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BOROUGH OF ILKESTON.

**Annual Health
and
School Medical
Report**

For the Year 1925,

BY

R. De VEIL KING.

Medical Officer of Health, Medical Superintendent
of the Isolation Hospital, Superintendent of Maternity
Home, and School Medical Officer.

ILKESTON :

JOHN F. WALKER, PRINTER, 26, SOUTH STREET.



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BOROUGH OF ILKESTON.

HEALTH, MATERNITY AND CHILD WELFARE COMMITTEE.

THE MAYOR (Alderman H. Moss).	Councillor C. V. MOORE.
Councillor J. WOOLLEY (<i>Chairman</i>).	„ J. RICHARDSON.
Alderman A. HENSHAW.	„ J. E. SMITH.
„ W. SHAKSPEARE.	„ W. SMITH.
„ S. SHAW.	„ A. WORSNOP.
„ E. SMITH.	Mrs. W. BOSTOCK.
Councillor H. E. BEARDSLEY.	„ MITCHELL.
„ G. H. BROUGHTON.	„ McINTYRE.
„ W. CUTTS.	„ S. SHAW.
„ W. LACEY.	„ R. H. STARR.
„ L. MIDGLEY.	„ S. SHELLEY.
„ J. H. MILLARD.	„ L. SQUIRES.

GENERAL WORKS AND HOUSING COMMITTEE.

THE MAYOR (Alderman H. MOSS,	Councillor J. A. MACDONALD.
„ (<i>Chairman</i>).	„ S. MANNERS.
Alderman S. SHAW.	„ J. H. MILLARD.
„ E. SMITH.	„ H. PROCTOR.
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Councillor H. E. BEARDSLEY.	„ F. G. ROBINSON.
„ G. H. BROUGHTON.	„ J. E. SMITH.
„ W. CUTTS.	„ W. SMITH.
„ A. HENSHAW.	„ A. WORSNOP.
„ W. LACEY.	

PUBLIC HEALTH STAFF (1925).

Medical Officer of Health and Superintendent of the Isolation Hospital :—

R. DE V. KING, M.R.C.S., L.R.C.P., D.P.H.

Obstetric Physician to the Maternity Home and Medical Officer to Central Welfare Centre :—

ARTHUR DOBSON, M.R.C.S., L.R.C.P.

Tuberculosis Officer (appointed by Derbyshire County Council) :—

B. S. NICHOLSON, M.D., D.P.H.

Senior Sanitary Inspector :—

JOSEPH B. DURO, C.R.S.I.

Assistant to Sanitary Inspector :—

C. E. ADCOCK.

Health Visitors and School Nurses :—

Miss M. E. SHERLOCK, C.M.B.

Miss M. A. SHAKSPEARE, C.M.B.

Miss H. BLAIR, C.M.B.

Miss E. WEBSTER, C.M.B.

Matron, Isolation Hospital :—

Miss A. M. JOHNSTON.

Matron, Maternity Home :—

Miss L. WELLS, C.M.B.

Tuberculosis Nurse and Inspector of Midwives (appointed by Derbyshire County Council) :—

Miss R. HANKINSON, C.M.B.

Clerks :—

Miss L. TRUEMAN.

Miss H. CLARKE.



To the Chairman and Members of the Health, Maternity and
Child Welfare, and Housing Committees of the
Borough of Ilkeston:

Town Hall,
Ilkeston,
June, 1926.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the 28th Annual Health
Report of the Borough for 1925.

In accordance with instructions from the Ministry of
Health (Circular 684, Dec. 10th, 1925), the report for 1925 is
a "Survey Report" drawn up on lines specified in the Appen-
dix to the Circular. The subjects dealt with in this general
summary fall under main headings and review generally the
Health and Sanitary circumstances of the Borough as far back
as the records permit from the first Annual Health Report
issued for the year 1898 to the present time. The data got
together and taken as a whole provide a useful survey of the
district, showing where progress has been made, where it is
lagging, and what the future requirements will be for the
maintenance of progress.

Although for instance the general death rate has declined
from 17.7 per 1,000 of the estimated population in 1898 to 12.24
in 1925 (the lowest 9.6 in 1922), and the infant death rate
from 194 per 1,000 births to 110 (the lowest 75.5 in 1924),
there still remains a serious amount of preventable sickness
and mortality, much of which is due to ignorance, prejudice,
carelessness and a stunted mentality which prevents people
from holding progressive and wide views on the health prob-
lems of their district.

The Housing problem is probably the feature which
should engage the attention of the Council. Many of the
houses recently built under the Council's Housing Scheme
are rented much too high for the average wage earner to afford
to live in and yet the houses were built particularly for this

class. The report of the Royal Commission on the housing of the industrial population of Scotland, 1917, makes reference to three evils of bad housing:—

- “ (1) there is diminished personal cleanliness and physique, leading to debility, fatigue, unfitness and reduced powers of resistance to disease,
- “ (2) sickness rates are relatively high, particularly for infectious, contagious and respiratory maladies,
- “ (3) the general death rates are higher and the expectation of life is lower.”

The above epitome is extracted from a report by Sir George Newman (Chief Medical Officer of the Ministry of Health) and further on, when speaking of bad housing and bad sanitation which follows in its track, he says:—“ House sanitation is almost a scourge. What can be hoped for in family health with one water tap or one closet to half a dozen houses or tenements? In brief, the evil is one of gross uncleanliness and overcrowding, and in their track health rarely follows.” These words, written in 1919, are true of this district to-day; and in addition to the above evils of overcrowding, one might also raise the question, What can be hoped for in family morals, where no decency could possibly be observed in the houses of large families of growing-up children where the sexes are herded together to sleep?

Here is an instance of overcrowding in this town which was brought to the notice of the Health Committee in October, 1925: “ Ex-Service man (1915-1917), wounded; house contains 2 bedrooms, kitchen and living room. Family consists of man and wife and five female children, aged 19, 13, 8, 7, and 5 years, and four male children aged 16, 11, 3 and 1 year, and another expected shortly—a total of 11 persons and a baby expected.” No action was taken except that of putting this man's name on a waiting list for a house, and at the present rate he is likely to get one in a few year's time.

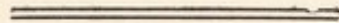
The Committee may think I have laboured the question of the local housing problems, but the subject is so important, and the need for houses (at rents which the working classes can pay) so urgent, that as your Medical Officer of Health it is my paramount duty to stress the subject.

I am pleased to state that the whole Staff of the Borough Health Services, including the clerks of the Department, continue to work arduously and well for the common good. A large portion of their work never meets the public eye, and I am bound to say that the amount of good they do is very often not appreciated; nevertheless, it is due to them that the people are gradually becoming educated in wholesome ideas of Public Health, and acting on this knowledge so gained, good results are bound to follow.

I beg to thank you, Mr. Chairman and the Members of the Committee, for the support given me in the performance of my duties during the past year.

Yours obediently,

R. De V. KING.



NATURAL & SOCIAL CONDITIONS OF THE AREA.

Area (in acres, land and inland water)	...	...	2,526
Approx. Area of Public Parks and open spaces in acres	...	...	50

Population:—

Census, 1901	...	...	...	...	25,384
Census, 1911	...	...	...	...	31,657
Census 1921	...	...	...	...	32,266
1925 (Registrar General's Estimate)	...	...	...	...	33,750

No of Inhabited Houses:—

Census 1901	...	...	...	...	5,005
Census 1911	...	...	...	...	6,418
Census 1921	...	...	...	...	6,680
1925	...	...	...	...	6,929

No of families or separate occupiers:—

Census 1901	...	...	...	...	5,042
Census 1911	...	...	...	...	6,487
Census 1921	...	...	...	...	7,094

No of persons per acre:—

Census 1901	...	...	...	...	10.0
Census 1911	...	...	...	...	12.5
Census 1921	...	...	...	...	12.8
1925	...	...	...	...	13.4

Sum represented

	Rateable Value	by a penny rate	Rates in the £
1901	... £67,508	£281	—
1911	... £87,943	£366	10/-
1921	... £90,579	£377	20/10
1925	... £117,491	£489	16/-

PHYSICAL FEATURES & GENERAL CHARACTER OF THE DISTRICT.

The area of the Borough is 2,526 acres, 44 of which are covered by water, and 50 acres are open public places.

The Borough is situated wholly in the County of Derbyshire, is bounded by the River Erewash on the east, and

a tributary called the Nutbrook on the west. The rivers here run almost parallel to each other at an average distance of $1\frac{1}{2}$ miles. The Erewash river, which is accompanied by two canals—the Erewash and Nottingham canals—forms the boundary between the counties of Derby and Nottingham.

The town is grouped along one main street extending along a ridge of elevated ground from north to south. The elevation of the district varies from 130 to 332 O.D., the highest point above sea level being at the Market Place at St. Mary's Parish Church, and the lowest point at the new Sewage Works at Hallam Fields.

The greatest length is about 4 miles and its greatest breadth $1\frac{3}{4}$ miles. The geological formation is clay and gravel overlying the coal measures.

The town obtained its charter in the year 1887.

For electoral purposes the Borough is divided into six wards:—

		No. of Electors.
1.	North Ward	2747
2.	Granby Ward	1876
3.	Market Ward	2998
4.	Victoria Ward	1867
5.	Old Park Ward	2530
6.	South Ward	2953
		<hr/> 14971 <hr/>

The chief occupation of the inhabitants is that of coal mining. The Census for 1921 shows that out of 11,806 males aged 12 years or over, 5,100 (i.e., 432 per 1,000 males) were employed in the coal mines. There is only one colliery now worked within the Borough, viz., Manners Colliery, but outside there are the Shipley, West Hallam, Cossall, Trowell Moor and Mapperley Collieries.

The Stanton and Bennerley Iron Works employ a large number of men (168) per 1,000 males) who live in the

Borough. There are many textile factories within and without the Borough employing mainly female labour.

The following gives in summary form the number of persons by sex aged 12 and over, and the number occupied at the Census of 1921:—

	Males.	Females.
Total population	15969	16297
Under 12 years of age	4163	4100
Aged 12 years and over	11806	12197
Total occupied aged 12 years and over ...	10712	3757
Total unoccupied and retired aged 12 years and over	1094	8440

The above shows a numerical excess of females to the extent of 328, the rate for the Borough being 1,000 males to 1,012 females, whilst for the County the rate is 1,000 males to 1,025 females.

The following information is abstracted from the 1921 Census Report, and indicates the general nature of the occupations of the inhabitants:—

Occupation.	Males.	Females.
1. Agricultural occupations	98	1
2. Mining and Quarrying Occupations	5100	—
3. Workers in the Treatment of Non-metalliferous Mine and Quarry Products (excluding workers in Gas Works)	11	—
4. Makers of Brick, Pottery and Glass	33	—
5. Metal workers (not Electro Plate or Precious Metals)	1513	158
6. Workers in Chemical Processes, Makers of Paints, Oils, etc.	6	—
7. Electrical Apparatus Makers and Fitters, Electricians	64	5
8. Makers of Watches, Clocks and Scientific Instruments	9	2
9. Workers in Skins and Leather and Makers of Leather substitute goods (not boots or shoes)	15	22
10. Textile Workers	552	1852
11. Makers of Textile goods and articles of Dress	69	433
12. Makers of Foods, Drinks and Tobacco	78	28
13. Workers in Wood and Furniture	173	11

Occupation.	Males.	Females
14. Workers in Paper, Printers, Bookbinders, Photographers, etc.	23	29
15. Builders, Bricklayers, Stone and Slate Workers, Contractors	295	—
16. Painters and Decorators (not Pottery)	69	—
17. Workers in other Materials	—	1
18. Workers in mixed or undefined materials ...	38	4
19. Persons employed in Gas, Water and Electricity undertakings (not elsewhere enumerated) ...	38	—
20. Persons employed in Transport and Communication	475	29
21. Commercial, Finance and Insurance Occupations (excluding Clerks)	633	287
22. Persons employed in Public Administration and Defence (excluding Professional men and typists)	96	25
23. Professional occupations (excluding clerical staff)	123	152
24. Persons employed in Entertainments and Sport	24	7
25. Persons engaged in Personal Service (excluding Institutions, Clubs, Hotels, etc.)	176	545
26. Clerks and Draughtsmen (not Civil Service or Local Authority, Typists)	196	114
27. Warehousemen, Storekeepers, Packers	49	27
28. Stationary Engine Drivers, Dynamo, Motor Attendants	221	1
29. Other and undefined workers	535	25
30. Retired or not gainfully occupied	1094	8440

As an index to the social status of the town the number of indoor domestic servants per 1,000 of the population may be given and compared with other areas in Derbyshire (extract Census Report, 1921).

Area.	No. of domestic indoor servants per 1,000 population.
County Area	21
Derby County Borough ...	16
Administrative County ...	22
Urban Districts	19
Rural Districts	25
Ilkeston	12

Ilkeston is the third most populous area in the County, but during the past intercensal period it shows a low numerical increase of population. The increment for the County as a whole represents a rise of 4.6 per cent., whereas the figure for Ilkeston is 1.8 per cent.

It has a high average number of persons per acre, compared with other districts in the County, as the following figures from the 1921 Census Report show:—

Locality.	per acre.	Population 1921.
Derby County Borough ...	24.6	129,796
Ilkeston ...	12.8	32,266
Long Eaton U.D. ...	9.3	19,489
Chesterfield M.B. ...	7.2	61,232
Glossop M.B. ...	6.7	20,531
Heanor U.D. ...	6.1	21,436

The following table is taken from the 1921 Census Report giving details of the acreage, population, etc., in each of the six wards during the last two Censuses:—

WARDS.	Area in Statute Acres, Land and Inland Water.	TOTAL POPULATION.					
		1911.		1921.		Persons per Acre.	
		Persons.	Persons.	Males.	Females.		
Granby ...	204	4,332	4,207	2,139	2,068	20.6	
Market ...	216	6,827	6,672	3,296	3,376	30.9	
North ...	497	5,806	6,064	3,029	3,035	12.2	
Old Park ...	306	5,687	5,677	2,762	2,915	18.6	
South ...	774	5,377	6,106	3,013	3,093	7.9	
Victoria ...	529	3,628	3,540	1,730	1,810	6.7	

The Amount of Poor Law Relief.

During the last five financial years, the amounts expended by the Guardians in out-door relief have been:—

Year ended March 31st,	£	s.	d.
1922 ...	2823	3	0
" " " 1923 ...	3545	17	10
" " " 1924 ...	3878	8	10
" " " 1925 ...	4190	18	11
" " " 1926 ...	5069	1	1

Further information asked for as to the individual number of persons annually relieved could not be obtained from the Clerk to the Guardians, the above information being obtained from him with difficulty.

The Extent to which Hospital and other Forms of Gratuitous Medical Relief were Utilised during 1925.

Through the courtesy of the various hospitals concerned the following information is available as to the number of individual patients who attended these institutions:—

Name of Hospital.	Total No. of individual	
	In-patients.	Out-patients.
Ilkeston Hospital	332	1232 (Minor casualties and dressings, etc.)
Nottingham General Hospital	174	411
Nottingham Children's Hospital	37	329
Derbyshire Royal Infirmary	45	93

In addition there are some smaller institutions in Nottingham at which patients are treated, such as the Hospital for Women (Castle Gate), and the Throat, Ear and Nose Hospital (Goldsmith Street).

VITAL STATISTICS.

Births.

(a) Total number	...	...	...	...	...	721
(b) Males	...	...	...	...	...	366
(c) Females	...	...	...	...	...	355
(d) Birth Rate (per 1,000 of the estimated pop.)						21.36
(e) Average Birth Rate, 1921-1925	...	...				23.17
(f) Birth Rate for England and Wales	...	...				18.3

The number of illegitimate births was 32, and the illegitimate birth rate, expressed as a percentage of the total births, was 4.43.

Deaths.

