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Contributors

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Derbyshire County Council

ANNUAL REPORTS

OF THE
COUNTY MEDICAL OFFICER OF HEALTH
AND
PRINCIPAL SCHOOL MEDICAL OFFICER
For the Year 1962

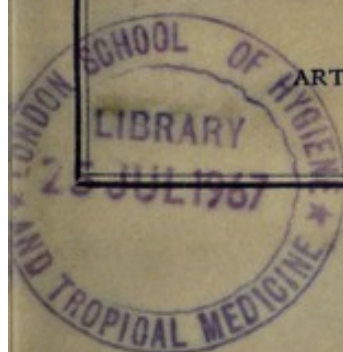
BY

J. B. S. MORGAN

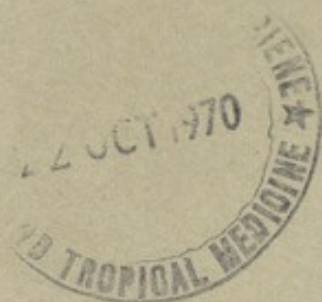
B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.

COUNTY MEDICAL OFFICER OF HEALTH
AND PRINCIPAL SCHOOL MEDICAL OFFICER

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



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Derbyshire County Council

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

For the Year 1962


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

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COUNTY HEALTH COMMITTEE

(As at 31st December, 1962)

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J. W. HALL

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A. F. T. WYATT

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C. J. MERREY
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W. MATHER, ESQ.

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COUNCILLOR W. H. WHITEHEAD
COUNCILLOR J. WILLIAMSON

Co-opted Members:—

ALDERMAN MRS. A. M. BELFIELD, ALDERMAN L. HEATH, DR. J. L. SKINNER, DR. H. BAILEY, DR. W. J. BARBOUR, DR. J. A. STIRLING and DR. S. GOLDIN, 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, 1962, 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 J. B. HANCOCK
COUNCILLOR T. R. WRIGHT

WEIGHTS AND MEASURES AND MISCELLANEOUS SERVICES COMMITTEE

(As at 31st December, 1962)

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(Chairman)

COUNCILLOR T. T. JENNINGS

(Vice-Chairman)

Aldermen

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H. G. BOOTH
G. W. COCKER
A. FOWLER

N. GRATTON
MRS. D. M. SUTTON
T. W. WARDLEY
A. F. T. WYATT

Councillors

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

MRS. D. HARDMAN
A. E. HEESOM
J. H. HIGGINBOTTOM
D. PRINCE
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Milk Licences Sub-Committee

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Rural Water Supplies and Sewerage Acts Sub-Committee

ALDERMAN H. G. BOOTH
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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 73rd Annual Report on the health of the County of Derby.

The **Birth Rate** and **Death Rate** from all causes per 1,000 of the population (which is estimated to be 758,270) were respectively 16.94 and 12.80; the corresponding rates for England and Wales (provisional) were 18.0 and 11.9. The National birth rate of 18 per thousand was the highest since 1947. The **Infant Mortality** rate was 21.6 deaths under one year of age per thousand live-births (which may be compared with a provisional figure of 21.4 for England and Wales, which is the lowest ever recorded). 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 neonatal and early neonatal mortality, as well as to the comments on perinatal mortality. The **Maternal Mortality** rate was 0.30 per thousand live- and still-births, and is the lowest ever recorded in this County. (For England and Wales the provisional figure was 0.35). The Table on page 41 shows the mortality over the last thirteen years. The percentage of **Illegitimate Births** was 4.20, as compared with 3.53 in the previous year. It was pointed out in the review of the plans of Local Authorities for Health and Welfare Services which was presented to Parliament by the Minister of Health in April, 1963, that the "number and proportion of illegitimate births (which affect the need for special services for the unmarried mother and her child) have been rising generally : in 1961 over 48,000 births or 6.0% and in 1962 about 54,000 or 6.4% were born out of wedlock, compared with 32,500 or 4.8% in 1953".

There were 8,438 **Deaths**, compared with 8,362 in the previous year.

Of the 8,438 deaths, 1,291 were certified as being due to **Heart Disease**, and 1,238 as being due to **Vascular Lesions of the Nervous System**. 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 1,520 in 1962. On the occasion of the public launching of the "British Heart Foundation" on the 11th June, 1963, it is stated that "Diseases of the heart and circulation, including coronary arterial disease, high blood pressure, "strokes" and rheumatic fever, together kill more people than all other diseases and accidents added together—nearly three times as many as cancer. Heart diseases strike at all ages from childhood upwards and their incidence is increasing. The peculiar menace of heart and blood vessel diseases, in particular coronary thrombosis and cerebral vascular catastrophes ("strokes") is the toll they take of previously healthy persons in full activity and often at the peak of their careers. Every week in 1961 they killed nearly 1,000 men and women between the ages of 45 and 65 in England and Wales. The cost, both in terms of human suffering and in money to our economy, is incalculable".

During the year there were 1,352 deaths which were certified as being due to **Malignant Disease**: the lesion was in the stomach in 201 patients, in the lung or bronchus in 276, in a breast in 140, and in the uterus in 60.

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
1962 ..	33	276	309

Lung Cancer.

The Government has accepted the facts set out in the Report of the Royal College of Physicians as demonstrating that smoking, especially cigarette smoking, is the cause of much of lung cancer. Perhaps never has the behaviour of the public been more paradoxical than in the face of the facts about lung cancer and smoking. The Minister of Health, Mr. Enoch Powell, said in October, 1962 (according to *The Times*): "Earlier this year there were a few cases of smallpox and people queued for vaccination and hammered on surgery doors in a state of near panic when confronted by the chance of one in many millions that they might contract the disease. Yet the same people in massive numbers continue, day in day out, to incur deliberately and with seeming indifference, chances as high as one in nine or worse that they will die of lung cancer . . . Again, the same public which scans the figures of deaths from traffic accidents with close anxiety, and urges, rightly, that nothing be left untried which could reduce the annual total of about 7,000 road deaths, looks with apparent unconcern at the figure of deaths from lung cancer, already nearly four times as large at over 25,000 and rising year by year, when we know that all but a tiny fraction of those deaths would not have occurred but for smoking". Perhaps it would not be out of place to quote the following statement which appeared in the County Councils Association Gazette in September, 1962—"Smoking and Health. There is good news for those who

feared that after the first flurry of excitement the Report of the Royal College of Physicians might be left by the Government as a smouldering fag-end in the ash tray of good intentions."

Clean Air.

The Clean Air Act of 1956 followed the Report of the Committee on Air Pollution, under the Chairmanship of Sir Hugh Beaver. The attainment of clean air is a complex problem, involving, in many instances, profound technical knowledge. This is brought out clearly in the Report by Sir Hugh Beaver's Committee, which summarises the situation in the following words: "There can be no doubt that the effect of air pollution on health is wholly bad, whether measured positively, in relation to growth, well-being and joy of living, or more negatively, in terms of death, disease, and the economic loss which goes with incapacity to work . . . The case for preventive action is overwhelming".

In the **Clean Air Conference Handbook**, published in October, 1962, the late Dr. H. A. Des Voeux, a former President of the National Society for Clean Air, is reported to have stated—"Remember you can be deprived of water three days, of food three weeks, and still survive; but you breathe into your system your draught of air sixteen times every minute, and although you spend large sums of money in securing the purity of your food and water, you breathe your polluted air with little or no complaint. And yet you will be offended if I call you uncivilised, and therefore, I shall not venture to do so; but will content myself by telling you that it was a Chinaman who said it to me!"

Health Education.

Dr. I. G. Davies, formerly Professor of Public Health and Preventive Medicine at the University of Leeds, has published a book on **Modern Public Health for Medical Students**. In this well-written work a chapter appears on "Health Education", and I would like to quote from it the following paragraph—

"One of the results of the increased concern of the State with health and the extended provision of medical and socio-medical services has been the imperative necessity for instructing the public in their proper function and usage. The increasing complexity of medical treatment, the rapid discoveries in medicine and science, the elaboration of diagnostic and laboratory methods have all rendered some degree of instruction necessary in their uses and limitations. The application of mass immunisation, mass radiography, the necessity for efficient follow-up of many diseases are examples of community measures which would be impracticable, without some measure of public education. The widening of the scope of public education, and the many methods used, have also made necessary a close scrutiny of what actually is being taught. It has been said that in the multiplicity of counsel there is safety. It might be said with equal truth that the safety promised depends on the accuracy of the counsel and on the competence of the counsellors".

It is hoped that the Third Revision of the Derbyshire County Council's Handbook on the Health Services, which is about to be distributed, will help to attain some of the aims mentioned by Dr. I. G. Davies.

Mental Health.

Sir George Godber, in his Annual Report as Chief Medical Officer of the Ministry of Health for 1961, wrote in his introduction as follows :—

"The results of a census of all patients in psychiatric hospitals at 30th April, 1961, while revealing the success of the Mental Health Act as measured by the very small proportion of patients under compulsory care, also show where the main therapeutic challenges for the future lie. Almost three-quarters of the resident population in hospitals for the mentally ill have been in hospital for two years or over. A proportion are middle-aged and physically healthy but have slight or moderate residual disabilities. They are capable of living an independent life in the community if they are properly prepared in hospital and if suitable support is available for them outside . . . The proportion of patients aged 61 and over now amounts to nearly 42 per cent of the resident population. . . for these old people the psychiatric hospital is too often and unnecessarily the end of the road. . . Improvement in the function of the psychiatric service both in the hospitals and in the community will require an increase in manpower; better training facilities for psychiatrists and a more practical grounding in psychiatry for general practitioners will be essential."

This information is most interesting and revealing, and I would say that the Local Health Authorities must see to it that they provide a supporting, including advisory, service, which will enable the mentally afflicted to live more easily in the community. This may be while they are awaiting admission to, or after discharge from hospital, although it is to be hoped that in some instances it will make it unnecessary for them to be admitted to hospital. On the other hand, it would be wrong for some patients to be treated only in the community, because occasionally a more rapid and permanent cure would be accomplished if they agreed to early admission to hospital. The success of hospital or community care, or a combination of both, is dependent on the careful selection of cases. This is helped, of course, by suitable inter-communication between the patient, his relatives, and the various health workers, whether the emphasis of their activities be in the community or in the hospital.

The ability of the Local Health Authority and their various categories of staff to function adequately in supporting a patient in the community, is often dependent on what complementary care the relatives can provide and this again is dependent on whether there are any relatives, and if so, if they are at work, their ages, sex, whether they are in good health, the housing accommodation, etc.

As far as Derbyshire is concerned, we are about to establish a Hostel at Red House, Stonegravels, Chesterfield, which will be an additional device for giving support in the community to those who are mentally ill.

Dr. A. W. Franklin, Physician to the Children's Department of St. Bartholomew's Hospital, London, is reported to have stated that "the birth of a handicapped baby always takes us off our guard; and when this thing happens—this thing that is quite outside our expectation—it produces in everyone concerned emotional reactions, strong enough to misguide and to lead us astray from our accustomed compas-

sionate selves. When the handicap is a mental one, the colours are intensified and the dazzled viewer needs even greater courage and even greater wisdom".

It would be well for those persons having responsibility for taking decisions or giving advice in this field to bear these comments in mind. Even so, they should not be unmindful of what Shakespeare wrote in *The Life of Timon of Athens*—

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

Development of Local Authority Health and Welfare Services.

The Minister of Health presented a Command Paper *A Hospital Plan for England and Wales* to Parliament on 23rd January, 1962. A section of the Plan deals with care in the community and relates to the development of Local Authority Health and Welfare Services. This has been amplified in the Ministry of Health's Circular 2/62 on the "Development of Local Authority Health and Welfare Services".

The Hospital Plan includes a section on care in the community which emphasises that "where illness or disability cannot be forestalled by preventive measures, care at home and in the community, rather than in hospital, should always be the aim, except where there is a need for diagnosis, treatment and care of a type which only a hospital can provide . . . The plan for the development of the hospital service is, therefore, complementary to the expected development of the services for prevention and care in the community and a continued expansion of those services has been assumed in the assessment of the hospital provision to be aimed at". The Circular states "It follows that the local authority services need to be planned for the same period ahead as the hospital service. The Minister, therefore, now asks the Council to review its health and welfare services, and to draw up a plan for developing them over the next ten years".

Consultations have taken place with the Sheffield and Manchester Regional Hospital Boards, the Derbyshire Health Executive Council, the Derbyshire Local Medical Committee, the Borough and District Councils, voluntary organisations and Chesterfield Borough Council as a delegate health authority. All these consultations took up a great deal of time and thought. The Ten-Year Programme in its final form provided for the following—

- (a) Four new ambulance stations;
- (b) Thirteen new major clinics and eighteen new minor clinics, as well as extensions to three existing clinics;
- (c) One new day nursery, and extensions to an existing day nursery;
- (d) Three new junior training centres for the mentally subnormal, and extensions to existing centres; three new senior training centres for the mentally subnormal; one industrial training centre;
- (e) Six new hostels, and two residential homes for short-term care, for the mentally subnormal; six new hostels for the elderly mentally infirm; a hostel for the mentally ill;
- (f) Seven special care units for the severely subnormal.

The plan also provides for a general expansion of care in the community, including increases in the establishment for medical, dental, nursing and chiropody staffs, as well as the home help service.

The intention is that the Plan shall be reviewed annually, in the light of experience, and on each occasion carried forward one year, so that it will always cover the decade ahead.

It must be realised that plans in the realms of medicine must be flexible, to take account of the advances in knowledge, and perhaps the opportunities for review annually which the Hospital Plan and the complementary Schemes for Community Care advocate is a wise procedure. Undoubtedly, purpose-built accommodation for a variety of infectious conditions is no longer required because of the new effective methods of treatment, but complicated techniques and expensive equipment will have to be concentrated in major centres of population if recently acquired knowledge in a number of fields of research are to be implemented. All this means "flexibility" and "frequent review", if there is to be wise use of public money. In preparing plans we try to be prophetic, but prophets are often wrong and therefore, confounded. We can plan only on the basis of present knowledge, but a future major advance in medical treatment may upset what we propose. In all these plans, however, the State must be careful not to undervalue the skill of doctors, nurses and other health workers and over-value the tools they use!

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 Mrs. G. Buxton, 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, throughout a year in which considerable thought was given not only to maintaining existing services, but to their development during the next ten years.

I am,

Your obedient Servant,

J. B. S. MORGAN.

County Medical Officer of Health

County Offices,

Matlock.

(Telephone No. Matlock 3411).

11th June, 1963.

**MEDICAL AND DENTAL STAFF OF THE
COUNTY HEALTH DEPARTMENT
(31st DECEMBER, 1962)**

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.

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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:

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

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

MURIEL M. HELME SUTCLIFFE, B.Sc., M.B., B.S., M.R.C.O.G.

ASSISTANT MATERNAL AND CHILD WELFARE MEDICAL OFFICERS

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

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

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

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D. J. HUNT, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)

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SHEILA G. SYKES, M.B., Ch.B., D.R.C.O.G., D.P.H., D.C.H.

MONICA TISDALL, M.B., B.S., L.R.C.P., M.R.C.S. (Part-time)

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

Chief Dental Officer:

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

DENTAL STAFF

Dental Officers:

MARGUERITE FORD, L.D.S.

G. H. FREEMAN (Dentist, 1921)

A. Y. JADWAT, B.D.S. (Part-time)

N. J. SAVAGE, B.D.S. (Senior Dental Officer, Chesterfield Borough)

M. J. COOMBS, B.D.S. (Chesterfield Borough)

ILSE B. MANN, L.D.S. (Part-time—Chesterfield Borough)

**BIRTH RATE, INFANT MORTALITY RATE AND DEATH
RATE DURING THE LAST SEVENTY-TWO 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	15.7 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 to 1960	WHOLE COUNTY England and Wales	15.43 15.82	26.20 24.80	11.70 11.62
1961*	WHOLE COUNTY England and Wales	16.08 17.4	19.93 21.6	12.83 12.0
1962*	Urban Districts ..	16.40	20.89	13.11
	Rural Districts ..	17.59	22.21	12.53
	WHOLE COUNTY	16.94	21.60	12.80
	England and Wales	18.0†	21.4†	11.9†

* See note on pages 15 and 16.

† Provisional

REPORT OF THE HEALTH OF DERBYSHIRE FOR THE YEAR 1962

On 30th January, 1963, the Ministry of Health issued Circular 1/63, concerning the "Annual Report of the Medical Officer of Health for 1962." 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 1962.

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 1962 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, health visiting, mental health services, health education and chiropody).

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).

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 1962 was as follows:—

Municipal Boroughs	139,770
Urban Districts	230,200
Rural Districts	388,300
Total Administrative County ..	758,270

The rateable value of the Administrative County for the year 1963/64 for the County Rate purposes is £23,543,064, and a penny rate over the whole County is estimated to produce the sum of £94,318.

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.

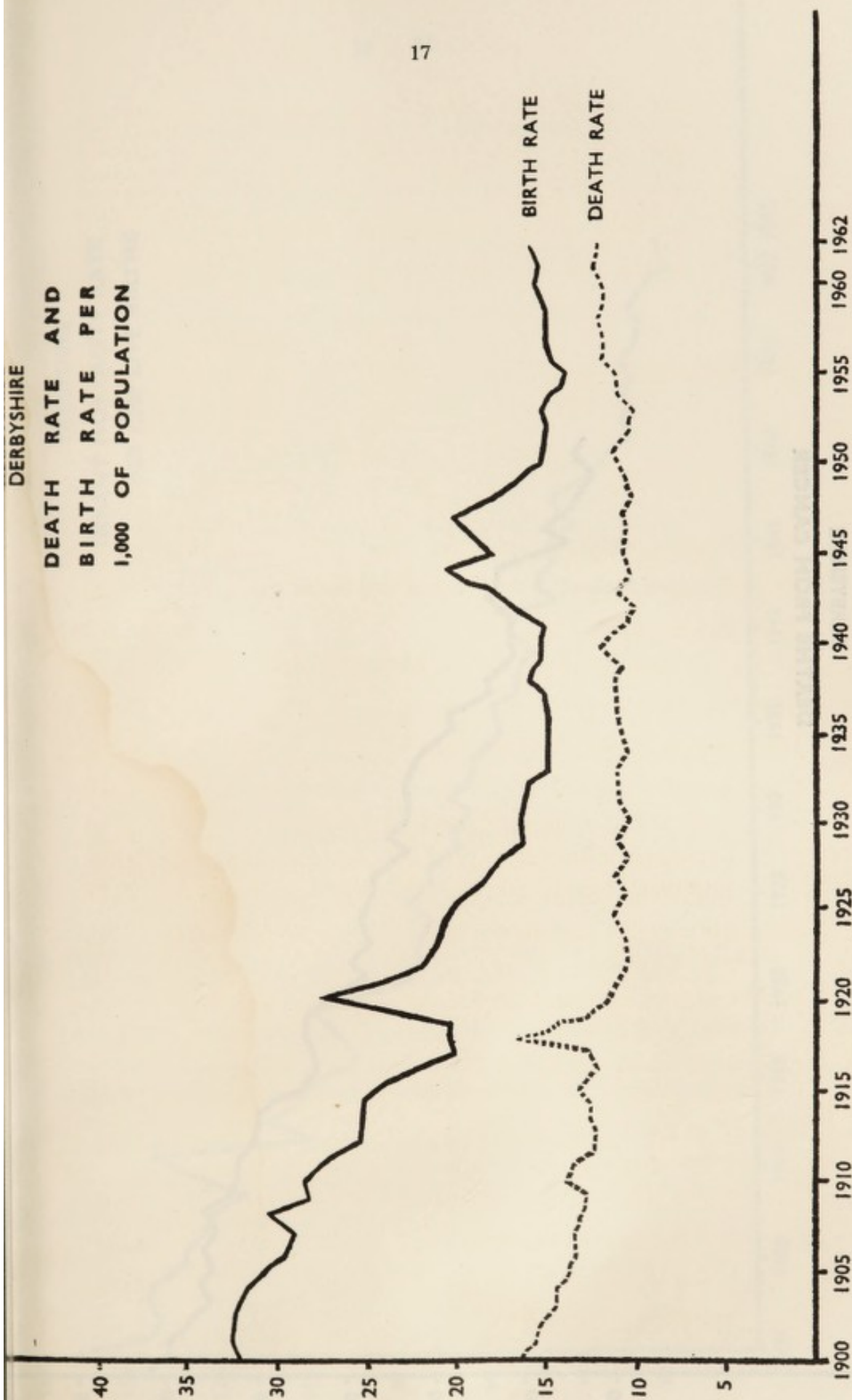
(NOTE: The birth and death rates for each County District and for the County as a whole for the years 1954 and onwards are not strictly comparable with previous years. The reason for this is that to make an approximate allowance for the way in which the sex and age distribution of the local population differs from that for England and Wales as a whole, the crude birth and death rates for the areas con-

cerned 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 1962 are as follows—for births: 0.97; for deaths: 1.15.

