 4th Monday p.m. ..	19	202	218
Chesterfield Excepted District. Town Hall ..	Wednesday and Thursday, a.m. ..	72	769	1,138
Clowne. Creswell Road ..	2nd and 4th Friday, a.m. ..	20	169	208
Derby. Cathedral Road ..	2nd & 5th Monday, a.m. 1st, 3rd & 4th p.m.	40	535	582
Dronfield The Grange ..	2nd and 4th Friday, p.m. ..	14	96	102
Eckington Gosber Street ..	1st and 3rd Friday, p.m.	14	156	163
Frecheville. Fox Lane ..	2nd and 4th Wednesday, a.m. ..	17	154	155
Glossop. George Street ..	1st, 3rd and 5th Saturday, a.m. ..	—	—	—
Hackenthorpe. Main Street ..	3rd Monday, p.m. ..	9	126	133
Heanor. Wilmot Street ..	2nd Friday, a.m.	11	127	142
Ilkeston. Albert Street ..	1st and 3rd Friday, a.m. ..	19	275	294
Long Eaton. Grange School ..	2nd and 4th Tuesday, a.m. ..	17	209	221
Matlock. Dean Hill House, Causeway Lane ..	1st and 3rd Friday, a.m. ..	17	192	206
New Mills. High Lea Hall ..	4th Tuesday, a.m.	10	97	112
Ripley. Derby Road	2nd Wed., p.m. ..	10	105	123
Shirebrook. Cliff House ..	1st and 3rd Friday, a.m. ..	16	243	248
Staveley. Lime Avenue ..	1st Monday, p.m. ..	9	126	133
Swadlincote. Alexandra Road ..	Alternate 2nd Thursday, p.m. .. every 4th Thursday	15	172	198
Totals ..	.. ..	396	4,632	5,356

Orthopaedic and Postural Defects.

Orthopaedic sessions, attended by Orthopaedic Surgeons employed by Regional Hospital Boards, were held at ten of the County Council's clinics. The following table indicates the attendances made by school children, 580 of whom made 1,919 attendances.

Orthopaedic Clinic	When Held	Actual Number of Clinic Sessions	Children Attending Maintained Schools	
			Number of individual Children treated	Total Number of attendances
Alfreton. Grange Street	Thursday, a.m. and p.m.	90	40	250
Buxton. Bath Road	4th Friday, alt. months	—	—	—
Derby. Cathedral Road	Thursday, a.m. and p.m.	88	180	488
Glossop. George Street	2nd and 4th Tuesday, a.m. and p.m.	38	50	84
Heanor. Wilmot Street	Friday, p.m.	43	5	31
Ilkeston. Albert Street	Wednesday, a.m. and p.m.	88	119	319
Long Eaton. 4, Nottingham Rd.	Friday, a.m.	43	28	135
Matlock. Dean Hill House, Causeway Lane	Tuesday, a.m. and p.m.	90	59	355
New Mills. High Lea Hall	2nd and 4th Monday a.m. and p.m.	44	22	81
Swadlincote. Alexandra Road	1st and 3rd Tuesday, a.m. and p.m.	52	77	176
Totals .. ..	.. ..	576	580	1,919

Sunray Clinics.

During the year, 138 children made 1,217 attendances at the sunray clinics at the Town Hall, Chesterfield, and at Brambling House Open Air School, Chesterfield : 40 sessions were held.

HANDICAPPED PUPILS

The Handicapped Pupils and Special Schools Regulations, 1959.

The categories of "handicapped pupils" requiring special educational treatment are defined as follows in the above mentioned Regulations :—

- (a) *blind pupils*, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight ;
- (b) *partially sighted pupils*, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight ;
- (c) *deaf pupils*, that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language ;
- (d) *partially deaf pupils*, that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils ;
- (e) *educationally sub-normal pupils*, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools ;
- (f) *epileptic pupils*, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils ;
- (g) *maladjusted pupils*, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment ;
- (h) *physically handicapped pupils*, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools ;
- (i) *pupils suffering from speech defect*, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment ; and
- (j) *delicate pupils*, that is to say, pupils not falling under any other category in this regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools."

Return of Handicapped Children for the Year 1961.

Categories	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-normal	Epileptic	Speech Defect	TOTAL (1)-(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(9)	(9)	(10)	
In the calendar year ended 31st December, 1961 :—											
A. Handicapped pupils newly assessed as needing special education in special schools or boarding homes	5	5	9	3	11	40	31	184	3	—	291
B. (i) Of the children included at A number newly placed in special schools (other than hospital special schools) or boarding homes	2	3	6	—	5	32	29	83	2	—	162
(ii) Of children assessed prior to 1.1.61 number newly placed in special schools (other than hospital special schools) or boarding homes ..	1	—	2	1	13	5	4	79	—	—	105
On or about 20th January, 1962 :—											
C. (i) Number of handicapped pupils requiring places in special schools—											
(a) day	—	—	—	—	—	—	—	164	—	—	164
(b) boarding	8	4	3	3	8	9	3	22	1	—	61
(ii) Included at (i) who had not reached age of 5 and were waiting—											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places ..	4	—	2	—	—	—	—	—	—	—	6
(iii) Included at (i) who had reached age of 5 but whose parents had refused consent to admission were awaiting—											
(a) day places	—	—	—	—	—	—	—	10	—	—	10
(b) boarding places ..	—	—	—	—	—	1	—	2	—	—	3
D. (i) Were on registers of special schools											
1. Maintained											
(a) day pupils	—	6	9	—	7	79	64	379	—	—	544
(b) boarding pupils ..	6	7	9	9	24	13	4	95	2	—	169
2. Non-Maintained											
(a) day pupils	—	—	6	—	—	—	—	—	—	—	6
(b) boarding pupils ..	8	3	37	2	7	21	10	3	7	—	98
(ii) On registers of independent schools under arrangements by the Authority	—	1	2	—	11	2	14	17	—	—	47
(iii) Boarded in homes and not already included under (i) and (ii) above..	—	—	—	—	—	—	24	—	—	—	24
Total (D)	14	17	63	11	49	115	116	494	9	—	888

Categories	Blind	Partially Sighted	Deaf	Partially Deaf	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-normal	Epileptic	Speech Defect	TOTAL (1)–(10)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
on or about 20th January, 1962											
Number of handicapped pupils receiving education under Section 56 of the Education Act, 1944											
(i) in hospitals	–	–	–	–	28	5	–	–	–	–	33
(ii) other groups (i.e. units for spastics)	–	–	–	–	2	–	–	–	–	–	2
(iii) at home	–	2	–	1	25	2	1	7	1	–	39

I am indebted to Mr. J. L. Longland, the Director of Education, for the following comments on the figures relating to handicapped children :—

“Ascertainment during 1961 and previous year and Placement during 1961.

	1960	1961
A. Pupils newly assessed.	297	291
B. (i) Of pupils included at A., No. newly placed in special schools ..		162
Total number placed	214	
(ii) Of children assessed prior to 1.1.61 number newly placed		105

Waiting Lists.

C. (i) Awaiting admission to day schools	175	164
(ii) Awaiting admission to Boarding Schools	91	61
Total C.	266	225

Children receiving special education.

D. (i) On Registers of		
1. Maintained Special Schools		
(a) As Day Pupils	428	544
(b) As boarding Pupils	159	169
2. Non-Maintained Special Schools.		
(a) As Day Pupils	6	6
(b) As Boarding Pupils	102	98
(ii) On Register of Independent Schools	45	47
(iii) Boarded in Homes	31	24
E. (i) Being educated in hospitals	31	33
(ii) Being educated in other groups or units	—	2
(iii) Receiving Home Tuition	53	39
Total D and E	855	962

3. Previously Section B showed a total number of children placed in the year—(1960 was 214); the section is now sub-divided to show (i) those newly assessed and placed (162), (ii) previously assessed and placed in the year (105)—showing a total placement of 267.

Comment.

The increase in the number of children placed in special schools during 1961 is due mainly to the opening in September of the Delves School although this has had only a marginal effect on the numbers awaiting placement in day schools.

The majority of pupils admitted to the Delves School were newly assessed for the purpose. The number of E.S.N. pupils awaiting placement, however, still remains high.

The decrease in numbers awaiting boarding school education is due mainly to extensions to John Duncan School, which have helped the position considerably.

Considering some of the handicaps separately :—

Blind. Eight children on the waiting list. One has since been placed and two have been offered places for later in the year. The remaining five cases are being kept under review and one of them is under 5 years of age.

Partially Sighted. Four children on the waiting list. One is having help from a home teacher.

Deaf. Three children waiting. One has since been placed and two have been accepted for placement later in the year.

Partially Deaf. Three waiting and one has since been placed.

Physically Handicapped. There were 22 awaiting placement on 1st January, 1961. It has been possible to obtain more places for this handicap in 1961 than in previous years—the balance awaiting places is reduced to 8.

Maladjusted. Three waiting and these have since been placed."

Special Reports.

(1) *John Duncan (E.S.N. Girls') Residential Special School.*—Dr. Kuttner states that :—

"Apart from routine inspections every term I visit the school frequently for various individual tests and if ever any advice is required. Co-operation with all the staff is excellent. A second House, "Northwood," was opened this year. Teachers, Matrons and domestic staff alike have worked untiringly and with great enthusiasm to create the same happy atmosphere which always existed before, throughout the two Houses. The need of every pupil is attended to individually. Results are gratifying, and it is always a pleasure to observe how even children of rather low intelligence show

unexpected progress educationally and socially. Day-boys have fitted in well and it is hoped that the new scheme of admitting young E.S.N. boys as boarders in 1962 will prove to be equally successful."

(2) *Overseal Manor (E.S.N. Boys') Residential Special School* :— Dr. Malcolm Allan reported that he visited the school each term and at other necessary times. He stated that from his own observations most of the children improve mentally and certainly physically, and the whole atmosphere of the school was most delightful.

(3) *Talbot House, Glossop*. Dr. M. Sutcliffe, the School Medical Officer who maintains regular and frequent contact with this School for children suffering from cerebral palsy, has reported as follows :—

"During 1961 many visits were paid to Talbot House Special School for the purposes of general supervision, periodic medical examinations, and poliomyelitis vaccinations.

Several children suffered from minor upper respiratory infections but there were no serious illnesses. Two children were transferred to other schools : one to a non-residential special school for delicate children and the other to an ordinary day school. A girl who was very badly disabled reached the age of sixteen years and had to be admitted to a long stay home for incurables.

In addition to the educational curriculum, other activities including physical and occupational therapy, speech training and hydrotherapy continued throughout the year. The results of physiotherapy in any year are difficult to assess as improvement in the physical handicap is evident only after prolonged and patient treatment."

(4) *The Brackenfield Day Special School (E.S.N. Mixed), Long Eaton*.—Dr. Storey has been attending this School intermittently during the year. He states that—

"There is a considerable waiting list for places there which are proving difficult to find. A new "unit" composed of children on the lower border-line of the E.S.N. scale was commenced. Suitable children progress from the "unit" to the normal classes in the School. Several children with multiple defects attend this school in addition to the basic core of "pure" E.S.N. children. With the erection of new E.S.N. schools in the county the pressure on Brackenfield may be somewhat relieved."

(5) *The Delves Day Special School (E.S.N. Mixed), Swanwick*.—Dr. Weyman has reported as follows :—

"The special school for backward children opened at the Delves, Swanwick, in September, 1961. Much preparation was needed to collect together the first intake. Co-operation between the Headmaster, the Education Department and the School Health Service helped to make this a smooth and easy procedure. A further intake is arranged for January, 1962, and preparatory work has been done for this.

As far as results are concerned it is pleasing to note that children unable to write their own name or to read are doing this after less than one term's work. The school is a happy one and parents seem pleased that their children have been sent to the school.

Pure tone audiometer testing at the school revealed that excellent hearing is rare. Most children at the school have losses of varying degree but in none of these children is the loss great enough to require a hearing aid. There is no doubt that the amount of hearing loss may vary from time to time in some children. After discussion with the Headmaster and the Educational Psychologist it was considered that the solution to these problems lies simply in good teaching : this coupled with small classes should overcome most of the problems.

Comment was also made at this time on the noise level in class rooms. Noisy furniture and unnecessary movement will not be of benefit and should be reduced as far as possible. Thought might be given to the design of chairs, desks and floors to reduce as far as possible noise in class rooms."

(6) *Stretton House Hostel*.—Dr. E. B. John, who attends this Hostel, reports as follows :—

"This Hostel continues to provide homely surroundings for maladjusted boys. The material conditions are good and the boys are provided with discipline and also kept out of mischief by being occupied.