(a) Total number from all causes	...	...	...	...	...	413
(b) Males	...	...	...	...	...	213
(c) Females	...	...	...	...	...	200

(d) General Death Rate (per 1,000 of the estimated population)	... ..	12.23
(e) Average General Death Rate, 1921-1925	...	10.9
(f) Death Rate for England and Wales	...	12.2

Of the total number of deaths, 346 were registered as having taken place during the year within the Borough; of these one was the death of a non-resident, and was transferred to the applicable district; and there were 68 deaths of residents which occurred elsewhere (mainly in hospitals) and which have been added to the above number, leaving 413 deaths as properly belonging to the district.

There were 10 inquests, or 2.4 per cent. of the total deaths, and 12 other uncertified causes of death, or 2.9 per cent. of the total deaths. Deaths are classified as uncertified when no medical certificate is forthcoming concerning the cause of death, and when no inquest has been held. Inquest cases numbered 6.9 per cent, and uncertified causes of death 1.6 per cent, of the total deaths in England and Wales during 1925. It seems, therefore, that Ilkeston has very few inquests and a very high proportion of uncertified causes of death.

Deaths of Infants Under One Year.

(a) Total number	... ..	80
(b) No of deaths of legitimate infants	... ..	74
(c) No. of deaths of illegitimate infants	... ..	6
(d) Legitimate Infant Mortality Rate (per 1,000 legitimate births)	... ..	107.4
(e) Illegitimate Infant Mortality Rate (per 1,000 illegitimate births)	... ..	187.5
(f) Infant Mortality Rate (total Infant Deaths per 1,000 Births)	... ..	110.95
(g) Average Infant Mortality Rate, 1921-1925	...	90.5
(h) Infant Mortality Rate England and Wales	...	75

Mortality from Enteritis and Diarrhoea (under 2 years of age).

(a) Total deaths	...	...	...	...	...	8
(b) Diarrhoea death rate (per 1,000 births)	...	...	...	...	...	11.0
(c) Diarrhoea death rate (England and Wales)	...	...	...	...	...	8.4

Deaths of Elderly Persons (65 and upwards).

(a) Number	...	...	...	...	...	123
(b) Senile death rate (percentage of total deaths)	...	...	...	...	...	29.7

Puerperal Mortality (women dying in or in consequence of child birth).

(a) Total deaths	...	...	...	...	...	2
(b) From sepsis	...	...	...	...	...	Nil
(c) From other causes	...	...	...	...	...	2
(d) Puerperal death rate (all causes per 1,000 births)	...	...	...	...	...	2.7

Mortality from Cancer and other Malignant Disease.

(a) No. of deaths	...	...	...	...	...	28
(b) Cancer, etc. death rate (per 1,000 of pop.)	...	...	...	...	...	0.83

Mortality from the Chief Respiratory Diseases (Non-Tuberculous).

(a) No. of deaths	...	...	...	...	...	113
(b) Respiratory death rate (per 1,000 of pop.)	...	...	...	...	...	3.3

Mortality from Tuberculosis.

(a) Total number of deaths	...	...	...	...	...	31
(b) Pulmonary	...	...	...	...	...	25
(c) Other forms	...	...	...	...	...	6
(d) Pulmonary Tuberculosis (death rate per 1,000 of population)	...	...	...	...	...	0.74
(e) Tubercular death rate, all causes (per 1000 of population)	...	...	...	...	...	0.91

VITAL STATISTICS OF ILKESTON compared with—

- (a) 157 towns having a population of 20,000 to 50,000,
- (b) The County of Derbyshire as a whole,
- (c) England and Wales as a whole.

		Birth rate.	Death rate.	Infant Mortality rate.
Ilkeston	...	21.3	12.2	110
157 towns	...	18.3	11.2	74
Derbyshire	...	20.0	11.6	75
England & Wales		18.3	12.2	75

The Ilkeston death rate shown in the above table is what is termed the "recorded death rate," and to compare this rate with that of other towns it is necessary to make allowance for the difference in age and sex constitution of the different towns. The standardising factor for correcting the death rate as supplied by the Registrar General is 1,080. The recorded Ilkeston death rate (12.2) multiplied by this factor for correction (1,080), gives the corrected death rate (13.1). On comparing this with the England and Wales rate (12.2) it is found that it stands to it in the proportion 1,081 to 1,000. Hence, 1,081 is the comparative mortality figure for Ilkeston.

VITAL STATISTICS FOR 25 YEARS—1901-1925.

Year.	Population estimated to middle of each year.	Births.		Deaths.		Infantile Deaths.	
		No.	Rate.	No.	Rate.	No.	Rate.
1901	25,624	1012	39.6	430	16.8	184	181.8
1902	26,100	958	36.7	456	17.6	169	176.4
1903	26,900	1080	40.2	492	18.2	214	198.1
1904	28,500	1078	37.8	469	16.4	198	183.5
1905	29,250	1018	34.8	417	14.2	161	158.1
1906	30,550	1043	34.1	444	14.5	185	177.3
1907	31,200	994	31.8	517	16.5	156	156.9
1908	31,512	1189	37.7	462	14.6	175	147.1
1909	32,240	1093	33.9	532	16.5	209	191.2
1910	32,800	1122	33.7	410	12.3	149	132.8
1911	31,673	1034	32.6	489	15.4	157	151.8
1912	32,400	955	29.4	380	11.7	102	106.8
1913	32,600	946	29.0	454	13.9	146	152.9
1914	32,600	883	27.0	497	15.2	132	149.4
1915	30,859	919	29.7	460	14.9	131	142.5
1916	30,859	802	25.9	400	12.3	82	102.2
1917	30,000	733	23.7	370	11.9	95	129.6
1918	30,000	708	21.6	484	16.5	67	94.6
1919	32,000	739	22.6	389	12.4	96	129.9
1920	32,566	929	28.5	384	11.7	92	99.0
1921	32,980	897	27.2	383	11.6	83	92.5
1922	33,220	775	23.3	322	9.6	65	83.8
1923	33,450	734	21.9	348	10.4	67	91.2
1924	33,620	728	21.6	369	10.9	55	75.5
1925	33,750	721	21.3	413	12.2	80	110.9

VITAL STATISTICS BY WARDS.

	Estimated population 1925.	Acreage.	Persons per acre.	No. of births	Birth rate.	Total no of deaths.	General death rate.	No. of deaths of infants under 1 year	Infant death rate per 1000 births.	No. of still births.	Percentage of still births to registered live births.
North	6343	497	12.8	128	20.2	64	10.0	13	101.5	8	6.2
Granby	4400	204	21.6	120	27.2	70	15.7	18	150.0	5	4.1
Victoria	3703	529	7.0	53	14.3	50	13.5	8	150.9	5	9.4
Market	6979	216	32.3	166	23.8	79	11.3	17	102.4	8	4.8
Old Park	5938	306	19.4	126	21.2	60	10.1	8	63.5	2	1.5
South ...	6387	774	8.2	128	20.0	90	14.0	16	125.0	5	3.9

The following table analyses the causes and ages at death of the 413 deaths belonging to the district during 1925.

CAUSES OF DEATH	0-1		1-2		2-5		5-15		15-25		25-45		45-65		65-75		75-up		Total		Total all ages and Sexes
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	-	-	
Certified ...	39	39	8	8	10	6	7	5	6	11	23	22	46	42	36	31	23	29	198	193	391
Uncertified (including 10 Inquests ...	1	1	-	2	2	-	2	-	-	1	2	2	5	-	3	1	-	-	15	7	22
Measles ...	1	-	-	4	1	-	2	-	-	-	-	-	-	-	-	-	-	-	4	4	8
Whooping Cough ...	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Influenza ...	1	-	-	-	-	-	-	-	1	3	-	1	1	1	2	-	-	-	6	4	10
Encephalitis Lethargica ...	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1	1
Tuberculosis of Respiratory System ...	-	1	-	-	-	-	1	3	2	6	5	5	2	-	-	-	-	-	14	11	25
Other Tuberculous Diseases ...	1	-	-	-	-	1	-	1	-	-	1	1	1	-	-	-	-	-	2	4	6
Cancer, Malignant Disease ...	-	-	-	-	-	-	-	-	-	-	6	7	5	3	5	1	1	11	17	28	
Diabetes ...	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	1	1	2
Cerebral Hæmorrhage Etc. ...	-	-	-	-	-	-	-	-	-	-	-	2	5	2	5	3	5	7	15	22	
Heart Disease ...	-	-	-	-	-	-	1	2	-	2	-	1	6	6	4	4	1	2	12	17	29
Arterio Sclerosis ...	-	-	-	-	-	-	-	-	-	-	-	2	2	1	2	-	-	3	4	7	
Bronchitis ...	8	7	1	1	-	1	1	1	-	-	3	3	7	1	10	5	10	4	40	23	63
Pneumonia (all forms) Other Respiratory	4	10	4	3	1	4	-	-	1	-	4	1	3	3	4	-	-	3	21	24	45
Diseases ...	-	-	-	-	-	-	1	-	-	1	-	1	-	2	-	-	-	-	1	4	5
Ulcer of Stomach ...	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1
Diarrhœa (under 2 years) ...	3	3	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	3	8
Appendicitis or Typhlitis ...	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	1	-	1
Cirrhosis of Liver Acute and Chronic	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	1	1	2
Nephritis ...	-	-	-	-	2	-	-	-	-	-	1	1	1	4	2	2	-	-	6	7	13
Accidents and Diseases of Pregnancy and Parturition ...	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-	-	2	2
Congenital Debility Malformation, Prematurity ...	18	17	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18	17	35
Suicide ...	-	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	1	1	2
Other Deaths from Violence ...	-	-	-	-	3	-	1	-	-	-	4	1	2	1	-	1	1	1	11	4	15
Other defined Diseases Causes ill-defined or unknown ...	3	2	-	1	4	-	3	-	1	4	3	2	10	5	11	4	7	13	42	31	73
	1	-	1	1	-	-	-	-	-	-	-	-	1	2	1	2	-	-	4	5	9
ALL CAUSES	40	40	8	10	12	6	9	5	6	12	25	24	51	42	39	32	23	29	213	200	413

Among the diseases causing the highest death rates are the following :—

	No. of Deaths	Per cent. of Total Deaths
Respiratory Diseases (non-tubercular) ...	108	26.1
Heart Disease	29	7.0
Cancer and Malignant Diseases ...	28	6.7
Tuberculosis of the Respiratory System...	25	6.0
Cerebral Hæmorrhage	22	5.0
Violence and Suicide	17	4.1
Acute and Chronic Kidney Diseases ...	13	3.1

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

The following is a summary of the Health Services of the Borough, some of which have been referred to in greater detail in various portions of this report.

Hospitals Provided or Subsidised by the Local Authority or the County Council.

- (1) *Tuberculosis.* Suitable patients are sent to the following Sanatoria : Penmore (14 beds for advanced males), Walton (60 beds for males and 50 beds for females), through the Tuberculosis Dispensary. These institutions are provided by the County Council. Bretby Hall Orthopædic Hospital, near Burton-on-Trent, was opened this year by the County Council for the reception of cases of Tuberculosis other than Pulmonary. It has 50 beds.
- (2) *Maternity.* A Maternity Home is provided by the Corporation. The Home is described in the Maternity and Child Welfare Section of this Report.
- (3) *Children.* There is no Children's Hospital in the District. Emergency cases are dealt with at the local hospital and other cases attend the hospitals in Nottingham and Derby. The Corporation do not pay any subsidy to these institutions for treatment but in, necessitous cases, fares are paid to parents whose children are undergoing special treatment outside the area, such as Ultra-Violet Rays, Massage, Electricity, etc.
- (4) *Fever.* The Borough Isolation Hospital is described under the Infectious Diseases Section of this Report.
- (5) *Small-Pox.* The Borough Isolation Hospital is used for the isolation of Small-Pox cases. When this is the case, ordinary fever cases are sent to any of the following Fever Hospitals : Basford, Draycott, or Derby.

There is no institutional provision for unmarried mothers, illegitimate infants and homeless children in the area, excepting the Basford Union Workhouse. The Society for the Prevention of Cruelty to Children does much valuable work among neglected children.

Ambulance Facilities.

- (a) *For infectious cases.* An antiquated horse ambulance is used. The Ambulance belongs to the Corporation and the horse is hired as required.
- (b) *For Non-infectious and Accident Cases.* The Corporation own a Red Cross Ford Ambulance. The fees charged are :—
 - (1) Within the Borough 5/- on any occasion,
 - (2) Outside the Borough 10d. per mile run.

Clinics and Treatment Centres.

Maternity Clinic. At the Maternity Home on the first Monday in each month in medical charge of Dr. Margaret Glen Bott, M.B., B.S., provided by the Corporation. (Opened May, 1926).

Child Welfare Centres.

- (1) At Albert Street School Clinic every Tuesday at 2 p.m., in the charge of Dr. Dobson.
- (2) At the United Methodist Chapel, Cotmanhay, every Thursday at 2 p.m., in the charge of the Medical Officer of Health.

Day Nurseries. There are no day nurseries.

School Clinics. Situated in Albert Street and open daily for the treatment of minor ailments by the Senior Health Visitor, and is attended by the School Medical Officer on Tuesday and Thursday each week. Sessions for Dental Treatment and Refractions are held in the same building.

Tuberculosis Dispensary. Sessions are held weekly on every Wednesday morning and afternoon in the charge of the County Council's Tuberculosis Officer, Dr. Nicholson. The Dispensary occupies the lower floor of the School Clinic.

Venereal Diseases Centres. Patients requiring treatment go to (1) the V.D. Centre, 35, North Church Street, Nottingham, (2) the V.D. Centre, Derbyshire Royal Infirmary, Derby.

Public Health Officers of the Local Authority.

Medical Officer of Health and School Medical Officer. Whole time. Salary contribution under Public Health Acts.

Temporary Assistant School Medical Officer. Part time. Salary contribution by Exchequer Grants.

Sanitary Inspector. Whole time. Salary contribution under Public Health Acts (fully qualified).

Assistant Sanitary Inspector. Whole time, unqualified—whole of salary borne by ratepayers.

Health Visitors. Four fully qualified nurses with C.M.B. Certificates. They give half their time to the School Medical Service. A moiety of their salaries is paid by the Ministry of Health and Board of Education.

Professional Nursing in the Home.

General Nursing is performed by two associations, the Ilkeston and Cotmanhay Nursing Associations, the nurses being paid through voluntary effort. They work under the local doctors, but in addition they are subsidised by the Corporation to the total of £20 per annum, to nurse infectious diseases when called upon to do so e.g., during epidemics of Measles, Influenza, etc.

Midwives. Midwives are neither employed nor subsidised by the Corporation. There are 10 practising midwives on the district, 6 of whom hold the certificate of the C.M.B. and 4 are "bona fide."

Chemical Work. Analyses of milk, water, sewage effluents, etc., are performed by the County Analyst when required.

Legislation in Force.

- (1) General Adoptive Acts in force.
Public Health Acts Amendment Act, 1890, Parts II to V inclusive.
Infectious Disease Prevention Act, 1890.
Public Health Acts Amendment Act, 1907. Parts II, V, VI.; III, Secs. 34 to 50 inclusive; IV, Sects. 52 to 66 inclusive and Sec. 68; X, Secs. 92, 93 and 95.
Public Health Act, 1925. Parts II to V, inclusive.
- (2) By-laws relating to Public Health in force.
Slaughter Houses, 1893; Dairies, Cowsheds and Milk Shops, 1907.
Tents, Vans and Sheds, 1914. Common Lodging Houses, 1914.
Nuisances, 1915.

New by-laws relating to Housing will be in force during 1926, and amended by-laws relating to Tents, Vans and Sheds are in course of preparation.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.

The Corporation are the owners of the water undertaking of the Borough. The water supplied is obtained in bulk from the Ilkeston and Heanor Water Board under the Ilkeston and Heanor Water Act, 1901, and distributed by the Corporation. This Act was promoted by the Corporation in conjunction with the Urban District Council of Heanor for the acquisition of what is known as the "Meerbrook Sough," an underground stream of water discharging into the River Derwent near Whatstandwell Bridge. The water issues from a rock tunnel, in the boring of which (150 years ago) this huge underground lake was tapped. The supply is constant and absolutely free from all possibility of contamination.

