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Derbyshire County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

For the Year 1969

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

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

Derbyshire County Council

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COUNTY MEDICAL OFFICER OF HEALTH

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

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COUNTY HEALTH COMMITTEE
(As at 31st December, 1969)

ALDERMAN W. E. GARDNER

(Chairman)

ALDERMAN W. W. JOHNSON

(Vice-Chairman)

Aldermen

W. A. W. BEMROSE
J. CARTER
DR. J. HAMMERTON
H. PIPES
J. W. TRIPPETT
A. F. T. WYATT

Councillors

S. A. CLARKE
S. F. COLLINS
A. HARRIS
MRS. J. B. HARTLEY
A. HARVEY
S. S. LEVICK
MRS. J. McKEE
MRS. A. NOSKWITH
V. H. SCHOFIELD
J. STEVENSON

Co-opted Members

ALDERMAN J. L. HADFIELD
MRS. D. P. MAHY
DR. R. W. STEWART
MRS E. M. TOMLINSON
COUNCILLOR J. WICKINS

MENTAL HEALTH SUB-COMMITTEE

ALDERMAN J. CARTER
ALDERMAN W. E. GARDNER
ALDERMAN W. W. JOHNSON
ALDERMAN A. F. T. WYATT
COUNCILLOR S. A. CLARKE
COUNCILLOR S. F. COLLINS
COUNCILLOR A. HARRIS
COUNCILLOR MRS. J. B. HARTLEY
COUNCILLOR S. S. LEVICK
COUNCILLOR MRS. J. McKEE
COUNCILLOR MRS. A. NOSKWITH
COUNCILLOR V. H. SCHOFIELD

Co-opted Members:

CHAIRMAN OF CHESTERFIELD BOROUGH HEALTH AND LICENSING COMMITTEE (ALDERMAN J. L. HADFIELD), DR. W. J. BARBOUR AND DR. J. A. STIRLING.

Co-opted Members in an Advisory Capacity

CONSULTANT PSYCHIATRISTS FROM: THE PASTURES HOSPITAL, THE CHESTERFIELD AREA AND ST. THOMAS'S HOSPITAL, STOCKPORT.

PUBLIC PROTECTION COMMITTEE
(As at 31st December, 1969)

ALDERMAN H. CAWDRON

(Chairman)

ALDERMAN J. W. WOOLLISCROFT

(Vice-Chairman)

Aldermen

MRS. P. HART
J. TURNER
G. N. WILSON

Councillors

G. CUTTS
J. MACLEAN
S. J. MOORHOUSE
W. POTTS
H. SQUIRES

To the Chairman and Members of the
Derbyshire County Council.

Ladies and Gentlemen,

I have the honour to present the 80th 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 was estimated by the Registrar-General in mid-1969 to be 670,330) were respectively 15·9 and 12·5. (The corresponding rates for England and Wales were 16·3 and 11.9. The falling national birth rate has reached its lowest level since 1959). The **Infant Mortality** rate was 18 deaths under one year of age per 1,000 live-births, compared with 17·58 last year. (The figure for England and Wales was 18). The Table on page 14 sets out the figures for Derbyshire since 1930; your attention is also drawn to the tables on page 15 relating to neo-natal and early neo-natal mortality, as well as the comments on peri-natal mortality. The late Professor W.C.W. Nixon, Professor of Obstetrics at University College Hospital, London, said "The first day of life is the most dangerous day, and there are more deaths then than between one and twenty-five years."

The **Maternal Mortality** rate was 0·19 per 1,000 live- and still-births, comparable with 0·087 last year. These two rates respectively represent two deaths and one death from this cause. The table on page 42 shows the mortality over the past nineteen years. (For England and Wales the rate was 0·19 (provisional)). The percentage of **Illegitimate Births** was 7. (The figures since 1965 have been 4·94; 5·38; 5·46; 6·77 and 7).

There were 8,041 **deaths** compared with 8,145 in the previous year.

Of the 8,041 deaths, 93 were certified as being due to chronic rheumatic heart disease, 162 to hypertensive disease, 1,964 to ischaemic heart disease, and 427 to other forms of heart disease. Cerebrovascular disease was the cause of death in 1,177 instances.

During the year there were 1,432 deaths which were certified as being due to malignant disease: the lesion was in the stomach in 181 patients, in the lung or bronchus in 326, in a breast in 161, and in the uterus in 66.

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
1963 ..	27	296	323
1964 ..	24	308	332
1965 ..	29	335	364
1966 ..	28	339	367
1967* ..	18	347	365
1968* ..	14	338	352
1969 ..	11	326	337

* Under the terms of the Sheffield Order, 1967, approximately 33,000 of the population was transferred to Sheffield on 1st April, 1967.

Under the Derby Order, 1968, approximately 89,800 of the population was transferred to Derby on 1st April, 1968.

The number of deaths from **bronchitis and emphysema** in the administrative County in the year under review was 458.

Dr. V. J. Woodward, who took up duty as the Assistant County Medical Officer of Health and Chief Assistant School Medical Officer in October, 1939, and who was promoted to be the Deputy County Medical Officer of Health and Deputy Principal School Medical Officer in July, 1946, retired on 1st June, 1969. I, therefore, had worked closely with him for nearly 30 years, and came to value the solid worth of his services throughout that time. We had both seen great changes in medical practice and administration over those years, and I felt that I had been helped considerably by his loyalty and efficiency. He was succeeded on July 14th, 1969, by Dr. P. K. Sylvester, who had formerly been a Deputy County Medical Officer of Health for Cambridgeshire and the Isle of Ely.

Dr. Cristine M. Davenport resigned from the post of Senior Medical Officer for Mental Health and terminated her duties on March 14th, 1969. Subsequently, the work of the Health Department was rearranged so that the duties of the three Senior Medical Officers

would be performed temporarily at least by the remaining two, namely, by Dr. Julia M. D. Corrigan and Dr. S. Jeanette Harries. Dr. Corrigan would continue to have responsibilities in the School Health Service, but in addition these would be extended to cover Mental Health. Dr. Harries would continue to have responsibilities for Maternal and Child Health, but the Home Help Service (in which Dr. Davenport had certain responsibilities) would be transferred to Dr. Harries, as well as the Health Education service, formerly done by Dr. Corrigan. I am extremely grateful to both these Officers for their understanding and co-operation, particularly at this time when so many changes are envisaged for the transfer of certain health functions to the Education service and the proposed Social Services Department.

I should like to pay tribute to all the members of my Department who have given me such loyal support down the years—not least my Deputy; the Senior Medical Officers for Maternal and Child Health, Mental Health, and School Health; the Principal Dental Officer; the Supervisors of Health Visiting, Home Nursing and Midwifery; the Organisers of Junior and Adult Training Centres; the Chief Mental Welfare Officer; the Home Help Organiser; the Ambulance Officer; the Public Health Inspector; and the Chief Clerk.

I have to thank the respective Chairmen and Members of the County Health, Education, Weights & Measures, and latterly the Public Protection Committee (who took the place of the Weights & Measures Committee as far as certain health functions are concerned), for their support in obtaining improvements to the health services which are the responsibility of the County Council to provide.

This is my last Annual Report, as I shall be retiring on the 11th August, 1970, after serving the County Council in various capacities from the 1st September, 1938. As members of the Authority are aware, Dr. A. H. Snaith has been appointed as my successor and will be taking up duty on the 12th August, 1970, having previously held the appointments of Deputy County Medical Officer of Health and Deputy Principal School Medical Officer to the Cheshire County Council. In welcoming Dr. Snaith to Derbyshire, I hope that he will enjoy the same kindness, co-operation and understanding that I have received over the years from the Members and staff of the Authority.

There are a number of changes and, if I may say so, uncertainties arising on the local government, including health, horizon. A Bill on the personal social services is about to reach the statute book, with all the alterations that it entails, and we are awaiting the Crowther Report on the constitution, as well as decisions on the "Second Green Paper" on the unification of the administration of the National Health Service and the recommendations of the Royal Commission ("Redcliffe-Maud") on Local Government structure. These inevitably will be "political" rather than "professional" decisions.

In a Health Department we are chiefly concerned, of course, with health, and if the changes bring about an improved service to patients, they will be greatly welcomed. By the time these will have occurred I shall have withdrawn from active participation in the administration of the health service, but I am inclined to agree with Dr. David Owen, M.P., who gave his views in an article in *The Times* on the twentieth anniversary of the National Health Service, that " . . . One thing is certain, however much the administrative structure is changed, unless attitudes change with it a truly unified service will remain a dream."

I am,

Your obedient Servant,

J. B. S. MORGAN,

County Medical Officer of Health.

County Offices,
Matlock. DE4 3AG.
(*Telephone No.: Matlock* 3411).

2nd June, 1970.

MEDICAL AND DENTAL STAFF OF THE COUNTY HEALTH DEPARTMENT

(as at 31st DECEMBER, 1969)

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

P. K. SYLVESTER, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.R.C.O.G., D.P.H.

SENIOR MEDICAL OFFICER FOR MATERNAL AND CHILD HEALTH

SARA J. HARRIES, M.B., Ch.B.

SENIOR MEDICAL OFFICER FOR MENTAL HEALTH

(Vacant)

SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH

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

MARGARET J. CASH, M.R.C.S., L.R.C.P., D.P.H.
A. F. CROWLEY, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.
W. J. MORRISSEY, M.B., B.Ch., B.A.O., D.P.H.
H. E. NUTTEN, M.B., Ch.B., 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 HEALTH MEDICAL OFFICERS

MYRTLE P. DANIELS, B.Sc., M.B., B.S., D.R.C.O.G.
THELMA H. W. MORKS, B.A., M.B., B.Ch., B.A.O.
JILL BETHELL, M.B., Ch.B.

ASSISTANT MATERNAL AND CHILD HEALTH MEDICAL OFFICERS

J. DUTHIE, M.B., Ch.B.
J. A. GAWTHORPE, M.B., Ch.B.
E. ANN B. SHARPE, M.B., Ch.B.
WINIFRED GOW, M.B., Ch.B.
EVELYN B. HORTON, M.B., Ch.B. (Part-time)
J. A. HOWE, M.B., Ch.B., L.R.C.P., M.R.C.S. (Part-time)
MARY HUGHES, M.B., Ch.B. (Part-time)
BRIDGID J. HUNTER, M.B., B.Ch., B.A.O. (Part-time)
JOAN B. M. LEITH, M.B., B.Ch., B.A.O. (Chesterfield Borough)
G. V. LEWIS, L.M.S.S.A., L.R.C.P., M.R.C.S.
ELEANOR M. SINGER, M.Sc., L.R.C.P., M.R.C.S., D.C.H. (Part-time)
HELEN B. SPINK, M.R.C.S., L.R.C.P. (Part-time)
TEISI URSTON, Med-Dip. (University of Tartu)

DENTAL STAFF

Chief Dental Officer:	H. E. GRAY, L.D.S.
Area Dental Officers:	J. S. BENNETT, B.D.S.
	MARGUERITE FORD, L.D.S.
	EDITH M. HAGUE, L.D.S.
Dental Officers:	JOAN M. FLETCHER, B.D.S. (Part-time)
	VIVIENNE B. SHUFF, B.D.S. (Part-time)
	SHELIA D. WELBOURN, B.D.S. (Part-time)
	IRENE M. KELLY, B.D.S. (Part-time)

Chesterfield Borough:

C. C. GRANT, L.D.S., Senior Dental Officer
W. F. O'DALY, L.D.S.

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

Year		Birth Rate *per* 1,000 *of Population*	Infant Mortality *per* 1,000 *Births*	Death Rate from all Causes *per* 1,000 *of Population*
1891 to 1900	WHOLE COUNTY	**33·7**	**147**	**17·1**
	England and Wales	29·9	153	18·3
1901 to 1910	WHOLE COUNTY	**28·5**	**126**	**14·1**
	England and Wales	27·1	128	15·3
1911 to 1920	WHOLE COUNTY	**24·07**	**99**	**12·66**
	England and Wales	21·90	100	13·85
1921 to 1930	WHOLE COUNTY	**19·73**	**70·7**	**10·92**
	England and Wales	18·36	71·7	12·14
1931 to 1940	WHOLE COUNTY	**15·7**	**56·7**	**11·31**
	England and Wales	14·93	58·6	12·26
1941 to 1950	WHOLE COUNTY	**18·25**	**41·99**	**10·94**
	England and Wales	17·02	42·88	11·72
1951 to 1960	WHOLE COUNTY	**15·43**	**26·20**	**11·70**
	England and Wales	15·82	24·80	11·62
1961*	WHOLE COUNTY	**16·08**	**19·93**	**12·83**
	England and Wales	17·6	21·4	11·9
1962*	WHOLE COUNTY	**16·94**	**21·60**	**12·80**
	England and Wales	18·0	21·7	11·9
1963*	WHOLE COUNTY	**17·11**	**19·26**	**12·31**
	England and Wales	18·2	21·1	12·2
1964*	WHOLE COUNTY	**17·29**	**17·74**	**12·15**
	England and Wales	18·5	19·9	11·3
1965*	WHOLE COUNTY	**17·31**	**17·20**	**11·68**
	England and Wales	18·1	19·0	11·5
1966*	WHOLE COUNTY	**16·92**	**17·25**	**12·29**
	England and Wales	17·7	19·0	11·7
1967*	WHOLE COUNTY	**16·6**	**17·53**	**11·2**
	England and Wales	17·2	18·3	11·2
1968*	WHOLE COUNTY	**16·63**	**17·58**	**12·63**
	England and Wales	16·9	18·0	11·9
1969*	Urban Districts	16·0	20	12·8
	Rural Districts	15·7	15	12·1
	WHOLE COUNTY	**15·9**	**18**	**12·5**
	England and Wales	16·3	18	11·9

* See note on page 13

REPORT OF THE HEALTH OF DERBYSHIRE FOR THE YEAR 1969

In January, 1970, the Department of Health and Social Security issued Circular 1/70 concerning the "Annual Report of the Medical Officer of Health for 1969", relevant extracts from which read as follows:-

"1. Regulations 5(3) and 15(5)* of the Public Health Officers Regulations 1959 require the Medical Officer of Health, as soon as practicable after 31st December in each year, to make a report for that year to the Council dealing with the sanitary circumstances, sanitary administration and vital statistics for the area and containing, in addition to public health matters upon which he may consider it desirable to report, information required by the Secretary of State. The regulations also require copies of the report to be sent to the Secretary of State."

"3. 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 1969 should be of the greatest value for this purpose the Secretary of State suggests that, among other things, it should deal with the matters referred to in the following paragraphs."

(The circular mentions certain points which should be covered in the annual report, including vital statistics, co-ordination of services, congenital defects, and the fluoridation of water supplies.)

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 Department's 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 618,661 acres, 97,520 in Municipal Boroughs and Urban Districts and 521,141 in Rural Districts.

The population of the Administrative County as estimated by the Registrar-General at the middle of 1969 was as follows:-

Municipal Boroughs	157,750
Urban Districts	229,890
Rural Districts	282,690
Total Administrative County ..	670,330

The rateable value of the Administrative County for the year 1969/70 for the County Rate purposes is £23,342,750, and a penny rate over the whole County is estimated to produce the sum of £93,080.

PHYSICAL FEATURES AND CHIEF OCCUPATIONS

Derbyshire includes the southern extremity of the Pennines, hills which are bounded to the south by the broad valley of the Trent and are penetrated deeply by that river's tributaries, the Derwent and Dove. The south of the County forms part of the English Midlands with a climate which though variable is rarely extreme. To the north the hills, rising to over 2,000 feet in Kinder Scout, sometimes contribute to rigorous conditions in winter including a high rainfall and humidity.

The most densley populated part of the County is the eastern coalfield, where the collieries, coke ovens and blast furnaces have been progressively reduced in numbers in recent years, output now being concentrated in relatively few large concerns. Many other heavy industries, such as chemical production, iron foundries and engineering flourish on the coalfield and the textile and clothing industries provide employment for women, particularly since the war. Atmospheric pollution from the heavy industries, railways and burning waste heaps remains a problem though less severe than in former years. To the south of the coalfield, textile industries, notably hosiery and lace, with many light engineering concerns, are prominent in the area between Nottingham and Derby and many people resident in this part of the County travel to work to offices and varied industries of these County Boroughs. The Derwent Valley played a prominent part in the development of the cotton and hosiery industries, which still flourish in several large factories, and the valley also contains dyeworks, foundries and wireworks. At Matlock, in the centre of the County, the County Council has its offices and the town is also a popular resort due to its spectacular

scenery. In the south-west of the County a small coalfield has a well established pottery industry, while nearby on the Trent two groups of power stations have brought new problems of atmospheric pollution by dust and sulphur dioxide. In the north-west, beyond the spa and conference centre of Buxton, a group of manufacturing towns long dependent on the cotton industry have in recent years achieved a more diversified economy. Brake linings and other asbestos products, paper, brushes, clothing and electrical goods and canned foods are all made, often in former cotton mills, but bleaching and textile printing remain important.

The rural areas of the County support a flourishing agricultural economy and important market centres. Specialisation on milk production has resulted in milk and cheese factories. Mineral deposits are worked in many places, including the limestone quarries which are among the largest in Europe. Works processing the minerals tend to produce dust, particularly in the case of cement works and lime kilns, but the lead smelters which were formerly notorious are no longer a problem. The mineral processing plants include several classed as "Refractories Industries", some of which may make workers liable to pulmonary disease. Away from the quarries the rural areas are noted for the fine landscape, which has attracted increasing numbers of visitors in recent years, assisted by the activities of the Peak Park Planning Board which administers Britain's first National Park.

VITAL STATISTICS

The Department of Health and Social Security 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 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 concerned should be multiplied by an "area comparability factor", which has been provided by the Registrar-General since 1954.
Since 1957, the death rate area comparability factors have also been adjusted to take account of the presence of any residential institutions, and boundary changes 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 1969 are as follows:- for births, 1·02; for deaths, 1·04).

	Males	*Females*	*Total*
Live Births—Legitimate ..	5,043	4,742	9,785
—Illegitimate ..	362	329	691
Total ..	5,405	5,071	10,476

Live birth rate per 1,000 population	15·9
Illegitimate live births per cent of total live births	7
Stillbirths—Number	153
—Rate per 1,000 total live and still-births	14
Total live- and still-births	10,629
Infant deaths (deaths under one year)	187
Infant mortality rates—	
Total infant deaths per 1,000 total live-births	18
Legitimate infant deaths per 1,000 legitimate live-births	18
Illegitimate infant deaths per 1,000 illegitimate live-births	19
Neo-natal mortality rate (deaths under four weeks per 1,000 total live-births)	11
Early neo-natal mortality rate (deaths under one week per 1,000 total live-births)	10
Perinatal mortality rate (still-births and deaths under one week combined per 1,000 total live- and still-births)	24
Maternal mortality (including abortion)—	
Number of deaths	2
Rate per 1,000 total live- and still-births	0·19
Number of deaths from all causes	8,041
Death rate per 1,000 of the estimated population	12·5
Deaths from Cancer (all ages)	1,432
Death rate from Cancer	2·14

The number of deaths from various causes in each Sanitary District are given in Appendix II to this Report. The headings under which the deaths are classified have been revised by the General Register Office. Hitherto they have been analysed into 36 causes of death (the Registrar-General's Abridged List): the new classification, however, is basically the International Abbreviated List of 50 causes, with some sub-divisions to improve comparability with the Abridged List, although it is pointed out that exact comparability should not be assumed.

INFANT MORTALITY RATE

(Infants dying under one year per thousand live births)

Year	*Rate*
1930	61·4
1940	55·4
1950	30·19
1960	19·74
1961	19·93
1962	21·60
1963	19·26
1964	17·74
1965	17·20
1966	17·25
1967	17·53
1968	17·58
1969	18*

*The rate for England and Wales in 1969 was 18.

NEONATAL MORTALITY RATE

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

Year	*Number of Neo-natal Deaths*	*Rate per* 1,000 *Live Births*
1950	188	17·4
1955	210	20·3
1960	166	13·54
1961	179	14·56
1962	198	14·95
1963	161	12·16
1964	160	11·88
1965	153	11·25
1966	162	12·10
1967	149	11·66
1968	139	12·34
1969	120	11*

* The figure for England and Wales is 12.

EARLY NEONATAL MORTALITY RATE

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

Number of early neonatal deaths	104
Early neonatal mortality rate	10*

*The figure for England and Wales is 10.

The following table provides an analysis of the causes of death of the 120 children who died during 1969 under four weeks of age, as well as of the 104 children who died under one week of age:-

Causes of Death	*Number of Deaths under 4 weeks of age*			*Number of Deaths under one week*		
	Males	*Females*	*Total*	*Males*	*Females*	*Total*
Congenital malformations	7	10	17	5	7	12
Birth accident	9	–	9	9	–	9
Infections	4	2	6	1	1	2
Asphyxia	1	1	2	1	–	1
Prematurity	37	20	57	37	19	56
Congenital malformations and prematurity	1	4	5	1	4	5
Birth accidents and prematurity	4	1	5	4	1	5
Infections and prematurity	–	1	1	–	–	–
Haemolytic disease of New-born	–	3	3	–	3	3
Other..	6	9	15	4	7	11
Totals ..	69	51	120	62	42	104

SUMMARY.—From the foregoing pages it can be seen that the infant mortality rate was 18 per 1,000, which represents 187 children who died under one year of age (compared with a rate of 18 for England and Wales).

Of the 187 children, 120 died within four weeks, giving a neonatal death rate of 11 per 1,000 live births. The majority of those infants (104) died within the first week, giving an early neonatal mortality rate of 10 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 1969 was 24 (The comparable rate for England and Wales was 23).

(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).

CONGENITAL ABNORMALITIES

During the year, 105 children have been notified to the Department of Health and Social Security as having congenital abnormalities. Of these 19 were still-born and 15 died in the first week of life. Classifying each case according to the major deformity present they fell into the following categories:-

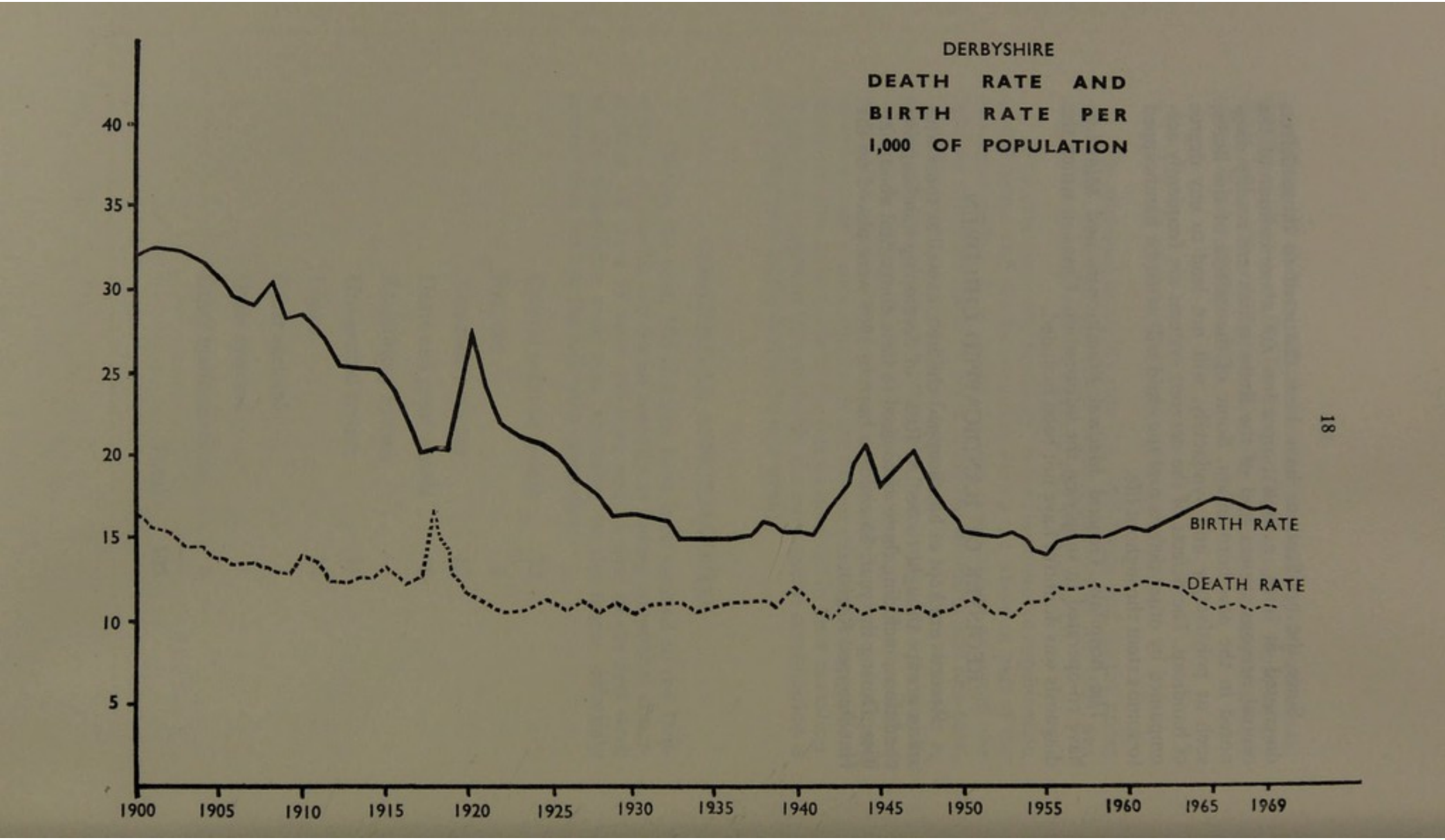
Central nervous system ..	32
Eye, ear	1
Alimentary system ..	12
Heart and great vessels ..	8
Respiratory System ..	—
Uro-genital system ..	11
Limbs	34
Other skeletal	1
Other systems	1
Other malformations ..	5
Total ..	105

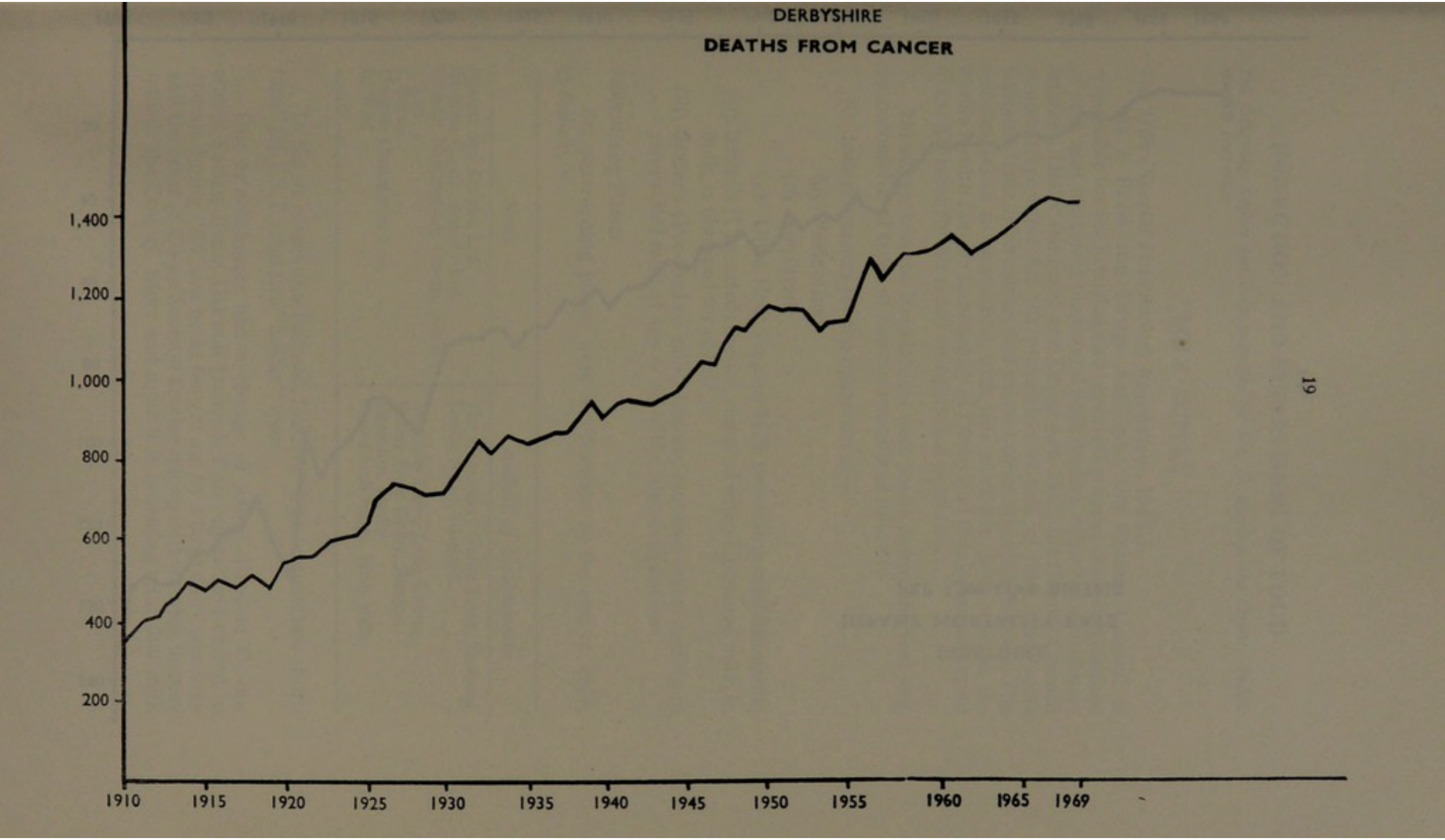
Since the notifications have been restricted to those defects diagnosed at birth, a high proportion are abnormalities of the central nervous system and of the limbs which are readily diagnosed in the new born infant. Some of the defects of the limbs, such as polydactyly and syndactyly, will not lead to any degree of handicap. The defects of the nervous systems are frequently accompanied by other defects and the child will often be handicapped to some extent throughout life.

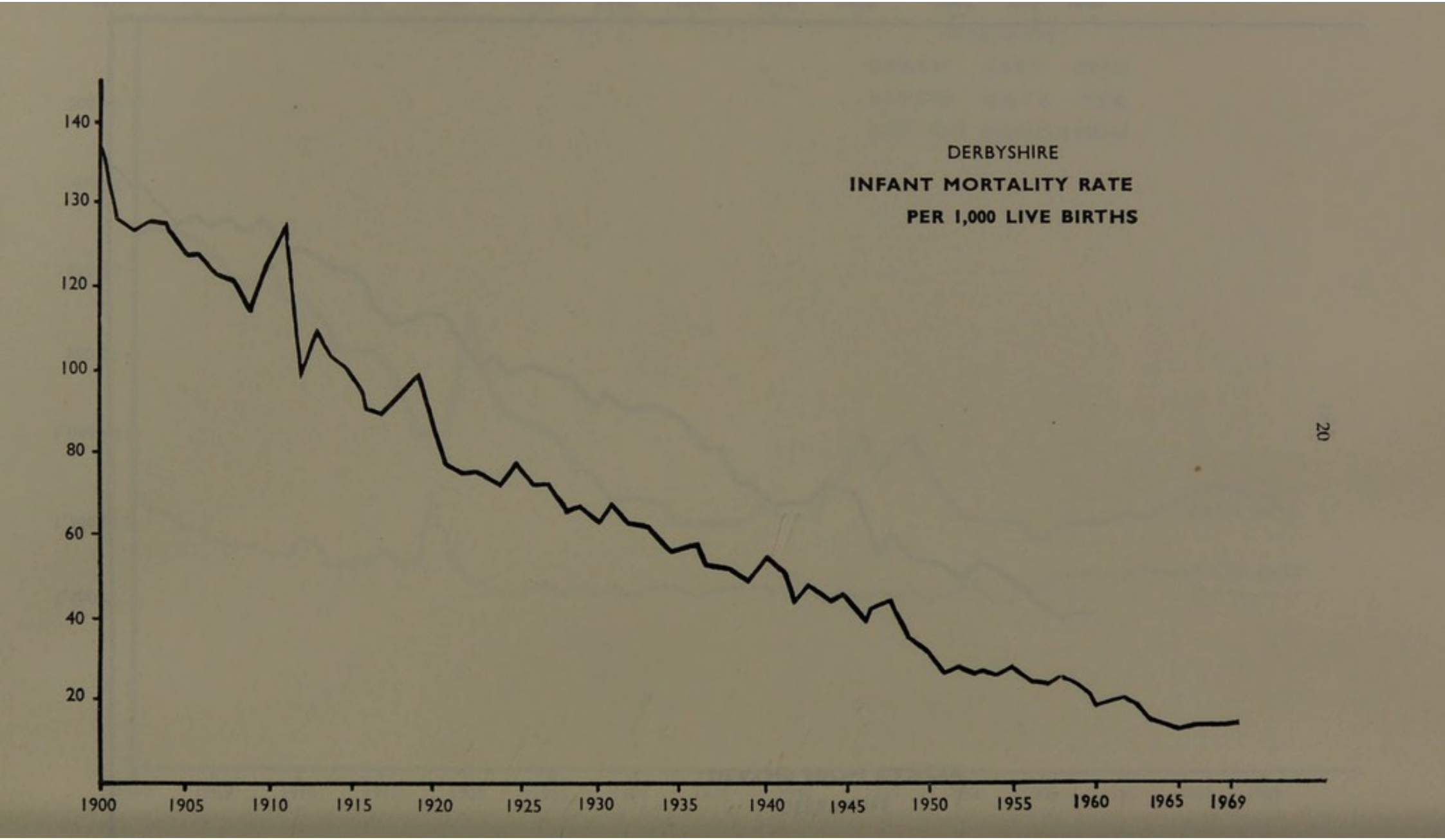
The hospitals, General Medical Practitioners and Midwives have co-operated in supplying the information. Cases in which the diagnosis was doubtful have not been included.

REGISTER OF HANDICAPPED CHILDREN

Records are kept of handicapped children, as well as those who are in groups thought to be "At Risk" of developing handicapping conditions, including those discovered to have congenital abnormalities. During the year, 85 children born in 1969 were placed on the Handicapped Register.


DERBYSHIRE
DEATH RATE AND
BIRTH RATE PER
1,000 OF POPULATION
40
35
30
25
20
15
10
5
1900
1905
1910
1915
1920
1925
1930
1935
1940
1945
1950
1955
1960
1965
1969
BIRTH RATE
DEATH RATE


DERBYSHIRE
DEATHS FROM CANCER
1,400
1,200
1,000
800
600
400
200
1910
1915
1920
1925
1930
1935
1940
1945
1950
1955
1960
1965
1969


DERBYSHIRE
INFANT MORTALITY RATE
PER 1,000 LIVE BIRTHS
140
130
120
100
80
60
40
20
1900
1905
1910
1915
1920
1925
1930
1935
1940
1945
1950
1955
1960
1965
1969

INSPECTION AND SUPERVISION OF FOOD

The following Report has been provided by Mr. E. Rowley, the County Public Health Inspector:-

"MILK SUPPLY

The Milk (Special Designation) Regulations, 1963-5.

As a Food and Drugs Authority, the County Council is responsible for the licensing and supervision under these Regulations of milk heat treatment plants and milk dealers, other than producer-retailers. Under the Food and Drugs Act, 1955, the County Council is also responsible for the prevention of sale of milk from cows suffering from tuberculosis and certain other specified diseases. The samples taken in connection with this work are dealt with at the Public Health Service Laboratory at Derby and thanks are expressed to the Director for his ready co-operation at all times.

No changes in the Regulations were made during the year and the current list of types of licences remains as follows:-

(i) dealers' licences for the operation of—
  (*a*) Pasteurised;
  (*b*) Sterilized;
  (*c*) Ultra Heat Treated Milk processing establishments;
(ii) dealer's (Untreated) licence, required when Untreated milk, in bulk, is obtained for re-sale;
(iii) dealer's (Pre-Packed milk) licence, required when dealing in pre-packed milk of any or all of the four designations.

Pasteurising Plants

Six pasteurising plants were in operation at the end of 1969, as follows:-

Name	*Address of Establishment*
Buxton Spa Dairies Ltd.	The Creamery, Green Lane, Buxton.
Ilkeston Co-op. Society Ltd. ..	Derby Road, Ilkeston.
Greater Nottingham Co-op. Society Ltd.	Meadow Lane, Long Eaton.
J. Payne	Sunny View Dairy, Buxton.
Unigate Creameries Ltd.	Egginton, Derby.
B. Wild	Beard Hall Farm, New Mills.

Of the six plants now licensed, four are "high temperature short-time" (H.T.S.T.) and two "holder" types.

One establishment had a change of name—Ilkeston Co-operative Society (from Oakwell Dairies). Two others have ceased to operate during 1969, one being bought out by a large dairy company and the other (a Co-op Society) amalgamating with another Society outside the County. More and more it is becoming clear that milk

processing will gradually become concentrated in or near to large centres of population. Efficient, economic and hygienic distribution of such milk is gradually becoming a matter of major concern to the larger operating dairies. As an indication of what is happening in the County, a few years ago the daily gallonage of milk pasteurised was nearly 20,000, whereas today it is only about 9,000.

One other minor change that is taking place is the interest the larger producer-retailers are showing in pasteurisation as a result of pressure of the brucella abortus eradication campaign. From a public health point of view this is obviously encouraging but on a strictly economic basis it is doubtful whether the cost of setting up, maintaining and operating a small plant these days is an attractive proposition unless it is run purely as a family concern.

Supervision of all plants is carried out as a regular routine. Generally speaking, very little trouble is encountered and Dairy Managers are most anxious to co-operate with the authority.

The sampling figures for the year are given below.

Grade of Milk	*Satisfactory*		*Unsatisfactory*		*Total number of samples submitted*
	M.B.	*Phos.*	*M.B.*	*Phos.*	
Pasteurised	125	132	–	1	133

NOTE: (*a*) M.B. means the Methylene Blue Test; Phos. means the Phosphatase Test.

(*b*) Eight samples were not subjected to the Methylene Blue Test as the atmospheric shade temperature exceeded 70°F. at the time of testing.

The one phosphatase test failure occurred at a dairy that had previously been subject to some concern over various matters. On this occasion, the opportunity was taken, with Committee approval, to issue a formal warning letter under the procedure laid down in the Food & Drugs Act, 1955.

Sterilizing Plant

One small sterilizing plant is licensed in the County. Twenty samples taken from the dairy during the year passed the turbidity test, and others, taken from retail outlets, were all satisfactory.

Ultra Heat Treatment Plants

No plant has been licensed in the County for this form of heat treatment of milk.

Milk Dealers

The figures for the number of licences in force at the beginning and end of the year are as follows:-

	As at January 1st	*December 31st*
Dealers (Untreated) (bulk handling) milk—Licences	21	14
Dealers (Pre-packed milk)—Licences	814	798

Routine inspections of dealers' premises were carried on during the year. It is hoped that with the centralisation of pasteurising plants there will be a corresponding extension of bulk cold store facilities for milk retailers. This seems to be a logical step forward if legislation for compulsory retail refrigeration is not introduced. There were five such stores in the County at the end of the year and obviously there is scope for development. Otherwise, the pattern of retail trading continues much as before. Generally speaking it has to be said that the housewife gets good and regular service from her milkman. Only occasionally are complaints received and not all of these can be said to be justified. Dirty bottles or bottles containing foreign objects are still the main source of trouble—rarely is the keeping quality of the milk raised.

The sampling figures for 1969 are set out below:

Grade of Milk	*Satisfactory*		*Unsatisfactory*		*Total number of samples submitted*
	M.B.	*Phos.*	*M.B.*	*Phos.*	
Heat Treated Pasteurised	*924	1,039	34	3	1,042
	*84 Samples not tested for Methylene Blue as shade temperature exceeded 70°F.				
	Turbidity				
	Satisfactory		*Unsatisfactory*		
Sterilized	112		1		113
	Colony Count				
	Satisfactory		*Unsatisfactory*		
Ultra-Heat Treated	18		4		22
	Methylene Blue				
	Satisfactory		*Unsatisfactory*		
Raw Untreated	*90		20		113

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

There are certain comments, however, that should be made. First, the number of samples not tested, as the atmospheric temperature exceeded 70°F, jumped sharply to about double the usual number—this indicates higher temperatures during the summer months than usual.

Secondly, and partially as a consequence of the temperatures generally obtaining, the number of Methylene Blue test failures also rose, particularly of "pasteurised" milks. The percentage failure rate for the latter was 3·6%, the highest recorded since the work was started in 1960. An average figure would be about 1·8%. Such results are somewhat disappointing. The "untreated" milk Methylene Blue test failures—20 from 92 samples—were about average, a percentage of 21·7, and apparently this standard of failure has to be accepted under present conditions of licensing.

Thirdly, there were the usual small number (3) of phosphatase test failures. Two were from dairies outside the County, the third originating at one of our licensed plants. Unfortunately, it was not possible to trace the cause there, but the plant did later have a complete check and overhaul by the makers.

The fourth point of note is the number of sample failures of "ultra heat treated" milk. This matter was referred to in my last annual report and the pattern is being repeated now. It is not easy to pin-point causes of bacterial contamination of the milk, particularly at the low level which the statutory test prescribes. It seems imperative that dairies processing ultra heat treated milk should ensure, amongst other things, a systematic laboratory testing of milk treated, even up to the end of the advertised "shelf" life, usually five months, to allow for possible deterioration. The sealing technique of the cartons is also a key factor in determining the bacteriological quality of the milk and dairies are obviously aware of this. The matter is being watched carefully and with interest.

The very unusual failure of a sterilized milk sample, from a plant outside the County, could not be explained, following enquiries made by the Public Health Department concerned. This type of milk is, in fact, easily the most reliable of all milk as far as statutory tests are concerned.