The physical condition of the boys is checked regularly. Any boys with defective vision attend the ophthalmic surgeon regularly; dental treatment is also provided when necessary. One boy developed osteomyelitis and was admitted to hospital during the current period.

The hostel now has a 'bus and it is possible for the boys to be taken for outings at weekends and in holidays.

The boys seem to thrive in these surroundings and I feel sure that work of considerable value is being done."

Young Children Handicapped by Impaired Hearing

On 18th September, 1961, the Ministries of Education and Health jointly issued a circular under the above caption (Ministry of Education Circular 14/6, and Ministry of Health Circular 12/61) which reads as follows :—

"I am directed by the Ministers of Health and Education to send you a copy of a memorandum on the services for young children handicapped by impaired hearing. This has been prepared for the guidance and information of those concerned with the ascertainment, diagnosis and training of young deaf children. Copies are also being sent to hospital authorities, Executive Councils and Local Medical Committees.

2. The memorandum emphasises the importance of the early diagnosis of any degree of hearing handicap in young children in order that appropriate medical and educational services may be provided at the earliest possible age and with the best prospect of success. Local authorities are asked to review the adequacy of the methods of finding cases of impaired hearing

through their maternity and child welfare and school health services; to consult with Local Medical Committees on arrangements for co-operation with general practitioners to ensure a comprehensive system of early ascertainment; and to examine with hospital authorities and Local Medical Committees the arrangements for the special follow-up of babies born in hospitals who are in the group considered as being "at risk".

3. Following the initial diagnosis, full investigation is best undertaken at an audiology clinic. It is not envisaged that there should be a uniform pattern in the clinic services for young deaf children. These are, as the memorandum shows, at present provided by the hospital service, by local health authorities as part of the child welfare services and by local education authorities as part of the school health services. But it is important that developments, as they take place, should be based on close understanding and co-operation between the three services concerned, to ensure the most economical use of staff and continuity of care for the child; and that clinics should be backed by an efficient service for the fitting, adjustment and repair of Medresco hearing aids and the provision and replacement of ear moulds. Regional Hospital Boards are being asked, in consultation with Boards of Governors of teaching hospitals as necessary, to review with local health and education authorities the present arrangements in their areas, and to formulate plans for future development. Where the local authority is providing consultant otologist services, the Board will need to decide, after consultation with the authority, what hospital specialists services are needed; and Boards are being advised that, where specialists services are not provided by the local authority, the Board should, as a general rule, be prepared to provide them, on hospital premises or elsewhere as convenient.

4. The local authority will again be concerned, following the assessment and prescription of treatment, in giving guidance to parents on the management of the child at home and in giving advice on the family problems which may arise as a result of the child's disability. Children with impaired hearing may also need special educational treatment which it is the duty of the local education authority to provide. For some children this will mean education in a special school or a class for the partially deaf; others may be able to join hearing classes at ordinary schools, where the authority will need to supervise their progress, while offering appropriate guidance and advice to parents.

5. So that all children handicapped by impaired hearing may receive the maximum assistance from the services available, hospital authorities are being advised that where a child is found by a hospital specialist to have any material hearing loss, all relevant information should be supplied to the Medical Officer of Health or Principal School Medical Officer concerned, as well as to the general practitioner.

Hearing Aids

6. It is important that the parents of children with defective hearing, teachers and those who give advice on the welfare of children, should know something about the proper use of hearing aids. A leaflet, "The Child who uses a Hearing Aid", has been prepared by the Ministry of Health and the Ministry of Education for the guidance of parents, teachers and local authority staff without specialist training in the education of the deaf. A copy of the leaflet is enclosed. Further copies may be obtained from the Ministry of Education or the Ministry of Health. Copies will also be issued by hearing aid centres to parents of children whenever a hearing aid is issued.

7. Copies are enclosed of the memorandum (H.M. (61) 89) sent to hospital authorities and the letter (E.C.L. 79/61) sent to Executive Councils.

8. Copies of this circular have been sent to the Medical Officer of Health and the Chief Education Officer and to the Clerks and Medical Officers of Health of authorities exercising delegated health and welfare functions under the Local Government Act, 1958."

In February, 1962, I wrote on this matter to the Senior Administrative Medical Officer of the Sheffield Regional Hospital Board and as that letter described the steps which had been taken in this County I thought it would be convenient if I quoted it below :—

"You have had some correspondence over recent months with my Department on this subject, particularly concerning circulars 14/61 of the Ministry of Education and 23/61 of the Ministry of Health addressed to Local Health and Education Authorities (England); H.M. (61) 89 addressed to Regional Hospital Boards and Hospital Management Committees; and E.C.L. 79/61 addressed to the Clerk of Executive Councils on 18th September, 1961.

I have reported the receipt of these circulars to the appropriate Committee of my own authority. I have also contacted the Derbyshire Local Medical Committee, as well as the Consultant E.N.T. Surgeons at Chesterfield and Derby respectively.

At the consultation with the Local Medical Committee it was agreed that it was important that the arrangements should ensure co-operation with the general medical practitioners, so that a comprehensive system of early ascertainment could take place. Incidentally, the general medical practitioners "may be among the first to find or to be made aware of defects in hearing, of which there may sometimes be a history in the child's family". References to Consultant Otologists should always take place through the family doctor. In this connection I am setting out as a footnote to this letter a resolution of the Annual Representative Meeting of the British Medical Association passed in 1950, which, incidentally, has also been approved by the Society of Medical Officers of Health. All the Health Visitors in the county have now been trained in carrying out tests on young children's hearing. The Health Visitors will screen all children "at risk"—this accounts for some 20% of the total births. The screening will take place at ten months and again at eighteen months. Children who fail the screening test will have a hearing test carried out by a Teacher of the Deaf and a medical examination by a School Medical Officer. A third test, including one by pure tone audiometry will be carried out just before or just after the child enters school.

Regarding older children, there are four pure tone audiometers available in the County at the present time for use by the School Medical Officers. Arrangements have been made for all the pupils at the Special Schools conducted by my Authority to have a hearing test. A special class has been established at the New Whittington County Primary School, Chesterfield, for detailed investigation of children who fail the initial screening test. This special class acts in a sense as an assessment centre where assessment is carried out by Mr. Rawden, a teacher of the Deaf on the staff of the County Council, and a School Medical Officer, with the assistance, if necessary, of an Educational Psychologist. Arrangements have also been made for Mr. G. E. Mann, F.R.C.S., the Consultant Otologist at the Chesterfield Royal Hospital, to attend the unit whenever required, apart from regular visits he makes to observe the progress of the children.

A second Teacher of the Deaf, Miss Kennerley, has recently taken up duty for work in the South of the County. The County Council's Clinic at Belper has accommodation available to carry out the same sort of assessment as is already provided at the New Whittington School, Chesterfield, for the North of the County. Here again a School Medical Officer with a special interest in problems of the deaf will attend all diagnostic sessions. Mr. R. L. Flett, F.R.C.S., the Consultant Otologist at the Derbyshire Royal Infirmary and the Children's Hospital, Derby, has agreed to see cases who are referred to him.

I think what has been agreed to and arranged is reasonably satisfactory at the present time, but I have a feeling that the service may grow as it becomes better known and it may be necessary to arrange for the provision of further centres.

Footnote :—Extract from the Year Book, 1962, of the British Medical Association, under the caption "Some important Decisions on Questions of Policy" (page 179) :—

"School Health Service and Pre-school Clinics

1. Where, in the opinion of a medical officer employed by a local Authority, a child needs special investigation (other than an ophthalmic examination) or treatment, he should send the child to a specialist only after prior consultation with the child's own doctor, upon whom rests the responsibility for general medical care.
2. In consulting the general practitioner, the medical officer should give him the opportunity to make the arrangements for the consultation or to agree—by replying or in the absence of a reply—that the arrangements should be made by the Medical Officer.
3. A copy of any special report on the child received by the Medical Officer should be sent to the child's own doctor."

Cardiac Register

During 1957, a Medical Officer of the Ministry of Education suggested that in order to obtain a record of the incidence of cardiac defects over a number of years, a "cardiac register" should be established by the Authorities in the North Midlands Division, which is ideally suited to this purpose geographically because four of the counties have a hospital centre in the County Town which is in each instance the only County Borough, to which centres cardiac cases would naturally be referred for a consultant's opinion. If all the Authorities agreed to participate the investigation would cover some 550,000 school children and in size alone should be of major importance.

The investigation consists of the observation of organic heart disease (rheumatic and congenital) and should give useful evidence relating to the alleged decline of rheumatic heart disease and provide a pool of knowledge in regard to congenital heart disease which would prove useful as further developments appear in cardiac surgery. If a School Medical Officer discovers abnormal cardiac physical signs during his examination of a pupil he may decide that the signs are "innocent," in which case no further action is called for. He may, on the other hand, decide that the signs merit further investigation. In the majority of cases such children will ultimately obtain the opinion of a cardiologist or paediatrician as to the probable diagnosis. Where this opinion favours an organic cause (it cannot always be definite) the child's name is to be included in the cardiac register. Such children are to be subject to at least an annual special medical examination.

The Ministry feels that as regards rheumatic heart disease this investigation will afford an opportunity for studying the general incidence, relapse rate, ultimate state on school leaving, and the relationship of relapses to school streptococcal infections. As regards congenital heart disease, beside the usual data to be expected from a survey, there is the relationship to maternal infections, and their epidemiological features. An assessment will be made of the child on leaving school and the information will of course be useful in giving any necessary advice in relation to future employment.

At the end of 1961 there were seventy-six Derbyshire children on this register, the diagnoses being as follows :—

Congenital :—

1.	Fallots tetralogy with Blalocks operation	..	2
2.	" " without Blalocks operation	..	2
3.	Patent ductus—ligated	.. .. .	4
4.	Atrial septal defect	.. .. .	1
5.	Patent Foramen Ovale	.. .. .	1
6.	Atrial septal defect with pulmonary stenosis	..	1
7.	Atrial septal defect with heart block (operated)		1
8.	" " " " " (not operated)		1
9.	Interventricular septal defect	.. .. .	6
10.	" " " with pulmonary stenosis		1
	" " " with partial bundle branch block	..	1
11.	Septal defect	.. .. .	2
12.	? Septal defect awaiting investigation	.. .. .	2
13.	Septal defect with mitral valve involvement	..	1
14.	Ventricular septal defect with ? aortic stenosis	..	1
15.	Pulmonary stenosis	.. .. .	2
16.	Co-arctation of aorta operated	.. .. .	1
17.	Congenital (no specific diagnosis)	.. .. .	37

Rheumatic :—

18.	Mitral stenosis	.. .. .	2
19.	Mitral incompetence	.. .. .	1
20.	Other	.. .. .	6

Most of those with no definite diagnosis have been investigated in hospital, some are awaiting further investigation. Two of those in line 17 above are Mongols.

Of the 76 children, 71 attend ordinary schools, 1 receives home tuition, 2 are pre-school children, and 2 attend training centres.

The Medical Examinations (Sub-normal Children) Regulations, 1959.

The Regulations prescribe the qualifications required of medical officers undertaking the examination of pupils to ascertain whether they need attention in a special school for educationally sub-normal pupils, or whether they are suffering from such a disability of mind as to make them unsuitable for education at school. It is prescribed that medical examinations for the foregoing purposes shall be conducted by a duly qualified medical practitioner possessing one of the following special qualifications :—

"(a) he shall be a practitioner whose employment was approved by the Minister under regulation 11 of the School Health Service and Handicapped Pupils Regulations, 1953; or

(b) he shall be a psychiatrist working in a child guidance clinic; or

(c) *he shall—*

- (i) *have assisted for a period of at least six months in the conduct of medical examinations of the kind to which these regulations apply by a practitioner entitled to conduct them under these regulations : and*
- (ii) *he shall have attended, at one of the following universities namely, Durham, Glasgow, Leeds, London or the Queen's Universities, Belfast, the post-graduate course of instruction in the ascertainment and treatment of children suffering from the disabilities described in regulation 2, or some equivalent course approved by the Minister for the purpose of these regulations."*

Children unsuitable for education at school, and school leavers requiring care from Health Authorities.

In September, 1960, the Ministry of Education issued Circular 12/60 on this subject. The circular referred to certain changes in the law relating to children who suffer from a disability of mind which makes them unsuitable for education at school, brought about by the coming into operation on 1st November, 1960, of parts of the Mental Health Act, 1959, which amended the Education Act, 1944. Their effect is "broadly to extend the rights of parents, to alter legal procedure in some respects, and to simplify some of the administrative arrangements".