The water of the Sough is softened by the Board from 19.9 degrees to 7.9 degrees of permanent hardness by means of the Archbutt-Deeley process, and is then pumped into a covered reservoir having a capacity of 1,400,000 gallons, situated at Cradwick Nick at an elevation of 700 feet above O.D. From this reservoir the water gravitates into the Corporation Service Reservoirs at Shipley at an elevation of 382.5 feet above O.D. These reservoirs have a capacity of 1,000,000 gallons—the equivalent of about one and a quarter days' supply.

During 1926 the following works will be carried out at a cost of about £12,000, under the sanction of the Ministry of Health:—(1) New 12in. trunk main from Shipley Reservoirs to Market Place to improve the general supply both as regards quantity and pressure; (2) Water Tower in Pimlico with isolation of mains to improve pressures in the central high level portion of the Borough.

The majority of the houses have a water supply direct to them, but there are about 72 stand pipes which supply approximately 250 houses.

The Borough Engineer has kindly supplied the following information as to the water consumption during 1925:—

	gallons.
Total consumption inside borough including trade ...	293,231,000
Total average daily consumption	803,000
Daily consumption for domestic purposes	672,000
" " " trade purposes	131,000
Total consumption per head per day (Pop. 33,750)	
domestic purposes	19.92
Total consumption per head per day (Pop. 33,750)	
trade purposes	3.88
Total consumption per head per day (Pop. 33,750)	
all purposes	23.80

Rivers and Streams.

The rivers Erewash and Nutbrook and their tributary canals which bound the Borough on all sides are open to pollution as effluents principally from the Heanor and Ilkeston Sewage Works pass into these streams and also storm water overflows without previous purification.

Drainage and Sewerage.

The drainage of the Borough is fairly easy owing to the hilly and undulating character of the district, and the sewerage is ample and in good condition.

The present Sewage Works were opened on October 2nd, 1912, and constructed by Messrs. Willcox & Raikes, at an estimated cost of £32,600. The site is about $1\frac{1}{2}$ miles from the centre of the town, comprising an area of about 18 acres adjoining the Midland Railway to the east of the Stanton Ironworks; and while readily accessible from the town, is well removed from any dwellings, and is close to the River Erewash into which the purified effluent discharges. The scheme was originally prepared to deal with a dry weather sewage flow of 750,000 gallons per day, calculated at the rate of 25 gallons per head for a population of 30,000.

The site is surrounded by artificial banks formed out of the surplus excavated material as a protection against flooding from the Erewash.

The purification of the sewage is by bacteria treatment, consisting in liquefying tanks and percolating filters. The tanks are four in number, each 120ft. by 31ft. inside, with an average depth of 8ft. A portion of each is cut off by a cross wall just below the water level, 15ft. from the inlet, thus form-

ing a weir for sewage to pass over in a uniform stream and for the portion cut off to retain the heavier solids which can be removed without disturbing the rest of the sewage in the tank. The rate at which the sewage reaches the tank is regulated, so that when the rate of discharge exceeds three times the dry weather flow, any excess will pass through the settling tank reserved for storm water and then direct to the river. The amount of sewage passing into the tanks is measured graphically by means of a Lea Recorder.

The effluent from these tanks flows over a weir into two Dortmund type sedimentation tanks, each 12ft. square, and 15ft. deep, and from these through a channel containing rough graded granite on the two bacteria beds. These beds are 226ft. long, 200 ft. wide and 5ft. deep, with a total area of 10,000 square yards, each being divided into four sections for convenience of working, the distribution of the liquid being arranged to travel in one direction only from trough distributors worked by electricity. The beds are composed of granite, clinker and slag graded from $2\frac{1}{2}$ in. to $\frac{1}{4}$ in., the smaller sizes being on top.

From the bacteria beds the sewage is conveyed by under-drains into a circular Dortmund type humus tank, 21ft. diameter and 28ft. deep. The final effluent passes out over a series of weirs direct to the River Erewash. The sludge is pumped to sludge lagoons, and when dry enough is carted on agricultural land. The removal of the sludge is now made easier by the making of a new approach road and the purchase of land for its disposal.

During 1925 the average amount of sewage treated at the Sewage Disposal Works in gallons per day was 960,000. As to the purity of the effluent, the County Medical Officer classifies it as good—that is, it absorbs under .700 oxygen per 100,000.

Closet Accommodation.

The following is a detailed statement as to the number and kind of sanitary conveniences in the town for a period of three years :—

					1923.	1924.	1925.
Water Closets	...	...	...	...	4969	5076	5139
Pail Closets	...	...	...	...	2170	2230	2221
Privy Middens	...	...	...	...	36	28	27
Houses without separate sanitary conveniences					194	176	176
Houses with two or more	..	..	..	..	63	63	63
Privy notices issued for conversions	...	...	...	...	15	7	3
Notices served under Sec. 36 P.H.A. 1875	...	...	...	...	50	7	3
Privies unable to reach sewers	...	...	...	...	22	22	22

During the year one privy midden was converted to three water closets, and nine pail closets were converted into eleven water closets. Further details are to be found in the Excrement Disposal table further on.

The conversion of the pail closets to water closets is still under consideration by the Corporation, and it is hoped that a scheme for the purpose will soon be formulated.

Scavenging.

The Corporation employ a contractor for the removal and disposal of refuse and night soil. The arrangement is cheap and efficient. The Assistant to the Sanitary Inspector visits definite areas during each week to see that the contractor's work is being satisfactorily done, and sends in weekly reports, and nuisances are attended to immediately they are found. The following summarises the Assistant's inspections, etc., for the last three years.

					1923.	1924.	1925.
Inspections of Privy Middens	...	...	...	...	1694	341	134
„ „ Pail Closets	...	...	...	...	9499	7244	10114
„ „ Ashpits	...	...	...	...	16529	11746	12638
„ „ Ashbins	...	...	...	...	15664	10455	11894
Nuisances dealt with	...	...	...	...	35	22	15

The Contractor removed the following loads of material from Privies, Pail Closets, Ashpits and Ashbins:—

				1923.	1924.	1925.
From Privies...	...	...	...	261	85	41
„ Pail Closets	...	...	...	4045	4058	4110
„ Ashpits	...	...	...	3599	3561	3316
„ Ashbins	...	...	...	10885	11757	12441

Scavenging cost the Corporation £4,009 for the financial year 1924-1925. The positions of the refuse tips are as follows, in addition to the requirements of local farmers:—

- (a) Pimlico adjoining the County Cricket Ground.
- (b) Gallows Inn (South side).
- (c) Filling up low ground in Station Road.

The Chief Sanitary Inspector makes the following comment in his annual returns, from which the above data have been tabulated:—"To efficiently dispose of refuse, the nature of a town determines the process. The collection of refuse in the town is made dirtier and slower by carelessness and want of thought on the part of the householders, and the quantities collected are greater than is necessary owing to the failure of householders to burn refuse which can easily be consumed in a kitchen fire, thus giving rise to unnecessary expenditure.

"Public opinion is being converted slowly but surely from the unweildly and often insanitary ashpit to the more convenient ashbin, and these are being installed in many cases without pressure from the Health Department. During the year, 85 new ashbins were provided. The scavenging nuisances are getting less, but carters are still very careless, often overfilling their carts and failing to cover the refuse in them with the tarpaulins supplied by the contractor."

The following summary tabulates particulars relating to scavenging in the district for 1925:—

SCAVENGING, 1925.

(a). EXCREMENT DISPOSAL.

	Approximate number of houses with				Number of houses converted from Privy-middens to Water Closets since January, 1925.	Number of defective Privies improved.
	Privy-middens.	Pail Closets.	Water Closets.	Slop Water Closets.		
In whole District ...	(a) 41	(b) 2241	(c) 5212	(d) 319	(e) One privy to 3 water closets.	Nil

NOTE.—(a) Total number of Privy Middens 27, of these 6 are shared by 16 houses which are adjacent to the sewer and are therefore convertible to Water-closets, and 22 are shared by 25 houses which cannot reach the sewer and are therefore not convertible.

(b) Total number of Pail-closets is 2221 shared by 2293 houses.

(c) Total number of Water-closets is 5139 shared by 5212 houses.

(d) Number of Slop-water closets is 319 shared by 319 houses.

(e) In addition 9 Pails have been converted to 11 Water-closets since January, 1925.

The term houses in this table includes dwelling houses, churches, chapels, schools, factories and workshops.

(b). REFUSE DISPOSAL.

Parts of Urban Districts or (in Rural Districts) Parishes in which scavenging is carried on.	Population of separate areas for which there is public scavenging.	If done by			Cost.	Refuse Tips.
		Servants of Council.	Under Contract.	Occupiers of houses.		
WHOLE BOROUGH ...	Whole Area 33,750	No.	Yes.	No.	Total cost throughout during year. £4,009	How Refuse is disposed of Tipped on land at Gallows Inn and Station Road and filling up of land at the Recreation Ground spread in layers 5 feet deep and covered with soil

Sanitary Inspection of the Area.

In accordance with the Sanitary Officers Order, 1922 Article 19 (12), the Chief Sanitary Inspector, Mr. Duro, summarises his work of inspection of the district during 1925 and the previous two years.

Drainage, etc.				1923	1924	1925
Drains opened and cleansed	...	...	...	68	63	69
Drains provided with new traps	...	...	...	18	25	15
New drains and inspection chambers	...	...	...	70	11	11
Drains repaired or relaid	...	...	...	68	27	18
Drains tested by water	...	...	...	67	45	7
Drains tested by smoke	...	...	...	1	1	1
Sink pipes disconnected	...	...	...	1	2	4
New sink waste pipes fixed	...	...	...	6	72	8
New sinkstones provided	...	...	...	22	98	8
Broken inspection covers renewed	...	...	...	5	3	8
Back yards repaired or renewed	...	...	...	40	166	34
Floors in houses repaired	...	...	...	4	13	9
Dilapidated walls and ceilings repaired	...	...	...	10	6	10
Roofs repaired	...	...	...	26	41	65
Defective stairs	...	...	...	2	2	5
Windows made to open	...	...	...	15	30	8
Defective spouts repaired	...	...	...	48	50	23
Pantry vent and light improved	...	...	...	10	5	8
Defective coppers renewed	...	...	...	20	27	24
Dirty houses cleansed	...	...	...	4	6	3
Defective brickwork pointed up	...	...	...	—	25	17
Dampness in rooms remedied	...	...	...	—	10	5

Water Closets and Urinals.

Water closets, new basins fixed	...	...	...	5	7	9
Defective fittings provided	...	...	...	33	26	24
Foul choked W.C.'s cleansed	...	...	...	111	10	20

Miscellaneous Defects, not included in above tables.

Nuisances from animals improperly kept	...	...	...	7	1	5
Offensive accumulations removed	...	...	...	10	15	3
Small defects remedied	...	...	...	40	123	66
Number of inspections to premises	...	...	...	928	793	1273
Re-visits to premises during repairs	...	...	...	1820	1202	1923
Number of Statutory Notices served	...	...	...	74	253	78
Number of Informal Notices served	...	...	...	220	222	281
Number of cases in court	...	...	...	1	3	5
Number of Notices not complied with	...	...	...	16	28	15

Privies, Ashpits and Ashbins.

Privies made into water closets	48-85	6-13	1- 3
Pail closets made into water closets	...	...	22-24	9- 9	9-11
Defective ashpits repaired	...	...	2	6	8
New ashbins provided	...	...	90	140	85
New closet pails provided	...	...	27	38	54

The Sanitary Inspector makes the following observations:—"On reviewing the progress of improvements effected in the Borough during the past five years, it is gratifying to observe the changed mentality on the part of the owners of property, builders and the community generally towards antiquated principles and shoddy attempts in remedying defects. This changed state of affairs is making the inspectorial work of the department easier, and it is getting rarer to find glaring defects. The addition of an assistant in the department since May, 1921, has been followed by a better supervision of repairs, which is very necessary and occupies a great deal of an inspector's time."

Smoke Abatement.

There have been no serious complaints with respect to the issue of black smoke from factory chimneys. There are 23 factories in the Borough, and observations of smoke issuing from the chimneys are made easy from all points owing to the hilly nature of the district.

Premises and Occupations Controlled by By-laws or Regulations.

- (a) **Offensive Trades.**—There is only one offensive trade carried on in the town, that of tripe boiling. The premises are modern, and fumes generated during the process are conveyed through the fire into a high chimney; no complaints have been received. The Corporation has not adopted any By-laws regarding Offensive Trades.
- (b) **Common Lodging House.**—There is one common lodging house in the town which is modern, well kept, and the owner lives on the premises, and takes an interest in the welfare of his clients. By-laws were adopted by the Council in 1924.

			1923	1924	1925
No. of Lodging Houses on Register	...	...	1	1	1
Accommodation for Lodgers	...	...	32	32	32
No. of visits made	...	...	42	35	46
No. of notices issued	...	...	2	—	1

- (c) **Places of Amusement.**—These places are inspected and reported upon by the Senior Sanitary Inspector from time to time to the Health Committee and to the Licensing Authority in accordance with circulars dated August 25th, 1920, from the Ministry of Health and Secretary of State. All premises are well conducted and no complaints have been made.

- (d) **Petroleum Act.**—These are administered by the Senior Sanitary Inspector. Owing to the dangerous nature of this substance and carbide, great attention is given as to the suitability of the premises for storage.

			1923	1924	1925
No. of Petrol Spirit licenses issued	...	...	18	17	19
No. of Carbide of Calcium licenses issued	...	...	6	9	9
No. of visits to premises	...	...	55	43	71

- (e) **Canal Boats Acts.**—These Acts are administered by the Senior Sanitary Inspector.

			1923	1924	1925
No. of Canal boats on register	...	...	44	34	34
No. of boats inspected	...	...	7	11	20
No. of infringements found	...	...	—	1	3
Prosecutions	...	...	—	—	—
No. of men on board	...	...	7	16	24
No. of women on board	...	...	5	4	7
No. of children on board	...	...	11	3	22

- (f) **Bakehouses.**—These are subject to the general provisions contained in Part V, of the Factory and Workshop Act, 1901, Secs. 97 to 102. The Bakehouses are kept in a very good condition.

			1923	1924	1925
No. on register	...	...	28	28	28
No. of inspections	...	...	37	40	17
Notices issued for contraventions	...	...	—	8	1

- (g) **Dairies, Cowsheds and Milkshops.**—By-laws governing Dairies, Cowsheds and Milkshops were adopted by the Council in 1907. The number of cowkeepers on the register is appended below with other particulars. The situation of the cowsheds is good, and generally well constructed, lighted, ventilated and drained. Dung is stored at a considerable distance from the byres or taken direct on to the fields. There are eight cowsheds accommodating 100 milch cows.

			1923	1924	1925
No. of cowsheds on register	...	...	9	9	8
No. of milkshops	...	...	129	129	136
No. of visits	...	...	198	43	28

The large number of visits paid in 1923 was in consequence of the Milk and Dairies (Amendment) Act, 1922 (in force July, 1923), which gives power to the Local Authority to refuse registration of or remove from the register a retailer of milk if satisfied that the public health is or is likely to be endangered by any act or default of the person registering or seeking to be registered, in relation to the quality, storage or distribution of milk. Particular attention is given before registration that the retailer shall have proper storage for milk and that milk utensils have properly fitting covers.

- (h) **Slaughter Houses.**—By-laws regulating slaughter houses were adopted by the Council in 1893. There are 21 slaughter houses scattered throughout the Borough which makes it difficult to inspect them at times when it is most desirable to do so. Large numbers of visits are paid and the premises may be said to be generally well kept. A number of them are situated in back yards close to dwellings, over-looked by householders and in which children can play and witness the process of slaughtering. Despite the inconvenience to local butchers, in the interests of Public Health and to facilitate the administration of the Public Health (Meat) Regulations, 1925, a public abattoir should be established in the town. The Sanitary Inspectors made 996 visits during the year occupying much of their time in walking to scattered slaughtering premises.