Of all the sample failures shown in the table, 39 came from milk rounds and 23 from shops. Many of the latter still do not keep milk in refrigerated accommodation, but the situation is improving.

50% of all samples taken (including pasteurising plants) come from three processing dairies, all outside the County, 75% from eight dairies, and 90% from thirteen dairies. Each year, the ratio of samples to dairies gets higher.

With regard to Brucella Abortus sampling, 142 examinations of milk samples were made, of which 32 were ring test positive, 3 positive on culture test and 8 positive on guinea pig test, (one only was positive both culture and guinea pig). All samples taken were bottle samples and on these figures 7·0% were positive.

These cases were dealt with in accordance with established procedure. Notification is made to the producer, Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, and to the Medical Officer of Health of the District where the milk was produced. The last has powers, under the Milk and Dairies (General) Regulations, 1959, to place restrictions upon the sale of such milk for human consumption.

Some interesting facts have been sent to me on this subject by Dr. B. W. Barton, Director of the Public Health Laboratory, Derby. He has reviewed the work done in the laboratory on Brucella Abortus for the period January 15th, 1967 to December 31st, 1969. The main features he mentions are:-

(1) Milk from 271 herds has been examined and brucella abortus infection found in 72 (26·5%).

(2) 4,070 milk samples were examined of which 782 were ring test positive and 409 showed evidence of infection with brucella abortus. Of the latter figure 218 were positive on direct culture.

(3) The Laboratory investigated 14 cases of human brucellosis during the 3 years. Of these, 4 were veterinary surgeons and 6 farmers or members of farmers' families, or farm workers.

(4) Eight herds that were found to be positive in 1967 were still positive in 1969.

The question is sometimes asked why the sale of "raw" milk is still allowed. This very matter was raised in the House of Commons on the 5th November, 1969. The Minister of Agriculture said that about 97% of our fresh milk is already pasteurised, that there was a specific demand for untreated milk, and that the delivery of heat-treated milk in some remote rural areas could not be assured. This last remark certainly applies to parts of Derbyshire.

When asked to justify the sale of the remaining 3 per cent of milk which can cause people's deaths, the Minister replied as follows:-

"I can justify it by saying that there are certain areas where if people did not get this milk they would not have a milk supply at all. My hon. Friend should not exaggerate too much, because cases of milk-borne disease often come from careless and unhygienic handling of milk after the sale has taken place. While we do not minimise the danger, we should keep it in its proper perspective." "

FLUORIDATION OF PUBLIC WATER SUPPLIES

The Clerk of the County Council has been conducting most of the negotiations concerning fluoridation, and he has, therefore kindly provided the following information:-

"Your Annual Reports for previous years have referred to the discussions and agreement reached between the North Derbyshire Water Board and the County Council for the fluoridation of the water supplies to the Buxton area generally from the sources of supply at the Stanley Moor and the Lightwood Reservoirs and the Stanley Moor Bore Hole, to raise the natural level of the fluoride in the water to 1 part per million. Initially, it was envisaged that sodium fluoride would be used as the fluoridating agent, but subsequently, in view of the developments in relation to the availability and price of hydrofluorsilicic acid for use as such agent, it was agreed that the original scheme be delayed and that the Board's officers re-assess the situation. It has been reported by the Board that to their knowledge trials have been undertaken, under Ministry guidance, utilising two different systems for the dilution and dosing of the acid. The merits of the two systems are being evaluated by the officers of the Board following which a further scheme will be prepared and submitted to the Ministry of Housing and Local Government for technical approval.

Mention was made in your Report for 1968 of the scheme prepared by the South Derbyshire Water Board for the fluoridation of water supplied by the Board from Little Eaton, Holmesford and Meadows, Belper, and from the works of the Derwent Valley Water Board at Heage Firs near Ambergate. Fluoridation of the supply of the Derwent Valley Water Board at Heage Firs concerned the Leicester Corporation Water undertaking and both Leicestershire County Council and Leicestershire Corporation as Local Health Authorities. Owing to the mixing of waters the water supplied by the Leicester Corporation Water undertaking to Leicester and Leicestershire would have contained such a small quantity of fluoride, and hence be of such doubtful beneficial effect, that certain difficulties arose regarding the financing of the scheme prior to the completion of a scheme of works by the Leicester Corporation Water Undertaking. However, because of technical developments and the use of acid as a fluoridating agent, the Engineer and Manager of the South Derbyshire Water Board was able to design and submit to the Ministry of Housing and Local Government for approval, a revised scheme which eliminated the need to fluoridate at Heage or at any point on the Derwent Valley Aqueduct. The revised scheme only concerns the County Council and the Derby County Borough Council as local health authorities. The County Council have approved the revised scheme and negotiations are taking place with the Board and the Derby County Borough Council."

COUNTY DISTRICT COUNCILS' AREAS

A Table giving the Birth Rates and Deaths from all causes in each of the Sanitary Districts of the County appears on pages 28 and 29.

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. 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 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 1 to my Annual Report for 1960.

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 consultation 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 a Departmental Medical Officer/School Medical Officer. The Table on page 30 shows the position on 31st December, 1969.

COUNTY OF DERBY Year

TABLE GIVING BIRTH RATES AND DEATHS FROM ALL CAUSES

SANITARY DISTRICTS	MEDICAL OFFICER OF HEALTH	Areas 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.	4,957	22,262
ASHBOURNE	.. W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	1,075	4,708
BAKEWELL	.. H. G. Watson, M.B., Ch.B.	3,061	3,028
BELPER	.. W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,294	14,205
BOLSOVER	.. M. J. Cash, M.R.C.S., L.R.C.P., D.P.H.	4,526	9,808
BUXTON (Borough) ..	.. H. E. Nutten, M.B., Ch.B., D.P.H. ..	6,337	16,884
CHESTERFIELD (Borough)	.. H. Bailey, M.B., Ch.B., D.P.H. ..	8,468	64,160
CLAY CROSS	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	2,023	8,781
DRONFIELD	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	3,457	6,388
GLOSSOP (Borough) ..	.. M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	3,324	20,001
HEANOR	.. P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	4,419	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	.. Vacant	16,598	16,596
NEW MILLS	.. M. Sutcliffe, M.A., M.B., B.Ch., D.P.H.	5,242	8,626
RIPLEY	.. P. Weyman, L.R.C.P., L.R.C.S., L.R.F.P. & S., D.P.H.	5,411	17,713
STAVELEY	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	6,504	17,845
SWADLINCOTE ..	.. A. F. Crowley, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.	3,754	20,604
WHALEY BRIDGE ..	.. H. E. Nutten, M.B., Ch.B., D.P.H. ..	3,479	4,860
WIRKSWORTH	.. W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.	4,015	4,855
	TOTALS OF URBAN DISTRICTS ..	97,520	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.	46,273	23,106
BLACKWELL	.. M. J. Cash, M.R.C.S., L.R.C.P., D.P.H.	21,922	44,689
CHAPEL-EN-LE-FRITH	.. H. E. Nutten, M.B., Ch.B., D.P.H. ..	103,393	18,449
CHESTERFIELD ..	.. D. P. Adams, M.B., Ch.B., D.P.H. ..	63,903	64,968
CLOWNE	.. M. J. Cash, M.R.C.S., L.R.C.P., D.P.H.	13,429	17,720
REPTON	.. A. F. Crowley, M.B., B.Ch., B.A.O., D.R.C.O.G., D.P.H.	64,239	26,438
S. E. DERBYSHIRE ..	.. C. G. Woolgrove, M.B., Ch.B., D.P.H.	36,151	41,097
	TOTALS OF RURAL DISTRICTS ..	521,141	267,400
	TOTALS OF URBAN DISTRICTS ..	97,520	340,291
	TOTALS OF WHOLE COUNTY ..	618,661	607,691

* Adjusted to make allowance for sex and

Ended 31st December, 1969.

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	Esti-mated Mid-1969			Birth Rate	Death Rate		for Births	for Deaths
23,385	22,999	22,440	302	282	14·3	14·1	17	1·06	1·12
5,439	5,660	5,680	86	90	16·6	11·4	23	1·10	0·72
3,356	3,606	4,170	40	89	10·4	8·9	—	1·08	0·42
15,714	15,552	16,360	260	258	16·9	11·5	15	1·06	0·73
10,817	11,772	11,770	154	148	12·4	16·0	19	0·95	1·27
19,568	19,155	20,100	313	283	16·4	12·0	29	1·05	0·85
68,558	67,858	70,420	1,028	922	14·9	13·1	21	1·02	1·00
8,553	9,163	9,880	128	119	13·7	12·5	23	1·05	1·04
7,627	11,303	15,880	357	120	17·1	10·8	14	0·76	1·42
18,004	17,500	21,830	384	312	19·5	12·2	21	1·11	0·85
24,406	23,870	24,470	386	277	16·6	13·0	26	1·05	1·15
33,677	34,672	35,400	569	443	16·3	15·4	26	1·01	1·23
28,641	30,476	33,170	621	361	18·5	11·7	16	0·99	1·07
17,756	18,505	20,240	303	230	15·2	11·9	13	1·01	1·04
8,475	8,514	8,880	159	122	19·2	12·9	31	1·07	0·94
18,192	17,617	17,910	274	203	16·4	12·1	11	1·07	1·07
17,945	18,070	18,480	288	223	15·8	14·9	17	1·01	1·23
20,907	19,221	20,130	298	241	15·8	13·0	20	1·07	1·08
5,365	5,290	5,390	74	72	15·9	13·5	27	1·16	1·01
4,893	4,931	5,040	81	47	15·9	10·9	12	0·99	1·17
361,278	365,734	387,640	6,105	4,842	16·0	12·8	20	1·02	1·02
12,019	11,286	11,890	183	143	17·2	12·7	27	1·12	1·06
19,282	18,608	18,760	243	244	14·2	11·7	16	1·09	0·90
28,193	33,362	23,770	338	277	15·2	11·7	15	1·06	0·99
43,112	43,804	44,240	754	481	17·0	13·3	16	1·00	1·22
19,006	18,385	18,350	283	255	17·1	12·5	14	1·11	0·90
75,745	101,041	73,700	1,119	716	14·3	12·4	20	0·94	1·28
19,072	19,780	19,730	298	255	15·4	13·9	17	1·02	1·08
31,570	37,565	33,240	516	389	16·4	10·9	2	1·06	0·93
75,893	95,647	39,010	637	439	16·1	11·2	11	0·99	0·99
323,892	379,478	282,690	4,371	3,199	15·7	12·1	15	1·01	1·07
361·278	365,734	387,640	6,105	4,842	16·0	12·8	20	1·02	1·02
685,170	745,212	670,330	10,476	8,041	15·9	12·5	18	1·02	1·04

age distribution of population, etc.—see remarks on page 13.

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 ..	9,880			
	Dronfield Urban ..	15,880			
	Staveley Urban ..	18,480	Yes	Whole-time	None
	Chesterfield Rural ..	73,700			
		117,940			
2	Bolsover Urban ..	11,770			
	Blackwell Rural ..	44,240			
	Clowne Rural ..	19,730	Yes	8/11ths.	3/11ths*
		75,740			
3	Glossop Borough ..	21,830			
	New Mills Urban ..	8,880	Yes	9/22nds.	13/22nds*
		30,710			
4	Buxton Borough ..	20,100			
	Whaley Bridge Urban	5,390			
	Chapel-en-le-Frith Rural	18,350	Yes	7/11ths.	4/11ths*
		43,840			
5	Bakewell Urban ..	4,170			
	Matlock Urban ..	20,240			
	Bakewell Rural ..	18,760	No	Part-time	None
		43,170			
6	Long Eaton Urban ..	33,170			
	S.E. Derbyshire Rural	39,010	Yes	7/11ths.	4/11ths*
		72,180			
7	Swadlincote Urban ..	20,130			
	Repton Rural ..	33,240	Yes	8/11ths	3/11ths*
		53,370			
8	Ilkeston Borough ..	35,400			
	Alfreton Urban ..	22,440			
	Heanor Urban ..	24,470	Yes	8/11ths.	3/11ths*
	Ripley Urban ..	17,910			
		100,220			
9	Ashbourne Urban ..	5,680			
	Belper Urban ..	16,360			
	Wirksworth Urban	5,040			
	Ashbourne Rural ..	11,890	Yes	6/11ths.	5/11ths*
	Belper Rural ..	23,770			
		62,740			
10	Chesterfield Borough	70,420	Yes	52%	48%‡

*Indicates that the Medical Officer of Health also acts as a Departmental 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.

GENERAL SANITARY ADMINISTRATION

Estimated Number of Houses:-

Municipal Boroughs and Urban Districts	135,845
Rural Districts	94,774

	Municipal Boroughs and Urban Districts		*Rural Districts*	
	No. on Register	*Inspections made*	*No. on Register*	*Inspections made*
Bakehouses	100	340	28	144
Common Lodging Houses	2	3	—	—
Dairies	55	124	52	52
Factories and Workplaces	2,013	1,189	772	571
Houses Let in Lodgings	50	188	—	—
Ice Cream Premises—				
(*a*) Manufacturers	16	68	8	78
(*b*) Dealers	1,640	1,084	1,049	1,080
Market Stalls	714	5,413	34	494
Milk Distributors	491	481	168	93
Movable Dwelling Sites	51	279	208	612
Offensive Trades	10	10	—	—
Outworkers	297	106	187	127
Preserved Food Stores	513	1,227	206	403
Offices, Shops and Railway Premises	3,506	2,463	1,252	1,068
Slaughterhouses—				
(*a*) Public Abbattoirs	1	698	—	—
(*b*) Private	45	4,775	43	6,117
Knackers Yards	3	49	7	53

Water Supplies

Rural Water Supplies and Sewerage Acts, 1944 *to* 1965.

The following scheme was considered by this Department during the year:-

N. Derbyshire Water Board. Western Area Supply Scheme (Gt. Longstone area). Estimated cost £118,272.

The County is covered generally by Water Boards, but in part of the south by a private company. The following reports from the two principal Boards cover the greater part of the area of the County.

South Derbyshire Water Board (*Report kindly submitted by Mr. I. G. Edwards, B.Sc., M.I.C.E., M.I.W.E., Engineer and Manager*):

	No. of Houses	*Estimated Population Involved*
No. of Houses connected to mains	89,183	269,331
No. of Houses supplied from standpipes or mains	—	—

No. of Houses not supplied from standpipes or mains	1,643	5,000
No. of connections made during year:-		
(*a*) existing houses	40	
(*b*) new houses	889	
(*c*) other premises	78	

Works carried out by the Board during the year, in addition to the normal extensions of distribution mains, were as follows:-

24" dia. Main	2,455 yds.
	Homesford—Crich
24" dia. Main	3,830 yds.
4" dia. Main	375 yds.
	Crich—Sawmill
21" dia. Main	12,200 yds.
24" ,, ,,	12 ,,
18" ,, ,,	68 ,,
15" ,, ,,	390 ,,
12" ,, ,,	220 ,,
9" ,, ,,	1,127 ,,
	Sawmill—Little Eaton
9" dia. Main	2,919 yds.
	Bessalone Reservoir—Whitemoor Lane
9" dia. Main	1,047 yds.
	Holloway—Homesford

Crich Reservoir—completed.

Reconstruction of Homesford Treatment Works—(Working at full capacity by end of year).

Repaired Tagg Hill Tanks, Heanor.

North Derbyshire Water Board (*Report kindly submitted by Mr. C. H. Crombie, M.I.C.E., M.I.W.E., Engineer and Manager*):

	No. of Houses	*Estimated Population Involved*
No. of Houses connected to mains ..	100,459	314,800
No. of Houses supplied from standpipes or mains	16	50
No. of Houses not supplied from standpipes or mains	1,344	4,020
No of connections made during year:—		
(*a*) existing houses	14	
(*b*) new houses	1,478	
(*c*) other premises	124	

Major works carried out included the following:—

Manton Water Supply Scheme

Lowtown Treatment Plant. Construction of new plant for softening and treatment of maximum 3 m.g.d. from Manton Colliery, commenced February, 1969, due for completion April, 1970.

Bulk Supply Scheme

Implementation of first phase of scheme to take additional 1·75 m.g.d. from South Derbyshire Water Board. Laying of new 15-inch diameter main and installation of new pumping plant and equipment. Construction of new 1 m.g. reinforced concrete reservoir at Linacre works. Started in May, 1969.

Gosforth Valley Scheme

Construction of 1 m.g. reservoir completed at Holmesfield and trunk distribution mains for housing development. Started May, 1968, completed May, 1969.

Sewerage and Sewage Disposal

Rural Water Supplies and Sewerage Acts, 1944 *to* 1965.

Four schemes received approval during the year, as follows:—

The following schemes were considered by this Department during the year:—

Authority submitting Scheme	*Scheme*	*Estimated Cost*
Repton R.D.C.	Hilton Sewerage	£69,600
do.	Burnaston Sewerage	£24,383
do.	Overseal (Acresford Road Extension)	£8,246
Belper R.D.C.	Eastern Parishes Scheme	£459,152
Chesterfield R.D.C.	Morton Extension	£1,283
S.E. Derbyshire R.D.C.	Kings Newton Extension	£4,000

Information is given below of the position in the County with regard to sewerage and sewage disposal. Boroughs and Urban Districts have 99·0% of their houses connected to sewers, whilst Rural Districts have a corresponding figure of 91·6%.

	Municipal Boroughs and Urban Districts		*Rural Districts*	
		Estimated Population Involved		*Estimated Population Involved*
No. of Houses:				
(*a*) Connected to sewers ..	134,700	384,762	88,331	265,265
(*b*) Not connected to sewers ..	1,284	3,482	9,482	24,572
No. of connections made during year:				
(i) existing houses	39	—	120	—
(ii) new houses	2,793	—	1,536	—
(iii) other premises	77	—	5	—
No. of conversions of other closets to W.C.s	48	—	119	—

Some notes follow of improvements made, or in progress, in the various districts.

Buxton Borough — Various connections to sewers completed; also Victoria Park extension No. 4 commenced (for 177 houses).

Glossop Borough — Ministry approval received for carrying out of design work on new extensions to disposal works.

Alfreton U.D.C. — New disposal works commenced (third and final stage of Urban District scheme).

Bolsover U.D.C. — New off-site surface water sewer to serve the Valley Estate housing development area completed.

Long Eaton U.D.C. — Major extension at Toton disposal works commenced; estimated cost £480,000.

Matlock U.D.C. — Riber sewerage scheme completed. Slaley scheme commenced.

Swadlincote U.D.C. — Construction of two new humus tanks at Stanton Works commenced.

Belper R.D.C. — Schemes completed: Hazelwood and Windley scheme with additional extensions, small extension at Denby.

Schemes in progress: Extensions to Duffield disposal works; relaying of sewers at Smalley.

Blackwell R.D.C. — New sewage works under construction at Rowthorne Village (Ault Hucknall Parish), with conversions and connections to properties.

Chapel R.D.C. — Sewer extensions at Harpur Hill (connection to Buxton Borough system).

Chesterfield R.D.C. — Works completed: Sewer renewal at New Higham completed; pumping station constructed at Marsh Lane; minor improvements at Barlow, and Shirland disposal works.

Works in progress: Holmewood surface water sewer Stage II; minor improvements to disposal works at Holmesfield, Wheeldon Mill and Unstone.

Housing

With the new Housing Act, 1969, becoming law, vigorous action by local authorities to deal with unsatisfactory housing is clearly looked for by the Ministry of Housing and Local Government.

The Act makes increased grants available for the improvement and repair of houses capable of improvement, for more generous compensation, and for good maintenance payments for slum

clearance. Councils were asked to send in their programmes by the beginning of 1970 for the clearing of slums over the next four years, at an increasing pace, the Ministry hopes.

As far as the details given by the District Medical Officers for 1969 are concerned, more houses were demolished and closed than in the previous year, but less made fit. The number of Improvement Grants declined from 2,313 to 1,999.

SLUM CLEARANCE

	Municipal Boroughs and Urban Districts	*Rural Districts*
Estimated No. of houses declared unfit, 1955-1969	8,097	8,167
Total No. of houses demolished or closed 1955 to 31/12/1969	6,878	5,832
During 1969:—		
Houses demolished:		
(*a*) in Clearance Areas	414	177
(*b*) not in Clearance Areas	167	164
Unfit houses closed..	87	26
Unfit houses made fit and houses in which defects were remedied	1,737	313
Unfit houses in temporary use	50	1
Houses in Clearance Areas purchased	107	80

IMPROVEMENT GRANTS

	No. approved for conversion or improvement (Housing Acts 1958 and 1969)	*No. approved for improvement (Housing Act 1959) ('standard grants')*
Municipal Boroughs and Urban Districts	206	1,071
Rural Districts	96	626

IMPROVEMENT AREAS

	Muncipal Boroughs and Urban Districts	*Rural Districts*
(*a*) No. declared	—	—
(*b*) No. of houses in declared areas:		
(i) No. of improvable dwellings	—	—
(ii) No. of (i) above of tenanted improvable dwellings ..	—	—
(*c*) No. of houses lacking standard amenities	—	—
(*d*) No. of houses brought to:		
full standard	13	—
reduced standard	—	—

	No. of new dwellings completed during 1969	
	by local authorities	*by private enterprise*
Municipal Boroughs & Urban Districts ..	1,315	1,588
Rural Districts	467	1,136

Swimming Baths

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

	No. of Baths		*Samples taken*	
	Public	*Private (Open to Public)*	*Satis-factory*	*Unsatis-factory*
Municipal Boroughs and Urban Districts	14	6	232	20
Rural Districts	2	5	58	13

Refuse Collection and Disposal.

Many more authorities are now using or trying out polypropolene bins, or polythene liners, or paper sacks. The bins appear to be not meeting the rather ardous requirements of day to day use. More authorities appear to be opting for polythene liners rather than paper sacks, but both systems have their supporters.

The larger authorities are also successfully developing bulk storage and collecting systems for flats and other appropriate premises.

The table below gives details of present methods:—

	Collection		*Disposal*		
	Direct Labour	*Contract*	*No. of Con-trolled Tips*	*No. of Uncon-trolled Tips*	*Destruc-tor Works*
Municipal Boroughs and Urban Districts	20	—	26	—	1
Rural Districts	9	—	20	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:—

	Muncipal Boroughs and Urban Districts	*Rural Districts*
	Number killed and Inspected	*Number killed and Inspected*
Cattle, excluding cows ..	23,669	12,984
Cows	22,363	7,136
Calves	389	297
Sheep and Lambs	64,830	44,377
Pigs	65,201	20,221
Horses	—	—

Movable Dwellings

The Caravan Sites Act, 1968, made possible the provision of sites for gypsies and similar travellers. Implementation of the Act remains a difficult problem and progress is slow.

	Licensed Caravan Sites				*Individual Licensed Vans*
	Holiday		*Residential*		
	Sites	*Vans*	*Sites*	*Vans*	
Municipal Boroughs .. and Urban Districts ..	10	199	25	391	28
Rural Districts	78	716	119	568	104

Offices, Shops and Railway Premises Act, 1963

The figures below indicate the work that has been done during the year. These and other statistics have to be rendered annually to the Ministry of Labour by local authorities.

REGISTRATIONS AND GENERAL INSPECTIONS

Class of premises	*No. of premises registered during the year*		*Total No. of registered premises at end of year*		*No. of registered premises receiving a general inspection during the year*	
	M.Bs & U.Ds	*R.Ds*	*M.Bs & U.Ds*	*R.Ds*	*M.Bs & U.Ds*	*R.Ds*
Offices	44	7	894	178	296	61
Retail Shops	56	26	2,248	804	782	438
Wholesale shops, and warehouses	8	2	97	38	37	10
Catering establishments open to the public, canteens	9	6	309	208	141	103
Fuel storage depots ..	4	2	30	24	12	5
Totals ..	121	43	3,578	1,252	1,268	617

PERSONS EMPLOYED IN REGISTERED PREMISES

Class of workplace	*No. of persons employed*	
	M.Bs & U.Ds.	*R.Ds*
Offices	8,393	988
Retail shops	10,248	2,608
Wholesale departments, warehouses ..	1,094	311
Catering establishments open to the public ..	1,974	1,281
Canteens	129	41
Fuel storage depots	142	71
Total	21,980	5,300
Total Males	8,893	2,046
Total Females	13,087	3,254

Prevention of Atmospheric Pollution

County district councils have considerable powers under the provisions of the Clean Air Acts 1956 and 1968 to control atmospheric pollution. Such provision can be broadly divided into two parts viz:—

(*a*) general regulatory Powers;

(*b*) powers to establish smoke control areas.

Sections of the 1968 Act made operative in 1969 facilitated the control of grit and dust emissions from furnances, extended the provisions in relation to the approval of the height of new chimneys and enabled action to be taken against the sale of bituminous coal in 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.

Readings of deposit gauges, etc., in some of the districts are given below. In addition to those shewn, some other Councils are operating gauges but figures in respect of them have not been made available. In order to make some of the figures more understandable the following extract from the report submitted by Dr. Nutten, the Medical Officer of Health for Buxton Borough may be found useful:—

"Professor P. J. Lawther recently Director of the Medical Research Council, Air Pollution Unit, said that in his view and on the present state of knowledge, smoke in any concentration was undesirable and could well constitute a hazard to health; it should be eliminated as far as was economically possible. There was no evidence, however, that reasonably low concentrations of sulphur dioxide were of themselves harmful, and if the concentrations of smoke were low, he would be inclined to accept peak concentrations of up to 1,000 microgrammes per cubic metre of sulphur dioxide, but would consider anything in excess of this to be potentially harmful, at least to some people. This would mean aiming at a limit of some 100 to 150 microgrammes per cubic metre for the average winter concentrations."

Station	Readings			
	Smoke		Sulphur Dioxide	
	Daily average over each month			
	Highest	Lowest	Highest	Lowest
Buxton Borough: (average daily readings)	Microgrammes		per cu. Metre	
Town Hall	46·95		56·95	
Queens Road	77·8		82·4	
Chesterfield Borough:				
Town Hall	393	1	582	19
Electricity Works	572	3	427	28
Newbold Green School	246	2	383	17
	Milligrammes per sq. metre			
St. John's Road Depot	110	—	2·9	0·5
Sewage Works	71	32	1·9	0·5
Bolsover U.D.C. :				
Hall Farm, Woodhouse Lane ..	171·9	66·6	—	—
Moor Lane	90·1	35·2	2·88	0·62
Cundy Road	—	—	1·78	0·46
Staveley U.D.C. :				
Staveley Works Canteen	408·1	130·8	—	—
Hartington Colliery .. .. (January to June)	299·0	131·0	1·79	1·30
King George Playing Fields .. (July to December)	312·5	56·6	2·44	0·76

The following is a summary of information supplied by some local authorities relating to atmospheric pollution:—

Buxton Borough — Readings of the deposit gauge at Burlow Road during the years 1967, 1968 and 1969 showed that there had been a drop from 355 in 1967 to 246·275 milligrammes per day in 1969.

Chesterfield Borough — No. 5 (Dunston) Smoke Control Order became operative on July 1st, 1969; 1,400 acres involving 6,000 premises now covered by the five Orders in operation.

Ilkeston Borough — No. 3 Smoke Control Order deferred until 1970; No. 4 order operative October, 1969.

Alfreton U.D.C. — One smoke control area made operative during year; two further orders submitted for approval.

Glossop Borough — Smoke control area No. 4 affecting 500 houses confirmed, to become operative in 1970.

Heanor U.D.C. — No. 1 and No. 3 Smoke Control Orders deferred until 1970.

Ripley U.D.C. — No. 1 Order operative in 1969.

Swadlincote U.D.C. — No. 1 Order operative on November 1st, 1969.

Belper R.D.C. No. 1 (Shipley) Order operative on 1st October, 1969; No. 2 (Shipley) Order approved, operative in 1970.

Chapel R.D.C. — As part of a study at present being carried out by the National Air Pollution Control Administration of the U.S.A. to determine the relationship between the British Smokeshade measurement and the U.S. Gravimetric measurement of total suspended particulates, the Council is operating measuring equipment at Kinder. The Kinder site is one of seven in England and Scotland chosen for the study.

MIDWIVES ACTS, 1936-1951

The Midwives Acts are administered by the County Council as the local supervising Authority for the whole of the Administrative County, including the Borough of Chesterfield.

Number of Midwives.—At the end of 1969 there were 176 Midwives on the County Roll—96 were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; 71 were County Midwives, 2 were employed by the Leicestershire County Council, who sometimes attend patients in Derbyshire, 6 were County Home Nurse/Midwives, and one was an Independent Midwife.

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

	1964	1965	1966	1967	1968	1969
Records received:-						
Medical Help	339	404	334	286	272	515
Stillbirths	85	72	66	72	55	15
Deaths of Children	35	45	45	38	36	2
Deaths of Mothers	1	—	—	1	1	—
Liability to be a source of infection	25	32	21	18	17	18
Puerperal Pyrexia—Midwives' Cases	7	9	2	7	7	—
Ophthalmia Neonatorum—All cases	8	3	2	2	—	—

Maternal Mortality.

The Maternal Mortality rate for the whole County for the year 1969 was 0·19 per thousand live- and still-births. The following table indicates the maternal mortality rate in the County since 1950:-

Year	*Rate*
1950 ..	1·44
1955 ..	0·38
1960 ..	0·33
1965 ..	0·072
1966 ..	0·44
1967 ..	0·15
1968 ..	0·087
1969 ..	0·19

A Report on confidential enquiries into maternal deaths in England and Wales, 1964-1966, has been published by the Department of Health and Social Security. In introducing the Report, Sir George Godber, the Chief Medical Officer, discusses some of its findings. It is thought that it would be interesting and informative if I quoted some of his comments.

The Report, which is the fifth of a series of triennial reports on confidential enquiries into maternal deaths, indicates that in England and Wales maternal deaths directly due to pregnancy and child birth and deaths due to disease which occurred during pregnancy or childbirth were less than half those for the three years covered by the first report. It is felt, however, that "haemorrhage and sepsis are still too frequent causes of maternal deaths and the incidence of death due to or associated with anaesthesia has increased although the number of deaths associated with anaesthesia for all purposes is steadily falling. Over one-third of the deaths with an avoidable factor were associated with illegal abortion. It is of considerable importance that everyone concerned with the social or medical well-being of women in this country understands that the legislation of 1967 makes possible a comprehensive family planning service in every locality and the women themselves know of the facilities available . . ." It is pointed out that "despite increasing attention to the selection of women who are known to be at particular risk for hospital confinement, the incidence of death amongst those booked for delivery at home remains much the same as for those booked for delivery in hospital where the deliberate selection of women with adverse medical, obstetric and social histories would be expected to produce a higher rate. The proportion of deliveries in hospital increased from 67% to 72% during the period and is still increasing. If this continues it must become questionable whether enough domiciliary midwifery remains to permit an efficient service..... There is little doubt from the findings of this enquiry that in this country a woman is at least risk if she has her first child between the ages of 20 and 25 years and completes her family before her thirtieth

birthday. A fifth or subsequent pregnancy at any age is associated with diminished safety, and the mother having her first pregnancy when she is forty or more years old requires very special care from doctors and midwives. The identification of increasing age irrespective of parity as a factor associated with death from pulmonary embolism may help to throw light on an intractable problem and suggest the type of patient who requires special observation".

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 to the registration of premises for an approved number of maternity or general nursing beds.

The position on December 31st, 1969 regarding the Homes registered in the County, except in the Boroughs mentioned above, is shown below:-

Name and Address of Nursing Home	*Accommodation approved*
Portland Nursing Home, "Craiglands", The Park, Buxton	17 Medical Cases.
Derby House Nursing Home, Broad Walk, Buxton	31 Medical Cases.
St. Mary's Nursing Home, Ednaston Lodge, Ednaston	22 Medical and Surgical Cases.
Cliff House Nursing Home, Cliff House, Clowne, Nr. Chesterfield	18 Medical Cases.
Borrowash House, Borrowash, Derby ..	20 Unmarried Mothers.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948 (as amended by Section 60 of the Health Services and Public Health Act 1968).

At the beginning of the year there were 28 registered child minders (260 places), and 66 day nurseries (1,238 places). During the year, 115 applicants were registered as child minders (289 places), 24 certificates of registration were surrendered (90 places); and 28 additional places were approved for persons already registered; so that at the end of 1969 there were 119 child minders with 487 places. 29 day nurseries (580 places) were registered and three (56 places) ceased to operate. 67 additional places were approved for persons already registered, bringing the number of day nurseries at the end of the year to 92 with 1,829 places.

In 1968 a circular was received from the Department of Health and Social Security dealing with "Day Care Facilities for Children under Five". An investigation was carried out by the County Health Department into the numbers and needs of children in the priority categories. It was revealed that approximately 4,000 children under the age of five years (excluding Chesterfield) were in need of full or part day care. The numbers in need of full or part day care were in approximately equal proportions.

During the year, the County Council through Members and Officers of the Health, Education and Children's Committees, examined the County's existing provision for the care and education of young children below school age, and consideration was given to what might be done to improve the facilities available. It was proposed to allocate in next year's estimates a sum of money to assist in establishing, equipping and running Pre-School Play Groups in those areas where the childrens needs are greatest. It is also proposed to help individual children by paying their fees for attendances at play groups, and grants may be given to play groups who take into their care a number of children who need help.

The Director of Education and County Medical Officer of Health collaborated in working out a programme of Training Courses to improve the knowledge and qualifications of people working with Pre-School children, especially in Play Groups. These Courses will form part of the normal Adult Education programme in 1970, but will be offered at a reduced fee. In addition the Education Committee decided to place suitable furniture and equipment, which Primary Schools no longer require, at the disposal of Pre-School Play Groups, more especially those in areas of special social need and to charge no rent to Play Groups meeting in Education Committee premises.

A sum of £2,000 was made available under the Government's Urban Programme of assistance to areas of acute social need, to help Play Groups in the Staveley and Shirebrook areas and a number of Play Groups in these areas are already receiving grant aid under this scheme.

THE NURSES AGENCIES ACT, 1957

This Act provides that "a person carrying on an agency for the supply of nurses shall, in carrying on that agency, only supply (*a*) registered nurses; (*b*) enrolled assistant nurses; (*c*) certified midwives; (*d*) such other classes of persons as may be prescribed."

Every person to whom a nurse is supplied by an agency is to be given a statement in writing of the qualifications of the person supplied, and such agencies are not to be carried on unless the selection of the person to be supplied for each particular case is made by or under the supervision of a registered nurse or a registered medical practitioner. The main provision of the Act affecting the County Council is that no person shall carry on an agency for the supply of nurses unless he is the holder of a licence issued by the local authority authorising him to do so. During the year, one nursing agency was licenced by this Authority.

NATIONAL HEALTH SERVICE (FAMILY PLANNING) ACT 1967

On 31st July, 1967 the Ministry of Health issued Circular 15/67 concerning this Act, which received the Royal Assent on 28th June, 1967. The Act confers on local health authorities in England and Wales a general power, with the approval of the Minister of Health (and, when the Minister directs, imposes a duty on them), to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply (by prescription or directly) of contraceptive substances and appliances. The Circular pointed out that the Act "extends the existing powers of local health authorities in order to enable them to provide (or arrange for other bodies to provide) advice on contraception and supplies for any persons who need them on social grounds and not (as hitherto) only in medical cases, i.e. for women likely to suffer detriment to their health as a result of pregnancy. In so doing, the Act goes beyond the existing powers limited under Section 28 of the National Health Service Act, 1946 to the prevention of illness, and constitutes a new and entirely separate provision replacing the powers relating to family planning under that Section."

Paragraph 9 of the Circular stated that: "The Minister hopes that the extension of existing powers conferred by the new Act will provide a stimulus to further action on the part of all authorities. He would be glad, therefore, if authorities would again review their family planning facilities and the arrangements made for publicising the places and times of family planning clinics, including the giving of information by health visitors, midwives, homes nurses, social workers and others in the course of their daily work. The Minister hereby approves the making of arrangements under the National Health Service (Family Planning) Act by local health authorities and by authorities exercising delegated health powers to provide—whether directly or through a voluntary body—family planning advice, examinations, prescriptions and supplies to the public generally." The Circular indicated that the Minister hoped that local health authorities would continue to make use of the services of the Family Planning Association and similar voluntary organisations. It was also pointed out in the Circular that "Family planning advice and prescriptions may of course be obtained from general medical practitioners, and hospital authorities may also provide family planning advice and supplies as part of the general provision for medical care of their patients."

Prior to the issue of Circular 15/67, the County Council in operating their powers under the National Health Service Act, 1946, co-operated with the Derbyshire and Derby Branch of the Family Planning Association and made available, at agreed times, free of charge, the use of their clinics and made grants in respect of each family planning clinic set up by the Branch. After considering the Circular, the County Health Committee agreed in the exercise of their extended powers, to continue to make use of the Family

Planning Association. It also agreed in principle to health visitors, home nurses and midwives giving advice and information, as suggested in the Circular. The Family Planning Association intimated that they were willing to act as the County Council's agents in providing the service under the new Act, and not only to provide it from the Family Planning Clinics then in operation but to plan its extension from other Clinics. Consideration was given to the financial implications of a proposed programme of expansion.

In view, however, of the national economic situation, and the consequential restriction in the rate of growth of public expenditure, it was found necessary to defer the implementation of a full "agency" arrangement with the Family Planning Association (having regard to the competing claims of various other County Council projects on the limited amount of money available for the expansion of services generally). It was decided, however, to increase fairly substantially the grant to the Association for the year 1970-71 and to discuss with them the extension of the service which this would facilitate. Incidentally, recently the Derbyshire and Derby Branch of the Family Planning Association has been amalgamated with the Nottingham Branch, to form the "North Midlands Branch" of the Association.

The following are the family planning sessions which are available as at 1st May, 1970:—

ILKESTON :

County Council Clinic, Albert Street.
Every Wednesday evening 6—8 p.m.

ALFRETON :

County Council Clinic, Grange Street.
Each Tuesday and 1st and 3rd Wednesday evenings 6—7.30 p.m.

BUXTON :

County Council Clinic, Bath Road.
Each Tuesday evening 7—8.30 p.m.

CHESTERFIELD :

County Council Clinic, Brimington Road.
Each Wednesday 1.45—4 p.m. and 6—8 p.m.
1st, 3rd and 5th Thursday 9.45 a.m.—12 noon; 1.45—4 p.m.; 6—8 p.m.
2nd and 4th Thursday 2—4 p.m.; 6—8 p.m.

DRONFIELD :

County Council Clinic, The Grange.
Every Tuesday evening 6.30—8 p.m.

DERBY :

Kings Mead Clinic, Kedleston Street.
2nd and 4th Monday. 7—8.30 p.m. (I.U.D. only).
Tuesday 1.15—3.15 p.m. and 7—8.30 p.m.
1st and 3rd Wednesday 7—8.30 p.m.
Thursday 9.30—11.30 a.m. and 1.15—3.15 p.m.

GLOSSOP :

County Council Clinic, George Street.
1st and 3rd Wednesday afternoons 1.30—2.30 p.m.
Each Wednesday evening 7—8 p.m.

HEANOR :

County Council Clinic, Wilmot Street.
Alternate Thursday evenings 6—8 p.m.

MATLOCK :

County Council Clinic, Lime Grove Walk.
1st, 3rd and 5th Monday evenings 6.30—8.30 p.m.
2nd and 4th Thursday mornings 9.30—11.30 a.m.

ASHTON-UNDER-LYNE :

The Clinic, Crickets Lane.
Every Monday 7—8 p.m.

BURTON-ON-TRENT :

Infant Welfare Centre, Cross Street, Burton-on-Trent.
Each Monday afternoon 1.45—3.45 p.m. and evening 6—8 p.m.

CLOWNE :

County Council Clinic, Creswell Road.
Each Wednesday 6—8 p.m.

STAVELEY :

County Council Clinic, Lime Avenue.
2nd and 4th Saturday mornings 10 a.m.—12 noon.

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, since that time, apart from the war years. 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 progress.

The following table shows the number of new cases and deaths in 1914, thereafter at ten-yearly intervals to 1964, and subsequently at yearly intervals.

TUBERCULOSIS

	Respiratory		*Non-Respiratory*	
	New Cases	*Deaths*	*New Cases*	*Deaths*
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
1964	171	24	26	2
1965	145	29	30	3
1966	106	28	29	4
1967	85	18	16	—
1968	79	14	24	4
1969	63	11	13	10

New Cases during 1969

The number of cases of tuberculosis notified during 1969, 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 following table:-

Age Groups	0–	1–	2–	5–	10–	15–	20–	25–	35–	45–	55–	65–	75–	*Total All Ages*
Respiratory—														
Males	–	–	–	–	1	–	4	6	8	4	5	11	1	40
Females ..	–	–	–	1	–	1	4	4	6	1	2	1	3	23
Non-Respiratory—														
Males	–	–	1	–	–	–	–	1	2	2	1	1	–	8
Females	–	–	–	–	–	–	1	1	3	–	–	–	–	5
Total ..	–	–	1	1	1	1	9	12	19	7	8	13	4	76

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

	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969
Respiratory—										
Males ..	175	144	97	104	113	90	73	62	55	40
Females ..	92	68	56	64	58	55	33	23	24	23
Totals ..	267	212	153	168	171	145	106	85	79	63
Non-Respiratory										
Males ..	19	21	18	16	3	15	13	4	10	8
Females ..	16	29	22	18	23	15	16	12	14	5
Totals ..	35	50	40	34	26	30	29	16	24	13
Total—Pul. and Non-Pul.	302	262	193	202	197	175	135	101	103	76

Deaths from Tuberculosis.

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

	1965	1966	1967	1968	1969
Respiratory	0·037	0·036	0·023	0·021	0·042
Non-respiratory	0·004	0·005	—	0·006	0·006
	0·041	0·041	0·023	0·027	0·048

The provisional figures for England and Wales supplied by the Registrar General for 1969 is 0·037 deaths per thousand of the home population.