A decision by the Education Committee to "report" a child to the Local Health Authority is to be regarded not only as a negative decision that the Education Authority cannot educate the child, but also as a positive step to enable the Health Authority to make or arrange for more suitable provision. The parents of a child who has been found to be unsuitable for education have a right to appeal to the Minister of Education against the decision to "report" the child, and may also request the Authority, not more than once a year, to review their decision.

The Mental Health Act repealed the subsection of the Education Act under which the Education Committee had hitherto reported to the Health Committee individual children who were thought to need supervision, after leaving school, on account of mental disability. The Ministry's circular pointed out, however, that it is desirable for local education authorities to pass to local health authorities information on school leavers who they think will require care or guidance, and pointed out that "Without adequate support and help many school leavers who are mentally handicapped cannot surmount the problems which will confront them in their working life."

During the year under review, 33 boys and 21 girls were "reported" by the Education Authority to the Local Health Authority. On the other hand, one boy who had been reported to the Local Health Authority in 1954 was re-examined and found to be no longer unsuitable to receive education at school : the original decision was, therefore, cancelled.

Maladjusted Children.

As I mentioned in my last Annual Report the Manchester and Sheffield Regional Hospital Boards have agreed to employ two Consultant Children's Psychiatrists, each for 9/11ths of whole-time, the County Council paying 2/11ths of their respective salaries. The following broad programmes were approved, which it will be noted include visits to hospitals, hostels and special schools, as well as the County Council's child guidance clinics :—

*No. of notional
half-days a week*

Dr. Salfield :—

"Main" Clinic—County Council Clinic, Cathedral Road, Derby	6
"Subsidiary" Clinics—Ilkeston; Ripley; Swadlincote ..	1
Derbyshire Royal Infirmary	1
Derbyshire Children's Hospital	1
The Pastures Hospital; Bretby Hospital; Overseal Manor (E.S.N. Boys') Residential Special School; Brackenfield Day Special School (E.S.N.) Long Eaton; The Delves Day (E.S.N.) Special School, Swanwick; Stretton House Hostel	1
	9

Dr. Thorpe :—

(i) Sheffield R.H.B. area—

"Main" Clinic—Brambling House, Chesterfield; "Sub- sidiary" Clinics—Hackenthorpe; Matlock; (and Clowne and Eckington by appointment); Holly House Hostel; Stretton House Hostel; Brambling House Open-Air School and Children's Centre; Ashgate Croft (E.S.N.) Day Special School; Chesterfield Royal Hospital	7
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(ii) Manchester R.H.B. area—

"Main" Clinic—Buxton; "Subsidiary" Clinic— Glossop; John Duncan (E.S.N. Girls') School	2
	9

The County Council's establishment authorises the appointment of seven Educational Psychologists, who work partly in the Schools Psychological Service and partly in the Child Guidance Service; four Psychiatric Social Workers; and two non-medical Psychotherapists. Whilst it is pleasing to record that the posts of Educational Psychologists have all been filled, it is regretted that the posts of qualified P.S.W's and Psychotherapists are at present vacant, although a part-time Social Worker serves in Chesterfield.

Dr. F. G. Thorpe has provided the following **report on the work done in the Child Guidance Service in the north of the county during 1961** :—

"It has been a year of consolidation and further integration of already existing clinics in the North of the County. The Child Psychiatric Services have coped, during the year, with 251 new cases; this figure includes work done at Brambling House, where over 50% of the cases seen were from the North East of the County.

The Child Guidance facilities in the North West have been especially developed due to the opening of the new Buxton Clinic in Bath Road during the summer. This means that in Buxton we now have extremely adequate accommodation ; my only regret is that we have no Speech Therapist or Psychiatric Social Worker to occupy the rooms allocated for them. Miss Joyce, who is the Educational Psychologist and I, however, are now able to do more satisfactory and intensive work with the children referred and it is also pleasing to have the services of a Secretary and Receptionist at this new clinic. This means that local doctors are now able to 'phone any day of the week and make appointments for disturbed children to be seen at a reasonably early date. The waiting list in this area is now quite small.

The Glossop Clinic has also moved to new premises and although we have not separate accommodation for Child Guidance there, Dr. Sutcliffe is very co-operative and there is never any difficulty about getting a room for interviewing children. Sessions are still held in Glossop on alternate Fridays, so work at this clinic has continued as in the past.

In the North East, the Hackenthorpe Clinic continues on a weekly basis and there have been the usual number of referrals during the year. It is now apparent that this particular area needs a weekly clinic as there appears to be quite a high delinquency rate. On giving this further thought, I believe this may be due to the fact that most of the children in this area are living on a housing estate to which they have been moved during slum clearance in Sheffield. At the moment there is still a lack of organised recreational activity for the youth of the area and I believe that Dr. Brill has given this serious consideration and is recommending that a Youth Centre be provided. Knowing her enthusiasm, I feel sure she will get someone interested in the project.

Further developments are also taking place at Brambling House and alterations were in progress during the Christmas holidays. This now means that the Child Guidance team for the Borough of Chesterfield and the North East can be accommodated under one roof, which is, of course, something I have been hoping for since my appointment. As the extent and scope of the work at Brambling House itself has increased, we have been fortunate enough to be provided with extra secretarial help, which has been necessary for some time. The work at this clinic has continued to increase, especially in the number of therapeutic interviews offered to parents and patients during the year—1,379 patients and 561 parents. The clinic is still without a Social Worker for the North East of the County, but Mrs. Ives has extended her work so far as her time allows and taken on quite a number of cases which were referred from the North East. There have been further requests for Court Reports, which I always find most interesting and rewarding.

On looking through previous Annual Reports, it is difficult to assess the type of child being referred to the Child Guidance Service. They seem to be grouped together under the heading of maladjusted, adjusted, improving, unadjusted, etc., which gives very little indi-

cation as to what sort of problem is being dealt with. I therefore thought it would be interesting to take the new cases referred to the north of the County and break them down under various diagnostic categories. The results are tabulated below and I hope these will be of interest to referring agencies :—

New cases referred in North Derbyshire (Buxton, Glossop, Matlock, and Hackenthorpe Clinics).

Nervous disorders ..	26	Habit Disorders ..	34 (including 27 enuretics)
Behaviour Disorders ..	27	Organic Disorders ..	4
Psychotic Disorders ..	1	Educational and Vocational Difficulties ..	8
Normal Cases ..	9		

Making a total of 109.

It can be seen from these figures that the number of children referred for purely nervous disorders is about the same as those for anti-social activities. This I have found surprising, as I was under the impression that we were seeing more children with behaviour disorders than with any other kind of disturbance. The figures also show that about a quarter of the children referred to the clinics concerned were suffering from nocturnal enuresis of primary physiological type. Only one psychotic child was seen during the year. It was also interesting that only 9 of the cases referred were considered normal after investigation. The School Medical Officers and G.P.'s, therefore, are obviously referring very suitable cases and very little time is being wasted interviewing unnecessary material.

The hostels have been visited as usual during the year, but not nearly so frequently as one would have liked. This, of course, has been due to the pressure in the clinics, which has limited the amount of time available for visiting the children in hostel. I can see no way of improving the position in the future unless more time is allocated to the Psychiatrist for this purpose. The Hostel staff, however, always have ready access to the Psychiatrist if necessary to deal with crises and other problems and as they have expert experience in dealing with maladjusted children, one always feels that children in Hostel are well cared for and being given every consideration in dealing with their problems.

I would like to extend my thanks to the Principal School Medical Officer and his staff for the way in which they have looked after our interests during the past year. We have found them most obliging and co-operative in every way."

Dr. D. J. Salfeld has provided the following report on the work done in the Child Guidance Service in the South of the County during 1961:—

"The work of the Child Guidance Clinic in the past year has progressed very much in the same way as before. The number of new cases has declined slightly in the county clinics but, on the

other hand, the number of interviews has increased considerably so that more attention has been given to each individual. The continued absence of a psychiatric social worker here is thus all the more a great handicap as total care of a family unit can, for many reasons including technical ones, progress only by close contact with the parents, including home visits.

The limitations with regard to in-patients treatment persist and no improvement of the position appears to be in sight.

It is perhaps, not justified to draw too definite conclusions from the small change in numbers of referrals but I, personally, note somewhat regretfully, a decline of referrals from the S.M.O.'s, which appear to have been halved. If the figures are compared with last year's, certain discrepancies will be discovered such as the number of closed cases. The great number closed in the past year has resulted from a review of cases and the decision to close those with whom further work appeared unlikely to occur and signifies entirely an administrative rather than a clinical change of view point.

The fitting of cases into categories is always a moot point and for simplicity current cases have now been categorised as "Some improvement" and "No improvement," whilst "Satisfactory progress" has been omitted, those making satisfactory progress appearing as "Adjusted" when their cases have been closed.

As previously we thank the County Medical Officer and his staff for their co-operation."

Statistical Information (excluding work done at Brambling House, Chesterfield)—

CHILD GUIDANCE WORK		CHILD GUIDANCE WORK	
(1) Cases Closed during 1961 :—		(5) SUMMARY :—	
(i) Adjusted	40	(i) Number of "current cases"	280
(ii) Improving	87	(ii) Number of "closed cases"	304
(iii) Unadjusted	43		
(iv) Miscellaneous	53	Total Number of Cases dealt with during 1961 ..	584
(v) Diagnostic and advice only	81		
Total	304	(6) Number of Cases on Waiting List for first interview as at 31st December, 1961 ..	23
(2) Cases having regular Interviews for Psychiatric Treatment, Play-Therapy, or Remedial Teaching :—		(7) Psychiatrist's Interviews with Patients	727
Psychiatrist—		Psychiatrist's Interviews with Parents	663
(i) Making satisfactory progress	11	Psychiatrist's Visits :—	
(ii) Some improvement ..	60	(i) to Schools	—
(iii) No improvement	12	(ii) to Homes	10
Total	83	(iii) to Institutions	75
(3) Cases having only Occasional Interviews, or under Supervision :—		Number of Interviews with Probation Officers, Social Workers, etc.	19
(i) Making satisfactory progress	11	Number of Reports to Magistrates	9
(ii) Some improvement ..	83		
(iii) No improvement	31	(8) Educational Psychologists' Visits :—	
(iv) Diagnostic and Other ..	75	(i) to Schools	179
Total	200	(ii) to Homes	15
(4) Cases Recently Opened ..	10	Number of Child Guidance Cases tested	249

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

School Medical Officers	..	..	..	..	56
Private Doctors	..	..	..	..	49
Hospitals	..	..	..	..	5
Teachers	..	..	..	..	40
Courts and/or Probation Officers	..	..	..	..	5
Others	..	..	..	..	35
					190

Speech Therapy

The establishment authorises the employment of eleven Speech Therapists (including one in Chesterfield Excepted District and one mainly at Talbot House Special School). I have referred in recent Annual Reports to a shortage of Speech Therapists. At the beginning of 1958 we had the service of six whole-and two part-time Officers. Unfortunately, the position has gradually deteriorated, and at the end of 1960 we had the services of only two part-time Officers, both of whom left our service on the last day of the year for domestic reasons. During 1961 we were able to appoint only one whole-time Speech Therapist (in Chesterfield, from 1.9.61) and one part-time Speech Therapist (to serve for 4/11ths of whole-time in the South of the County from 9.10.61). The shortage of Speech Therapists appears to have been general in the midlands and the north of England, as will be seen from the following reference to this problem in the Report of the Chief Medical Officer of the Ministry of Education for 1958 and 1959, where it is mentioned that most "areas in southern England had no difficulty in obtaining Therapists . . . Some rural, and northern and midland industrial areas, and some in Wales, however, had been without Therapists for years and had no replies to repeated advertisements . . . In November 1958, all principal school medical officers were asked how many additional Therapists their Authorities would employ if there was no shortage of applicants. The replies showed that at that time the equivalent of 362 whole-time Therapists were employed by local education authorities, and that 123 more were required. Ordinarily, with eighty students qualifying annually, it would be reasonable to expect this deficiency to be made good in a few years at most; but early marriage among the Therapists upsets all reasonable calculations."

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The following steps are taken to minimise the risk of school children becoming infected by adults who are suffering from tuberculosis :—

(i) *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; teachers entering service otherwise than from College are x-rayed as part of

their medical examination on appointment; and the attention of the teachers on the staff of the Authority has been drawn to the advisability of their taking advantage of the facilities provided by mass radiography units from time to time.

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.

(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 this medium is used 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).

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 generally examined by the School Medical Officer of the area in which they live. 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 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 Officer.

During the year the following examinations were carried out by School Medical Officers :—

Entrants to Training Colleges, Departments of Universities and Approved Art Schools	389
Entrants to the teaching profession	103
X-ray examinations of entrants to the teaching profession and temporary teachers	131

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 619 pupils desiring to undertake part-time employment, and a certificate of fitness was given to 617.