				Dec.	Dec.	Dec.
				1920	1924	1925
Registered Slaughter Houses ...	...	...	...	7	7	7
Licensed Slaughter Houses ...	...	...	...	14	16	14
Complaints notified to occupiers ...	...	...	...	—	18	6
Number of visits made ...	...	...	...	—	542	996

- (1) **Public Baths.**—The Corporation possesses an excellent open-air swimming bath, 60 feet by 30 feet, behind the Town Hall, in the centre of the town. It was opened on 31st August, 1921. During the last season the charge on the rates was £267, or 0.53 of 1d. per pound. It was open for 18 weeks during which time the bath was made use of by 11,832 persons and 1,248 school children. The water is changed twice a week and is daily disinfected with Chloros.

During June, 1925, 8 slipper baths costing £424 to construct, were opened by the Corporation for the use of the general public. They adjoin the Swimming Bath, and hot water is obtained from the same boiler as used for warming the water for the swimmers.

The charges for the use of the slipper baths are 4d. for the use of the bath, 1d. for towel and 1d. for soap. It is difficult to say whether the people find these charges too high or whether they are indifferent to the means offered them by the Council to practice personal cleanliness, for the fact remains that although from July 13th to Dec. 19th, 1925, when the baths were opened on Fridays and Saturdays, only 1082 (787 sixpenny tickets and 295 fourpenny tickets) attendances were made representing approximately 40 of the inhabitants of the town.

Schools.—There are 6 provided and 3 non-provided schools with 20 departments accommodating 5,477 scholars. The sanitary condition of the schools is described in the School Annual Returns bound with this Report.

HOUSING.

GENERAL HOUSING CONDITIONS.

The following tables, extracted from the Census Report for 1921, gives in detail:—

- (1) the number of private families and dwellings, and
- (2) private families classified by size of family, rooms occupied and density of population.

Private Families and Dwellings.					
Wards.	Private Families.	Population in Private Families.	Structurally separate dwellings occupied.	Rooms occupied.	Rooms per person.
Granby ...	912	4,206	853	4,049	0.96
Market ...	1,469	6,670	1,375	6,765	1.01
North ...	1,307	6,063	1,249	5,891	0.97
Old Park ...	1,251	5,650	1,185	5,862	1.04
South ...	1,378	6,094	1,255	6,446	1.06
Victoria...	777	3,509	763	4,361	1.24

PRIVATE FAMILIES, CLASSIFIED BY SIZE OF FAMILY, ROOMS OCCUPIED, AND DENSITY OF POPULATION.

No. of persons in family.	Number of private families occupying the following number of rooms.								Total Private Families		Population in private families.	R'ms Occupied.	Average number of r'ms per person.	Density of Occupation				
	Number of private families occupying the following number of rooms.								No.	Per cent.				Population at following densities of occupation (rooms per person).				
	1	2	3	4	5	6-7	8-9	10 & over						under .3	.3 and under .5	.5 and under .7	.7 and under 1.0	
1.	14	47	20	64	41	19	2	2	209	2.9	209	783	3.75	—	—	—	—	—
2.	6	187	114	273	324	122	18	2	1046	14.7	2092	4350	2.08	—	—	12	—	2
3.	4	145	126	356	583	203	26	4	1447	20.4	4341	6517	1.50	—	—	435	—	—
4.	—	58	120	346	542	224	33	9	1332	18.8	5328	6315	1.19	—	—	232	—	484
5.	—	22	69	244	467	192	23	9	1026	14.5	5130	5041	0.98	—	—	345	—	1220
6.	1	12	34	173	364	155	13	7	759	10.7	4554	3782	0.83	6	72	1242	2184	2184
7.	—	3	18	116	248	98	11	7	501	7.1	3507	2539	0.72	21	126	812	2261	2261
8.	—	1	13	70	172	74	4	2	336	4.7	2688	1692	0.63	8	104	1936	592	592
9.	—	1	4	38	107	52	6	2	210	3.0	1890	1102	0.58	9	378	1350	108	108
10.	—	—	—	20	67	34	3	2	126	1.8	1260	675	0.54	—	200	930	0.54	0.54
11.	—	—	—	6	32	20	2	1	61	0.9	671	339	0.51	—	418	220	22	22
12.	—	—	—	3	8	12	—	—	23	0.3	276	125	0.45	—	132	144	—	—
13.	—	—	—	—	4	5	1	—	10	0.1	130	60	0.46	—	91	39	—	—
14.	—	—	—	—	2	2	1	1	6	0.1	84	43	0.51	—	42	28	14	14
15 and over	—	—	—	—	1	1	—	—	2	0.0	32	11	0.34	17	15	—	—	—
Total private families ...	25	476	518	1709	2962	1213	143	48	7094	100.0	—	—	—	—	—	—	—	—
Pop. in pvte. families	44	1308	1921	7336	14415	6216	683	269	—	—	32192	—	—	61	1700	7725	6997	6997
Rooms Occupied	25	951	1554	6836	14810	7492	1179	527	—	—	—	33374	1.04	—	—	—	—	—

The first of the above tables shows that in 1921 there were 7,094 private families occupying 6,680 structurally separate dwellings, thus revealing a shortage of 410 houses, for it is highly desirable that each family should have its own house.

In the area there are at least 160 houses which are "unfit" and not able to be made suitable as dwellings, and should be demolished.

In 1921, therefore, the number of new houses requiring to be built to house each family and to replace others which ought to be demolished or which could not be made reasonably "fit," was 570.

To meet this shortage, 249 houses have been built during the last 5 years, but during the same time the population has increased from 32,266 to 33,750, and the number of new houses erected only approximately meets the requirements of the increased population.

During 1923, a special report was issued to the Council dealing with the question of overcrowding. A census was taken in 27 streets containing 748 houses. In these the total number of persons was 5,652, occupying 1,913 bedrooms, giving an average of approximately three persons per bedroom. Of the 748 houses, 278 were tenanted by two or more families.

Of the 249 houses erected from 1921 to 1925, 100 were built under the Corporation Housing Scheme at rents varying from 10/10 to 13/11 per week. These are rents which the majority of the working classes requiring houses cannot afford. The remaining 149 houses were built by private builders, 103 of which qualified for subsidy.

The houses built during the last five years are classified as follows:—

	Private enterprise.	Council Scheme.
Parlour type ...	81	46
Non-parlour type ...	68	54

The ward distribution of the houses erected from 1921 to 1925 is shown in the following table.

NEW HOUSES ERECTED BY WARDS, 1921 to 1925.

Wards, Year.	North.		Granby.		Victoria.		Market.		Old Park.		South.	
	Pte. Blds.	Scheme. Blds.	Pte. Blds.	Scheme. Blds.	Pte. Blds.	Scheme. Blds.	Pte. Blds.	Scheme. Blds.	Pte. Blds.	Scheme. Blds.	Pte. Blds.	Scheme. Total
1921	-	25	-	-	2	-	-	-	-	-	5	25 57
1922	-	25	-	-	2	-	1	-	1	-	4	25 58
1923	4	-	1	-	8	-	3	-	8	-	12	- 36
1924	12	-	1	-	14	-	-	-	2	-	19	- 48
1925	6	-	-	-	13	-	4	-	10	-	17	- 50
	22	50	2	-	39	-	8	-	21	-	57	50 249

There were twelve houses in course of erection at the end of 1925, and 50 were built, one being a temporary structure of wood.

The Council contemplate building 60 houses in the South Ward during 1926.

HOUSING STATISTICS FOR THE YEAR, 1925.

The following statistics are supplied in a manner required by the Ministry of Health.

Number of new houses erected during the year :—

(a) total (including numbers given separately under (b))	...	50
(b) with state assistance under the Housing Acts :—		
(1) by the Local Authority	... ..	Nil
(2) by other bodies or persons	... ..	45

1. Unfit Dwelling Houses.

Inspection.

(1) Total number of dwelling houses inspected for housing defects under Public Health or Housing Acts.	... ..	138
(2) Number of dwelling houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910, or the Housing Consolidated Regulations 1925.		24
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation		Nil
(4) Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation.	... ..	138

2. Remedy of Defects without Service of Formal Notices.

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	278
---	-----

3. Action under Statutory Powers.

(a) Proceedings under Sec. 3 of the Housing Act, 1925.

(1) Number of dwelling houses in respect of which notices were served requiring repairs	... ..	24
(2) Number of dwelling houses which were rendered fit after service of formal notices :—		
(a) By owners		125
(b) By Local Authority in default of owners	... ..	1
(3) Number of dwelling houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close	... ..	Nil

(b) *Proceedings under Public Health Acts.*

(1)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	...	...	278
(2)	Number of dwelling houses in which defects were remedied after service of formal notices :—			
(a)	By owners	...	...	278
(b)	By Local Authority in default of owners	...	...	Nil

(c) *Proceedings under Secs. 11, 14 and 15 of the Housing Act, 1925.*

(1)	Number of representations made with a view to the making of Closing Orders	...	...	...	Nil
(2)	Number of dwelling houses in respect of which Closing Orders were made	...	...	...	Nil
(3)	Number of Closing Orders determined	...	...	...	Nil
(4)	Number of Demolition Orders made	...	...	...	1
(5)	Number of dwelling houses demolished	...	...	...	1

Other Details connected with Housing.

The Sanitary Inspector reports as follows :

Paving of Yards Sec. 25 P.H.A. (A) Act, 1907.

The paving and drainage of areas in back yards have shown an appreciable improvement of late. The number of notices served and defects remedied was 166 in 1923, 108 in 1924 and 34 in 1925. Tenants are beginning to appreciate the importance of clean areas around their houses and the ease with which they can be kept clean when the paving is in good condition. It is getting less common to see waste material, garbage and foul pools of water stagnating in yards and there is less smell and trouble from flies in the houses in consequence.

Sinkstones Sec. 49 P.H.A. (A) Act, 1907.

The provision of sinkstones is a matter which is also becoming greatly appreciated, particularly for family ablutions in houses containing no bathrooms, for minor laundry work and for the washing of feeding and cooking utensils.

The number of sinkstones provided during the last 3 years is as follows :—
1923—22 ; 1924—98 ; 1925—8.

Disinfection of Premises.

During 1925, 377 rooms were disinfected. These include not only disinfections for ordinary infectious diseases, but after cases of death from cancer and tuberculosis and the Public Free Library. A formalin spray containing 10% Commercial Formalin is used.

FACTORIES, WORKSHOPS AND WORKPLACES.

The following tables are inserted in compliance with Section 132 of the Factory and Workshop Act, 1901.

1.—Inspection of Factories, Workshops and Workplaces.

Premises.	Number of		
	In- spections	Written Notices.	Prose- cutions.
Factories (including Factory Laundries)	6	—	—
Workshops (including Workshop „)	70	5	—
Workplaces (other than Outworkers premises)	11	—	—
	87	5	—

Particulars.	Number of defects			No. of Prosecu- tions
	Found.	Re- medied.	Referred to H.M. Inspector	
Nuisances under the Public Health Acts :—	—	—	—	—
Want of cleanliness	4	4	—	—
Want of ventilation	—	—	—	—
Overcrowding	1	1	—	—
Want of drainage of floors ...	—	—	—	—
Other nuisances	—	—	—	—
Sanitary accom- modation { Insufficient, unsuitable or defective	—	—	—	—
Not separate for sexes	—	—	—	—
Other offences (excluding offences relating to outwork and offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.	—	—	—	—
Totals	5	5	—	—

Outworkers :—The number of outworkers in the first half of the year was 43 and in the second half 31, and the number of visits paid to them was 63.

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

The milk consumed in the Borough is mainly derived from the following producing centres:—

- (a) within the Borough from eight farms;
- (b) outside the Borough from several small farms at Mapperley, Shipley, West Hallam, Stanley, Cossall, Trowell, Kirk Hallam, Stanton-by-Dale, Ockbrook and Strelley, all within a short distance of the Borough, and, in addition, the Grade "A" milk sold is produced and bottled at Radcliffe, near Nottingham, and Kingston, near Loughborough.

During 1923, bottled sterilised milk commenced to be sold in the district, the bottling and sterilising being carried out by two milk supply firms at Beeston and Loughborough. As practically all the milk consumed in the district comes from areas so close at hand, it has not much chance to deteriorate during transit, and from this point of view its wholesomeness is assured and distribution is made easy, but inspections the more difficult, owing to the number of milk shops in the area to the extent of 136.

Besides ungraded and graded milk, pasteurised milk by the flash process is also largely sold in the district. The process is carried out in the town. This milk is not bottled after pasteurisation.

During the last three years, 80 samples of milk were unofficially taken by the Sanitary Inspector for bacteriological examination. On the whole the bacterial counts proved that the milk, taken as it came into the town from the producers' churns, was not grossly contaminated, but there were two exceptions where the count numbered over a million bacteria per c.c.

One sample contained Tubercle Bacilli, and was produced on a farm outside the town; by the time this was known and the applicable Authority communicated with, the affected cow had been sold and could not be traced.

Of two samples of sterilised milk, one was found to be sterile and the other contaminated to the extent of 5,000 bacteria per c.c. Both contained no preservatives, and the chemical analysis proved that they were genuine milk, one sample containing as much as 3.68 per cent. of fat.

Two samples of pasteurised milk were found sterile, but the bulk milk before pasteurisation contained 191,000 bacteria per c.c., and was produced at 10 farms.

A sample of Grade "A" milk produced and bottled at Lamcote Farm, Radcliffe, contained in 1/10 c.c. 400, and in 1/100 c.c. 200 bacteria, but B. Coli were absent from 1 c.c. and all smaller quantities. The approximate age of this sample was 8 hours. The production of milk on most farms leaves much to be desired, as there are no means of amply sterilising milk utensils; milk pails are invariably of the open type, and practically no attention is given to ensure that the hands of the milkers and the udders of the cow are cleansed before the operation of milking, which are direct contraventions of the Regulations adopted by the Council with respect to Dairies, Cowsheds, and Milkshops, Part III., Sec 17 (5 (a) (b)).

The cooling of milk has been found to be done by putting open pails of milk into the water of the cows' drinking trough; sometimes the milk is not cooled at all, and occasionally a proper cooler is installed.

The distribution of milk is also behind the times. The milk roundsman uses, as a general rule, a churn with a sunken dust-catching lid, from which he tips the milk into smaller utensils to facilitate carrying to the houses.

Retailers of milk complain bitterly that jugs and other utensils offered by householders to receive milk are often in a foul condition; hence from the time the milk is produced at the farm to the time it is drunk by the consumer, it is open to gross contamination. This state of affairs is bound to continue until the people learn to think in terms of cleanliness, personal, domestic and communal, and particularly the former.

One retailer has a licence for the sale of Grade "A" milk, granted under the Milk (Special Designations) Order, 1923. This milk, sold at the price of 9d. to 10d. per quart, is too expensive to find its way into the homes of the poorer classes.

The summarised results of the bacteriological examination of 58 samples of ungraded milk are shown in the table below. These samples were taken in cold weather direct from the producers' churns early in the morning and examined within two or three hours at the County Laboratory.

No. of bacteria per c.c. between		No. of samples.
5,000	and 10,000	3
10,000	" 20,000	2
20,000	" 50,000	17
50,000	" 100,000	14
100,000	" 200,000	13
200,000	" 400,000	5
400,000	" 600,000	2
600,000	" 1,000,000	—
1,000,000	" 2,000,000	2

(b) **Meat.**

The method of meat inspection has been considerably improved in the town since the Public Health (Meat) Regulations, 1924, came into force on April 1st, 1925. The chief Sanitary Inspector adds the following comments to his annual return under these Regulations:—

"All butchers have been circularised with respect to the new regulations, and copies of these have also been issued. The ordinary times of slaughtering by each butcher have been obtained, and a standard form issued which acts as a notice to the Health Department of intention to slaughter at other than specified times. Slaughtering at other than regular hours has occurred very frequently owing to the delays caused by restricting the movements of cattle under the Foot and Mouth Disease Order and delays in administering it, and the uncertainties of supply and demand at holiday times have led to irregularities on the part of the butchers in not notifying changes of times of slaughter. During the period April 1st, 1925, to March 31st, 1926, nine cases were brought to court for not notifying intention to slaughter at other than the regular times. Eight cases were each fined 40/—, and one case was dismissed.