NATIONAL HEALTH SERVICE ACT, 1946
CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)
ANTE-NATAL SCHEME

At the beginning of the year, facilities for Ante-Natal sessions were available at 22 County Council clinics. Owing to the lack of demand, no Ante-Natal sessions were held at the Buxton and Swadlincote Clinics. All the Ante-Natal sessions throughout the Administrative County were conducted by County Council Medical Officers, with the exception of one, which was conducted 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. (Sessions suspended owing to lack of demand).
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, Creswell Road, Clowne. Each Wednesday, 9 a.m. to 12.30 p.m.
DERBY	County Council Clinic, Cathedral Road, Derby. 2nd 3rd, 4th and 5th Tuesday, 9 a.m. to 12.30 p.m.
DRONFIELD ..	County Council Clinic, The Grange, Dronfield. Each Tuesday, 9 a.m. to 12.30 p.m.
ECKINGTON ..	County Council Clinic, Gosber Street, Eckington. 1st, 3rd and 5th Tuesday, 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.
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, off Midland Street, 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, Lime Grove Walk, Matlock. 1st Thursday, 9 a.m. to 12.30 p.m.
RIPLEY	County Council Clinic, Derby Road, Ripley. Each Friday, 9 a.m. to 12.30 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. (Sessions suspended owing to lack of demand).

The following are the number of sessions and attendances at all the Ante-Natal Clinics during 1969:—

Half-day Sessions	877
Number of New Cases	952
Total number of attendances ..	8,081
Post-natal visits	97

Chest Radiography in Pregnancy

In July, 1968, the Ministry of Health intimated that the sub-committee of the Standing Medical Advisory Committee had considered the advisability of routine chest radiography during the ante-natal period and gave the following advice:—

"(i) The general policy should be to take full-sized chest x-rays of all expectant mothers before the twenty-fourth week with full precautions to minimise the radiation risks.

(ii) A routine chest radiograph in accordance with the policy at (i) is not required if an individual is known to have had a normal chest x-ray within the previous three years, or if there is evidence of successful B.C.G. vaccination within the previous ten years. Care is needed to obtain positive evidence of vaccination (e.g. a scar) as individuals are often not aware that they had only a positive tuberculin test and no vaccination.

(iii) Irrespective of what is said at (ii), in any of the following circumstances there is a positive indication for chest radiograph.

Recent immigration to this country;
Family history of tuberculosis in close relatives;
History of recent contact;
Respiratory symptoms or unexplained ill health;
Recent tuberculin conversion or large reaction to tuberculin test;
Bad home conditions."

The above information was transmitted to the appropriate County Council medical staff.

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. As well as a careful assessment of the progress of the pregnancy 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

Since 1957, the Maternal and Child Health Medical Officers have been supplied with Sahli Haemoglobinometers, so that haemoglobin estimations may be made. During 1965, consideration was given to replacing these with equipment permitting more accurate estimations. It was decided to provide the Medical Officers with MRC Grey Wedge Photometers.

During 1969 ferrous fumerate and ferrous gluconate tablets were supplied at the clinics. 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.

Prevention of Rhesus Haemolytic Disease of the new-born (scheme for immunisation with anti-D).

Dr. Harries, the Senior Medical Officer for Maternal and Child Health, has provided the following note on this subject:-

> "Research has shown that the giving of anti-D immunoglobulin (gammaglobulin) to Rh-negative mothers soon after the birth of a Rhesus-positive baby can prevent the formation of antibodies and lessen the risk of a later child suffering from rhesus haemolytic disease. Unfortunately mothers who have already developed antibodies are not helped by the administration of anti-D immunoglobulin. Supplies of the immunoglobulin are becoming more readily available and laboratory facilties have been set up so that the whole of Derbyshire could now be covered by the appropriate laboratory for different areas. The Family Doctors and Midwives are fully conversant with the procedures involved."

Ante-natal Records—Each patient attending the clinic receives a standard co-operation card on which is recorded a copy of the findings at each examination. The patient keeps this card in an envelope together with 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 enolve 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

At the end of 1969 classes were being held at the following County Council Clinics:-

> Alfreton, Belper, Bolsover, Buxton, Chapel-en-le-Frith, Chesterfield, Clay Cross, Clowne, Derby, Dronfield, Eckington, Glossop, Heanor, Hope, Ilkeston, Long Eaton, Matlock, Melbourne, New Mills, Ripley, Shirebrook, Staveley, Swadlincote and Wirksworth. During the year a series of six classes were held at the Youth Centre, Tideswell.

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 weekly 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 oxygen 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 Child Health Centre;

(vii) any other subjects which may arise from the discussions.

All clinics where relaxation classes are held have been supplied with a sound projector and have a variety of films 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 the late Dr. Grantley Dick Read explains the principle of relaxation and conducts a normal cofinement 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 child health centres.

Special Courses for Midwives have been arranged by the Royal College of Midwives in mothercraft and relaxation, Ten County Midwives are being sent each year. This seems a little irrelevant now, but for the records, 115 have attended.

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. Kings Mill 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.

Consultant Obstetricians are arranging for an increasing number of patients to have "planned" early discharge from hospital i.e. at about 48 hours. In these cases the domiciliary midwife is notified and she reports to the hospital whether she considers the patient's home conditions are satisfactory. She also advises the mother on the preparations she should make for her return home. The midwife is notified when the patient is discharged from hospital.

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

	Chesterfield Hospitals	*Other Hospitals*
Suitable for home confinement	46	10
Hospital accommodation desirable but not essential	213	25
Home conditions unsuitable and hospital confinement necessary	281	64
Home conditions unsuitable and Hospital confinement and a full 10-day stay necessary	149	48
Miscellaneous visits (i.e., cancellations, miscarriages, removals from districts, etc.)	10	16

CHILD HEALTH CENTRES

During 1969, one new Child Health Centre was opened in the County, making a total of 104.

The number of sessions and attendances at the Child Health Centres during 1969 are set out below:-

Half-day sessions	5,072
Number of children who attended during the year and were born in:-	
1969	7,702
1968	7,317
1964/7	5,939
Total number of children who attended during the year	20,958
Total attendances during the year	150,291

CARE OF PREMATURE INFANTS

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

Local Health Authorities are required by the Department of Health and Social Security 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 1969 are as follows:-

Number of premature live births notified (as adjusted by transfer notifications):-	
(*a*) In Hospital	505
(*b*) At Home or in a Nursing Home ..	59
Total ..	564
Number of premature still-births notified (as adjusted by transfer notifications):-	
(*a*) In Hospital	67
(*b*) At Home or in a Nursing Home ..	1
Total ..	68

Of the 505 premature babies who were born in hospital 45 died within twenty-four hours of birth and 448 survived twenty-eight days.

Of the 59 born at home or in a nursing home, seven transferred to hospital on or before the twenty-eighth day, and of the remainder, three died within twenty-four hours of birth, and 54 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.

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 the 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 the 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.

In May, 1961, arrangements were made for Health Visistors to test the urine of all the babies in their areas, generally as soon as they reached three weeks of age. A Special Conference appointed by the Medical Research Council commenced in 1960 investigating various scientific and administrative questions in connection with the early diagnosis and treatment of phenylketonuria, and in their final Report published in 1963 they expressed the view that the fourth week of life is probably the optimum time for testing and that a test at the sixth week probably safely detects most cases. But, to avoid all possibility of doubt, the Report suggested that, where practicable, a system of two tests might be employed: one to be carried out about the 10th-14th day of life, and one later, at the discretion of the local authority concerned but preferably between the fourth and sixth week. The Health Visitors were requested to carry out these tests accordingly. In order to relieve the Health Visitors of some of the extra work involved, however, the Authority's domiciliary Midwives were asked to carry out the test on the tenth day of the urine of babies delivered by them at home, and to ensure that the result of the test is made known as soon as possible to the Health Visitor concerned.

Towards the end of 1966 a report was received from the Ministry of Health concerning the screening for Phenylketonuria by the Guthrie Blood Test method.

Since that time the Sheffield Regional Hospital Board has been making arrangements to introduce Guthrie Testing in stages over the whole of their area of responsibility. The introduction of such testing involving laboratory techniques has to be gradual because of the increased demand on laboratory facilities. The actual laboratory work for every test for the whole region will be undertaken at the Medical Research Council Unit for Metabolic Studies at Middlewood Hospital, Sheffield. At the time of writing this report it is only the Chesterfield Hospital Catchment area which is undertaking Guthrie Testing. It is anticipated that the whole of Derbyshire will be covered by Autumn 1970.

For babies in hospital on or after the sixth day of life, hospital staff are responsible for collecting the blood samples for the test; for babies delivered at home or discharged from hospital before the sixth day, sample collection is to be the responsibility of the Local Authority Midwife. The results are sent to the County Medical Officer of Health and are filed with the birth cards. In the event of a positive result being received the baby's General Medical Practitioner is contacted immediately by the County Medical Officer of Health or his Deputy.

I wrote the following letter to the County Council's medical and health visiting staff on 22nd April, 1965:-

"*Testing for phenylketonuria after Infancy*

The following is a copy of a letter that appeared in the *British Medical Journal* on 17th April, 1965, over the signature of Sir Alan Moncrieff, the Chairman of the Medical Research Council's Working Party on Phenylketonuria:

> "Sir,—While the scheme for the routine testing of urine of young babies for phenylpyruvic acid is proceeding reasonably well, there is evidence that this is not always carried out in routine urine testing of older children. Some hospital centres carry out the appropriate tests on routine samples of urine provided for tests for albumin and glucose, but this may only occur in selected clinics, usually in the general medical out-patient clinics or in the medical wards, and the practice is by no means universal, especially as fresh specimens are essential for the detection of the volatile phenylpyruvic acid. Certain categories of children are definitely at risk. These are children with eczema, fits, or mental retardation. Siblings of children known to have phenylketonuria should obviously be investigated, but they should have serum-phenylalanine estimations performed. Examination of urine for phenylpyruvic acid is too unreliable in this situation.
>
> Perhaps one reason for neglecting to carry out tests in older children is the mistaken impression that nothing can be done for them. This is not a general experience. Some children after infancy will show a rise of 15 to 20 points in their intelligence quotients after they have been placed on a phenylalanine-restricted diet, and some do even better. This may lift them from being classified as unsuitable for education into the educationally sub-normal category. A few may even attend ordinary schools. All children in hospitals for the mentally handicapped, those attending training centres, and those in schools for the educationally sub-normal should have their urine tested, as this may lead to early detection of phenylketonuria in a younger sibling. In any scheme at any age some affected children may be missed, but clearly detection would be improved if as many children as possible are tested".

Perhaps the Medical Staff will kindly bear in mind his recommendations when they are carrying out their medical examinations, as well as the Health Visitors when an opportunity arises for them to examine the urine."

Three positive results were obtained from children born during 1969. In each case the child's Family Doctor arranged for the patient to be admitted to hospital for investigation. In one case, after further examination, phenylketonuria was confirmed and the child is receiving treatment.

WELFARE FOODS

Supply of Extra Vitamins, etc.

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

National Dried Milk, Vitamin A & D Tablets, Cod Liver Oil and Orange Juice are distributed by the Authority in accordance with its duties under the National Health Service. The foods are issued at County Council Clinics and Child Health Centres, supplemented as necessary by distribution through the medium of shops, by arrangement with the proprietors.

The prices and allocations of all Welfare Foods available at Child Health Centres are as follows:-

Product	*Price* s. d.	*Allocation*	
Adexolin (Small) ..	1 1	1 bottle per week	Available to mothers of children under 5 years of age attending the Child 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.
(Large) ..	3 2		
Ostermilk	3 10	1-3 packets per week	
Ovaltine	3 0	1 tin per week	
Rose Hip Syrup ..	2 0	1 bottle per week	
S.M.A.	6 0	1-3 tins per week	
Virol	2 5	1 carton per week	
Lactogol	2 7	1 packet per week	Available to expectant and nursing mothers on production of the Welfare Milk Token Book.
Ovaltine	3 0	1 tin per week	
National Dried Milk ..	2 4	& milk token	Available to expectant and nursing mothers, children under 5 and handicapped children.
(1 to 2 tins per week)	4 0	at full price	
Orange Juice ..	1 6		
Cod Liver Oil ..	1 0		
Vitamin A & D Tablets	6		

The following table shows the issues of National Welfare Foods in the County Area in 1969:-

	National Dried Milk Tins	*Cod Liver Oil Bottles*	*Vitamin A. & D. Packets*	*Orange Juice Bottles*
Issued against coupons—				
(*a*) By stamps	71	9	3	95
(*b*) by cash	23,906	—	—	—
(*c*) free	2,873	565	90	2,473
Issued to:-				
N.H.S. Hospitals ..	764	—	—	145
Day Nurseries	12	228	—	400
Issued at full price	18,625	7,307	12,222	158,578
Totals	46,251	8,109	12,315	161,691

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

Location	*At County Council Clinics or Child Welfare Centres*	*At Other Premises*
Chapel-en-le-Frith R.D. ..	5	4
Glossop Borough	3	1
New Mills U.D.	1	–
Whaley Bridge U.D.	1	–
Buxton Borough	3	–
Bakewell R.D.	5	8
Bakewell U.D.	1	1
Matlock U.D.	2	5
Wirksworth U.D.	1	1
Ashbourne R.D.	–	2
Ashbourne U.D.	1	1
Repton R.D.	6	12
Swadlincote U.D.	1	3
Chesterfield R.D.	16	3
Chesterfield Borough	12	–
Bolsover U.D.	2	–
Staveley U.D.	3	2
Clay Cross U.D.	1	–
Dronfield U.D.	3	1
Clowne R.D.	3	–
Blackwell R.D.	8	1
Alfreton U.D.	3	2
Belper R.D.	2	5
Belper U.D.	1	1
Derby Borough	1	–
South-East Derbyshire R.D. ..	8	1
Ripley U.D.	3	–
Heanor U.D.	2	2
Ilkeston Borough	3	–
Long Eaton U.D.	2	1
TOTALS ..	103	57

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

Mr. H. E. Gray, the Chief Dental Officer, has provided the following report:-

"Dental inspections and treatment for expectant mothers and pre-school children showed a slight increase over that for the previous year, the greater part of the work being done for the children.

Mothers attending the ante-natal clinics are informed about dental care and advised to have check-ups and the same procedure is followed with regard to children brought to the child health clinics.

Mothers mainly chose to see a dentist under the general dental services, (there is no charge in either the general or local authority services), whereas with the children, the parents had a preference for the school clinics.

Dental Inspections were carried out at the day nurseries and treatment arranged for those in need and the health visitors in the course of their rounds put parents in touch with the clinics when necessary.

To minimise inconvenience and delay, treatment was carried out along with that for the school children, no separate or special sessions being set apart and the time devoted to them was equivalent to approximately 100 half day sessions.

Of 39 mothers examined, 38 required attention and 33 received it, the treatment being chiefly fillings, scalings, gum treatment, and extractions in that order as regards the amount of work done.

The number of pre-school children examined was 750 and 460 were found to have defects, chiefly of a minor nature. 400 had treatment and a fifth of them had a second check-up and where necessary, an additional course of treatment, a total of 450 courses of treatment being completed in the year.

As in the previous year, preservation work exceeded extraction work, always a pleasing feature. Where extractions were necessary, they were done chiefly under general anaesthesia of which there were 110 administrations.

Dental health progaganda continued to play an important part in the maternal and child welfare work, with the emphasis laid on the value and need for prevention, and efforts were made to make the scope of this work as wide as possible."

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, 1969 to 31st December, 1969	*416
Number of unmarried mothers	334
Number of married mothers	63
Number of widows	5
Number of divorcees..	11
2. The number in which the mother and child:-	
(*a*) returned to live with mother's parents	151
(*b*) returned to live with relatives	2
(*c*) Accommodated at Borrowash House Mother and Baby Home	31
(*d*) living in their own homes	42
(*e*) had to separate (i) the child going to the care of a foster mother	32
(ii) the child going to a Residential Nursery	3

* This figure includes 3 sets of twins.

3. The number of illegitimate children who had been or were being legally adopted 61

4. The number of mothers who have married since the birth of the child 12

5. The number of mothers who, with their babies, are living with the father of the child, though not married to him 77

6. The number of illegitimate children who have died during the year 2

7. Still-births 0

During the year under review 62 unmarried mothers, included in the total of 413 were accommodated in various Mother and Baby Homes, for whom the financial responsibility was accepted by the Derbyshire County Council. The Homes are requested to collect £4 0s. 0d. per week from each girl accommodated, wherever possible, in view of the fact that she is in receipt of benefit from the Ministry of Social Security, which leaves her with £1 0s. 0d. per week "pocket money".

REPORTS RECEIVED FROM MATERNAL AND CHILD HEALTH MEDICAL OFFICERS

This year I wrote to the Maternal and Child Health Medical Officers in the following terms:-

> "As in previous years I am asking Maternal and Child Health 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 Child Health 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 Child Health 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.
>
> (7) Exfoliative Cytology.
>
> 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., and their relation to children classified as "at risk".

(*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".

Dr. J. Bethell:

"Since I have only been on the staff of the County Health Department for the latter 3 months of 1969, I find it difficult to give more than a few of my first impressions.

The general health and nutrition of the children seen in the Infant Health Centres is good, all mothers making the most of the cheaper priced milks, fruit juices and vitamin preparations available there. The level of mothercraft found is very high. I have not seen any of the communicable diseases, and find the level of cleanliness generally good, with exception in poorer areas, children here being "grubby" rather than "filthy". Personally, I have found little evidence of child neglect—accidents in the home and at play *do* happen, despite the best care and attention given by mothers, and are always followed by increased care and attention on the mother's part.

The immunisation schedule now used, i.e. 6 mths./8 mths./12 mths., is a large improvement upon any involving a booster dose at 18 months (I still find a few of these)—at 12 months the infant appears soon to forget the unpleasantness associated with it, but at 18 months the child remembers, and yet is not able to understand that it is for his benefit. The number of children immunised varies greatly from centre to centre, some mothers preferring the convenience of attending clinic, and others preferring to take the opportunity of getting to know their General Practitioners more.

Health Education, is, I find, carried out in two ways—I often have adequate time to talk to expectant mothers attending the ante-natal clinic, and mothers of babies and small children in the infant health clinic, about problems that have arisen or may arise, and find that they enjoy this opportunity to air their questions and difficulties. Our Health Visitors, at the same time, carry out an invaluable service for the expectant mother in the weekly relaxation and education classes, with helpful instruction by films, demonstrations and talks on the normal delivery, care of the young baby, etc. This is then followed up by them after delivery by visits to the home, advising the mother on the care of her baby in her personal situation.

Home visiting by our Health Visitors is also the main method used to follow up non-attenders at the ante-natal clinic, and has without exception been totally successful, in my experience. However, with the increasing interest in ante-natal care taken by General

Practitioners, the attendance at our clinics is very low, the only two centres in my area in which I regularly see ante-natal patients being Clay Cross and Shirebrook. The sessions in other centres, however, are well used for exfoliative cytology, some centres e.g. Clowne, Eckington, now recalling patients after only 2½ years for a repeat cervical smear, and others e.g. Bolsover, Matlock, Shirebrook, having a longer length of time, extending to 4 years. Approx. 15—20% of patients seen are having their first smear taken. Letters are sent after a certain length of time (i.e. 2½—4 years) to invite ladies to attend for a repeat smear—in most centres no more than 60% of those invited ever contact the clinic, the other 40% having left the district, or are no longer interested, these latter often being mothers of large families, and therefore most needing our services.

The integration of clinic services with the General Practitioners varies from area to area. In some our Health Visitors are "attached" to a certain practice, and enjoy a good working relationship with the General Practitioners, but in other areas there appears to be little integration at all. Our liaison with the hospital services is very good and most helpful. A consultant opinion is readily obtained; hospital beds not needed for other cases are made available for confinements. In return, the hospitals enjoy the help of our Health Visitors in chasing up non-attenders at their clinics, and the help of our midwives for the post-natal care of mothers discharged before the 10th day after delivery.

The incidence of breast feeding is *not* great, and is sadly the exception rather than the rule. When one asks "how do you feed baby"? the reply is invariably "Cow & Gate" or "Ostermilk" rather than "breast" or "bottle". Breast feeding is rarely found in primigravida, the largest incidence being in ladies in their thirties, having their third or more child.

The early detection of mental and physical defects can depend to a large extent on the mother—whether or not she attends infant health clinics for advice, for then milestones achieved are noted, whether she has other children to compare the infant with, or compares her child with other children she knows. Her own general awareness can greatly affect the early detection of mental and physical defects.

May I end by thanking everyone for the warm and helpful welcome I received on joining the County Health Department, which made such a difference when I was finding my way around—thank you, everyone, so much."

Dr. M. Daniels:

"*Child Health.* The level of nutrition and general health was found to be good in most of the areas. The tendency observed last year to give only prepared baby foods to children was noted to be expanding. A concrete expression of this tendency was observed in the growing number of "obese" babies. We could do better in the way of advising the mothers to vary the diet with fresh food when available.

Cleanliness and Communicable Diseases. The general level of cleanliness was found to be good and there have been few communicable diseases.

Immunisation Procedures. The mothers respond well to advice about vaccination. The starting of immunisation procedures later then three months has been an improvement.

The Role of the Medical Officer and Health Visitor in Health Education at the Clinics. The importance of this is seen in the level of mothercraft observed by the mothers attending Clinics. Home visits are still very necessary as a lot of mothers who really need advice are unable or unwilling to come to the Clinics.

Methods used to follow up non-attenders. A visit to the home after a letter reminder is usually all that is required. There is always a good reason for non-attendance and a home visit helps in solving most problems. However, some mothers who already have a large family find it difficult to attend and generally do not think it important enough. I suggest we could help by referring them to family planning clinics.

Integration of the Services of the Clinics with the General Practitioner and Hospitals depends on the particular conditions in an area. I have found it quite good with the hospitals and my experience with the General Practitioners has been a mixed one, depending mostly on the quantum of work with the particular Practitioner.

Cytology Clinics continue to be fairly satisfactory."

Dr. T. H. Morks:

"The year 1969 represents my first full year of service to the County and I feel that it has been a very interesting year. Due to medical staff shortage my duties extended to as many Clinics as possible in S.E. and W. Derbyshire, which was a lively experience apart from the tedium of travel in some appalling weather conditions.

Ante-natal Clinics in Long Eaton, Alfreton and Ashbourne were held weekly, as usual. The attendance was excellent and we had no defaulters. We are pleased to note that we have an increased enthusiasm for breastfeeding and many mothers are progressing well into the 3rd and 4th months, which represents a tremendous gain.

Cytology Clinics had to be compressed in some areas to fewer, but larger Clinics. Overall, however, there is a greatly increased attendance in Long Eaton, Ilkeston, Heanor and Belper. Alfreton, Wirksworth and Ashbourne maintain their usual level, whilst Swadlincote and Ripley are down since the General Practitioners are taking on more Cytology work. We offer routine breast-examination during these Clinics and these are very gratefully received. The incidence of positive smears works out at 1·5% for the year and I note a rather high incidence of trichomonas vaginalis, at least 1 in 20; I like these to return for a repeat after treatment and the Health Visitor contacts them if they don't turn up after 2 months. I found 9

breast abnormalities during the year, 2 possibly early carcinomas, 3 cysts, 3 chronic mastitis and 1 nipple hypertrophy. Of those only the last lady returned to report the speedy removal of the wart-like growth. As all cases are referred to the patient's G.P. for their consideration. I would be glad to get a report on steps taken and ultimate findings, if any. This should be possible with Health Visitors attachment and in future I shall notify the H.V., as I am naturally interested in confirmation of diagnosis.

The Infant Health Clinics vary enormously in their "doctor" need. Where Clinic Immunizations are the rule, we get an excellent follow up attendance; the new immunization schedule is working well and is more generally adopted.

Where the Health Visitor/G.P. attachment is established, the Health Visitor often conducts the G.P.'s own Infant Clinic, which can reduce the County Clinic sessions to a weight-check and shop for Welfare foods—mothers don't always see the necessity for the 6 months and annual medicals, which is regrettable as many interesting points can emerge in the time given to a thorough examination of the infant or toddler. I have made a few observations, which may warrant further thought. (*a*) The average young mother (and they seem to be getting younger and younger!) has little or no idea of food values, essential requirements or the function of Vitamin additives.

(*b*) Although our Clinics abound with diet sheets, recipe leaflets and guidance charts—these remain largely unread. I have made a test case of the excellent County Council diet sheet, which, when read from cover to cover, gives a mother the best guidance possible and have yet to find a mother who has read this. A great many mothers confess to never reading at all.

(*c*) Modern mothers are over-keen to start mixed feeding or weaning and I often hear them proudly stating that their 8-week old, 11 lbs. infant is having cereals and "dinners", but only 4 ozs. milk 4 times daily. By the time they are 6—7 months old the milk supply has dwindled to less than 10 ozs. daily—far below the required minimum. When cow's milk is given, frequently from 5 months onwards, cod-liver oil or Vitamin drops are forgotten.

These factors may well account for the "restless" baby and the later, high incidence of limb-deformities, such as bowlegs, knock-knees, flat foot and pigeon toes.

Therefore—the word by mouth at a Clinic interview is still very important. Time is our constant enemy, but in this age of stupendous scientific advance, the beginnings of a healthy nation remain good housing, the right food, domestic security, good air and exercise and it is well worth while to work with that in mind.

My thanks, as usual, go to the Clinic staff, for their co-operation, interest and courtesy."

NURSERY PROVISION FOR CHILDREN UNDER FIVE

DAY NURSERIES

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

Student Training

During the year under review ten 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. 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 the Glossop Day Nursery attend a course of Further Education at Manchester. Arrangements have been made for the Ilkeston and Long Eaton Students to attend the Waverley College of Further Education in Nottingham.

Charges to Parents

The maximum charge to parents is £1 0s. 6d. per day, and the minimum charge 1/-d. per day. A reduction in the maximum charge may be made, having regard to the financial circumstances.

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

Medical Inspections

Each Nursery is visited once a 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 family doctor 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 dental inspections were carried out at the Day Nurseries and as in past years the children's teeth were found to be generally very good with little or no treatment required. The majority had completely sound dentitions and the oral hygiene was good, helped no doubt by the supervision in the Nursery, added to parental care at home. Those found to require some attention had

defects of a minor nature, having decay in the early stages when it was a relatively simple matter to deal with. Only in isolated cases was it necessary for teeth to be lost on account of pain, gross decay or sepsis.

In addition to the routine inspections, parents could arrange for check-ups, advice or treatment, should the need arise, at any time.

In the scheme of care and attention, dental health information played a prominent part, aimed at keeping the teeth and mouth sound and healthy through correct diet and regular habits of oral hygiene.

Protection of Children against Tuberculosis.

The staffs of the Day Nurseries are subject to an x-ray examination of the chest before appointment and triennially thereafter.

Matrons' Reports

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

Glossop Day Nursery

"Number of children on the register on 31st December, 1969 51
Number of children admitted during 1969 .. 53
Number of children who have attended during 1969 99
Average number of children on the register during 1969 .. .. 50·7
Average daily attendance—under two years .. 13·6
Average daily attendance—over two years .. 32·1

More children have attended regularly this year, absenteeism being due mainly to bad weather-conditions and a mild epidemic of chicken pox, which caused a drop in the average number of children attending this Day Nursery.

Infectious Illnesses.

19 cases of chicken pox during April and May.
2 cases of mumps, one in April and one in July.
1 case of ringworm, August.
1 case of measles in September.

Parents have taken advantages of the availability of measles vaccine in having their children immunized against measles before admission to the Nursery.

Priority cases which have been dealt with:-

Unmarried mothers	—	18
Parents separated	—	9
Parents divorced	—	3
Poor home conditions	—	6 children given free places
Noncommunicating Children	—	2 children from the same family free places given.
Temporary care given due to illness at home	—	8

Changes in the use of the rooms in the Nursery

We are now using five rooms, which is a great asset to the children and the staff. We are now able to use three rooms for small family groups of mixed ages, approximately from 18 months old to five years, bringing the children into these small family groups has been found to be a most successful arrangement. The advantages of this vertical grouping becomes apparent when the childrens rapid progress is appreciated.

Premises

All the rooms have been redecorated, which has not only improved their appearance but has given the staff increased pleasure in working in the Nursery.

New Vinyl floor covering has been laid in the top Nursery, which is pleasing and colourful and is almost like a carpet on which to walk.

The gas geyser in the kitchen proved to be obsolete. The hot water system supplied by the Potterton Boiler in the laundry was extended up to the kitchen, which now gives continuous hot water.

Equipment

A new de-Mille Potato Peeler has been received into the kitchen, and is proving to be most efficient.

The children have had a lot of pleasure from the new table toys provided.

Students

Three students entered for the Nursery Nurses Examination and were successful in passing; two of whom left to take up further employment in hospitals in the Premature Babies Department, and I believe that they are really enjoying their new work; and the third filled a vacancy that we had at this Day Nursery.

This year four students commenced training on 1st September, 1969, making one more than our usual compliment, thus enabling one second year student to spend one term at Hadfield Nursery Class (Education Department), allowing the Nursery Nurse to gain more experience with the older child.

The staff and myself are pleased to meet members of the County Health Department and to show them round the Nursery when they visit us, we do appreciate very much the interest shown.

I have been most grateful to the staff for the work which they have given in the running of the Nursery, and the children that we have accommodated have been very happy with us."

Ilkeston Day Nursery

"Analysis of figures for 1969 are as follows:-

Number of children on the register on 31.12.69	56
Number of children admitted during 1969	45 — discharged 52

Number of children who have attended during 1969	97 + 1 re-admitted	
Average number of children on register during 1969	55	
Average daily attendance—under two years	14·9	44·3
Average daily attendance—over two years	29·4	

We had more cases of infectious illness during 1969, than 1968; and they were as follows:- 9 measles; 9 German measles; 5 chicken-pox; 3 Scarletina; 2 mumps.

There does not at the moment seem to be much change in the pattern of measles, despite measles vaccination. Perhaps 1970 will show a decrease, as previously measles infection in terms of numbers appears to follow a two year cycle. Coughs and colds still play the major part in absenteeism. During these times of infection the usual precautions were taken.

One child attends the nursery whose mother lives in Nottinghamshire; this is under the reciprocal arrangements between the two counties.

The main alteration to our premises was the reorganisation of the kitchen. My thanks are due to the Architect, whose ingenious design, in making full use of our limited space, has made the working conditions so much better—we are delighted with the result.

The work commenced at the end of January, when in fact the worst conditions of weather came. The men who did the work are to be congratulated on the way the job was tackled under difficult conditions. The target was to have the work completed in three weeks, this in fact was achieved, apart from small jobs, my thanks are due to all concerned.

During these three weeks we received very excellent meals provided by the School Meals Service. These meals were prepared at Field House Infant School. I am grateful to the Cook and her helpers for the care they took to provide suitable meals for our very young children, and to the Caretaker who brought the meal cannisters.

Staff Changes

Four students sat their N.N.E.B. examination in June and all were successful.

The Museum Service have kept us supplied with pictures and changed them at periodic intervals.

The Ilkeston Borough Librarian has been most helpful in as much as he has allowed us to have on loan some five dozen new children's books; these books are delightful and have been enjoyed by the children.

It has been my pleasure to welcome members of the County Health Committee when they have visited the Nursery, and I look forward to further visits in 1970.

My personal thanks are given for the privilege of being allowed to attend the Council Meetings of the National Association of Nursery Matrons, as well as for being allowed to attend the 'Working Party' meetings, set up by the same association in conjunction with the Association of Certificated Nursery Nurses, looking into the training of N.N.E.B. students.

I trust we shall continue to function well in the Ilkeston area, in helping parents and their children over the many difficulties which seem to arise in our society today."

Long Eaton Day Nursery

"Number of children on the register at 31st December, 1969	55
Number of children admitted during 1969	38 + 2 re-admitted
Number of children who have attended during 1969	90
Average number of children on the register during 1969	54
Average daily attendance—under two years	11·1
Average daily attendance—over two years	28·1

The children have attended very well indeed during the year, apart from short absences due to minor illness. Nearly all the children admitted have been in the priority group; also admitted for short periods were four children whilst their mothers were confined.

Infectious diseases

Infectious diseases recorded were three cases of measles, one chicken-pox, three rubella and twenty-eight mumps.

Additions to equipment

For the kitchen—three large jugs, two large and two small saucepans, vegetable dishes, plates and other small items.

For indoor children's play—Galt tunnel, play chair set and other small items. All these help to make indoor play more enjoyable. For the baby department a large colourful screen was very much appreciated, as it serves many useful purposes.

Changes of staff

Three students sat for and passed the N.N.E.B. examination. They all left on August 31st and three new students were appointed.

One staff nursery nurse left to have a baby. She was replaced by another N.N.E.B. girl.

Two nursing officers and ten nursery matrons from Leicester visited us on the 18th and the 25th Febraury, 1969. In-service students taking a course at the Waverley College of Further Education, Nottingham, came to observe work in a day nursery in three groups on January 14th, April 4th and September 1st. We also had visits from student health visitors during the year.

Individual visits have been made by members of the County Health Committee, and, as in other years these members are always very welcome and helpful.

I was grateful for the opportunity given to me to attend the Annual Nursery Matrons' Conference held at the Imperial Hotel, Llandudno, from 21st to 23rd March, 1969.

I am also very grateful to all members of staff at the Day Nursery who have worked so well during the year. I am especially grateful to a few senior members who took on cooking duties and kitchen work while our cook was absent through illness; also for doing cleaning duties inside and outside whilst awaiting the appointment of an extra cleaner."

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 two Derbyshire children were attending Nottinghamshire Day Nurseries, and one Nottinghamshire child was attending a Derbyshire Day Nursery.

Children living near to the northern border of Derbyshire may attend Sheffield & Cheshire Day Nurseries, the Derbyshire County Council being responsible for the difference between the actual cost and the charge made to the parent. At the end of the year 1 Derbyshire parent was taking advantage of this arrangement.

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

Conference

The National Association of Nursery Matrons held its Annual Conference at Llandudno on 22nd and 23rd March, 1969, and the Matron of the Long Eaton Day Nursery was allowed to attend.

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 Health 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 of Health is assisted in carrying out the necessary supervision of Midwives by the Deputy County Medical Officer, a Senior Maternal and Child Health Medical Officer, and two non-medical Supervisors of Midwives.

Regarding midwives employed in Institutions, supervision is exercised by the Maternal and Child Health Medical Officers, as well as the non-medical Supervisors of Midwives—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 at present that this can be achieved entirely in this County because of its geographical features. An idea of the staffing position for the period under review can be obtained from the following table:-

	Number of Midwives on the Staff at the end of							
	1962	1963	1964	1965	1966	1967	1968	1969
County Midwives	82	80	84	92	84	85	77	71
Home Nurse Midwives ..	25	21	14	14	13	8	7	6

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, all 71 midwives and all the six Home Nurse-Midwives 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 ten days during the lying-in period.

At the end of 1969 there were 176 Midwives on the County Roll: 96 were Midwives working in Regional Hospital Board Hospitals and Maternity Homes; 71 County Council Midwives, and 2 employed by the Leicestershire C.C. who sometimes attend patients in Derbyshire; six County Council Home Nurse/Midwives, and one Independent Midwife.

The Hon. Secretary of the Derbyshire Local Medical Committee wrote the following letter to me on the 7th October, 1966:-

"At the Local Medical Committee meeting yesterday we discussed, inter-alia, the relationship between midwives and general practice. It was suggested that midwives might attend at the family doctors own ante-natal sessions. This would be of great assistance to general practitioner obstetricians, and the Committee would welcome the Health Committee's approval of this arrangement".

This was placed before the County Health Committee on the 31st October, 1966, when the Committee passed the following Minute:-

"9252. *Midwifery Service—Relationship between Midwives and General Medical Pratitioners.* The County Medical Officer of Health reported correspondence received from (i) the Secretary of the Derbyshire Local Medical Commitee, and (ii) a General Medical Practitioner in Killamarsh, requesting the County Council to give consideration to the question of the attendance of Domiciliary Midwives at the Family Doctors' own ante-natal sessions. The observations of the Supervisors of Midwives were submitted, which indicated that this arrangement was, at the present time, being carried out successfully in certain areas. It was Resolved to agree to the attendance of Domiciliary Midwives at General Medical Practitioner's ante-natal sessions where this is practicable, and providing it is not detrimental to the services that the County Council is required to provide."

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 occasionaly 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 are certain figures relating to the Midwifery Service during 1969:-

Number of cases attended by Midwives employed by the Authority:-

(i) as Midwives	2,263
(ii) as Midwives attending institution discharges before the tenth day	5,549

Number of cases in which a Midwife administered:-

(i) nitrous oxide and oxygen	381
(ii) Pethidine	1,462
(iii) Trilene	1,367

Inhalational Analgesia

The number of Midwives in practice in the County at the end of the year who were qualified to administer gas-and-oxygen analgesia in accordance with the requirements of the Central Midwives Board, was as follows:-

Domiciliary Midwives	77
Employed in Homes and Hospitals in the National Health Service	93
Employed in Nursing Homes or Maternity Homes not in the National Health Service	—

The number of cases in which nitrous oxide and oxygen was administered by Midwives in domiciliary practice during the year 1969 was 381.

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.

The Central Midwives Board regards the administration by a midwife, acting as such, of Inhalational Analgesics during labour as treatment within her province, provided that:-

> "The patient has at some time during the pregnancy been examined by a registered medical practitioner who has signed a certificate that he finds no contra-indication to the administration of the analgesic by a midwife and, if any illness which

required medical attention subsequently developed during pregnancy, the midwife obtained confirmation from a medical practitioner that the certificate remained valid".

In all cases where nitrous oxide and oxygen 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.

Following the publication of a paper on "The Hazards of Gas and Air in Obstetrics" in "Anaesthesia", the Central Midwives Board in 1963 reviewed their policy with regard to the administration of inhalational analgesics by midwives, with particular reference to the possible approval of nitrous oxide and oxygen apparatuses for use by midwives on their own responsibility to replace the nitrous oxide and air machines then in general use. The Medical Research Council recommended that a mixture of 50% nitrous oxide and 50% oxygen was safe for use as an analgesic by unsupervised midwives. In May, 1965, the Central Midwives Board gave particulars of a prototype apparatus produced by the British Oxygen Co. under the name of "Entonox" which delivered a constant mixture of 50% nitrous oxide and 50% oxygen. This machine had been subjected to field trials and the Central Midwives Board gave approval for its use by midwives on their own responsibility provided they have received the appropriate instruction.

Entonox machines were issued to all the County Council's Midwives and Home Nurse/Midwives during 1966 in place of gas-and-air machines.

The late Sir Arnold Walker, F.R.C.S., F.R.C.O.G., when Chairman of the Central Midwives Board, is reported in *The Medical Officer* to have stated, when he delivered the third Dame Juliet Rhys Williams Memorial Lecture at the Royal College of Surgeons, on 18th May, 1967: "Gas and air, regarded for many years as completely safe, was now considered potentially dangerous to the unborn child, and he hoped it would soon be replaced by premixed gas and oxygen."

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 practice to the Local Supervisory 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 1969 was 1,462.

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 Oxygen. 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 Oxygen Analgesia.

The number of cases where Trilene was administered by midwives in Domiciliary practice during the year was 1,367.

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 have been made with the Sheffield Regional Hospital Board for the training of pupil midwives in the Chesterfield area. These provide for the Board paying the pupil midwives' salaries as well (if necessary) as a weekly sum to the midwife for providing board and lodging for each pupil, while the County Council pays £30 per annum to the Midwifery Teacher.

The Royal College of Midwives — Statement of Policy on the Maternity Service

It is thought that the following "Statement of Policy on the Maternity Service" issued by the Royal College of Midwives in 1968, might prove of interest.

"Introduction

1. The College believes that the maternity service should be regarded as one service, and that the hospital and domiciliary aspects of it should be closely integrated.

2. The domiciliary midwifery service forms an essential part of the maternity service in spite of the increasing trend towards hospital confinement. The number of home confinements may diminish even further with the opening of new maternity units, but some women will prefer to have their babies at home and can safely do so. A proportion of antenatal care for mothers booked for hospital confinement is carried out by general-practitioner obstetricians and domiciliary midwives who are also looking after an ever-increasing number of women discharged early from hospital for postnatal care.

3. Integration of the hospital and domiciliary midwifery services is essential if the best interests of the mothers and babies are to be served. At local level it can be achieved by informal meetings between the staff in both services, by co-operation in planning early discharge schemes, and by arrangements for domiciliary midwives to deliver their patients in hospital. The Health Services and Public Health Bill should facilitate this, provided satisfactory terms and conditions of employment are agreed.

4. It is the policy of the Ministries in the United Kingdom that Maternity Liaison Committees should be formed in every area. They should be representative of all those concerned with the maternity service, including hospital and domiciliary midwives, and should meet at regular intervals to formulate policy. The College is aware that in many places these committees have never been appointed, or if appointed, have met only at rare intervals.

5. At national level, the Standing Advisory Committees dealing with midwifery have an important part to play, and should meet frequently. The College welcomes the appointment at the Ministry of Health of a Midwifery Officer who in future will be responsible for both the hospital and domiciliary aspects of the service.

6. While the tripartite administration of the health service remains, the College does not regard unification of the maternity service under one or other of the three bodies as a practical possibility. If, in the future, Area Health Boards are established there would be an opportunity to create a Maternity Service Committee, which would be the employing Authority for all midwives wherever they were working. In the meantime everything possible must be done to integrate the three parts of the service as closely as possible.

The Midwife

7. The maternity service must be adequately staffed by well trained midwives, and in order that their skills may be employed to the best advantage they must be supported by auxiliary and clerical staff.