PREVENTIVE INOCULATIONS

Details are given in my Annual Report as County Medical Officer of Health of various schemes for providing preventive inoculations against several diseases. These schemes come under the jurisdiction of the County Health Committee, as the services are provided under Part III of the National Health Service Act. However, since school children derive much benefit from them it is fitting to refer briefly to them here, particularly as the help and co-operation of Teachers is of great value to this aspect of the health services.

The arrangements for providing the inoculations continue on the lines which have been outlined in earlier Reports. The conditions against which protection is offered are as follows :—diphtheria, poliomyelitis, smallpox, tetanus, tuberculosis and whooping cough.

The numbers of children between five and fifteen years of age who were immunised against diphtheria, smallpox, or whooping cough were as follows :—

	<i>Primary</i> <i>Immunisations</i>	<i>"Booster"</i> <i>Doses</i>
Diphtheria	2,400	6,808
Whooping Cough	461	—
Smallpox	232	66

During 1961, 40,547 Derbyshire patients were given two injections against poliomyelitis and 30,342 received their third injections. From the inception of the scheme in 1956 up to 31st December, 1961, the total number in this County who had received two injections was 248,732: of these 207,944 had received three injections and 41,954 children received fourth injections.

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis. The object of this form of vaccination for school-children is to provide them with some protection against tuberculosis when they leave school and are more likely to come into contact with the disease. Briefly, the procedure is to skin test the pupils and the negative reactors are then vaccinated with B.C.G. The Ministry of Health supply the materials for skin testing and the actual B.C.G. The School Medical Officers carry out this work and it is essential they be trained in the technique of the procedure. The County Health Committee has therefore sanctioned them attending approved courses of instruction. The scheme came into operation to a limited extent towards the end of 1957, and at that time it was confined to children between thirteen and fourteen years of age. In 1959 the Ministry of Health approved an extension of the scheme to children of fourteen years of age and over, and to students attending Universities, Teacher Training Colleges, Technical Colleges or other Establishments of further education. The following figures give details of the numbers dealt with during 1960 and 1961 :—

	Schools		Establishments of further education	
	1960	1961	1960	1961
Number of schools or establishments of further education	79	75	3	4
Number of children or students offered B.C.G. vaccination ..	12,777	9,459	117	390
Number of children or students whose parents gave consent and who were skin tested	8,752	6,032	64	220
Number found "positive"	2,043	1,178	34	28
Number found "negative"	6,480	4,644	30	185
Number vaccinated with B.C.G. ..	6,369	4,566	30	175

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

The following are relevant extracts from reports which I have received from individual School Medical Officers, but I must state that while it is important that they should be free to express their opinions on the physical conditions that they find in schools, both the Director of Education and I feel, in all fairness, that it should be borne in mind that the Education Committee are carrying out improvements as rapidly as they are permitted within the financial limits imposed by the Ministry of Education, who are responsible for the allocation of the "financial cake" which is available for the country as a whole.

Dr. JULIA CORRIGAN, the Senior Medical Officer for the School Health Service and for Health Education :—

"Health Visitors in Schools : Health Visitors are able to devote more time to other duties in schools now that they have been relieved of so much routine work by the Medical Officers' Attendants. An eye-testing examination of all eight year olds is done by the Health Visitor and at this she makes a general assessment of the child and can report to the Medical Officer if she thinks the child needs a special examination.

Hygiene inspections for cleanliness must go on until infestation is eradicated, but the very great improvement in the figures, following the introduction of Lorexane shampoo two years ago, makes us hope that this will not be too far away.

Health Education : Both School Doctors and Health Visitors have given talks on health in schools : the subjects covered every aspect, but the most common were, personal hygiene, care of the teeth, smoking and lung cancer, and home safety. Films, film-strips and leaflets have been used to back up the talks. Many doctors take leaflets on their favourite subject to give to the mothers and older children at the routine school inspections.

One school put on a special Health Week. Our exhibitions on home safety, care of the teeth, care of the eyes, care of the feet, smoking and lung cancer were in the school for the whole week. Films on health topics were shown every day. The Health Visitor and School Medical Officer spoke to each class. Parents came to an evening meeting for a film-show and discussion. Many schools borrowed films and film-strips from our Library for their own use."

Dr. M. SUTCLIFFE (Part of N.W. Division) :

"(1) *The general health and well-being of the majority of the children* was satisfactory and the standard of clothing and cleanliness was very good.

(2) *The physical condition of the children :* The steady improvement shown during the last few years in the physical condition of the children was maintained in 1961, the percentage classified as unsatisfactory being 1.42%. Dental caries was again the commonest defect found. A few overweight children were encountered but with two exceptions the condition was considered to be due to hereditary influence as one or both parents were of similar build.

(3) *Cleanliness :* For the second year in succession there was a substantial fall in the number of verminous children. The rate of 3.8% for 1961 is the lowest on record. Twelve cases of impetigo and five of scabies were treated at the Minor Ailments Clinic.

(4) *School meals; the Milk-in-Schools scheme :* On a given day in October, 45.34 per cent of pupils in attendance at school had school dinners, compared with 45.09 per cent in 1960. Well-balanced nutritious meals were provided and the children were taught to appreciate a varied diet. Unfortunately it was difficult to serve the meals attractively in some of the primary schools where overcrowded halls and classrooms were used as dining rooms, but progress is being made in the provision of modern canteen facilities.

On a given day in October, 86.75 per cent of pupils participated in the milk-in-schools scheme, compared with 83.1 per cent in 1960. This beverage is most popular in the outlying primary schools.

(5) *Hygienic conditions in schools* : A few improvements in hygienic conditions have been effected. In the inconvenient, cramped premises of some of the older primary schools it is impossible to provide kitchens and dining rooms. The only solution is a completely new building for the purpose. One such building has recently been completed and should be functioning early in 1962.

In many schools accommodation for school medical inspections and cleanliness surveys is makeshift. A new school built in 1961 is the only one in the area with a suite of suitably equipped medical inspection rooms.

(6) *Infectious diseases* : Of the 55 cases of infectious diseases reported by head teachers, chickenpox accounted for 14 and infectious hepatitis for 29. The outbreak of the latter disease occurred from the beginning of October until the end of December and all but five of the patients were of primary school age.

(7) *Immunisation procedures* : (i) Diphtheria immunisation :—Immunisation clinics were held regularly throughout the year. The attendances for primary courses were almost the same as in 1960, but fewer re-inforcing doses were given. There is still a tendency for parents to forget the necessity of maintaining immunity when the child reaches school age.

(ii) Whooping cough :—Immunisation against whooping cough is now an important part of the work of the preventive health services. A few older children, born before whooping cough prophylaxis was included in the clinic immunisation programme in 1958, attended for the primary course.

(iii) Tetanus :—In 1961, there were more requests for this very important protective measure, particularly for older children.

(iv) B.C.G. :—The demand for B.C.G. vaccination was disappointing, 72.1% compared with 82% last year. However, it is pleasing to note that there was a sharp fall in the number of positive tuberculin reactors, from 33% in 1960 to 12.64 % in 1961.

(v) Poliomyelitis :—The poliomyelitis clinics were much busier than last year. From June onwards re-inforcing fourth doses of vaccine were given to the most susceptible section of the population, namely, children of primary school age. The response from the older members of the community showed a sudden increase at the end of October following the occurrence of a case of paralytic disease in the area. Neither the patient nor the other members of the family had been vaccinated.

(8) *Inter-relationship between the National Health Service and the School Health Service* : There is close co-operation between the School Health Service and the general practitioners who provide

useful information about handicapped children under their care. We welcome their reports and reciprocate whenever possible by making known to them the facilities available to these children under the School Health Service."

Dr. F. D. F. STEEDE, (Part of N.W. Division) :—

"(1) At the outset I should like to express my satisfaction that the district has now been equipped with a new County Council Clinic, which not only houses the Infant Welfare and Maternity Clinics, but also the Child Guidance team to whom I cannot but pay tribute for the help and advice I have received from time to time; and also a modern dental suite, alas, so far untenanted.

(2) *General health and well-being, and physical condition of the children* : The general health of the schoolchild and the standard of child care in the district is of a very high order indeed and one must pay tribute to the vast majority of parents who endeavour by all means possible to ensure that their children are brought up to the best possible advantage. The physical condition is on the whole excellent, though dental caries, I am sorry to say, is very prevalent indeed in spite of strenuous efforts by the overworked local general dental practitioners on whom the burden largely falls. While there is little doubt that the increased consumption of carbohydrate is a large factor, at the risk of being wearisome I feel obliged to stress the necessity for the adjustment of the deficiency in the level of fluorine in the mains water supply at as early a date as possible—this "well proven public health measure" now almost universal practice in the United States is long overdue.

(3) *Cleanliness of pupils* : Satisfactory. The few cases of pediculosis capitis which do occur are diagnosed monotonously in the same children, which seems quite astonishing in view of the ease of eradication with the modern agents for disinfestation available, indicating a hard core of resistant infestation in the home. No case of scabies occurred in Buxton, though a case in a nearby district was brought to my notice—the first I have seen for some years.

(4) *School meals; Milk-in-schools scheme* : Satisfactory. I am glad to say all schools in my care are supplied with pasteurised milk.

(5) *Hygienic conditions of schools* : I am glad to say that headway has been made during the year in improving the condition of several schools. One cannot be satisfied, however, until all schools are equipped with hot water for hand washing, and toilets which can be approached from under cover—in my opinion a necessity in the climatic conditions which appertain here for a part of the year.

(6) *Infectious diseases* : In the early part of the year there was a brisk outbreak of influenza which adversely affected the attendance of all the schools, and which was due to the Asian A.2. virus which was isolated locally in collaboration with Dr. Gillespie of the Public Health Laboratory, City General Hospital, Sheffield. Later in the year measles was universally prevalent in the primary schools and there were 461 cases reported. Infective Hepatitis declined, but we

continued throughout the year to have the sporadic case reported, and at least twenty cases are estimated to have occurred. For the last six months it has been the practice, with the co-operation of the local general practitioners, to protect the close family contacts with gamma globulin, and only one overt case in contacts has occurred where it seems likely the disease was being incubated at the time the gamma globulin was administered, and which in any case was very mild. In view of the possible connection between the virus of infective hepatitis and that of homologous serum jaundice I welcome the probability that in the future the sterile disposable type syringe is likely to be standardised equipment in the County health services.

(7) During the year special emphasis has been made in locating and dealing with cases of *nocturnal enuresis*, and in suitable instances (nine) an enuresis alarm has been used with no failures, though it has been necessary on some occasions to have the machine on loan for periods in excess of six months. I feel that the importance of relieving this condition cannot be overstressed since I feel sure that it must well be responsible for a considerable amount of mental ill health apart from the physical inconvenience.

(8) During the year I have made very determined efforts to ensure that the facts with regard to smoking and lung cancer are brought to the attention of those children in their first year at the Secondary School. I have used very largely with, I feel, encouraging results the filmstrip (kindly loaned from the Library of material built up in the County Health Department) which has been produced by the American Cancer Society for this purpose.

(9) *Immunisation procedures* : In this town vaccination against whooping cough and diphtheria and tetanus as a primary procedure is almost entirely in the hands of the general practitioners, who have been using the triple antigen for many years, and it is to their credit that the immunization rate stands at a very high level. Poliomyelitis vaccination too has largely been in their hands, but not entirely, and this also I am glad to say as far as the school child is concerned has also reached a high level. I have covered all the schools for which I am responsible as regards B.C.G. vaccination, and I am glad to say that acceptances are increasing while the number of positive reactors are showing a decline and in the most recent session was approximately 10%.

(10) *Inter-relationship of the National Health Service and the School Health Service* : Relationship between myself and the general practitioners in the town is very good indeed, and I continue to get reports from both the Ophthalmic and E.N.T. Specialists on all school children. I need hardly say this is of very great value and I should like to have them from all other specialists as a routine."

Dr. G. KUTTNER (Part of N.W. Division) :

"(1) The standard of *general health and well-being* of school children remains satisfactory on the whole.

Adverse factors to well-being are : (i) too much televising which keeps children indoors when they should enjoy outdoor activities

and for which too many pupils, even of infant-school age, stay up too late. They arrive at school in the morning tired, physically and mentally, owing to the inability of many parents, often addicts themselves, to prevent their children from watching late and unsuitable programmes ;

(ii) the increase in cigarette smoking amongst boys and girls alike, which I have encountered in junior schools. It is on the whole a desire to "show off" but, once these children have started the habit, many of them find it difficult to discontinue it.

(2) The *physical condition* of children is, on the whole, good. Epidemics have mainly been mild and absence from school is mostly due to respiratory infections. There have been a few cases of severe rheumatic fever, complicated by rheumatic carditis in my area and I hope that this is an isolated observation.