The Regulations, have, however, worked smoothly owing to the goodwill of the butchers, though it should be remembered that the Regulations were framed as much for their benefit as for the community they supply.

All the butchers have glass fronts to their shops made to open, so that contamination of the meat from dirt and dust need not take place, though a few are apt to be careless in this respect. Informal notices have been sent to outside firms, who have sent carcasses into the district in uncovered carts, to rectify this infringement of the Regulations, and compliance has invariably occurred. The Regulations are giving a large amount of extra work to the Sanitary Inspector's Department, for though regular and frequent visits were made to slaughter houses previous to the Regulations coming into force, extra effort has now to be made to see that they are carried out, and it seems that the increased amount of meat surrendered as unsaleable during 1925 compared with previous years, is a direct result of carrying out the new Meat Regulations.

	1923. lbs.	1924. lbs.	1925. lbs.
Meat surrendered as unsaleable ...	167	91	920

During the period from April to December, 1925, 25 special visits were made in response to calls for the inspection of meat and offals at the slaughter houses, and in consequence the following were found unfit for human consumption, in addition to the above:—8 beasts' livers, 1 calf, 1 carcass of beef, 1 forequarter of beef and 1 pig—all tuberculous."

(c) **Other Foods.**

The following items of food were surrendered during the year as being unsound:—Milk, 11 tins; and crab, 104.

There are no by-laws regulating the sanitary condition of fried fish shops, and means to prevent nuisance from effluvia during the fish frying process. In this town there are 54 fried fish shops, of which 13 are saloons.

The conditions of the premises has been classified by the Sanitary Inspector as clean 2, moderate 42, and poor, 10. Many of these shops deal in other goods, such as green-grocery, minerals, wet fish, tobacco, confectionery, general grocery, etc.

Sale of Food and Drugs Act.

These Acts are administered by the County, and the County Analyst has supplied the following information:—

Total samples collected	...	...	80
Milk	"	"	36
Adulterated Samples of milk	...	...	5
Prosecutions	...	...	—

The samples of milk were found to be slightly adulterated, but the deficiencies found were not sufficient to warrant any prosecutions.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS DISEASES.

The prevalence of notifiable infectious diseases during the last five years is summarised in the following table, which gives also a comparison of prevalence of sickness and death from notifiable diseases:—

Notifiable Infectious Diseases, 1921—1925.

Diseases.	1921		1922		1923		1924		1925		Total	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Scarlet Fever ...	29	1	53	—	29	1	106	—	17	—	234	2
Diphtheria ...	3	1	6	1	3	1	8	—	2	—	22	3
Enteric Fever ...	2	—	—	—	6	1	1	—	—	—	9	1
Erysipelas ...	4	—	1	—	4	—	5	—	4	—	18	—
Pneumonia ...	26	6	24	7	34	12	34	15	15	3	133	43
Encephalitis												
Lethargica ...	—	—	—	—	—	—	1	—	1	1	2	1
Ophthalmia												
Neonatorum ...	11	—	5	—	2	—	5	—	1	—	24	—
Chicken Pox ...	—	—	34	—	145	—	97	—	26	—	302	—
Small Pox ...	—	—	100	—	15	—	3	—	—	—	118	—
Puerperal Fever ...	—	—	2	2	—	—	2	2	—	—	4	4
Polio-myelitis ...	—	—	1	—	—	—	—	—	—	—	1	—
Cerebro Spinal												
Fever ...	—	—	—	—	—	—	1	1	—	—	1	1
Pulmonary												
Tuberculosis ...	30	17	33	16	36	21	47	22	52	25	198	101
Tuberculosis other forms ...	11	3	8	7	8	5	8	5	7	6	42	26

The incidence of notifiable diseases during 1925 is set out in the following tables in a form required by the Ministry of Health.

NOTIFIABLE DISEASE DURING 1925.

Disease.				No. notified.	No. re- moved to hospital.	Total Deaths.
Tuberculosis Pulmonary	...			52	22	11
Tuberculosis other forms...	...			7	3	3
Scarlet Fever	...	...	...	17	14	—
Diphtheria	...	...	...	2	1	—
Erysipelas	...	...	...	4	—	—
Encephalitis Lethargica	...	...	...	1	1	1
Ophthalmia Neonatorum	...	...	...	1	—	—
Pneumonia	...	...	...	15	—	8
Chicken Pox	...	...	...	26	—	—

SEX AND AGE DISTRIBUTION OF CASES OF NOTIFIED DISEASE DURING 1925.

	Sex	Scarlet Fever	Diphtheria	Encephalitis Lethargica	Chicken Pox	Pneumonia	Erysipelas	Ophthalmia Neonatorum	Tuber- culosis	
									Pulmonary	Other forms
0—1	M	-	-	-	-	-	-	1	-	-
	F	-	-	-	-	-	-	-	-	1
1—2	M	-	-	-	1	1	-	-	-	1
	F	-	-	-	1	-	-	-	-	-
2—3	M	1	-	-	1	-	-	-	-	-
	F	-	-	-	1	-	-	-	-	1
3—4	M	1	-	-	1	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
4—5	M	-	-	-	1	-	-	-	-	1
	F	2	-	-	-	-	-	-	-	-
5—10	M	4	-	-	6	4	-	-	3	2
	F	1	-	-	9	-	-	-	4	1
10—15	M	1	-	-	2	-	1	-	4	-
	F	1	-	-	-	-	-	-	4	-
15—20	M	2	-	-	-	1	-	-	2	-
	F	2	-	-	-	2	-	-	1	-
20—35	M	-	-	-	-	2	-	-	10	-
	F	1	-	1	3	-	-	-	11	-
35—45	M	1	-	-	-	2	-	-	3	-
	F	-	-	-	-	-	1	-	3	-
45—65	M	-	-	-	-	1	-	-	6	-
	F	-	-	-	-	1	2	-	1	-
65 Upwards	M	-	-	-	-	1	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
Total all ages ...	M	10	2	-	12	12	1	1	28	4
	F	7	-	1	14	3	3	-	24	3
Grand Total		17	2	1	26	15	4	1	52*	7

*Includes 5 cases transferred from other Districts.

Scarlet Fever.

The incidence of Scarlet Fever in the district is shown in the following rates per 1,000 of the population for a period of 25 years :—

Year.	Attack rate.	Year.	Attack rate.	Year.	Attack rate.	Year.	Attack rate.	Year.	Attack rate.
1901	2.4	1906	0.5	1911	1.1	1916	0.7	1921	0.9
1902	2.9	1907	1.5	1912	0.6	1917	0.2	1922	1.5
1903	2.0	1908	0.7	1913	0.8	1918	0.4	1923	0.8
1904	2.8	1909	0.1	1914	1.7	1919	0.8	1924	3.1
1905	2.9	1910	0.6	1915	4.1	1920	1.2	1925	0.5
Quinquennial averages 2.6		0.68		1.66		0.66		1.36	

Decennial averages 1901—1911 — 1.64

1911—1921 — 1.16

During these decennia there has been a change in the age distribution of the population owing to the falling birth rate, and the lowered incidence of Scarlet Fever per 1,000 of the population from 1.64 to 1.16 might at first sight be attributed to this cause; but a critical analysis of the table below shows that the incidence of the disease during the period of childhood has in any event enormously decreased. It is usually held in ages up to the sixth year that there is greater "susceptibility" to attacks of Scarlet Fever, and that the greatest number of cases occurs from 5 to 10 years, and after 15 the number is small; or expressed in another way, it may be presumed there is greater "resistance" to attack at increasing ages and therefore less "liability" to contract the disease. The figures available, though too scanty to permit of dogmatic assertions, nevertheless afford reasonable inferences.

**AGE PROPORTIONS AND AVERAGE ATTACK RATE OF THE
WHOLE POPULATION PER 1,000 LIVING AT SELECTED AGES.**

Selected Ages.	1901	1911		1921	
	Census age proportions per 1000 population	Census age proportions per 1000 population.	Intercensal average attack rates per 1000 selected ages.	Census age proportions per 1000 population.	Intercensal average attack rates per 1000 selected ages.
0—4	141.7	135.0	3.5	105.0	1.4
5—9	131.1	122.8	6.1	107.1	4.8
10—14	114.6	108.6	1.9	110.7	2.9
15—19	104.7	103.3	0.6	102.9	0.7
20 and over ...	507.9	530.3	0.1	574.3	0.1

On contrasting the above attack rates, it would be fair to assume that Scarlet Fever continues to be of decreasing intensity of infectivity, but that whilst sanitary measures of recent years readily applicable to the younger ages—such as isolation of patients, investigations of “return cases” and school medical inspections—are increasingly effective, adults not protected by acquired immunity show practically no diminution of liability.

Other circumstances modifying the incidence of Scarlet Fever are earlier notifications and prompter isolation, both very necessary in view of the increasing density of the population, which in 1900 was 10 persons per acre and in 1925 over 13 persons per acre. Between 1921 and 1925, out of 234 cases of the disease, 169, or 72 per cent., were isolated in hospital.

Another modifying circumstance may be the fact that the disease has been of a very mild type in recent years, causing few complications and diminished mortality, a type less likely to be disseminated, yet on the other hand, many of these mild cases may not have been detected, and therefore never notified. The case mortality of the disease is shown in the following table covering a period of 25 years.

SCARLET FEVER CASE MORTALITY, 1901—1925.

Quinquennial.	Total cases.	Total deaths.	Case mortality per cent.
1901—1905	357	16	4.48
1906—1910	114	10	8.77
1911—1915	271	1	0.36
1916—1920	113	—	0.00
1921—1925	234	2	0.85

The year 1922 was marked by a sharp localised epidemic of milk-borne Scarlet Fever, involving a small district in the North Ward, the milk supply to which was drawn from a local farm. A child was detected on this farm suffering from an ear discharge after an illness suspected to have been Scarlet Fever, and another child on the same farm actually developed the disease during investigations. The milk supply from the farm was stopped for eight days, and other precautions were taken such as the quarantine of contacts and the disinfection of premises, and the epidemic was immediately under control. In 8 days, 31 persons contracted the disease, and numerous people developed sore throats and tonsillitis without rashes.

During 1924 a severe form of Scarlet Fever broke out, many cases being characterised by a severe onset with diarrhoea and profuse rashes, with complications and protracted convalescences. The number of return cases during that year was seven, and in every instance the primary cases were suffering from grossly enlarged tonsils and adenoids. There were no return cases during 1921, 1922, 1923 and 1925.

No use has been made of the Dick Test in this district. Anti-streptococcal (Scarlatinal) Serum is given to patients on admission to the Isolation Hospital if the infection is severe, and has been particularly useful in cases presenting severe Adenitis and nasal discharge, but the new serum made from the Dick organism has not yet been used.

Diphtheria.

The prevalence of this disease has declined in a most remarkable way during the last five years. On reviewing the attack rate during the last 25 years, the disease has shown in this district, violent fluctuations in prevalence. The following table brings this out very clearly:—

Quinquennia	Total cases.	Total deaths	Case mortality per cent.	Average population.	Average attack rate per 1000
1901 - 1905	117	30	25.6	27,274	0.85
1906 - 1910	211	23	10.9	31,676	1.33
1911 - 1915	260	20	7.6	32,034	1.62
1916 - 1920	133	10	7.5	31,085	0.85
1921 - 1925	22	3	13.6	33,404	0.13

Diphtheria is especially a disease of the first 10 years of life, and the opportunities of infection in school are great. Yet during the last five years there have been only 22 cases, against 133 cases in the previous five years. The co-operation of teachers with the School Medical Service in recent years has probably done much to cause this decline, as teachers have been instructed that all "sore throats" must be looked upon with suspicion and sent to the School Clinic for opinion. In 1923 one of these "sore throats" was sent to the Clinic for examination, and proved to be diphtheria and the child died. All the children in the class had their throats swabbed, and swabs were also taken of any nasal and ear discharges seen. A carrier of the disease was found in a child suffering from an ear discharge, the bacillus being found in the throat swab as well. This child was excluded, and no further cases occurred. A routine method such as the isolation of the infected and the examination of contacts, with the isolation of carriers should always prevent school epidemics of Diphtheria. The Schick Test has not been applied in this district. Anti-toxin is kept in the Health Office for the use of local practitioners, and it is now more generally given by them when Diphtheria is suspected on clinical grounds instead of waiting a day or two to give it if the swab should prove its presence.

The case mortality of the disease (13.6) is a high figure for the last five years, but the three patients who died were brought too late for treatment with antitoxin to be of practical use, and all the cases were highly toxic. In the quinquennium 1901-1905 the case mortality was 25.6, and the reduction in the number of deaths may be ascribed to the more extended use of antitoxin, which came into general use about 1896, and perhaps, also, the disease may, as in the case of Scarlet Fever, go through periodic changes in prevalence and fatality.

Enteric Fever.

The incidence of Enteric Fever in this district has diminished enormously in recent years, and this may be almost wholly ascribed to the introduction of a pure water supply since the year 1901, previous to which the inhabitants were drinking water from polluted wells and from other sources open to contamination. In addition, the various regulations prohibiting the sale of shell fish obtained from polluted streams and better domestic and communal cleanliness have assisted in the reduction of the number of cases.

During 1925 there were no cases; in 1924 one case was notified, but was infected from a source outside the district; in 1923 six cases were notified all from the same house, the disease being contracted through one of the patients taking a bath in water from a well in the yard which was found to be grossly contaminated with sewage bacteria, and he in turn infected five other members of his family; in 1922 there were no cases, and in 1921 two cases, but the origin of the infection could not be traced.

The following table review the incidence of Enteric Fever in quinquennia for the last 25 years.

Quinquennia.	Total cases.	Average attack rate per 1000.	Total Deaths	Case mortality per cent.
1900 - 1905	142	1.04	29	20.42
1906 - 1910	77	0.48	17	22.07
1911 - 1915	21	0.13	8	38.09
1916 - 1920	10	0.06	1	10.00
1921 - 1925	9	0.05	1	11.11

Small Pox.

This disease made its appearance in the borough in 1922 after an absence of 18 years, but in extremely mild form, with no deaths, so much so that the medical practitioners who had in the past to deal with the severe type of the disease with a high death rate were unable to accept the mild type as being genuine small pox until the protection afforded by vaccination was amply demonstrated to them together with the fact that the rash of the mild disease had a similar distribution to that

seen in the severe form and certain other comparable features, such as immunity to vaccination during and after an attack. In consequence some of the earliest cases were not notified, and the disease was actually proved to exist in the borough during the latter end of 1921, the cases being named chicken pox. As a result, chicken pox was made a notifiable disease locally in February, 1922, in order that every case might be seen by the Medical Officer of Health and mistakes in diagnosis avoided as far as possible.

The Annual Reports in the Health Department go no further back than 1898, but it appears from other records that the present Isolation Hospital was built in 1888 to cope with a small pox epidemic; and the hospital admission and discharge books give the number of cases admitted as follows: 1888, 4 cases; 1893, 1 case; 1895, 8 cases and no deaths. Then come the years 1902, 1903 and 1904, with 20, 4 and 20 cases respectively, and 4 deaths, a case mortality of 9.09 per cent. In 1922 a mild type of small pox invaded the borough, 100 cases being notified, and if it had not been for the submission of the inhabitants to an intensive vaccination campaign with the prompt isolation of the infected, and disinfection and vaccination of the contacts, the disease would have undoubtedly attacked large numbers in the poorly protected population. There were 15 cases in 1923, and 3 in 1924, the majority of whom were infected from outside districts. There were no deaths among the 118 cases. The state of vaccination and the ages of the 118 persons attacked are given in the following table.

State of Vaccination	Per cent	0-5	5-10	10-15	15-20	20-30	30-40	40-50	50-60	60-up	All ages
Never vaccinated before infection	64.4	8	12	14	18	21	2	—	1	—	76
Vaccinated in infancy but not since, before infection	35.6	—	—	—	3	6	6	11	13	3	42

This table shows that a preponderance of cases occurred amongst the unvaccinated, and that among the vaccinated infection occurred only when the protection of infancy vaccination had waned, the youngest persons among this latter class being 17 years of age.