8. The function of the midwife extends throughout pregnancy, labour and the postnatal period. All aspects of her work are essential to the health of the mother and baby, and all the services she gives are of equal importance.

9. The value of the midwife's role in caring for women during labour has never been questioned, and it is proved by the fact that in 75% of all cases she is the senior person present at the delivery. It is equally important that she should take her full share of responsibility for antenatal care, working in close co-operation with the doctor. In the early postnatal period both mother and baby need the daily care of a midwife and later she should visit as long as her services are required. She is the only member of the nursing team who has the knowledge and experience necessary for the proper supervision of their health at this vitally important period of their lives.

The Maternity Service

Antenatal Care

10. Wherever the mother receives her antenatal care the midwife must play her full part, bearing in mind the special contribution she has to make to the mother's physical and psychological well-being.

11. Selection of cases for consultant or general-practitioner unit, or for home confinement should take place early in pregnancy. Preferably this should be done at an 'assessment clinic' situated at the local hospital or health centre.

Antenatal Teaching in Preparation for Childbirth and Parenthood

12. There is an increasing demand among expectant mothers and fathers for teaching in preparation for childbirth and parenthood. The College is convinced that this teaching must be available to all mothers and should be given by professionally qualified people, namely midwives, physiotherapists and health visitors. Women who have attended a course in antenatal teaching (which is mainly theoretical in content) and have had babies themselves are inadequately equipped to undertake this work on the basis of this experience alone; they are not in a position to answer many of the questions that expectant mothers ask, nor can they be with the mothers during labour. It is therefore essential that there should be enough midwives willing and able to undertake this teaching, and the support of employing Authorities is necessary in order that they may attend special courses and be given the time and facilities to put into practice what they have learned. Some midwives have a special aptitude for this work, but all should understand the methods of preparation for labour which are taught, so that they can co-operate fully with the mothers.

Labour

13. Confinement in a consultant unit must be planned for those women with adverse medical or obstetric conditions.

14. Other women who desire hospital delivery and those with adverse social conditions may be accommodated in general-practitioner units closely associated with consultant obstetric units.

15. For those women who wish to be confined at home the domiciliary service must be maintained at the highest possible level of efficiency.

16. Wherever the confinement takes place, personal care and attention from a midwife throughout labour is one of the basic needs of women. Medical care from the general-practitioner obstetrician, and from a consultant if necessary, must be readily available in all cases.

Postnatal Care

17. In some areas early discharge schemes form part of the maternity service. These must be properly planned to ensure continuity of care by midwives and the women should be provisionally selected during pregnancy for early discharge. It is important that they should be transferred to the care of the domiciliary midwifery service which is always available, as this will ensure that the midwife will visit. The services of a midwife may be required beyond the statutory minimum period of ten days following confinement, and there should be flexibility as to the day when the midwife hands over to the health visitor.

18. The importance of proper domestic help for all women delivered at home or discharged early from hospital cannot be over-emphasised. The College welcomes the clause in the Health Services and Public Health Bill which makes it a duty of local Health Authorities to provide a home help service.

Midwifery Training

19. The College has for several years urged the Statutory bodies concerned to establish a national educational standard for entry to midwifery training which should not be less than that required for the State Registered Nurse. We realise that individual training schools can apply their own educational tests, but nevertheless a national standard is essential to enhance the status of midwifery as a profession.

20. The College believes that eventually there should be one integrated period of midwifery training and that the division into two separate periods should cease. It is the view of the College that domiciliary experience is an essential part of basic midwifery training, since all midwives, wherever they may work, should have a sound knowledge of community care. Furthermore, the insight into midwifery practice gained by student midwives during this part of their training has a beneficial effect on recruitment to the profession.

21. In view of the need to reduce the perinatal mortality rate, and for expert help and advice on the care of the newborn to be available to all mothers, greater emphasis should be placed on neonatal care during midwifery training.

22. If the demand for teaching in preparation for childbirth and parenthood is to be fully met, all student midwives should be taught the methods of teaching this subject and be given practical experience in teaching groups of expectant mothers.

23. The syllabus of training for student midwives includes the 'emotional needs of women during pregnancy, labour and the puerperium.' The College believes that this subject does not yet receive sufficient attention, and that all student midwives should have definite instruction in it.

Midwife Teachers' Diploma

24. The College is convinced that there should be a high educational standard required for entry to a course in preparation for the Diploma. A minimum of five 'O' levels in the GCE examination or the equivalent is the least that should be required.

Staffing the Service

Salaries and Conditions of Service

25. A first-class maternity service depends on the availability of sufficient well trained midwives to staff it. Good conditions of service are as important as salaries in attracting women into the midwifery profession. Midwives must be provided with up-to-date equipment and car transport where necessary, and arrangements for off-duty and night duty rotas must be made as attractive as possible.

Promotion Prospects

26. It is essential to have midwives with managerial and teaching ability in both the hospital and domiciliary services, and in order to encourage them to remain in the profession, promotion prospects must be made attractive.

27. These depend to a large extent upon the nursing staff structure or hierarchy which is adopted in each service. While the tripartite administration of the National Health Service exists the Hospital and Local Authority service must be considered separately.

The Hospital Service

28. The College agrees with the recommendations of the Salmon Committee that Chief Nursing Officers should be appointed, as the creation of this new post will give the nursing profession a voice in Top Management. It has also welcomed the recommendation that there should be a Principal Nursing Officer No. 9 in control of a Midwifery Division of at least 100 maternity beds.

29. Promotion to Chief Nursing Officer No. 10 may be through any of the Divisions, and the College accepts the principle laid down by the Salmon Committee 'that general and psychiatric nurses, teachers and midwives should undergo the same managerial education, and together, for all should have the same opportunity to demonstrate their eligibility for the most senior posts where managerial ability and not nursing is the important criterion'.

30. Training in Management should be a continuing educational process starting during general, psychiatric or midwifery training. Courses in Management at the First-line or Middle levels afford excellent opportunities for midwives and nurses, male and female, from all fields, to work together. At present, because the Salmon Committee's recommendations refer only to the hospital field, these courses are attended almost entirely by hospital staff. But the principles of management are the same in any field and with the need to integrate the hospitals much more closely with the community health services the College would urge that nursing and midwifery staff from the Local Health Authorities should be given every opportunity to attend Management Courses with their hospital colleagues.

The Local Health Authority Service

31. At present County Councils, County Borough Councils, and Boroughs which have 'delegated powers' are Local Supervising Authorities. They have statutory responsibility for the supervision of the midwifery service according to Section 17 of the Midwives Act 1951, which means they have responsibility for all midwives in the area, wherever they may be working. Both medical and non-medical supervisors must conform to the Statutory Regulations for those holding these posts. The non-medical supervisor must be an experienced midwife since she holds an important position in the maternity service as a whole; not only is she responsible for the efficiency of the domiciliary service, but she acts as liaison officer with the hospital service. In this capacity she must be able to speak with authority at Maternity Liaison Committees.

32. If a more senior officer with special managerial ability, but without extensive midwifery experience is appointed to co-ordinate the Local Authority nursing and midwifery services, the College believes that the

non-medical supervisor must continue to be directly responsible to the Medical Officer of Health for the supervision of the midwifery service.

33. Future plans for the integration of the hospital and domiciliary maternity services, and the proposed changes in the training of student midwives may make it necessary to revise the qualifications of supervisors of midwives. It may well be appropriate that the supervisor of the future should have had experience in both the hospital and the domiciliary fields and should hold a higher professional qualification".

HEALTH VISITING

(Section 24)

All the health visiting services in the County are carried out directly by the Authority and, therefore, no agency arrangements with other bodies are in force. The Health Visitors are also School Nurses. Their work in the latter capacity has been dealt with in my Annual Report as Principal School Medical Officer to the County Education Committee. A great deal of their work for the County Health Committee has already been referred to (under Section 22) as a substantial part of the care of mothers and young children is in their hands.

The Health Visitor's duties in this County include school nursing, attendance at ante-natal, relaxation, mothercraft, cytology infant and child health, tuberculosis, immunisation and vaccination clinics, T.B. visiting, care of the aged, the sub-normal and handicapped child, hearing assessments, and home visits to children up to the age of 5 years. Lectures are given on home nursing and child care, talks and films to Women's Institutes, Young Wives' Groups, Young People's Clubs and Parentcraft classes. Some of these classes are held for young people taking the Duke of Edinburgh Award. The school children are shown films and given talks on personal hygiene, junior mothercraft, home nursing and general health education.

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 their special supervision and help.

In order to enable Health Visitors and School Nurses to make the best use of their time, especially as there is a shortage of Health Visitors, the Authority agreed to grant travelling allowances to all Health Visitors and School Nurses for the use of motor cars. In addition, the Authority's "assisted purchase of cars scheme" was extended to those wishing to obtain loans for this purpose. At the end of the year under review seventy eight Health Visitors out of a total of seventy nine, and all the three School Nurses were using motor cars.

During 1969 ten Health Visitors were appointed, including seven Student Health Visitors, who were sponsored by the County

Council under the scheme for the training of Health Visitors, which is described below, and who qualified during the year under review. Three Health Visitors retired and four resigned.

In-Service Training of Health Visitors

Interest in In-Service training was maintained. Seventy-one Health Visitors employed by the County Council have completed the Hearing Assessment Course arranged by the Department of Audiology at the Manchester University. Seventy obtained the Manchester University Certificate for the Assessment of Hearing in young children in 1969. The other Health Visitor was unable to take the test, owing to illness.

One Health Visitor attended the 13-weeks course for District Nurses and was awarded the National Certificate in District Nursing.

Three Health Visitors attended a Course of Training for Field Work Instructors during 1969. Six County Health Visitors are now qualified Field Work Instructors and five of them had students placed with them during 1969.

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 who hold at least the first certificate under the Central Midwives Board's rules, or have had three months obstetric training, will be assisted in undertaking training for the post of Health Visitor under certain conditions. Briefly the scheme provides 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. In all, sixty-three Health Visitors have trained under the scheme since 1949. Eight Health Visitors commenced training in the year under review.

In some instances Student Health Visitors are employed as Temporary School Nurses during the year prior to commencing their training. This has a two-fold advantage: (*a*) It has proved to be an asset to the Student as she is given an insight into the work of the Health Visitor; (*b*) it also helps to cover the school work in vacant areas.

STATISTICS RELATING TO MATERNAL AND CHILD HEALTH

Statistics regarding the Authority's Maternal and Child Health Services are submitted annually to the Department of Health and Social Security, and appear at the end of this report (Appendix 1).

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 84 and 85 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 HEALTH

1. Ante-Natal Clinics—	
Number of sessions	877
New Cases	952
Ante-Natal attendances	2,895
Post-Natal attendances	97
2. Visits to Homes—	
Number of children under five years of age visited during year	35,863
Children under one year of age—	
Cases visted	9,324
Children age one year and under two years—	
Cases Visited	9,033
Children age two but under five years—	
Cases visited	17,506
Tuberculosis Households—	
Cases visted	304
Other cases visited	11,619
3. Child Health Centres—	
Number of sessions	5,072
Number of children who attended during the year and who were born in—	
1969	7,702
1968	7,317
1964-67	5,939
Total number of children who attended during the year	20,958
Total attendances during the year	150,291

	1964	1965	1966	1967	1968	1969
NUMBER OF NOTIFIED BIRTHS:						
Live Births	14,366	14,444	14,267	11,611	11,956	11,480
Still Births	244	226	238	213	155	156
Total Births	14,610	14,670	14,505	11,824	12,111	11,636
DOMICILIARY MIDWIFERY:						
L.H.A. Midwives—Number of cases attended:						
as Midwives	4,781	4,188	3,980	3,332	2,851	2,263
as Midwives attending institution discharges before tenth day	—	—	—	—	5,052	5,549
Midwives in private practice—Number of cases attended as Midwives	—	—	—	—	—	—
Number of Domiciliary Cases attended as a percentage of all notified births	32·69	28·54	27·44	28·17	23·54	19·45

	1964	1965	1966	1967	1968	1969
ANALGESIA						
Number of cases in which inhalational analgesics were administered by L.H.A. Midwives in Domiciliary practice	4,101	3,553	3,344	2,936	2,357	1,748
Number of cases of Analgesia as a percentage of domiciliary births	85·77	84·83	84·00	88·11	82·67	77·24
ANTE-NATAL CLINICS						
Number of L.H.A. Clinics	25	23	23	19	19	18
Number of new cases attending during the year	2,043	2,073	1,857	1,516	1,043	952
Number of new ante-natal cases as a percentage of all notified births	13·98	14·13	12·8	12·82	8·61	8·18
POST-NATAL CLINICS:						
Number of cases attending during the year (including post-natal cases at Ante-natal Clinics)	213	179	111	65	76	97
Number of new post-natal cases as a percentage of all notified births	1·46	1·22	·76	·54	·63	·83
CHILD HEALTH CENTRES:						
Number of L.H.A. Centres	110	110	110	105	101	102
Number of Voluntary Centres	2	2	2	2	2	2
Number of children who first attended a Child Health Centre during the year (under one year)	9,818	10,106	10,055	9,555	8,148	7,702
Number of first attendances of children under one year of age at Centres as a percentage of notified live births	67·2	69·96	70·47	80·81	67·28	66·19

HOME NURSING SERVICE
(Section 25)

This service has now been in operation for over twenty 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 interest 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 1964:-

	1964	1965	1966	1967	1968	1969
Full-time—						
Home Nurse-Midwives ..	14	14	13	8	7	6
Home Nurses	133	136	137	138	127	132
Total	147	150	150	146	134	138
Part-time	—	—	1	—	1	—
TOTAL full-time and part-time ..	147	150	151	146	135	138

During 1969 the nurses attended 9,519 patients and the number of visits paid was 356,237; 57·62% of the patients attended were over sixty-five years of age at the time of the first visit, and 2·54% were under five years of age.

The County Council has realized 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 134 out of 138 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.

ATTACHMENT OR LIAISON SCHEMES BETWEEN FAMILY DOCTORS AND HEALTH VISITORS, HOME NURSES AND DOMICILIARY MIDWIVES

I referred on pages 83 and 84 of my Annual Report for 1967 to meetings that I had with the Health Visitors, Home Nurses and Domiciliary Midwives concerning this matter.

Subject to the obligations of the County Council to provide statutory and other services, the County Health Committee are in favour of complete attachment of Home Nurses and, where possible, partial attachment of Health Visitors and Midwives to General Medical Practitioners.

By the end of 1969, arrangements were made for the attachment of 46 Health Visitors to Family Doctors. However, developments have taken place since the end of that year, and at the time of writing. 47 Health Visitors and 36 Home Nurses are "attached" to Family Doctors. It is anticipated that further development will take place along these lines.

VACCINATION AND IMMUNISATION (Section 26)

During the year under review, the Authority's services provided immunisation facilities against diphtheria, measles, poliomyelitis, smallpox, tetanus and whooping cough. These prophylactics are available at all the County Council's Clinics, or if patients desire, they can be administered by their own Medical Practitioners to whom the County Council makes available the appropriate antigens.

The question of vaccination and immunisation is never lost sight of when the Department's Health Education programme is considered. Meetings are arranged with the County Council's medical staff from time to time, when aspects of immunisation programmes which are of current interest are discussed and problems are brought forward.

Measles. During 1969 there was a shortage of measles vaccine due to the withdrawal of vaccine prepared from the Beckenham 31 strain of attenuated measles virus. Vaccination was therefore restricted to susceptible children between their fourth and seventh birthdays and to susceptible children attending day nurseries or nursery schools or living in residential establishments between their first and seventh birthdays. However, Sir George Godber, Chief Medical Officer of the Department of Health and Social Security, in a circular letter dated 10th December, 1969, stated "It is hoped that by the spring of 1970 additional supplies of vaccine will begin to become available in quantities sufficient for the resumption of a vigorous campaign for the protection of all susceptible children up to the age of 15". In the same letter, it was also stated:- "The usual biennial epidemic of measles did not materialise last winter. Notifications during the period October 1968 to September 1969 amount to about 156 thousand as compared with 214 thousand in the period October 1967 to September 1968 and 580 thousand from October 1966 to September 1967. This marked reduction can reasonably be ascribed to the effects of vaccination."

In this context, 7,708 cases of measles were notified in Derbyshire during 1967, but only 2,375 in 1969. It must be borne in mind, of course, that the figures for 1967 included the notifications before the loss of population to Derby Borough.

Diphtheria, Pertussis (Whooping Cough), Tetanus, Poliomyelitis and Measles

The following is a copy of the return submitted to the Department of Health and Social Security:-

VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1969

TABLE 1—Completed Primary Courses—Number of persons under age 16.

Type of vaccine or dose	*Year of Birth*					*Others under age 16*	*Total*
	1969	1968	1967	1966	1962-65		
1. Quadruple DTPP ..	—	1	—	—	—	—	1
2. Triple DTP	1,449	4,341	436	95	179	44	6,544
3. Diphtheria/Pertussis ..	2	2	—	—	1	2	7
4. Diphtheria/Tetanus ..	62	141	31	20	170	102	526
5. Diphtheria	—	1	—	2	2	2	7
6. Pertussis	—	—	—	—	1	—	1
7. Tetanus	5	14	9	15	67	614	724
8. Salk	—	—	—	—	—	—	—
9. Sabin	1,302	5,050	673	182	450	184	7,841
10. Measles	21	968	328	885	1,482	205	4,889
11. Lines 1+2+3+4+5 (Diphtheria)	1,513	4,486	467	117	352	150	7,085
12. Lines 1+2+3+6 (Whooping Cough) ..	1,451	4,344	436	95	181	46	6,553
13. Lines 1+2+4+7 (Tetanus)	1,516	4,497	476	130	416	760	7,795
14. Lines 1+8+9 (Polio) ..	1,302	5,051	673	182	450	184	7,942

TABLE 2—Reinforcing Doses—Number of persons under age 16.

Type of vaccine or dose	*Year of Birth*					*Others under age 16*	*Total*
	1969	1968	1967	1966	1962-65		
1. Quadruple DTPP ..	—	—	—	—	2	—	2
2. Triple DTP	25	670	1,720	279	1,811	150	4,655
3. Diphtheria/Pertussis ..	1	—	2	—	14	—	17
4. Diphtheria/Tetanus ..	9	136	373	101	4,115	668	5,402
5. Diphtheria	—	2	1	1	23	13	40
6. Pertussis	—	—	—	—	2	1	3
7. Tetanus	4	3	12	21	122	466	628
8. Salk	—	—	—	—	—	—	—
9. Sabin	27	435	880	192	6,419	880	8,833
10. Measles	—	32	47	28	54	5	166
11. Lines 1+2+3+4+5 (Diphtheria)	35	808	2,096	381	5,965	831	10,116
12. Lines 1+2+3+6 (Whooping Cough) ..	26	670	1,722	279	1,829	151	4,677
13. Lines 1+2+4+7 (Tetanus)	38	809	2,105	401	6,050	1,284	10,687
14. Lines 1+8+9 (Polio) ..	27	435	880	192	6,421	880	8,835

Smallpox

The following table is given in the form in which it is sent to the Department of Health and Social Security and shows the number of persons under the age of 16 who have been vaccinated against smallpox during 1969:-

Age at date of vaccination	*Number vaccinated*	*Number re-vaccinated*
0-3 months	16	—
3-6 months	18	—
6-9 months	9	—
9-12 months	33	1
1 year	1,339	8
2-4 years	1,494	25
5-15 years	383	184
TOTAL ..	3,292	218

No case of smallpox occurred in the County during 1969.

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

There are two schemes for vaccination against tuberculosis: first, the contact scheme which is carried out by Chest Physicians through the Chest Clinics; and second 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	*School Children and Students*
No. skin tested..	578	3,718
No. found positive	64	557
No. found negative	438	3,027
No. vaccinated..	245	2,975

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 Department of Health and Social Security as one of the 47 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 383 persons were vaccinated against Yellow fever and provided with International Certificates.

AMBULANCE SERVICE
(Section 27)

Structure and Organisation

During the year the Administrative County was served by a wholly directly operated Service from:-

(*a*) four Main Stations with radio control and one Sub-Station all of which were manned throughout the 24 hours; and

(*b*) eight Sub-Stations manned from 8 a.m. to midnight daily.

In respect of the Stations manned for 16 hours daily, night cover was afforded by standby arrangements augmented by the Main Stations' resources, with the exception of Glossop where night cover was given by the Duckinfield Ambulance Station operated by the Cheshire County Council.

The extension to the London-Yorkshire Motorway (M.1) which passes through the north-east part of the County with access points at South Normanton, Heath and Barlborough means that an area forming an island between the new stretch of motorway and the eastern boundary of the County is without an Ambulance Station. In order that adequate Ambulance Service coverage can be given to meet the additional commitment of the Motorway, the County Council has agreed to the provision of a new Ambulance Station being established at Heath, the building of which was commenced in January, 1970.

As from 1st January, 1969, certain agreed arrangements for mutual aid were implemented between the County Council and Derby County Borough, in the first place for a period of three months to assess their efficiency; experience proved that there was some merit in the system which was continued throughout the year.

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 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 the "appointed day" with other neighbouring authorities along the whole of the County boundary were continued, in the interest of economy and efficiency.

As in the past, 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.

The following is a list of addresses and telephone numbers of the County Council's Ambulance Stations at the time of writing this Report.

Addresses and Telephone Numbers of Ambulance Stations.

Ambulance Station	*Telephone Numbers*		*Address*
	8 a.m. - midnight	midnight - 8 a.m.	
Main Station *MICKLEOVER ..	Derby 53916		Station Road, Mickleover, Derby.
Sub-Stations Ashbourne	Ashbourne 3236	Derby 53916	Park Avenue, Ashbourne.
Long Eaton	Long Eaton 5151		Briar Gate, Long Eaton.
Swadlincote	Swadlincote 7041		Civic Centre, Off Midland Road, Swadlincote.
Main Station *RIPLEY	Ripley 2175		Ivy Grove, Ripley.
Sub-Stations Ilkeston	Ilkeston 3401	Ripley 2175	Manners Avenue, Ilkeston.
Matlock	Matlock 2291		Sherwood Road, Matlock.
Main Station *BUXTON	Buxton 2012		Park Road, Buxton.
Sub-Stations .. .. New Mills	New Mills 3333		Park Road, New Mills.
Bakewell	Bakewell 2551	Buxton 2012	Baslow Road, Bakewell.
Glossop	Glossop 3101		Chapel Street, Glossop.
Main Station *CHESTERFIELD ..	At all times		Old Road, Ashgate, Chesterfield.
Sub-Station **Eckington	Chesterfield 6282		Caste 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 midnight contact should be made, where necessary, with the appropriate Main Station indicated above.

Conveyance of Mentally Disordered Patients

No change was made in connection with the transportation of mental patients. The Mickleover Ambulance Station, which is located approximately one mile from the Pastures Hospital, conveyed mental patients to and from that hospital; under this arrangement full advantage was taken of the use of specially trained nurses from the hospital, for escort purposes. The remaining Ambulance Stations in the County dealt with the transportation of mental patients outside the scope of this arrangement.

During the year the Matlock Ambulance Station provided transport for the conveyance of patients to and from the Special Care Unit at Belper. Transport was similarly provided by the Ilkeston and Long Eaton Ambulance Stations from June, 1969, for the conveyance of patients to and from the Special Care Unit at Stanton Vale, Ilkeston.

The County Ambulance Service continued to operate a vehicle for the transportation of the physically handicapped from the Matlock Ambulance Station on behalf of the County Welfare Department, the Ambulance Service being responsible for its general maintenance and for providing the driver.

Conveyance of patients by Rail

The conveyance of patients by ambulance/rail/ambulance transport is generally accepted as the recognised method for long distance journeys. The number of rail journeys undertaken during the year under review was 109 compared with 102 the previous year. The staff of British Railways, as well as other Local Health Authorities, have been most co-operative in connection with the transportation of patients under these arrangements. Similarly the British Red Cross Society and the St. John Ambulance Brigade have been most helpful in providing escort.

Infectious Diseases

As in the past, no special vehicles were set aside for this purpose and all cases of infectious diseases requiring ambulance transport were conveyed by the general Ambulance Service. All ambulance personnel are familiar with the procedure for the disinfection of ambulances and equipment. As hitherto, the special equipment for dealing with cases of smallpox or suspected smallpox is held at each Main Station in the County.

In 1967, however, the Regional Liaison Committee of Local Health Authorities and the Sheffield Regional Hospital Board agreed that the transportation of all cases (or suspected cases) of Smallpox arising in the North of the Region be dealt with by the Sheffield Ambulance Service and in the South of the Region by the Leicestershire Ambulance Service.

During 1968 the Regional Liaison Committee of Local Health Authorities and the Manchester Regional Hospital Board made similar arrangements for such cases arising in the North West of the County to be conveyed by the Manchester Ambulance Service.

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:-

Year	*Smallpox Vaccinations*
1965	97
1966	159
1967	93
1968	143
1969	93

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.

During the year, in conjunction with the other emergency services, meetings took place with the Staff of certain hospitals as well as those of the East Midlands Airport in connection with major accident procedure, and exercises were arranged.

Telecommunications

Due to the increased demand on the Ambulance Service and the consequent increase in the use of radiotelephony throughout the County, it was expedient to consider the introduction of a second frequency in order to double the "air space" available. Whilst more recently, multi-channel mobile sets were purchased to meet this eventuality, a number of the older sets required to be modified to operate on a second frequency and also to 12½ k/c working: fourteen of the oldest sets however could not be modified and will operate on one frequency mainly in the northern and southern extremities of the County until replaced by new multi-channel equipment.

It is intended that the northern half of the County will operate on the new frequency and the southern on the old frequency. Crews of ambulances fitted with the multi-channel sets will be able to switch over to the other frequency when entering that area and so maintain contact with a County Control.

An order amounting to £3,900 was placed for the introduction of this scheme, but which was not completed by the end of the year.

The following table indicates the number of mobile equipments operating under the respective fixed stations on 31st December, 1969.

Controlling Base Station	*Sub-Station*	*Number of Mobile Equipments*
Buxton	.. .. ..	11
	Bakewell ..	5
	Glossop	5
	New Mills ..	5
Chesterfield ..	.. .. ..	15
	Eckington ..	12
Mickleover ..	.. .. ..	8
	Ashbourne ..	4
	Long Eaton ..	7
	Swadlincote ..	6
Ripley	.. .. ..	13
	Ilkeston	6
	Matlock ..	7
	Total ..	104

Equipment

The 18 additional Minuteman Resuscitators ordered in 1968 to permit of one "Minuteman" being carried on each of the 2/4 stretcher type ambulances were delivered during the year: these machines are for the administration of oxygen.

Premises

The additional stone hut at the Cat & Fiddle site to accommodate a standby generator to maintain our radio-telephony communications in the event of a power failure was completed and the commissioning of the equipment was effected as from 9th April, 1969.

At the time of writing this report a new Ambulance Station at Heath is under construction to serve the (M.1) Motorway in the north-east of the County and to provide additional cover to the area. The new ambulance station comprises a single storey administrative block and garage to accommodate ten vehicles as well as a vehicle maintenance bay. The building is of traditional construction.

Personnel

(*a*) *Safe Driving Awards*

The following table shows the results of the 1969 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*	*25 Year Brooch*	*Bar to 25 Year Brooch*	*Exemptions*
1964	217	9	33	78	10	45	6	17	6	5	–	1	–	–	7
1965	202	6	31	64	14	41	9	18	1	9	–	1	–	–	8
1966	227	10	34	74	4	56	3	25	1	8	1	1	1	–	9
1967	242	5	26	108	5	43	9	23	4	10	–	1	–	1	7
1968	237	2	33	91	12	40	6	26	3	12	3	2	–	–	7
1969	198	2	32	89	8	28	7	13	3	4	1	1	–	–	10

The total number of accidents in which Ambulance Service Vehicles were involved during the year was 151 compared with 157 for 1968.

When considering the accident rate it must be borne in mind that the rules laid down by the Royal Society for the Prevention of Accidents are strictly applied and that every accident, no matter how trivial, is reported and investigated.

The high standard of finish of the modern ambulance bodywork may easily be damaged by the slightest accident and, therefore, the standard of driving and care of vehicles must at all times be of the highest order to preserve the condition of the vehicles.

(*b*) *Training*

On the 6th June, 1969 the National Joint Council for Local Authorities' Services (Manual Workers) issued Circular No. 192A which referred to the recommendations of the "Millar" Working Party with regard to an improvement in the standard of training of ambulance staff, leading to the award of a proficiency certificate.

The circular also referred to the following recommendation of the National Ambulance Service Advisory Committee established by the Secretary of State for Social Services:-

(i) For the time being all ambulance staff who satisfactorily complete an approved experimental or interim basic training course of six weeks' duration shall thereafter be eligible for the award of a certificate;

(ii) All staff who have already completed five years' service (and, until further notice, those who satisfactorily complete five years' service) and receive a satisfactory report from their employing authorities shall thereafter be eligible for the award of a certificate.

During the transitional stage, however, the National Ambulance Service Advisory Committee approved a shortened course of two weeks' duration for ambulancemen with less than five but more than two years' service. In this connection the Local Government Training Board approved the premises and arrangements which the County Council proposed for these courses at South Darley which were commenced in 1970.

During the year, the County Health Committee agreed to all appointments for new entrants into the service being subject to a six months' probationary period and induction courses were commenced for new recruits.

(*c*) *Establishment*

The following table shows the authorised establishment of ambulance personnel as at the 31st December, 1969:-

Ambulance Station	*Station Superintendents*	*Shift Leaders*	*Senior Drivers*	*Driver/Attendants*			*Total*
				Rotary Shift Workers	*Alternating Shift Workers*	*Day Workers*	
Ashbourne	1	–	1	–	8	–	10
Bakewell	1	–	1	–	9	–	11
Buxton	1	5	–	24	–	–	30
Chesterfield ..	1	5	–	24	–	8	38
Eckington	1	5	–	24	–	1	31
Glossop	1	–	1	–	9	–	11
Ilkeston	1	–	1	–	10	1	13
Long Eaton	1	–	1	–	10	1	13
Matlock	1	–	1	–	11	1	14
Mickleover	1	5	–	21	–	1	28
New Mills	1	–	1	–	9	1	12
Ripley	1	5	–	24	–	8	38
Swadlincote	1	–	1	–	10	1	13
TOTAL ..	13	25	8	117	76	23	262

Vehicles

During the year under review the following vehicles were ordered:-

(*a*) Five Bedford/Lomas Ambulances (2/4 stretcher type) on the J.1 chassis.

(*b*) Three Bedford/Lomas Dual Purpose Light Ambulances on the C.F. chassis.

(*c*) Two Land Rover/Lomas Ambulances

The following vehicles were operational on 31st December, 1969:-

Location	*Number of Ambulances*	*Number of Light Ambulances*
Ashbourne	3	1
Bakewell	3	2
Buxton	7	4
Chesterfield	12	3
Eckington	7	5
Glossop	3	2
Ilkeston	4	3
Long Eaton	5	3
Matlock	3	3
Mickleover	5	3
New Mills	4	1
Ripley	9	4
Swadlincote	4	2
Totals ..	69	36

(*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 three years:

Month	1966			1967			1968			1969		
	Average Daily Mileage	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*	*Average Daily Mileage*	*Average Daily Patients*	*Average Miles per Patient*
January	5,446	747	7·3	5,744	808	7·1	5,796	850	6·8	5,505	792	7·0
February	5,688	783	7·2	5,856	821	7·1	5,690	855	6·7	5,200	732	7·1
March	5,875	816	7·2	5,699	794	7·2	5,614	822	6·8	5,387	754	7·1
April	5,375	731	7·3	5,472	769	7·1	5,398	755	7·2	5,279	729	7·2
May..	5,571	775	7·2	5,751	818	7·0	5,615	834	6·7	5,409	752	7·2
June..	5,770	814	7·1	5,898	823	7·2	5,060	706	7·2	5,728	801	7·2
July	5,525	734	7·5	5,547	759	7·3	5,602	789	7·1	5,703	811	7·0
August	5,188	692	7·5	5,322	725	7·3	5,311	722	7·4	5,207	698	7·5
September	5,651	778	7·3	5,650	822	6·9	5,191	688	7·5	5,269	708	7·4
October	5,397	756	7·1	5,670	820	6·9	5,610	799	7·0	5,930	853	6·8
November ..	5,805	837	6·9	5,907	885	6·7	5,554	796	7·0	5,593	793	7·0
December	5,264	713	7·4	5,185	728	7·1	4,967	679	7·3	5,580	762	7·3
Averages for the year	5,481	753	7·3	5,565	778	7·2	5,455	776	7·1	5,485	766	7·2

N.B. Figures for the conveyance of patients by the Welfare vehicle were included for the first time in the figures for March, 1968, so that statistics since that date are not strictly comparable with the previous figures. Similarly, figures for the conveyance of mentally handicapped children to the Special Care Unit at Stanton Vale were included for the first time in the figures for June, 1969, so again the statistics since that date are not strictly comparable with the previous figures.

The following Table shows the number of patients conveyed by Ambulance Stations and the mileage covered by Ambulances and Light Ambulances during 1969:-

1969	*Light Ambulances*			*Ambulances*			*Totals*		
	Accident or Emergency	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*
Buxton	8	5,885	57,086	636	12,687	101,049	644	18,572	158,135
Chesterfield	15	9,521	56,429	1,220	41,792	201,420	1,235	51,313	257,849
Eckington	20	10,069	98,120	466	19,445	152,819	486	29,514	250,939
Mickleover	18	6,184	76,102	472	8,608	91,195	490	14,792	167,297
Ripley	12	10,225	91,310	721	28,070	235,942	733	38,295	327,252
Ashbourne	1	1,624	16,400	234	4,567	42,221	235	6,191	58,621
Bakewell	4	4,069	46,458	308	4,337	52,011	312	8,406	98,469
Glossop	32	6,623	36,036	555	8,732	41,453	587	15,355	77,489
Ilkeston	18	5,673	43,758	413	12,844	65,691	431	18,517	109,449
Long Eaton	30	4,824	35,967	452	15,560	90,445	482	20,384	126,412
Matlock	8	6,205	58,467	338	9,198	67,913	346	15,403	126,380
New Mills	4	2,110	17,925	248	10,343	61,079	252	12,453	79,004
Swadlincote	10	5,522	42,760	302	15,978	79,125	312	21,500	121,885
TOTALS ..	180	78,534	676,818	6,365	192,161	1,282,363	6,545	270,695	1,959,181

NOTE : The above figures do not include the respective details for patients carried by the Matlock Ambulance Station to and from the Special Care Unit at Belper, and by the Long Eaton and Ilkeston Ambulance Stations to and from the Stanton Vale Special Care Unit.

The following Table shows the number of patients conveyed and the mileage covered monthly by Ambulances and Light Ambulances during the year 1969:-

1969	*Light Ambulances*			*Ambulances*			*Totals*		
	Accident or Emergency	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*	*Accident or Emergency*	*Total Cases*	*Mileage*
January	15	6,725	56,417	392	17,202	111,071	407	23,927	167,488
February	9	5,977	48,249	436	14,142	95,084	445	20,119	143,333
March	13	6,409	56,479	414	16,478	107,662	427	22,887	164,141
April	20	5,631	51,256	435	15,740	104,533	455	21,371	155,789
May	13	6,798	57,902	572	16,066	106,877	585	22,864	164,779
June	21	6,832	60,589	532	16,212	106,771	553	23,044	167,360
July	13	6,392	57,271	624	17,826	115,508	637	24,218	172,779
August	14	6,646	58,917	591	14,668	100,879	605	21,314	159,796
September	12	6,000	54,897	571	14,345	99,196	583	20,345	154,093
October	21	7,746	62,066	572	17,588	116,537	593	25,334	178,603
November	10	6,597	55,734	560	15,966	106,606	570	22,563	162,340
December	19	6,781	57,041	666	15,928	111,639	685	22,709	168,680
TOTALS ..	180	78,534	676,818	6,365	192,161	1,282,363	6,545	270,695	1,959,181

NOTE : The above figures do not include the respective details for patients carried by the Matlock Ambulance Station to and from the Special Care Unit at Belper, and by the Long Eaton and Ilkeston Ambulance Stations to and from the Stanton Vale Special Care Unit.

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 physical or mental illness. They deal especially with handicapped 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 240 forms of report were received in respect of new applicants for registration. Of this number 203 were registered as blind or partially sighted, and 37 were certified as not blind or partially sighted.

Cataract and Glaucoma

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. The following Table indicates their incidence in various age groups during the past ten years:-

		Under 50	50–60	60–70	70—	Total
Cataract ..	1960	4	2	9	53	68
	1961	2	5	9	43	59
	1962	3	2	4	65	74
	1963	1	2	6	63	72
	1964	1	2	9	62	74
	1965	2	5	16	93	116
	1966	2	4	7	52	65
	1967	1	2	6	68	77
	1968	2	6	18	80	106
	1969	—	1	11	65	77
Glaucoma..	1960	1	2	8	25	36
	1961	1	—	2	14	17
	1962	—	1	5	21	27
	1963	—	1	6	10	17
	1964	—	1	6	27	34
	1965	—	4	5	17	26
	1966	—	1	6	18	25
	1967	1	—	2	16	19
	1968	—	2	3	25	30
	1969	—	1	3	23	27

Chiropody

The history of a chiropody service administered by Local Health Authorities was dealt with fully in my Annual Report for 1964.

At the end of 1969, 27 Clinics were equipped for chiropody and 21 Chiropodists—4 full-time and 17 part-time—were being employed The establishment for Chiropodists, in terms of whole-time officers, is 15.

CHIROPODY TREATMENT CARRIED OUT DURING 1969.

	Elderly		*Physically Handicapped*		*Expectant Mothers*		*No. of Sessions*
	Patients	*Treat-ments*	*Patients*	*Treat-ments*	*Patients*	*Treat-ments*	
Treatment at Clinics	5,905	22,792	299	1,186	7	8	3,797
Domiciliary Treatment	660	2,158	123	266	—	—	—

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

Clinic	*Time of Opening*	*Chiropodist*
ALFRETON Grange Street ..	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. 1.30 p.m. to 4.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m. Thursday— 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. Wednesday and Friday— 1.30 p.m. to 4.30 p.m.	Mrs. A. White. Mr. F. Collier.
ASHBOURNE .. St. Oswald's Hospital ..	1st and 3rd Mondays of the month— 9.30 a.m. to 12.30 p.m.	Mr. T. E. Martin.
BELPER Field Lane ..	Monday— 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. Wednesdays— 9.30 p.m. to 12.30 p.m. Tuesday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mrs. M. D. Bewley. Mr. F. Collier.
BOLSOVER Welbeck Road ..	Thursday— 9.30 a.m. to 12.30 p.m. 1.45 p.m. to 4.45 p.m. Monday— 9.30 a.m. to 12.30 p.m.	Mr. J. B. Hewitt Mr. G. H. R. Holland

Clinic	*Time of Opening*	*Chiropodist*
BUXTON Bath Road ..	Monday, Tuesday, Wednesday, Thursday, Friday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.00 a.m. to 12 noon	Miss B. M. H. Wyse
CHAPEL-EN-LE-FRITH Eccles Road ..	Monday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. S. Fletcher
CHESTERFIELD Brimington Road	Tuesday— 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.	Mr. J. B. Hewitt Mr. R. S. Withington
CHINLEY Lower Lane ..	Friday— 9.30 a.m. to 12.30 p.m.	Mr. S. Fletcher
CLAY CROSS High Street ..	Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 2.00 p.m. to 5.00 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. A. Roberts Mr. G. H. R. Holland
CLOWNE Creswell Road ..	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Alternate Wednesday— 1.30 p.m. to 4.30 p.m.	Mr. J. B. Hewitt Mr. R. S. Withington
DERBY Cathedral Road ..	Wednesday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. Alternate Thursdays— 9.30 a.m. to 12.30 p.m.	Mrs. C. I. Beattie
DRONFIELD The Grange ..	Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m. Friday— 9.30 a.m. to 12.30 p.m.	Mrs. C. J. Wheen
ECKINGTON Gosber Street ..	Monday— 9.30 a.m. to 12.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. C. J. Wheen Mr. J. B. Hewitt
GLOSSOP George Street ..	Monday— 10.00 a.m. to 1.00 p.m. Wednesday— 9.00 a.m. to 12 noon	Mr. K. Horrox

Clinic	*Time of Opening*	*Chiropodist*
HEANOR Wilmot Street ..	Wednesday— 1.30 p.m. to 4.30 p.m. Friday— 1.30 p.m. to 4.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mrs. A. White
HOPE Edale Road ..	1st, 2nd, 3rd and 4th Fridays— 9.30 a.m. to 12.30 p.m.	Miss C. J. Kenyon
ILKESTON Albert Street ..	Monday— 9.30 a.m. to 12.30 p.m. 1st Four Wednesdays— 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. Friday— 2.00 p.m. to 5.00 p.m.	Mr. C. Ward Mr. E. R. McCann
LONG EATON Midland Street ..	Alternate Mondays— 9.30 a.m. to 12.30 p.m. Monday— 1.30 p.m. to 4.30 p.m. Tuesday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mr. Q. J. Beattie Mr. C. Ward
MATLOCK Lime Grove Walk	Monday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Thursday— 9.30 a.m. to 12.30 p.m. 1.30 p.m. to 4.30 p.m. Saturday— 9.30 a.m. to 12.30 p.m.	Mr. F. Collier
NEW MILLS High Lea Hall ..	Tuesday— 9.00 a.m. to 12 noon 1.30 p.m. to 4.30 p.m. Wednesday— 9.00 a.m. to 12 noon	Mrs. I. Greenhalgh
RIPLEY Derby Road ..	Monday— 9.30 a.m. to 12.30 p.m. Tuesday— 1.30 p.m. to 4.30 p.m. Friday— 9.30 a.m. to 12.30 p.m. Friday— 1.30 p.m. to 4.30 p.m. Alternate Wednesdays— 1.30 p.m. to 4.30 p.m.	Mr. C. A. Bewley Mr. H. White

Clinic	*Time of Opening*	*Chiropodsit*
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. Monday— 1.30 p.m. to 4.30 p.m.	Mr. J. B. Hewitt Mr. G. H. R. Holland
SHIREBROOK Cliffe House, Church Drive	Tuesday— 1.30 p.m. to 4.30 p.m.	Mr. R. S. Withington
SWADLINCOTE Civic Centre, off Midland Road	Wednesday— 9.00 a.m. to 12 noon Friday— 9.00 a.m. to 12 noon 4th Tuesday— 2.00 p.m. to 5.00 p.m.	Mrs. M. K. Archer
TIDESWELL Commercial Road	1st Wednesday of the month– 1.30 p.m. to 4.30 p.m. 3rd Tuesday— 1.30 p.m. to 4.30 p.m.	Mr. S. Fletcher
WHALEY BRIDGE 16 Market Street	Monday— 1.30 p.m. to 4.30 p.m. 4th Tuesday— 9.30 p.m. to 12.30 p.m.	Mr. S. Fletcher
WIRKSWORTH Church Street ..	Tuesday— 9.30 a.m. to 12.30 p.m. Wednesday— 9.30 a.m. to 12.30 p.m.	Mr. F. Collier Mr. D. Nolan

Exfoliative Cytology

This matter was dealt with at length in my Annual Report for 1966. I think it will be useful, however, to recall that I wrote to Health Visitors in charge of County Council Clinics in April, 1965 (and sent copies for information to the Council's Medical Staff and the Health Visitors who are not in charge of Clinics) intimating that the County Council had agreed that the following statement should be displayed at all County Council Clinics, and that Health Visitors should draw the attention of persons attending the Clinics to it:-

"EXFOLIATIVE CYTOLOGY

Commonly called Smear Tests for cancer of the neck of the womb.