I am rather alarmed about the number of pupils found to be suffering from mild to severe hearing defects. Whereas up to last year, 2 children in my area had to use a hearing-aid there are now 9 pupils wearing one (plus one 2 year old pre-school child). In addition to these I had to send a fair number of children to E.N.T. Specialists, children whose hearing I found to be sufficiently defective to require their attention.

(3) The *cleanliness* of the pupils is satisfactory apart from the few well known exceptions who resist even the untiring efforts of the Health Visitors.

(4) The majority of pupils avail themselves of school meals and of the *milk-in-schools* scheme, much to their benefit.

(5) There is still much to be desired in some old schools regarding *hygienic conditions* and dining-room facilities.

(6) The demand for *immunizations* seem to be on the increase in Infant Welfare Centres but not so at the school-age level. Most readily accepted are the poliomyelitis and B.C.G. vaccination schemes."

Dr. W. GOW (Parts of N.W. and N.E. Divisions) :

(1) The *general health and well-being* of school children remains very good.

(2) *Physical condition* also good. Under-nutrition very rare. Over-nutrition much more common resulting in obesity.

(3) *Cleanliness* of pupils among younger children is excellent. Not so good among some older girls and boys. Few cases of impetigo, no scabies seen. Pediculosis almost exclusively confined to a few problem families.

(4) *Milk-in-schools* continues to benefit those who take advantage of it. Biscuits slightly less in evidence. *School meals* remain the same, a tribute to the skill of those who prepare so good a meal under the standards laid down. I still consider that fruit should be available

instead of suet-pudding perhaps as an optional extra, to be paid for at the time of the meal ; after all no complaints seem to be made about the financial side of the sale of biscuits during break.

(5) *Hygienic conditions* : These remain uneven.

(6) *Immunisation procedures* :—(i) *Against diphtheria* : The "Campaign" begun in late 1960, following the cases of diphtheria in Derby, was completed. Very many parents imagine that reinforcing doses at 5 years take place automatically at school without their consent being sought.

(ii) *Whooping-cough vaccination* : This was sought by parents for young babies during late 1961 following outbreaks of the disease.

(iii) *Tetanus immunisation* : Sought by an increasing minority for their children.

(iv) *Poliomyelitis vaccination* : Continued at a high level throughout the year.

The most striking thing about all the above is the inability of parents to state for which diseases their child has been protected. In very many cases they do not seem to know at all whether their child was immunised with triple antigen or for diphtheria and whooping-cough only. I feel there should be more publicity to parents about the need to know whether their child has been actively immunised against tetanus.

(7) *Relations with the National Health Service* have remained excellent. The School Health Service would be useless without the co-operation of both the family Doctors and the staff of the Schools, and I am most grateful to all in my area."

Dr. D. R. McCAULLY (Parts of N.W., N.E. and Mid. Divisions) :

"(1) *The general health and physical condition* of the children in my area is uniformly good. Any exceptions to this rule can be ascribed to families and individuals rather than to particular districts or schools. Of these families no more than about six are known to me in the entire area, whose children appear dirty, anaemic and under-nourished. The cause for this is difficult to determine and can only be found by an individual approach, as there is no common denominator. I would say that high on the list are housing difficulties—some of them live in Caravan sites—and, also, feeble-mindedness of one or both parents—particularly the mother. The difficulties in the way of health education are almost insuperable in these cases, especially when the parents are middle aged or elderly, for it is difficult "to teach an old dog new tricks" or, indeed, to change the habits of a life time. However, where the parents are young, it is to be hoped that some progress can be made in educating them to some reasonable standards of cleanliness and home management. The majority of these families, I find, have television sets, washing machines etc, but lack any appreciation of good food and how to prepare it. It is to such fundamentals, rather than to the niceties of hygiene which, in my opinion, health education should be directed. For, in spite of an ever increasing spate of information, being poured

out to the public over the television, particularly on medical subjects, one still finds these families living in a condition of real filth and chronic undernourishment, due to mismanagement rather than to any real material need.

(2) I found the incidence of *contagious disease* to be extremely low. I did not see any cases of pediculosis and only a few cases of scabies, ringworm mainly from cattle infection, impetigo and flea infestation.

(3) The *school meals* and *milk-in-schools* schemes are functioning very well in my area. I consider the School Meals Service to be of paramount importance in the health of the school child, and I do not think that the importance of a child receiving a good hot meal in the middle of the day can be over-stressed.

(4) The *hygienic condition of the schools* is, in general good. A few of the smaller schools still lack hot water for washing. This is desirable but not essential. In any event, it is hoped to be shortly rectified. Heating, ventilation and sanitation are generally satisfactory.

Lighting. I think that more attention should be paid to this, especially in the smaller schools.

(5) Of the *immunisation procedures*, B.C.G. has been offered at all the Secondary Schools and the response has been good. "Booster" doses of diphtheria prophylactic have, also, been offered at the primary school medical inspections, although most of this work is, in my area, carried out by general practitioners. Poliomyelitis vaccination sessions have been held at Clinics at regular intervals, with a good response. A start has been made in using sterile disposable syringes and needles at schools and Infant Welfare Clinics, and I have found these to be most satisfactory and time saving where small numbers are dealt with.

(6) A number of children have been referred to me by teachers with complaints of being "deaf" in class. None of these children were sufficiently deaf to require hearing aids. One boy of fourteen was so referred, and the audiometer test, which had previously been done, showed him to have a very marked hearing loss in both ears. Subsequent exhaustive tests by an E.N.T. Specialist showed him to have normal hearing. I feel that each case of suspected deafness needs a very careful investigation and appraisal, bearing in mind that probably the commonest cause of "deafness" in children is inattention. This should include testing by simpler methods, such as the "whisper test."

(7) *Speech Therapy.* There is a tendency, which is in my opinion to be deplored, to refer children at or shortly after school entry for speech therapy, because of minor speech defects which are said to be "holding the child back" at school. As the vast majority of these cases are merely due to a persistence of childish or infantile speech due to slow development—a child of 5 years may well have an age of 4 years or less from the point of view of general development—I

think that a much wiser course is to wait and see the effect of a year's schooling which usually "cures" the speech defect. In one such instance, amongst many, a child of 5 was rightly referred to me because of a minor speech defect. On my next visit to the school, about a year later, on examination the child's speech was quite normal and there was then no trace of the original defect.

(8) In conclusion, I would stress that the examination of any individual child, in my view, entails tapping all the available services of information, including the parents, general practitioners and teachers. I can see little value in examining large numbers of school children without their parents being present, and think that every effort should be made in order to persuade them to be present at all the School Medical Inspections. With regard to the general practitioners, I have always either written to or seen the private doctor, in appropriate cases, and have found this co-operation to be most helpful. Teachers are encouraged to refer any abnormality, however trivial this may or may not appear, for investigation, as their observation of the children over a long period is invaluable and enables them to know their pupils in a manner denied to the School Doctor, who only visits the school at rather infrequent intervals."

Dr. B. E. JOHN (Parts of N.E., S.E. and Mid. Divisions) :

"(1) *General Health and well-being of the children* remains uniformly good. The higher wages and standards of living prevalent at the present time are reflected on the general condition of the children.

(2) *The physical condition of the children* is good with the exception of the condition of the *teeth* which seems to remain carious from the time the child is first seen until it leaves school. It is very difficult to impress on the parents the importance of dental care when there are either no facilities or very inadequate one to provide it.

Defective vision remains the most prevalent undetected disability as most other conditions have produced symptoms of some sort or another and have been seen and treated by the general practitioner.

Several cases of *partial deafness* have been brought to my notice and audiograms have been performed with the kind co-operation of Mr. Rawden : these have been very helpful. The majority of these cases have not been sufficiently severe to require hearing aids and have been dealt with by suitable positioning in the class.

(3) *The cleanliness of pupils* remains good on the whole and pediculosis was mainly seen in known problem families. No cases of impetigo or scabies were seen. The cleanliness of the children mainly reflects the standard of housing. Children who live in post war council houses have a considerably higher standard of cleanliness than some of those living in rented accommodation with no bathroom and hot water systems.

(4) *School meals ; the Milk-in-schools scheme.* School meals remain of a high standard where cooked on the premises but lose a considerable amount of their flavour when transported. Milk in schools provides a supplement to the already adequate diet of the children.

(5) *The hygienic conditions of schools* depend to a large extent on how long the school has been built. The best use is made of available facilities but to provide really hygienic conditions building is necessary in the older and particularly more rural schools.

(6) *Infectious diseases.* Mumps and chicken pox have occurred in the schools in this area recently.

(7) *Attendance of parents at school medical inspection* remains high at the five year old level, drops substantially at eleven and drops even further at the school leaving age. I have tried to encourage the attendance of parents at re-examinations as I feel that these are virtually useless at the age of 6 and 7 without the attendance of the parent.

(8) *Immunisation procedures :* (i) *Diphtheria immunisation.* The incidence of immunisation is high and a number of injections are given to school entrants, more particularly booster injections.

(ii) *Whooping cough vaccination* has been very limited, triple antigen being given to most infants by their general practitioner.

(iii) *Poliomyelitis vaccination.* There has been some demand for poliomyelitis vaccination at infant welfare clinics recently, and this seems quite a convenient arrangement.

(iv) *B.C.G. vaccination* now seems to be becoming widely accepted and in a vacant area near my own, parents felt that they were missing something as their children had missed B.C.G. vaccination at that particular time.

(9) The inter-relationship between the N.H.S. and S.H.S. remains of great importance and is good in this area."

Dr. T. URTSON (Part of N.E. Division) :

"(1) *The general health and well-being* of children continues to be satisfactory.

(2) *The physical condition* of the children was good and only few were classified as unsatisfactory. Of 1,817 children examined, 23 had asthma, 30 had perforated or scarred ear drum and two had epilepsy.

At the routine Medical Examination I recorded all the cases of persistent nail-biting. Of 1,817 children seen 634 were nail biters.

<i>First Age Group</i>	Of 272 boys seen	73 were nail biters
	Of 235 girls seen	72 were nail biters
<i>Second age group</i>	Of 196 boys seen	70 were nail biters
	Of 242 girls seen	140 were nail biters
<i>Leavers</i>	Of 432 boys seen	161 were nail biters
	Of 437 girls seen	118 were nail biters

No detailed investigation into the causes was carried out, but I had the impression that in most cases the nail biting was just a habit and not a sign of stress and anxiety.

(3) The *cleanliness* of pupils was excellent in the younger age groups, but I was disappointed to find an increasing number of leavers (girls) with nits in their hair.

(4) The *School Meals* continue to be satisfactory and the hygienic standards in the kitchens and canteens is improving each year.

(5) Much has been done during the past year to improve the condition of out-door toilets—the urinals have been covered and flushing systems installed.

(6) (a) The attendance of parents was good in the case of five year olds but disappointingly low in the second and third age group.

(b) The *health education* in the schools is now well established and organised, and carried out by the Health Visitors and School Nurses.

(7) (a) At the School Medical Inspection I found that the majority of children had been vaccinated against poliomyelitis.

(b) The demand for diphtheria, whooping cough and tetanus immunisation is increasing."

Dr. F. G. BRILL (Part of N.E. Division) :—

"(1) *The general health and well-being of the children* has remained at its usual high level, and can be taken as an accurate index of the affluent society.

(2) *The physical condition of the children* was on the whole excellent. A fairly constant number of children varied from a state of mild over-weight to gross obesity, and slimming regimes are not popular, partly because of the extra expense of high protein food-stuffs and fruit, partly because of the self-restraint necessary to produce adequate weight loss.

The dental state in the children remains lamentable, but years of constant campaigning are now beginning to show results, and the dental fitness in the Secondary Schools has increased from 20-25% fit to 30-35%. Without a dentist on the staff, it is, however, not possible to form an accurate estimate. More parents are coming round to accepting early dental care and conservation treatment in quite young children.

(3) *Cleanliness of the pupils*. With the exception of the problem of substandard families, whose children are more or less constantly infested and thus are sources of infestation for their class mates and play fellows, all children seen were clean.

Impetigo is rare and no advanced cases were noted.

(4) *School meals; Milk-in-schools scheme.* All meals sampled were appetising and nutritious.

The milk scheme works, and in the schools where the sale of biscuits has been stopped, there is a more marked trend towards better oral hygiene.

(5) *Hygienic Conditions of Schools.* This has not changed for better or worse in any of the schools inspected over the past few years. The old schools continue to cope with their inadequate and antiquated plumbing, ventilation and lighting. In the large schools with much traffic, sound proofing of the medical room would be of great value, and save time and trouble. In the schools where the medical rooms can be overlooked by class rooms or playing fields, etc., Venetian blinds or net curtaining should be provided.