The primary vaccinations and exemptions under the Vaccination Acts during the last 5 years are as follows:—

Year	Vaccinations	Exemptions
1921	364	537
1922	218	402
1923	197	349
1924	304	368
1925	285	313

Encephalitis Lethargica.

This disease was made notifiable in 1919. During the last five years, two cases of this disease were notified in the borough, and one died. In addition, another case not notified died in Nottingham General Hospital. It seems that there have been mild cases in the district which have been missed as practitioners are finding out that patients are coming to them with sequelæ such as Parkinsonism. The School Medical Officer diagnosed a case at the School Clinic as Post Encephalitis Lethargica in 1924. This child was said to have had Influenza in May, and when seen in November was suffering from sleepiness during the day, frequent attacks of sneezing, restlessness at night, and general mental dullness, whereas she had previously been quite healthy.

Puerperal Fever and Ophthalmia Neonatorum.

The prevalence of these diseases has been commented upon in the Maternity and Child Welfare section of the report.

Chicken-Pox.

This disease was made locally notifiable in 1922 on account of mistaken diagnosis between it and Small Pox. The prevalence of chicken pox is difficult to estimate, for only cases which have been seen by a doctor are notified. There are large numbers who have the disease under school age

for whom no more than home remedies are required for treatment and who have not been seen by a doctor. The number of cases notified from 1922 to 1925 was 302.

Hospital Accommodation for Infectious Disease.

The Borough Isolation Hospital was erected in 1888 at Little Hallam during an epidemic of small pox. It was intended as a temporary hospital, and was built in a few weeks. It is constructed of wood supported on brick piers. There are two large wards on the east and west sides of the building, each measuring 30ft. by 18ft. by 10ft., and one smaller ward on the east side measuring 18ft. by 18ft. by 10ft. communicating directly with the kitchen. There is no separate administrative block, the Matron's sitting room opens into the kitchen, and there is a nurses' combined dining and sitting room and one bedroom on the top floor.

A basement was added in 1898 with three bedrooms and a bath room for nurses. The level of the floor of these bedrooms is three feet below the surface of the adjoining ground, and one room is markedly damp. A brick outbuilding contains a hand laundry, mortuary and ambulance shed, and another building contains a Lyon's disinfecter. In 1922, in order to gain extra accommodation during the small pox epidemic, two army huts were erected end on with bath and lavatory accommodation.

With this annexe the hospital can accommodate 22 patients, but contribution out of the County Rate towards the expenses of the Isolation Hospital (Isolation Hospitals Acts, 1893 and 1901) is paid in respect of 10 beds only.

The hospital is situated on an admirable site of about an acre, and the adjoining land (about 4 acres) belongs to the Corporation. The whole condition of the hospital as a building is unworthy of the Corporation, and should be pulled down. With such an excellent site it should be possible to build a large hospital to serve this district combined with Heanor U.D. (four miles distant) for the isolation of infectious diseases and to act as a Tuberculosis Sanatorium. The combined census population of the two districts is over 53,000. The use to which the hospital has been put during the last five years is as follows:—

Cases Admitted.				1921.	1922.	1923.	1924.	1925.
Scarlet Fever	...	...	...	26	—	8	79	14
Diphtheria	...	...	...	4	—	—	2	1
Enteric Fever	...	...	...	4	—	6	—	—
Chicken-pox	...	...	...	2	—	—	—	—
Scabies	...	...	...	5	—	—	—	—
Whooping Cough	...	...	...	1	—	—	—	—
Ophthalmia Neonatorum	...	...	...	1	—	—	—	9
Tuberculosis and other diseases	...	...	...	5	—	—	—	—
Small-pox	...	...	...	—	98	15	3	—

During 1922 and part of 1923, infectious diseases requiring isolation were sent to Basford Infectious Diseases Hospital, as the Corporation's Hospital was being used for the isolation of small pox cases. During 1925, 30 children were admitted to the hospital who were ailing, delicate or pre-tubercular, an excellent use for the institution when not in use for infectious diseases.

Tuberculosis.

This disease continues to be one of the big problems of national health, despite notification and means of early diagnosis.

The voluntary notification of tuberculosis locally commenced in the year 1910, when 10 cases were notified, and in the year 1913 the notification of all forms of the disease was made compulsory in all districts under the Public Health (Tuberculosis) Regulations, 1912. Nevertheless notifications are often delayed, resulting in many patients coming under treatment too late to be cured. The Chief Medical Officer of the Ministry of Health, in his annual report for 1924, states that the causes of delayed notifications are chiefly three, namely (1) delay of the patient in consulting a doctor, which may be met by the "education of public opinion"; (2) delay due to settling the diagnosis which is mainly a matter of medical skill; (3) non-compliance by medical men with the official regulations respecting notification which is already partially met as a result of Ministry of Health Circular No. 425, August, 1923, which deals with this matter. During the year 1925, 11 cases of Pulmonary Tuberculosis lived on an average only 34 days after notification. During the period 1921-1925, not one case of Tuberculosis has been notified by a certain practitioner in the district.

The number of notifications and deaths from (a) Pulmonary Tuberculosis and (b) other forms of Tuberculosis for a period of 25 years are set out in the following tables:—

Pulmonary Tuberculosis.

Quinquennia.	Total Cases	Average Attack rate per 1000	Total Deaths.	Average Death rate per 1000
1901 - 1905 ...	—	—	93	0.68
1906 - 1910 ...	—	—	117	0.73
1911 - 1915 ...	235	1.46	108	0.67
1916 - 1920 ...	227	1.46	91	0.58
1921 - 1925 ...	198	1.18	101	0.64

Other forms of Tuberculosis.

1901 - 1905 ...	—	—	72	0.52
1906 - 1910 ...	—	—	93	0.58
1911 - 1915 ...	52	0.32	54	0.33
1916 - 1920 ...	90	0.51	35	0.22
1921 - 1925 ...	42	0.25	26	0.15

The above tables show that during the last 25 years the death rate per 1,000 of the population from Pulmonary Tuberculosis has declined very little, whereas the mortality from other forms of Tuberculosis shows a very marked decline.

On the other hand the attack rate per 1,000 of the population shows a marked decline for all forms.

The eradication of the disease is primarily a matter of good housing conditions, and a sufficiency of food, and the proper isolation of the advanced cases in order to control the spread of infection among the young. The reduction in the number of cases affected with other forms of Tuberculosis such as bones, joints, glands, etc., may be rightly ascribed to the strenuous efforts being made everywhere to lessen the danger of infection from living bacilli in cow's milk.

The percentage of bovine strains of the germs of Tuberculosis found in various forms of human Tuberculosis is much higher among children aged 0—5 years than in persons in older age groups, because milk is their chief article of diet.

The following table gives the number of new cases and deaths from Tuberculosis during 1925.

Age Periods.	New Cases.				Deaths.			
	Pulmonary.		Non-pulmonary		Pulmonary		Non-pulmonary.	
	M	F	M	F	M	F	M	F
0	—	—	—	1	—	—	—	—
1	—	—	1	2	—	—	—	2
5	3	2	1	1	—	—	—	1
10	3	4	1	—	—	1	—	—
15	1	3	—	—	—	1	—	—
20	4	5	—	—	1	2	—	—
25	6	4	—	—	—	1	—	—
35	5	4	—	—	1	—	—	—
45	4	1	—	—	3	1	—	—
55	2	1	—	—	1	1	—	—
65 and up- wards ...	—	—	—	—	—	—	—	—
Totals ...	28	24	3	4	6	7	—	3

Five (all pulmonary) of the above 59 cases were transfers from other districts.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action has been found necessary to be taken under these Regulations, which came into force on the 31st July, 1925. The Regulations have been made to strengthen the hands of the Local Authority to take effective steps to remove the danger of infection from Tuberculosis through the medium of milk by persons suffering from Pulmonary Tuberculosis who are engaged in handling milk. The Local authority can now cause such persons to discontinue "the milking of cows, the treatment of milk, or the handling of vessels used for containing milk in connection with a dairy." The person receiving notice to discontinue his occupation may within 14 days of service of such notice give notice of appeal to a court of summary jurisdiction, and any person sustaining damage by reason of the exercise of the powers of these regulations and not being himself in default is entitled to receive full compensation from the Local Authority.

Public Health Act, 1925 (Section 62).

No action has been taken by the Authority or County Council under this section. It enables the Authority to apply to a court of summary jurisdiction for an order for the removal to hospital or institution of any person who is suffering from Pulmonary Tuberculosis and is in an infectious state, and for his detention and maintainance therein for such period, not exceeding three months, as the court may think fit, but subject to certain safeguards as the removal may be contrary to the wishes of the patient. The section is restricted to patients whose lodgings or accommodation prevents the adoption of proper precautions to guard against the spread of infection, or who are not taking such precautions, and in either event it must be shown that serious risk of infection from consumption is caused to other persons. The cost of removal, detention and maintainance of a patient has to be borne by the County Council or Local Authority, as well as a contribution towards the maintainance of the patient's dependents while the patient is in hospital.

The Tuberculosis Dispensary.

The Dispensary is attended weekly on Wednesdays, morning and afternoon, by Dr. Nicholson, the County Council's Tuberculosis Specialist. The functions of the Dispensary staff are to observe doubtful cases of Tuberculosis, to treat, or put in the way for treatment, new cases for Sanatorium treatment when beds are available, to observe contacts, to visit certain bedridden cases periodically, to enquire into the housing conditions of the patients, to provide beds, bedding and shelters when necessary, to educate sufferers from the disease as to their life as it affects themselves and their contacts, and to co-operate with the local practitioners by assisting in the diagnosis of doubtful cases sent to them. The last function mentioned is very important, as early diagnosis is essential if a patient is to get his rightful chance to recover.

On receipt of a notification a visit to the house is paid by the County Council's Tuberculosis Nurse (Miss Hankinson), who makes a full report on the sanitary condition of the house and social conditions of the family. Copies of the report are given to the local Medical Officer of Health and

sanitary defects, if found, are attended to by the usual service of a notice by the Sanitary Authority. The nurse leaves a sputum bottle with the patient, advises as to the destruction of sputum, and gives general advice. The nurse does very valuable work amongst Tuberculous people in the district, and is much to be commended for her untiring zeal and tact. If the practitioner notifying the case desires his patient to attend the Dispensary for advice or treatment, the patient attends and is examined by the Tuberculosis Officer. Shelters, beds and bedding are supplied to patients free by the County Council in suitable cases.

The Tuberculosis After-Care Committee works in close co-operation with the Tuberculosis Officer, who advises as to immediate needs and probable future requirements, and the Committee are able, by personal visits to the homes, to make enquiries in cases where some form of actual assistance appears to be indicated.

The number of beds available in Derbyshire for Tuberculous patients is as follows:—

Penmore Isolation Hospital	—	—	14 beds for advanced males.
Walton Sanatorium	—	—	110 beds (60 male and 50 female).
Bretby Hall (near Burton-on-Trent)			50 beds for surgical Tuberculosis only

The following are the annual observations of the County Tuberculosis Officer with reference to this district :—

“The importance of early notification is again forcibly brought out by this year's returns. Out of 52 notified cases of Pulmonary Tuberculosis, eleven deaths occurred within a period of 34 days from the date of notification, i.e., about 23 per cent. only survived notification for an average period of 34 days, which means that these cases were brought to my notice too late for any treatment whatever to be of any avail in the curative sense. As I have pointed out before, Pulmonary Tuberculosis is a curable disease, but only on one condition, namely, that it must be diagnosed and treated at a very early stage.

"I should like to respectfully suggest to the medical practitioners of the borough who are on the panel that they carefully read over the terms of the National Insurance Act and its various amendments. I have neither time nor space to detail them, but I should like to remind practitioners of two points: (1) that when a patient is placed on domiciliary treatment he is under the care of his panel doctor, who is partly responsible for the treatment and entitled to supply the panel patient with such drugs and appliances as are allowed by the Insurance Commissioners, including a free supply of Cod Liver Oil or Emulsion, or Malt and Oil if the practitioner thinks fit, or if he is asked to do so by the Tuberculosis Officer who is supervising the case from the Clinic; (2) that all panel practitioners shall, on diagnosing a case as Tuberculosis, send to the Tuberculosis Officer a form, G.P.17 revised, at the time of notification. Attention to this rule, which is obligatory, would obviate a lot of spade work in the Clinic, and accelerate the treatment of the case. Failures to comply with the above rule will in future be relegated to the Regional Medical Officer with the request that the necessary action be taken.

"I should like to remind the Health Authority of the new and considerable powers conveyed to them by Sec. 62 of the Public Health Act, 1925, for the compulsory removal of advanced cases of Pulmonary Tuberculosis who are a danger to others."

The total number of individual persons who attended the Ilkeston Dispensary (which in addition to Ilkeston serves other districts in the Erewash Valley) was 254, of whom 145 were from the borough. There were on the Ilkeston register at the end of the year 99 old cases and 46 new ones; 24 Ilkeston cases were sent to the Sanatoria at Penmore and Walton.

The following tables refer to the work done at the dispensary with respect to the borough cases only:—

RETURN OF OLD PATIENTS WHO ATTENDED THE TUBERCULOSIS DISPENSARY, 1925.

AGE.	Males.		Females.		Total Attendances.	No. found Tubercular.	No. of Pulmonary cases.	No. of Non-pulmonary cases.	No. received Sanatorium Treatment	No. refused to go to Sanatorium.	No. received other Treatment.	No. under Observation	No. died.	No discharged	No transferred	Total Sputa examined.	Sputa found positive.	No. of Ex-servicemen.
	...																	
Over 15 years of age	65	38	257	94	84	9	2	—	8	—	11	24	1	15	7	26		
Under 15 years of age	27	20	75	36	17	19	—	1	5	1	—	15	—	5	1	—		

N.B.—The 28 non-pulmonary cases were affected at the following sites :—Skin 2, eye 3, cervical glands 9, abdomen 3, hip cases 6, shoulder joint 1, spine 4.

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RETURN OF NEW PATIENTS WHO ATTENDED THE TUBERCULOSIS DISPENSARY, 1925.

AGE.	Males.		Females.		Total Attendances.	No. found Tubercular.	No. of Pulmonary Cases.	No. of Non-Pulmonary Cases.	No. received Sanatorium Treatment	No. refused to go to Sanatorium.	No. received other Treatment.	No. under Observation.	No. died.	No. discharged.	No. transferred.	Total Sputa examined.	Sputa found positive.	No. of Ex-servicemen.
	...	21	22	131															24	24	—	14	3	9	1	—	18	1	28	15	4
Over 15 years of age	...	21	22	131	24	24	—	14	3	9	1	—	18	1	28	15	4	—
Under 15 years of age	...	17	20	83	16	9	7	6	—	1	5	—	15	—	10	4	—	—

N.B.—The 7 non-pulmonary cases were affected at the following sites :—Cervical glands 2, abdomen 2, hip joint 3.

VENEREAL DISEASES

The prevalence of Venereal Diseases in the borough is practically impossible to estimate as they are not notifiable diseases, but that there is a large amount seems fairly certain from the figures below, supplied through the courtesy of the Medical Officers in charge of the Venereal Diseases Clinics of Nottingham City and Derby County Borough, where the Ilkeston patients go for treatment.

Return of New Cases from Ilkeston, treated for Venereal Disease during 1925.

V.D. Centre.		Syphilis.	Gonorrhoea.	Non-Venereal.	Total.
Nottingham	...	24	18	8	50
Derby	...	1	8	4	13
Totals	...	25	26	12	63

During 1924, the number of new cases treated at the above Clinics was 49.

In addition to the Clinic cases, there are others who obtain treatment privately from doctors, others who obtain no treatment at all, and still others remaining over from previous years uncured for want of treatment or a sufficiency and who are a potential danger to the community and their future progeny.

MATERNITY AND CHILD WELFARE.

MATERNAL WELFARE.

The Inspection of Midwives and other Activities of the Local Supervising Authority under the Midwives Acts, 1902 and 1918.