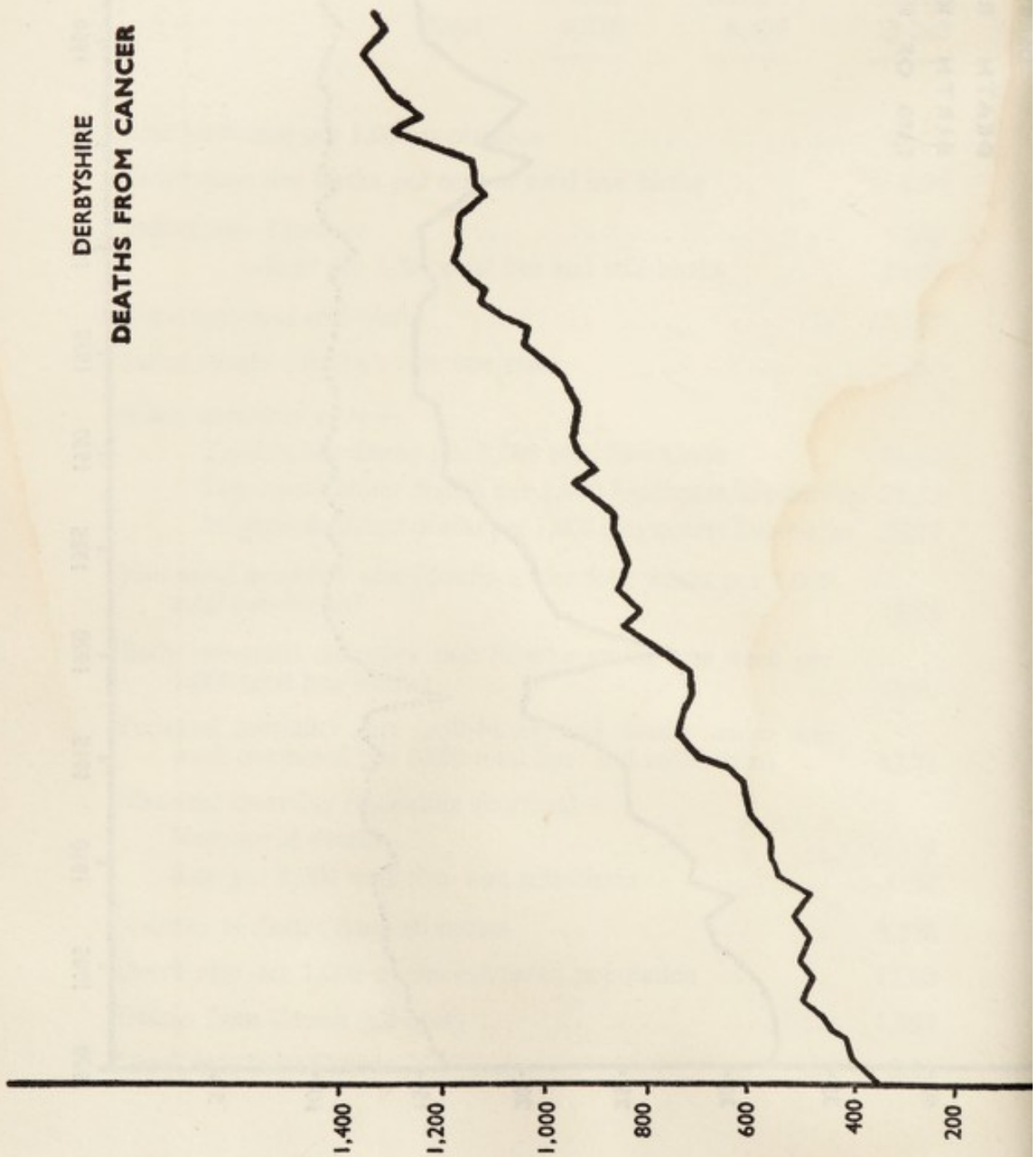
	<i>Males</i>	<i>Females</i>	<i>Total</i>
Live Births—Legitimate ..	6,550	6,136	12,686
—Illegitimate ..	289	267	556
<i>Total</i>	<u>6,839</u>	<u>6,403</u>	<u>13,242</u>
Live birth rate per 1,000 population	16.94
Illegitimate live births per cent of total live births	4.20
Stillbirths—Number	285
—Rate per 1,000 total live and still-births	21.07
Total live- and still-births	13,527
Infant deaths (deaths under one year)	286
Infant mortality rates—			
Total infant deaths per 1,000 total live-births	21.60
Legitimate infant deaths per 1,000 legitimate live-births	21.28
Illegitimate infant deaths per 1,000 illegitimate live-births	28.77
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births)	14.95
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births)	12.91
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live- and still-births)	33.71
Maternal mortality (including abortion)—			
Number of deaths	4
Rate per 1,000 total live- and still-births	0.30
Number of deaths from all causes	8,438
Death rate per 1,000 of the estimated population	12.80
Deaths from Cancer (all ages)	1,352
Death rate from Cancer	2.05

DERBYSHIRE

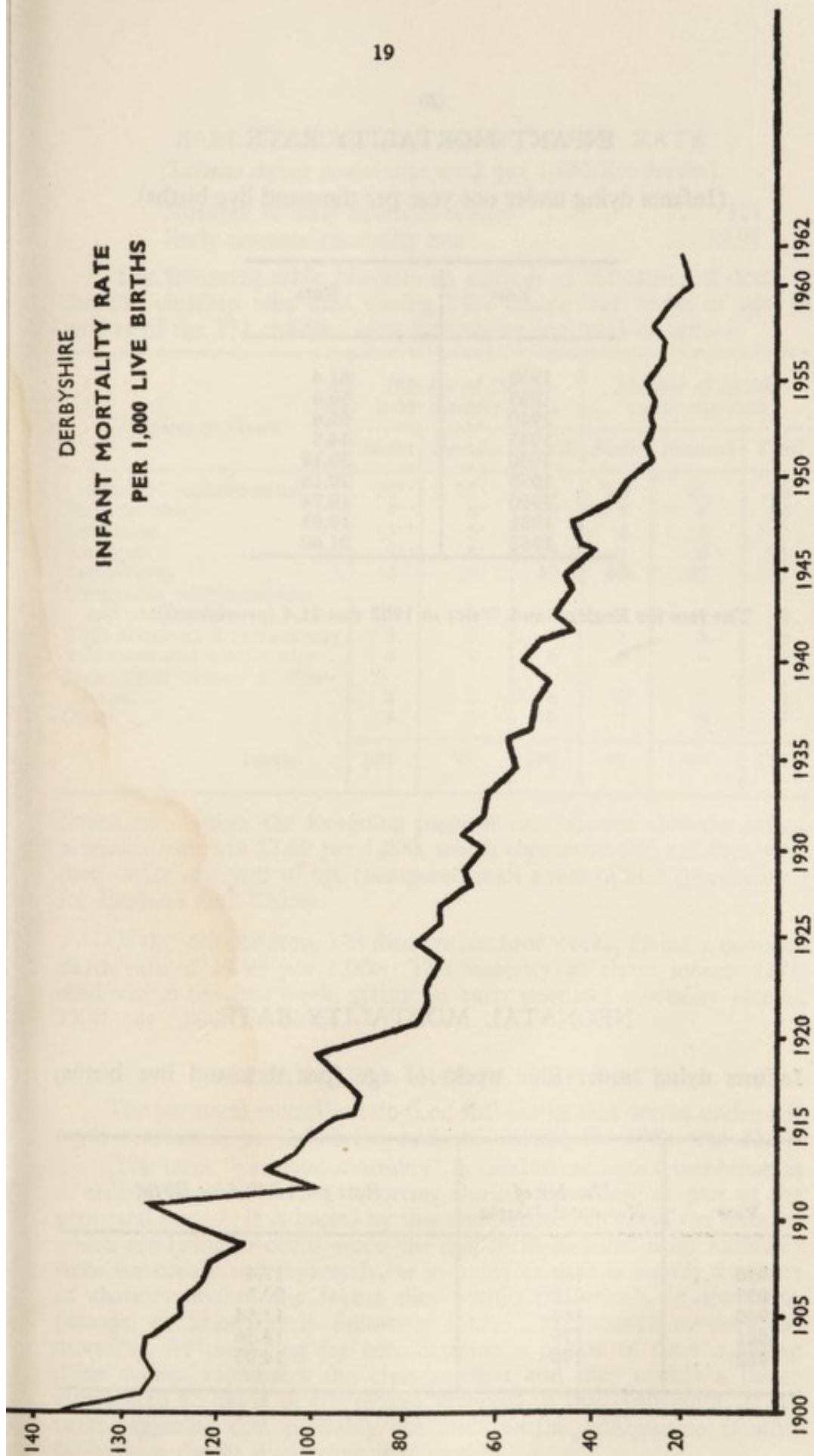
DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION



DERBYSHIRE
DEATHS FROM CANCER



DERBYSHIRE
INFANT MORTALITY RATE
PER 1,000 LIVE BIRTHS



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
1960	19.74
1961	19.93
1962	21.60

The rate for England and Wales in 1962 was 21.4 (provisional).

NEONATAL 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>
1950	..	188	17.4
1955	..	210	20.3
1960	..	166	13.54
1961	..	179	14.56
1962	..	198	14.95

EARLY NEONATAL MORTALITY RATE

(Infants dying under one week per 1,000 live births)

Number of early neonatal deaths	..	..	171
Early neonatal mortality rate	..	..	12.91

The following table provides an analysis of the causes of death of the 198 children who died during 1962 under four weeks of age, as well as of the 171 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 ..	26	27	53	23	21	44
Birth accident	8	6	14	8	6	14
Infections	11	6	17	4	3	7
Asphyxia	5	8	13	5	8	13
Prematurity	40	29	69	40	27	67
Congenital Malformations and prematurity	1	5	6	1	4	5
Birth accidents & prematurity ..	3	3	6	3	3	6
Infections and prematurity ..	4	2	6	3	—	3
Haemolytic disease of New-born	2	2	4	2	2	4
Other	3	7	10	2	6	8
Totals ..	103	95	198	91	80	171

SUMMARY.—From the foregoing pages it can be seen that the infant mortality rate was 21.60 per 1,000, which represents 286 children who died under one year of age (compared with a rate of 21.4 (provisional) for England and Wales).

Of the 286 children, 198 died within four weeks, giving a neonatal death rate of 14.95 per 1,000. The majority of those infants (171) died within the first week, giving an early neonatal mortality rate of 12.91 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 live-and still-births) for 1962 was 33.71.

(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

The year under review has been one of consolidation as far as the above-mentioned Regulations are concerned. It will be recalled that the current licences expire at the end of 1965 and cover the following four types :—

- (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;
- (iv) dealer's (Pre-packed milk) licence, required when dealing in pre-packed milk of any or all of the three designations.

There are now eight licensed pasteurising plants, the same number as in 1961, all of which use the high temperature short-time process of pasteurisation :—

<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

Although there has been no sterilizing plant in the County since the transfer of supervision in 1949, one has now been installed at their dairy premises by the Ilkeston Co-operative Society, Ltd. It was not actually in operation at the end of the year, but was expected to be licensed soon afterwards.

Pasteurising establishments are the backbone of our milk supplies today, both as far as health safety and "keeping time" are concerned, and therefore the County Health Inspector pays frequent visits to them to ensure that the requirements of the Regulations are being complied with. As the years have gone by, the small, and very often congested, substandard type of establishment has disappeared from the scene, leaving a small number of larger and more efficient dairies, some of which, in the case of those belonging to the big companies, have available capital resources for improvements of buildings and plant.

This means, generally speaking, that standards are now quite good, and in some instances, excellent. None-the-less, the routine inspection is a safety measure still very necessary.

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)	129	130	1	1	131
Pasteurised	132	135	—	—	135

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

- (b) Four 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.

The two failures were both from one establishment. It was not possible to find a cause for the phosphatase failure but it was believed a faulty diversion valve may have had something to do with it. The methylene blue failure was in respect of some Channel Island milk, the producer of which had not been cooling it properly, in addition to which the dairy had neglected to put into operation any systematic 'platform' testing. The trade sampling and testing of raw milk, brought into effect in October, may have some slight effect on cases like this.

Milk Dealers.

There has been a slight increase in the number of licensed milk dealers. The figures are as follows :—

	As at 1.1.62	As at 31.12.62
Dealers (Tuberculin Tested)		
Licences in force	30	27
Dealers (Pre-packed Milk)		
Licences in force	954	969

As 17 of the Tuberculin Tested milk dealers also are licensed to sell pre-packed milk, the effective number of dealers is, in fact, 979, as against 968 at the beginning of the year.

The increases are mainly in respect of shopkeepers. It has been found that although occasionally milk rounds do change hands, there is distinct pressure from the large dairy companies resulting in absorption of such rounds and thus gradually decreasing the number of retailers with rounds.

An analysis shows that the number of shop licences is 534 and, in addition, there are three vending machines for which licences have been issued. It is noticeable that with the increase of refrigerated counters the storage of milk sold from shops is gradually being improved. It should also be remembered that much of the shop trade is in sterilized milk which is not particularly susceptible to the warmer temperatures found in many shops, both winter and summer. Nevertheless, a good proportion of the methylene blue failures do come from pasteurised or tuberculin tested milk sold by shops.

Inspections of premises have continued to be regarded with importance, with priority in the frequency of visits being given to dairies actually handling raw milk, followed by dealers with rounds and finally shops, the latter being visited once yearly on an average. Thus, a total of 1,045 inspections were made. In assessing the rate of inspection allowance has to be made for dealers (about 50) trading from "combined" premises, such as refrigerated milk stores and dealers with more than one licence. The number of improvements to premises, etc., was much less during 1962. A total of 75 items were the subject of informal action, the details of which are as follows :—

(i) Provision of milk store	..	..	..	..	..	3
(ii) (a) Improvement of existing milk store	..	..	..	..	..	5
(b) Improvement of milk storage	..	..	..	..	..	20
(iii) Decoration, cleanliness, etc., of milk stores	..	..	..	..	..	10
(iv) Improvement of cleanliness of vehicles	..	..	..	..	..	—
(v) Name and address required on vehicles	..	..	..	..	..	36
(vi) Wording on bottle caps	..	..	..	..	..	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.

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.

In reviewing the present standards for handling storage and distribution of pre-packed milk, whilst these in most cases are quite reasonable, considering the nature of the product and the inherent health risks, is it not now practicable to expect distributors of milk to have refrigerated storage space available at all times? The great improvement in methods of storage of food in shops, through refrigerated counters and deep-freeze units, can surely be equalled by the provision of refrigerators by milk retailers. This system should come sooner or later.

Sampling of dealers' milk supplies was continued on a similar system to that evolved in 1961, with the addition that this year a start was made in the sampling of producer/retailers' milk supplies for biological examination (including brucella abortus). This sampling

is additional to samples already being taken on a routine basis from licensed T.T. dealers. For statistical purposes the table below, includes all such samples.

Grade of Milk	Satisfactory		Unsatisfactory		Total number of samples submitted
	M.B.	Phos.	M.B.	Phos.	
Heat Treated					
Pasteurised	*620	646	10	1	647
Tuberculin Tested (Pasteurised)	*475	496	9	1	497
*30 Samples not tested for Methylene Blue as shade temperature exceeded 70°F.					
Turbidity					
Satisfactory			Unsatisfactory		298
Sterilized			—		
Methylene Blue					
Satisfactory			Unsatisfactory		198
Raw Tuberculin Tested ..			*174 20		

* Four Samples not tested for Methylene Blue as shade temperature exceeded 70°F.

In addition 207 samples were examined for tubercle bacilli and all were found to be negative; 206 samples were examined for brucella abortus of which 5 were positive.

The anomaly of virtually all raw marketable milk being graded as "tuberculin tested" at the production stage and yet much of it being sold as "ordinary" milk either as "pasteurised" or "sterilized", persists. This situation calls for re-consideration, particularly in view of the length of time it has already existed.

The concentration of the processing and wholesale distribution of milk was mentioned last year. This year statistics have been collected from the sample figures which show that from all the samples taken—from dealers, pasteurising plants, schools, etc.,—and totalling 2079, no less than 977 were from sources belonging to two of the big combine companies; 787 of these came from four processing dairies. At the other end of the scale, 171 samples came from 76 small sources, such as producers, raw milk dealers, etc. One big advantage of the present legislation is that sampling is carried out over a wide field of milk suppliers and that time and resources are not wasted on duplicate sampling of the same suppliers by a number of authorities at the same time.

With regard to the actual sample results, the figure of two phosphatase test failures can, strictly speaking, be reduced to one as in one instance a sample of milk purporting to be "pasteurised milk" turned out to be raw milk supplied by a producer-retailer who said he was "short of caps that morning"! Both dealer and supplier were sent warning letters in this case. No explanation could be found for the other failure—it was obtained from a dealer buying bottled milk from a large pasteurising dairy. The overall phosphatase test position on the year's results can, therefore, be regarded as good.

The methylene blue test picture is not as satisfactory. There were 19 failures from pasteurised milks and 20 from tuberculin tested raw milks. These were out of a total of 1,269 samples submitted to the test, giving a percentage failure of 3.08. This is higher than in 1961 and is considered to be largely due to a peak in July (12 failures) with a smaller peak in August (7 failures) when the day and night atmospheric temperatures were quite consistently in the upper sixties. Many of the failures from tuberculin tested raw milks were undoubtedly partially due to the fact that so many dealers bottle the previous evening's production milk for sale next day, a matter of convenience no doubt, but quite a test of the milk if sampled, as it then has to stand another period of nearly 24 hours at atmospheric temperature during the warmer months of the year. The percentage of such failures works out at 11.5 (8.18 last year). The better keeping quality of pasteurised milk is clearly emphasized by such figures.

The percentage of positive *Brucella Abortus* samples (2.4) seems to be in line with figures from other areas, which are gradually decreasing over the years. The effects of the free S.19 vaccination instituted during the year should also eventually reduce the incidence of this disease in cattle still further.

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. 32 such samples were tested and all found free from chlorates.

Specified Areas

The whole of the County is included in "Specified Areas". This means that all milk sold therein 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 46 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, 1962 :—

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 ..	9,320	Yes	Whole-time	None
	Dronfield Urban ..	12,170			
	Staveley Urban ..	18,200			
	Chesterfield Rural ..	102,930			
		142,620			
2	Bolsover Urban ..	11,820	Yes	8/11ths.	3/11ths.*
	Blackwell Rural ..	44,130			
	Clowne Rural ..	19,900			
		75,850			
3	Glossop Borough ..	17,440	Yes	9/22nds.	13/22nds*
	New Mills Urban ..	8,650			
		26,090			
4	Buxton Borough ..	19,370	Yes	7/11ths.	4/11ths.*
	Whaley Bridge Urban ..	5,310			
	Chapel-en-le-Frith Rural ..	18,120			
		42,800			
5	Bakewell Urban ..	3,820	No	Part-time.	None
	Matlock Urban ..	19,060			
	Bakewell Rural ..	18,560			
		41,440			
6	Long Eaton Urban ..	31,230	Yes	7/11ths.	4/11ths*
	S.E. Derbyshire Rural ..	99,140			
		130,370			
7	Swadlincote Urban ..	19,430	Yes	8/11ths	3/11ths*
	Repton Rural ..	39,110			
		58,540			
8	Ilkeston Borough ..	34,960	Yes	8/11ths	3/11ths*
	Alfreton Urban ..	23,050			
	Heanor Urban ..	24,200			
	Ripley Urban ..	17,700			
		99,910			
9	Ashbourne Urban ..	5,660	In operation apart from Wirksworth Urban District	6/11ths	5/11ths*
	Belper Urban ..	15,600			
	Wirksworth Urban ..	4,980			
	Ashbourne Rural ..	11,260			
	Belper Rural ..	35,150			
		72,650			
10	Chesterfield Borough	68,000	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.

Year

COUNTY OF DERBY.