(6) *Infectious diseases.* There was the normal incidence of childish ailments, but most cases were mild. There was no outstanding rate of incidence of any one infection. No case of poliomyelitis occurred amongst any of the pupils or pre-school children, probably due to the high level of protection by vaccination among the children. One case of typhoid occurred in a pupil.

(7) *Immunisation procedures :—*

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|----------------------|---|
| (a) Smallpox : | Increasing numbers of parents are accepting vaccination for their young infants and older children. The response has been most gratifying. |
| (b) Diphtheria : | Most mothers prefer to take their children to the family doctor for the short course of triple antigen and clinic demand has consequently diminished. |
| (c) Whooping Cough : | |
| (d) Tetanus : | |
| (e) Poliomyelitis : | Regular sessions were held but the numbers were smaller mainly due to the general high level of acceptances in the past. |
| (f) B.C.G. : | Acceptance rate for this measure is gratifyingly high, as much as 95% in one school, and never below 80%. It is no longer considered a novelty, and most children treat it as a matter of course. Positive tuberculin re-actors vary in percentage from school to school, from 10-25% approximately, but last year a downward trend became apparent. I would like to express my appreciation of the help given me by the staff of the Queen's Road Chest Clinic in Sheffield, and the Sheffield M.M.R. Unit, who have taken over the X-ray examination and follow-up of the positive re-actors. |

(8) *Medical Stress of Examinations.* I have become increasingly aware of a group of children who exhibit definite psycho-somatic symptoms, in some cases commencing in their last term at primary school, in others towards the end of the summer vacation, or at the beginning of the first term at secondary school. On re-examining these children a year later, their symptoms had resolved without recourse to any treatment.

It may be appropriate to mention here that full use is made of the Child Guidance Clinic and it has been a great help to me to have Dr. F. G. Thorpe available to advise in a great number of cases showing emotional and psychological disorders.

(9) *Inter-relationship of the N.H.S. and School Health Service.*

The Sheffield Hospitals have continued to give me any assistance or information required, and have at all times been most helpful. I would like to record my appreciation here.

During the past year a close working relationship between the School Clinic, the Children's Department, and the Sheffield Family Service Unit, has continued to our mutual advantage and to the benefit of the parents and children under review.

Since I have come to live in the area, I have had ample opportunity to observe the children out of school hours, and my previous conviction that there was something lacking in their leisure activities has become much stronger. As previously reported, there is no provision on a sufficiently large scale for out of school activities and particularly the younger age group are neglected. I would like to put in a plea for the provision of adventure play grounds which are being so successfully run in Denmark and Sweden and in about 12-16 other areas in Britain. These would be ideal to stimulate the children's sense of adventure, exploration and even danger, and canalise the normal boy's aggressiveness and destructiveness away from damaging public and private property, and keep a substantial number of children off the streets and away from the police courts.

There is apparently ample waste land and the provision of the scrap needed to furnish these playgrounds should present no difficulty. If nothing positive is done for these children unimaginative society will have failed them."

Dr. E. SINGER (Part of N.E. Division) :

- "(1) *General health and well-being* of children is good.
- (2) *Physical condition* of good standard apart from a very high incidence widespread dental cases.
- (3) *Standard of cleanliness* is good—pediculosis confined to an occasional well-known "problem" family only.
- (4) *School meals* in general are good—mobile scheme satisfactory.
- (5) *Hygienic conditions of schools* are satisfactory. Facilities for school medical inspections range from good to bad.

(6) *Infectious diseases.* A mild epidemic of mumps, otherwise nothing noteworthy.

(7) *Immunisation procedures :—*

(a)	Diphtheria :	} given in infancy by G.P.'s, generally speaking.
	Whooping cough :	
	Tetanus :	

(b) Booster doses for diphtheria given to school entrants by S.M.O.

(c) Poliomyelitis vaccinations—There are “pockets” of unimmunised families which we come across, otherwise the numbers vaccinated are satisfactory.

(d) There have been no recent sessions of B.C.G. vaccinations in this area.”

Dr. A. R. ROBERTSON (Part of N.E. Division) :

“I am Medical Officer for Shirebrook Grammar School only. There is very little to report because the general health and well-being of the children is very satisfactory, as is their physical condition and their cleanliness. The most common abnormality is defective vision. All children with this are observed regularly.”

Dr. P. WEYMAN (Part of Mid. Division) :

“(1) It has not been possible to complete the routine examination of all children in the schools allocated to me during the year. Much time has been spent on examining children for admission to a *new special school* and on checking of records and examining children who have been admitted to this school.

(2) The *general health and well-being* of the children remains satisfactory. In one instance children from a broken home taken into care by the Children's Department showed a very great improvement.

(3) The progress of *special classes* in the ordinary schools has produced happier children whose problems now receive adequate attention. There has been a remarkable change in this way amongst children admitted to the new special school.

(4) The *physical condition* of the children is also good. There are some exceptions and we do all we can to help these children.

(5) No children with impetigo or scabies have been seen by me. There were only a few children found with pediculosis. Exclusion was not required. The School Nurse reports a low incidence found during her visits to school.

(6) *School meals* continue as before and no complaints have been received.

(7) Much might be said about *sanitation in schools*. However, most of the criticism is directed at the lay-out. If school lavatories were used evenly throughout the day no doubt the accommodation provided could be considered satisfactory. There are, however, peak periods such as breaks and lunch time. Neither the floor space provided nor the arrangement of equipment make it possible to arrange for an even traffic flow. Much more thought is necessary about lavatory accommodation.

(8) *Infectious diseases* followed their usual course. There was some epidemic vomiting.

(9) Discussion and propaganda on *vaccination and immunisation* has been carried out throughout the year. It is amazing how well parents respond to the personal approach but ignore general publicity.

(10) There is a good relationship between general practitioners and the School Health Service in this area.

It is a pleasure to report the pleasing co-operation existing between my staff and the members of the School Health Service in the Central Office at Matlock."

Dr. W. J. MORRISSEY (Part of Mid. Division) :

"(1) *The general health and well-being of the children*. During the year 1961, the general state of health of the children attending schools in my area continued to be satisfactory.

(2) *The satisfactory physical condition* of pupils reported last year was maintained. I found no child who is undernourished and very few badly or inadequately clothed or shod.

(3) *Cleanliness*. General cleanliness among school children continued to be satisfactory. Head inspections have been regularly carried out. There still remain, however, a small core of problem families in whom pediculosis and impetigo continued to recur at varying intervals. Visits have been paid to these families by the Health Visitors but little or no progress seems to be made in spite of this.

(4) *School meals*. The position regarding school meals in schools in this area continued to be the same as heretofore. Two schools in the area have dining rooms which are unsatisfactory and in one instance, the dining room is located in a Church Hall some distance from the school, and this necessitates a walk of about quarter of a mile by the children between school and dining hall in all weathers.

Washing up and serving facilities in all schools continued to be satisfactory as were the cleanliness of utensils and staff. In only one school are meals prepared on the premises and here conditions are satisfactory. Several complaints of a fly nuisance were received from this school during the year, but the fitting of fly screens effectually remedied this.

(5) *Hygienic conditions.* All of the schools in my area are old but during the year certain works of improvement have been carried out some of the outside water toilets in playground yards are being dealt with.

(6) *Attendance by parents at R.M.I.'s.* Attendance by parents at medical examinations of infants is excellent but the number of parents attending medical examinations at secondary schools has fallen off.

(7) *Immunisation procedures : Diphtheria immunisation :* Little diphtheria immunisation has been carried out in schools. The outbreak of diphtheria in Derby during the year seemed to result in the parents who were either interested or willing to have their children immunised against diphtheria requesting primary or booster doses before the children started school.

Poliomyelitis vaccination : No vaccination against poliomyelitis was carried out at schools during the year. Clinics for this purpose are held once a month at the Belper Clinic.

B.C.G. vaccination : Visits were made to the two senior schools in my area during the year. The numbers coming forward were smaller than those in the previous year, but it is expected that they will rise during 1962.

(8) *Co-operation with General Practitioners* in my area is excellent the local doctors are very helpful indeed, and relations with them are most harmonious.

I would also like to express my appreciation to Mr. Fish, the Educational Psychologist at Belper, who has been most willing to see children I have referred to him and whose reports on these children are always clear and concise. Here again relations are most harmonious.

(9) *Infectious diseases :* Measles and influenza were prevalent in the district in the early part of the year and gradually tailed off towards the summer months. The number of absences from the schools was not too great and none of the schools had to be closed. There were several recurrences of diarrhoea and vomiting throughout the year although there were no large outbreaks and no bacteriological causes were found."

Dr. J. DUTHIE (Part of Mid. and S. Divisions) :

"Generally good health was found throughout. There is evidence that parents are consulting their private doctors on behalf of their children to an increasing extent.

Defects found in order of decreasing frequency in the school population of 4,500 :

Errors of refraction and a less number of minor foot deformities form the largest group.

Recurrent bronchitis or asthmatic bronchitis—most cases resolve as the child gets older.

Stress illness such as asthma, eczema and enuresis form a hard core.

Obesity presents a constant number of cases, nearly all of which are the result of over eating.

Chronic middle ear disease cases numbered six, a condition which is seen less and less.

Bronchiectasis—two cases.

Congenital heart disease—five cases.

Chronic nephritis—one case

Coeliac disease—one case.

I know of no cases of cardiac damage as a result of rheumatic fever.

No child was undernourished. I have rarely seen a poorly clad or dirty child. There was one case of pediculosis capitis.

School meals are satisfactory in quality and quantity for any child or adult.

Sickness in school. It does happen that a child comes to school feeling unwell because the mother wants to avoid, as far as possible having to take time off work; the school is then faced with the job of caring for the child for the rest of the day. This can happen in the case of a child with a chill, abdominal pain, 'flu' symptoms or an infected throat, when the proper treatment is bed rest at home. The too free administration of aspirin by teachers to children who are feeling unwell is to be condemned."

Dr. G. STOREY (Parts of Mid. and S.E. Divisions) :

"(1) *General health and well-being.* This remains of a good standard as in previous years.

(2) *Physical condition of children.* This on the whole remains good.

(3) *Cleanliness of pupils.* Apart from a few isolated cases of head infestation there is no reason for complaint in this direction.

(4) *School meals ; milk-in-schools.* There are no relevant comments to make here that have not been made in previous years.

(5) *Hygienic conditions in schools.* There have been no great changes in this aspect since the last report.

(6) *Immunisation procedures.* The response to B.C.G. vaccination has been stimulating, about 75%-80% accepting the procedure at the first opportunity and several of the remainder taking the second opportunity which is normally offered."

Dr. T. HAYNES (Part of S.E. and S. Divisions) :

"(1) *The general health of the children* has been good on the whole throughout the year.

(2) *Physical condition.* There is a high incidence of dental caries found at routine school inspection, but there has seemed to be slightly less this year than last.

The common skin diseases found at routine medical inspections have been acne in the school leaving age group, and eczema commonly associated with asthma in all age groups. Vision defects are of very high incidence, and are most commonly found at the 11+ medical examinations. I feel that this is one point in favour of moving the 11+ medicals back to the last year in the junior schools. This has been done in four junior schools in this area thanks to the co-operation of senior and junior school Head Teachers. Defects found can be treated before the child gets into the senior school, and I think this is particularly important with regard to visual defects.

Upper respiratory tract infection associated with mild degrees of deafness is very common amongst the five year old children. The majority of these children show improvement one to two years after removal of the tonsils and adenoids. Minor degrees of speech defect as well as some more serious forms associated with cleft palate and palatal paralysis have been found on the area and the advent of a speech therapist at the Chaddesden clinic has been a great help. Cardiac murmurs are still a common finding at the routine medical inspection. In many cases these are associated with acute respiratory infections, and follow up has shown them to have disappeared in a few weeks. A smaller proportion are persistent, and ultimately have to be referred to the General Practitioner for further investigation. Hernia of the inguinal type is a not uncommon finding in the five year old groups and is often associated with undescended testes.

Orthopaedic disorders have been common findings in medical inspections this year. Flat feet in various degrees are the most common followed by hallux valgus and postural defects. The latter appear to be of a higher incidence amongst the girls. The type of shoe worn by most teen-age children is bad although there has been some improvement over the year.

Of psychological disorders, enuresis has been a common finding in five year old children of nervous disposition but it seems to stop after the first or second year at school. There is however a large proportion of cases persisting into later years and causing much unhappiness to the children.

(3) *Cleanliness* of pupils has been of very high standard except in the hard core of known cases.