Derbyshire County Council accepts the value of exfoliative cytology in the early diagnosis of cancer of the cervix of the uterus, and on the 29th June, 1964, the County Health Committee agreed to some of their

medical staff collecting smears for cytological examination at certain County Council Clinics, and these facilities are now available at:-*

Alfreton	Glossop
Ashbourne	Heanor
Belper	Hope
Bolsover	Ilkeston
Buxton	Long Eaton
Chesterfield	Matlock
Clay Cross	Ripley
Clowne	Shirebrook
Derby (Cathedral Road)	Staveley
Dronfield	Swadlincote
Eckington	Wirksworth

*(This list has been amended to indicate the present arrangements).

The County Medical Officer of Health has consulted with the Local Medical Committee and it has been agreed that the patient's own doctor should have the opportunity of deciding whether to collect the smears himself or to let this be done by one of the medical officers employed at a County Council Clinic.

This is a service involving the co-operation of general practitioners, local health authorities, and the Regional Hospital Boards, the last being responsible for the examination of the smears when taken.

Full particulars of the County Council's provision were sent to all general medical practitioners in Derbyshire by the County Medical Officer of Health on the 9th October, 1964."

During 1969, 4,782 cytology smears were taken at the County Council's Clinics (which included 1,080 taken at Clinics conducted by the Chesterfield Delegate Authority).

The overall figures for 1969 are higher than last year. This is possibly because women are being invited to attend for a repeat smear after a lapse of three years, which is the recommended interval for a woman who had a normal report initially.

Adaptations of homes to install Artificial Kidney Machines

At the beginning of 1967 a request was received for the County Council to contribute towards the cost of adaptations of a house in connection with the proposed installation of a renal dialysis unit. The authority agreed that, subject to the approval of the Minister of Health being obtained to an arrangement under Section 28 (1) of the National Health Service Act, 1946, approval be given to a contribution of 50% towards the cost of any necessary adaptations to the house. The Minister gave approval to "the Council's making arrangements under Section 28 of the National Health Service Act, 1946, to defray, or contribute towards any expenses incurred by, or for the benefit of, persons suffering from such illness (other than by payment direct to such persons) in carrying out any works or adaptations in their homes, or the provision of any additional facilities, required for the purpose of installation of renal dialysis equipment".

However, on 4th January, 1968 the Ministry of Health issued Circular 2/68 in which reference was made to the gradually increasing use of artificial kidney machines in patients' homes in the treatment of chronic renal failure. It pointed out that "The treatment involves new and difficult techniques and, whether it is undertaken in hospital or in the home, it has to be based on hospitals with full supporting facilities". The Circular indicated that in order to remove the necessity for individual application and approval in each case, "the Minister has now decided to issue a general approval . . . Accordingly he hereby approves the making of arrangements by your Council for the adaptation of any dwelling or the provision of any additional facilities which may be necessary for installing equipment for intermittent haemodialysis for the use of a person suffering from illness. The Minister approves also the making by the Council of such charges (if any) for this service as the Council considers reasonable having regard to the means of any such person."

During 1969 the County Council gave assistance to two patients under the above mentioned arrangements.

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 three Mobile Mass Miniature Radiography Units operate in Derbyshire from time to time:-

Sheffield Regional Hospital Board:
Nottingham Area No. 2 Unit, based on Nottingham.
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 existance for some seventy 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.

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, in most instances the County Council pays a proportion of their salaries in respect of the Care and After-Care work undertaken by these Officers.

Incontinence Pads

The Ministry of Health, in a circular dated 29th July, 1963, commended to Local Health Authorities the provision of incontinence pads under Section 28 of the National Health Service Act, 1946; this Authority, however, had been providing them under the Act since 1961, mostly at the request of General Medical Practitioners or the County Council's Home Nurses.

These pads have supplied a long-felt want to patients suffering from incontinence, and are also a great relief in easing the burden of looking after them in their own homes. Requests for them have been received in increasing numbers. Particulars of the number of pads supplied are as follows:-

1962	..	3,900
1963	..	6,200
1964	..	11,100
1965	..	21,384
1966	..	45,228
1967	..	68,580
1968	..	98,284
1969	..	127,168

My attention has not been drawn to any problems of disposal.

Protective Pants and Interliners

As a result of a request from the Multiple Sclerosis Society, Manchester Branch, the County Health Committee in May, 1964, agreed to provide, where necessary, a type of incontinence pad which takes the form of "Protective Pants" and "Interliners", and in the year under review, 388 pairs of these pants and 121,502 interliners have been supplied to patients (compared with 246 pairs of pants and 86,080 interliners during 1968).

HEALTH EDUCATION

During the year Dr. S. J. Harries, Senior Medical Officer for Maternal and Child Health, took over responsibility for the Health Education Service from Dr. J. M. D. Corrigan, Senior Medical Officer for School Health. The policy of providing field staff with equipment and visual aids has been continued. There are now twenty 16 mm sound projectors which are based at Main clinics, and a library of approximately 266 sound films. Schools have made increasing use of the equipment and materials available, which is very gratifying.

The following is a brief resume of some of the activities and work during the year under review:—

Posters and leaflets. A wide selection was made available. Efforts were made to obtain special leaflets when requested.

Exhibitions and displays. Excellent display work was done by the Health Visitors in the Clinics. The Assistant Health Education Officer built several large exhibitions which were displayed in public libraries, schools, carnivals, fetes and agricultural shows.

Smoking and lung cancer. Schools and youth organisations have been made aware of the aids available and many requests have been received from them. The Health Visitors and the Assistant Health Education Officer have done much work in this field.

Dental Health. The General Dental Council Caravan paid its usual visit to the County Show at Elvaston on the Spring Bank Holiday.

Posters, leaflets and toothbrush kits have been supplied to Clinics for School Dental Officers and Health Visitors to distribute to local schools. Talks and film shows on dental health have been given frequently to schools and voluntary organisations.

In-service training. Newly appointed Health Visitors are trained in the use and simple maintenance of visual aid equipment. A number of the field staff have visited the Central Stores at Matlock during school holidays which has helped reduce the problem of informing them of the selection of literature available.

The Assistant Health Education Officer continued to show films on "Emergency Resuscitation" at the School Meals Training Centre and gave practical demonstrations on the "Resusci-Annie" model to staff attending courses. He also visited the Home Help Training Centre to give talks on "Home Safety".

Drugs and drug addiction. Because of the greater awareness of this problem six sound films have been purchased. These have been very much in demand and Health Visitors who give health education talks, etc., in schools have included this subject in their talks. There has been a demand for information and speakers on this problem from various organisations such as Rotary Clubs, Women's Institues, Townswomen's Guilds, as well as from various Church and youth groups.

The Assistant Health Education Officer contined to give talks and film shows at old people's clubs and visited a number of voluntary organisations. During 1969 he made 61 such visits.

Home Safety. When Dr. Corrigan resigned as Secretary of the North Midland Home Safety Group, Mr. Bartle, the Assistant Health Education Officer, was elected to replace her: this meant that the group, which comprises representatives from Nottinghamshire, Leicestershire, Lincolnshire, Rutland and Derbyshire, still retains its administrative base at the County Offices, Matlock.

Much time and effort has been devoted to Home Safety and it has been encouraging to note a slight reduction in home accidents. This year even greater efforts were made by local home safety committees to draw the attention of the public to the hazards of "bonfire night." Accidents still happen in spite of these efforts, and local committees, Health Visitors and the Health Education staff work in close liaison in an attempt to reduce such accidents.

The Chapel-en-le-Frith Home Safety Committee produced an excellent 16 mm sound film entitled "The Researchers," as a result of work by local junior school children and the co-operation of the local community. The Assistant Health Education Officer helped with the shooting and editing of this film, copies of which have been sold to various local authorities throughout the country for use in their home safety programmes.

The following are reports on some of the activities of the various local Home Safety Committees during 1969:—

Alfreton and Ripley.

FIREGUARDS—Alfreton and Ripley Councils purchased a number of guards to be made available to Council house tenants at a low cost: clinics were informed of this.

PUZZLES—200 Home Safety Puzzles were purchased from the Royal Society for the Prevention of Accidents (Ro.S.P.A.) and distributed to Junior Schools in both areas.

PUBLIC TRANSPORT ADVERTISING—Both the Trent and Midland General Omnibus Companies contracts were renewed for a further 12 months and roof panel posters are displayed on 20 buses in both areas.

ELECTRICAL FITTINGS—the Committee were shown a new type of dual circuit enclosed in one case, and a unit with one switch for controlling a lot of fuses and which had an automatic "blow out".

NEW WIRING COLOURS—leaflets were distributed to members on the new wiring colours.

SERVIETTES—7,000 were purchased and distributed to Schools and other organisations in both areas at Christmas.

COMPETITIONS—another poster competition is being held just before Easter this year involving schools and other organisations.

Members attended various Group Meetings and the National Conference.

Many leaflets and talks are given to various new Committees in the areas and posters displayed wherever space is available.

Blackwell.

REPRESENTATION ON OTHER BODIES—the Chairman and Vice-Chairman serve on No. 4 Area Group Committee represented at National Conference.

CAMPAIGNS—All national campaigns have been supported, particularly the "Home Accidents" and "Fireworks". This has been achieved by the distribution of posters, leaflets and bookmarks throughout the Blackwell Rural District. 2,000 Home Safety Serviettes have been distributed, together with leaflets on the electrical wiring—new colour code.

A three day exhibition was staged on Shirebrook Market during Festival Week.

Buxton.

The Buxton Home Safety Committee met on six occasions at the County Council's Clinics, Bath Road, Buxton. The Committee was represented at the quarterly meetings of No. 4 Group Area Committee. Since Chapel-en-le-Frith Rural District Council's Home Safety Committee was engaged on the production of a home safety film, the joint competition was not held this year, in lieu the Buxton Home Safety Committee held a successful poster painting competition for the pupils attending schools in their area. From 25th to 27th September, 1969, a home safety exhibition was once again staged in the Entrance Hall to the Public Library. This has become an annual venture which is proving most successful in putting over to the public the importance of safety in the home. Following comments at the Home Safety Committee Meetings, liaison was maintained with the Borough Engineer's Department during the preliminary stages of the planning of homes for aged persons, particularly with reference to warden-scheme flats. Prior to 5th November, quantities of publicity material on the safe handling of fireworks were distributed throughout the town, and paper table napkins were again distributed to organisations and schools for use at their Christmas parties.

Close contact was maintained with the Buxton Hospital in order to gain information on home accidents treated at the Hospital. During the year under review, 298 cases were dealt with under the following categories: Falls 109; Poisoning 36; Burns and Scalds 58; Miscellaneous 95.

Of this total, 4 persons suffering from falls were detained in hospital for further treatment and 17 from the after-effects of poisoning.

Whenever the opportunity has offered itself, home safety films have been shown to interested parties.

Chapel-en-le-Frith

A number of talks have been given to organisations, plus the training of young people in uniformed organisations in connection with "Safety in the Home" badge. The Committee concentrated on the completion of the film "The Researchers."

The neo-attractor sign purchased in 1968 has been placed in a number of local shops and in the Peak Park Planning Board's Office in Castleton.

Chesterfield

The Committee requested the North Midland Home Safety Group to press for legislation to make the provision of suitable handles on baths a compulsory measure by manufacturers.

The Committee gave consideration to the constitution and, as a result, several new organisations appointed representatives to attend meetings. After hearing that two small children had died in a fire involving cushions filled with Polyether, the North Midland Home Safety Group were requested by the Committee to ask manufacturers of upholstered furniture to make every effort to produce a suitable non-inflammable resilient "filling" in their products: the British Upholsterers Association has shown interest and were looking at the problem.

Literature purchased from RoSPA was distributed to suitable organisations in support of the Society's campaigns "Home Accidents —Face the Facts" and "Face the Facts about Fire".

A schools poster competition on "Safety on Holiday" was held. 298 posters were received from schools and there were 165 winning entries.

The local Members of Parliament were asked to support any legislation to secure the restriction on sales of fireworks except to organised parties.

It was reported to the Committee that plastic containers were sometimes used to carry drinking water, although the containers could have originally contained a substance which could be dangerous or injurious to a person's health. The matter was referred to the North Midland Home Safety Group with a request that the manufacturers of plastic containers be asked to indicate thereon, by means of moulding or other suitable method, the nature of the original contents of the container. The Group could not support the Committee's resolution as it was felt that far greater danger was present at the second and subsequent uses of such containers when they may not contain the specified contents.

A schools poster competition was held on "Safety on Bonfire Night": 376 posters were received from schools and there were 41 winning entries. As Councillor Mrs. E. M. Gregory, Chairman of the North Midland Home Safety Group, had expressed a desire to visit all the home safety committees in Derbyshire, she was invited to assist in the judgingof the entries in the afternoon, and then she attended the meeting of the Committee in the evening. These competitions are proving to be more and more popular as shown by the increased number of entries.

Clowne

The Committee drew the attention of the Rural District Council to the danger of laburnum seed and yew berry poisoning and requested that these types of trees be not planted where they are readily accessible to children.

A recommendation was submitted to the Rural District Council to consider the fitting of handles to baths in old people's dwellings.

A decorated vehicle was entered in the Clowne Fete and Gala.

Christmas serviettes and handkerchiefs were obtained for issue to local schools and clubs. Posters and leaflets were distributed throughout the year.

Dronfield

The Dronfield Home Safety Committee in its fourth year has been just as active as in previous years, working for the promotion of safety in the home. January, 1969, was a busy month, forms were distributed through schools, post offices, and door-to-door, so that adults would have a chance of entering a competition listing 12 out of a given 20 hazards in the home, placing them in order of most danger. 141 entries were received, no one had a correct result, but a lady gained first place and a gentleman second, with a £10 and £5 award respectively. Essays on hazards were written by school children in two groups: 8/11 years and 12/15 years. Four hundred and eleven entries were received out of which 408 scholars were successful, 208 gaining credit marks. Eight school children, who wrote good essays gained awards. During March a talk was given by a Fire Prevention Officer using slides to depict things which people did in the home through carelessness, which could create fires. Also shown was a film on the work carried out by the Derbyshire Fire Service.

At the local Gala in July the Committee put on an exhibition showing a prop-feeding scene; a doll appearing to take tablets from a table and "Heartbreak House" was borrowed from the Fire Service: these displays attracted many people.

During the year a demonstration was given by a member of St. John's Ambulance Brigade on "Resuscitation."

Six flashing lights have been fixed in old age pensioners' bungalows during the year. There are now fourteen fitted.

Glossop

This Committee had a very busy year in the service of Home Safety. The Secretary attended a Conference at Southport in 1968 and followed this up with visits to all primary schools in Glossop distributing Home Safety posters on fire precautions. In May a competition was held at the Town Hall for all Junior schools. This took the form of a "quiz," between school teams competing for the Home Safety Junior Shield. In future it is proposed to hold this competition annually. Details of accidents in the home have been reported to the press and these have all received prominent publicity. Considerable expense was incurred on November 5th propaganda at all schools, and at Xmas all children received a RoSPA serviette with a slogan on Home Safety and a RoSPA handkerchief. It is the

Secretary's intention to visit all schools to demonstrate the danger of fire and poisons. Members of the local Scout movement have recently been co-opted on to the Committee and it is hoped to co-opt the Guides.

Heanor

Bookmarks dealing with accidental poisoning were distributed at the local library and the services of the local youth "Task Force" were obtained to distribute leaflets in the area. Discussions were organised with local youth organisations for safety measures for the Bonfire Night celebrations. The Committee instigated the installation of over 100 flashing light warning systems, by the Council, in houses occupied by old people. Christmas Safety serviettes were distributed for use at old people's parties, and Home Safety games leaflets were purchased for use of the Infants' Schools.

Ilkeston.

Publicity posters and press publicity were given to: Poisonous Berries and Fungi, Safety in the use of Fireworks, Water Safety, Fire Guards; Medicine and Pills; Plastic Containers; Accidents in the Home; Fire Prevention; Falls; Poisoning; Burns and Scalds; Suffocation; Safety in the Home; Food Hygiene; Electricity; Fireworks; Gas Cookers.

Resolutions on the following topics have been submitted to the Area Group: Umbrellas; Perambulators; Medicine and Pills; Battery Acid; Cooker Guards; Hot Plates; Poisonous Berries and Fungi.

During the year the Secretary examined a group of pupils from the Hallcroft Girls' School on "Safety in the Home", as part of their Duke of Edinburgh's Award Scheme. Their answers to the questions were good, and their "log book" on the subject excellent. It is pleasing to note that the Education Authority should take such a keen interest.

A Schools' Poster Competition was organised within the Ilkeston area. A representative of the Derbyshire Fire Service pointed out that they were willing to give talks and film shows to organisations in the Borough of Ilkeston and suggested that the Committee should take advantage of this service. As a result the October Committee Meeting was held at the Fire Station, Derby Road, Ilkeston, after which a talk was given and films were shown followed by a guided tour of the Fire Station. This proved to be of immense value to members.

Long Eaton.

The Committee suffered a sad loss by the death of the Chairman (Coun. G. F. Twells) who had been a member of the Committee since its inception. Coun. F. H. Butler was appointed Chairman to succeed Councillor Twells.

The Committee dealt with several matters which were brought to their attention, two of them being a model car which was con-

sidered to be dangerous to children playing with it, and a rubber "Bendy" rabbit, the supporting wires of which had protruded through the rubber covering, presenting a hazard to children. These matters were referred to the North Midland Area Group, who took them up with the manufacturers concerned.

The Committee initiated a campaign on the care of electric blankets and made representations to the Council to provide covers over the "Maxim" baths in the elderly persons' bungalows. The Council agreed to do this where the occupants requested a cover be provided. The Committee also organised the usual campaigns with posters and other publicity material regarding the dangers from the misuse of fireworks and the dangers of fire at Christmas through hanging decorations, etc., in dangerous positions.

Representatives of the Committee attended the North Midland No. 4 Area Home Safety Group, quarterly meetings, and the National Home Safety Conference at Folkestone.

Matlock

The Matlock Home Safety Committee have continued to meet bi-monthly. Accident statistics supplied by the Whitworth Hospital have continued to provide an interesting and valuable indication of the types of accidents which have occurred and the persons affected by them. The membership of the Committee has been discussed on some occasions and disappointment has been expressed at the low attendance, particularly as the Committee consists of representatives from nearly 40 organisations. However, the members present have been interested in a variety of items which have been considered for submission to the Group meetings.

It is felt that, by their Resolution concerning fireworks, they have been instrumental in securing the action which has been taken leading to the Bill recently placed before Parliament, to raise the age limit of persons permitted to purchase fireworks.

Talks have been given to a local branch of the Girls' Life Brigade to assist them in obtaining their Safety Badge (under the Duke of Edinburgh's Award Scheme). The talks were supplemented by a demonstration concerning resuscitation. A talk and similar demonstration was also given to a local ladies' organisation. The message tape machine has been displayed to advantage from various premises. Pamphlets and posters have been distributed throughout the District from time to time, with particular emphasis on the new wiring code and 'the first three years'.

A publicity stand was erected at the Whitworth Show and raffle tickets were sold, each bearing a Home Safety slogan.

Swadlincote.

The Swadlincote Home Safety Committee held regular meetings and carried out an effective propaganda campaign on the themes which have been the subject of the campaigns prepared by the Royal Society for the Prevention of Accidents. Throughout the

year the Committee supplied local schools with various forms of propaganda material, with special emphasis on home safety themes, particularly regarding fireworks, dangers of unprotected rivers and ponds, safe bathing at the seaside, and safe use of decorations at Christmastide. By courtesy of the Road Safety Committee, home safety matters are regularly dealt with at local meetings of the Tufty Club.

The Committee is an active member of the North Midland Area No. 4 Home Safety Group and representatives attended the National Home Safety Conference held at Folkestone.

On several occasions during the year, the Committee provided examiners for the testing of candidates from local Brownie and Girl Guide Packs who wished to qualify for their accident prevention badges, and the standard and knowledge of the candidates on accidents prevention was very encouraging.

It is with regret that the death on 28th May 1969, of Mrs. M. E. Hardy is recorded. She had been a member of the Committee since its inception in January 1960 and Chairman from July 1961. As Home Safety is above all a concern of the housewife, the Committee were fortunate in being able to elect Councillor Mrs. J. E. McLoughlin as its Chairman.

Wirksworth.

Home safety is now incorporated in the curriculum of the local Tufty Club.

SWIMMING : Campaign launched on the dangers to be met with when swimming. Posters, forms, literature, etc., to schools, Scouts, youth clubs and local groups. The local newspapers also printed an article on the dangers of a garden paddling pool where children are concerned.

POISONOUS FUNGI AND FRUITS : Picture posters were issued to schools, groups, etc.

FIREWORKS : Shops, schools, and all local groups were issued with various publications on dangers of fireworks. No local fires were reported and only one minor accident.

Inflammable material and its dangers were discussed. A Resolution was forwarded to the North Midlands Home Safety Committee.

School children were issued with pencils with home safety slogans printed on them.

Pamphlets and instructional matter on the new colour coding electric system were circulated. The East Midlands Electricty Board have been asked to issue new colour coding cards with their quarterly accounts, and have agreed to do so.

The Home Safety Journal and Home Safety News were issued to groups and various bodies.

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. At the end of the year under review there were eight Area Organisers and eight Assistant Area Organisers. In addition Chesterfield Borough has an Area Organiser.

The progress of the scheme during recent years is indicated in the following figures:-

	1964	1965	1966	1967	1968	1969
Home Helps ..	599	679	768	803	728	714
Cases Served ..	3,609	4,179	4,428	4,639	4,884	5,171
Area Home Help Organisers ..	7	7	7	7	8	8
Assistant Area Home Help Organisers ..	—	3	4	5	7	8

It is interesting to see the gradually increasing number of elderly people who have benefited from the Home Help service during recent years, as shown by the following figures (which do not include Chesterfield):-

Year	*No. of Old Persons assisted*
1953	297
1954	460
1955	580
1960	1,504
1961	1,752
1962	2,071
1963	2,309
1964	2,697
1965	3,178
1966	3,799
1967	3,913
1968	4,300
1969	4,583

Availability of the Service

The Area Home Help Organisers may be contacted at the Social Services Area Offices, as follows:-

(1) *North West of the County*—Social Services Office, Chesterfield House, Buxton. Telephone: Buxton 5232.

(2) *North of the County*—Social Services Office, Newbold Road, Chesterfield. Telephone: Chesterfield 78111.

(3) *North/North East of the County*—Social Services Office, Oxcroft Lane, Bolsover. Telephone: Bolsover 3551.

(4) *North East of the County*—Social Services Office, Market Street, Clay Cross. Telephone: Clay Cross 862875.

(5) *Centre of County*—Social Services Office, The Firs, High Street, Alfreton. Telephone: Alfreton 3441.

(6) *South East of the County*—Social Services Office, Albert Street, Ilkeston. Telephone: Ilkeston 5921.

(7) *South/South East of the County*—Social Services Office, Midland Street, Long Eaton. Telephone: Long Eaton 66241.

(8) *South of the County*—Social Services Office, Bold Lane, Derby. Telephone: Derby 32931.

The Area Organisers may be contacted at the above places between 10.30 a.m. and 12 noon Monday to Friday inclusive.

Particulars of the Service are also available 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 Hand Book); the local County Council Clinic or Centre (these are listed under "Districts Separately" in the Hand Book commencing on page 183); or from the County Medical Officer of Health, County Offices, Matlock (telephone number Matlock 3411).

Residents in Chesterfield Borough may obtain information from the Health Department, Town Hall, Chesterfield (telephone, Chesterfield 77232).

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.

Home Helps attending cases of tuberculosis are paid an additional wage of 4d. 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 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.

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 per week.

Rules of Assessment

Recovery of the cost (or part of the cost) of providing Home Helps is made in accordance with a scale of assessment.

Training of Home Helps

Dean Hill House, Causeway Lane, Matlock, was opened on the 10th October, 1966, for full-time use as a training centre for Derbyshire County Council Home Helps.

Originally, Home Helps attended fortnightly Courses, but during 1968 this was reduced to a weekly Course. By 31st March, 1970, over 800 Home Helps had attended Courses at the Centre. As these were primarily arranged for new staff the need for the Centre decreased, and the County Health Committee decided that from 1st April, 1970, training should be provided on a rota basis at Clinics and other suitable premises in various parts of the County, use being made of the County Council's Medical and Nursing Staff, as well as Mental Welfare Officers, and Officers from the County Welfare Department, to assist with the training.

MENTAL HEALTH SERVICE

The appointment of a Chief Mental Welfare Officer just before the commencement of the year facilitated progress in the Mental Welfare Service, and the appointment in September of an Assistant Organiser for Adult Training Centres indicated a further expansion of the services for the subnormal. A review of the arrangements for transporting trainees to the various Centres was undertaken, and as a result it was decided to appoint in the new year an officer who should concern himself principally with transport, to ensure that all journeys should be short and as economical as possible.

An additional Hostel for the mentally subnormal was in the building programme, but owing to public opposition, difficulty was experienced in finding a site, and consequently the start of building was delayed. The possibility of "family group homes", without resident supervision, and of boarding out in private families, was given consideration and will be undertaken when funds are available. In this connection, some exploratory visits were paid to other authorities.

Staff training

Importance is attached to staff training and mature staff are encouraged to go on full-time courses in order to obtain qualifications.

During the year two Mental Welfare Officers obtained the Certificate of the Council for Training in Social Work, three Mental Welfare Officers were absent throughout the year on two-year Courses for the Certificate, and in the autumn one commenced the two-year course and another a one-year Psychiatric Social Work Course at the University of Leeds.

The Diploma of the Training Council for Teachers of the Mentally Handicapped was gained at the conclusion of full-time courses by three members of staff at Training Centres and one

trainee assistant supervisor who was then placed in a permanent post. In the autumn two members of staff from Adult Training Centres and two from Junior Training Centres commenced one-year Courses for the Diploma, and two trainee Assistant Supervisors commenced two-year Courses. One Trainee Assistant Supervisor was already on a two-year Course.

In addition to the full-time Courses, ten officers attended a week's refresher course for staffs of Training Centres; two a ten-day induction course for newly appointed Mental Welfare Officers; three Supervisors or Matrons of Special Care Units attended a short residential seminar on the stimulus and training of mentally handicapped young children, and the Chief Mental Welfare Officer attended a Course for training officers in Social Work Departments.

Quarterly meetings of Training Centre staff were, as usual, well attended and the Chief Mental Welfare Officer gave attention to the further development of in-service training of Mental Welfare Officers.

Many students from outside the Authority were placed with Mental Welfare Officers or accommodated in Training Centres, and the Trainee Social Worker scheme, whereby young people are placed with various Social Work Departments, including Mental Welfare, before being seconded to Universities or Colleges to take Courses for qualification, has continued.

Training of the Mentally Subnormal

In June, 1969, a special care class for severely mentally and physically handicapped children, and also a nursery class for the under fives, were opened at Stanton Vale Junior Training Centre, Ilkeston.

No other fresh provision was made during the year, but work was started on similar extensions at other Junior Training Centres, as it was considered that they should be a feature of all Junior Training Centres, and by the end of 1970 this will be achieved in all except Woodville, which is in temporary premises.

A new small Centre in Ashbourne, consisting of a rented building for 15 juniors (including special care) and a "terrapin" close by for 15 adults was completed and ready for opening in January, 1970.

The car wash scheme at Alfreton, opened towards the end of 1968, had a successful year and has proved its worth as a form of advanced training. There is a noticeable improvement in all trainees who operate the car wash. They enjoy meeting the public and feel that they are "going out to work". Public reaction has been favourable.

The usual open days and sales of work took place in all the Centres and were well supported.

A party of 240 adult trainees was taken to Rhyl for a week's holiday in the spring, but this year day trips were arranged for the juniors so that all could take part, and not only those whose parents were willing to send them away.

The following Training Centres and Hostels have been provided for the accommodation of the mentally handicapped of both sexes:—

Alfreton Park, Alfreton

Parkwood Adult Training Centre (130 places—over 16)
Parkwood Junior Training Centre (80 places—5 to 16, including 16 special class)
Parkwood Hostel (residential, 22 places—over 16)

Cuttholme Road, Chesterfield

Ashbrook Adult Training Centre (120 places—over 16)
Ashbrook Junior Training Centre (68 places—5 to 16)
Ashbrook Hostel (residential, 22 places—over 16)

Buxton Road, Chinley

Alderbrook Adult Training Centre (50 places—over 16)
Alderbrook Junior Training Centre (40 places—5 to 16)
Alder House Hostel (residential, 21 places—5 to 16)

Briar Gate, Long Eaton

Eaton Vale Adult Training Centre (120 places—over 16)

Lower Stanton Road, Ilkeston

Stanton Vale Junior Training Centre (73 places—under 16 including 15 special class and 10 nursery)

Moira Road, Woodville, nr. Burton-on-Trent

Woodville Junior Training Centre (25 places—5 to 16)

Worksop Road, Mastin Moor, Staveley

Norbriggs House Special Care Unit (30 places—under 16, severely mentally and physically handicapped)

Holbrook Road, Belper

Highfield Special Care Unit (25 places—under 16, severely mentally and physically handicapped).

Chesterfield Borough

Adult Training Centre, Hipper St. (70 places—over 16)
Special Care Unit, Mencap Centre, Victoria Street (20 places—under 16)

Mental Welfare Service

In 1969 the County was divided into four sections for Mental Welfare case work purposes, each under a qualified Senior Mental Welfare Officer and there were in addition on the establishment 19 Mental Welfare Officers. At the end of the year, however, preparations were complete for the setting up of eight Social Services Area Offices, where all the County's social case workers would be accommodated, but the Social Workers, according to their field of activity,

would remain responsible to their present Chief Officers. It was hoped that the new arrangement would lead to improved communications and a better service to the public. It was arranged that at the beginning of 1970, when the new offices opened, there would be an Area Mental Welfare Officer, of senior status, at each. The boundaries of the eight areas were to be identical for each department, and the area offices would be at Alfreton, Bolsover, Buxton, Chesterfield, Clay Cross, Derby, Ilkeston and Long Eaton, with a sub-office at Glossop.

The "Seebohm" report on the social services appeared during the year and it was realised that major changes would be coming, but in 1969 it was still in the realm of speculation and local authorities were requested not to "pre-empt Seebohm".

In Chesterfield Borough a Senior Welfare Officer, assisted by two Welfare Officers, act as Social Workers for both the Mental Health Service and the Welfare Service.

Co-operation with the Hospital Service

The Mental Health Service continues to work in close co-operation with the various Regional Hospital Boards and Hospital Management Committees. Mental Welfare Officers visit the mentally ill on discharge from Hospital, when requested, and reports on home circumstances are submitted to Hospitals in respect of patients on leave from hospital. Most of the visiting of the mentally ill, the subnormal, and the severely subnormal, is carried out informally. Efforts are made to help patients discharged from hospital to find work, or to place them in Adult Training Centres.

Under the National Health Service Act, the responsibility for mentally subnormal and severely subnormal patients on leave from hospitals rests with the Hospital Management Committees, but since many hospitals do not employ their own social workers, arrangements are often made for the Local Authority's Mental Welfare Officers to do this work.

With the co-operation of Derby No. 3 Hospital Management Committee and other Hospital Management Committees, arrangements have been made with the County Ambulance Service for trained attendants to be available, where necessary, when patients are conveyed to hospital.

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 disordered. The Officers visit the patients in their homes and provide social work services.
(*b*) *Under the Mental Health Act* 1959*: Admission to Hospitals.* The table below shows the number of admissions of the mentally ill to hospital during the year 1969. In respect of 386 of these, orders were obtained by the Mental Welfare Officers. In addition, advice and information was given to patients and relatives, in the case of a number of informal admissions.

Admissions of Mentally Ill Persons to Hospital

During the period 1st January, 1969 to 31st December, 1969, the number of admissions of the mentally ill to hospital was as follows:—

Hospital	*Males*	*Females*	*Total*
Pastures Hospital, Mickleover	436	717	1,153
Kingsway Hospital, Derby	58	113	171
Parkside Hospital, Macclesfield	5	17	22
Scarsdale Hospital, Chesterfield	67	117	184
Walton Hospital, Chesterfield	127	139	266
St. Thomas Hospital, Stockport	4	6	10
Mapperley Hospital, Nottingham	9	7	16
Ashton General Hospital, Ashton-under-Lyne	–	3	3
Cheadle Royal Hospital, Cheadle	–	1	1
Kings Mill Hospital, Mansfield	–	3	3
Barony Hospital, Nantwich	1	1	2
Rauceby Hospital, Sleaford, Lincs.	2	–	2
St. Johns Hospital, Lincoln	–	1	1
Derby City Hospital, Derby	–	1	1
Clay Cross Hall, Clay Cross	–	1	1
Chesterfield Royal Hospital, Chesterfield	–	1	1
	709	1,128	1,837

These were admitted in the circumstances set out below:—

	Males	*Females*	*Total*
Mental Health Act, 1959			
Informal Admissions (Section 5)	565	881	1,446
Admissions for observation (Section 25)	54	123	177
Admissions for treatment (Section 26)	8	12	20
Emergency admissions for observation (Section 29)	78	111	189
Court Orders for odmission (Section 60)	2	1	3
Power of higher courts to restrict discharge from hospital (Section 65)	1	–	1
Removal to hospital of persons serving sentences of imprisonment (Section 72)	1	–	1
	709	1,128	1,837

Admissions to Hospital of Mentally Subnormal and Severely Subnormal Persons.

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

	Under Age 16		*Over Age 16*		*Total*		*Total Cases*
	M.	*F.*	*M.*	*F.*	*M.*	*F.*	
Informal Admissions	3	–	2	1	5	1	6
Admissions Under Order:							
Section 60/65	1	–	–	–	1	–	1
	4	–	2	1	6	1	7

At 31st December, 1969 there were in the County 58 subnormal and severely subnormal persons urgently awaiting admission to hospital. There are many others, as shown in Part II of the following tables, for whom, although they are not in need of urgent hospital care at present, a bed may become urgently required at any time owing to a sudden emergency such as the death of an aged parent.

Short Term Stay

In order to enable the families of mentally subnormal persons to have a break from their responsibilities, during the year 164 short term admissions were made to National Health Service hospitals, 28 to Local Authority residential accommodation, and 5 to accommodation provided by other organisations. In some cases the periods of short term care were arranged on account of the illness of the mother or other near relative of the mentally subnormal person.

MENTAL HEALTH STATISTICS FOR 1969

Part I. Number of persons under Local Health Authority care at 31st December, 1969

	Mentally Ill				Elderly mentally nfirm*		Psychopathic				Subnormal				Severely subnormal				Total
	Under 16		16 & over				Under 16		16 & over		Under 16		16 & over		Under 16		16 & over		
	M. (1)	F. (2)	M. (3)	F. (4)	M. (5)	F. (6)	M. (7)	F. (8)	M. (9)	F. (10)	M. (11)	F. (12)	M. (13)	F. (14)	M. (15)	F. (16)	M. (17)	F. (18)	(19)
1. Total number	–	3	409	636	55	104	1	–	42	35	36	23	243	229	181	173	319	293	2,782
2. Attending workshops, day centres or training centres (including special units)	–	–	6	6	1	–	–	–	–	–	24	22	85	80	149	140	156	117	786
3. Awaiting entry to workshops, day centres, or training centres (including special units)	–	–	21	35	–	–	–	–	–	–	1	–	–	–	13	16	13	8	107
4. Receiving home training	–	–	–	–	–	–	–	–	–	–	–	–	2	5	–	–	12	20	39
5. Awaiting home training	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
6. Resident in L.A. home/hostel	–	–	–	–	–	–	–	–	–	–	2	–	8	6	4	4	16	15	55
7. Awaiting residence in L.A. home/hostel	–	–	4	6	–	–	–	–	–	–	–	–	5	5	–	–	31	14	65
8. Resident in other home/hostel	–	–	–	–	–	–	–	–	–	–	–	–	2	1	–	2	2	3	10
9. Boarded out in private household	–	–	–	–	–	–	–	–	–	–	1	1	–	–	1	–	–	1	4
10. Attending day hospital	–	–	35	48	1	–	–	–	–	–	–	–	3	–	–	–	–	1	88
11. Receiving home visits and not included in lines 2-10																			
(*a*) suitable to attend a training centre	–	–	17	21	–	–	–	–	–	–	3	–	31	32	3	3	17	29	156
(*b*) Others	–	3	326	520	53	104	1	–	42	35	5	–	107	100	11	8	72	85	1,472

*The elderly mentally infirm included in this form are **only** those who receive services or are in accommodation provided under the National Health Service Act 1946. Those who reside in accommodation provided under the National Assistance Act, 1948, are **not** included.

12. Number of children under age 16 attending training centres who have not been included in item 2 overleaf because they do not come within the categories covered in columns (1) to (18)	Male	NIL
	Female	NIL
13. Number of persons included in item 6 overleaf who reside in accommodation provided under the National Assistance Act, 1948 ..	Male	NIL
	Female	NIL

Notes: 1. Figures refer only to those persons who are the Authority's own responsibility including those attending a centre or resident in a hostel belonging to another authority or voluntary or private organisation. Persons resident in hospital who are attending centres are included provided that they are the authority's own responsibility.

2. Persons resident in accommodation provided under the National Assistance Act, 1948, are included if they are mentally ill, psychopathic, subnormal or severely subnormal.

3. As it is possible for perons to be included in more than one of the categories listed, item 1 is not usually a total of the figures in items 2-11, but is the total number of persons under care at the end of the year.

4. Persons awaiting hospital treatment who are included in Part II below are also included in this table.

Part II. Number of patients awaiting entry to hospital or admitted for temporary residential care.

	Mentally Ill				Elderly Mentally Infirm		Psychopathic				Subnormal				Severely subnormal				Total
	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.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
1. Number of persons in L.H.A. area on waiting list for admission to hospital at end of year:																			
(a) In urgent need of hospital care ..	–	–	–	–	–	6	–	–	–	–	–	–	3	1	16	3	15	14	58
(b) Not in urgent need of hospital care ..	–	–	–	–	1	–	–	–	–	–	–	–	6	15	10	1	37	48	118
(c) Total	–	–	–	–	1	6	–	–	–	–	–	–	9	16	26	4	52	62	176
2. Number of admissions for temporary residential care (e.g. to relieve the family)																			
(a) To N.H.S. hospitals	–	–	–	–	–	–	–	–	–	–	–	1	7	13	68	15	25	35	164
(b) To L.A. residential accommodation ..	–	–	–	–	–	–	–	–	–	–	–	2	1	–	9	2	11	3	28
(c) Elsewhere	–	–	–	–	–	–	–	–	–	–	–	–	–	–	4	1	–	–	5
(d) Total	–	–	–	–	–	–	–	–	–	–	–	3	8	13	81	18	36	38	197

Note: Persons shown in item 1 above are also included in the figures of persons under L.H.A. care in Part I above.

Part III Number of persons referred to Local Health Authority during year ended 31st December, 1969.

Referred by	Mentally Ill				Psychopathic				Subnormal				Severley Subnormal				Total
	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.	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
(a) General practioners	11	1	361	608	–	–	7	6	2	–	8	4	–	1	–	3	1,012
(b) Hospitals, on discharge from in-patient treatment ..	–	5	317	521	–	–	5	10	–	–	4	7	–	–	1	–	870
(c) Hospitals, after or during out-patient or day treatment	–	6	151	223	–	–	12	6	1	3	13	2	–	–	–	1	418
(d) Local education authorities	–	1	–	8	–	–	–	–	12	13	21	11	12	16	1	–	95
(e) Police and courts	1	–	36	19	–	–	2	3	–	–	9	2	–	–	–	1	73
(f) Other sources	2	4	188	252	–	–	13	–	27	24	39	54	16	24	14	9	666
(g) Total	14	17	1,053	1,631	–	–	39	25	42	40	94	80	28	41	16	14	3,134

Note 1. Only one referral is recorded for one patient unless the authority ceased to provide services after one referral and before the next.