TABLE GIVING BIRTH RATES AND DEATHS FROM ALL CAUSES,

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Area in Acres (Land and Water).	POP
			Census 1931
(URBAN)			
ALFRETON	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,176	22,262
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	1,070	4,708
BAKEWELL	C. W. Evans, M.R.C.S., L.R.C.P. ..	3,061	3,028
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,294	14,205
BOLSOVER	A. R. Robertson, M.B., Ch.B., D.P.H.	4,526	9,808
BUXTON (Borough)	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	6,337	16,884
CHESTERFIELD (Borough)	H. Bailey, M.B., Ch.B., D.P.H. ..	8,472	64,160
CLAY CROSS	J. R. Graham, M.B., Ch.B., D.P.H. †	2,349	8,781
DRONFIELD	J. R. Graham, M.B., Ch.B., D.P.H. †	3,452	6,388
GLOSSOP (Borough)	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	3,323	20,001
HEANOR	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,417	22,482
ILKESTON (Borough)	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	3,017	33,164
LONG EATON	C. G. Woolgrove, M.B., Ch.B., D.P.H.	3,559	23,321
MATLOCK	G. L. Meachim, M.B., Ch.B. ..	16,599	16,596
NEW MILLS	M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	5,244	8,626
RIPLEY	P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,415	17,713
STAVELEY	J. R. Graham, M.B., Ch.B., D.P.H. †	6,504	17,845
SWADLINCOTE	M. Allen, M.B., Ch.B., D.P.H. ..	3,755	20,604
WHALEY BRIDGE	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	3,479	4,860
WIRKSWORTH	W. S. G. Christie, M.B., Ch.B. ..	4,016	4,855
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
(RURAL)			
ASHBOURNE	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	86,188	11,661
BAKEWELL	H. G. Watson, M.B., Ch.B. ..	85,643	19,272
BELPER	W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	48,074	23,106
BLACKWELL	A. R. Robertson, M.B., Ch.B., D.P.H.	21,668	44,689
CHAPEL-EN-LE-FRITH	F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H.	103,393	18,449
CHESTERFIELD	J. R. Graham, M.B., Ch.B., D.P.H. †	69,139	64,968
CLOWNE	A. R. Robertson, M.B., Ch.B., D.P.H.	13,429	17,720
REPTON	M. Allan, M.B., Ch.B., D.P.H. ..	65,653	26,438
S.E. DERBYSHIRE	C. G. Woolgrove, M.B., Ch.B., D.P.H.	44,204	41,097
TOTALS OF RURAL DISTRICTS ..		537,391	267,400
TOTALS OF URBAN DISTRICTS ..		98,065	340,291
TOTALS OF WHOLE COUNTRY ..		635,456	607,691

* Adjusted to make allowance for sex and

† Retired 31st December, 1962. From 1st January, 1963—D. P. Adams, M.B., Ch.B., D.P.H.

Ended 31st December, 1962.

IN EACH OF THE SANITARY DISTRICTS OF THE COUNTY.

ULATION			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- 1962			Birth Rate	Death Rate		for Births	for Deaths
23,385	22,998	23,050	337	268	14.19	13.72	32.64	0.97	1.18
5,439	5,656	5,660	95	77	17.29	12.52	10.52	1.03	0.92
3,356	3,603	3,820	58	85	15.18	12.68	17.24	1.00	0.57
15,714	15,563	15,600	230	245	14.55	12.41	13.04	0.99	0.79
10,817	11,770	11,820	231	114	19.54	12.73	25.98	1.00	1.32
19,568	19,236	19,370	343	322	18.41	15.13	23.32	1.04	0.91
68,558	67,833	68,000	1,044	799	14.74	11.98	20.11	0.96	1.02
8,553	9,173	9,320	142	90	14.62	11.39	14.08	0.96	1.18
7,627	11,294	12,170	272	104	19.00	12.13	7.35	0.85	1.42
18,004	17,490	17,440	313	281	18.48	14.18	25.56	1.03	0.88
24,406	23,867	24,200	438	262	17.74	13.43	22.83	0.98	1.24
33,677	34,672	34,960	594	347	16.82	12.80	23.57	0.99	1.29
28,641	30,464	31,230	559	355	17.72	12.96	12.52	0.99	1.14
17,756	18,486	19,060	286	249	15.31	13.06	24.47	1.02	1.00
8,475	8,510	8,650	172	141	21.08	15.65	11.63	1.06	0.96
18,192	17,601	17,700	230	186	12.99	12.08	17.39	1.00	1.15
17,945	18,071	18,200	318	197	17.13	14.51	28.30	0.98	1.34
20,907	19,222	19,430	290	205	14.78	12.34	41.37	0.99	1.17
5,365	5,293	5,310	93	67	18.03	13.12	—	1.03	1.04
4,893	4,930	4,980	82	56	16.96	11.59	—	1.03	1.03
361,278	365,732	369,970	6,127	4,450	16.40	13.11	20.89	0.99	1.09
12,019	11,219	11,260	176	131	17.36	12.56	17.05	1.11	1.08
19,282	18,599	18,560	290	249	17.18	12.08	34.48	1.10	0.90
28,193	33,711	35,150	606	386	17.07	12.41	18.15	0.99	1.13
43,112	43,800	44,130	792	455	17.41	12.89	18.94	0.97	1.25
19,006	18,366	18,120	269	245	16.63	13.38	29.74	1.12	0.99
75,745	100,851	102,930	1,857	960	16.42	13.25	26.39	0.91	1.42
19,072	19,769	19,900	361	215	18.33	12.64	27.69	1.01	1.17
31,570	37,579	39,110	658	444	16.82	11.81	22.79	1.00	1.04
75,893	95,597	99,140	2,106	903	19.33	12.02	17.57	0.91	1.32
323,892	379,491	388,300	7,115	3,988	17.59	12.53	22.21	0.96	1.22
361,278	365,732	369,970	6,127	4,450	16.40	13.11	20.89	0.99	1.09
685,170	745,223	758,270	13,242	8,438	16.94	12.80	21.60	0.97	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 .. .. .	..	..	123,266
Rural Districts .. .. .	..	..	127,525
			<u>250,791</u>

	Municipal Boroughs and Urban Districts			Rural Districts		
	No. on Register	Increase or Decrease during 1962	In-spections made	No. on Register	Increase or Decrease during 1962	In-spections made
Bakehouses	139	—9	539	42	—	71
Canal Boats	—	—	—	—	—	—
Common Lodging Houses	3	—	78	—	—	—
Dairies	53	—2	199	33	—7	40
Factories and Workplaces	1,926	+1	1,994	936	—7	629
Houses Let in Lodgings	11	+2	19	—	—	—
Ice Cream Premises—						
(a) Manufacturers	23	—4	196	13	—1	35
(b) Dealers	1,570	+46	1,330	1,250	+7	533
Market Stalls	517	+8	6,675	26	—19	530
Milk Distributors	446	+16	329	295	—1	242
Moveable Dwelling Sites	94	+4	369	236	—29	1,447
Offensive Trades	15	—2	57	1	—	34
Outworkers	546	—159	168	290	+2	275
Preserved Food Stores	512	—1	1,364	260	+8	533
Shops	5,302	—22	5,092	3,018	—5	2,062
Slaughterhouses—						
(a) Public Abattoirs	1	—	742	—	—	—
(b) Private	53	—6	8,211	52	—12	9,748
Knackers Yards	3	—	25	7	+1	34

Water Supplies.

There has been no meeting of the Rural Water Supplies and Sewerage Act Sub-Committee during the year as no schemes have been submitted for consideration.

The following table summarizes the information regarding water supplies in parts of the County which are not covered by the South Derbyshire Water Board.

	<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	64,319	192,827	75,922	238,695
(b) Supplied from standpipes on mains	6	10	178	613
(c) not supplied from standpipes or mains	159	450	1,528	4,773
No. of Connections made during year :				
(i) existing houses	9		311	
(ii) new houses	1,290		1,581	
(iii) other premises	27		44	

The following report has been received from the Engineer and General Manager of the South Derbyshire Water Board, in respect of the area covered by the Board:—

	<i>No. of Houses</i>	<i>Estimated Population Involved</i>
No. of Houses connected to mains ..	109,755	346,826
No. of Houses not supplied from standpipes or mains	2,966	9,372
No. of connections made during year:—		
(a) Existing houses	70	221
(b) New houses	2,503	7,909
(c) Other premises	175	—

The following schemes were commenced during the year:—

Matlock Area—Pumping Station and connections to Derwent Valley Water Board aqueduct and Wolds Reservoir (Asker Lane) and Booster Pumping Installation, Tansley and South Darley—In hand.

North Western Area—Mains and Services, and Reservoir at Newhaven—In hand.

Southern Area—Mains and Services, Pumping Plant, new Reservoir Drum Hill, and the covering of open service reservoirs at Little Eaton.—In hand.

Sewerage and Sewage Disposal.

No schemes have been considered by the Rural Water Supplies and Sewerage Act Sub-Committee during the year.

Information is given below of the position in the County with regard to sewerage and sewage disposal. Boroughs and Urban Districts have 98.7 % of their houses connected to sewers, whilst Rural Districts have a corresponding figure of approximately 90.9%.

	<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	121,394	365,842	114,324	353,981
(b) not connected to sewers	1,639	4,701	12,542	36,579
No. of connections made during year :				
(i) existing houses	173		502	
(ii) new houses	2,026		2,564	
(iii) other premises	40		25	
No. of conversions of other closets to W.C.s	178		326	

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

Alfreton U.D.

Stage I (Somercotes, Birchwood, Riddings, Golden Valley, Pye Bridge, and Ironville areas) of the new comprehensive sewerage scheme was in operation by the end of the year. Work on the relaying of a defective outfall sewer to Highfields sewage disposal works was begun during October. Sewers on the Firs Housing Estate extensions also started during December.

Bolsover U.D.

Shuttlewood sewerage completed.

Buxton Borough.

The secondary works at the disposal works, Ashwood Dale were completed and in operation by September.

Glossop Borough.

Work continuing on new sewage works (started in June, 1961).

Matlock U.D.

Work on Darley Dale sewerage scheme continued during the year.

Ripley U.D.

414 yards of main sewer relaid in Derby Road.

Swadlincote U.D.

Storm water and foul sewers laid at Church Street Housing Site.

Wirksworth U.D.

Extensions to sewage works officially opened in September.

Ashbourne R.D.

Schemes for the villages of Kirk Ireton and Kniveton completed during the year and schemes for Thorpe and Fenny Bentley commenced.

Bakewell R.D.

Work on Derwent Valley sewerage scheme in progress during year (started April, 1961).

Belper R.D.

Considerable extensions to sewers in the parishes of Darley Abbey, Allestree, Duffield, Quarndon, Denby, and Holbrook, mainly in connection with housing developments. Four filter beds replaced at Duffield and Allestree disposal works. Pumping plant replaced at Duffield works. Sewerage schemes carried out for the villages of Idridgehay and Turnditch.

Blackwell R.D.

Outfall sewers relaid at Langwith and South Normanton and new link sewer constructed for Doe Hill. Extensions to Carnfield disposal works.

Chapel-en-le-Frith R.D.

Peak Dale sewage works and ejector station completed and fully operational.

Chesterfield R.D.

Work completed on Gleadless Ford trunk sewer. At Eckington, Gallery Lane and West Killamarsh surface water sewers were installed and extensions at Killamarsh, Gleadless and Amber Valley were carried out. Alton scheme (Stage I) was completed. Northern area scheme (Stage II) is in progress. Heath sewerage scheme was almost completed. Beighton sewage scheme (Stage II) was started in November.

Clowne R.D.

Whitwell Common sewerage scheme is in progress.

Repton R.D.

Sewerage schemes for Ticknall, Findern, and Dalbury Lees were completed and work is in progress on schemes in Bretby and Hartshorne.

South-East Derbyshire R.D.

The major scheme at Alvaston, for housing development, was substantially completed by the end of the year.

Housing.

The following table shows that a total of 10,710 houses have been declared unfit from 1955 to the end of 1962, and of these 7,410 have been either demolished or closed; a further 1,178 properties have therefore been dealt with during the year but there are still some 3,300 awaiting action.

Improvement grants continue to lag behind although there has been a slight improvement in the total number of grants made. It will be interesting to see whether the pressure being brought to bear by the Minister of Housing to get properties dealt with under this Scheme has a material effect.

SLUM CLEARANCE FOR EIGHT YEARS FROM 1955

	<i>Municipal Boroughs and Urban Districts</i>	<i>Rural Districts</i>
Estimated No. of houses declared unfit, 1955-1962	5,658	5,052
Total No. of houses demolished or closed 1955 to 31/12/1962	3,962	3,448
Houses demolished :—		
(a) in Clearance Areas	280	207
(b) not in Clearance Areas	268	230
Unfit houses closed	118	54
Unfit houses made fit and houses in which defects were remedied	3,242	776
Unfit houses in temporary use	9	23
Houses in Clearance Areas purchased	27	44

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	99	868
Rural Districts	334	513

NEW HOUSING

	<i>No. of new dwellings completed during 1962</i>	
	<i>by local authorities</i>	<i>by private enter- prise</i>
Municipal Boroughs & Urban Districts ..	858	1,151
Rural Districts	603	2,096

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	189	18
Rural Districts	1	2	6	—

Refuse Collection and Disposal.

The main problem continues to be the scarcity of suitable sites for tipping refuse in the urban areas. The Authority mentioned last year has now had a preliminary scheme prepared for the erection of a composting plant. Paper sacks are still at the experimental stage, largely on account of greater costs. The table gives the general picture in the County with regard to the systems in use.

	Collection		Disposal		
	Direct Labour	Contract	No. of Controlled Tips	No. of Un-controlled Tips	In-cinerators
Municipal Boroughs & Urban Districts	20	—	20	3	2
Rural Districts	8	—	37	—	1

Meat Inspection.

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

	Municipal Boroughs and Urban Districts	Rural Districts
	Number killed and Inspected	Number killed and Inspected
Cattle, excluding cows ..	22,153	15,097
Cows	16,025	8,378
Calves	1,287	603
Sheep and Lambs	98,117	46,401
Pigs	49,296	36,728
Horses	—	—

Moveable Dwellings.

The figures in the table below reflect the trend in the increase in the use of caravans both for holiday and residential purposes. There are 153 more vans on 81 more licensed sites than in 1961. The predominant increase is in the use of caravans for holiday purposes.

	Licensed Caravan Sites				Individual Licensed Vans
	Holiday		Residential		
	Sites	Vans	Sites	Vans	
Municipal Boroughs and Urban Districts ..	14	156	33	347	47
Rural Districts	82	528	129	615	136

At Alfreton the Minister allowed an appeal and agreed to the stationing of two caravans on a site for two years. At Bakewell planning permission has been given for a holiday caravan site to accommodate 65 caravans. Bolsover U.D. propose to close their caravan site. The Minister allowed an appeal in respect of a residential site at Manchester Road, Buxton, for 70 caravans

A Court modified conditions for a site for 12 caravans in Ashbourne R.D. Trouble is reported with "gypsy" type van dwellers in Blackwell R.D. There have been several successful prosecutions with regard to non-compliance of conditions and in respect of unlicensed sites by Chesterfield R.D.C.

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.

Station	Readings			
	Total Solids (Tons per sq. mile)		Sulphur Absorbed (Mg. per 100 sq. cms. per day)	
	Monthly		Daily average over each month	
	Highest	Lowest	Highest month	Lowest month
Alfreton U.D.C.				
High Street	19.88	9.62	—	—
Firs Gardens	—	—	1.61	0.43
Somercotes	—	—	3.43	0.68
Bolsover U.D.C.				
Woodhouse Lane, Bolsover ..	47.16	7.58	—	—
Moor Lane, Bolsover	13.42	6.27	3.75	0.96
Cundy Road, Bolsover	—	—	2.89	0.67
Chesterfield Borough				
Queens Park	—	—	1.98	0.58
St. John's Road Depot	16.46	8.12	2.39	0.76
Sewage Works	20.27	6.91	2.23	0.66
Hasland Green	—	—	2.58	0.59
Staveley U.D.C.				
Hartington Colliery	53.23	25.85	3.02	1.81
Chesterfield R.D.C.				
Wingerworth	—	—	2.43	0.67
Hasland	18.44	6.55	4.13	1.50
Heath	49.13	7.06	—	—
Holmewood No. 2	33.19	8.89	—	—
Renishaw No. 1	86.45	15.31	4.14	1.42
Renishaw No. 2	29.01	15.14	—	—
Spinkhill	95.00	9.46	—	—
Barlow	—	—	1.71	0.64

Progress is being made in dealing with industrial undertakings and with areas of domestic dwellings. The following is an extract from information provided by various Local Authorities showing what is being done with regard to smoke control :—

Bolsover U.D.

First smoke control order made by the Minister in November to come into effect on 1st July, 1963. 145 houses and 4 other premises are involved.

Chesterfield Borough.

The following report has been received :—

"Progress with the implementation of the Five-Year Programme for smoke control in the Borough has continued during the year.

The Chesterfield No. 2 (Newbold) Smoke Control Order, which involves an area of approximately 428 acres and contains 1,509 residential properties, became operative on the 1st July, 1962.

The Chesterfield No. 3 (Ashgate) Smoke Control Order, which covers an area of 548 acres and contains 1,130 existing domestic dwellings and the Loundsley Green Housing Estate on which a further 700 houses are now being built, was submitted to the Ministry of Housing and Local Government in December 1961 and confirmation was received on the Thirtieth April, 1962. The Order became operative on the First January, 1963.

A further area covering 136 acres, contiguous with No. 2 and No. 3 Areas and containing 921 premises of which 905 are dwellinghouses, was surveyed and the Borough Council made the Chesterfield No. 4 (Pevensey) Smoke Control Order which was confirmed by the Minister on the 13th November, 1962, the operative date being fixed for the 1st July, 1963."

Glossop Borough.

Action taken in connection with several industrial undertakings.

Heanor. U.D.

Ministry have given provisional clearance to proposals for the first smoke control area.

Ripley U.D.

Opposition at a public meeting to proposals for smoke control area at Peasehill caused the plan to be dropped for the time being.

Wirksworth U.D.

Every opportunity taken to control the dust emission from new plants, etc., and to improve the conditions of existing works in the quarrying industry is taken.

Blackwell R.D.

Application to be made to the Ministry for permission to proceed with smoke control at Shirebrook involving 148 premises.

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 1962 there were 190 Midwives on the County Roll—one was an independent midwife, eighty-two were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; eighty-two were County Midwives, and twenty-five were County Home Nurse/Midwives.

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

	1957	1958	1959	1960	1961	1962
Records received :—						
Medical Help	352	738	751	542	463	417
Stillbirths	129	137	114	112	108	105
Deaths of Children	71	67	55	44	54	51
Deaths of Mothers	1	2	—	3	—	—
Laying out the dead	15	15	20	12	16	—
Liability to be a source of infection	46	42	45	30	25	23
Puerperal Pyrexia—Midwives' Cases	13	7	6	9	9	6
Ophthalmia Neonatorum— all cases	5	3	3	2	4	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 childbirth 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
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
1962 ..	10	13,527	0.70

Maternal Mortality

The maternal mortality rate for the whole County for the year 1962 was 0.30 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
1962	0.30

Ophthalmia Neonatorum

During the year, four cases of ophthalmia neonatorum were notified; three were treated at home and one 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, 1962 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.
Claremont Nursing Home, Cavendish Road, Matlock.	11 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.—I have reported in previous years on the great strides that have been made in the prevention and treatment of tuberculosis. This disease, first made notifiable in 1912 and for which the first figures available are for 1914, has steadily declined, apart from the war years, since that time. Since the end of the last war, however, this decrease in the number of cases of tuberculosis and the number of deaths has rapidly become more marked. This has been due, of course, to many environmental factors, such as improved sanitation, housing and a general higher standard of living, coupled with the introduction of the National Health Service. It must be remembered that since the introduction of the new Service greater emphasis has been placed on early detection and prevention, and it must not be forgotten that Mass Miniature Radiography has played an important part in this process.

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 1962 :—

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
1962	153	33	40	3

New Cases during 1962.

The number of cases of tuberculosis notified during 1962, 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	2	6	5	7	13	20	24	10	5	97
Females..	—	—	—	1	1	11	8	11	11	5	5	2	1	56
<i>Non-Respiratory—</i>														
Males ..	—	—	1	2	1	2	2	2	4	2	2	—	—	18
Females..	—	—	—	2	3	1	2	5	5	1	2	—	1	22
Total ..	—	—	3	8	7	20	17	25	33	28	33	12	7	193

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.

	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962
<i>Respiratory</i>										
Males	253	238	204	195	212	209	184	175	144	97
Females	169	153	110	126	119	105	83	92	68	56
Totals	422	391	314	321	331	314	267	267	212	153
<i>Non-Respiratory</i>										
Males	23	30	34	23	25	18	12	19	21	18
Females	34	32	34	28	31	34	28	16	29	22
Totals	57	62	68	51	56	52	40	35	50	40
Total Pul. and Non-Pul. ..	479	453	382	372	387	366	307	302	262	193

Deaths from Tuberculosis.

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

	1958	1959	1960	1961	1962
Respiratory	46	34	39	29	33
Non-respiratory	5	5	5	8	3
	<u>51</u>	<u>39</u>	<u>44</u>	<u>37</u>	<u>36</u>

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

	1958	1959	1960	1961	1962
Respiratory	0.06	0.046	0.052	0.044	0.044
Non-respiratory	0.01	0.007	0.007	0.012	0.004
	<u>0.07</u>	<u>0.053</u>	<u>0.059</u>	<u>0.056</u>	<u>0.048</u>

The provisional figure for England and Wales supplied by the Registrar General for 1962 is 0.066 deaths per thousand of the home population.

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

<i>Year</i>	<i>New Cases</i>	<i>Deaths</i>
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
1962	193	36

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)

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 Monday, 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 Tuesday, 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.
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 Monday, 9 a.m. to 12.30 p.m.
GLOSSOP	..	County Council Clinic, George Street, Glossop. 2nd and 4th Monday, 9 a.m. to 12.30 p.m.
HACKENTHORPE		County Council Clinic, Main Road, Hackenthorpe. 2nd, 4th and 5th Thursday, 1.30 p.m. to 4.15 p.m.
HEANOR	..	County Council Clinic, Wilmot Street, Heanor. 1st and 3rd Wednesday, 1.30 p.m. to 4.15 p.m.