(4) *School meals* remain a very essential service in this area where so many mothers, as well as fathers, go out to work all day. The *milk-in-schools scheme* I still think is a useful scheme. There is however, an ever increasing incidence of overfeeding rather than underfeeding in school children, with all its attendant evils, e.g. orthopaedic disorders and chestiness.

(5) *Hygienic conditions in schools* are good in the modern schools but poor in the old buildings. Cloakroom facilities are particularly bad in some schools where coats hang one on top of the other out of necessity, even when it is wet.

(6) *Infectious diseases.* There has been a low incidence of infectious disease this year. At the beginning of the year there were one or two cases of albuminuria occurring coincidentally with an increased incidence of streptococcal throat infections, in one infants and junior school. Because of the known association between the Type 12 haemolytic streptococcus and nephritis the children in both schools were throat swabbed and examined for albuminuria.

(7) *Immunisation* During the year immunisation against diphtheria has increased. At the beginning of the year every child in every school in the area was offered immunisation because of the cases which occurred in Derby. The acceptance rate was high but not 100%. Immunisation is now offered routinely at five years and ten years of age; the response is variable in the different parts of the area, but on the whole most of the entrants are done in the schools. There has been an increase in the number over the year done by the general practitioners before school entry.

(8) The relation between the National Health Service and School Health Service remains the same. I have been grateful for the help of the local Hospital service and the co-operation of the General Practitioners to overcome the difficulties bound to arise in any tripartite service."

Dr. A. M. HAMILTON (Part of S.E. Division) :

"(1) *General health and well-being.* Good on the whole but too many cases of neglected otitis media are still to be seen.

(2) *Physical condition.* A number of bad postures in the 11 year old group, particularly in tall children. Overweight children are still a problem.

(3) *Cleanliness.* A few cases of nits and one or two of impetigo have been seen.

(4) *School meals and Milk-in-schools.* Both these services continue to be useful; but it seems debatable as to whether such a large quantity of milk in the middle of the morning is really necessary for infants, and whether it does not in some cases take away their appetites for their dinner.

(5) *Hygienic condition of schools.* Some of the schools in Ilkeston are becoming less adequate than they were owing to rising numbers. Overcrowding has to be met by means of huts for class-rooms, and the heating and ventilating arrangements of these are not always ideal.

(6) *Infectious diseases.* The only exanthem this year has been a recent wave of chickenpox. However, severe colds and throat infections are endemic in all Infant Schools, leaving behind them a crop of sinusitis, otitis media and sometimes chronic bronchitis, which often persist unnoticed for many months until they become difficult to deal with satisfactorily.

(7) *Attendance of parents at S.M.I.'s.* This varies from one school to another; it is greatest at the infants schools and least at the examination of leavers.

(8) *Poliomyelitis immunisation* naturally rose this year with the occurrence of epidemics in other parts of England.

B.C.G. vaccination. The response is about the same as before : there has been no noticeable rise nor fall."

Dr. R. DEAN (Parts of S. and Mid. Division) :

"(1) *General health and well-being of the children.* The children as a whole are well-nourished and well-clothed. In the small number of cases of children from poor homes, the provision of school dinners is of great benefit.

(2) *The physical condition of the children.* The improvement noted in the last few years has been maintained.

The commonest defects were dental sepsis and visual defects.

(3) *The cleanliness of pupils* is very good. Only one case of lice infestation was seen.

(4) *The school meals and Milk-in-schools schemes* continue to give valuable service in health maintenance.

(5) *Hygiene in schools* is improving with the provision of more hot water supplies, new wash hand basins, redecorating, etc.

(6) *Infectious diseases.* Several small outbreaks of chicken pox and upper respiratory infections were noted in infant and junior schools, and one case of bovine-type ringworm is under treatment. Senior departments were comparatively free of infection with the exception of seven cases of plantar warts.

(7) *Immunisation procedures : Diphtheria immunisation.* A good response was obtained in infant and junior schools, and the valuable co-operation of head teachers is acknowledged.

Poliomyelitis immunisation sessions in Clinics have been well attended.

B.C.G. immunisation has shown an acceptance rate of about 70%.

An "open" case of tuberculosis occurred in a boy attending an infants/junior school. (This boy was already attending Derby Chest Clinic because of family history, and so was quickly detected by the Consultant in charge). All pupils were offered the Heaf tuberculin test, with 98% acceptance, and reactors were transported to Derby Chest Clinic for specialist examination. A second test on those negative to the first test was made after an interval of six weeks. At the Chest Clinic no evidence of active disease was found on X-ray examination of the twenty-seven positive reactors, this was in July 1961. A repeat X-ray is to be carried out early in 1962.

Small pox. Very few schools entrants have been vaccinated. Parents attending infant welfare clinics have been advised to consider this."

Dr. C. G. WOOLGROVE (Part of South Division) :

"(1) *The general health and well-being of the children* has on the whole been very satisfactory. The attendance of parents at routine examinations has continued to be good, especially with the entrant and great interest is shown in their well-being.

(2) *The physical condition of the children* is generally good and the majority of the children are well grown and sturdy. During the year two cases of diabetes occurred in school children in the area, both girls, aged respectively six and eleven years, the latter child being desperately ill by the time she was admitted to hospital. This would appear to be a warning, to be on the look-out for the development of such cases amongst school children, as they can be easily overlooked.

(3) *The cleanliness of the pupils* continues to be very satisfactory and reflects great credit on the parents concerned.

(4) *School meals* are well prepared and show variety. There is no doubt that they are of great help to families where the mother goes out to work, or the children have to travel some distance to school.

Milk-in-schools. This is of undoubted value to the children and most pupils enjoy it.

(5) *Hygienic conditions of schools* continue to be excellent, since all the schools in the area are of modern structure and design.

(6) *Infectious diseases.* During the year it proved necessary to swab all children and staff at one infant school, because of the occurrence of two cases of diphtheria in the area. I wish to thank the Headteacher and all her staff for their excellent help and co-operation in this matter. Fortunately all swabs were reported negative by the Public Health Laboratory Service, Derby.

In addition two cases of pulmonary tuberculosis were reported in school children, both girls, aged five and twelve years respectively. The class of the infants' school concerned was skin-tested with a hundred per cent co-operation of the children's parents. Only two positive skin tests were detected, and three were due to B.C.G. vaccination having been carried out at an earlier age. With regard to the Secondary Modern School, some ninety per cent of all pupils in the class were skin-tested, at the request of their parents, and where appropriate B.C.G. vaccination was performed. The single strongly positive case was referred to the Consultant Chest Physician at the Derby Chest Clinic. The subsequent X-ray was found to be normal.

(7) *Immunisation procedures :* (a) *Diphtheria immunisation.* The practice of offering primary immunisation and booster doses to children at school, particularly to the entrants, is welcomed by the parents. There is no doubt that this service does prevent a great deal of time and energy, on the part of parents, visiting the family practitioner.

(b) *Whooping cough vaccination.* It is encouraging to learn that the Ministry of Health are now supporting not only combined diphtheria and whooping cough vaccination for infants, but also 'triple' i.e., diphtheria, whooping cough and tetanus. There is no doubt that this procedure will minimize the number of injections given to infants.

(c) *Poliomyelitis vaccination.* The response to this vaccination continues to be good.

(d) *B.C.G. vaccination.* This scheme includes not only those children thirteen years of age, but also those who are older. The response has again been excellent, reaching in the case of some schools well over eighty per cent. My thanks are due to the Head-teachers and their staff, for their assistance in this very important campaign to give protection against tuberculosis.

(8) *Inter-relationship between the National Health Service and the School Health Service.* The co-operation between the general practitioners and the Local Health Authority Services continues to be excellent. Reports and correspondence received from hospitals and specialists are also very helpful.

(9) *Co-operation with the Youth Employment Service.* The practice of carrying out medical inspections of school leavers at the same time as the senior school is visited by the Youth Employment Service has continued. This ensures that parents are present, not only to discuss the future of their children with regard to employment matters, but also to receive an up to date report of the medical conditions of their children. Defects which are observed at this time can be remedied with the help of parents and the appropriate treatment arranged with the family practitioner.

(10) *Health Education.* During the year talks were given at Senior Schools on the danger of smoking cigarettes and use was also made of an American Film-Strip with commentary entitled "To Smoke or not to Smoke."

Health Education Films dealing with Dental Hygiene, Hygiene of the Skin, and Disease spread by Insects, were also made available to Senior Schools and were excellently received by both staff and pupils.

I would like to take this opportunity of thanking Dr. Corrigan and the staff of the Health Education Section, for their help and provision of film-strips and posters, etc."

Dr. J. W. CRAWSHAW (Part of South Division) :

"(1) *The general health and well-being* of the children is very good and this is shown by their activity and liveliness in school and at play.

(2) I have not seen any children who appeared to be suffering from insufficient food or clothing. The standard of *cleanliness* is high and I have seen no scabies or impetigo during the past year. There are still a few families who continue to have pediculosis

among their children but such families are becoming rare. Plantar warts are troublesome in Senior Schools and long treatment is frequently necessary.

(3) The *hygienic condition of the schools* is steadily improving as new schools are built and older schools are given additional buildings.

(4) *School meals and Milk-in-schools* probably play a large part in keeping the children fit as they provide the necessary protein and vegetables and avoid an excess of carbohydrates in the diet. The palatability of school meals seems to depend very largely on the degree of skill and enthusiasm of the Cook, where the meals are cooked on the school premises. Some schools provide meals that are excellent by any standards, but others do not succeed so well.

(5) *Immunisation* against diphtheria seems to be more popular since the outbreak of the disease in Derby last year.

The majority of children immunised for whooping cough are injected by the family doctors.

Very few children seem to have missed the poliomyelitis immunisation.

The response to the B.C.G. scheme seems to be improving and in some schools is very good.

Vaccination against Smallpox is at a very low ebb in most districts.

(6) The family Doctors are very helpful and co-operative when I write to them about defects in their child patients.

Hospitals reports are very useful, especially those from the Burton-on-Trent General Hospital."

Dr. M. ALLAN (Part of South Division) :

"(1) *General health and well-being*. From seeing the children in the classrooms, on the playgrounds and playing fields, and from the observations of ordinary medical inspections, it is quite obvious that the children's health is very good.

(2) *Physical condition of the children*. I see very few children who can be classified in category "U" and these are usually suffering from some form of illness. There is no doubt that the good health and high standard of nutrition is, in great measure, due to good home care.

(3) *Cleanliness of the pupils*. I have seen few cases of impetigo, a few children with nits, but unfortunately this year five cases of school children with scabies. These scabies cases were dealt with at the Clinic and the families concerned were dealt with by the District Councils.

(4) *School meals.* It is quite pleasing to see such attractive school meals, and I am sure this cannot be achieved without a great deal of thought and care and imaginative planning on the part of the kitchen staff.

(5) *Hygienic conditions of schools.* A good deal of repair and replacement work has been done in the schools and much outside and inside decorating which make a very great difference both to teachers and scholars. In the older type of school more attention could be paid to the accommodation, including toilets for the teachers.

(6) *Infectious diseases.* There was no epidemic throughout the year, but as usual there was a good deal of chicken-pox and mumps which interfered with school attendance.

(7) *Immunisation procedures :* (i) *Diphtheria immunisation* picked up following the very active interest in Poliomyelitis Vaccination. The recent introduction of triple vaccine to the Clinics will give a further impetus to diphtheria immunisation.

For the booster, or reinforcing doses, I get an excellent response from the school entrants, and I have had the utmost assistance from the school teachers.

(ii) The parents have readily accepted *Poliomyelitis Vaccination* and of course, now that it can be done on demand at the ordinary Clinics this will make it much easier for the parents and the children.

(iii) The *whooping cough vaccination* continues to be popular.

(iv) *B.C.G. Vaccination*—In carrying out these vaccinations I have had every assistance from the Head Teachers, and I have had excellent response at the Schools. There have been very few troublesome reactions, and in dealing with the few cases I have had the utmost co-operation from the General Practitioners.

(8) *Co-operation between National Health Service and School Health Service.* The co-operation continues steadily between the Local Authority Health Services and the General Practitioners of the area and the local Hospital letters are very valuable and save a lot of correspondence with General Practitioners and the Hospitals."

Dr. M. M. STEVENS (Part of South Division) :

The general health and well being of pupils is good.

The physical conditions and cleanliness at routine inspections is most satisfactory—running ears are conspicuous by their absence, a fact which must be attributed to the early use of antibiotics.

Parental attendance. This is about 100% at the entrance examination but in the later stages attendance with daughters outnumbered those attending with sons.

Infectious diseases. Commonest one seen—influenzal type of cold accompanied by nasal catarrh and bronchitis of two weeks duration.