2. "Referral" is limited to persons who are referred to the authority for the provision of services, whether centre or hostel, by means of home vists or otherwise. Referrals made for the purpose of obtaining admission to hospital are not included.

APPENDIX I

LOCAL HEALTH STATISTICS FOR 1968

BIRTHS

Part A. 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, adjusted by any notifications transferred in or out of the area.

	Adjusted Live Births	Adjusted Stillbirths	Total Adjusted Births
1. Domiciliary	2,224	7	2,231
2. Institutional	9,256	149	9,405
3. Total	11,480	156	11,633

Part B. PREMATURE BIRTHS

Number of premature births (as adjusted by any notifications transferred in or out of the area).

Weight at birth	Total births	Premature live births											Premature stillbirth	
		Born in hospital			Born at home or in Nursing home									
					Nursed, entirely at home or in a nursing home				Transferred to hospital on or before 28th day					
		Died				Died				Died			Born	
		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	Total births	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	in hospital	at home or in a nursing home
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
2 lb. 3 oz. or less	41	26	2	—	1	1	—	—	3	3	—	—	15	1
Over 2 lb 3 oz up to and including 3lb 4oz	37	7	5	—	2	1	—	—	2	—	—	1	21	—
Over 3lb 4oz up to and including 4lb 6oz.	83	6	1	—	5	—	—	—	-	—	—	—	17	—
Over 4lb 6oz. up to and including 4lb 15 oz.	107	4	1	1	9	—	—	—	-	—	—	—	10	—
Over 4lb 15oz. up to and including 5lb 8oz.	237	2	1	1	35	—	—	—	2	—	1	—	4	—
Total	505	45	10	2	52	2	—	—	7	3	1	1	67	1

1 = 1,000g. or less, 2 = 1,001-1,500g, 3 = 1,501-2,000g, 4 = 2,001-2,250g, 5 = 2,251-2,500g.

CLINIC SERVICES

Part A. ANTE-NATAL AND POST-NATAL CLINICS

Numbrr of women in attendance (see Note 1)		Number of sessions held by (See Note 2)				Total number of sessions in columns 3-6
For ante-natal examination	For post-natal examination	Medical offices	Midwives	G.P.'s employed on a sessional basis (see Note 3)	Hospital medical staff	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
952	97	671	161	—	45	877

NOTES: 1. Cols. (1) and (2) should not include women in attendance at sessions held by their own general practioners.
2. The actual number of sessions is required **not** sessions equated to half-days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
3. Col. (5) should not include sessions held by general practitioners for their own patients.
4. Figures should include those relating to Clinics provided by Voluntary Organisations.

Part B. ANTE-NATAL MOTHERCRAFT AND RELAXATION CLASSES

1	Number of women who attended during the year	(a)	Institutional booked	3,706
		(b)	Domiciliary booked	345
		(c)	Total	4,051
2	Total number of attendances during the year			7,833

Part C. CHILD WELFARE CENTRES

Number of children who attended during the year				Number of sessions held by (See Note 1)				Total number of sessions in columns (5)-(8)	Number of children referred elsewhere (see note 3)	Number of children on "at risk" register at end of year (see note 4)
Born in 1969	Born in 1968	Born in 1964 1967	Total	Medical Officers	Health visitors	G.P's employed on a sessional basis (see Note 2)	Hospital medical staff			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
7,702	7,317	5,939	20,958	2,410	2,662	—	—	5,072	2,690	6,935

NOTES: 1. The actual number of sessions is required **not** sessions equated to half days. Sessions held jointly between Medical Officers and Midwives should be counted as Medical Officer sessions.
2. Column 7 should not include sessions held by general practitioners for their own patients.
3. Column 10 should include only children who were referred for special treatment or advice as a result of a medical examination: either to a general practitioner or direct to a specialist, for special diagnosis and/or treatment. This does not include the child found to have a temperature or a cold or some minor condition, whose mother is advised that this warrants a visit to the family doctor. Each referral of the same child for different conditions on different occasions should be counted.
4. An "at risk" register is that commonly used in schemes for the early detection of abnormalities in children and includes such groups as premature infants, haemolytic disease of the newborn, congenital abnormalities, difficult births, history of virus infection in the mother, etc. All children on the register should be counted, regardless of whether they attend the centre.
5. Figures should include those relating to Centres provided by Voluntary Organisations.

Part D. PREMISES

	Purpose built (1)	Adapted (2)	Occupied on a sessional basis (3)	Total (4)
Number of premises in use at end of year for services shown in parts A-C overleaf	21	5	78	104

NOTES: 1. A premise should be counted once only, regardless of whether it is used for more than one purpose. Premises provided by Voluntary Organisations should be included.

2. A list giving the names and adresses of any premises (a) opened and (b) closed during the year should be set out below:—

Premises opened:

Occupied on a sessional basis:

County Youth Centre, Tideswell.

Information Centre, Gamesley.

Premises closed:-

Occupied on a sessional basis:

Methodist Schoolroom, Tideswell

HEALTH VISITING, HOME NURSING AND HOME HELP

Part A. HEALTH VISITING

	Cases visited by health visitors	Number of cases
1	Total Number of Cases	41,447
2	Children born in 1969	9,324
3	Children born in 1968	9,033
4	Children born in 1964-67	17,506
5	Total number of children in lines 2-4	35,863
6	Persons aged 65 or over	5,381
7	Number included in line 6 who were visited at the special request of a G.P. or hospital	2,847
8	Mentally disorded persons	199
9	Number included in line 8 who were visited at the special request of a G.P. or hospital	112
10	Persons, excluding Maternity cases, discharged from hospital (other than mental hospitals)	463
11	Number included in line 10 who were visited at the special request of a G.P. or hospital	379
12	Number of tuberculous households visited	304
13	Number of households visited on account of other infectious diseases	194
14	Other Cases	5,382
15	Number of tuberculous households visited by tuberculosis visitors	—

NOTES: 1. If a case is appropriate to more than one line it should be included in all appropriate lines.

2. Figures should include cases visited by voluntary organisations acting as agents of the Authority.

3. In the case of tuberculous households, or other infectious diseases, households only should be counted.

4. No adult case should be included unless some advice or service is given.

Part B. HOME NURSING

1	Total number of persons nursed during the year	9,519
2	Number of persons who were aged under 5 at first visit during the year	242
3	Number of persons who were aged 65 or over at first visit during the year	5,485

NOTE: Figures should include those for voluntary organisations acting as agents of the Authority.

Part C. HOME HELP SERVICE

	Home help to households for persons					
	aged 65 or over on first visit during the year (1)	aged under 65 on first visit during the year				Total (6)
		Chronic sick and tuberculous (2)	Mentally disorded (3)	Maternity (4)	Others (5)	
Number of cases	4,923	458	21	140	32	5,574

NOTE: All cases should be counted, even if help began in the preceding year. No case should be counted more than once, even if help ceased and recommenced during the year.

Part D. DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES DURING 1969

Number of domiciliary confinements attended by midwives under N.H.S. arrangements					Number of cases delivered in hospitals and other institutions but discharged and attended by domiciliary midwives before 10th day
Doctor not booked		Doctor booked			
Doctor present at delivery (1)	Doctor not present at delivery (2)	Doctor present at delivery (either the booked doctor or another) (3)	Doctor not present at delivery (4)	Total (5)	(6)
12	116	597	1,538	2,263	5,549

NOTES: 1. This table relates to women delivered, and not, in the case of multiple births, to infants.

2. Cases appropriate to column (6) should not be entered in the other columns.

STATISTICS ON CHILDREN'S DAY CARE FACILITIES AND REGISTERED NURSING HOMES FOR YEAR ENDING 31st DECEMBER 1969

TABLE 1 — Facilities provided by the Authority or by voluntary organisations under agency arrangements under Section 22 of the National Health Service Act, 1946.

		No. of nurseries or groups at end of year	No. of places at end of year	Average daily attendance during year	No. of children on register at end of year	No. of priority children on waiting list at end of year
1	Day nurseries	3	165	124·25	162	23
2	Part-time nursery groups*	—	—	—	—	—

*Excluding creches which are run solely for children while their mothers are attending clinics, etc.

TABLE 2 — Private or voluntary day care facilities (other than any included in Table 1 above) in which children are placed by the Authority.

		Number of children attending at end of year who were placed and are paid for by the Authority (whether or not a charge is recovered from the parents) 1	Number of child minders, nurseries, or groups where children included in col. 1 attend 2
3	Child minders	—	—
4	Day nurseries	—	—
5	Part-time nursery groups	—	—

TABLE 3 — Registration of premises and persons under Section 1 of Nurseries and Child Minders' Regulation Act 1948.

		Registered premises			Registered persons 4
		Factory 1	Other 2	Total 3	
6	Number of premises or persons registered at end of year	1	103	104	138
7	Number of children permitted	20	2,042	2,062	514

TABLE 4 — Type of care (all day or sessional) provided by premises and persons included in Table 3.

		Premises providing		Persons providing	
		All-day care 1	Sessional care 2	All-day care 3	Sessional care 4
8	Number of premises or persons	1	102	88	50
9	Number of children permitted	20	2,042	180	334

TABLE 5 — Registrations included in Table 3 brought about as a direct result of the amendments to the Act of 1948 made by sections 60(2) and 60(3) of the Health Services and Public Health Act1968.

		Registered premises			Registered Persons
		Factory 1	Other 2	Total 3	4
10	Number of premises or persons	—	4	4	94
11	Number of children permitted	—	77	77	119

TABLE 6 — Registration of nursing homes under sections 187 to 194 of the Public Health Act 1936 as amended by the Nursing Homes Act 1963.

		Number of Homes (1)	Number of beds provided		
			Maternity (2)	Other (3)	Total (4)
12	Homes registered during year	—	—	—	—
13	Homes whose registrations were withdrawn during year	1	—	6	6
14	Homes on the register at end of year	5	20	88	108

Names of Councils of County Districts to which the Powers and Duties of the County Council have been delegated under Section 194 of the Public Health Act, 1936:—

Chesterfield Corporation, Glossop ,, , Ilkeston ,, — The Powers and duties of the County Council for the respective Areas.

MOTHER AND BABY HOMES

Part A.

Name and address of home	Provided by (Local Authority or name of voluntary organisation)
St. Joseph's Home, Borrowash House, Borrowash, Derby.	Catholic Children's Society, R.C. Diocese of Nottingham.

Part B.

		Number of cases admitted during year (1)	Number of beds at end of year (2)	Average duration of stay (days) (3)
1	Ante-natal	38	7	42
2	Post-natal	3	13	50
3	Shelter	—	—	—
4	Total	41	20	92

5	Number of cots	12	6	Number of cases included above for which Authority accepted financial responsibility	3

NOTE: Cases which extend over more than one category in col. (1) should be included in the category which applied at the time of admittance. The length of stay of such cases should be broken down for purposes of col. (3).

Part D.

Number of cases for which the Authority accepted financial responsibility but which were sent to homes outside the area	58

DENTAL SERVICES FOR EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER 5 YEARS

Part A. ATTENDANCES AND TREATMENT

Number of Visits for Treatment During Year

	Children 0-4 (incl.)		Expectant and Nursing Mothers	
First Visit	1.	408	13.	33
Subsequent Visits	2.	326	14.	39
Total Visits		734		72
Number of Additional Courses of Treatment other than the First Course commenced during year	3.	83	15.	—
Treatment provided during the year—Number of Fillings	4.	485	16.	63
Teeth Filled	5.	424	17.	62
Teeth Extracted	6.	231	18.	18
General Anaesthetics given	7.	110	19.	3
Emergency Visits by Patients	8.	49	20.	3
Patients X-Rayed	9.	—	21.	—
Patients Treated by Scaling and/or Removal of Stains from the teeth (Prophylaxis)	10.	180	22.	21
Teeth Otherwise Conserved	11.	432		
Teeth Root Filled			23.	1
Inlays			24.	—
Crowns			25.	—
Number of Courses of Treatment Completed during the Year	12.	447	26.	16

Part B. PROSTHETICS

Patients Supplied with F.U. or F.L. (First Time)	27.	1
Patients Supplied with Other Dentures	28.	—
Number of Dentures Supplied	29.	2

Part C. ANAESTHETICS

General Anaesthetics Administered by Dental Officers	30.	34

Part D. INSPECTIONS

	Children 0-4 (incl.)	Expectant and Nursing Mothers
Number of Patients given First Inspections During Year	A. 769	D. 39
Number of Patients in A and D above who required Treatment	B. 469	E. 38
Number of Patients in B and E above who were Offered Treatment	C. 447	F. 36

Part E. SESSIONS

Number of Dental Officer Sessions (i.e. Equivalent Complete Half Days) Devoted to Maternity and Child Welfare Patients:

For Treatment	G. Not **
For Health Education	H. apportionable

** The work is integrated with that for the school-children.

COUNTY OF DERBY

APPENDIX II.

Table of Deaths during the year 1969 in each of the Sanitary Districts, Classified according to Diseases.

CAUSES OF DEATH	URBAN DISTRICTS																					RURAL DISTRICTS											
	Alfreton	Ashbourne	Bakewell	Belper	Bolsover	Buxton Borough	Chesterfield Bor.	Clay Cross	Dronfield	Glossop Borough	Heanor	Ilkeston Borough	Long Eaton	Matlock	New Mills	Ripley	Staveley	Swadlincote	Whaley Bridge	Wirksworth	TOTAL—Urbans	Ashbourne	Bakewell	Belper	Blackwell	Chapel-en-le-Frith	Chesterfield	Clowne	Repton	S.E. Derbyshire	TOTAL—Rurals	GRAND TOTALS
Cholera	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Typhoid Fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Bacillary dysentery and amoebiasis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Enteritis and other diarrhoeal diseases	–	–	–	–	–	–	1	–	1	2	–	1	–	–	–	–	–	–	–	–	5	–	–	–	1	–	1	1	–	1	4	9
Tuberculosis of respiratory system	–	–	–	–	–	–	–	1	–	1	2	1	1	–	–	–	2	–	–	–	8	–	–	–	1	–	1	1	–	1	3	11
Other tuberculosis, including late effects	1	1	–	–	–	–	1	–	–	–	1	1	–	1	–	–	–	–	–	–	6	–	–	–	–	1	–	–	2	1	4	10
Plague	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Diphtheria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Whooping Cough	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Streptococcal sore throat and scarlet fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Meningococcal infection	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Acute poliomylitis	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Smallpox	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Measles	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	1
Typhus and other rickettsioses	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Malaria	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Syphilis and its sequelae	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
All other infective and parasitic diseases	–	1	–	–	1	–	–	–	–	1	–	–	–	2	–	2	–	–	1	–	8	–	1	1	–	–	1	–	–	1	4	12
Malignant neoplasm—buccal capacity and pharynx	–	–	–	1	–	1	2	–	–	1	3	–	2	2	–	1	–	–	–	–	13	1	1	1	2	1	2	2	1	–	11	24
Malignant neoplasm—Oesophagus	2	–	1	1	2	3	5	–	1	2	1	2	1	–	–	–	2	1	–	–	24	1	–	–	3	1	4	1	2	2	14	38
Malignant neoplasm—Stomach	5	1	1	8	2	3	17	8	1	8	1	17	5	6	1	5	1	5	2	2	99	9	7	7	14	5	16	6	8	10	82	181
Malignant neoplasm—Intestine	10	4	2	5	3	8	26	4	5	4	8	13	15	5	–	3	3	8	1	–	127	4	6	6	11	10	14	6	10	14	81	208
Malignant neoplasm—Larynx	1	–	–	–	–	–	1	–	–	–	–	–	1	2	–	–	–	–	–	–	5	–	–	–	–	–	1	–	–	1	2	7
Malignant neoplasm—Lung, bronchus	14	2	1	7	12	13	37	7	6	6	13	18	17	9	2	6	13	7	2	2	194	3	11	14	16	7	31	14	18	18	132	326
Malignant neoplasm—Breast	5	1	4	4	5	8	18	2	7	3	5	8	14	6	1	6	6	1	1	–	105	3	8	7	3	–	14	5	7	9	56	161
Malignant neoplasm—Uterus	4	1	1	1	1	2	4	2	1	2	2	5	3	3	–	3	3	–	1	1	40	–	–	5	3	1	9	2	5	1	26	66
Malignant neoplasm—Prostate	1	1	1	–	2	–	3	1	1	–	1	1	2	1	–	2	2	–	–	1	20	2	3	3	2	3	4	2	1	5	25	45
Leukaemia	4	–	–	2	1	1	4	–	–	3	3	1	3	3	–	4	2	1	–	1	33	–	2	2	3	1	3	–	2	3	16	49
Other malignant neoplasms, including neoplasm of lymphatic and haematopietic tissue	15	3	4	12	3	11	41	3	4	15	12	22	15	14	6	10	6	16	4	2	218	10	12	10	33	9	33	11	16	24	158	376

Benign neoplasms and neoplasms of unspecified nature	–	–	–	1	–	1	1	–	–	1	–	1	1	–	–	–	1	1	–	–	8	–	–	–	2	–	3	2	–	–	7	15
Diabetes mellitus	1	–	1	3	1	5	9	3	2	–	1	3	4	–	1	1	2	–	2	1	40	1	3	–	9	4	5	1	1	7	31	71
Avitaminoses and other nutritional deficiency	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	1	–	–	–	–	2	3	4
Other endocrine, nutritional and metabolic diseases	1	1	–	–	–	1	1	–	–	3	1	2	4	–	1	–	–	–	–	–	15	–	1	–	–	2	4	2	–	3	12	27
Anaemias	–	–	–	1	2	–	4	1	–	–	–	3	1	–	–	2	–	1	–	–	15	1	1	–	2	–	–	1	–	1	6	21
Other diseases of blood & blood forming organs	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Mental disorders	–	–	–	–	–	–	1	–	–	–	1	1	–	–	–	2	–	–	–	–	5	–	–	–	–	1	1	–	3	–	5	10
Meningitis	–	–	–	–	–	–	1	–	–	–	–	–	–	1	–	–	–	–	–	–	2	–	–	–	–	–	1	–	–	–	1	3
Other diseases of nervous system & sense organs	1	1	–	2	2	3	16	1	1	4	3	3	4	2	–	2	4	–	1	–	50	1	–	1	2	1	10	1	5	4	25	75
Active rheumatic fever	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Chronic rheumatic heart disease	2	1	–	3	–	–	16	–	4	3	5	2	4	4	–	–	3	1	1	–	49	1	4	1	6	–	10	4	8	10	44	93
Hypertensive disease	5	2	2	5	5	2	20	1	–	–	9	12	10	3	3	1	8	12	2	1	103	2	4	1	12	3	15	5	10	7	59	162
Ischaemic heart disease	91	29	15	76	35	84	190	24	28	58	58	105	74	61	25	56	58	65	17	15	1164	37	70	83	104	72	160	51	103	120	800	1964
Other forms of heart disease	12	–	3	6	3	13	59	5	2	18	10	19	28	22	10	8	11	14	4	1	248	6	14	11	25	13	37	16	30	27	179	427
Cerebrovascular disease	36	23	23	42	21	48	139	14	13	72	33	71	43	23	14	22	29	41	11	6	724	26	37	44	65	35	109	39	50	48	453	1177
Other diseases of the circulatory system	13	9	5	13	7	14	47	7	5	14	21	21	13	12	17	13	8	13	5	4	261	5	14	17	21	24	28	13	11	13	146	407
Influenza	1	–	–	2	2	5	9	4	1	–	1	2	–	2	–	1	1	1	1	–	33	–	4	2	9	1	7	–	4	2	29	62
Pneumonia	15	1	11	19	9	12	78	4	6	30	26	27	28	9	7	11	15	9	5	1	323	4	9	17	27	15	36	17	40	37	202	525
Bronchitis and emphysema	14	4	2	17	12	10	52	7	8	26	26	22	19	7	8	15	12	18	4	2	285	3	10	13	23	14	48	13	17	32	173	458
Asthma	1	–	–	–	–	–	3	–	–	–	1	–	1	–	–	1	–	–	–	–	7	1	1	1	–	–	1	–	–	2	6	13
Other diseases of the respiratory system	6	–	1	5	3	1	20	3	4	9	5	4	4	1	7	2	6	4	–	–	85	1	4	5	20	2	21	8	2	3	66	151
Peptic ulcer	–	–	3	3	1	2	4	2	–	2	1	2	5	3	–	4	1	1	–	1	35	2	–	1	2	4	6	–	3	1	19	54
Appendicitis	–	1	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	1	–	–	3	–	–	1	–	–	–	–	–	–	1	4
Intestinal obstruction and hernia	1	–	–	1	1	1	3	3	–	2	2	1	1	–	–	–	1	1	–	–	18	–	–	1	3	–	6	1	3	1	15	33
Cirrhosis of liver	–	–	–	–	1	–	1	1	2	4	1	1	1	1	1	1	–	–	1	1	17	–	–	–	1	–	–	3	–	–	4	21
Other diseases of the digestive system	3	–	–	1	–	3	7	–	1	1	1	7	1	3	3	3	2	1	–	2	39	2	2	1	6	3	8	4	1	2	29	68
Nephritis and nephrosis	2	–	1	–	1	1	6	1	1	4	–	1	–	–	1	2	–	2	1	–	24	1	1	2	7	1	6	2	1	–	21	45
Hyperplasia of prostate	–	–	–	1	–	1	4	–	–	–	–	2	2	1	1	–	1	–	–	–	13	–	–	–	5	1	1	2	1	1	11	24
Other diseases of the genito-urinary system	4	–	3	3	1	–	3	1	2	–	–	4	3	4	1	–	1	–	1	–	31	–	–	3	6	1	2	1	–	6	19	50
Abortion	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1
Other complications of pregnancy, childbirth puerperium	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	1	1	
Diseases of the skin and subcutaneous tissue	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–	2	–	–	–	–	–	–	–	–	–	–	2
Diseases of the musculo-skeletal system and connective tissue	2	–	1	1	1	2	4	–	1	3	2	2	–	–	–	2	2	–	–	–	23	1	2	2	2	1	5	1	–	2	16	39
Congenital anomalies	2	1	–	1	–	3	7	2	–	1	2	5	6	1	–	1	–	3	–	–	35	1	–	1	3	1	3	2	2	3	16	51
Birth injury, difficult labour and other anoxic and hypoxic conditions	1	2	–	2	2	2	5	–	1	2	1	4	–	1	3	–	2	1	1	–	30	2	1	2	1	2	4	1	–	3	16	46
Other causes of perinatal mortality	–	–	–	–	–	3	3	–	3	1	3	3	–	–	2	–	–	–	1	–	19	3	3	–	3	1	5	1	–	–	16	35
Symptoms and ill-defined conditions	1	–	–	–	–	1	1	1	–	2	1	1	2	–	1	–	1	2	1	–	15	2	3	3	1	–	4	–	3	–	16	31
Motor vehicle accidents	1	–	–	2	–	4	10	1	–	–	1	5	6	6	3	3	3	4	1	–	50	2	3	2	8	10	12	4	9	4	54	104
All other accidents	1	–	3	5	6	6	32	5	7	1	6	15	13	6	1	6	6	5	–	3	127	2	1	5	6	2	16	9	6	5	52	179
Suicide and self inflicted injuries	1	–	–	1	–	4	3	–	1	1	3	1	3	2	1	1	3	1	–	–	26	3	1	–	3	2	2	1	3	2	17	43
All other external causes	–	–	–	1	–	1	3	–	–	2	–	1	–	1	1	1	1	–	–	–	12	–	–	–	3	–	5	–	–	1	9	21
TOTAL — ALL CAUSES	282	90	89	258	148	283	922	119	120	312	277	443	361	230	122	203	223	241	72	47	4842	143	244	277	481	255	716	255	389	439	3199	8041

DERBYSHIRE EDUCATION COMMITTEE

REPORT

OF THE

Principal School Medical Officer

ON THE

Health & Well-being of School Children

FOR THE

Year ended 31st December, 1969

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

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DERBYSHIRE EDUCATION COMMITTEE
(1969-70)

COUNCILLOR R. D. BEARDSLEY
(*Chairman*)

COUNCILLOR MRS. J. K. BAILEY
(*Vice-Chairman*)

Aldermen

W. A. W. BEMROSE
H. G. BOOTH
MRS. G. BUXTON
G. W. COCKER
R. FEWKES
MRS. P. HART
J. W. TRIPPETT
J. TURNER

Councillors

H. S. ARMITAGE
W. F. BLAKE
H. S. BROMBY
L. COATES
H. R. GILL
MRS. D. HARDMAN
MRS. L. A. LILLEY
J. MacLEAN
R. M. WATSON
F. N. MEACHEM
MRS. A. NOSKWITH
W. POTTS
D. E. SKINNER
MRS. E. SMITH
E. G. W. TAYLOR
F. E. THOMPSON
MRS. J. M. TUDOR
MRS. M. H. WESTLAKE
W. H. WHARTON
MRS. J. McKEE

Co-opted Members

REV. D. E. ROWLAND
REV. FATHER D. RYAN
PROFESSOR G. G. HALL
ALDERMAN J. ANDERSON
ALDERMAN MRS. E. J. MACK
J. S. BIRDS, ESQ.
C. A. COLLEGE, ESQ.
R. D. KITCHEN, ESQ.
MRS. M. KING
COUNCILLOR MRS. J. PLATTS
J. F. GAMMELL, ESQ.
D. J. ALLSOP, ESQ.
J. S. SAMPSON, ESQ.
P. J. KNIGHT, ESQ.

SPECIAL SERVICES SUB-COMMITTEE OF THE DERBYSHIRE EDUCATION COMMITTEE
(1969-70)

COUNCILLOR MRS. J. K. BAILEY
(*Chairman*)

COUNCILLOR R. D. BEARDSLEY
(*Vice-Chairman*)

Aldermen

W. A. W. BEMROSE
H. G. BOOTH
MRS. G. BUXTON
MRS. P. HART
H. PIPES
J. W. TRIPPETT

Councillors

W. F. BLAKE
H. S. BROMBY
H. R. GILL
MRS. D. HARDMAN
MRS. J. McKEE
MRS. A. NOSKWITH
F. E. THOMPSON
MRS. E. SMITH
MRS. J. M. TUDOR
W. H. WHARTON

COUNCILLOR MRS. J. PLATTS
J. S. BIRDS, ESQ.

ANNUAL REPORT

of the PRINCIPAL SCHOOL MEDICAL OFFICER on the Health and Well-being of School Children for the Year ended 31st December, 1969

To the Chairman and Members of the Derbyshire Education Committee

Ladies and Gentlemen,

I have the honour to present my 26th Annual Report on the health and well-being of the children attending schools provided by the Derbyshire Education Authority.

This is my last Annual Report, as I shall be retiring on the 11th August, 1970, after serving the County Council in various capacities from the 1st September, 1938.

As members of the Authority are aware, Dr. A. H. Snaith has been appointed as my successor and will be taking up duty on the 12th August, 1970, having previously held the appointments of Deputy County Medical Officer of Health and Deputy Principal School Medical Officer to the Cheshire County Council.

In Circular 576 of the Board of Education, which was issued in 1907, and led to school medical inspections being conducted for the first time, it was stated that their purpose was for "adapting and modifying the system of education to the needs and capacities of the child, securing the early detection of unsuspected defects, checking incipient maladies at their onset and furnishing the facts which will guide education authorities in relation to physical and mental development during school life."

In these days, when the future of the "School Health Service", as it is now known, is under consideration, it would be well to bear in mind its original purpose. It has been said that "the main objective of the school doctor examining a child beginning school is the recognition of conditions which may interfere with his normal development and learning. These must include mental as well as physical conditions." Undoubtedly, it is to the child's, as well as the school doctor's, advantage for routine examinations to take place in the presence of the parent as well as the teacher, and taking everything into consideration, the most convenient location is at school. In this way, the Doctor can put questions to the people who are in the best position to answer together regarding a child's performance at home and in school. While follow-up for fuller investigation may be necessary at a Family Doctor's surgery, Health Centre, or Clinic, I would plead for the continuance of examinations at school. I think it is advisable to state this at this juncture, when so many changes are being discussed for altering the Health Services of this country.

Within the "routine" system, provision should be made for selective examination for identifying those who may be in need of further supervision and/or treatment.

Surveys have been increasingly conducted for recognising children who are hard of hearing, and it is hoped that routine audiometric testing will become a feature of the School Health Service, so that pupils who have any difficulties in hearing should be recognised at the earliest possible moment. With the great advances in mechanical hearing aids it is hoped that it will result in these children having the advantage of continuing their education within the ordinary educational system, rather than being admitted to residential special schools.

The Department has continued to take a special interest in the recognition of physical and mental handicaps, so that remedial education or medical treatment can take place at the earliest possible stage. New forms of surgical treatment have become available in recent years for a spinal congenital condition known as *spina bifida*, which has diminished the effects of the disability and increased life expectancy. It is proposed that a new school accommodating 92 physically handicapped children will be erected in Long Eaton, which will include provision for those suffering from this condition.

For the children and youth of this country to make the best use of their opportunities in the educational, industrial and commercial spheres, it is most important that the doctors employed in the child health and school health services should take a close interest in developmental paediatrics and the handicapped. In point of fact, Derbyshire, like many other local health authorities, is frequently and increasingly sending their doctors on post-graduate courses so that they can keep abreast with the latest advances in these fields.

I should like to thank the respective Chairmen of the Education Committee and the Special Services Sub-Committee for their support in improving the School Health Service, as well as the Director of Education and his staff for their co-operation.

Dr. V. J. Woodward, who took up duty as the Assistant County Medical Officer of Health and Chief Assistant School Medical Officer in October 1939, and who was promoted to be the Deputy County Medical Officer of Health and Deputy Principal School Medical Officer in July, 1946, retired on 1st June, 1969. I, therefore, had worked closely with him for nearly 30 years and came to value the solid worth of his services throughout that time. We had both seen great changes in medical practice and administration over those years, and I felt that I had been helped considerably by his loyalty and efficiency. He was succeeded on July 14th, 1969, by Dr. P. K. Sylvester, who had formerly been a Deputy County Medical Officer of Health for Cambridgshire and the Isle of Ely.

As this is the last Annual Report that I shall write on the Derbyshire School Health Service, I should like to take this opportunity of thanking the staff for their efficiency, co-operation and

loyalty over the years, particularly Dr. Julia Corrigan, the Senior Medical Officer for School Health, who has been on the staff since November, 1958; Mr. H. E. Gray, who has been the Principal Dental Officer since July, 1947; and Mr. E. Dilks, the Chief Clerk, who has been on the staff in various clerical posts since November, 1936.

I was pleased to read in the introduction to the Report on the Health of the School Child for 1966-68, that Sir George Godber, as Chief Medical Officer of the Department of Education and Science, had written: "There are those who would say that the school health service is approaching its end; they are people without understanding. It is approaching a period of greatly enhanced opportunity, closely united with the health provision for children as a whole." I am sure Sir George is right when he puts it in that way.

It is now for me to say *au revoir*, and to thank the past and present Members of the Education Committee for all the kindness, support and understanding they have shown to me over the years. May the School Health Service continue with unabated strength, under whatever administration emerges from local government and National Health Service reorganisation!

I am,

Your obedient Servant,

J. B. S. MORGAN

Principal School Medical Officer.

County Offices,
Matlock.
DE4 3AG.
(*Telephone: Matlock* 3411).

14th May, 1970.

GENERAL INFORMATION AND STATISTICS

Area and Population of Administrative County

	Municipal Boroughs	Urban Districts	Rural Districts	Totals
Number of Sanitary Districts	4	16	9	29
Areas in acres	21,146	76,374	521,141	618,661
Population (mid-1969) ..	147,750	239,890	282,690	670,330

Number of Primary Schools		409
,, Secondary Schools		85
,, Nursery Schools		1
,, Nursery Classes		20
Number on Registers January, 1968 of:-		
Primary Schools	67,607	
Secondary Schools	40,840	
		108,447
Nursery Schools	66	
Nursery Classes	600	
		666

Special Schools. *Approx. No. on Register*

Ashgate Croft (E.S.N. Mixed) Day Special School, Chesterfield	160
Aston Hall Hospital	45
Frank Merifield School, Chesterfield (Maladjusted) (Day)	100
Bretby Orthopaedic Hospital Special School	30
Brookside (E.S.N. Boys') School, Breadsall (Residential)	100
John Duncan (E.S.N. Girls') School, Buxton (Residential)	95
Talbot House, Glossop (Cerebral Palsy) (Residential)	30
The Brackenfield Day Special School (E.S.N., Mixed), Long Eaton	115
The Delves Day Special School (E.S.N., Mixed), Swanwick	128

Overseal Manor (Special School for Maladjusted Boys) Overseal (Residential)	30
Stubbin Wood Day Special School (E.S.N. Mixed) Langwith Junction	110

Boarding Homes for Maladjusted Pupils.

Holly House, Chesterfield	10
Stretton House, Stretton	25

Schools Closed.

Clay Cross C. Secondary.
Cresswell C. E., Secondary V.C.
Swadlincote,, C. E., V. C., J. M. & I.
Bealey, C. E., V. A., J. M. & I.
Bretby, C. J. M. & I.

Schemes of Divisional Administration.

(1) Under a scheme of Divisional Administration approved by the Minister of Education on 25th June, 1945, the Administrative Area of the Authority (excluding the Borough of Chesterfield which is an Excepted District) has been partitioned into five Divisions. So far as the School Health Service is concerned, it is a function of the various Divisional Executives to consider reports of the Principal School Medical Officer and to make, where necessary, recommendations to the Authority relating to that Service.

(2) The Borough of Chesterfield is an Excepted District for which the Divisional Executive is the Borough Council. A scheme of Divisional Administration made by the Borough Council was approved by the Minister of Education on 7th November, 1945.

The functions exercised by the Borough Council remained as described in my Annual Report for 1961.

Staff.

The Department of Education and Science requested a numerical return of the staff of the School Health Service on 31st December, 1969, and the following information was provided:-

STAFF OF THE SCHOOL HEALTH SERVICE

(excluding Staff of Child Guidance Clinics):-

Principal School Medical Officer .. Dr. J. B. S. Morgan

	Number of officers employed		Number in terms of full-time officers employed	Vacancies full-time equivalent
	f.t.	p.t.		
(*a*) Medical Officers (including Principal School Medical Officer):-				
(i) solely School Health Service	—	—	—	—
(ii) *a.* part-time School Health Service/rest of time with Local Health Service ..	10	4	6·2	5·7
b. part-time School Health Service/rest of time as General Practitioner ..	—	1	0·2	—
c. part-time School Health Service/rest of time on other medical work ..	7	—	1·40	—
(iii) Ophthalmic Specialists ..	—	—	—	—
(iv) Other Consultants and Specialists	—	—	—	—
(*b*) Nurses and Health Visitors:-				
(i) Nurses holding Health Visitors Certificates—				
(*a*) employed solely in clinics	—	—	—	—
(*b*) employed in clinics and elsewhere ..	87	2	26·4	2·8
(ii) Nurses NOT holding Health Visitors Certificates				
(*a*) employed solely in clinics	—	—	—	—
(*b*) employed in clinics and elsewhere ..	6	—	3·1	—
(iii) Nurses' assistants—				
(*a*) employed solely in clinics	—	—	—	—
(*b*) employed in clinics and elsewhere ..	15	3	11·1	1·5
(*c*) Other Staff:-				
(i) Senior Speech Therapist..	—	—	—	—
(ii) Speech Therapists ..	—	7	3	8
(iii) Assistant Speech Therapist	—	—	—	—
(iv) Audiometricians	—	—	—	—
(v) Chiropodists	—	—	—	—
(vi) Orthoptists	—	—	—	—
(vii) Physiotherapists ..	1	2	2	—

The following Table gives details of the staff during the year including Child Guidance staff. (* Indicates that the Officer is approved under the Medical Examinations (Sub-normal Children) Regulations, 1959 to examine a child who "may be suffering from such a disability of mind that he should attend a special school for educationally sub-normal pupils", or "is suffering from such a disability of mind as to make him unsuitable for education at school".)

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PRINCIPAL SCHOOL MEDICAL OFFICER—		
J. B. S. Morgan, B.Sc., M.B., B.Ch., L.R.C.P., M.R.C.S., D.P.H.*	15%	85%
DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER—		
V. J. Woodward, M.B., Ch.B., D.P.H.* (Retired 1/6/69)	30%	70%
P. K. Sylvester, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., D.R.C.O.G., D.P.H.* (Commenced 14/7/69)	30%	70%
SENIOR MEDICAL OFFICER FOR SCHOOL HEALTH—		
Julia M. D. Corrigan, M.B., B.Ch., B.A.O., D.P.H.*	50%	50%
SENIOR MEDICAL OFFICER FOR MENTAL HEALTH—		
Cristine M. Davenport, M.B., Ch.B.*(Left 14/3/69)	2½%	97½%
SCHOOL MEDICAL OFFICERS—		
Frances G. Brill, B.A., M.B., B.Ch., B.A.O.* (Left 14/7/69)	70%	30%
R. E. Dean, L.R.C.P.S., L.R.F.P.S.* (Retired 30/7/69)	70%	30%
J. Duthie, M.B., Ch.B.*	70%	30%
J. A. Gawthorpe, M.B., Ch.B.*	70%	30%
Elizabeth A. B. Sharpe, M.B., Ch.B.*	70%	30%
Winifred Gow, M.B., Ch.B.*	70%	30%
Evelyn B. Horton, M.B., Ch.B., (5/11ths)	32%	13%
J. A. Howe, M.B., Ch.B., L.R.C.P., M.R.C.S., (2/11ths)	13%	5%
Mary E. R. Hughes, M.B., Ch.B. (4/11ths)	25%	11%
Bridgid J. Hunter, M.B., B.Ch., B.A.O., (2/11ths)	13%	5%
G. V. Lewis, L.M.S.S.A., L.R.C.P., M.R.C.S.	70%	30%
Alice T. McHugh, L.R.C.P., & S.E., D.C.H., D.P.H.* (Left 30/6/69)	70%	30%
Eleanor M. Singer, M.Sc., L.R.C.P., M.R.C.S., D.C.H. (10/11ths)*	64%	27%
Helen P. Spink, M.R.C.S., L.R.C.P. (4/11ths)	25%	11%
G. Storey, B.Sc., M.B., B.S., L.R.C.P., M.R.C.S.* (Left 31/7/69)	70%	30%
Teisi Urtson, Med-Dip., Univ. of Tartu*	70%	30%

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
PART-TIME SCHOOL MEDICAL OFFICERS—		
Margaret J. Cash, M.R.C.S., L.R.C.P., D.P.H.*	20%	80%
A. Crowley, M.B., B.Ch., D.R.C.O.G., D.P.H.* ..	20%	80%
W. J. Morrissey, M.B., B.Ch., B.A.O., D.P.H.* ..	33%	67%
H. E. Nutten, M.B., Ch.B., D.P.H.*	27%	73%
Mary Sutcliffe, M.A., M.B., B.Ch., D.P.H.* ..	30%	70%
P. Weyman, L.C.R.P., L.R.C.S., L.R.F.P. & S., D.P.H.*	20%	80%
C. G. Woolgrove, M.B., Ch.B., D.P.H.*	27%	73%
BOROUGH SCHOOL MEDICAL OFFICER FOR Chesterfield Excepted District—		
H. Bailey, M.B., Ch.B., D.P.H.*	24%	76%
SCHOOL MEDICAL OFFICERS for Chesterfield Excepted District—		
Alice T. McHugh, L.R.C.P. & S.E., D.C.H., D.P.H.* (From 1/7/69)	70%	30%
Joan B. M. Leith, M.B., B.Ch., B.A.O.	30%	70%
CHILD GUIDANCE AND SPEECH THERAPY STAFF—		
CONSULTANT CHILDREN'S PSYCHIATRISTS—		
D. J. Salfield, B.Sc., M.D., D.P.M.	75%	7%
R. A. Bugler M.B., B.S., D.P.M. (from 1.4.69) (Both by arrangement with Hospital Authorities)		
EDUCATIONAL PSYCHOLOGISTS—		
C. M. Makin, M.A., (Senior Educational Psychologist)	25%	—
J. A. Cowell, B.A. (Chesterfield Excepted District)	25%	—
C. D. Elliot, B.A. (Left 5/12/69)	25%	—
Jean Perdue, B.A. (Chesterfield Excepted District)	50%	—
H. J. Jeffrey, B.A.	25%	—
D. Kinder, B.A.	25%	—
Phyllis M. Lane, B.A.	25%	—
J. P. Palmer, B.A.	25%	—
W. Turner, B.A. (Commenced 1/9/69)	25%	—
PSYCHOTHERAPISTS—(Two vacancies)		
PSYCHIATRIC SOCIAL WORKERS— (Three and 7/11ths vacancies)		
SOCIAL WORKERS—		
Mrs. M. J. McGarity (4/11ths)	33%	3%
SPEECH THERAPISTS—		
Pamela Bauer, L.C.S.T. (7/11ths)	57%	6%
Elizabeth A. Cannon, L.C.S.T. (7/11ths) (Left 30/4/69)	57%	6%
Myra Coe, L.C.S.T. (7/11ths) (From 15/9/69) ..	46%	4%

Staff	Proportion of whole-time (expressed as a percentage) devoted to	
	School Health Service	Public Health
Sheila M. Y. Ellis, L.C.S.T. (3/11ths)	24%	3%
Elizabeth A. Hamilton, L.C.S.T. (6/11ths) (From 15/9/69)	49%	5%
Patricia M. Harrison, L.C.S.T. (Left 19/3/69)	90%	10%
Diana M. Hurst, L.C.S.T. (3/11ths)	24%	3%
Marjorie G. Thornton, L.C.S.T. (3/11ths) (From 13/10/69)	24%	3%
D. Brocklehurst, L.C.S.T. (Chesterfield Excepted District) (5/10ths)	50%	—
DENTAL STAFF—		
PRINCIPAL SCHOOL DENTAL OFFICER—		
H. E. Gray, L.D.S.	90%	10%
AREA DENTAL OFFICERS—		
J. S. Bennett, B.D.S.	90%	10%
Marguerite G. Ford, L.D.S.	90%	10%
Edith M. Hague, L.D.S.	90%	10%
A. Hirst, B.D.S. (Left 23/8/69)	90%	10%
DENTAL OFFICERS—		
Vivienne B. Shuff, B.D.S. (6/11ths) (From 13/1/69)	49%	5%
Joan M. Fletcher, B.D.S. (3/11ths) (From 8/9/69)	24%	3%
Sheila D. Welbourn, B.D.S., (5/11ths) (From 15/4/69)	40%	5%
Irene M. Kelly B.D.S. (4/11ths)		
Chesterfield Excepted District—		
C. C. Grant, L.D.S. (Borough Senior Dental Officer)	90%	10%
N. Andrews, B.D.S. (Left 30/4/69)	100%	—
F. O'Daly, B.D.S.	20%	—

Each Medical Officer is assisted by a "Medical Officer's Attendant". This scheme was introduced to relieve Health Visitors of some of the routine tasks, and has worked very well, the attendant helping the Doctors not only in minor nursing but also with the clerical work.