ILKESTON	..	County Council Clinic, Albert Street, Ilkeston, each Monday, 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 Thursday, 9 a.m. to 12.30 p.m.
RIPLEY	..	County Council Clinic, Derby Road, Ripley. 2nd and 4th Friday, 1.30 p.m. to 4.15 p.m.
SHIREBROOK	..	County Council Clinic, Cliffe 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, Civic Centre, off Midland Road, Swadlincote. 2nd and 4th Tuesday, 9 a.m. to 12.30 p.m.

*New Clinic, opened in April, 1963.

The following are the number of sessions and attendances at all the Ante-natal Clinics during 1962 :—

Half-day Sessions	..	1,233
Number of New Cases	..	2,065
Total number of attendances		9,787
Post-natal visits	..	316

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 always 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 1962 Classes were being held at the following County Council clinics :—

Alfreton; Belper; 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 :—

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

Talks or film strips by the Health Visitor include :—

- (i) diet and nutrition in pregnancy;
- (ii) general conduct in pregnancy including suitable clothing and footwear and care of the breasts;
- (iii) the preparations for the baby including layette, cot and pram.
- (iv) care of the baby including feeding;
- (v) the post-natal examination;
- (vi) the help available from Doctor, Midwife and Health Visitor and the benefits of attendance at the Infant Welfare Centre;
- (vii) 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.

Sound films have proved so popular, especially those showing the birth of a baby, that the Health Education Section now have three copies of "Childbirth without Fear" and two copies of "My First Baby". Other films shown have dealt with breast feeding, nutrition, human reproduction, dental care, child development and home safety.

Two gramophone records in which Dr. Grantley Dick Read explains the principle of relaxation and conducts a normal confinement have also been very helpful in some cases.

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 1962, forty-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 Bureaux</i>		<i>Other</i>
	<i>Derby</i>	<i>Chesterfield</i>	<i>Hospitals</i>
Suitable for home confinement	57	115	10
Hospital accommodation desirable but not essential	282	196	26
Home conditions unsuitable and hospital confinement necessary	301	386	119
Miscellaneous visits (i.e., cancellations miscarriages, removals from district, etc.)	14	21	32

CHILD WELFARE CENTRES

During 1962, two new Infant Welfare Centres were opened in the County, at Coal Aston and Walton-on-Trent bringing the total to 103.

The number of sessions and attendances at the Infant Welfare Centres during 1962 are set out below :—

Half-day sessions	4,791
Number of new cases under one year of age	10,209
Number of children who attended during the year and who were born in :—	
1962	9,041
1961	7,236
1960-57	5,446
Total number of children who attended during the year	21,723
Number of attendances by children who, at the date of attendance, were :—	
Under one year	131,323
One but under two	25,302
Two but under five	13,631
Total attendances during the year ..	170,256

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 1962 are as follows :—

Number of premature live births notified (as adjusted by transfer notifications) :—	
(a) In Hospital	656
(b) At Home	194
(c) In Private Nursing Homes	7
Total	857
Number of premature still-births notified (as adjusted by transfer notifications) :—	
(a) In Hospital	142
(b) At Home	13
(c) In Private Nursing Homes	1
Total	156

Of the 656 premature babies who were born in hospital fifty-three died within twenty-four hours of birth and 577 survived twenty-eight days.

Of the 194 born at home, sixty-one were transferred to hospital on or before the twenty-eighth day, and of the remainder six died within twenty-four hours of birth and 126 survived twenty-eight days.

All the seven 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 Council 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 Council Clinic, Cathedral Road, Derby.	Day—Derby 45934. 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 1961, and the child's General Medical Practitioner made the necessary arrangements for the patient to receive a full investigation in hospital.

WELFARE FOODS

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.

Apart from the normal seasonal fluctuations, the uptake of vitamin supplements remained fairly constant during 1962. The Service was continued on the same lines and no changes in either price or entitlement were announced.

The decline in the issues of National Dried Milk, which had been noticed during previous years, lessened to some extent, sales showing a decrease of about 7%, compared with 17½% in 1960 and 15% in 1961.

More National Dried Milk was issued at full price to National Health Service Hospitals and Day Nurseries. Free issues of both National Dried Milk and orange juice showed an increase.

Sales of proprietary foods remained at about the same level and no alterations were made to the approved list of proprietary preparations.

The prices and allocation of Welfare Foods available at Infant Welfare Centres are as follows :—

<i>Product</i>	<i>Price</i> s. d.	<i>Allocation</i>	
<i>Adexolin</i>	9	1 bottle 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>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	
<i>S.M.A.</i>	5 6	1-3 tins per week	Available to expectant and nursing mothers on production of the Welfare Milk Token Book.
<i>Lactagol</i>	1 9	1 packet per week	
<i>Ovaltine</i>	2 0	1 tin per week	Available to expectant and nursing mothers, children under 5 and handicapped children.
<i>National Dried Milk</i> ..	2 4 & milk token 4 0 at full price	1 to 2 tins per week	
<i>Orange Juice</i> ..	1 6		
<i>Cod Liver Oil</i> ..	1 0		
<i>Vitamin A & D Tablets</i> ..	6		

The following table shows the issues of National Welfare Foods in the County Area in 1962 :—

	<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	1,206	74	108	698
(b) by cash	105,705	11,001	19,581	110,213
(c) free	2,927	789	151	3,539
Issued to :—				
N.H.S. Hospitals ..	749	30	—	796
Day Nurseries ..	34	278	—	418
Issued at full price :—	9,112	—	—	—
Totals	119,733	12,172	19,840	115,664

During the year new Distribution Centres were opened at Coal Aston and Hollingwood, and those at Yeaveley, Bamford and Hope were discontinued.

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

Location	At County Council Clinics or Infant Welfare Centres		At other Premises
Chapel-en-le-Frith R.D. ..	3		3
Glossop Borough	2		—
New Mills U.D.	1		—
Whaley Bridge U.D.	1		1
Buxton Borough	3		—
Bakewell R.D.	5		7
Bakewell U.D.	1		1
Matlock U.D.	2		7
Wirksworth U.D.	1		1
Ashbourne R.D.	—		2
Ashbourne U.D.	1		1
Repton R.D.	3		8
Swadlincote U.D.	1		—
Chesterfield R.D.	21		2
Chesterfield Borough ..	8		—
Bolsover	2		—
Staveley U.D.	3		1
Clay Cross U.D.	1		—
Dronfield U.D.	2		1
Clowne R.D.	3		—
Blackwell R.D.	8		2
Alfreton U.D.	3		2
Belper R.D.	3		5
Belper U.D.	1		2
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		1
Totals	104		50

DENTAL CARE OF EXPECTANT AND NURSING MOTHERS AND PRE-SCHOOL CHILDREN, 1962

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

“The number of mothers treated and the amount of treatment given has decreased somewhat since the National Health Service Act, 1961 enabled these patients to obtain all treatment, including the supply of dentures, free, from dentists practising in the National Health Service.

Another contributory factor was staff losses early in the year and replacements being made only towards the end of the year.

Of 47 cases inspected, 42 had defects and 40 received the necessary attention, the major items of treatment being fillings, extractions and gum treatments. Six full and six partial dentures were made and fitted.

The number of pre-school children inspected and the amount of treatment given has remained at a fairly constant level over the last few years and 1962 was no exception. Indeed there was a slight increase in spite of reduced staff and fewer treatment sessions.

There were 870 children inspected, of whom 525 had defects and of these 480 had treatment mainly on account of gross decay and toothache. Over 500 extractions were done and 270 general anaesthetics administered. There was a small amount of conservative treatment and numerous silver nitrate dressings applied to partly decayed teeth, which could not be successfully filled, in efforts to prolong the usefulness.

Children in the Authority's day nurseries and residential nurseries received routine inspections and the necessary attention.

Increased numbers of parents brought their children at an early age for advice and were encouraged to have regular six-monthly check-ups.

It was noted that many of these visits were the result of the dental Health Education work which has been in progress for a number of years. Mothers who were once patients themselves while at school bring their young families "just to be looked at". It is a welcome trend and well illustrated by the independent action and attitude of one such young mother who remarked that a neighbour, on learning that she was taking her toddler to the dentist for a check-up, commented that there was no point in that as he had no toothache. With the spread of this outlook, and should fluoridated water become available, with its beneficial effect on the teeth of the young, then a much brighter dental future is in store."

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, 1962, to 31st December, 1962	316
	Number of unmarried mothers	263
	Number of married mothers	44
	Number of widows	5
	Number of divorcees	1
2.	The number in which the mother and child :—	
	(a) returned to live with mother's parents	116
	(b) returned to live with relatives	11
	(c) found or were helped to find lodgings where they could live together (of these 40 went to Borrowash House Mother and Baby Home, 3 to the Firs, Bakewell, and 2 into lodgings)	45
	(d) living in their own homes	8
	(e) had to separate (i) the child going to the care of a foster mother	4
	(ii) the child going to a Residential Nursery	1

3.	The number of illegitimate children who had been or were being legally adopted	57
4.	The number of mothers who have married since the birth of the child	9
5.	The number of mothers who, with their babies, are living with the father of the child, though not married to him	55
6.	The number of illegitimate children who have died during the year	8
	Still-births	3

During the year under review 67 unmarried mothers, included in the total of 316, 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 the year under review the girls were contributing 46/0d. 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 7th January, 1963.**"

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

"There has been an increase in the number of births occurring in Derbyshire during the current year. The number of hospital beds available has remained the same and this has resulted in a slight increase in the proportion of domiciliary deliveries and a considerable increase in the number of patients discharged from hospital before the tenth day. In cases where early discharge after delivery is planned during the ante-natal period, the local midwife is informed so that she can see that all the necessary preparations are made at home. Early discharge is not always an ideal arrangement either for the patient or midwife. The liaison with hospital ante-natal clinics whereby the patient's ante-natal care may be shared, is on the whole satisfactory and saves the patient time and money in travelling long distances to hospital but it sometimes gives rise to difficulties in following up non-attenders at ante-natal clinics. The need for the Home Help Service continues to increase. There was a rise in the number of maternity cases served from 213 in 1961 to 262 in 1962. Unfortunately, mothers whose early discharge from hospital has been planned before the confinement are not eligible for a home confinement grant and are, therefore, sometimes unable to afford the services of a Home Help.

The attendances at the Day Nurseries have remained about the same. Mrs. Stanton took up duties as Matron at the Glossop Day Nursery in September following Mrs. Cooper's retirement. There appears to be an increasing demand for part-time Nurseries for children over the age of three. This may be due to the increasing traffic on the roads or to the lack of playing facilities. The demand is certainly greatest amongst parents with small families who are anxious for their children to have the opportunity to mix with other children before they reach school age.

There has again been an increase in the number of visits carried out by the Health Visitors. Amongst their many and varied duties, I think home visiting is the most important aspect of the Health Visitor's work. Thanks to the widespread use of Health Education at Clinics and through other sources, very few mothers are ignorant of the need for adequate nutrition, the importance of cleanliness and home safety etc. but it is only by visiting the homes that it is possible to assess how successfully the advice given is being implemented. Improving housing conditions should help to reduce the number of accidents in the home due to poor lighting, irregular floors and unsatisfactory cooking facilities etc. but in even the most modern houses there are frequently sources of danger of which the residents seem unaware. Hospitals notify the Authority of children who have been admitted following accidents in their homes and the Health Visitor visits the mother to advise her in the prevention of further mishaps. Some of the most time consuming and apparently least rewarding visits paid by the Health Visitor are to problem families. Unfortunately, parents tend to repeat the pattern of their own childhood when bringing up their families and this often results in problems being passed down from one generation to the next unless the children can be taught other standards.

The Child Welfare Centres continue to be well attended. Two new Centres were opened, at Coal Aston and Walton-on-Trent, during the year. There has been a considerable increase in the demand for immunisation since the introduction of the triple vaccine. The provision of disposable sterile syringes has been much appreciated by the medical staff, particularly those working in rented premises. It is most unusual to see an ill-nourished child at the Clinics but there is a tendency for mothers to adhere too conscientiously and for too long to strained proprietary foods and this does sometimes cause difficulty in persuading toddlers to take a normal mixed diet. It is disturbing to hear how often these toddlers are either bribed or rewarded by the offer of sweets.

79 children born in 1962 were placed on the Handicapped Children's Register. Most frequently occurring handicaps were those involving the Central Nervous System. The successful treatment of hydrocephalus has improved the prognosis of some of these cases but many of these children will, unfortunately, be permanently severely handicapped.

The Authority has assisted Dr. Alice Stewart of the Department of Social Medicine in Oxford, who is carrying out a survey of childhood malignancies. The parents of 37 cases and 37 appropriate controls were interviewed and the schedules completed and returned to the Research Headquarters in Oxford."

Dr. D. M. Jackson :—

"The general health of the babies attending the Infant Welfare Centres is, on the whole, extremely good and reflects the high standard of mothercraft in the County.

The toddlers and pre-school children are also fit and healthy but I very much doubt if they are altogether fulfilling the promise of their first year of life.

An average gain of weight of something under $3\frac{1}{2}$ lbs a year, from 1 to 4 years, is the rule and anything appreciably over that is undoubtedly exceptional and seen mainly in children whose parents are well above average height.

This gain may be considered adequate but does not show any advance on the development of well fed pre-war toddlers whereas up to one year the babies are now definitely bonnier and more advanced than those of 20 or 30 years ago.

Any common denominator is very difficult to elicit by way of explanation but I am fast coming to the conclusion that one of the main reasons for the slow gain in weight is small appetites for body building foods due to indiscriminate and constant sweet eating.

This possibility is borne out by the increase in tooth decay, reported on by the Dentist over the last few years and at the same time I should say that the incidence of acidosis is reduced, as might be expected with an increase of sugar and proportionate reduction of other foods including fat in the diet.

Attendance at Ante-natal Clinics are everywhere much reduced as it is now possible in nearly all cases for mothers to attend Clinics held by their own Doctors."

Dr. H. E. McNamara. :—

*"General Health and Nutrition of the Children :—*Except in a minority of cases, this is satisfactory.

*Cleanliness and Communicable Diseases :—*All but a few women attending the Ante-Natal and Infant Welfare Clinics, are clean.

A few babies are reported to have had Rubella, before the third month of life. A considerable number of women attending the Ante-Natal Clinics had influenza during pregnancy.

*Immunization Procedures :—*The introduction of triple antigen at the Infant Welfare Clinics has caused an increase in the number of mothers applying to have their children immunized. Once this has been completed, the mother is usually willing to accept advice about polio-myelitis vaccination.

The Role of the Medical Officer and Health Visitor in Health Education at Ante-Natal Clinics and Infant Welfare Centres. Health teaching is carried out by the Health Visitor and Medical Officer at the Infant Welfare Clinics. The amenities in some Infant Welfare Clinics are not very satisfactory for this purpose.

Methods used at Ante-Natal Clinics to follow non-attenders. :—Health Visitors are asked to visit those who have defaulted and the patient is notified to attend the following week. In most cases this method has been reasonably satisfactory.

Integration of Clinic Services with other aspects of the wider Health Service :—As regards the Ante-Natal Clinics, arrangements are satisfactory in most areas for liaison with Hospitals. The liaison with General Practitioners depends largely upon the individual.

The Incidence of Breast Feeding :—In the majority of cases, the baby has been weaned before it attends the Infant Welfare Clinic—usually for inadequate reasons.”

Dr. E. M. M. Murphy :—

“1. The General Health and nutrition of the children, including the level of mothercraft observed among the mothers attending Infant Welfare Centres, remains high.

2. *Cleanliness*—of babies, good; of some mothers at ante-natal clinics—leaves a lot to be desired.

3. *Communicable diseases*—I have not seen any during the year.

4. *Immunisation*—There continues to be a good response to the Triple Antigen and Polio Immunisation sessions. Not so many are anxious to have smallpox vaccination.

5. *The role of the Medical Officers and Health Visitor in Health Education at Ante-Natal Clinics and Infant Welfare Centres* continues to be important.

6. *Methods used at Ante-Natal Clinics to follow up non-attenders*—first I would like to state I get very few non-attenders—the mothers are excellent at coming each month. Usually there is some serious cause, like illness in the family, when a mother fails to keep an appointment. The Health Visitor in whose area the patient lives, calls to enquire why she did not attend—the patient's blood pressure is checked there and then and she is given another appointment.

7. There is a good liaison between hospitals, general practitioners and my clinics.

8. *The incidence of Breast Feeding*—I find the mothers very keen to breast feed—but most of them have to abandon it after 3-4 weeks—especially the mothers with several children.

9. I found 2 cases of Congenital Heart Disease during the year at the Infant Welfare Clinics—one baby was 6 months old—through her own doctor she was referred to the Children's Hospital at Derby.”

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 eight students from the County Day Nurseries completed a two-year course of training and all 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 purpose, 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 :—

		Net weekly earnings of parent and spouse (if any)			Charges per day		
		£	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
						10	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 3/0d. 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.

The annual routine inspections were carried out and the dental conditions found to be very satisfactory. Over 150 children were examined and of these it was necessary to arrange only for and provide treatment for 14. Several extractions had to be done, but the remainder of the defects were of a minor nature and treatment was by conservative measures.

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.

Matron's Reports.

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

Chaddesden Day Nursery.

"Number of children on the Register at 31st December, 1962	43
Number of children admitted during 1962	36
Number of children who have attended in 1962	59
Average number of children on the Register during 1962 ..	42
Average daily attendance—under 2 years	9
—2-5 years	23

There are 18 children on the waiting list, all in the 2-5 age group.

The attendance has been excellent, marked absence only during the Easter, August and Christmas holidays. The children have enjoyed excellent health. During the year there were only four cases of chicken pox, two in April—(brother and sister) and two in June (brothers).

The dentist visited twice during the year, five children received treatment at the dental clinic.

Children of unmarried mothers were admitted on application. Priority was also given to children of widows and separated parents. Several children of mothers who were not well enough to care for them were admitted for short periods. These cases were usually brought to my notice by the Health Visitors.

The interior and exterior decorating was completed during the summer and has been greatly admired and appreciated. The work was carried out with the minimum of discomfort to us all.

The bathrooms, staff room and office floors have been covered with linoleum tiles. This has added a feeling of comfort and warmth.

The white tiles layed on the stone slab in the larder have made cleaning easier and have a pleasing effect.

The new washing machine is proving very efficient and reduces the laundry bills to a few shillings monthly.

The Nursery equipment is in good order, repairs have been dealt with promptly by the Works Department.

The health of the staff has been good and I cannot speak too highly of the part they play in the running of the nursery.

Parents show great appreciation for the care and attention given to their children.

I wish to thank the Members of the County Health Committee for the keen interest they have taken in the welfare of the Nursery. Their visits have been enjoyed by all."

Whitfield Day Nursery, Glossop.

"Number of Children on the Register 31st December, 1962	36
Number of Children admitted during 1962	31
Number of Children who attended in 1962	54
Average number of Children on Register during 1962	30.3
Average daily attendance—under two years	9
—2-5 years	14

The attendance of the Children have been fairly regular, absence being due to illness or the schools being closed for holidays, when older sisters and brothers care for them. Over the year there appears to have been a steady increase in the number of children attending the nursery.

Priorities increased to eight in number (all unmarried mothers). The general health of the children has been good, two cases of Rubella occurring 20th November and the 1st December, one case of Measles on the 8th December, 1962.

New toys and educational equipment have been supplied and these help to give the children a busy, happy day.

The new floor covering to the nurseries, kitchen, toilets and corridor is a great improvement.

Changes in Staff :—

Mrs. Cooper, Matron for 10½ years retired at the end of August, 1962.

Mrs. Quantrill, part-time Nursery Assistant, commenced duties on March 1st, 1962.

Miss F. Fielding, Warden, commenced duties on October 22nd, 1962, which has been a great benefit to the Nursery.

Miss Greaves, Part-time nursery assistant for twenty years left on November 9th, 1962, to go and live with her sister in the south of England."

Station Road Day Nursery, Ilkeston.

"The past year has not been encouraging with regard to average attendances—these being approximately 7 for the under 2 year old children, and 11 for those over 2 years—a total average of 18. There is very little difference between 1961, on the remaining figures, which which are as follows :—

Number on register 31.12.62	..	..	..	..	35
Number admitted during 1962	..	..	..	..	40
Number discharged during 1962	..	..	..	..	35
Number who have attended in 1962	..	..	..	..	67
Average number on register in 1962	..	..	..	..	29

The drop in attendances seems to stem from shorter periods of stay in the nursery, and uneven attendances, i.e., some children have been away alternate weeks because the father has been short of work. Unemployment is, I feel, responsible for some lack of attendance, plus the usual reason of coughs and colds.

Admissions rose in the last three months of the year, due to Christmas overtime, and extra work in the shops—it remains to be seen whether this trend will continue.

The highest number of part-time children on the register in any one month has been four. Mothers have also availed themselves of this service of 5½ hours for 5s. 6d. on days when they too, have been short of work. This has reduced cost, when normally in full employment they would be on a maximum fee of 10s. 0d. per day.