Immunisation : Diphtheria—This has been greatly helped by the practice of schools giving the consent form to parents at the time of admission of the young entrant.

Poliomyelitis. Very good response to immunisation.

B.C.G. Demand for this is increasing.

Smallpox. Less than 6% appear to be vaccinated against this disease."

Dr. M. TISDALL (Part of South Division) :

"(1) *The general health and well-being of the children* is good : and with few exceptions they are obviously receiving good care at home, physically and emotionally.

(2) *Physical condition of the children* : it is rare to see an "unsatisfactory" child but common to see those too well or unwisely fed suffering from moderate to severe degrees of obesity.

(3) *Cleanliness of pupils*. I have seen two families with pediculosis and the contacts of a family with scabies.

(4) *School meals and milk*. The meals are of a high standard and increasingly popular; a high proportion of children take milk.

(5) *Lighting and sanitation* are not entirely satisfactory in some of the older schools. At modern schools the parents complained that the overheating aggravated the high incidence of catarrh and colds among the infants.

(6) *Attendance of parents*. Parents attended well, particularly when given the opportunity to attend at "re-exam" despite the minor character of many of the examinations. Their presence was very helpful at the re-examinations when accurate report on progress was not available from the child or teacher.

(7) *Immunisations : Diphtheria* : Most schools showed a good response.

Tetanus : There were several requests for this."

Report from the Excepted District of Chesterfield.

The following report has been received from Dr. H. Bailey, the Borough School Medical Officer, concerning the Excepted District of Chesterfield :—

"The general standard of health and well-being of the school children has remained very high. Most of the children were found to be well cared for, well clothed, confident and alert, and happy in school life.

The physical condition of pupils of all ages examined was found to be very good indeed. Of the 3,611 children examined only 26, or 0.72% were classed as unsatisfactory. Of the total pupils examined 529 were found to require treatment. A large proportion of the defects found were defective vision—these have been increasing over the past few years. It is hoped that the arrangements made

for more frequent examinations of vision amongst infants will eventually see a reduction in eye defects. The incidence of infestation with vermin was very low. The School Nurses carried out 26,755 examinations and only 134 individual pupils were found to be infested, all very slightly.

The co-operation of parents at school medical inspections has again been most pleasing; the attendance of parents at the routine medical examinations was very good, and in the main they showed great interest in the welfare of their children. There are still, however some uninterested parents who allow their children to be examined unaccompanied on entering school.

The placing of handicapped pupils continued to preoccupy the School Health Service. Two pupils were admitted to residential special schools during the year and at the end of the year there were 15 children in residential special schools. The largest group of handicapped children belong to the educationally subnormal group, and although some attend the Ashgate Croft Day School for E.S.N. Children, the number of places there allocated to the Borough is inadequate. The fact that the Borough School Medical Officer is also responsible for the Health and Welfare services in the Borough makes for close co-ordination. The Hospital Authorities co-operate most excellently in connection with the treatment of children referred by the School Medical Officers, and also in the notification of children requiring follow-up on discharge from hospital after treatment. It is pleasing to report also that there is an excellent relationship between the department and the General Practitioners in the town.

Brambling House Open Air School, the Children's Centre and Holly House Hostel continued to function as in previous years, as did also the Heart School established in the Ashgate Annexe Ward, and the Home Teacher scheme.

After a ten month lapse, Speech Therapy recommenced in September. Since then every case on current record has been reviewed, categorised accordingly and treatment sessions arranged. These are held regularly at the Town Hall and Edmund Street Clinics. Speech Therapy is also given at Brambling House School and at the Ashgate Croft School for Educationally Subnormal Children. At Ashgate Croft time permits regular treatment for only a few of the 30-40 cases in need of Speech Therapy, but daily exercises for those with less severe defects, under the guidance of the Headmaster (initially advised and instructed by the Speech Therapist), are helping these children considerably. Several have been discharged from the files with satisfactory speech. Monthly school visits are arranged; the co-operation of teachers is greatly appreciated, particularly in cases where parents are not co-operating to help the child overcome his defect.

It cannot be over-emphasised to parents, the importance of encouraging their children to take advantage of advice and treatment when it is available and before defective speech becomes too distressing and more firmly fixed.

A Teaching Unit for the Partially Deaf which caters for both County and Borough children has been set up at the New Whittington Primary School. There is one Trained teacher of the Deaf on the staff, who is also responsible for peripatetic work in the northern part of the County. This Teacher, together with a School Medical Officer from the Borough, carries out assessments of the hearing of children referred to them from various sources, such as General Practitioners, School Medical Officers, Health Visitors, Teachers etc.

Recommendations are made as to the proper disposal of these children. Some are not deaf and no action is required. Others are partially deaf and may need to be admitted to the Unit, usually after being referred through the family Doctor to an Ear, Nose and Throat Surgeon, as a hearing aid is almost invariably required. In addition some children need treatment for active conditions. Other children may manage at ordinary schools, equipped with a hearing aid if necessary, and visited from time to time, as required, by the peripatetic teacher. The service of assessment is available for pre-school children, where it is particularly important that any deafness should be detected and its degree ascertained. It has been found necessary always to have two trained persons present at any ascertainment clinic, as it is more difficult with the pre-school child and toddler for one person to make an ascertainment. Such children are often unable to tolerate a formal audiometric test, and other means have to be employed.

The work of the School Dental Service was seriously curtailed owing to the retirement at the end of February of Mr. A. R. Littlar, our long serving School Dental Officer, and no appointment has been made at the end of the year."

APPENDIX

TABLES OF THE MINISTRY OF EDUCATION

Medical Inspection and Treatment—Return for the year ended 31st December, 1961—Local Education Authority, Derbyshire
 Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1962, 118,552

PART 1—Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (By year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1957 and later	2,672	2,654	99.33	18	.67
1956	4,391	4,381	99.77	10	.23
1955	2,011	2,005	99.70	6	.30
1954	642	634	98.75	8	.25
1953	526	521	99.05	5	.95
1952	1,664	1,649	99.10	15	.9
1951	1,241	1,231	99.11	10	.89
1950	3,794	3,770	99.36	24	.64
1949	4,569	4,547	99.52	22	.48
1948	1,331	1,328	99.77	3	.23
1947	2,851	2,845	99.79	6	.21
1946 and earlier	4,263	4,250	99.69	13	.31
Total	29,955	29,815	99.54	140	.46

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (By year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1957 and later	61	298	336
1956	61	447	491
1955	68	260	314
1954	26	96	115
1953	43	60	102
1952	155	191	300
1951	117	141	256
1950	313	362	665
1949	421	466	832
1948	144	138	267
1947	231	254	485
1946 and earlier	415	485	878
Total	2,055	3,198	5,041

TABLE C.—OTHER INSPECTIONS

Number of Special Inspections ..	2,865
Number of Re-inspections ..	6,641
Total	9,506

TABLE D.—INFESTATION WITH VERMIN

All cases of infestation, however slight, are included—

(a)	Total number of individual examinations of pupils by school nurses or other authorised persons	249,121
(b)	Total number of individual pupils found to be infested	1,730
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

PART II—DEFECTS FOUND BY MEDICAL INSPECTIONS
DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

(All defects, including defects of pupils at Nursery and Special Schools noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O)).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
4	Skin	T 124	251	126	501
		O 119	111	60	290
5	Eyes—a. Vision	T 487	603	965	2,055
		O 403	464	464	1,331
	b. Squint	T 185	65	83	333
		O 65	54	38	157
	c. Other	T 42	31	40	113
		O 24	24	22	70
6	Ears—a. Hearing	T 57	34	35	126
		O 107	31	73	211
	b. Otitis Media	T 32	27	20	79
		O 83	50	37	170
	c. Other	T 11	22	10	43
		O 31	26	25	82
7	Nose and Throat	T 233	62	51	336
		O 621	117	183	921

8	Speech	T	39	8	46	93
		O	86	29	33	148
9	Lymphatic Glands	T	7	1	2	10
		O	198	32	48	278
10	Heart	T	16	12	11	39
		O	81	73	48	202
11	Lungs	T	91	39	61	191
		O	263	120	89	472
12	Developmental—a. Hernia	T	21	5	2	28
		O	43	23	15	81
	b. Other	T	11	15	25	51
		O	97	40	57	194
13	Orthopaedic—a. Posture	T	27	55	49	131
		O	55	84	46	185
	b. Feet	T	111	183	75	369
		O	179	148	115	442
	c. Other	T	62	64	96	222
		O	155	145	115	415
14	Nervous System—a. Epilepsy	T	15	15	16	46
		O	15	15	12	42
	b. Other	T	12	12	9	33
		O	36	15	15	66
15	Psychological—a. Development	T	13	24	46	83
		O	61	40	101	202
	b. Stability	T	34	23	68	125
		O	187	63	76	326
16	Abdomen	T	8	15	12	35
		O	38	20	23	81
17	Other	T	171	108	94	373
		O	153	140	129	421

PART II—Defects found by Medical Inspection during the year**TABLE B—SPECIAL INSPECTIONS**

(All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspection, are included in this Table, whether or not they were under treatment or observation at the time of the inspection.)

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	62	34
5	Eyes— <i>a.</i> Vision ..	380	502
	<i>b.</i> Squint ..	48	23
	<i>c.</i> Other ..	46	10
6	Ears— <i>a.</i> Hearing ..	23	51
	<i>b.</i> Otitis Media ..	25	24
	<i>c.</i> Other ..	11	20
7	Nose and Throat ..	55	79
8	Speech	20	38
9	Lymphatic Glands ..	4	20
10	Heart	7	60
11	Lungs	4	74
12	Developmental—		
	<i>a.</i> Hernia ..	1	8
	<i>b.</i> Other ..	19	35
13	Orthopaedic—		
	<i>a.</i> Posture ..	14	15
	<i>b.</i> Feet ..	25	38
	<i>c.</i> Other ..	38	90
14	Nervous System—		
	<i>a.</i> Epilepsy ..	30	10
	<i>b.</i> Other ..	13	19
15	Psychological ..		
	<i>a.</i> Development ..	20	82
	<i>b.</i> Stability ..	53	57
16	abdomen	11	13
17	Other	83	92

PART III TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(including Nursery and Special Schools).

This part of the return gives the total numbers of :—

- (i) cases treated or under treatment during the year by members of the Authority's own staff;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under the National Health Service arrangements with the Regional Hospital Board; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A.—EYE DISEASES, DEFECTIVE VISION
AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of ref- raction and squint	139
Errors of refraction (including squint)	7,840
Total	7,979
Number of pupils for whom spectacles were prescribed	4,896

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE AND
THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	7
(b) for adenoids and chronic tonsillitis	321
(c) for other nose and throat conditions	41
Received other forms of treatment	137
Total	506
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1961	3
(b) in previous years	33

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	1,634
(b) Pupils treated at school for postural defects	42
Total	1,676

TABLE D.—DISEASES OF THE SKIN
 (excluding uncleanness, for which see Table D of Part 1)

	Number of cases known to have been treated
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	5
Impetigo	16
Other skin diseases	236
Total	257

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	575

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	163

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,080
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.G.C. vaccination	4,741
(d) Other than (a), (b) and (c) above Please specify : Sunray treatment	138

PART IV

Dental Inspection and Treatment carried out by the Authority

(1) Number of pupils inspected by the Authority's Dental Officers :—			
(a) At Periodic Inspections	16,143	} Total (1)	19,491
(b) As Specials	3,348		
(2) Number found to require treatment			14,884
(3) Number offered treatment			12,646
(4) Number actually treated			7,757
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h) ..			13,829
(6) Half days devoted to :			
(a) Periodic (School) Inspection	121	} Total (6)	1,993
(b) Treatment	1,872		
(7) Fillings :			
(a) Permanent Teeth	5,738	} Total (7)	6,111
(b) Temporary Teeth	373		
(8) Number of Teeth filled :			
(a) Permanent Teeth	4,966	} Total (8)	5,332
(b) Temporary Teeth	366		
(9) Extractions :			
(a) Permanent Teeth	2,899	} Total (9)	10,969
(b) Temporary Teeth	8,070		
(10) Administration of general anaesthetics for extraction			3,954

(11) Orthodontics :

(a) Cases commenced during the year	91
(b) Cases brought forward from previous year	26
(c) Cases completed during the year	72
(d) Cases discontinued during the year ..	6
(e) Pupils treated by means of appliances ..	90
(f) Removable appliances fitted	100
(g) Fixed appliances fitted	—
(h) Total attendances	492

(12) Number of pupils supplied with artificial teeth 60

(13) Other operations :

(a) Permanent Teeth .. 1,952	} Total (13)	3,832
(b) Temporary Teeth .. 1,880		