The administration of the Midwives Acts, 1902 and 1918, is carried out by the Derbyshire County Council. The County Council's Health Visitor (Miss Hankinson) periodically inspects the work of the Midwives, their records, temperature charts and labour outfits. She makes special investigations on behalf of and reports to the County Medical Officer in cases of Puerperal Sepsis and Ophthalmia Neonatorum, and in instances where breaches of the Rules of the Central Midwives Board have been committed by the Midwives.

Although the Acts are administered by the County Authority, there is complete co-operation between the County Medical Officer and the District Medical Officer of Health. When notifications of Puerperal Sepsis, etc., are received by the District Medical Officer he immediately and temporarily suspends the midwife concerned from further attendance at labours and causes her person, clothing, labour outfit, etc., to be disinfected at the Isolation Hospital under the supervision of the Matron. At the same time the County Medical Officer is informed of the action taken, who decides whether there shall be a continuation or not of the initial temporary suspension of the midwife from her duties.

During 1925, there were in the district 10 practising midwives, of whom six held the certificate of the Central Midwives Board, and four were "bona fide." Two other certificated midwives are on the staff of the Municipal Maternity Home; their work is not included here, but may be found in another portion of the report.

No Midwives were suspended on account of their liability to be a source of infection, and no breaches of rules requiring a warning letter from the Local Supervising Authority were committed by them.

The work of the Midwives in connection with the actual labour and lying-in period of their patients has thus on the whole been good. The Midwives attended 533 women, or nearly 86 per cent. of the total 623 notified births from outside the Maternity Home, and they sent 148 notifications to the Local Supervising Authority in accordance with Rule 22 of the Central Midwives Board Regulations. Copies of these notifications are sent to the District Medical Officer, who is enabled on the information thus obtained to utilise his local services when necessary.

The large percentage of confinements attended by Midwives proves that they are becoming a very important factor in the Maternity Service, a fact which is duly noted by the Central Midwives Board, which body has during the past year lengthened the period of training for their certificate from four to six months for a nurse who has received three years'

general training in a recognised hospital, and from six to twelve months for a woman who has received no previous training as a nurse. Thus the Board recognises the necessity of longer training and experience not only in labours but in ante-natal and post-natal conditions, the teaching of which subject must in future be part of the pupil's curriculum.

The local Midwives should do much more in securing for their patients ante-natal supervision and post-natal examination and treatment. Owing to their present limited knowledge of these subjects they are unable to advise their patients when to seek advice or even to educate them in overcoming a barrier of prejudices against ante-natal and post-natal examinations.

There are too many Midwives in this district, and their services are badly paid, making it impossible for any one of them to make a profitable living out of their work.

The 148 notifications sent in by Midwives to the Local Supervising Authority may be analysed as follows:—

Illness or weakness of mother during or after labour	...	31
Contracted Pelvis	... ..	4
Malpresentations	... ..	24
Lacerated Perineum	... ..	13
Adherent Placenta	... ..	9
Hæmorrhage	... ..	5
Miscarriage	... ..	3
Abortion	... ..	2
Deaths of babies	... ..	5
Still births	... ..	29
Weak condition of illness of babies	... ..	21
Artificial feeding of babies	... ..	2

The 33 malpresentations which occurred out of 533 labours, from which notes have been obtained through the courtesy of Miss Hankinson, were of the following kind:—

Breech 13, Footling 6, Cord and footling 2, Cord alone 2, Occipito-posterior 4, Face 4, Shoulder 1, Head and feet 1.

The Maternity Home.

A private dwelling called "Parkhyrst," Park Avenue, centrally placed in the district, was acquired in 1919 for the purposes of a Municipal Maternity Home and Infants Hos-

pital. The building was not found suitable for both purposes, so that since 1920 it has been used exclusively as a Maternity Home. It stands in its own grounds of about an acre. A laundry was built as a detached building. The present accommodation in the Home is 9 beds, though it was originally intended to accommodate 14 patients, the extra room being obtained by sending some of the nursing staff out to sleep in rooms close at hand, but the staff now sleep in the Home.

The initial cost of the Home was as follows:—

			£	s.	d.
Cost of Building and land freehold	...	...	1227	5	11
Alterations, laundry, electric installation, hot					
water supply, painting, etc.	...	...	731	6	11
Equipment and furnishing	...	...	726	0	11
Total			2684	13	9

During and up to 1925, the Home has been used as a training centre for pupil midwives who are trained nurses. They pay a premium of £15 each and give their services by nursing the patients. The total normal nursing staff has consisted of a matron and staff nurse (both general trained nurses with certificates of the Central Midwives Board), and three pupil midwives.

The domestic staff has consisted of a cook, living in, a ward maid, laundry maid, and a kitchen maid living out, and an outdoor man.

The Council in its determination to reduce the expenditure on the Home, resolved on March 12th, 1925, not to continue to use the Home as a training centre for pupil midwives after the present contracts terminated, but to appoint a permanent nursing staff of a matron and two staff nurses having C.M.B. certificates. It was also resolved to reduce the domestic staff to a cook-general, one maid, and a part-time outdoor youth and laundress.

In practice the above reductions in staff have been found to be too drastic, and the Council will have to modify their arrangement, insomuch as the percentage of beds occupied is likely to increase again.

During the last six years the Home has admitted the following numbers:—

Year	...	1920.	1921.	1922.	1923.	1924.	1925.
Cases	...	127	227	134	115	121	125

The Obstetric Physician to the Home is a local practitioner (Dr. Dobson) who is paid £50 per annum for his services, but this salary also includes one session per week at the Albert Street Infant Welfare Centre. Patients, however, are given a free choice of doctor, and any patient can have her own doctor to attend her as a private arrangement.

The Matron of the Home books the cases, enquires into the history of past confinements, if any, and in cases of previous difficulty and in all primiparæ, measures the pelvis. If any abnormality is detected, the patients are either sent to their own doctors for advice or seen by the Obstetric Physician at the Home by arrangement. Booked patients report at the Home monthly, and tests are made for Albuminuria. One ante-natal case was received into the Home during the year, and seven ante-natal cases were examined by the Obstetric Physician.

The Maternity Home staff continue to do excellent work, and the Home is slowly increasing in popularity. Even if it is difficult to prove that the Home has been the means of appreciably reducing the death rate of mothers and babies, it is fairly obvious that there must be far less injury and far better restoration to normal health among patients treated in the Home than among other more unfortunate women who are confined in overcrowded dwellings, under insanitary conditions and with the anxieties of household responsibilities on their shoulders during the whole puerperium. The following is a statistical survey of the work done at the Home during 1925 drawn up in accordance with the Ministry of Health Form 11/M.C.W.

**Annual Statistics relating to Maternity Hospitals and Homes, for
the Calendar year, 1925.**

Name of Institution—MATERNITY HOME. *Number of Beds*—9

Address—PARK AVENUE, ILKESTON.

Information required	Particulars.
(1) Number of cases in the home on 1st January, 1925	Three.
(2) Number of cases admitted during 1925	125 Labour 122 Emergency Adherent Placenta after Abortion 1 Ante-natal 1 Baby 1
(3) Average duration of stay	13.7 days
(4) No. of cases delivered by (a) Midwives (b) Doctors ...	112 10
(5) No. of cases in which medical assistance was sought by the midwife with reasons for requiring assistance	(a) 7—4 Albuminuria. 1 Flat Pelvis. 1 Justo Minor Pelvis. 1 Chorea.
(a) Ante-natal ...	(b) 8— 2 Placenta Prævia, 1 Central and 1 Partial. (includes) 1 Partial. forceps 6) 1 Face presentation and Hydramnios. 1 Uterine Inertia. 1 Narrow and rigid vaginal outlet. 2 Unreduced Occipito posterior. 1 Adherent Placenta.
(b) during labour.	
(c) After Labour.	(c) 15— 11 Lacerated Perineum. 1 Hæmorrhage. 1 Eclampsia. 1 Phlebitis. 1 Abscess of breast.
(d) for infant.	(d) 11— 6 Feeble at birth. 2 Spina bifida 2 Slight inflammation of eyes. 1 Ophthalmia Neonatorum.

(6) No. of cases notified as puerperal sepsis with result of treatment in each case. ...	Nil.
(7) No. of cases in which temperature rose above 100.4 for 24 hours with rise of pulse rate.	Nil.
(8) No. of cases of pemphigus neonatorum ...	Nil.
(9) No. of cases notified as ophthalmia neonatorum with result of treatment in each case.	One—vision probably permanently impaired in one eye.
(10) No. of cases of "inflammation of the eyes" however slight ...	Two.
(11) No. of infants not entirely breast fed while in the Institution with reasons why they were not breast fed.	Three (a) artificially fed owing to mother being an unmarried girl and having to leave child to go to work. (b) mother had retracted nipples—milk poor and insufficient. (c) supplementary feeds—abscess of breast. ...
(12) No. of maternal deaths with causes ...	One—due to Thrombo-Phlebitis and Cardiac Embolism.
(13) No. of foetal deaths (a) stillborn, and (b) within 10 days of birth and their causes—and the results of the post mortem examination, if obtainable.	<p>(a) Five Still Births.</p> <p>Causes. { (1) Hydramnios—Anencephalus. (2) Diseased Placenta—ill nourished. (3) Central Placenta prævia. (4) No foetal heart sounds heard on admission—diseased placenta. (5) Hydramnios—no movements felt nor heart sounds heard 3 weeks previously (macerated)</p> <p>(b) Two Babies.</p> <p>Causes. { (1) Congenital debility—due to Spina bifida. (2) Convulsions—condition poor at birth.</p>

SPECIAL NOTE.—**Immediate information** should be sent to the Ministry of the following occurrences in the Institution, with a brief statement of the circumstances of each case :—

- (1) Every case of maternal mortality occurring in the Institution or due to illness contracted in the Institution.
- (2) Every case of puerperal fever whether nursed in the Institution or transferred to another Institution.
- (3) Every case of pemphigus neonatorum.

PUERPERAL FEVER.

No cases of Puerperal Fever were notified during 1925, though it appears that there were cases in the district of sustained febrile illnesses during the puerperium whose signs and symptoms seemed to the medical attendants not to justify a diagnosis of Puerperal Sepsis. It has been recommended by the Obstetric Section of the Royal Society of Medicine that the term "sustained puerperal pyrexia" should be substituted for "puerperal fever," and that for the purposes of the notification Acts the term should be defined as follows: "sustained puerperal pyrexia means and includes any febrile condition occurring in a woman within 21 days after child birth or miscarriage, in which a temperature of 104.4 degs. F. (38 degs. C.) or higher is sustained or recurs during a period of 24 hours."

During the ten years 1916-1925, there have been more deaths registered as due to Puerperal Fever than notifications, namely, 12 deaths and 10 notifications.

Cases of Puerperal Fever are removed to the Basford Guardians' Institution or to the Local Infectious Diseases Hospital if empty at the time, or nursed at home, the midwife previously attending the case being superseded by nurses from the Ilkeston Nursing Association who do not undertake midwifery.

Puerperal Serum is kept at the office for the use of medical practitioners if they desire to use it.

There is no doubt if the terrible mortality from Puerperal Fever is to be diminished, that cases should be diagnosed early and should be removed to the General Hospitals where full clinical facilities are available and where specialist advice can be obtained.

ANTE-NATAL CARE.

Owing to financial restrictions, the scheme for the establishment of an Ante-Natal Clinic which was passed by the Council in 1924, was turned down; but towards the latter end of 1925, the subject was again brought to the Council's notice, when it was decided to commence an Ante-Natal Clinic as from April, 1926.

The Council have been able to obtain the consent of Dr. Margaret Glen Bott, M.B., B.S. (Hon. Surgeon to the Nottingham Women's and Children's Hospitals) to be in medical charge of the clinic.

That there is need for such a clinic in the district is shown by the high maternal death rate from accidents connected with pregnancy (excluding puerperal sepsis) in the following table during the eight years ending 1925, compared with the rates for England and Wales.

Maternal deaths per 1000 births from accidents due to pregnancy and parturition.

Year.	Ilkeston.	England and Wales.
1918	5.6	2.2
1919	4.0	2.3
1920	2.1	2.2
1921	3.2	2.2
1922	3.8	2.1
1923	2.7	2.2
1924	4.1	2.2
1925	2.7	—

The average rate during eight years for Ilkeston is 3.5, and for England and Wales, 2.2 maternal deaths per 1,000 births. Where the death rate is high, there is the practical certainty that the disabilities arising out of maternity will be proportionally high.

INFANT WELFARE.

During 1925, according to the notifications of births, 701 women gave birth to 710 live babies (9 twins). Besides these, 35 women gave birth to 35 still born infants.

The registered births numbered 721, and the total deaths of infants under one year of age numbered 80, or a rate of 110 per 1,000 live registered births. This is an exceptionally high rate compared with 75 for England and Wales.

An analysis of the causes and ages at death of these infants is shown in the following table:—

INFANT MORTALITY TABLE.

Cause of Death.	Causes of, and ages at death of infants under 1 year during 1925.									
	Under 1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-3 months	3-6 months	6-9 months	9-12 months	Total under 1 year
Prematurity ...	16	3	1	1	21	2	-	-	-	23
Atrophy, Debility, Marasmus ...	3	-	-	-	3	4	-	1	-	8
Congenital Malformation	3	2	-	-	5	-	-	1	-	6
Atelectasis ...	3	-	-	-	3	-	-	-	-	3
Convulsions ...	2	-	-	-	2	-	-	-	-	2
Diarrhœa ...	-	-	-	-	-	1	3	2	-	6
Bronchitis ...	-	-	-	-	-	4	2	8	1	15
Pneumonia (all forms) ...	-	-	-	-	-	3	3	3	5	14
Measles ...	-	-	-	-	-	-	-	-	1	1
Influenza ...	-	-	-	-	-	-	-	1	-	1
Meningitis (Tuberculous)...	-	-	-	-	-	-	-	-	1	1
Totals ...	27	5	1	1	34	14	8	16	8	80

INFANT MORTALITY FOR A PERIOD OF 10 YEARS TO 1925.

Cause of Death.	Deaths grouped according to certain causes of death.									
	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925
Prematurity, Debility Congenital conditions, etc....	48	48	48	48	36	38	37	24	24	37
Diarrhœa, Enteritis	8	4	8	4	9	6	3	9	5	6
Respiratory Diseases	18	24	13	32	20	26	16	19	20	26
Miscellaneous ...	8	17	18	12	27	13	9	15	6	8
Totals ...	82	93	87	96	92	83	65	67	55	80
Births ...	802	733	708	734	929	897	775	734	728	721
Infant Mortality Rates :—										
Ilkeston ...	102	129	94	129	99	92	83	91	75	110
England Wales ...	91	97	97	89	80	83	77	69	75	75

The following table shows the Infant Mortality Rates for a period of 25 years and the quinquennial averages.

INFANT MORTALITY.

QUINQUENNIAL AVERAGES DURING THE LAST 25 YEARS

Year.	Infant Mortality Rate.	Quinquennial Average.
1901	181.8	
1902	176.4	
1903	198.1	
1904	183.5	
1905	158.1	179.5
1906	177.3	
1907	156.9	
1908	147.1	
1909	191.2	
1910	132.8	161.0
1911	151.8	
1912	106.8	
1913	154.0	
1914	149.4	
1915	142.5	140.9
1916	102.3	
1917	129.6	
1918	94.6	
1919	129.9	
1920	99.0	111.0
1921	92.5	
1922	83.8	
1923	91.2	
1924	75.5	
1925	110.9	90.7

On entering into the reasons for the high Infant Mortality Rate for the year under review, it will be seen from the first table of Infant Mortality Returns that no less than 27 infants died during the first week of life. Out of these 27, the large number of 19 died from Prematurity, Debility and Wasting. The Local Authority's sanitary activities can do very little to reduce the number of these deaths under a week old or indeed

many others under 4 weeks old until infant hospital accommodation is available for them, and until ante-natal care of the mother is thoroughly carried out. The total infant deaths under four weeks of age amounted to 34, or a neo-natal death rate of 44.3.

The following table gives the neo-natal death rate from 1918 to 1925:—

Infant Mortality under one month of age per 1,000 Births (neo-natal death rate) 1918—1925.