One child who is attending part-time resides in Nottinghamshire and attends through arrangements made with the Nottinghamshire County Health Committee.

We have had two cases of Chicken-Pox and two of German Measles early in the year. But at the end of 1962, the nursery had its highest incidence of infection for a number of years, when thirteen children went down with Measles before 31st December, 1962.

Our equipment has been supplemented with several educational table toys; also a tricycle, and a dolls' pram, with both of which the children have had many happy hours of play.

During the year the gas boiler in the laundry has been replaced by a new model. The laundry itself has been put into good condition; the walls plastered, the roof insulated, and then re-decorated. The staff really appreciate this, and no longer mind the daily chore of washing napkins, etc. Painting to the outside, and parts of the inside of the nursery, have made a big difference to the cheerful aspect of the building. General maintenance has been carried out well by the Works Department.

One student sat her N.N.E.B. examination and was successful,—she left in August to work in a Premature Baby Unit. One other staff change has been that of a Nursery Assistant.

I would like to say how much I appreciate being allowed to attend the Annual Conference of the National Association of Nursery Matrons, held in Llandudno last April. These conferences provide stimulus and help one to keep up with all aspects of Child Care.

The visits from members of County Health Committee have been much appreciated, in what has been, in some ways a difficult twelve months."

Whitworth Road Day Nursery, Ilkeston.

"Number of children on register, 31st December,					
1962 ..	..	..	..	..	40
	Under 2 years	..	..	15	
	Over 2 years ..	..	..	25	
Number of children admitted during 1962 37					
	Total attended	..	..	..	77
<hr/>					
Average number of children on register 42					
	Under 2 years	..	..	13	
	Over 2 years ..	..	..	29	
Daily average attendance 29					
	Under 2 years	..	..	10	
	Over 2 years ..	..	..	19	
Children left during 1962 37					
	Under 2 years	..	..	11	
	Over 2 years ..	..	..	26	

A Nursery and bathroom were decorated and all ceilings cleaned and decorated.

The County Health Committee members continue to visit us and they are as always most interested in the well-being of children and staff.

Three students sat for the N.N.E.B. examination and were successful; all three have now left the Nursery. Our Nursery Assistant resigned in November and was replaced. A permanent cleaner was appointed in March. Owing to our numbers on the register now being at fifty and over, a pre-student of fifteen years was appointed in November."

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 nine 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 1962.

At the end of the year, thirty-five children from the County Councils' 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 Llandudno on 7th and 8th April, 1962, and the Matron of Station Road Day Nursery, Ilkeston, was allowed to attend. The Matron of Chaddesden Day Nursery attended a study day organised by the Royal College of Nursing in London on 10th October, 1962.

The Warden of Glossop Day Nursery, Miss Fielding, attended a Nursery Wardens' Qualifying Course organised by the City of Manchester Education Committee from 1st to 19th October, 1962.

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>						
	1956	1957	1958	1959	1960	1961	1962
County Midwives	71	72	70	68	74	78	82
Home Nurse Midwives	30	29	29	28	28	26	25

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 seventy-one Midwives out of a total eighty-two and twenty-five Home Nurse Midwives out of a total of twenty-five 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 1962 there were 190 Midwives on the County Roll; one was a Midwife in independent practice; eighty-two were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; eighty-two were County Council Midwives; and twenty-five 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 1956 to 1962.

	1956	1957	1958	1959	1960	1961	1962
Numbers of cases attended by Midwives employed by the Authority :							
(i) As Midwives	3,349	3,430	3,500	3,548	3,705	3,346	3,544
(ii) As Maternity Nurses	1,402	1,351	1,248	1,304	1,246	1,361	1,714
Total	4,751	4,781	4,748	4,852	4,951	4,707	5,258
Number of cases in which Gas and Air was administered	2,651	639	374	411	369	375	247
Number of cases in which Pethidine was administered :							
(i) When acting as a Midwife	1,693	1,954	1,927	1,989	2,198	1,954	1,972
(ii) When acting as a Maternity Nurse	704	795	707	781	754	857	1,042
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	2,879
(ii) When acting as a Maternity Nurse	130	755	791	929	893	1,097	1,382

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	108
Employed in Homes and Hospitals in the National Health Service	79
Employed in Nursing Homes or Maternity Homes not in the National Health Service.	—

The number of cases where gas and air analgesia was administered by Midwives in domiciliary practice during the year 1962 was 247.

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 during 1962 was 3,014.

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 4,261.

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.

HEALTH VISITING

(Section 24)

All the health visiting services in the administrative 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 1962, the establishment provided for the employment of 85 Health Visitors who also act as School Nurses.

The Health Visitor's duties are many and varied; in this County they include school nursing, attendance at maternal and child welfare, tuberculosis, poliomyelitis and vaccination 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.

The recruitment of Health Visitors has improved considerably, eleven have taken up duty, including four who completed their training in the year under review. One part-time and four full-time Health Visitors have resigned.

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 start work in their area. Many 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.

Ideally it would be nice if one Health Visitor was attached to each General Medical Practitioner. The Clerk of the Derbyshire Executive Council has provided the following numbers of single-handed practitioners and partnerships as at the 31st December, 1962 :—

	<i>Resident in the administrative County</i>	<i>Not Resident in the adminis- trative County</i>
Single-handed practices . .	60	76
Two-Doctor partnerships	48	54
Three-Doctor partnerships	30	18
Four-Doctor partnerships	8	9
Five-Doctor partnerships	5	3
Six-Doctor partnerships	—	1
	<hr/>	<hr/>
Number of Doctors . .	303	295
Total Number of Doctors	598	

It will be seen that there are almost 600 General Medical Practitioners who are providing services under Part IV of the National Health Service Act in the administrative County. At the end of 1962 the County Council had been able to employ only 69 Health Visitors in the field. It is apparent that it is impracticable to attach one Health Visitor to each General Practitioner. The matter has been discussed with the Derbyshire Local Medical Committee who have agreed to support in principle the policy of attaching Health Visitors, District Nurses and Midwives, to general practices, but they agreed that at the present time this is not a practical policy.

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 the minimum of the Health Visitor's salary during the training period. A further important condition is that, if required, the candidate will remain on the staff of the County Council for at least two years after the completion of training. A formal agreement is drawn up between the nurse and the Authority to ensure the necessary financial safeguards, in view of the Authority's expenditure in providing for the nurse's training.

Two students commenced training in October. In all, 27 Health Visitors have been trained under this scheme since 1949, and of these only three 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 73 and 74, 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 .. .. .	..	..	..	..	..	1,233
	New Cases .. .. .	..	..	..	..	..	2,065
	Ante-Natal attendances .. .. .	..	..	..	..	..	9,787
	Post-Natal attendances .. .. .	..	..	..	..	..	316
2.	Visits to Homes—						
	Number of children under five years of age visited during year .. .. .	..	..	..	..	..	44,924
	Expectant mothers:—						
	First visits .. .. .	..	..	..	..	..	2,190
	Total visits .. .. .	..	..	..	..	..	3,080
	Children under one year of age:—						
	First visits .. .. .	..	..	..	..	..	12,643
	Total visits .. .. .	..	..	..	..	..	40,644
	Children age one year and under two years:—						
	Total visits .. .. .	..	..	..	..	..	17,086
	Children age two but under five years:—						
	Total visits .. .. .	..	..	..	..	..	29,016
	Tuberculosis Households:—						
	Total visits .. .. .	..	..	..	..	..	1,482
	Other cases:—						
	Total visits .. .. .	..	..	..	..	..	6,809
	Total number of families or households visited by Health Visitors .. .. .	..	..	..	..	..	36,388
3.	Infant Welfare Centres:—						
	Number of sessions .. .. .	..	..	..	..	..	4,791
	Number of new cases:—						
	Under one year of age .. .. .	..	..	..	..	..	10,209
	Number of children who attended during the year and who were born in:—						
	1962 .. .. .	..	..	..	..	..	9,041
	1961 .. .. .	..	..	..	..	..	7,236
	1960-57 .. .. .	..	..	..	..	..	5,446
	Total number of children who attended during the year .. .. .	..	..	..	..	..	21,723
	Number of attendances made by children who, at the date of attendance were:—						
	Under one year .. .. .	..	..	..	..	..	131,323
	One but under two .. .. .	..	..	..	..	..	25,302
	Two but under five .. .. .	..	..	..	..	..	13,631
	Total attendances during the year .. .. .	..	..	..	..	..	170,256

NUMBER OF NOTIFIED BIRTHS :		1955	1956	1957	1958	1959	1960	1961	1962	
Live Births	10,130	10,769	10,946	10,991	12,532	12,908	12,975	13,954
Still Births	221	250	274	298	281	291	281	289
Total Births	10,351	11,019	11,220	11,289	12,813	13,199	13,256	14,243

DOMICILIARY MIDWIFERY :

L.H.A. Midwives—Number of cases attended :

as Midwives	..	..	3,039	3,349	3,430	3,500	3,548	3,705	3,346	3,544
as Maternity Nurses..	..	..	1,352	1,402	1,351	1,248	1,304	1,246	1,361	1,714
Total	..	..	4,391	4,751	4,781	4,748	4,852	4,951	4,707	5,258

Midwives in private practice, number of cases attended :

as Midwives	..	..	1	2	—	—	—	—	—	—
as Maternity Nurses..	..	..	16	3	5	—	—	—	—	—
Total	..	..	17	5	5	—	—	—	—	—
Domiciliary Cases—Grand Total	..	..	4,408	4,756	4,786	4,728	4,852	4,951	4,707	5,258

	1955	1956	1957	1958	1959	1960	1961	1962
Number of Domiciliary Cases attended as a percentage of all notified births	42.4	43.16	42.66	42.05	37.79	37.51	35.5	36.91

ANALGESIA.

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

Number of cases of Analgesia as a percentage of domiciliary births	2,611	3,104	3,631	3,642	4,073	4,239	4,090	4,508
	59.46	65.3	75.86	76.7	83.94	85.61	84.77	85.73

ANTE-NATAL CLINICS.

Number of L.H.A. Clinics

Number of new cases attending during the year

Number of new ante-natal cases as a percentage of all notified births

Number of L.H.A. Clinics	23	23	24	24	24	25	25	25
Number of new cases attending during the year	3,777	3,837	3,349	3,149	2,924	2,732	2,229	2,065
Number of new ante-natal cases as a percentage of all notified births	36.5	34.8	29.85	27.89	24.38	20.69	16.8	14.49

POST-NATAL CLINICS :

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

Number of new post-natal cases as a percentage of all notified births

Number of cases attending during the year (including post-natal cases at Ante-natal Clinics)	514	559	506	485	473	470	399	308
Number of new post-natal cases as a percentage of all notified births	4.97	5.07	4.51	4.29	3.69	3.56	3.09	2.06

INFANT WELFARE CENTRES :

Number of L.H.A. Centres

Number of Voluntary Centres

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

Number of first attendances of children under one year of age at I.W.Cs. as a percentage of notified live births

Number of L.H.A. Centres	86	88	92	95	97	98	101	103
Number of Voluntary Centres	3	2	2	2	2	2	2	3
Number of children who first attended an Infant Welfare Centre during the year (under one year)	6,245	6,663	7,069	7,294	9,108	9,205	9,589	10,451
Number of first attendances of children under one year of age at I.W.Cs. as a percentage of notified live births	60.3	61.87	63.00	66.36	72.67	71.31	72.34	73.37

HOME NURSING SERVICE

(Section 25)

This service has now been in operation for fourteen 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 gives some indication of the staffing position since the inception of the service.

	1948	1949	1950	1955	1960	1961	1962
Full-time—							
Home Nurse-Midwives	44	43	38	30	28	26	25
Home Nurses ..	81	91	104	108	113	115	127
Total	125	134	142	138	141	141	152
Part-time	2	—	2	—	1	—	—
TOTAL full-time and part-time	127	134	144	138	142	141	152

During 1962 the nurses attended 13,824 patients and the number of visits paid was 373,047; 42% of the patients attended were over sixty-five years of age at the time of the first visit, and 2% were under five years of age.

Of all the patients visited 24% 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 144 out of 152 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 sixth 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)

During the year under review, the Ministry of Health issued Circular 17/62 to County and County Borough Councils enclosing the text of a speech made by the Minister of Health on 18th July, 1962, at the Annual Luncheon of the Council of the Royal Society for the Promotion of Health. The Minister asked that every Local Health Authority should make it their business to be sure that with the collaboration of the local doctors, they had arrangements planned which would raise the standards of immunity in their respective areas to a level with the best in the country and be kept there.

At the present time immunisation or vaccination under Section 26 of the National Health Service Act is available against the following diseases : diphtheria; poliomyelitis; smallpox; tetanus and whooping cough.

This prophylactic treatment is available at all the County Council's Clinics, and, of course, if the patients desire it, they can be immunised by their own general medical practitioners, to whom the County Council makes available the appropriate antigens.

Much time is taken up by the Health Department's Officers in giving "Health Education", and, naturally, parents are also influenced by national publicity given in the Press and on the radio and television.

During 1962 our Health Education programme included two separate campaigns on immunisation in May and October. Special posters were printed for display, including one on oral poliomyelitis vaccination which the Health Visitors found particularly useful and leaflets were distributed and relevant films were shown. Exhibitions were arranged at our Clinics in Derby, Long Eaton and Ripley and many Health Visitors organised displays at smaller clinics. An attractive exhibition was staged in the display window and in the Clinic at Derby for the inaugural meeting of the Institute of Health Education which was held at that Clinic. Naturally the subject of immunisation will not be overlooked in our forthcoming Health Education programmes.

From time to time meetings are arranged which are attended by most of the County Council's medical staff and over a period of several years, various aspects of immunisation programmes have been discussed at every meeting.

The Minister referred to "collaboration with the local doctors". We have always appreciated the importance of this aspect of the matter in this County. As mentioned above, patients, if they desire it, may be immunised by their own doctors, to whom the Council makes available the appropriate antigens. On a previous occasion, arrangements were made to write to all the general medical practitioners practising in the County over the signatures of the Chairman and the Secretary of the Derbyshire Local Medical Committee and the County Medical Officer of Health, in relation to the need to improve the rate of vaccination against smallpox. It was felt that it might be helpful to follow a similar procedure on this occasion and the following is a copy of a letter which has been sent to all the general practitioners practising in Derbyshire on 13th February, 1963, over the signatures of the same Officers :—

"Dear Doctor,

VACCINATIONS AND IMMUNISATIONS

At the meeting of the Derbyshire Local Medical Committee held on 7th February, 1963, the County Medical Officer of Health drew the attention of the Committee to a request that has been made by the Minister of Health that, with the collaboration of the local Doctors, every endeavour be made to raise the standards of immunity against all the diseases against which protection is available under the national scheme—at present, diphtheria, poliomyelitis, smallpox, tetanus and whooping cough.

Speaking at the annual lunch of the Royal Society for the Promotion of Health in London on 18th July last, the Minister commented that "Whenever there is a local outbreak of one of these diseases, we see reports and pictures in the papers of queues of people forming up in a panic to get themselves or their children protected. These queues are the evidence of responsibilities neglected. They are unfair to doctors, unfair to health authorities, unfair to those responsible for the supply of vaccines, unfair above all to the victims for whom it is already too late when the queue starts to form."

Smallpox. Referring to smallpox, the Minister mentioned that at the end of 1961 the acceptance rate for vaccination of infants against smallpox varied in different parts of the country from 100% to 1%! You may recall that we wrote to you about smallpox vaccination on 6th January, 1955 seeking your co-operation in improving the acceptance rate in Derbyshire. At that time the percentage vaccinated was 5.4. At the end of 1961, the comparable figure had risen to 9%. You will have received from the Executive Council a copy of the Ministry of Health's Circular M.L. 10/62 concerning the present policy as regards routine vaccination against smallpox. It is felt that the patient's own Doctor, if he took a particular interest in this matter, might be able to improve on the above figure, bearing in mind that the average for England and Wales in 1961 was 40%, and that the Isles of Scilly have actually achieved 100%.

Whooping Cough and Diphtheria. The Minister commented that for whooping cough the range of percentages of children immunised under 2 was from 11% to 93%, (Derbyshire in 1961 was 43%). For diphtheria immunisation the range was from 39% to 90% in different parts of the country for children under 5. (Derbyshire was 62%).

Poliomyelitis. The Minister remarked that "Perhaps the picture for poliomyelitis . . . is more encouraging, doubtless because the pressure both of fear and of consciously directed effort have been stronger and more recent. In a dozen counties and county boroughs a standard of over 90% immunisation of children and young people up to the age of 18 has been achieved already." (Derbyshire was 77%).

Planned Programme Needed. The Minister said that what is needed is a comprehensive and planned programme of immunisation and vaccination. He said "it must be planned in the sense that the immunisations should be given in the manner and order that will afford the greatest possible measure of immunity against each disease when the risk of exposure is greatest; that will involve the least risk of harmful reactions and complications; and that will reduce to the minimum the number of separate inoculations and, therefore, of visits to the doctor or clinic." He referred to the two suggested schedules of immunisation which had already been published for the guidance of general practitioners and the medical staff of local health authorities on the advice of the Standing Medical Advisory Committee (Schedules P and Q).

The Local Medical Committee gave their approval to this letter being sent by the undersigned to all Doctors practising in the Administrative County, seeking their help in raising the standards of immunity to a level with the best in the country."

Poliomyelitis.

During 1962 no fundamentally different methods of immunisation became available, with the exception of "oral" poliomyelitis vaccine ("Sabin" vaccine), to which reference was made in my Annual Report for 1961. I would refer particularly to page 96 and subsequent pages where the Ministry of Health circular 3/62 received in February, 1962, was discussed and set out in full. It is sufficient at this point to state that during the year under review, 8,091 persons received a complete course of three doses of oral vaccine, 17,615 persons received third doses of oral vaccine after two injections of "Salk", and 12,834 children received fourth doses of oral after three injections of Salk vaccine, making a total of 38,540 persons.

During the year 10,780 patients received two injections of "Salk" vaccine, 18,068 received their third injection and 5,541 children received their fourth injection. This was a considerable decrease on the figures for 1961, which is accounted for by the backlog of demand having been dealt with, and also the impact of a large number of requests for vaccination against smallpox during 1962.

It must be remembered that the Joint Committee on Poliomyelitis Vaccine in a statement made to Parliament stated that the oral vaccine may be used both safely and effectively for primary vaccination, but that as long as Salk is available, it should also be provided for primary vaccination if the doctor prefers it. Both types of vaccine are available and supplied under the arrangements in force under the County Council's Scheme for vaccination for persons in the suitable age groups and considerable use has been made of both types of vaccine.

The Ministry of Health have indicated that 78% of Derbyshire persons under 20 years of age have been vaccinated at some time with either "Salk" or "oral" vaccine.

Diphtheria.

There were no cases of diphtheria during 1962, but it should be remembered that 1961 was notable in that two cases occurred after five years in succession without a case occurring. This, of course, emphasises the need for continued watchfulness with regard to the prevention of this disease. The Table below shows the number of cases given primary and booster doses from 1953 to 1962 :—

<i>Immunisation against Diphtheria.</i>		
<i>Year</i>	<i>Primary</i>	<i>Booster</i>
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
1962.. ..	9,891	3,794

The Ministry of Health have estimated that in this County 79% of the children born in 1961 have been immunised, and 46% of those aged 0—14 years are estimated to have been immunised at some time during the years 1958-62.

Smallpox.

No cases occurred in the County during 1962, but there were widely publicised epidemics elsewhere which are reflected in the large number of persons coming forward for vaccination and re-vaccination during 1962. The following Table shows the number of vaccinations for the last ten years :—

<i>Vaccination against Smallpox</i>		
<i>Year</i>	<i>Vaccination</i>	<i>Re-vaccination</i>
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
1962 ..	50,973	22,728

The following is a copy of the Annual Return for the year ended 31st December, 1962, which was submitted to the Ministry of Health, relating to the vaccination position.

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	1,415	3,931	5,526	16,624	23,477	50,973
Number Re-Vaccinated	24	32	207	3,511	18,954	22,728

II. NUMBER OF CASES SPECIALLY REPORTED DURING PERIOD.

One person died of post-vaccinal encephalomyelitis.

In recent years controversy has arisen as to the desirability of early vaccination and whether this is an essential weapon in combating the disease. The only advice I can give is that I would recommend that every child be vaccinated before the age of two years as at that period complications are less serious than in adolescence and adult life.

According to information provided by the Ministry of Health, the number of Derbyshire children under 2 years of age vaccinated during 1962, based on the number of live births during 1961, was 41%.

Whooping Cough.

The following Table is given in the form in which it is sent to the Ministry of Health and shows the number of children who have been given this form of immunisation in 1962 :—

<i>Year of birth</i>	<i>Number of children</i>
1962	2,833
1961	4,703
1960	538
1959	149
1958	74
1953-1957 ..	180
1948-1952 ..	54
<i>Total</i> ..	8,531

Only twenty-five cases of whooping cough were notified during the year, and there were no deaths from the disease. This may be compared with the previous year, when there were 308 notifications and two deaths.