Regular meetings of the Medical Officers (about once a term) were held.

GENERAL CONDITION OF PUPILS

In this County, three general medical inspections of the school children take place, generally arranged so that every pupil is inspected during (i) the first year of compulsory school attendance, (ii) the first year of attendance at a secondary school, and (iii) the last year of compulsory school attendance. (Exceptionally, arrangements may be made for children to be examined in the last year at a junior school, instead of during the first year at a secondary school if there is pressure on the available accommodation).

In addition, children under five years old are inspected as soon as possible after they begin to attend school, and pupils who stay beyond the age of fifteen years are inspected during their last year at school. Pupils specially brought forward are also examined, and those previously observed to have defects requiring observation or treatment are re-examined. As no routine general medical inspection is normally carried out in the "junior" departments or schools, School Medical Officers have been requested to make a point of getting in touch with the Headteachers of such departments or schools at least once a year to afford them an opportunity of bringing forward any children they require to be specially examined or in need of re-examination.

The number of pupils examined at routine medical inspections was 17,876 (compared with 19,535 last year). In the course of these examinations, 4,252 children were found to require treatment for a variety of conditions (23·8% of those examined). Of these, however, only 68 (0·38%) were classified as being in an "unsatisfactory" physical condition. Comparable figures since 1960 are given in the table below:-

Year	*% found to require treatment*	*% "unsatisfactory"*
1960	17·7	2·51
1961	15·6	0·46
1962	16·8	1·55
1963	16·9	1·06
1964	15·7	0·44
1965	18·4	0·17
1966	19·0	0·32
1967	19·0	0·30
1968	18·4	0·65
1969	23·8	0·38

It will be appreciated (as mentioned in previous reports) that the defects recorded as requiring treatment cover a wide range and are of varying degrees of severity. The presence of a defect, therefore, does not necessarily result in a child being regarded as of "unsatisfactory physical condition".

HYGIENIC CONDITIONS OF SCHOOLS

It is customary for School Medical Officers on completing routine school medical inspections to submit to the Principal School Medical Officer a report on the school premises, including brief notes on cleanliness, heating, lighting, ventilation, water supply, washing arrangements, cloakroom facilities, sanitary arrangements, and the playground. Matters which appear to require attention or investigation are brought to the notice of the Director of Education.

Improvements to the sanitary, cloakroom and washing facilities, as well as heating and lighting installations, where this is desirable at some of the older schools in various parts of the County, have continued to be made.

SWIMMING BATHS

At the end of the year, six school swimming baths were in operation as follows:—

Indoor Heated

Brooklands Junior Mixed School, Long Eaton;
Swadlincote C. Secondary School;
Bunnerley C. Secondary School, Ilkeston;
Tupton Hall Comprehensive School, Claycross.

Outdoor Unheated

Ashbourne Bath;
Ecclesbourne Secondary School, Duffield.

The treatment plants at all of these baths comply with the Ministry of Health's publication, "The Purification of Water in Swimming Baths". The County Public Health Inspector pays regular visits to the baths and, apart from checking for chlorine and pH levels and taking bacteriological samples, tries to ensure that the swimming baths waters are kept "in balance" chemically. Breakpoint chlorination is now being achieved very successfully at all baths, including the two smaller "Purley Pool" units at Long Eaton and Ilkeston.

The pattern of sampling was continued as in previous years; i.e., routine samples for bacteriological examination, together with regular samples for chemical analysis. This system has been found to be of great value to the bath attendants as it enables them to be given reliable information on the chemical condition of the water and so make adjustments if necessary quickly. The County Public Health Inspector has established a good working understanding with the teachers and baths attendants involved and as a result the bath waters are generally in excellent conditions.

104 samples were taken for bacteriological examination (52 inlet and 52 outlet) and of these 89 were classed as satisfactory, with 11 doubtful and 4 unsatisfactory. It is an interesting point that in all cases where a colony count was registered free chlorine was present in the water at the time of sampling. 10 samples for chemical examination were taken and of these 7 were regarded as not of the standard required in that either ammonia was present or the pH recording was above or below the recommended limits.

Generally speaking, the standards of overall cleanliness maintained at the school baths can be regarded as very good, and an example to all interested in swimming pools.

The following figures (kept by the attendants or the school staffs) give an indication of the size and use of various baths during the year:—

Baths and size in gallons	*Attendances*
Ashbourne (57,000)	17,947 (May to September)
Ilkeston (13,600)	4,483
Long Eaton (11,000)	20,000
Swadlincote (33,000)	32,642
Tupton Hall (33,000)	14,000 (March to December)

The figure for the Ilkeston Bath is low as the plant was out of use awaiting repairs for some months from May onwards.

PROVISION OF MEALS, AND THE MILK-IN-SCHOOLS SCHEME

The following table gives particulars of the meals and milk provided on a day in September, 1969.

	Primary Schools	Secondary Schools
Number of children present	55,050	33,135
Meals Provided:		
No. of Meals	40,607	24,197
% of number present ..	73·76%	73·02%
Milk Provided:		
Number of bottles ..	50,794	—
% of number present ..	92·27%	—

Source and Quality of Supplies of Milk.

The Education Committee endeavours at all times to obtain the highest grades of milk, and it is pleasing to know that at the end of 1969, out of 597 establishments (including independent schools), 591 were receiving pasteurised milk. There are five sources supplying raw untreated milk to 6 schools, including an independent school which takes milk from its own herd. This situation is carefully watched and efforts are made to substitute pasteurised milk wherever possible.

Sampling of school milk supplies was carried out by Mr. Rowley, the County Public Health Inspector. Pasteurised milks are submitted to the phosphatase test (for efficiency of pasteurisation). Any pasteurised milk which fails to pass the phosphatase test is examined for tubercle bacilli as a matter of course.

At the end of the year there were seventy-five suppliers of milk to schools, but only twenty-four sources of supply, including the five raw milk sources. All sources are sampled at least twice yearly, with each pasteurised milk supplier being sampled at least once yearly.

Regular sampling of raw milk supplies is carried out for evidence of brucella abortus infection. All samples taken during the year proved negative.

The following table shows the sampling figures for the school drinking milk:—

	Phosphatase		Tubercle Bacilli		Brucella Abortus		Total No. of samples submitted
	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	Satis-factory	Unsatis-factory	
Pasteurised	81	2	—	—	—	—	83
Untreated	—	—	—	—	10	—	10

Unusually, two phosphatase test failures were recorded. Separate sources (one outside the County) were involved in each case but enquiries failed to reveal any likely causes of the failures. These are the first such failures in school milk supplies for a number of years.

INFESTATION WITH VERMIN

The Health Visitors and School Nurses carried out 173,482 inspections and re-inspections of pupils during the year (compared with 201,180 last year). They discovered 1,187 individual children to have either nits or lice in their hair. It is regrettable that this figure shows an increase of 231 children over the previous year.

CLINICS

New Clinics.

At the time of writing this Report, a Health Centre is in course of erection at Shirebrook, situated near to the market place. This will replace an existing County Council Clinic which is held in rented premises. The new Health Centre will accommodate family doctors and a Dentist providing general dental services under the National Health Service Act, as well as facilities for the County Council's health services. It is anticipated that the Health Centre will start to function in the latter part of 1970.

A new Clinic is being erected at Brimington, which it is hoped will come into operation during 1970.

Plans are well in hand for the existing Clinic at Eckington to be extended in order to provide suitable accommodation to serve as a Health Centre.

Negotiations are also taking place, and plans being drawn up, for a Health Centre to be built at Ashbourne.

Number and Types of School Clinics.

The Department of Education and Science asked for a return showing the school clinic facilities as at 31st December, 1969: a copy of the information given appears below. In subsequent pages of this Report more detailed information is provided.

(1) *Number of School Clinics* (i.e. premises at which clinics are held for school children) provided by the Local Education Authority for the medical examination and treatment of pupils attending maintained primary and secondary schools:—

Number of school clinics as at 31st December, 1969 .. 27

(2) *Type of Examination and/or Treatment* provided at the School Clinics.

Examination and/or treatment	*Number of premises available as at 31st December, 1969*
A. Minor ailment	26
B. Asthma	—
C. Audiology	22
D. Audiometry	22
E. Chiropody	—
F. Ear, Nose and Throat	—
G. Enuretic	—
H. Ophthalmic	20
I. Orthoptic	—
J. Orthopaedic	—
K. Paediatric	—
L. Physiotherapy and remedial exercises	—
M. Speech Therapy	14
N. School Medical Officer's special examination	26
O. Others (specify)	—

(3) *Child Guidance Clinics:* Staffing of Child Guidance Clinics and the School Psychological Service as at 31st December, 1969.

Staff	Number employed		Number in terms of full time officers
	full time	part time	
i. Psychiatrists — a. employed by the local education authority	—	—	—
b. employed under arrangements made with Hospital Authority	—	2*	1·6
ii. Educational Psychologists	8	—	8
a. working in Child Guidance Clinics	—	—	2·1
b. working in School Psychological Service	—	—	5·9
iii. Psychiatric Social Workers	—	—	—
iv. Psycho-therapists	—	—	—
v. Social Workers — Qualified	—	—	—
vi. Remedial Teachers — Unqualified	—	1	0·4
vii. Others (excluding clerical staff)	13	—	13

The County Council pays two notional half days salary to the hospital authorities in respect of each of these two Psychiatrists.

Provided by	No. of Clinics	No. of Clinics		Total No. of sessions worked in those Clinics in part-time use during 1969
		In full-time use	In part-time use	
The L.E.A.	8	—	8	415
Other bodies	—	—	—	—

Minor Ailments.

During the year, 591 children made 1,933 attendances for the treatment of minor ailments. This, of course, is a very small number, and in fact many clinics (as has been the case for some years) were not called upon to treat any minor ailments. Most of the sessions at the main clinics where treatment was requested were of short duration, and conducted by Health Visitors who were attending for purposes, such as for giving advice on infant welfare. At sessions attended by Medical Officers it is possible to include the examination of special cases discovered at routine school medical inspections, requiring more elaborate examination—(it will be realised that occasionally, due to the pressure of work at the inspections, the latter are not always practicable). Immunisation is also available on demand, as well as special examinations of children desiring to know if they are fit to undertake certain forms of employment.

Dental Work.

Mr. H. E. Gray, the Principal School Dental Officer, has provided the following report:-

"The scope of the school dental service depends upon there being enough staff to carry out methodically the routine inspections and treatment.

In 1969, the staffing position continued to cause anxiety. It was only about a third of that required for the service to be fully comprehensive, so that every child could have at least one dental inspection at an interval of not more than twelve months and any necessary treatment to make the mouth sound and healthy. Thirteen officers, whole and part-time, were employed, but the manpower was not consistently stable, staff turn over occurred from time to time, always a disrupting factor in the smooth running and continuity of the work. At the beginning of the year, there were seven whole-time and three part-time officers in post and at the end, six whole-time and four part-time. The changes consisted of the loss of two whole-time and two part-time officers, which was compensated by a part-time officer taking on full-time duty and the recruitment of four part-time staff.

Although in terms of equivalent whole-time staff, the position differed little from the previous year, 200 more treatment sessions were worked and there was an increase in the number of children inspected and treated and in the amount of treatment carried out. Thirty-five thousand children, about a third of the school population were inspected at school and about 5,000 at the Clinics. Half were found to require treatment and the parents of 18,500 notified of this and given the opportunity for the treatment to be obtained in the local authority service.

In addition to the primary inspections, 4,000 children had a second check up. This came about as a result of recalls for follow-up treatment later in the year, requests from parents and where it was possible to begin a second round of school inspections before the end of the year.

The school inspections continued to show a trend which had been noted over the last few years, that the numbers found to require treatment have lessened, as many children now receive treatment under the general dental services. This has brought about a reduction in the number of children with many grossly decayed teeth and, along with more conservative treatment carried out, a higher standard of dental fitness and an overall improvement in oral hygiene.

Nine thousand children received treatment and made a total of 21,000 attendances, during which 9,200 courses of treatment were completed, some having had an additonal course. Inevitably, there were those who failed to return for completion and this was always a source of vexation to the dentist, who felt that effort, time and expense had been to some extent wasted.

Conservations, extractions and prophylaxis formed the bulk of the work with the provision of dentures and orthodontic treatment on a smaller scale.

Twelve thousand fillings were inserted in permanent teeth and 4,000 in temporary teeth. The preservation of the temporary teeth is regarded with importance as they maintain the spaces for their successors and if lost prematurely can cause irregularity of the permanent dentition. This work was done for children aged 5 to 9 while preservation of the permanent teeth involved children from 6 years of age upwards.

The extractions were mostly done under general anaesthetics of which there were 3,400 administrations. The adjuvant Halothane has been used for some time in conjunction with the standard anaesthetic of "gas" and oxygen, with very satisfactory results and has greatly facilitated the operative work in the extra difficult cases which require more time and a deeper state of anaesthesia. Seven thousand eight hundred temporary teeth were extracted and 1,700 permanent teeth. In 600 instances the extractions were for the urgent relief of pain. Not all the permanent teeth were extracted on account of decay. Sound ones were sometimes removed in the course of orthodontic treatment, to relieve overcrowding or to balance the upper and lower jaws where the occlusion had been upset by the loss of teeth in one or other jaw. Occasionally parents queried the proposed extraction of such teeth and had to be reassured that there was a valid reason for this.

The denture work consisted of fitting 35 children with partial dentures, in most cases to replace front teeth lost in accidents and for 2 children it was necessary to replace all the teeth in one jaw with a full denture.

Orthodontic treatment involves moving teeth to correct some form of irregularity and has as its aim, an improvement in the appearance. It is usually lengthy, time consuming, involves the construction and fitting of intricate appliances and the co-operation of both the patient and the parents.

Thirty new cases were taken in hand and 42 had treatment successfully completed. Nineteen of a complicated nature were referred to the Hospital Consultants.

Dental health work was carried out continuously at the clinics and at school, highlighted by a month of special displays and demonstrations arranged in conjunction with the Health Education section and the Health Visitors. The policy has been the steady dissemination of knowledge, aimed at gradually impressing it on the memory, after the manner of the persistent drip of water leaving its mark on the stone. Use was made of a wide variety of posters. literature for parents and children. Painting books with appropriate themes proved very popular and attractive dental kits consisting of a tooth brush, paste and a tumbler for the youngest children had great appeal.

Much effort went into explanatory and informative talks to parents, when they attended the Clinics with their children and over the years it has been felt that this is one of the most effective methods of arousing interest in the teeth and their care. It has made increasing numbers of parents request appointments for regular check-ups, thus enabling the dentist to deal with defects in the early stages, when this can be done quickly, more easily and with less discomfort and what is of great importance, a much better chance of long lasting benefit.

A statistical report appears in the Appendix to this Report (*p.* 62).

Visual Defects.

Treatment is provided at the Authority's Eye Clinics under two schemes as follows:-

(i) *Supplementary Ophthalmic Services.*

A Medical Officer on the Ophthalmic List attended two clinics and was paid on a sessional basis by the Authority, which recovers from the Supplementary Ophthalmic Services Committee of the Local Executive Council a fee for each refraction carried out. Prescriptions for glasses are written on a form provided by the Supplementary Ophthalmic Services Committee and sent to the Secretary of that Committee so that arrangements may be made for the glasses to be provided.

(ii) *Hospital Eye Service.*

Seventeen of the Authority's eye clinics are conducted by Ophthalmic Consultants who have contracts with the Sheffield Regional Hospital Board. The spectacles which are prescribed are provided under arrangements made by the Hospitals and Specialist Service.

School Children, like other members of the community, may consult their own Doctors with a view to treatment and glasses being provided under the National Health Service.

Health Visitors are informed of the treatment prescribed for patients who attend County Eye Clinics, in order that they may be followed up and if there is any neglect in securing the treatment advised a report can be made with a view to the matter being rectified.

The following table shows the number of children who attended the eye clinics and the number of attendances:-

Eye Clinic	When Held	Number of Clinic Sessions	Children Attending Maintained Schools	
			Number of individual children treated	Total number of attendances
Alfreton. Grange Street ..	1st, 3rd and 4th Wednesday, p.m.	—*	—	—
Belper. Field Lane ..	4th Friday, a.m.	9	89	106
Bolsover. Welbeck Road ..	1st and 3rd Tuesday, p.m.	16	97	134
Buxton. Bath Road ..	1st 2nd and 4th Monday, a.m.	21	156	187
Chesterfield. Brimington Road	2nd and 4th Monday, p.m.	24	190	270
Chesterfield Excepted District Town Hall ..	Wednesday, a.m., p.m.	96	468	836
Clowne. Creswell Road ..	2nd and 4th Friday, a.m.	20	130	196
Derby. Cathedral Road	Each Monday, a.m.	—*	—	—
Dronfield. The Grange ..	2nd and 4th Friday, p.m.	17	79	127
Eckington. Gosber Street ..	1st and 3rd Friday, p.m.	18	86	159
Heanor. Wilmot Street ..	2nd Friday, a.m.	10	95	121
Ilkeston. Albert Street ..	1st and 3rd Friday, a.m.	21	242	290
Long Eaton. Midland Street	2nd and 4th Tuesday, a.m.	19	174	208
Matlock. Lime Grove Walk	1st and 3rd Friday, a.m.	19	157	184
Ripley. Derby Road ..	2nd Wed., p.m.	—*	—	—
Shirebrook. Cliffe House ..	1st and 3rd Friday, a.m.	21	135	218
Staveley. Lime Avenue ..	1st Monday, p.m.	12	81	126
Swadlincote. Civic Centre off Midland Road	2nd and 4th Friday, a.m.	14	146	155
Totals	.. .. ..	337	2,325	3,317

* (Temporarily unstaffed).

HANDICAPPED PUPILS

Handicapped pupils requiring special educational treatment are defined in the "Handicapped Pupils and Special Schools Regulations, 1959" (as amended in 1962) as follows:-

"(*a*) *blind pupils*, that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight;

(*b*) *partially sighted pupils*, that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight;

(*c*) *deaf pupils*, that is to say, pupils with impaired hearing who require education by methods suitable for pupils with little or no naturally acquired speech or language;

(*d*) *partially hearing pupils*, that is to say, pupils with impaired hearing whose development of speech and language even if retarded, is following a normal pattern, and who require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils;

(*e*) *educationally sub-normal pupils*, that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools;

(*f*) *epileptic pupils*, that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils;

(*g*) *maladjusted pupils*, that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment;

(*h*) *physically handicapped pupils*, that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools;

(*i*) *pupils suffering from speech defects*, that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment, and

(*j*) *delicate pupils*, that is to say, pupils not falling under any other category in this regulation, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools."

Return of Handicapped Children for the year 1969.

Categories	Blind	Partially Sighted	Deaf	Partially Hearing	Physically Handicapped	Delicate	Maladjusted	Educationally Sub-Normal	Epileptic	Speech Defect	Total
For the calendar year ended 31st December, 1969:-											
A. Handicapped pupils newly assessed as needing special education in special schools or boarding homes	4	3	2	3	12	9	24	156	—	2	215
B. (i) Of the children included at A. number newly placed in special schools (other than hospital special schools) or boarding homes	1	1	2	1	4	6	15	89	—	—	119
(ii) Of children assessed prior to January 1969, number newly placed in special schools (other than hospital special schools) or boarding homes	1	2	—	1	9	4	5	30	—	1	53
22nd January, 1970:-											
C. (i) Number of handicapped pupils requiring places in special schools—											
(a) day places	—	—	—	—	1	—	—	35	—	—	36
(b) boarding	4	4	—	2	10	3	7	12	—	2	44
(ii) Included at C(i) who had not reached the age of 5 and were awaiting—											
(a) day places	—	—	—	—	—	—	—	—	—	—	—
(b) boarding places	2	—	—	—	—	—	—	—	—	—	2
(iii) Included at C(i) who had reached the age of 5 but whose parents had refused consent to admission were awaiting—											
(a) day places	—	—	—	—	—	—	—	5	—	—	5
(b) boarding places	—	—	—	—	—	—	—	—	—	—	—
(iv) Included at C(i) had been awaiting admission to special schools for more than 1 year											
(a) day places	—	—	—	—	1	—	—	—	—	—	1
(b) boarding places	1	2	—	—	3	—	1	—	—	—	7
D. (i) Were on the registers of special schools (other than hospital schools).											
1. *Maintained*											
(a) day places	1	1	11	—	22	14	102	547	—	—	698
(b) boarding places	10	13	9	4	29	20	21	130	2	—	238
2. *Non-Maintained*											
(a) day places	—	—	7	—	—	—	—	—	—	—	7
(b) boarding places	14	4	31	5	12	8	4	5	7	1	91
(ii) Were on the registers of independent schools, under arrangements made by the Authority	—	—	—	—	6	3	15	5	—	—	29
(iii) Were boarded in homes, and not already included in D(i)	—	—	—	—	—	1	25	—	—	—	26
TOTAL	25	18	58	9	69	46	167	687	9	1	1,089
Number of children from the Authority's area who are awaiting places or who are receiving special education in special schools or who are boarded in homes	29	22	58	11	80	49	174	734	9	3	1,169
On 22nd January, 1970 the number of handicapped pupils receiving education under Section 56 of the Education Act, 1944:-											
(i) in groups or units	—	—	—	—	—	—	30	6	—	—	36
(ii) at home	—	—	—	—	19	2	4	5	—	—	30

I am indebted to the Director of Education for the following comments on the foregoing figures relating to handicapped children:-

"The return relates to the position in Derbyshire, including Chesterfield Borough Excepted District, during 1969, or on 22nd January, 1970, as the case may be, and the figures in brackets show the corresponding position a year ago.

The return as a whole deals with 1,235 children (1,250), of whom 215 (155) were newly assessed as requiring special education. Of the children newly assessed 172 (99) were admitted to special schools, the remaining 43 being added to the waiting lists, which remain at 80.

Of 1,063 (1,023) pupils placed in special schools, some 88% attend maintained special schools, 9% non-maintained special schools, and 3% independent schools.

The situation remains substantially as for the previous year, one notable point being a reduction in the length of time children are having to wait for places at day special schools for educationally sub-normal pupils within the County."

Special Reports.

John Duncan (E.S.N.) Girls' Residential Special School.—

Dr. Nutten states that:- "Routine medical inspections are carried out yearly on every child. In addition, whenever possible, weekly visits are paid to the school to see any child the Headmistress or staff wish to bring forward, or to carry out special review medical examinations.

Admission Panels consisting of the Headmistress, Educational Psychologist and myself were held at monthly intervals. In addition, and for the first time, a meeting was held with Miss Bazley of the County Youth Employment Service and this was found to be very beneficial.

Co-operation between the headmistress, teachers, matron and domestic staff as always has been excellent. They have worked untiringly to create a happy atmosphere and teach the children who very often have both physcial and mental handicaps. There has also been the greatest possible co-operation from Dr. R. Wynn Jones.

All the children were sweep tested for deafness during the year.

The school ran to capacity with a total of 100 pupils throughout the whole year. It is hoped that an extension will be built in the near future.

The services of a Speech Therapist were not available and this is most unfortunate as so many of the children suffer from speech defects."

Brookside (E.S.N. Boys') Residential Special School.—Dr. C. G. Woolgrove has reported as follows:—

"This school caters for both day and boarding pupils. Admission Panels consisting of the Headteacher, Mr. T. J. Williams, the Educational Psychologist, Mr. D. Kinder, and myself, are held at regular intervals.

The hard work involved in the placement of these pupils in employment on leaving school is particularly valuable and ably carried out by Miss Bazly of the County Youth Employment Service, in close liaison with the Headteacher and myself.

"Doctors Bruzaud and Wight are the General Practitioners who attend this School. The importance of a good general practitioner service to a school of this type cannot be overemphasised. There is excellent liaison with the specialists at the Children's Hospital, Derby, and also with the Orthopaedic and Remedial Clinics. Unfortunately the school still lacks the service of a Speech Therapist. This is most unfortunate as there are quite a number of boys suffering from speech defects. It is hoped that this position will be remedied in the future.

The changed status of the school meant that the Junior Section will gradually be run down and transfers are accepted from the John Duncan Residential Special School at Buxton which will cater for Junior boys up to the age of transfer."

Talbot House, Glossop.—Dr. M. Sutcliffe has reported as follows:—

"Many visits were paid to Talbot House Special School for general surveys, medical inspections, and meetings of the Admissions Panel. Five of the seven vacancies which occurred during the year were quickly filled.

In all the various activities, educational, practical and social, included in the school programme, emphasis is laid on independence and freedom of movement, the aim being to fit pupils to live as full a life as possible within the limits of their disabilities."

Overseal Manor Residential Special School for Maladjusted Children, Overseal.—Dr. Mary Hughes has reported as follows:—

"Excellent work continues at the Manor School, a large range of out of school activities are provided for the boys and a happy atmosphere pervades the school."

Stubbin Wood Day Special School (E.S.N. Mixed), Langwith Junction.—Dr. T. Urtson has reported as follows:—

"Full Medical Examinations are carried out each year and the school is visited twice a month for special examinations and meetings of the admission and special "leavers" panel.

The headmaster and the staff are most co-operative and continue to show great interest in children's health and well being."

The Delves Day Special School (E.S.N. Mixed), Swanwick.— Dr. Weyman reports:—

"The Day E.S.N. School continued its active way. Whilst there has been a tendency to try and transfer pupils to the school before they have had a medical examination this has been avoided as far as practicable. Some medical conditions do not show up on psychological testing procedures! It is only fair to both school and pupils that adequate information should be available before firm decision to transfer is made."

Children unsuitable for education at school, and school leavers requiring care from Health Authorities.

The "Medical Examinations (Sub-normal Children) Regulations 1959" prescribe the qualifications required of medical officers undertaking the examination of pupils to ascertain whether they need attention in a special school for educationally subnormal pupils, or whether they are suffering from such a disability of mind as to make them unsuitable for education at school. The regulations were quoted in my Annual Report for 1961.

During 1969 no children were "reported" by the Education Authority to the Local Health Authority, as it was not necessary to resort to the use of formal "ascertainment" procedures in order to arrange for special educational facilities being provided in appropriate cases.

Sir George Godber, the Chief Medical Officer of the Department of Education and Science, makes reference to "informal ascertainment" in his Report on "The Health of the School Child, 1966-68," and includes a reminder that in using such a procedure ". . . a medical examination would, nevertheless, normally be desirable to ensure that physical disorders that might contribute to the child's backwardness were not overlooked . . ."

MALADJUSTED CHILDREN

For many years, the Sheffield and Manchester Regional Hospital Boards employed two Consultant Children's Psychiatrists, each for 9/11ths of whole-time, the County Council paying 2/11ths of their respective salaries. Their programmes include visits to hospitals, hostels, special schools and the County Council's Child Guidance Clinics. Throughout the year the Consultant Children's Psychiatrist serving in the south of the County was Dr. D. J. Salfield.

Dr. R. A. Bugler was appointed with effect from 1st April, 1969, to serve in the north-eastern part of Derbyshire, including Brambling House, Chesterfield; Holly House Hostel, Chesterfield; Stretton House Hostel, Clay Cross; as well as County Council Clinics at

Eckington and Matlock, and Ashgate Croft Special School and Stubbin Wood Special School. With regard to the north-western part of the County, it is understood from the Manchester Regional Hospital Board that it has not been possible to make arrangements for another Children's Psychiatrist to take over the Child Guidance Clinics at Buxton and Glossop, and it was suggested, therefore, "that the outstanding cases at those clinics should be referred to the appropriate psychiatrists in the centres concerned." Whilst this cannot be regarded as a satisfactory arrangement, it was the best solution that could be arrived at under the circumstances. The matter however, is being kept under review.

The County Council's establishment authorises the appointment of eight Educational Psychologists, who work partly in the Schools Psychological Service and partly in the Child Guidance Service; four Psychiatric Social Workers, and two non-medical Psychotherapists. The posts of Educational Psychologist have been filled but the posts of qualified Psychiatric Social Workers and Psychotherapists are at present vacant—although a part-time social worker (who is qualified as a Health Visitor) served in the North-west of the County.

Dr. R. A. Bugler has provided the following report on the work done in the Child Guidance Service in the North-east of the County during 1969:—

"I should first like to thank my predecessor Dr. Thorpe and all those with whom I work for their help and consideration during this first year of my appointment. I have had to familiarise myself with the accepted organisation of arrangements in the County Services. I hope I may say that my integration is now running smoothly.

There has been some slight reallocation of the time one has available but only with the intention of trying to achieve the maximum help, having regard both to areas of greatest need and where one is most likely to be most effective.

At the end of the year we lost Mrs. Hewitt, Secretary, whose long experience and good memory was invaluable to us all at the Clinic.

Our continued lack of a Social Worker is a severe handicap to the work of the Clinic.

The figures for the Service during this past year appear to indicate that we have succeeded in resuming the turnover of patients achieved before the period of staff changes:

BRAMBLING HOUSE Child Guidance Centre ..	126
MATLOCK County Council	5
ECKINGTON County Council	6
STRETTON HOUSE	3
HOLLY HOUSE HOSTEL	3
	143

Total number of interviews with patients at Brambling House, 720.

Total number of interviews with parents at Brambling House, 567.

The Child Guidance team would once again like to extend their thanks to the Principal School Medical Officer and his staff for their help and co-operation during the past year."

Dr. D. J. Salfield has provided the following report on the work done in the Child Guidance Service in the South of the County during 1969:—

"The work has not substantially altered since the last report, except that a considerably greater number of new cases has been seen. The staffing of the Child Guidance Service has remained the same, i.e. is still truncated in the same way as reported on last year. Fortunately, co-operation with the Children's Department, Probation Officers, etc. has remained good, and regular meetings are held at the Children's Hospital with the Paediatricians and members of the Derby Borough Child Guidance Service. It is particularly pleasing to note that the Psychiatrist has been co-opted to the Board of Governors of the Overseal Manor School, and close collaboration is maintained there. We still hope that a proper Child Guidance team will be re-established soon.

In the Child Guidance Clinics 158 new cases were seen, referred by: general practitioners—53; educational psychologists—66; speech therapists—5; Courts—5; child care officers—8; school medical officers—9; educational welfare officers—4; hospital doctors—8."

AUDIOLOGY

This branch of the School Health Service is now almost fully established. Close co-operation is maintained with the hospital authorities and the Education Department's staff, which includes peripatetic teachers of the deaf and teachers of the deaf in special Units. Babies are tested for hearing before the age of one year by the Health Visitors, who are specially trained to carry out simple "distraction tests" suitable for children aged 9 to 12 months: any baby who fails the test is referred for more thorough investigation. Children of all ages may have an audiology test at the request of their Family Doctor, a medical officer or a teacher: consequently, this service is in demand throughout the year. Approval has been given to the appointment of two audiometricians, who will undertake "screening" tests, and it is hoped they will be appointed by mid- 1970.

Dr. J. Duthie, one of the Medical Officers on the staff of the County Council, has provided the following report:—

"I have been engaged in audiology since 1963, but only as a part-time activity along with general school medical work. It has been thought for some time that fuller coverage should be given to the work, and since April, 1969, I have been wholly engaged in clinical work, mostly in audiology (and to a lesser extent in dental anaesthetics). The following is a report on the work in clinical audiology covered in the period 1st April to 31st December, 1969.

The problem of dealing with impaired hearing is receiving increased attention from both clinicians and educators. The overt and more gross degrees of deafness are more readily recognised and dealt with, but there is a considerable body of children with marginal or intermediate degrees of impaired hearing which can handicap their educational progress and social efficiency. In most cases this is a catarrhal type of hearing impairment but because it is insidious in its onset it is liable to pass unnoticed. For some years the health department has been providing for the early detection of hearing impairment in school children by the systematic audiometric "screening" of school entrants. The proposed appointment in April 1970 of two audiometricians who will be wholly engaged in this work of "screening" will provide fuller coverage with this service so that the junior and secondary schools will be included.

The "screening" of infants and pre-school children is undertaken by the Health Visitors who have been specially trained for the work by the Department of Audiology of Manchester University.

The purpose of an audiology clinic is:-

(*a*) The diagnosis of hearing impairment or more severe degrees of deafness;

(*b*) The referral of such cases where necessary to the family doctor, and where appropriate, with his agreement, to a suitable hospital consultant;

(*c*) The follow-up of all cases until cure has been effected or the maximum possible improvement achieved;

(*d*) To recommend appropriate educational treatment and inform all persons in the educational environment about any handicap.

The service calls for close liaison with teachers of the deaf, with the general medical practitioners, and with specialsists in the Ear, Nose and Throat and Paediatric Departments of hospitals in Derby, Nottingham, Burton-on-Trent, Sutton-in-Ashfield, Chesterfield and Stockport.

The sources of cases referred for examination include:-

(1) Failed cases from audiometric "screening" in schools;

(2) Infants and young children who have failed the Health Visitor's "screening" test;

(3) Requests by general practitioners for testing of both school and pre-school children;

(4) Parents who are worried about their children and who make a request through their school head or by way of the Health Visitor.

In this way, the number of new cases seen at audiology clinics from the 1st April to the end of December in 1969 was 386: 131 of these required to be referred to an Ear, Nose and Throat Specialist.

The expansion and efficiency of the service is being aided by better testing conditions provided by sound-reduced rooms in the new clinics, and the architects are at present looking at the older buildings with a view to making them more suitable for the work.

The case load, already 647, will doubtless tend to increase due to the additional referrals anticipated with the employment of audiometricians".

Speech Therapy

During the year 529 Derbyshire pupils received Speech Therapy.

Although the establishment authorises the employment of eleven Speech Therapists (including one in Chesterfield Excepted District and one at Talbot House Special School), the shortage of candidates is such that at the end of 1969 we had the services of only six part-time Speech Therapists. The highest number we have ever been able to appoint was six whole-time and two part-time officers.

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The steps which are taken to minimise the risk of school children becoming infected by adults who are suffering from tuberculosis remained as set out fully in my Annual Report for 1961.

MEDICAL EXAMINATION OF PROSPECTIVE TEACHERS

Candidates applying for entry to Colleges of Education are required to be medically examined concerning their fitness to follow a course of teacher-training. The examinations are carried out by School Medical Officers.

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

The Derbyshire Education Authority administers a College of Education: Students completing training are x-rayed and the results are made available to the College Medical Officer.

During the year the following examinations were carried out by School Medical Officers:-

Entrants to Colleges of Education, Departments of Universities and Approved Art Schools	657
Entrants to the teaching profession	52
X-ray examinations of entrants to the teaching profession, temporary teachers and entrants to Colleges of Education	211

MEDICAL EXAMINATIONS OF CHILDREN FOR EMPLOYMENT

During the year the School Medical Officers examined 347 pupils desiring to undertake part-time employment, and a certificate of fitness was given to 346.

PREVENTIVE INOCULATIONS

Details are given in my Annual Report as County Medical Officer of Health of various schemes for providing preventive inoculations against several diseases. These schemes come under the jurisdiction of the County Health Committee, as the services are provided under Part III of the National Health Service Act. However, since school children derive much benefit from them it is fitting to refer briefly to them here, particularly as the help and co-operation of Teachers is of great value in this sphere.

The arrangements for providing the inoculations continued on the lines which have been outlined in earlier Reports. The conditions against which protection was offered were as follows:- diphtheria, measles, poliomyelitis, smallpox, tetanus, tuberculosis and whooping cough.

The numbers of children between five and fifteen years of age who were immunised against diphtheria, poliomyelitis, smallpox, tetanus, whooping cough or measles were as follows:-

		Primary Immunisations	*"Booster" Doses*
1.	Diphtheria ..	502	6,796
2.	Poliomyelitis ..	634	7,301
3.	Smallpox ..	383	184
4.	Tetanus ..	1,176	7,334
5.	Whooping Cough	227	1,980
6.	Measles ..	1,687	59

Bacillus Calmette Guerin (B.C.G.) Vaccination against Tuberculosis. The object of this form of vaccination for school-children is to provide them with some protection against tuberculosis when they leave school and are more likely to come into contact with the disease. Briefly, the procedure is to skin test the pupils and the negative reactors are then vaccinated with B.C.G. The Department of Health and Social Services supply the materials for skin testing and the actual B.C.G.

The School Medical Officers carry out this work and it is essential they be trained in the technique of the procedure. The County Health Committee has therefore sanctioned them attending approved courses of instruction. The scheme applies to children from the age of 13 upwards and to students attending Universities, Colleges of Education, Technical Colleges or other establishments of further education. The following figures give details of the numbers dealt with during 1968 and 1969:-

	Schools		Establishments of further education	
	1968	1969	1968	1969
Number of schools or establishments of further education ..	48	37	2	2
Number of children or students offered B.C.G. vaccination	5,010	3,746	50	32
Number of children or students whose parents gave consent and who were skin tested ..	4,552	3,286	38	29
Number found "positive"	648	407	15	11
Number found "negative"	3,626	2,616	23	18
Number vaccinated with B.C.G. ..	3,623	2,612	23	18

REPORTS RECEIVED FROM SCHOOL MEDICAL OFFICERS

The following are relevant extracts from reports which I have received from individual School Medical Officers, but I must state that while it is important they should be free to express their opinions on the physical conditions that they find in schools, both the Director of Education and I feel, in all fairness, that it should be borne in mind that the Education Committee are carrying out improvements as rapidly as they are permitted within the financial limits imposed by the Department of Education and Science, who are responsible for the allocation of the "financial cake" which is available for the country as a whole.

Dr. MARY SUTCLIFFE (Part-time) (Part of N.W. Division):-

"(1) *The general health and well-being of the children.* Better housing conditions, recent advances in medical care, higher standards of living, and more evenly distributed wealth, are all factors contributing to the improved general health and well-being of the children.

(2) *The physical condition of the children.* The number of children whose physical condition was found to be unsatisfactory was smaller than last year, 0·91 per cent compared with 1·52 per cent in 1968. Dental caries is still the commonest defect found at routine medical inspections, though more of the older children realize the importance of regular dental care. It is unfortunate that the part-time dental surgeon resigned in August and that the School Dental Service is no longer functioning in the area.

(3) *The cleanliness of the pupils.* Infestation with head lice is still a serious problem in the district and the proportion affected in 1969, 4·58%, showed no decrease. The influx of new families into the area contributed to the continuation of the high incidence. Fourteen cases of impetigo were treated at the Minor Ailments Clinic, but no scabies were seen.

(4) *School meals: the milk-in-schools scheme.* On a given day in September, 75·22% of pupils at school had school dinners, the same as in 1968. Much thought and care is given to the planning and cooking of well-balanced meals of adequate protein and calorie content. The provision of dinners makes an important contribution to health and nutrition and introduces the children to a wide variety of wholesome food.

On a given day in September, 86·25 per cent of pupils in primary schools participated in the milk-in-schools scheme, 3·63 per cent more than last year.

(5) *The hygienic conditions of schools.* There has been little change in the hygienic conditions of schools since last year. Ventilation, lighting, heating and equipment are generally satisfactory but a few of the schools still have outside sanitary accommodation. In the newer schools and those which have been modernized, the washing facilities are immediately adjacent to the sanitary blocks, a very desirable amenity, but one which is, in present circumstances, impossible to provide in the older schools. The room allotted for medical inspection in one or two of the schools was noisy or lacking in privacy. A new, well-designed Catholic Primary School was opened in September, replacing an older one.

(6) *Infectious diseases.* The head teachers reported thirty-four cases of infectious disease, all during the first six months of the year: an outbreak of mumps in March accounted for thirty-two of these.

(7) *Immunisation procedures.* Diphtheria, whooping cough and tetanus: In 1969 there was a further decrease in the number of children attending the immunization sessions which were held regularly at the Glossop Clinic. Fewer completed a primary course, 21 as against 39 last year, owing to the new schedule of prophylaxis which postpones the third injection until four to six months after the second. Three older children received tetanus vaccine given separately. The last notification of diphtheria was in 1950.

Poliomyelitis vaccination. Two hundred and ninety-nine doses were administered, 98 more than last year. The last notification of poliomyelitis was in 1962.

The absence of diphtheria and poliomyelitis in the area for many years is without doubt due to the widespread programme of immunization.

B.C.G. All thirteen-year-old children were offered tuberculin tests, and 62·37 per cent accepted, the second lowest rate since the scheme was introduced. The proportion of positive reactors showed a marked decline from 5·24 per cent in 1968 to 2·71 per cent in 1969. The negative reactors were vaccinated.