The Ministry of Health have intimated that 55% of the children born in Derbyshire during 1961 have been immunised against whooping cough.

Tetanus.

Tetanus antigen has been available for active immunisation against this disease for use by General Medical Practitioners and the Medical Officers of my Department for a number of years and 9,155 immunisations were recorded during 1962. Interest has been roused during the

last twelve months in immunisation against tetanus because it has been realised that when a person suffers an injury requiring the injection of anti-tetanic serum, usually at a hospital, it is desirable to follow this up with a course of active immunisation because it is now understood that after an initial dose of anti-tetanic serum, subsequent doses of serum are less effective. Anti-tetanic serum is horse serum from animals which have been actively immunised against the disease and its action, whilst immediate, is of short duration. However, the human body rejects in part subsequent injections of this type of protection and it is, therefore, all the more desirable that active immunisation with tetanus toxoid should be energetically pursued. In the last few months it has become possible for hospitals to give both anti-tetanic serum and tetanus toxoid at the same time and it is suggested that this is the ideal arrangement. There is, of course, nothing to prevent hospitals themselves arranging for casualties to make a subsequent visit after a six weeks interval and then for the necessary second dose of toxoid to be given to complete the primary immunisation course, which is re-inforced by a third dose 6 to 12 months later.

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

In my report for 1961, I devoted some five-and-a-half pages to discussing B.C.G., which has now become an established practice. Briefly, there are two schemes for vaccination against tuberculosis : first, the contact scheme which is carried out by Chest Physicians through the Chest Clinics; and secondly the routine vaccination of school children between their 13th and 14th birthdays (subject to parental consent). Details of the work carried out under the two schemes are given below :—

CONTACT SCHEME

<i>Number vaccinated</i>				<i>Number vaccinated</i>			
1953	..	..	269	1958	..	..	694
1954	..	..	379	1959	..	..	586
1955	..	..	387	1960	..	..	444
1956	..	..	339	1961	..	..	652
1957	..	..	530	1962	..	..	480

Schoolchildren

<i>Year</i>	<i>No. of schools 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>
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
1962	79	7,983	6,288	1,606	4,561	4,418

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
1962	2	56	37	16	21	21

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 188 persons were vaccinated against yellow fever and provided with International Certificates.

AMBULANCE SERVICE**(Section 27)***Structure and Organisation.*

During the year the Administrative County continued to be served by a wholly directly operated service 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. The day stations are manned from 8 a.m. to 7 p.m. daily, with the exception of Glossop, which is manned from 7 a.m. to 7 p.m.

Whilst there was no actual change in the structure and organisation of the Service, the Council, pursuing their policy of progressive development, agreed in principle :—

- (i) to extend the hours of manning of day stations until midnight daily; and
- (ii) subject to the approval of the Ministry of Health, to close the Heanor Station which is only approximately four miles respectively from the Ripley and Ilkeston Ambulance Stations, the former being a main control manned at all times and the latter a day station. After the necessary consultations have taken place and approval has been obtained it is proposed that this policy be implemented as and when provision can be made in the annual estimates to meet the extra cost.

The Superintendents of the 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		Park Avenue, Ashbourne.
Ilkeston ..	Ilkeston 3401		Manners Avenue, Ilkeston.
Long Eaton ..	Long Eaton 5151		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	At all times		Ashgate, Chesterfield.
Sub-Station **Eckington ..	Chesterfield 6282		Castle 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 arrangements 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 a specially trained attendant 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 only one Training Centre in the County, namely, the one at Matlock : all mileage undertaken in this connection was charged to the Mental Health Service.

Conveyance of Patients by Rail.

During the year 239 journeys were undertaken by this form of transport compared with 255 in 1961. The advantages of ambulance/rail/ambulance transport, particularly for long distance journeys, are well recognised within the Service and every effort is made to ensure that doctors and hospital staffs responsible for requisitioning ambulance transport are familiar with this method. The introduction by British Railways of the Diesel Rail Car, which is unsuitable for the conveyance of stretcher cases, has increased to some degree the administrative work involved in dealing with certain rail journeys due to the necessity for the re-routing of stretcher cases and adjustments of timings; it was not found necessary, however, during the year to cancel any ambulance/rail/ambulance journeys due to the introduction of the Diesel Rail Car. The excellent services rendered by members of the Local Divisions of the British Red Cross and St. John Ambulance Brigade, who acted as escorts, sometimes at comparatively short notice, cannot be overstressed and the Railway Undertaking was again most co-operative in connection with reservations for patients.

Infectious Diseases.

As in previous years, no ambulances were set aside specifically for the transportation of infectious cases, such patients being conveyed by the general Ambulance Service. All personnel are familiar with the procedure for dealing with such patients and Station Superintendents have been instructed in the disinfection of vehicles, bedding and equipment. In connection with the transportation of patients suffering, or suspected to be suffering, from smallpox, special equipment is held at each of the main stations to deal with any cases which might arise.

All ambulance personnel under the conditions of appointment are required to agree to vaccination against smallpox at such intervals as may be determined by the County Medical Officer of Health and the following table shows the number of ambulance personnel vaccinated during the past five years, in accordance with the policy instituted in 1951 for this to be carried out biennially :—

<i>Year</i>	<i>Smallpox Vaccinations</i>		
1958	94
1959	101
1960	116
1961	97
1962	128

Major Accidents.

The procedure for dealing with major accidents is reviewed from time to time and amended instructions issued due to changed circumstances either within the Police, Fire and Ambulance Services or the Hospital Organisation, as well as in the light of experiences reported on major incidents in other parts of the country; the latest revised instruction was issued on the 17th April, 1961.

Telecommunications.

Seven mobile radio-telephony units were ordered during the year although delivery was not effected by the 31st December, 1962; three aerials, leads and cradles, to fit new ambulances to take existing sets already in commission, were ordered during the year, but again, were not delivered by the 31st December, 1962. 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, 1962 :—

<i>Controlling Base Station</i>	<i>Sub-Station</i>	<i>Number of Mobile Equipments</i>
Buxton .. ..	.. ..	9
	<i>Bakewell</i> ..	4
	<i>Glossop</i> ..	3
	<i>New Mills</i> ..	4
Chesterfield .. ..	.. ..	11
	<i>Eckington</i> ..	10
Mickleover .. ..	.. ..	11
	<i>Ashbourne</i> ..	2
	<i>Ilkeston</i> ..	3
	<i>Long Eaton</i> ..	3
	<i>Swadlincote</i> ..	4
Ripley .. ..	.. ..	11
	<i>Heanor</i> ..	2
	<i>Matlock</i> ..	5
Total ..		82

Premises.

In June, 1962 work started on building a new Ambulance Sub-Station at Ashbourne, comprising garage accommodation for six vehicles and a two-storey administrative block. The building is of C.L.A.S.P. construction supported on driven concrete piles on account of the nature of the site. This new ambulance station was occupied on the 1st May, 1963.

Personnel.

(a) *Training.* The County Health Committee considered that it would be an advantage for all operational ambulance personnel, having regard to the nature of their work, to receive some special instruction (outside the scope of the normal first aid certificate training), including recent advances which have taken place in the treatment of casualties. Arrangements were accordingly made with the Senior Casualty Officers at the Derbyshire Royal Infirmary, Derby, and the Royal Hospital, Chesterfield, to give a short course of lectures to ambulance personnel stationed in the southern and northern halves of the County respectively.

In the autumn of the year under review, arrangements were made for all ambulance personnel to receive training in the general and functional subjects relating to the Civil Defence Ambulance and First Aid Section. This took the form of a series of three-day courses running simultaneously in the north and the south of the County; the courses which have extended into 1963, are attended by approximately ten of the personnel at a time.

(b) *Safe Driving Awards.* The following table shows the results of the 1962 competition of the Royal Society for the Prevention of Accidents, together with those of the previous five years :—

Year	Entered	Not Eligible	Disqualified	Diploma	5 Year Medal	Bar to 5 Year Medal	10 Year Medal	Bar to 10 Year Medal	15 Year Brooch	Bar to 15 Year Brooch	20 Year Brooch	Bar to 20 Year Brooch	Exemptions
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
1962	215	6	34	88	14	41	3	17	—	2	—	2	9

The total number of accidents in which Ambulance Service vehicles were involved during the year was 161 compared with 140 for 1961 (i.e., an increase of 15%). 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 to preserve the condition of the vehicles.

Establishment.

The following table shows the authorised establishment of ambulance personnel as at the 31st December, 1962 :—

<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) six Bedford/Lomas ambulances (2/4 stretcher type) on the "J" 1 type chassis;
- (b) four Bedford/Lomas light ambulances on the "C.A." type chassis (for sitting cases); and
- (c) two Vauxhall Velox cars.

Nine ambulances ordered in 1961 were delivered in 1962; one ambulance ordered in 1962 was delivered in the same year; seven ambulances were passed out of service : this resulting in a temporary increase in the net strength of the fleet of three ambulances by the 31st December, 1962.

The following vehicles were operational on the 31st December, 1962 :—

<i>Location</i>	<i>Number of Ambulances</i>	<i>Number of Light Ambulances</i>	<i>Number of Cars</i>
Ashbourne	3	1	—
Bakewell	3	1	1
Buxton	5	3	1
Chesterfield	7	3	—
Eckington	7	3	1
Glossop	2	1	1
Heanor	2	—	1
Ilkeston	3	1	—
Long Eaton	2	1	1
Matlock	3	2	—
Mickleover	7	3	1
New Mills	3	1	—
Ripley	8	2	1
Swadlincote	3	1	1
Pool	4	—	—
Totals	62	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	1958			1959			1960			1961			1962		
	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients	Average Daily Mileage Patients	Average Miles per Patient	Average Daily Mileage Patients
January ..	4,431	572	7.7	4,645	610	7.6	4,322	567	7.6	4,861	642	7.6	5,053	665	7.6
February	4,043	523	7.7	4,616	588	7.8	4,612	617	7.5	4,943	640	7.7	5,131	687	7.5
March ..	4,366	599	7.8	4,216	530	7.9	4,801	640	7.5	4,804	672	7.1	5,058	671	7.5
April ..	4,361	554	7.9	4,726	598	7.9	4,402	577	7.6	4,672	634	7.4	4,922	649	7.6
May ..	4,359	565	7.7	4,463	560	7.9	5,024	666	7.5	5,119	687	7.5	5,261	718	7.3
June ..	4,356	559	7.8	4,680	598	7.8	4,798	640	7.5	5,178	698	7.4	4,859	629	7.7
July ..	4,347	574	7.6	4,602	600	7.7	4,812	636	7.6	4,869	640	7.6	4,978	637	7.9
August ..	4,146	528	7.8	3,961	498	7.9	4,766	625	7.6	4,836	619	7.8	4,820	616	7.8
September	4,475	579	7.7	4,467	581	7.7	4,875	653	7.4	4,920	637	7.7	4,966	634	7.8
October ..	4,515	587	7.6	4,660	598	7.8	4,805	641	7.5	4,855	626	7.7	5,189	683	7.6
November	4,370	549	7.9	4,430	578	7.6	5,123	704	7.3	5,009	659	7.6	5,203	689	7.6
December	4,233	555	7.6	4,227	552	7.6	4,661	606	7.7	4,487	570	7.9	4,458	579	7.7
Averages for the year	4,333	562	7.8	4,474	574	7.8	4,750	631	7.5	4,879	644	7.6	4,991	655	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
1962												
January ..	5	1,071	10,049	44	5,160	45,021	745	14,389	101,564	794	20,620	156,634
February ..	16	1,482	12,879	38	4,301	36,471	756	13,457	94,309	810	19,240	143,659
March ..	13	1,411	12,909	36	4,742	39,901	716	14,645	103,996	765	20,798	156,806
April ..	10	1,149	10,546	38	5,043	42,723	760	13,287	94,392	808	19,479	147,661
May ..	11	1,484	13,492	36	5,151	43,168	752	15,619	106,444	799	22,254	163,104
June ..	8	1,378	12,282	30	4,162	36,031	755	13,343	97,471	793	18,883	145,784
July ..	8	1,478	13,326	35	4,316	38,447	828	13,951	102,541	871	19,745	154,314
August ..	4	1,113	10,787	39	4,386	39,316	753	13,596	99,332	796	19,095	149,435
September ..	8	1,292	11,666	29	3,959	35,210	777	13,779	102,105	814	19,030	148,981
October ..	9	1,433	13,471	37	4,876	40,124	764	14,872	107,279	810	21,181	160,874
November ..	8	1,676	15,343	14	4,278	35,455	638	14,708	105,289	660	20,662	156,087
December ..	5	1,138	11,249	20	3,830	32,560	623	12,993	94,383	648	17,961	138,192
	105	16,105	147,999	396	54,204	464,427	8,867	168,639	1,209,105	9,368	238,948	1,821,531

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

The Services provided under Section 28 are now well established. They consist mainly of dealing with the prevention of illness, and the Care and After-Care of persons suffering from illness or mental defectiveness. They deal especially with blind persons, and with the provision of sick room equipment and special facilities, such as, hospital type bedsteads, sponge rubber mattresses and wheelchairs. 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 welfare of the blind and partially sighted is, of course, controlled by the County Welfare Committee, but all applicants for registration have to be medically examined by an approved Ophthalmic Specialist and these applicants are dealt with by my Department. During the year 258 forms of report were received in respect of new applicants for registration. Of this number 226 were registered as blind or partially sighted, and 32 were certified as not blind or partially sighted.

Cataract, Glaucoma and Retrolental Fibroplasia.

The following Table indicates the incidence of Cataract and Glaucoma in various age groups from 1953 to 1962 inclusive:—

		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
	1962	3	2	4	65	74
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
	1962	—	1	5	21	27

Particular reference has always been made to these three conditions. Cataract and Glaucoma are of increasing importance because they are conditions which are found more frequently in the elderly, and as people are living longer a higher proportion are at risk. Retrolental Fibroplasia has apparently disappeared as suddenly as it arose some years ago. Six cases occurred up to 1960, one in 1961 and none in the year under review.

Chiropody.

The Ministry in requesting Authorities to give consideration to the Medical Officer's Annual Report for 1962, have asked that details should be given with regard to progress in the provision of a Chiropody Service. In my report for 1960, I wrote five pages on the establishment of the Chiropody Service in Derbyshire, and last year this was considerably reduced because the general principles had become established. Mention was made, however, of the basic County Council's rules and a list of the various Clinics and the times at which they are open.

The curtailment on the expansion of the Chiropody Service has so far been caused by the limited availability of staff. Under the Professions Supplementary to Medicine Act, 1960, a Chiropodists' Board has now been set up and the Board is ready to receive applications for registration which should be submitted on or before 30th June, 1963. Subsequently, the Board will issue a register and it is expected that many more Chiropodists will be then eligible to work in Local Authority Clinics, who are at present barred by the application of the National Health Service (Medical Auxiliaries) Regulations, 1954.

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 1962

	<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	2,643	11,392	57	146	2	4	1,959
Domiciliary Treatment	266	959	13	20	—	—	—

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>Chiropodist</i>
ASHBOURNE St. Oswald's Hospital ..	1st and 3rd Monday— 9.30 a.m. to 12.30 p.m.	T. E. Martin, M.Ch.S.
*BELPER Field Lane ..	Monday— 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. Alternate Wednesday— 1.30 p.m. to 4.30 p.m.	Mrs. M. D. Bewley, M.Ch.S.
BOLSOVER Welbeck Road ..	Thursday— 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>Chiropodist</i>
BUXTON Bath Road ..	Mondays to Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.0 a.m. to 12 noon	Miss B. M. H. Wyse. M.Ch.S.
*CHADDESSEN Maine Drive ..	Monday 1st, 3rd and 5th— 9.30 a.m. to 12.30 p.m. Saturday 2nd and 4th— 9.30 a.m. to 12.30 p.m.	Mrs. A. E. Greatorex, M.Ch.S.
CHAPEL-en-le- FRITH Eccles Road ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	S. Fletcher, M.Ch.S.
CHESTERFIELD Brimington Road	Tuesday— 10.30 a.m. to 1.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	G. Carter, M.Ch.S. J. B. Hewitt, M.Ch.S.
CHINLEY Lower Lane ..	Friday— 9.30 a.m. to 12.30 p.m.	S. Fletcher, M.Ch.S.
CLOWNE Creswell Road ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m.	J. B. Hewitt, M.Ch.S. Miss J. Wright, M.Ch.S.
*DERBY Cathedral Road	Friday— 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. Greatorex, M. Ch. S.
ECKINGTON Gosber Street ..	Saturday— 9.30 a.m. to 12.30 p.m.	J. B. Hewitt, M.Ch.S.
GLOSSOP George Street ..	Monday— 10.0 a.m. to 1.0 p.m. Wednesday— 9.0 a.m. to 12 noon	K. Horrox, M.Ch.S.
*HEANOR Wilmot Street ..	Tuesday— 1.30 p.m. to 4.30 p.m.	C. A. Bewley, M.Ch.S.
*ILKESTON Albert Street ..	Monday— 9.30 a.m. to 12.30 p.m.	C. A. Bewley, M.Ch.S.
*LONG EATON 4 Nottingham Rd.	Alternate Monday— 9.30 a.m. to 12.30 p.m.	Q. J. Beattie, M.Ch.S.
*MATLOCK Causeway Lane ..	Tuesday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	D. Nolan, M.Ch.S.

<i>Clinic</i>	<i>Times of Opening</i>	<i>Chiropodist</i>
NEW MILLS High Lea Hall ..	Tuesday— 9.0 a.m. to 12 noon 1.30 p.m. to 4.30 p.m. Wednesday— 9.0 a.m. to 12 noon	Miss I. Greenhalgh, M.Ch.S.
*RIPLEY Derby Road ..	2nd and 4th Monday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mrs. A. E. Greatorax
STAVELEY Lime Avenue ..	Wednesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m.	J. B. Hewitt, M.Ch.S.
*SHIREBROOK Cliffe House, Church Drive. ..	Thursday— 2.0 p.m. to 5.0 p.m.	A. Ward, M.Ch.S.
SWADLINCOTE Civic Centre, off Midland Road	Wednesday— 9.0 a.m. to 12 noon Friday— 9.0 a.m. to 12 noon	Mrs. M. K. Archer,

* Service commenced during 1962.

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, 1962 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

I have received the following report from Dr. Julia M. D. Corrigan on the activities in Health Education during the year :—

“The programme of Health Education has continued to expand throughout the year. The same pattern was followed as in previous years, of having a subject specially for each month. This was backed by posters, leaflets, films and filmstrips.

Each of the County Council's main clinics has its own filmstrip projector and set of filmstrips for the Relaxation and Mothercraft Classes. In all there are over a hundred filmstrips kept in the clinics for the classes. As well as these, we have a library of 261 other filmstrips which are available on request. During the year there were 321 requests for loan of these filmstrips. Eight “Bell and Howell” sound film projectors are based at the following clinics :—Glossop, Buxton, Derby, Clay Cross, Clowne, Eckington, Swadlincote and Ilkeston, for use of County Health staff, and Home Safety Committees. We now own twenty-eight films, and nine others are held on long-term loan. It is hoped to purchase films for use at the Relaxation and Mothercraft classes and to be kept with each projector, during next year. We received 472 requests during the year for loan of our sound films. Films on other subjects are obtained from the large film libraries, when required.

There are thirteen exhibitions available for display at clinics, etc., and these have proved very useful, although many Health Visitors now make their own displays. Exhibitions which can be seen by the general public are displayed in Derby and Ilkeston Clinics. These are changed each month.

There are twelve flannelgraphs available to our staff. Posters and leaflets were distributed each month to 106 main clinics and infant welfare centres, 4 general practitioners, 2 factories, 5 day nurseries, 3 youth centres, 7 old people's clubs, and several schools on the following subjects :—

January	..	Coughs and sneezes
February	..	Nutrition
March	..	Smoking and Lung Cancer
April	..	Eggs
May	..	Protection against infectious diseases
June	..	Food Hygiene
July	..	Holiday Safety
August	..	Dental Health
September	..	Care of the Feet
October	..	Smoking and Lung Cancer
November	..	Home Safety
December	..	Christmas Safety

Smoking and Lung Cancer.

The Senior Medical Officer for School Health made eighteen visits to schools to give talks and show the sound filmstrips "To Smoke or Not to Smoke". Copies of this soundstrip are kept permanently by Hope Valley College, Lea Green Sports Centre, Dr. Sutcliffe, Dr. Steede and Dr. Woolgrove.

Twenty three schools and youth groups borrowed this filmstrip to show themselves. In all the County Council now has twelve copies of this filmstrip and gramophone record. It is hoped to purchase a copy of the new sound film "Smoking and You" early next year.

For the opening of the extension of Ilkeston Clinic a special exhibition on this subject was arranged.

A large part of the combined exhibition in Swadlincote Public Library with the Mass Radiography Service was on Lung Cancer and included specimens of diseased lungs. The exhibition was well reported in the local newspapers and created very great interest.

Special exhibitions were arranged at the following places :—

Ilkeston Trades Fair. A display of a Careless and a Careful Kitchen was arranged in conjunction with Ilkeston Borough. Home Safety sound films were also shown by the Health Visitors at various times during the Fair.

Swadlincote Library. An exhibition on Smoking and Lung Cancer, Bronchitis and Chest Diseases was arranged in the library to support a visit of the Mass Radiography Unit to Swadlincote. Much interest was aroused by actual specimens of healthy and diseased lungs.

All Saints' Church, Matlock. A "Guard your Chest" display was shown in this church as part of an "Industrial Sunday".

Special thanks are due to Miss Winstanley of the Museum Service; and to Mr. Lowe, Mr. Hamer and Mr. Crampton, also of the Museum Service for their kind assistance in servicing our films and projectors.

Home Safety Committees. There are nine Home Safety Committees and the following are some of their activities :—

Clowne. Arranged for First Aid Boxes to be sited in the homes of Ambulance Brigade personnel and lists of addresses where these boxes were available to be displayed at the Council Offices and Post Offices.

Supported "Broken Glass" campaign by distributing posters to schools.

Requested local M.P. to support Fireworks Bill.

Distributed posters on various aspects of Home Safety throughout the year. Supported the National First Aid Week. Supported the "Home Safety Training Year" campaign by distributing posters, etc.

Heanor. Supported the County Home Safety Competition organised by Chesterfield Home Safety Committee.

Distributed "Electrical Safety" posters to local contractors for display. Supported the National Water Safety Campaign by displaying posters and distributing "Water Safety Codes".

Distributed "S.O.S." cards to Old Peoples' Organisations.

Supported the "National Home Safety Training Year" with posters and leaflets.

Glossop. Distributed posters on various aspects of Home Safety. Supported the County Home Safety Competition organised by the Chesterfield Home Safety Committee.

Hired a one minute film "Falls in the Home" for showing at the Empire Cinema, Glossop. Organised the showing of the film "Easing the Effort" at Glossop Town Hall on 15th November, 1962. A demonstration and short talk was also given by a representative of the Central Council for Physical Recreation, on the same subject. Films on "Fire Prevention" were also shown on the same evening.

Alfreton and Ripley. Supported the County Home Safety Competition organised by Chesterfield Home Safety Committee. Published their own Home Safety Handbook. Supported the National First Aid Week 15th—22nd September. Distributed Home Safety leaflets at Ripley Trades Exhibition. Distributed "S.O.S." cards to Old Peoples' Organisations. Distributed posters and leaflets throughout the year on various aspects of Home Safety.

Chapel-en-le-Frith. Supported the National Water Safety Campaign by distributing "Water Safety Codes" and posters. Purchased a model of "Hazard House" to be part of a mobile exhibition. Also purchased pegboards and poster boards for this exhibition which was then displayed in schools and vacant shop windows.

Supported the County Home Safety Competition organised by the Chesterfield Home Safety Committee.

Distributed posters and leaflets throughout the year on various aspects of Home Safety.

Chesterfield. Organised the County Home Safety Competition. Organised an inter-schools Home Safety Quiz Contest. Requested local Member of Parliament to support the "Fireworks Bill". Published its own Home Safety Handbook. Distributed "First Aid Hints" literature.

Buxton. Organised a Children's Poster Competition in schools. Arranged the showing of the film "Falls in the Home" at a local cinema. Requested their local Member of Parliament to support the "Fireworks Bill". Sponsored a tableaux "Water Safety" at the Wells Dressings Festival. Organised a Home Safety Week with a special exhibition in the Pavilion Gardens and borrowed the Fire Service Caravan.

Distributed posters and leaflets on various aspects of Home Safety throughout the year.

Organised a poster competition in the local schools. Supported the County Home Safety Competition organised by Chesterfield Home Safety Committee.

Swadlincote. Distributed "S.O.S." cards to Old People's organisations. Supported the Royal Society for the Prevention of Accidents campaign on "Broken Glass" by distributing posters and leaflets. Supported the National First Aid Week. Requested their local Member of Parliament to support the "Fireworks Bill". Distributed publicity material in support of the Home Safety Training Year. Distributed posters and leaflets on various aspects of Home Safety throughout the year.

Blackwell. Supported the County Home Safety Competition organised by Chesterfield Home Safety Committee. Entered a tableaux on "Home and Road Safety" in the Pinxton and South Normanton Carnival.

Distributed posters and leaflets in support of the "Broken Glass" Campaign.

Supported the Home Safety Training Year with posters and leaflets. Distributed posters and leaflets throughout the year on various aspects of Home Safety."

Health Education Talks and Film Shows during 1962.

	AUDIENCES			SUBJECT			Films
	<i>At Child Welfare Centres</i>	<i>At Ante-natal Relaxation and Parentcraft Sessions</i>	<i>At Voluntary Schools and other</i>	<i>Child Welfare and Miscellaneous Matters</i>	<i>Ante-natal matters</i>	<i>Home Safety</i>	
Alfreton	—	50	3	3	50	—	8
Belper	—	31	—	1	31	—	—
Bolsover	1	43	2	4	43	3	3
Buxton	—	48	5	9	48	—	17
Chaddesden	—	43	—	4	43	—	10
Chesterfield	—	39	—	—	39	—	—
Clay Cross	3	40	7	8	40	2	21
Clowne	18	39	4	21	39	—	19
Derby	—	51	—	—	51	—	—
Dronfield	—	37	2	4	37	1	3
Eckington	—	31	—	—	31	—	—
Frecheville	7	32	12	15	32	4	8
Glossop	5	46	2	3	46	1	20
Hackenthorpe	—	33	83	76	33	—	25
Heanor	1	30	1	13	16	—	5
Ilkeston	58	82	48	112	56	15	1
Long Eaton	1	53	45	53	30	2	10
Matlock	—	40	7	—	40	—	16
New Mills	—	44	—	—	44	—	2
Ripley	—	56	7	4	49	6	6
Shirebrook	—	47	—	—	47	—	—
Staveley	5	32	7	13	11	—	31
Swadlincote	7	61	24	22	61	12	26
Hope Valley College	—	—	7	7	—	—	—
Tideswell	—	—	1	—	—	—	1
Gleadless	5	—	1	4	—	1	2
Fenney Bentley Sch.	—	—	1	1	—	—	—
Tibshelf School	—	—	6	6	—	—	—
Whaley Bridge	4	—	—	4	—	—	—
Chapel-en-le-Prith	3	—	—	3	—	—	—
Taddington W.I.	—	—	1	1	—	—	—
Allestree	—	—	8	8	—	—	—
North Wingfield	—	—	2	—	—	—	8
Tibshelf	—	—	3	3	—	—	—
Alvaston	—	—	1	1	—	—	—
Littleover	—	—	1	1	—	—	—
Shardlow	—	—	1	—	—	1	1
Borrowash House	—	16	—	6	7	—	6
Sawley	2	—	—	1	—	—	2
Swanwick	—	—	1	1	—	—	3
Hadfield	—	—	1	1	—	—	—
Draycott	1	—	—	—	—	—	1
Spondon	—	—	2	2	—	—	—
Nightingale Home	—	2	—	2	—	—	—
Hognaston School	—	—	1	1	—	—	—
Kirk Ireton	—	—	1	1	—	—	—
Anthony Gell Sch.	—	—	1	1	—	—	—

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 :—

		1958	1959	1960	1961	1962
Home Helps..	..	204	260	334	413	497
Cases Served	..	1,426	1,698	2,156	2,446	2,878
Area Home Help Organisers	..	3	5	5	6	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
1960	1,504
1961	1,752
1962	2,071

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 66 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

183), 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.
(extension 233)
- (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 3/9½d. 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 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.

Employment of Relations.

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 full of interest and challenge and, therefore, has been a most stimulating one. It has been one of further advance and development in the very wide and varied field of Mental Health. The meetings of the Mental Health Sub-Committee were well attended by both the Members and the Superintendents of the various psychiatric hospitals, all of whom have a useful contribution to make towards our further plans.

“My road calls me, lures me,
West, East, South and North.
Most roads lead men homewards,
My road leads me forth.”

So in the words of John Masfield, the poet, I set forth to attend various conferences in order that I might keep the vision of Mental Health in a wide perspective and not have blinkers on whilst catering and planning for the further development of the Mental Health Services in our own County.

Personnel.

To the establishment from the 1st April, 1962, were added four trainee students, ex-grammar schoolgirls, for the Junior Training Centres; three full-time clerical assistants were added for the hostels and full-time training centres and Mental Welfare Officers; three part-time clerical assistants to assist Mental Welfare Officers housed in Offices far from Training Centres. Dictaphones were supplied for their and the Officers' use. In addition, for the hostel for the rehabilitation of the mentally ill at Red House, Chesterfield, a Matron and Deputy Matron were authorised; for Alder House, Chinley, the hostel for the subnormal girls under sixteen, a Matron, a Deputy Matron and an Assistant Matron were authorised. Later in the year it became necessary to enlarge the establishment still further due to the rapid development and special needs of the service. A Supervisor was engaged for a temporary Training Centre at Alfreton, three Assistant Supervisors and one Craft Instructress who is on the Establishment of the Senior Training Centre at Alfreton when it is built. Staff was authorised for the Senior Training Centre at Long Eaton comprising of a Supervisor and ten Assistants.

Procedure for Admission to Hospital.

The greatest percentage of our patients enter psychiatric hospitals informally, many of them having previously attended psychiatric out-patient clinics. Patients admitted to hospitals for the subnormal and severely subnormal are usually admitted on an informal basis. Twenty-three patients were admitted under Section 26 to this type of hospital. Thirteen patients were admitted under Section 60/65 through the Courts to hospitals for the subnormal and psychiatric hospitals.

The stay in hospital is much shorter for the psychiatric cases and many of them are re-admitted to psychiatric hospitals several times during the year. Other supporting services are available if required, e.g. home nursing and home helps, etc.

Training Centres.

Routine medical and dental inspections are carried out in all the Training Centres by the appropriate professional staff of the County Health Department.

A temporary training centre had to be opened in Alfreton in July, 1962, in order to meet the demand whilst I was investigating the possibility of a site in that area. Negotiations are now almost complete to acquire this site and it is intended to build there a Junior Training Centre, a Senior Training Centre and a Hostel for young adolescent males.

Conferences and Courses.

Two trained Students successfully completed their course at Sheffield and obtained the Diploma of the N.A.M.H., and were absorbed in the Training Centres.

Five trainee students were accepted for training held under the auspices of the National Association for Mental Health and at the moment they are attending the Diploma Course held in Sheffield.

Our Training Centres are used by the National Association for Mental Health as Training Schools for candidates on the Course engaged on their practical training.

Eleven members of training centre staffs and one craft instructor attended a Refresher Course held by the National Association for Mental Health in Sheffield.

Of the outside field staff, two Mental Welfare Officers attended an induction course for newly appointed Mental Welfare Officers in Leeds; four Mental Welfare Officers attended a Refresher Course in Sheffield; and two Mental Welfare Officers attended a Conference organised by the Federation of Association of Mental Health Workers in Llandudno.

Seaside Holidays.

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 a selected party of female patients from Whittington Hall Hospital accompanied by some nurses. The following week the remainder of the children attending Training Centres and adults from craft instruction classes went on the holiday. In addition we took a selected party of male patients from Ridgeway Hospital. The parties were in charge of a Craft Instructor and a Mental Welfare Officer and were accompanied by all the Training Centres staff, a male member of the Central Office Staff

and two male and four female nurses kindly loaned to us by the courtesy of the Management Committee of the Pastures Hospital. Some carefully selected after-care patients who had been discharged from the psychiatric hospitals also accompanied the party.

New Training Centres and Hostels.

A new Junior Training Centre and a Senior Training Centre were opened in Chinley in July, 1962, the opening having been delayed on account of inclement weather, shortage of labour and materials. In September an open day and sale of work was held and this was well publicised. In spite of the rival attractions of a Barbecue, a Flower Show and people visiting a historical house, our Training Centres proved to be a great attraction, especially as refreshments were available and visitors arrived from places as far afield as Manchester, Birmingham and Burton-on-Trent. It did much to publicise what the County Council were trying to do for these handicapped children. The nearby Hostel (Alder House) which has been planned, is still in the course of erection.

The new Senior Training Centre at Ashbrook, Chesterfield, was completed and opened on 30th June, 1962.

The Hostel for the rehabilitation of the mentally ill at Red House, Stonegravels, Chesterfield, is being adapted for this purpose, but owing to the inclement weather, the adaptations have been delayed. It is, however, hoped that this Hostel will be ready shortly.

Special Care Unit for the Severely Subnormal.

A house in Belper which was formerly a small children's home has been taken over by the Mental Health Sub-Committee and is about to be adapted for the above purpose. This will, indeed, when opened, provide a measure of relief for those parents who up to now have failed to obtain permanent accommodation for their children who are in the need of it on the one hand, and on the other hand, those who refuse to allow their children to go away although they are in the need of hospital care and who have to bear the burden of them themselves.

Open Days and Sales of Work.

These take place in various Centres at regular intervals throughout the year. They serve a very useful purpose of educating the general public towards a sympathetic attitude and understanding for people and children less fortunate than themselves.

Voluntary Associations—The Parents Association for Mentally Handicapped Children.

The Buxton and District Society presented the Mental Health Sub-Committee with a workobus for the use of the Training Centres in Chinley. This serves a very useful purpose as it has helped to open up the Hope Valley and this 'bus conveys children from this district to and from the Alderbrook Training Centres daily.

The Ilkeston and District Branch of the Society, in co-operation with a young girl named Lynne Roberts, made a donation to the Stanton Vale Training Centre of £160 in order to provide outside play equipment for the Training Centre.

The Chesterfield and District Society donated the sum of £50 towards the Rhyl Holiday Fund.

The National Association for Mental Health.

This Association is of assistance in arranging Courses of instruction which are attended by Medical Officers employed in the County Health Department of the Council with a view to their being approved under the Medical Examinations (Subnormal 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 their 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.

Practical Training for Students undertaking Social Science.

We have had one University student seconded to us for the purpose of doing her practical training for this Course during 1962.

Social Clubs.

This is a very difficult problem as regards clubs for psychiatric patients. One was opened at Alfreton but it had to be closed due to lack of support. There are, however, three clubs for the mentally subnormal who attend the Training Centres which are run in the afternoons when the Centres are in progress.

Community Care.

More cases have been referred for after-care by the Mental Welfare Officers. Many patients refuse this service. I think a good deal more could be done by the voluntary societies in visiting the lonely and the aged who will accept this form of help whilst refusing that of the Mental Welfare Officer as they think they are thus branded and not treated as a patient who has been ill in a general hospital. In our community care, I regard the family doctor as the keystone of the service.

Conclusion.

The New Mental Health Act has made a great contribution to the advancement in the treatment of mental illness but it will be at least a decade before the general public will lose their suspicions and readily accept patients living in their midst who have been admitted to a psychiatric hospital. Although they stress the need for Training Centres and Hostels, they say, when it comes to the point of choice of sites,

"not in our road, it would lower the value of our house and the tone of our neighbourhood." They are merely paying lip service to this real and comprehensive service. I think that this prejudice will take a long time to break down. One must, therefore, rely on the family doctor, T.V., B.B.C., and voluntary societies such as the W.V.S., etc., and all those who have an entry into the homes to try to remove this prejudice. In this role, I think the family doctor plays the biggest part."

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 Adult Training Centres.

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.

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 offices and other public departments. A continuous record of each case is kept in the Central Office, compiled from the detailed reports of the Mental Welfare Officers on their visits.

(b) Under the Mental Health Act, 1959. Admission to Hospitals.

During the year 1962, as shown in the following table, 1,166 patients were admitted to Mental Hospitals and in respect of 414 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 63.6% 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, 1962 to 31st December, 1962, the following numbers of patients were admitted to hospitals for the mentally ill:—

Hospital	Males	Females	Total
Pastures Hospital, Mickleover	454	503	957
Kingsway Hospital, Derby	22	43	65
Middlewood Hospital, Sheffield	—	1	1
Scarsdale Hospital, Chesterfield	17	14	31
St. Thomas' Hospital, Stockport	26	24	50
Parkside Hospital, Macclesfield	23	32	55
Ollersett View Hospital, New Mills	—	2	2
Broadmoor Hospital, Crowthorne	2	—	2
Rauceby Hospital, Lincoln	1	—	1
Coppice Hospital, Nottingham	1	—	1
Cheadle Royal Hospital, Cheadle	1	—	1
	<hr/> 547	<hr/> 619	<hr/> 1,166

These patients were admitted in the circumstances set out below:—

Mental Health Act, 1959	Males	Females	Total
Informal Admissions (Sec. 5)	365	377	742
Admissions for Observation (Sec. 25)	18	33	51
Admissions for Treatment (Sec. 26)	6	15	21
Emergency Admissions for Observation (Sec. 29)	148	194	342
Court Orders for Hospital Admission (Sec. 60)	7	—	7
Court Orders Restricting Discharge (Sec. 65)	2	—	2
Admission of Persons ordered to be kept in custody during Her Majesty's pleasure (Sec. 71)	1	—	1
	<hr/> 547	<hr/> 619	<hr/> 1,166

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.

At the 31st December, 1962, there were three patients under Guardianship (two under the Local Health Authority and one under another Guardian). These consist of two females (severely subnormal) and one male (sub-normal), all over 16 years of age.

(d) *Admissions to Hospital for the mentally sub-normal.*

The following table shows the number of patients admitted during the year 1962:—

	<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	—	2	3	8	3	10	13
Admission under Order:—							
Section 26	—	—	2	—	2	—	2
Section 29	—	—	—	—	—	—	—
Section 60	—	—	3	1	3	1	4
Section 65	—	—	—	—	—	—	—
	—	2	8	9	8	11	19

Cases urgently awaiting admission to Hospitals for the Mentally Sub-normal, at 31st December, 1962.

<i>Area</i>	<i>Under 16</i>		<i>Over 16</i>		<i>Total</i>		
	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>M.</i>	<i>F.</i>	<i>T.</i>
Manchester Regional Hospital Board area (Population 68,890)	2	1	2	—	4	1	5
Sheffield Regional Hospital Board Area (Population 689,380)	44	27	16	18	60	45	105
Whole County	46	28	18	18	64	46	110

The urgent waiting list has been as follows during the last few years:—

1958	1959	1960	1961	1962
102	104	55	104	110

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 124 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, and elsewhere. This has been greatly appreciated by the parents who have been able to take a holiday or have a rest from the continual care of the child. Other periods of short term care have been arranged on account of the mother herself being admitted to hospital.

3. Number of patients under L.H.A. care at 31.12.62	Mentally Ill						Psychopathic						Sub-normal						Severely sub-normal						Totals						Grand Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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Part II.

Number of patients awaiting entry to hospital, or admitted for temporary residential care during 1962

Referred by	Mentally Ill						Psychopathic						Sub-normal						Severely-sub normal						Totals						Grand Total																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
	Under 16			16 & over			Under 16			16 & over			Under 16			16 & over			Under 16			16 & over			Under 16			16 & over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
	M.	F.	(1)	M.	F.	(2)	M.	F.	(3)	M.	F.	(4)	M.	F.	(5)	M.	F.	(6)	M.	F.	(7)	M.	F.	(8)	M.	F.	(9)	M.	F.	(10)		M.	F.	(11)	M.	F.	(12)	M.	F.	(13)	M.	F.	(14)	M.	F.	(15)	M.	F.	(16)	M.	F.	(17)	M.	F.	(18)	M.	F.	(19)	M.	F.	(20)	(21)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
1. Number of patients in L.H.A. area on waiting list for admission to hospital at 31.12.62	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	

Part III.