(8) *Health Education.* A continuous programme of health education was undertaken, the aim being to improve the health and welfare of the individual and the community, and to control disease. Every opportunity was taken for health teaching at clinics, during home visits and school medical inspections. The Health Visitors gave talks in the schools on personal hygiene, prevention of accidents, nutrition, dental health, interpersonal relationships and allied topics. Lectures on health matters were given on request to women's voluntary organizations and other bodies.

(9) *The inter-relationship between the National Health Service and the School Health Service.* There was a useful two-way exchange of information between the local hospital and the School Health Service on children transferred from hospital to home and vice versa. A friendly relationship exists between the School Health Service and the general medical practitioners, who co-operate readily in the follow-up of handicapped children and the family contacts of cases of infectious disease.

(10) *Number of children sweep-tested for deafness.* Audiometric surveys were conducted in seven primary schools using the pure tone audiometer. Tests were given for the frequencies 250 to 4,000 cycles per second and the pass level was set at 25 decibels to compensate for the ambient noise which is always present in the testing rooms in school. Two hundred and five pupils were tested and the five who failed were referred for further investigation."

Dr. WINIFRED GOW (Whole-time) (Part of N.W. and N.E. Division):—

"*The general health and physical condition* of the children remain satisfactory.

The *cleanliness* of the pupils is very satisfactory, excepting the inevitable few "backsliders". These remain pretty constant, but I would judge are decreasing.

School meals are very good in some schools; in a few they are not very abundant or attractive. *Milk:* I have seen no ill effect from ceasing free milk to older children, but it may be too soon to tell.

Conditions are still far from perfect in some of the older smaller schools in all respects, but the Divisional Authorities are continually making such improvements as they can.

An outbreak of gastro-enteritis occurred in one area, which was shown to be due to Shigella sonnei. The illness was generally mild but it did appear that cases spread through children of infant and junior school ages attending an infant and junior school in the area. In view of the layout of the buildings, it seemed that this was inevitable unless each individual child was under surveillance to see that personal hygiene rules were observed, which is hardly possible as things are.

Immunisations continue. Once again, it was found that in one or two places, for geographical reasons, there was a real need for immunisations to be performed in schools, as there were no doctors' premises nearby. Accordingly, with the very helpful co-operation of the head-teachers and staff, these were carried out in these places. Measles vaccination is more in demand in some areas than others, but no ill effects worthy of mention have resulted from use of the vaccine.

Health Education: There is a more noticeable demand for information on matters of health from mothers at school medical inspections. They come full of questions, and appear to attend to the answers.

Inter-relationship between the National Health Service and the School Health Service: This remains excellent, and no pains are spared to retain good relations with both Hospitals and Family Doctors".

Dr. H. E. NUTTEN (Part-time) (Part of N.W. Division):—

"The general health and well-being of the children was of a high standard in the majority of cases, and the physical condition of the children remained at a satisfactory level.

The cleanliness of the pupils was, on the whole, good, but in a few cases, in so-called problem families, the cleanliness of the children and their clothes left a lot to be desired.

Infectious diseases: There was an outbreak of sonnei dysentry in a fairly large family. The children attended different schools. This was a rather severe infection, one of the children being admitted to hospital seriously ill. Fortunately no other children outside the family contracted the disease. There were several cases of infective hepatitis in various schools during the year. Some of these again were rather severe. Once more several cases of plantar warts were seen during the year. All the cases were treated by either family doctors or chiropodists.

Audiometric testing is done on all children "at risk", and many children are now being referred direct from either the Ear, Nose and Throat Consultants in the area or from General Medical Practitioners".

Dr. ELIZABETH A. B. SHARPE (Whole-time) (Part of N.W. Division):—

"The general health and physical condition remains at a high standard. The most common defects are visual defects, dental caries and catarrhal troubles of the upper respiratory tract.

There are still intermittent outbreaks of scabies in which in a few instances it has proved difficult to check the source of contact. Pediculosis is a recurrent problem, often proving resistant to treatment.

Response to immunisation procedures is good. Parents appear to be increasingly aware of the importance of the pre-school boosters for diphtheria, tetanus and oral polio vaccine. There is still a general reluctance about measles vaccination. By the end of the Easter Term the 5 secondary schools in the Buxton area will have had their eligible school population Mantoux tested and B.C.G. vaccinated. The response is very high to the procedures, but the incidence of positive reactions is appearing to be very low.

There is still a paucity of parents attending the school leavers' medicals, but a complete reverse at the school entrants' inspections. At the end of the summer term we started a pilot group for girls from a local secondary school whose weight was excessive. The group took the form of advice about eating sensibly, discussion about personal difficulties encountered and encouragement of the girls to keep an eye on each other's eating habits at school. The results have been quite promising.

The Health Visitors do the majority of Health Education in this area, but at this time Health Visitors and I are co-operating closely with the primary schools about the planning of the prospective programmes of sex education in the primary school. There has been much interest taken by the secondary schools in the dangers of drug taking and suitable films and discussions are taking place in these schools.

Co-operation between the Family Doctors and the School and Maternal and Child Health Services is excellent".

Dr. ELEANOR SINGER (Part-time) (Parts of N.W. and Mid Division):—

"Since last year I have moved to another area and find certain differences as a result.

The general health of children in the infants school is good. There appear to be fewer upper respiratory tract infections and consequent otitis media, etc., than in the Clay Cross area. This is probably because I have largely seen children from country schools.

There is very little in the way of pediculosis. Scabies is seen occasionally as a family infection.

Schools and school meals vary widely in their attractiveness, but all are satisfactory in general.

There is good immunisation coverage in this area. The vaccination rate is higher than I have known it elsewhere, and very few children are admitted to school at 5 years old without their booster doses of diphtheria, tetanus and polio immunisation.

The inter-relationship of the National Health Service and the School Health Service is satisfactory, largely, I think, due to the excellent co-operation of the Health Visitors".

Dr. J. A. HOWE (Part-time) (Part of N.E. Division):—

"My interest is confined to infants schools, and normal pattern of observations have not altered in the last year. The general health and well-being of the children and their physical condition remains good and I have found no infestations or infection during the last year. I have not noted any epidemic of any importance.

Relationship with the general practitioners remain excellent".

Dr. TEISI URTSON (Whole-time) (Part of N.E. Division):—

"The general health and well being of the children remains satisfactory.

Physical condition of the children—the commonest defects were defective vision and upper respiratory tract infections. 8 cases of asthma, 10 of eczema, and 2 of epilepsy were seen. 5 children suffering from catarrhal deafness were referred for treatment. 57 infants, 14 first year juniors and 1 leaver were found to be suffering nocturnal enuresis, 6 cases of plantar warts were referred for treatment.

The cleanliness of pupils is satisfactory. A few cases of impetigo and one of scabies were seen at the medical inspections.

The hygienic conditions of schools is gradually improving.

Infectious diseases—there was an outbreak of chickenpox in the infant and senior schools.

Immunisation—58 children completed the primary course with triple antigen and 144 children received boosters against diphtheria and tetanus; 79 children were vaccinated against poliomyelitis and 11 received measles vaccination. B.C.G. vaccination was carried out in all secondary schools.

All the children seen at the routine medical examination were sweep tested for deafness".

Dr. MARGARET J. CASH (Part-time) (Part of N.E. Division):—

"The general health of school children in the area I cover seems to be very good indeed. In general the children are happy, well clothed and well fed. It seems common nowadays for children to have large sums of pocket money and this invariably leads to an increase in consumption of sweets and ice cream. I am sure this is to the detriment of their teeth and I am not happy about the queue of mobile shops and ice cream vans which are to be seen at the gates of schools as they close for the day. Apart from the dental aspect these vehicles are a road hazard.

I have been concerned about the rising incidence of scabies in children. This skin complaint, common in war years, was very uncommon a few years back but now seems to be on the increase again. To prevent its spread it must be dealt with immediately and radically.

It is regrettable that measles vaccine was in short supply during the year owing to the withdrawal of one brand. Many mothers were anxious to have their children protected against this disease and of those who had, protection seems to have been excellent. The children have not contracted the disease even when their brothers and sisters have had it".

Dr. G. V. LEWIS (Whole-time) (Part of N.E. Division):—

"The *general health and well being* of the children is on the whole good. This I think reflects creditably on the teaching staff, who often give extra care and attention to the less well-fed and well-clothed children under their supervision.

Nocturnal enuresis seems to be a fairly common problem, and it is rare to do a medical examination in either the infant or the junior schools without encountering a case. Treatment using the "pad and bell" enuretic alarm apparatus, together with the co-operation and help of the family doctor, gives satisfactory results in most cases. Indeed the use of this apparatus seems to be forging a link between the School Health Service and the Family Doctors in this area.

Apart from the children suffering from specific illnesses who are seen at the special medical examinations, the *physical condition* of the children is satisfactory.

The *cleanliness* of most of the pupils is of a satisfactory standard and any cases of pediculosis are energetically followed up by the Health Visitors.

The *school meals and milk-in-schools services* continue to do excellent work. It is often pleasing to know that the children from some of the less fortunate families in my area are getting at least one square meal per day.

The standard of *hygienic conditions in schools* is satisfactory, but sometimes only within the limits of certain obvious financial restrictions. The amenities in the new schools are of course excellent, whilst the staff working in the older buildings are coping to the best of their ability. In my opinion of greater importance is the fact that the people handling and serving the food are always clean, and seem mindful of the possible hazards inherent in a lowering of their standards.

There were no serious epidemics of any of the *infectious diseases* during 1969, and even the influenza epidemic did not cause any significantly prolonged increase in absenteeism from schools. The explanation for this may be because it was at its height during the Christmas vacation.

Immunisation procedures, including B.C.G. vaccination in the senior schools, were routinely carried out, and parents were pleased to avail themselves of this service. There seems, however, to be a marked fall in the number being vaccinated against smallpox.

Individual *Health Education* was carried out with the parents during the routine school medical examinations. This is successful as far as it goes, but this is in reality a negative approach in that it requires the patients to ask for their health education. I have therefore discussed with the Head Teachers of the Senior Schools in my area the possibility of my co-operating with them in a more comprehensive health education programme. Their enthusiasm was encouraging, and in the very near future I hope to begin by taking appropriate film shows into the schools to promote group discussions, etc., in order positively to stimulate a more subjective awareness of health hazards.

Taking into account the marked change in the disease pattern of the community over the past hundred years—from the infective processes rife in 1870 to the increasing prevalence of the degenerative processes in 1970—it seems certain that health education is going to have an increasingly important role to play in preventative medicine.

Plantar warts are not often seen in this area. This may be because swimming facilities are not as readily accessible as they are in some other areas.

Finally I would like to comment upon the ready assistance which I received from the Family Doctors in my area whenever I had occasion to ask for it. It is clearly important for the school medical officer and the family doctor to have a working understanding of each other's problems because they each know the same patient from an entirely different angle. It is interesting to note that Health Visitor "attachment" makes it easier to establish this liaison. All Doctors recognise the handicap imposed by a long illness, but it is not as readily appreciated that short, but frequent, periods of absenteeism can also have a disastrous effect on a child's educational development and attainments. The School Medical Officer is in a unique position to look at each child's medical history from a distance, and then to equate it against the attendance register and progress report by the child's teachers. When viewed in this light, recurrent attacks of a "minor ailment" often become a single entity of considerable importance requiring some action, and seeing any beneficial results following this action is often one of the most rewarding aspects of a School Medical Officer's work".

Dr. J. GAWTHORPE (Whole-time) (Parts of N.E. and Mid Divisions):—

"The main feature of my work during the past year has been the considerable increase in the amount of time which has been spent in dealing with handicapped children and in carrying out special examinations of children in schools, found to have defects at routine medical examinations. In addition to carrying out this work in my own area I have also examined handicapped children in the South

Normanton, Pinxton and Loscoe areas, which throughout the entire year have been without a School Medical Officer of their own. This work with handicapped children in the vacant areas is in fact occupying quite a high proportion of my time. Although from a personal point of view I find the work very gratifying and stimulating nevertheless it inevitably leads to a delay in carrying out the routine medical examinations in my own area. The position is such that a system of priorities has had to be worked out, in order that urgent cases should not be overlooked.

Owing to the shortage of time, the audiometric sweep testing of children has had to be considerably reduced. This year 119 children have been sweep tested, compared to 444 children in 1968. However, I am making a point of carrying out an audiometric examination when I see the child at the school entrants examination. I feel that the employment of audiometricians would be the only way to ensure that adequate sweep testing is carried out.

Dental anaesthetics have again been a prominent feature of my work during the past year.

The *general health*, well-being and physical condition of the children continues to remain at a satisfactory level. Likewise the *cleanliness* of the pupils on the whole is satisfactory—although I have the impression that in certain families children are expected to keep themselves clean solely by their own efforts at too young an age, receiving very little assistance from their parents. This year I have only seen two cases of scabies and no cases of impetigo, which is a considerable improvement upon last year. The presence of pediculosis capitis continues to remain a problem in certain families, and continued vigilance upon the part of the Health Visitor, both in carrying out hygiene inspections in schools and following up the treatment in families where pediculosis capitis is found, is necessary if this problem is to be kept within bounds.

The *school meals* and *milk-in-school* schemes continue to work satisfactorily, and in particular I think that the mid-morning drink of milk is essential for those children who live some distance away from school, and have to leave home early in the morning.

The *hygienic conditions of the schools* in my area on the whole are satisfactory—although there is one school still equipped with bucket closets. A few schools in my area are over 80 years old. These consist merely of three rooms, there being neither a separate Head Teacher's room or staff room. Carrying out medical examinations in these schools presents a number of difficulties. Firstly, in order to make a room available, it is necessary for two classes to be combined in one room, and I should like to express my appreciation to the teaching staff for their co-operation in this matter, because they must suffer considerable inconvenience in order that medical examinations can be carried out at all. The other factor is that with two classes in

an adjoining room—often only separated by a wood and glass partition—the level of noise is hardly conducive to carrying out medical examinations—particularly if attempting to carry out hearing tests.

There have been no severe outbreaks of *infectious disease* in my area during the past twelve months.

B.C.G. vaccination has been offered to all children in the 13+ years class and the response has been quite satisfactory. There have been no children who have had a severe reaction requiring further investigation to the T.B. skin test. Upon school entry, children who have not already received a booster dose against diphtheria and tetanus are offered this immunisation. The 4th dose of poliomyelitis vaccine is offered to 5 year old children at the special poliomyelitis vaccination clinics, but in addition quite a number of poliomyelitis vaccinations and diphtheria and tetanus immunisations are given to school children at the school Clinics and infant welfare centres.

When carrying out medical examinations any relevant aspect of *health education* is touched upon, but there has not been any time for formal lectures and talks upon health education. I feel that in the present circumstances clinical work must take precedence.

The inter-relationship between the National Health Service and the School Health Service remains satisfactory and there have been no difficulties upon this score".

Dr. P. WEYMAN (Part-time) (Part of Mid Division):—

"There is little change from last year. It has not been possible to complete routine medical inspections in the schools allocated.

Generally the *health and well-being* of the children remains satisfactory. *Cleanliness* is satisfactory except for a few families where cases of *scabies* have occurred. It is observed that the original case was generally away from home for a night or more.

School meals continue as before to be satisfactory.

Modern clothing, thinner and less of it, leads to warmer schools and classrooms. In turn there is a tendency to neglect ventilation. New methods need to be introduced more often. Warm air should be replaced by more warm air and not cold draughts. More warm air ventilation and attention to pupil separation might well reduce some of the classroom respiratory infections.

In an outbreak of *sonnei dysentery* it was observed that cases in families occurred first in school children. In some families this was the only case. It was very noticeable that these families had a very good and clear understanding of disease and family hygiene. In other families it was clear that spread within the family led to or was the result of a breakdown in family hygiene. Poor management of the family and lack of understanding of disease were part of the picture.

B.C.G. vaccinations have been carried out as usual. Pupils requiring *other immunisation procedures* have been referred to their family doctors, as has been the practice for many years.

Opportunity has been taken to discuss health problems individually with the parents, as well as emphasising problems to the teachers.

The family doctors have always been most helpful and discuss problems when approached. Information about defects are passed to them.

A considerable number of hearing tests are done each year, largely on selected children who have some difficulty, to eliminate loss of hearing as a factor."

Dr. W. J. MORRISSEY (Part-time) (Part of Mid Division):—

"(1) The *general health and well-being* of children is satisfactory. Considerable attention has been directed lately to problems of obesity in children, but I have not found many cases of this condition or certainly no evidence of any marked increase in incidence.

(2) The *cleanliness* of the pupils was satisfactory. *Pediculosis* and *impetigo* were practically absent. There were, however, some cases of *scabies* for the first time for many years. All these were family contacts of an outbreak in a local factory and there was no spread in the schools.

(3) I have no comments on the contents of school meals which I regard as satisfactory, and the presentation and attractiveness of the meals continues to improve.

(4) *The hygienic conditions of schools.* As I have mentioned before, most of the schools in the area are old premises, difficult to keep clean and unattractive by modern standards, but there are no gross hygienic defects.

(5) *Infectious diseases.* During the early part of the year a considerable number of cases diagnosed by some practitioners as whooping cough occurred. Most of the patients had been immunised. Swabbing for pertussis yielded very few positive results. The number of notifications of measles was lower than expected, probably due to the use of measles vaccine.

(6) Attendance of parents at medical inspections is nearly 100% at the infant schools, but extremely poor at the later stages.

(7) *Immunisation procedures*—with the exception of B.C.G. all this work is carried out by general practitioners. Primary immunisations and pre-school booster rates are satisfactory. Acceptance of B.C.G. is about 90% at the two Secondary schools I attend.

(8) *Health Education.* Films were made available to Secondary schools on personal hygiene, dental hygiene and smoking.

(9) *The inter-relationship between the National Health Service and the School Health Service.* The general practitioners have been most co-operative in School Health matters.

(10) *Deafness.* Children who have ear trouble or a history of deafness are referred to Dr. Duthie and Mr. Ashton at the County Clinic, Belper".

Dr. HELEN P. SPINK (Part-time) (Part of S.E. Division):—

"The general health and well-being of children is good in my area. In the poorer areas of Ilkeston there are still cases of poor physical development in the Infant Departments: these children are reviewed each year and most improve considerably by the time they are eleven years old.

Pediculosis is still persistent in certain areas: the members of infested families at school are treated, but regularly get re-infested due either to home conditions or adult family members not being treated. A few cases of scabies and impetigo have been seen throughout the year: most of these have responded quickly to treatment.

School meals are satisfactory in larger schools where the meals are cooked on the premises. In small schools, where the meals are transported, sometimes fairly long distances, the meals arrive before the mid-morning break, and the food is often cold and unpalatable by the time it is served at lunch-time.

The hygienic condition of schools in Ilkeston is good with one exception, and work should start on new building for this school in 1970. The village schools are all old and short of space, but the Head Teachers do a good job making the best of the space available. All village schools still have outdoor toilets, which creates a problem, especially for the infants.

No *immunisation* is done in schools—all parents of children not completely protected are encouraged to take them for immunisation by their own Doctor. Immunisation of babies at Borrowash Infant Welfare Centre is done when the parents wish for it. Most General Medical Practitioners in that area prefer to immunise their own patients.

The inter-relationship between the National Health Service and the School Health Service continues to be good.

All children who gave any history of ear trouble or who appeared to be backward, were sweep tested for deafness".

Dr. C. G. WOOLGROVE (Part-time) (Part of S.E. Division):—

"(1) The *general health and well-being* of the school children remains good. The attendance of parents at routine examinations held at Infant Schools continues to be excellent. This ensures that the full medical history can be obtained and any defects noted referred, with the help of the parents, to the appropriate General Practitioner or to one of the Services provided by the County Council's School Health Service.

During the year it has been possible to visit all Infant Schools and to deal with problems raised by the Headteachers and staff. A start has also been made with routine medical inspections.

(2) The *physical condition* of the children is good and there is no doubt that Physical Education in the school makes a contribution to their physical well-being.

(3) The *cleanliness* of the pupils continues to be satisfactory: however, a small number of cases do present problems.

(4) *School meals* are well prepared and there is quite a variety. There is no doubt that this service is a boon to the family where the mother goes out to work or the child has to travel some distance to school.

(5) The *hygienic condition of the schools* is generally excellent. We are fortunate in having, in the area, schools of modern design and structure. Unfortunately at one infants school the hygienic and sanitary arrangements are out in the open.

(6) It was unfortunate that during the year the Ministry of Health had to withhold one of the Measles vaccines. This virtually meant that immunisation against this disease completely ceased.

Measles does carry the risk of medical complications such as otitis media, bronchitis, pneumonia, eye infections and also encephalitis.

Fewer epidemics need occur if an active measles vaccination programme is carried out amongst those children who are susceptible.

(7) Due to difficulties of staffing, arrangements have been made with Senior schools that only those school leavers with medical problems are referred for advice and medical examination. In the past it has been the practice to visit the schools with the Youth Employment Officer, ensuring that parents are also available at the school leaver's medical inspection. This practice has unfortunately had to cease.

(8) Immunisation procedures:

(a) Diphtheria and tetanus immunisation. The parents of children attending Infant Schools appreciate the offer of primary immunisation and booster doses to their children. It is particularly helpful if through illness or some other reason primary immunisation has not been undertaken or the booster dose missed.

(*b*) Triple immunisation and poliomyelitis vaccination. The response of parents to the triple vaccine, i.e. diphtheria, whooping cough and tetanus, is most encouraging. General practitioners are also taking the opportunity of giving the poliomyelitis vaccine at the same time. This has the advantage of reducing the number of visits by the child to the doctor, the vaccine being given by the oral route.

(*c*) B.C.G. vaccination. Vaccination against T.B. in the Senior Schools continues. There is an excellent response in most Senior Schools, reaching on occasions above 90%. I should like to express my thanks to the Headteachers and their staff for their help in this important procedure, to give protection against T.B. The help of the various County Health Visitors is also appreciated.

(9) Health Education. Films were made available to Senior and other schools concerning dental hygiene and personal hygiene. Talks have also been made concerning the smoking of cigarettes and cancer of the lung.

(10) Inter-relationship between the National Health Service and the School Health Service. The General Practitioners in the area have been most co-operative with respect to School Health Service matters and with requests for arrangements to specialists in hospitals. County Health Visitors are now attached to General Practitioners so that there is a close liaison between all concerned.

(11) *Deafness* amongst schoolchildren. Children who have ear trouble or some degree of deafness are referred to Dr. Duthie and Mr. Ashton at the County Clinic, Midland Street, Long Eaton. If this service for some reason or other should not be available the child's hearing is checked by audiometer. This has proved most helpful in checking those children referred to me by the teaching staff. Some teachers seem to be more skilled than others in detecting the child who has some hearing loss. There are a number of children in ordinary schools wearing hearing aids. With the help of the teacher for the deaf most have settled down within the framework of the ordinary school".

Dr. EVELYN B. HORTON (Part-time) (Parts of S.E. and S. Divisions):—

"The general health of children in South Derbyshire remains good with few individual exceptions. Overweight children still present problems, as some are totally uninterested in achieving a change in diet habits. There have been a few, however, who have successfully shed their excess fat, with the aid of parental backing.

During the year, I have gained the impression that the spinal mobility of school leavers is becoming less. There seem to be a number who cannot touch their toes by a distance of six inches or so, whereas at eleven years old there is almost without exception, a full range of spinal flexion. Is this perhaps a result of the new methods of physical education based on free activity?

There were outbreaks of pediculosis in three schools during the Autumn term, originating in two families and involving some fifteen children. Two children were found to have scabies, both in the same family.

School meals remain good value for money, although there is no disputing the fact that certain cooks can present more attractive meals than others.

B.C.G. Vaccination. 265 children were Heaf-tested: 17 gave strongly positive reactions and were referred for routine investigations. One child subsequently received anti-tuberculous treatment.

Health Education. After written parental consent had been received by the Head Teacher concerned, a lecture-demonstration of contraceptive methods currently available, was given to 29 fifteen-year-old pupils, who were leaving school shortly. Only one parent out of thirty raised any objection. The pupils themselves were very keen to have this lecture before leaving school, and showed an intelligent and responsible interest in the subject. I am grateful to those parents who, by their consent to this instruction, enabled their children to receive factual knowledge before being thrust into adult society and hearing the half-truths and distorted facts from their so-called "experienced" and older associates. This was a trial project to determine current parental attitudes but indeed it met with approval from parents, pupils and teachers.

Audiometry was carried out on selected pupils, of whom four were subsequently referred to the Hearing Clinic".

Dr. ROSEMARY HUGHES (Part-time) (Part of S. Division):—

"(1) *General health and well-being.* Most of the children seen have been well nourished and well cared for. All the schools which I attend have a few problem families, and of course children from these families lack care and attention.

(2) *Physical condition.* Speech, hearing and visual defects, also chronic catarrh and obesity, were the commonest defects found at medical inspections.

(3) *The standard of cleanliness* was high, except in problem families. There was a marked increase in scabies during the year.

(4) *Milk-in-School, and School Meals.* The meals continue to be of high standard. I regret that free milk is not available now in secondary schools: some children who come to school without eating breakfast continue without sustenance until 12.15 p.m.

(5) *The hygienic conditions of schools* were good on the whole. An improvement was found in one village school which previously had only one cold water tap and one kitchen sink. At the last visit I found a row of wash-basins for the children and hot water installed.

(6) *Infectious diseases.* Mumps and measles were prevalent in the infant schools.

(7) *Social Problems.* In one County Secondary School which I attend, there is a large remedial department. The staff do much for these children and are greatly concerned about their home problems, which often hinder their school progress.

(8) *Immunisation Procedures.* Triple and poliomyelitis vaccines are given at the Infant Welfare Clinics. B.C.G. vaccination is carried out in the Secondary Schools in the area.

(9) *Health Education.* Advice is often asked for during routine medical inspections and films in school help a great deal. One group of boy leavers was questioned about smoking habits and about one third smoked daily—however, since watching a film earlier that term, about the dangers of smoking, most of the third had cut down the number smoked daily and many others in the group had given up smoking immediately after seeing the film.

(10) *The inter-relationship between the National Health Service and School Health Service* is good. I find that the General Practitioners are most co-operative in my area".

Dr. A. CROWLEY (Part-time) (Part of S. Division):—

"The *health and well-being* of the children attending schools for which I am medically responsible remain of a high standard. Similarly the *physical condition* of all children examined was found to be satisfactory. In this category the only conditions requiring constant watchfulness were those of vision defects and dental caries. Relatively speaking these abnormalities are found all too often. However, in most cases the conditions are mild and it needs only a visit to the Ophthalmologist or Dentist to put them right. In our area there is no School Dentist and this omission however unavoidable, tends to lower the standards of dental health in the school children. The benefits of fluoridation, too, are still lacking in the area, and we look forward to the time when our children's teeth will grow strong under the influence of fluoridation.

Some cases of *infestation* and *scabies* continued to be found. Problem families are usually involved. However, it is gratifying to note that there has been a considerable decrease in these conditions over the year.

Most of the schools for whom I am responsible are new and faultless with regard to hygiene. One junior and infant mixed school however, is old and well below modern standards—I understand that a new school building is "on the stocks" and will be functional by the next academic year.

The year 1969 was an epidemic year for measles. It is gratifying to report, however that the number of cases notified has been exceptionally low. What part the measles vaccination campaign has played in this decrease is not quite clear, since the vaccination campaign has been bedevilled by shortages and other technical complications. Nevertheless, the decrease in this biennial epidemic must surely indicate what lies in store for us when the full effect of the vaccination campaign will have taken effect.

Periodic examinations, especially where infants are concerned, bring all but a few of the parents to the Doctor's desk. This provides for great opportunities in the health education fields as well as being an opportunity to reassure the anxious parent. During these sessions every effort is made to bring the immunisation status of the children up to the required standard.

During the year B.C.G. sessions were carried out in the schools in co-operation with Dr. Tisdall and a very high percentage of children took part in this scheme and, where necessary, received B.C.G. vaccination.

The Family Doctors and School Health teams have once again co-operated very well. It is pleasing to note that in no case have I found any difficulty in obtaining full co-operation from the family doctor.

There are no children with hearing aids in my schools. During the year about 200 children were sweep tested for deafness. Of these, only a few showed signs of apparent hearing loss, and except for a few cases of otitis media, a temporary catarrhal condition was usually found to be the cause".

Report from the Excepted District of Chesterfield.

The following report has been received from Dr. H. Bailey, the Borough School Medical Officer, concerning the Excepted District of Chesterfield:-

"A high standard of health amongst the school children of the Borough has been maintained. With very few exceptions, the children were found to be well cared for, well clothed and happy in their school life. Of the 2,848 pupils receiving full medical examination, 323 were found to require treatment, but none were found to be in an unsatisfactory physical condition.

The incidence of scabies showed a slight increase, but this was confined in the main to a few problem families. Impetigo was practically non-existent, and of the 30,328 individual examinations of pupils for infestation with vermin, only 184 were found to be infested most of them very slightly.

Most of the handicapped children are able to attend day schools. At the end of the year, there were 21 children in residential schools, eight being newly placed during 1969. Eight children received home tuition in 1969.

Audiometric testing of school and pre-school children is now a firmly established part of the service. The teaching unit for the partially deaf at the New Whittington Primary School and the unit for secondary pupils at Edwin Swale School continued to help the educational and emotional needs of the affected children.

The Frank Merifield Special School, the Children's Centre and Holly House Hostel, have all continued to provide most excellently for emotionally disturbed and maladjusted children.

Speech Therapy continued during the year, but only to a limited degree, as we could only have part-time service of the Speech Therapist.

Changes of staff took place in the School Dental Service during the year; but with very little lapse of time between appointments, it was possible to give a continuous service. Dental inspections in infant and junior schools continued. Appointments are arranged from these inspections and in addition a six-monthly recall system is in operation.

We have new dental units (of modern design) in the Town Hall and Edmund Street Surgeries. These will help considerably in new techniques and will improve the image of the School Dental Service.

The teaching of Dental Health has taken three forms:-

(1) The showing of films to children at school. This has proved popular and quite successful, although one would prefer more modern films to be available.

(2) The distribution of Dental Kits to the new arrivals at school.

(3) Production of very cleverly designed posters on oral hygiene, by the pupils of Brockwell Infants and Hasland Hall Schools.

These methods it is hoped, will keep the children dentally conscious."

APPENDIX

TABLES OF THE DEPARTMENT OF EDUCATION AND SCIENCE

Medical Inspection and Treatment—Return for the year ended 31st December, 1969—Local Education Authority, Derbyshire.

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January, 1970, 109,477

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS

(including Nursery and Special Schools)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	*No. of Pupils who have received a full medical examination*	Physical condition of pupils inspected		*No. of pupils found not to warrant a medical examination*	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	*Unsatisfactory*		*For defective vision (excluding squint)*	*For any other condition recorded at Part II*	*Total Individual pupils*
		No.	*No.*				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
1965 and later	2,049	2,047	2	—	75	276	406
1964	4,134	4,117	17	—	162	693	965
1963	2,423	2,413	10	—	127	631	789
1962	951	948	3	—	46	296	383
1961	438	434	4	—	23	110	106
1960	342	340	2	—	27	78	88
1959	411	409	2	—	38	93	129
1958	1,671	1,666	5	—	117	208	313
1957	1,113	1,112	1	—	94	117	177
1956	438	438	—	—	40	67	87
1955	1,611	1,607	4	—	124	142	391
1954 and earlier	2,295	2,277	18	—	198	191	418
TOTAL	17,876	17,808	68	—	1,071	2,902	4,252

Column (3) total as a percentage of Column (2) total .. 99·62%
Column (4) total as a percentage of Column (2) total .. 0·38%

TABLE B—OTHER INSPECTIONS

Number of Special Inspections ..	1,393
Number of Re-Inspections	3,746
Total ..	5,139

TABLE C—INFESTATION WITH VERMIN

(*a*)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	173,482
(*b*)	Total number of individual pupils found to be infested	1,187
(*c*)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(*d*)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

TABLE D—SCREENING TESTS OF VISION AND HEARING

	Whole County Excluding Chesterfield Excepted District	*Chesterfield Excepted District*
1. (*a*) Is the vision of entrants tested as a routine within their first year at school	Yes.	Yes.
(*b*) If not, at what age is the first routine test carried out?		
2. At what age(s) is vision testing repeated during a child's school life? ..	Age of 6, 8, 10, 11 years; 13, 15, 16+years.	Age of 6, 8, 10,11, 14, 16+years.
3. (*a*) Is colour vision testing undertaken?	Yes.	Yes.
(*b*) If so, at what age?	—	10-11 years.
(*c*) Are both boys and girls tested? ..	Yes.	Yes.
4. (*a*) By whom is vision testing carried out?	Referred cases examined by School Medical Officer.	School Health clerks.
(*b*) By whom is colour vision testing carried out?	Referred cases examined by School Medical Officer.	School Health clerks, doubtful cases checked by School Medical Officer.
5. (*a*) Is audiometric testing of entrants carried out within the first year at School?	Yes, if referred as special case.	Yes, if referred as special cases.
(*b*) If not, at what age is the first routine audiometric test carried out? ..	7 years.	6-7 years.
(*c*) By whom is audiometric testing carried out?	Referred cases are tested by School Medical Officer.	School Health Clerks. Children failing screen test at school referred to School Medical Officer for further audiometry. Special cases referred for joint consultations with School Medical Officer and Teacher of the Deaf.

PART II—DEFECTS FOUND BY PERIODIC AND SPECIAL MEDICAL INSPECTIONS DURING THE YEAR

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table, should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	*Defect or Disease* (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			Entrants	*Leavers*	*Others*	*Total*	
4	Skin	T	114	75	86	275	38
		O	145	23	49	217	30
5	Eyes: (*a*) Vision	T	433	322	316	1,071	216
		O	544	302	328	1,174	168
	(*b*) Squint ..	T	154	13	27	194	30
		O	60	21	44	125	49
	(*c*) Other ...	T	40	6	7	53	3
		O	30	11	10	51	1
6	Ears: (*a*) Hearing	T	149	15	37	201	95
		O	260	17	57	334	186
	(*b*) Otitis Media	T	70	6	14	90	13
		O	156	12	30	198	25
	(*c*) Other ..	T	18	9	5	32	4
		O	132	2	17	151	8
7	Nose and Throat..	T	262	13	37	312	36
		O	556	19	83	658	64
8	Speech	T	104	6	27	137	58
		O	196	13	49	258	37
9	Lymphatic Glands	T	66	—	3	69	2
		O	270	1	35	306	5
10	Heart	T	45	8	13	66	6
		O	137	15	29	181	26
11	Lungs	T	132	25	42	199	27
		O	203	24	39	266	49

Defect Code No. (1)	*Defect of Disease* (2)		PERIODIC INSPECTIONS				SPECIAL INSPECTION
			Entrants	*Leavers*	*Others*	*Total*	
12	Developmental (*a*) Hernia	T	38	2	14	54	7
		O	74	6	17	97	7
	(*b*) Other	T	58	44	42	144	17
		O	183	14	50	247	19
13	Orthopaedic: (*a*) Posture	T	13	12	7	32	7
		O	32	15	25	72	17
	(*b*) Feet . .	T	263	23	70	356	15
		O	165	20	57	242	23
	(*c*) Other	T	50	23	57	130	19
		O	301	23	82	406	19
14	Nervous System: (*a*) Epilepsy	T	20	15	15	50	22
		O	15	3	15	33	13
	(*b*) Other . .	T	42	5	25	72	11
		O	78	9	18	105	32
15	Psychological: (*a*) Development	T	48	7	24	79	64
		O	112	33	187	332	144
	(*b*) Stability . .	T	29	5	54	88	53
		O	188	8	36	232	58
16	Abdomen	T	27	7	56	90	4
		O	28	8	63	99	8
17	Other	T	133	35	34	202	30
		O	223	34	82	339	63

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (including Nursery and Special Schools)

NOTES—This part of the return gives the total numbers of—
(i) cases treated or under treatment during the year by members of the Authority's own staff;
(ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board; and
(iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	18
Errors of refraction (including squint) ..	3,184
Total ..	3,202
Number of pupils for whom spectacles were prescribed	1,054

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(*a*) for diseases of the ear	23
(*b*) for adenoids and chronic tonsillitis	419
(*c*) for other nose and throat conditions	23
Received other forms of treatment.. ..	114
Total ..	579
Total number of pupils still on the register of schools at 31st December, 1969, known to have been provided with hearing aids—	
(*a*) during the calendar year 1969 ..	8
(*b*) in previous years	35

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number known to have been treated
(*a*) Pupils treated at clinics or out-patients departments	29
(*b*) Pupils treated at schools for postural defects	—
Total ..	29

TABLE D—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of pupils known to have been treated
Ringworm—(*a*) Scalp	—
(*b*) Body	1
Scabies	42
Impetigo	3
Other skin diseases	179
Total ..	225

TABLE E—CHILD GUIDANCE TREATMENT

	Number known to have been treated
Pupils treated at Child Guidance clinics ..	545

TABLE F—SPEECH THERAPY

	Number known to have been treated
Pupils treated by speech therapists ..	529

TABLE G—OTHER TREATMENT GIVEN

	Number known to have been treated
(*a*) Pupils with minor ailments	591
(*b*) Pupils who received convalescent treatment under School Health Service arrangements	—
(*c*) Pupils who received B.C.G. vaccination	2,942
(*d*) Other than (*a*), (*b*) and (*c*) above ..	—
Total (*a*)-(*d*)	3,533

SCHOOL DENTAL SERVICE

1. STAFF

	Number of Officers	Total full-time equivalent inclusive of extra paid sessions worked.		
		Administrative duties	Clinical duties	
			School service	M.&C.W. service
(*a*) **Officers employed on a Salary Basis:** Principal School Dental Officer	1	0·3	0·6	0·1
Dental Officers (including orthodontists) . .	5	—	4·9	0·1
TOTAL (*a*)	6	0·3	5·5	0·2
(*b*) **Officers employed on a sessional basis** (including orthodontists)	4	—	1·9	0·1
Totals of (*a*)-(*b*) . .	10	0·3	7·4	0·3

*1 part-time officer equivalent of 0·20 employed as anaesthetist.

	Number	Full time equivalent		
		Dental Health Education	Treatment	
			School service	M. & C.W. service
(*c*) **Dental Auxiliaries and Hygienists** Dental Auxiliaries . .	—	—	—	—
Dental Hygienists . .	—	—	—	—

(*d*) **Other Staff**	Number	Full time equivalent
*Dental Technicians . .	—	—
Dental Surgery Assist'ts	11	8·9
Clerical Assistants . .	—	—
Dental Health Education Officers	—	—

*All work done privately

(e) School Dental Clinics	Fixed Clinics				Mobile Clinics		
	No. with ONE surgery only	*No. with TWO or more surgeries*	*Total number of surgeries*		*Total number of clinics*		*Total number of sessions worked in 1969*
			Available	*In use*	*Available*	*In use*	
Provided directly by Authority	22	3	26	13	—	—	—
Under arrangements made with Hospital Authorities	—	—	—	—	—	—	—

Particulars of other ways in which treatment is given and not included above:-
Inspection and treatment of E.S.N. children in attendance at Training Centres and under Special Care.

Dental Health Education. Dental Health education work concurrent with routine inspections and treatment. Talks and demonstrations. Use of wide variety of literature and posters. Film shows in school in co-operation with Health Visitors. Poster design competitions at school. Much effort goes into informal talks with parents attending the clinics with their children. This over the years has proved of great value. A dental health month is held each year, when all propaganda work is intensified. Public displays put on, this being a joint effort with the health education staff and the Health Visitors.

2. ATTENDANCES & TREATMENT

	Ages 5 to 9	*Ages 10 to 14*	*Ages 15 and over*	*Total*
First Visit	5,506	3,403	453	9,362
Subsequent Visits	4,351	6,986	610	11,947
Total Visits	9,857	10,389	1,063	21,309
Additional courses of treatment commenced ..	839	767	106	1,712
Fillings in permanent teeth	2,836	6,202	1,160	12,198
Fillings in deciduous teeth ..	3,922	268	—	4,190
Permanent teeth filled ..	2,432	5,438	978	8,848
Deciduous teeth filled ..	3,605	257	—	3,862
Permanent teeth extracted ..	333	1,223	157	1,713
Deciduous teeth extracted ..	6,371	1,525	—	7,896
General anaesthetics ..	2,380	1,027	76	3,483
Emergencies	449	153	15	617

Number of Pupils X-rayed	49
Prophylaxis	2,275
Teeth otherwise conserved	4,488
Number of teeth root filled	20
Inlays	2
Crowns	8
Courses of treatment completed	9,223

3. ORTHODONTICS

Cases reamaining from previous year ..	35
New cases commenced during year ..	35
Cases completed during year	42
Cases discontinued during year	1
No. of removable appliances fitted ..	38
No. of fixed appliances fitted	—
Pupils referred to Hospital Consultant ..	19

4. PROSTHETICS

	5 to 9	*10 to 14*	*15 and over*	*Total*
Pupils supplied with F.U. or F.L. (first time)	—	1	1	2
Pupils supplied with other dentures (first time) ..	2	20	13	35
Number of dentures supplied	2	23	16	41

5. ANAESTHETICS

General Anaesthetics administered by Dental Officers .. 1,060

6. INSPECTIONS

(*a*)	First inspection at school. Number of Pupils	.. 35,909
(*b*)	First inspection at clinic. Number of Pupils	.. 5,252
	Number of (*a*) + (*b*) found to require treatment	.. 20,862
	Number of (*a*) + (*b*) offered treatment ..	.. 18,530
(*c*)	Pupils re-inspected at school or clinic ..	.. 4,127
	Number of (*c*) found to require treatment ..	.. 2,645

7. SESSIONS

Sessions devoted to treatment	3,008½
Sessions devoted to inspection	270½
Sessions devoted to Dental Health Education	89