Number of patients referred to Local Health Authority during year ended 31st December 1962

Referred by	Mentally Ill				Psychopathic				Sub-normal				Severely-sub normal				Totals				Grand Total
	Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)		(21)
(a) General practitioners	3	—	351	479	—	—	4	1	—	1	—	1	3	1	2	—	6	2	357	481	846
	1	3	217	360	—	—	13	5	—	—	—	5	2	1	1	4	3	4	231	374	612
(c) Hospitals, after or during out-patient or day treatment	1	—	91	100	—	—	5	2	—	—	1	—	—	1	—	—	1	1	97	102	201
(d) Local education authorities	—	—	—	—	—	—	—	—	8	—	6	11	24	31	11	6	32	31	17	17	97
(e) Police and courts	1	2	38	22	—	—	6	1	—	2	3	5	—	—	1	—	1	4	48	28	81
(f) Other sources	2	1	91	97	—	—	7	1	1	2	13	8	20	6	4	1	23	9	115	107	254
(g) Total	8	6	788	1,058	—	—	35	10	9	5	23	30	49	40	19	11	66	51	865	1,109	2,091

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 1962

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 ..	5,247	5,243	47	47	5,294	5,290
(b) Institutional ..	4,661	8,707	95	242	4,756	8,949
(c) Total	9,908	13,950	142	289	10,050	14,239

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)	
<i>H.A. Clinics:</i>	25	102.75	—				
(a) For ante-natal examination	[25]	[89.75]	[—]	2 413	2,065	9,787	—
(b) For post-natal examination	—	—	—	308	294	316	—
<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 the 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
				1962	1961	1960-57		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. . .	103	399	10,209	9,041	7,236	5,446	21,723	131,323	25,302	13,631	170,256
(b) Vol. Org. . .	3	7	242	222	156	85	463	2,952	406	109	3,467

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 | 1.3 |
| | (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 | — |
| | (c) | Number of dental clinics in operation at end of year .. | 7 |
| | (d) | Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year | —* |
| | (e) | Number of dental technicians employed in the Local Health Authority's own laboratories at the end of the year | |

* None specifically set aside 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 ..	47	42	40	14
Children under Five	870	525	480	172

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		Radio-graphs (10)
							Full Upper or Lower (8)	Partial Upper or Lower (9)	
Expectant and Nursing Mothers ..	15	29	2	—	72	2	6	6	—
Children under Five ..	2	34	870	—	528	271	—	—	—

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 .. 7,080
- (b) Total number of attendances by whole-time tuberculosis visitors at chest clinic sessions during the year —

6. Home Nursing.

	Medical	Surgical	In- fectious Diseases	Tuber- culosis	Maternal Complica- tions	Others	Totals	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)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)			
Number of cases attended by Home Nurses during the year:—										
(a) L.H.A. ..	10,015	2,732	10	150	98	819	13,824	5,806	293	3,347
(b) Vol. Org. under arrange- ments with the Authority ..	—	—	—	—	—	—	—	—	—	—
Number of visits paid by Home Nurses during the year:—										
(c) L.H.A. ..	287,508	61,554	85	5,900	776	17,224	373,047	144,666	1,630	216,506
(d) Vol. Org. under arrange- ments 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	—
(c) Whole-time equivalent of (b)	—

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

(a) Whole-time	163
(b) Part-time	334
(c) Whole-time equivalent of (b)	208.3

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

	Total	Cases included in previous col. in which help began prior to 1962
(a) Maternity (including expectant mothers) ..	294	5
(b) Tuberculosis	1	—
(c) Chronic sick including aged and infirm ..	2,312	1,479
(d) Others	271	139

* 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	101
(b) Others	50

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	62	146	41.22	93.03
(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 the 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)	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	
	Total beds (excluding maternity and labour and cots) (2)	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	.. .. .	77
(2) Post-Natal Cases	.. .. .	76

* 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, Cathays Park, Cardiff) of every occurrence in any of these institutions of :—

- (a) DEATH;
 (b) OPHTHALMIA NEONATORUM, PEMPHIGUS AND INFECTIVE GASTRO-ENTERITIS; AND
 (c) AN OUTBREAK OF OTHER INFECTIOUS DISEASES.

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

- (i) Do the Authority employ a Social Worker for the purposes 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 Institutions	Total
(a) Midwives employed by the Authority	107	—	107
(b) Midwives employed by Voluntary Organisations:—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act)	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act:—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946	—	—	—
(ii) Otherwise	—	82	82
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	1	—	1
Totals	108	82	190

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 10th day. This information should be provided at item (e) at the top of page 7.

	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 ..	33	310	1,681	3,234	5,258	—
(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 ..	—	—	—	—	—	4,568
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes) ..	—	—	—	—	—	172
TOTALS ..	33	310	1,681	3,234	5,258	4,740

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the tenth day, 2,330

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						329
(ii) Others						90
Total						419

(b) Cases of Institutions —

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						—

(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 :—	
		Gas and air (3)	"Tri-lene" (4)	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 (9)	When doctor was not present at time of delivery of child (10)
(a) Domiciliary Midwives employed directly by Local Health Authority	107	103	105	113	1,382	134	2,879	1,042	1,972
(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 ..	108	103	105	113	1,382	134	2,879	1,042	1,972

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	2	35
Daily Minders	7	35

‡ 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 withdrawn during year	1	11	—	11
Homes on the register at end of year	6	17	85	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	

* If responsibility for health and welfare services also has been delegated under the Local Government Act, 1958, please see Ministry of Health letter reference 97611/13/103/1.

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	656
(b) At home	194
*(c) In private nursing homes	7
Total	857

2. Number of Notified Premature Still-Births (as adjusted by any notifications transferred in or out of the area).

(a) In hospital	..	..	..	..	142
(b) At home	..	..	..	..	13
* (c) In private nursing homes	..	..	..	..	1
Total	..	..	..	..	156

*"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															Pre mature Still-births		
	Born in Hospital†			Born at home and nursed entirely at home			Born at home and trans-ferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and trans-ferred 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)	86	34	37	2	2	-	13	4	7	-	-	-	-	-	-	72	4	1
(b) Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	121	9	106	5	1	4	24	1	22	-	-	-	-	-	-	36	6	-
(c) Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.)	144	6	135	12	1	11	11	-	9	2	-	2	-	-	-	16	-	-
(d) Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.)	305	4	299	114	2	111	13	-	11	5	-	5	-	-	-	18	3	-
Totals ..	656	53	577	133	6	126	61	5	49	7	-	7	-	-	-	142	13	1

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

PART V.

STAFF RETURN

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

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

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

1. Health Visiting, Tuberculosis Visiting, Clinics 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)
(a) Local Health Authority . .	—	4	2.2	—	67	46.9	—	—	—	—	1	0.7
(b) 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) (4)	Whole-time†	Part-time†	Equivalent Whole-time of (6) (7)
(2)	(3)	(4)	(5)	(6)	(7)	
(a) Local Health Authority ..	— —	3 3	1.5	79 5	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
(6 pupils in training at 31/12/62)

3. Home Nursing

(1)	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) (4)	Whole-time*	Part-time*	Equiv. Whole-time of (6)* (7)	Whole-time*	Part-time*	Equiv. Whole-time of (9)* (10)	
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
(a) Local Health Authority ..	1	2	1	121	23	11	6	2	1	—
				—	—	—	—	—	—	—
(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 ..	69
(b) Home nursing and midwifery only	25
(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	306
(b) Part-time	4

7. Nursery Staff—Day Nurseries.

	Nursery Supervisors†	Matrons		Deputy Matrons		Other Staff—Excluding Domestics					Students
		State Registered i.e. S.R.N. or R.F.N.	Others	State Registered i.e. S.R.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)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
(a) L.H.A.	—	3	2	1	3	—	2	8	4	7.5	20
(b) 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	10
(b) Tuberculosis Visitors	—
(c) Domiciliary Midwives	12
(d) Home Nurses	2
(e) Day Nursery Staff (specify grades). ..	1
(Nursery Assistant)	

COUNTY OF DERBY

APPENDIX II.

Table of Deaths during the year 1962 in each of the Sanitary Districts, Classified according to Diseases.

DISTRICTS	DEATHS FROM VARIOUS CAUSES																																								
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and Neoplastic Diseases	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)																																									
ALRETON	1	-	-	-	-	-	-	-	1	5	8	4	1	21	-	-	-	29	61	2	38	21	1	17	13	8	4	-	2	1	-	-	4	17	2	5	1	-	268		
ASHBOURNE	-	-	-	-	-	-	-	-	-	3	6	-	-	10	-	-	-	16	10	-	8	3	-	3	2	2	-	-	-	-	-	-	1	77	-	-	-	-	77		
BAKEWELL	-	-	-	-	-	-	-	-	-	4	8	5	2	3	-	-	-	51	51	3	18	13	10	10	10	5	2	-	-	-	-	-	8	9	-	1	-	85			
BELPER	-	-	1	-	-	-	-	-	-	4	6	3	-	7	-	-	-	17	14	1	18	5	-	9	7	4	-	-	-	-	-	6	6	4	4	1	-	114			
BOLSOVER	1	-	-	-	-	-	-	-	1	9	11	8	3	29	2	4	-	51	81	3	55	7	3	7	7	3	1	2	2	1	1	20	6	3	4	3	-	322			
BUXTON (Borough)	-	-	-	-	-	-	-	-	-	2	2	1	1	6	-	-	-	10	15	-	7	4	-	9	11	-	-	-	-	-	-	9	59	11	27	6	-	799			
CHESTERFIELD (Borough)	2	1	1	-	-	-	-	-	1	15	24	12	5	49	1	1	-	104	123	19	113	36	4	93	42	18	7	-	-	-	-	-	-	-	-	-	-	-	-	90	
CLAY CROSS	1	-	-	-	-	-	-	-	-	2	8	1	1	11	-	-	-	17	24	2	10	3	-	3	6	4	1	1	1	1	1	1	5	8	-	1	-	104			
DRONFIELD	-	-	-	-	-	-	-	-	-	5	8	4	4	20	1	4	-	44	45	6	18	23	1	7	20	23	1	16	29	4	3	3	14	3	2	2	3	-	281		
GLOSSOP (Borough)	-	-	-	-	-	-	-	-	1	9	2	2	1	27	1	2	34	57	2	49	11	5	12	26	6	1	2	2	10	1	1	1	2	7	24	4	4	1	-	262	
HEANOR	1	-	-	-	-	-	-	-	-	5	8	4	4	31	-	-	-	52	7	43	13	1	16	29	4	3	4	-	-	-	-	-	6	6	3	3	1	-	347		
ILKESTON (Borough)	1	-	3	-	-	-	-	-	-	12	17	6	1	31	-	-	-	2	2	7	57	13	-	20	18	8	9	1	1	1	1	2	15	2	2	4	1	-	355		
LONG EATON	3	-	-	-	-	-	-	-	-	7	15	9	5	20	-	-	-	47	62	7	57	13	-	20	18	8	9	1	1	1	1	2	25	6	2	7	-	249			
MATLOCK	1	1	1	-	-	-	-	-	-	4	8	1	1	18	-	-	-	5	42	46	2	36	19	2	4	24	-	1	1	1	1	2	15	2	4	1	-	141			
NEW MILLS	1	-	-	-	-	-	-	-	-	3	5	3	2	7	-	-	-	22	25	2	12	21	3	5	11	2	2	1	1	1	1	11	2	2	2	2	1	-	186		
RIPLEY	1	-	-	-	-	-	-	-	-	1	4	2	3	15	3	-	-	2	26	38	4	13	12	2	10	13	9	1	1	1	1	2	15	1	2	2	2	-	197		
STAVELEY	-	-	-	-	-	-	-	-	-	9	12	1	1	19	-	-	-	1	19	31	3	24	9	1	16	11	3	4	-	-	-	-	2	14	3	3	3	1	205		
SWADLINCOTE	1	1	-	-	-	-	-	-	-	-	8	3	1	21	-	-	-	31	43	4	29	10	-	11	15	3	-	1	1	1	1	2	12	2	2	1	-	67			
WHALEY BRIDGE	-	-	-	-	-	-	-	-	-	-	1	1	1	2	-	-	-	2	14	13	7	5	-	4	6	1	-	-	-	-	-	-	5	1	-	-	-	56			
WIRKSWORTH	-	-	-	-	-	-	-	-	-	1	4	-	1	2	-	-	-	12	10	-	11	6	1	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
URBAN DISTRICTS	15	3	6	-	-	-	-	-	8	99	157	69	35	340	20	34	662	808	67	592	238	35	257	278	83	45	18	34	16	1	46	293	48	92	49	2	4,450				
(RURAL)																																									
ASHBOURNE	-	-	-	-	-	-	-	-	-	2	1	3	2	15	1	-	-	28	20	2	15	10	-	6	3	-	1	1	-	-	-	-	12	1	4	2	-	131			
BAKEWELL	1	-	-	-	-	-	-	-	-	5	10	7	2	23	-	-	-	42	31	4	44	12	5	6	9	1	2	2	1	1	1	3	26	3	5	7	-	249			
BELPER	5	-	2	-	-	-	-	-	-	12	11	6	3	28	3	-	-	60	87	7	46	28	-	18	9	5	3	2	1	3	-	3	26	3	6	7	-	386			
BLACKWELL	-	-	-	-	-	-	-	-	-	12	13	6	3	36	-	-	-	78	58	10	73	26	8	23	20	7	7	3	4	2	1	2	44	1	8	2	-	455			
CHAPEL-EN-LE-FRITH	-	-	-	-	-	-	-	-	-	4	4	3	1	26	-	-	-	34	53	1	44	8	3	14	18	-	1	-	-	-	-	-	1	16	3	7	1	-	245		
CHESTERFIELD	3	-	1	-	-	-	-	-	5	25	27	18	9	91	6	6	115	170	12	114	43	1	57	58	18	11	5	10	7	1	17	78	13	30	9	-	960				
CLOWNE	2	-	-	-	-	-	-	-	-	8	5	5	1	17	1	4	38	23	3	33	9	1	10	15	1	2	-	3	-	-	-	-	2	20	2	7	3	-	215		
REPTON	1	-	-	-	-	-	-	-	-	12	12	7	-	26	3	2	64	88	15	63	32	1	27	17	3	5	3	2	-	-	-	6	35	9	8	1	-	444			
S.E. DERBYSHIRE	4	-	1	-	-	-	-	-	1	22	36	16	4	73	2	8	117	182	17	129	34	2	37	64	6	11	4	10	-	-	-	19	59	16	23	5	1	903			
RURAL DISTRICTS	18	-	5	-	-	2	-	-	7	102	119	71	25	335	16	27	576	712	71	561	202	21	198	213	41	45	21	33	13	3	53	316	51	98	31	2	3,988				
URBAN DISTRICTS	15	3	6	-	-	-	-	-	8	99	157	69	35	340	20	34	662	808	67	592	238	35	257	278	83	45	18	34	16	1	46	293	48	92	49	2	4,450				
WHOLE COUNTY	33	3	11	-	-	2	-	-	15	201	276	140	60	675	36	61	1,238	1,520	138	1,153	440	56	455	491	124	90	39	67	29	4	99	609	99	190	80	4	8,438				

COUNTY OF DERBY

APPENDIX II.

Table of Deaths during the year 1962 in each of the Sanitary Districts, Classified according to Diseases.

DISTRICTS	DEATHS FROM VARIOUS CAUSES																																						
	Tuberculosis, Respiratory	Tuberculosis, Other	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Malignant Neoplasm, Stomach	Malignant Neoplasm, Lung, Bronchus	Malignant Neoplasm, Breast	Malignant Neoplasm, Uterus	Other Malignant and lymphatic Neoplasms	Leukaemia	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)																																							
ALRETON	1	-	-	-	-	-	-	-	1	5	8	4	1	21	-	-	29	61	2	38	21	1	17	13	8	4	-	2	1	-	4	17	2	5	2	-	268		
ASHBOURNE	-	-	-	-	-	-	-	-	-	3	6	-	-	10	-	-	23	10	-	8	3	-	3	2	3	-	-	-	-	-	-	1	1	-	1	-	-	77	
BAKEWELL	-	-	-	-	-	-	-	-	1	1	3	-	1	3	-	2	16	7	1	26	4	1	1	4	1	1	2	-	1	-	-	-	8	-	-	1	-	-	85
BELPER	-	-	1	-	-	-	-	-	-	4	8	5	2	20	2	1	53	51	3	18	13	10	10	10	5	5	-	1	-	-	-	9	2	2	2	2	245		
BOLSOVER	1	-	-	-	-	-	-	-	-	4	6	3	-	7	-	-	17	14	1	18	5	-	9	7	4	-	-	-	-	-	-	6	3	4	1	-	-	114	
BUXTON (Borough) ..	-	-	-	-	-	-	-	-	1	9	11	8	3	29	2	4	51	81	3	55	7	3	7	7	3	1	2	1	1	-	2	20	2	5	3	-	322		
CHESTERFIELD (Borough) ..	2	1	1	-	-	-	-	-	1	15	24	12	5	49	1	6	104	123	19	113	36	4	93	42	18	-	7	2	3	5	9	11	27	6	-	799			
CLAY CROSS	-	-	-	-	-	-	-	-	-	2	8	1	1	6	-	-	10	15	-	7	4	-	9	11	-	-	-	-	-	-	-	8	-	1	6	-	90		
DRONFIELD	1	-	-	-	-	-	-	-	-	2	1	3	2	11	-	-	17	24	2	10	3	-	3	6	4	1	1	1	1	1	1	5	1	3	1	-	104		
GLOSSOP (Borough) ..	-	-	-	-	-	-	-	-	1	9	2	2	1	27	1	2	34	57	1	49	11	5	12	26	1	1	2	-	-	-	3	14	3	2	4	3	-	281	
HEANOR	1	-	-	-	-	-	-	-	-	15	8	4	4	20	1	4	44	45	6	18	23	1	7	20	6	3	2	-	-	-	6	23	2	4	3	-	262		
ILKESTON (Borough) ..	-	-	3	-	-	-	-	-	-	12	17	6	1	31	2	2	51	52	7	43	13	1	16	29	4	3	4	-	-	-	7	24	4	3	6	1	347		
LONG EATON	3	-	-	-	-	-	-	-	-	7	15	9	5	20	4	3	47	62	7	57	13	-	20	18	8	6	3	2	2	2	25	6	8	1	-	355			
MATLOCK	1	1	1	-	-	-	-	-	-	4	8	1	1	18	-	5	42	46	2	36	19	2	4	24	-	1	1	1	-	-	2	15	2	4	7	-	249		
NEW MILLS	1	-	-	-	-	-	-	-	1	3	5	3	2	7	-	-	22	25	2	12	21	3	5	11	2	-	-	-	-	-	-	11	1	2	1	-	141		
RIPLEY	1	-	-	-	-	-	-	-	1	4	2	3	2	15	3	2	26	38	4	13	12	2	10	13	9	1	1	2	3	-	2	15	1	8	2	2	186		
STAVELEY	-	-	-	-	-	-	-	-	-	9	12	1	1	19	-	1	19	31	3	24	9	1	16	11	3	4	-	1	1	3	-	1	14	3	8	1	1	197	
SWADLINCOTE	1	1	-	-	-	-	-	-	1	-	8	3	1	21	-	-	31	43	4	29	10	-	11	15	3	-	-	-	-	-	2	12	2	3	2	-	205		
WHALEY BRIDGE	-	-	-	-	-	-	-	-	-	1	1	1	1	4	-	1	2	14	13	-	-	-	4	6	1	-	-	-	-	-	-	2	1	-	-	-	67		
WIRKSWORTH	-	-	-	-	-	-	-	-	-	4	-	-	1	2	-	-	12	10	-	11	6	-	3	-	-	-	-	-	-	-	-	5	1	-	-	-	56		
URBAN DISTRICTS ..	15	3	6	-	-	-	-	-	8	99	157	69	35	340	20	34	662	808	67	592	238	35	257	278	83	45	18	34	16	1	46	293	48	92	49	2	4,450		
(RURAL)																																							
ASHBOURNE	-	-	-	-	-	-	-	-	-	2	1	3	2	15	1	-	28	20	2	15	10	-	6	3	-	2	1	1	-	-	-	12	1	4	2	-	131		
BAKEWELL	1	-	-	-	-	-	-	-	-	5	10	7	2	23	-	1	42	31	4	44	12	5	18	9	1	2	2	2	1	1	1	3	26	3	5	1	-	249	
BELPER	5	-	2	-	-	-	-	-	-	12	11	6	3	28	3	2	60	87	7	46	28	-	18	9	5	3	2	1	3	-	1	3	26	3	6	7	-	386	
BLACKWELL	2	-	1	-	-	-	-	-	-	12	13	6	3	36	-	4	78	58	10	73	26	8	23	20	7	7	3	4	2	-	2	44	1	8	2	-	455		
CHAPPEL-EN-LE-FRITH ..	-	-	-	-	-	1	-	-	-	4	4	3	1	26	-	-	34	53	1	44	8	3	14	18	-	2	1	-	-	-	-	1	16	3	7	1	-	245	
CHESTERFIELD	3	-	1	-	-	-	-	-	5	25	27	18	9	91	6	6	115	170	12	114	43	3	58	18	11	5	10	7	1	17	78	13	30	9	-	960			
CLOWNE	2	-	-	-	-	-	-	-	-	8	5	5	1	17	1	4	38	23	3	33	9	1	10	15	1	2	-	-	-	-	2	20	2	7	3	-	215		
REPTON	1	-	-	-	-	-	-	-	-	12	12	7	-	26	3	2	64	88	15	63	32	1	17	17	9	2	3	2	-	-	6	35	9	8	1	1	444		
S.E. DERBYSHIRE ..	4	-	1	-	-	-	-	-	1	22	36	16	4	73	2	8	117	182	17	129	34	2	37	64	6	11	4	10	-	-	19	59	16	23	5	1	903		
RURAL DISTRICTS ..	18	-	5	-	-	2	-	-	7	102	119	71	25	335	16	27	576	712	71	561	202	21	198	213	41	45	21	33	13	3	53	316	51	98	31	2	3,988		
URBAN DISTRICTS ..	15	3	6	-	-	-	-	-	8	99	157	69	35	340	20	34	662	808	67	592	238	35	257	278	83	45	18	34	16	1	46	293	48	92	49	2	4,450		
WHOLE COUNTY ..	33	3	11	-	-	2	-	-	15	201	276	140	60	675	36	61	1,238	1,520	138	1,153	440	56	455	491	124	90	39	67	29	4	99	609	99	190	80	4	8,438		