Year	Infant Mortality Rate.	Neo-natal death rate.	Difference.
1918	94.6	33.8	60.8
1919	129.9	62.6	67.3
1920	99.0	36.5	52.5
1921	92.5	36.7	55.8
1922	83.8	42.5	41.3
1923	91.2	29.9	61.3
1924	75.5	32.9	42.6
1925	110.9	44.3	66.6

The difference between the neo-natal death rate and the infant mortality rate represents the death rate in infants over four weeks and under one year.

Deaths within the first four weeks of life and still births are often due to parallel causes, e.g., constitutional maternal diseases and poor physique, obstructed labour or difficulties during labour, and congenital anomalies of the foetus itself.

A high rate of infant deaths occurs under the heading of Bronchitis and Pneumonia, 29 (or 36.2 per cent.) of the deaths being due to these causes. The reason for so many deaths from respiratory diseases may be put down to exposure and cold and infection from adults, and a life spent in dark, overcrowded, ill-ventilated rooms.

In addition, there was during the year a considerable epidemic of Measles and Whooping Cough, and although the death certificates only show one death from Measles, yet from

the reports of the Health Visitors it was an established fact that some of these infants had just previous to death suffered from Measles or Whooping Cough. Therefore it may be rightly assumed that some of the death certificates of Bronchitis and Pneumonia were merely terminal complications of these primary infections. Local medical practitioners have a just grievance when they complain of the way parents send for medical treatment when their infants are moribund and beyond recovery.

Diarrhœa and Enteritis caused six deaths, and are to be put down to unsatisfactory feeding and infection from dirty surroundings. These causes of death are decreasing and due to many factors, but largely to advancement in the knowledge of general hygiene, the correct feeding of infants and cleaner streets owing to the passing of horse transport and the advent of the motor.

Still Births.

An infant is regarded as still born if after complete birth it has not breathed or shown signs of life. There were 35 still births during the year, or 4.8 per 100 registered live births, compared with approximately 3.0 for England and Wales. The still birth rate for the district during the last eight years has been as follows:—

Year.	No. of still births.	Percentage of Registered live births
1918	31	4.3
1919	27	2.3
1920	40	4.2
1921	35	3.8
1922	25	3.2
1923	33	4.4
1924	28	3.8
1925	35	4.8

As in the case of infant deaths, a report is required from the Health Visitors on a special form of every still birth. An investigation of these reports shows that (1) 16 (or 45.6 per

cent.) of the foetus' bodies were born in a macerated, peeling, or discoloured condition; the causes of death of macerated foetuses have been ascribed as approximately due to Syphilis 34 per cent., Toxæmia of Pregnancy, 20 per cent., Miscellaneous maternal diseases and foetal deformities 26 per cent., and undetermined causes 20 per cent. It seems, therefore that at least 54 per cent. of the above cases could have been saved by correct treatment during the ante-natal period; (2) 11 (or 31.4 per cent.) were born dead as the result of complications of labour, due to malpresentations and difficult instrumental deliveries. This is a further example of the use which ought to be made of Ante-natal Clinics and Maternity Hospitals. The former discovers abnormal conditions, and where possible, rectifies them, and the latter supplies the right kind of environment for dealing with difficulties which have been foreseen during the ante-natal period, but which could not then be rectified; (3) 5 (or 14.2 per cent.) were born dead as the result of Toxæmias of Pregnancy, such as the excessive vomiting of pregnancy, diseased conditions of the placenta, such as infarctions and retro-placental hæmorrhages, etc.; (4) 3 (or 8.5 per cent.) were born dead on account of various illnesses of the mother just before the confinement, such as Influenza and Rheumatism (1 case each), and one unknown.

Arrangements for Attending to the Health of Children of Under 5 Years of Age.

The Council now have four Health Visitors who are also School Nurses, a half of whose time is devoted to Health Visiting and the other half to the School Medical Service. The fourth nurse was appointed during April, 1925, for the reason that it was necessary to expend more time on supervising the health of toddlers and because of the general increase of the work of the School Medical Service. Miss Sherlock, the Senior Health Visitor, supervises the work of the others and attends all clinics, namely, Infant Clinics, daily Minor Ailments Clinics, Refraction and Dental Clinics. Her outdoor work consists of special investigations and any other duties which from time to time may be required of her.

Nurse Shakspeare is Infant and Toddler Visitor in the Market and Victoria Wards; School Nurse to Chaucer Street,

Gladstone Street and Hallcroft Central Schools, and attends the Albert Street Infant Clinic.

Nurse Blair is Infant and Toddler Visitor in North and Granby Wards; School Nurse to Granby, Holy Trinity and Bennerley Avenue Schools, and attends the Cotmanhay Infant Clinic.

Nurse Webster is Infant and Toddler Visitor in Old Park and South Wards; School Nurse to Catholic, Kensington and Hallam Fields Schools, and attends the Albert Street Infant Clinic.

The following table, extracted from the 1921 Census Returns (1) gives the number of infants, toddlers and children in the Borough up to the age of 14, the school leaving age; (2), the estimated numbers for 1925 on the Census figures.

Age.	Census 1921. Number.	Estimated 1925. Number.
0- 4	3388	3544
5- 9	3458	3586
10-14	3555	3719
Total all ages up to 14	10401	10849

Each of the three nurses who do the outdoor visiting have therefore approximately 3,600 children up to 14 years of age to look after. A summary of the work of the Health Visitors is as follows:—

SUMMARY OF HEALTH VISITORS MONTHLY REPORTS FOR 1925

Births notified (twins 9) ...	...	...	...	745
Males ...	...	...	...	375
Females ...	...	...	...	370
Still births ...	...	...	...	35
Died within 3 days ...	...	...	...	23
Attended by Medical Practitioners	...	...	...	90
Attended by Midwives only	...	...	...	533

Admitted to Maternity Home	...	...	...	122
Total number of visits paid	...	...	...	5885
Children weighed	...	...	...	678
Average weight	...	...	...	7.4 lbs.
Breast fed at birth	...	...	...	664
Bottle fed at birth	...	...	...	8
Breast and bottle fed at birth	...	...	...	2
Spoon fed at birth	...	...	...	4
Pre-natal cases visited	...	...	...	13
Out side the Borough	...	...	...	10

In addition to the above summary, the Health Visitors paid 183 visits under miscellaneous headings.

Notification of Births Acts.

The Adoptive Act of 1907 which had been adopted the same year by the Council, became compulsory in every area by the Notification of Births (Extension) Act, 1915. Notifications are given by a parent or person in attendance upon the mother within six hours of the birth, and has to reach the Health Office within 36 hours. The notifications apply to the birth of any child after the 28th week of pregnancy, whether born alive or dead. The Local Authority supplies stamped addressed post cards containing the form of notice to all who apply.

Notification is well carried out. During 1925 there were 745 notifications, and 721 live births were registered. As births have to be registered within six weeks of the event according to the Births and Deaths Registration Act, 1874, the notifications and registrations act as checks upon one another.

On the receipt of a notification the Health Visitor visits the mother and baby. This is done on the 4th day of birth if the midwife is a "bona fide," and on the 10th day if she has the certificate of the Central Midwives Board. From this moment onwards up to the age of 5, it is the endeavour of the Health Department to carry out the Maternity and Child Welfare Act, 1918, Sec. I., which enables the Council to make arrangements as may be sanctioned by the Ministry of Health for attending to the health of the expectant mothers and

nursing mothers, and of children who have not attained the age of five years, and are not being educated in schools recognised by the Board of Education.

Each case visited has particulars entered on a special card giving particulars of the confinement, number of children, etc., and a space for entering the date of each visit to the infant and its condition of health. Another portion of the card is reserved for a summary of the condition of the infant at the end of the 1st, 2nd, 3rd and 4th years of life. The fourth side of the card is reserved for attendances at the Infant Clinic and notes made by the Clinic Doctor of advice given, etc. The card therefore contains full information of the infant up to the end of the fourth year. When the infant enters school, the card is attached to its Routine Medical Inspection card so that the School Medical Officer may have a full past history of the child he is dealing with.

In addition to enquiring after the health of the infant, the Health Visitors are able to educate mothers as to the care of their children and of themselves.

The visiting of toddlers had not been systematically carried out till October, 1925, after the fourth Health Visitor had been appointed by the Council, so that the number of visits to toddlers represents barely three months' work.

Infant Clinics.

There are two Infant Clinics, one held at the School Clinic in Albert Street, attended weekly on Tuesday afternoons by Dr. Dobson, and the other at the United Methodist Chapel, Cotmanhay, attended weekly on Thursday afternoons by the Medical Officer of Health.

The Albert Street Centre is attended by three Health Visitors, and the Cotmanhay Centre by two Health Visitors; in addition voluntary assistance is as a rule given by the attendance of one co-opted lady member of the Maternity and Child Welfare Committee.

Babies attending the Clinics for the first time are examined by the Medical Officer and thereafter when they are ill, when advice is given. Mothers are encouraged to attend at least once a month, and weekly in the case of sick infants.

At each attendance infants are weighed undressed, and the weight card is kept by the parent.

It is impossible at either Centre to attempt to give systematic lectures to the mothers as the accommodation is not suitable, but the Medical Officer makes a point of visiting groups of mothers whilst they are having tea (supplied at one penny for a cup of tea and a biscuit) and tries to educate and interest them by conversation on some subjects connected with Maternal and Child Welfare. The Health Visitors show and explain the making of model garments for infants and toddlers.

At both Centres dried milks are supplied at practically cost price, e.g., Glaxo 1/6 per lb., Cow & Gate 1/8 per lb., Almata 1/8 per lb., and Trufood Humanised Milk at 2/- per lb. for very delicate babies, and in addition, Virol at 1/3 per $\frac{1}{2}$ lb. tin. During 1925, the total amount of dried milk supplied amounted to 2,425 lbs., and Virol 232 lbs.

Every effort is made to encourage mothers to breast feed their infants, and it is rare in this district to find a mother who prefers to feed her infant artificially. But cases are often met with where, the breast milk failing through want of sufficient and proper diet, rest and tonics, the mother, instead of temporarily supplementing the infant's diet while the flow is becoming re-established, loses patience and feeds the child wholly on an artificial diet. Necessitous nursing mothers are allowed a pint of milk per diem to supplement their own diet.

The following table gives the summary of attendances during 1925 at both Infant Clinics.

Central Clinic.			Cotmanhay Clinic.		
No. of individual children.	Attendances.	Examined by Doctor.	No. of individual children.	Attendances.	Examined by Doctor.
540	1,650	241	304	1,063	218

The total attendances at the Central Clinic were made up of 1,029 infants and 621 toddlers, average attendance per

session 34.3, and at the Cotmanhay Clinic 722 infants and 341 toddlers, average attendance per session, 21.7.

The Central Clinic serves a wide district, consisting of Victoria, Market, Old Park, and South Wards, with an estimated population of about 23,000, whilst the Cotmanhay Clinic serves North and Granby Wards with a population of about 10,700.

The Health Visitors paid to infants under one year 714 first visits and a total of 4,843; in addition 1,042 visits were paid to toddlers, making a grand total of 5,885 visits. This is an increase of over 600 visits compared with the previous year, despite the fact that one Health Visitor was off duty from illness for two months.

Infectious Diseases.

The importance of the work of the Health Visitor is further shown by the number of visits paid to infants on account of Infectious Diseases. They made 123 visits on account of Measles, 68 on account of Whooping Cough, and nine on account of Epidemic Diarrhoea. When infants or young children require extra nursing on account of epidemic illnesses, the Council obtains the services of the nurses of the Ilkeston and Cotmanhay Nursing Associations by paying an annual subsidy of £20.

Ophthalmia Neonatorum.

Another aspect of the work of the Health Visitor is the carrying out of the treatment ordered for cases of Ophthalmia Neonatorum. As soon as a case is notified the Health Visitor calls on the parent to see whether the treatment ordered by the doctor has been carried out. When cases are found before a doctor has been called in they are treated daily or oftener at the Clinic until cured, and more severe or intractable cases receive hospital treatment. Fortunately the number of cases of Ophthalmia Neonatorum (which used to cause so much permanent blindness) is yearly becoming fewer—perhaps

because the amount of parental Gonorrhœa is getting less, but mainly because of the modern treatment practised by the midwives on the eyes of the new born infant which prevents the occurrence of this dread disease. Last year only one case was notified—it was severe and intractable and received hospital treatment: one eye will have poor vision and in the other the vision will only be slightly impaired. The following table is required yearly by the Ministry of Health:—

Cases Notified.	TREATED				Vision Unimpaired.	Vision Impaired.	Total Blindness.	Deaths
	At Home.	In. Hospital.	At Clinic.					
1	—	1	—	—	—	1	—	—

During the years 1918 to 1925, the annual notifications of Ophthalmia Neonatorum have been 4, 13, 11, 11, 5, 2, 5 and 1.

Orthopœdic Treatment.

The Council has no scheme as yet for the orthopœdic treatment of children. Cases requiring treatment are sent to the Nottingham Hospitals or the Birmingham Orthopœdic Hospital. The Derbyshire County Council have acquired Bretby Hall as an Orthopœdic Hospital for the treatment of Tuberculous cripples, and accommodates 50 children. The County Council expect to extend the accommodation for the treatment of non-tuberculous cases. It is probable that the Local Authority will eventually establish an Orthopœdic Clinic in the district and link it up with the County Council's Orthopœdic Hospital.

Applications for Free Milk.

Under the Maternity and Child Welfare Act, 1918, arrangements have been made by the Council with the sanction of the Ministry of Health for the supply of milk to expectant and nursing mothers and children under 5. In 1921 the Ministry issued a Circular (185), dated 31st March, 1921, which laid down the conditions under which the milk was to be issued. These conditions have been carried out. Liquid milk has been supplied to the following applicants:—

Nursing mothers ...	...	Individual	71	Total applications	236
Expectant mothers ...	...	"	22	" "	83
Infants up to 18 months	...	"	80	" "	310
Children from 18 months up to					
3 years ...	...	"	16	" "	84
Children from 3 to 5 years	...	"	6	" "	22
Total individual applications ...			185	Total applications	735

The total amount of liquid milk supplied free of cost amounted to 3,770 gallons, and in addition 178 lbs. of dried milk were supplied free.

The number of applications rose during the year owing to much epidemic illness amongst infants and poverty from trade depression. In 1923 the total applications amounted to 401, in 1924 to 595, and 1925 to 735.

**Borough of Ilkeston
Education Committee.**

ANNUAL REPORT

OF THE

School Medical Officer

FOR 1925.

R. DE V. KING, M.R.C.S., L.R.C.P., D.P.H.,
School Medical Officer.

EDUCATION COMMITTEE.

THE MAYOR	Coun. J. PROCTOR.
(Alderman H. MOSS).	„ J. WOOLLEY.
Alderman A. HENSHAW.	„ G. W. WOOLLISCROFT
„ W. SHAKSPEARE.	(Chairman).
Coun. A. HENSHAW.	Principal Heaton.
„ L. MIDGLEY.	F. P. SUDBURY, Esq.,
„ J. H. MILLARD.	J.P., C.C.
„ C. V. MOORE.	S. R. WOOD, Esq., B.A.
	Mrs. PRIOR.

STAFF (1925).*School Medical Officer (also Medical Officer of Health)*

R. DE V. KING, M.R.C.S., L.R.C.P., D.P.H.

*Part Time Medical Officers.*Tuberculosis Officer ... B. S. NICHOLSON, M.D., D.P.H.
(County Tuberculosis Officer)Ophthalmic Surgeon ... T. E. A. CARR, M.B., B.S.
(County Ophthalmic Surgeon).

Dental Surgeon ... A. L. HODGKINSON, L.D.S.

Nose and Throat Surgeons of the Nottingham Throat, Ear and
Nose Hospital.*School Nurses (also Health Visitors)*

		Appointed.
Miss M. E. SHERLOCK, C.M.B.	...	21/6/14
Miss M. A. SHAKSPEARE, C.M.B.	...	1/3/21
Miss H. BLAIR, C.M.B.	...	1/6/22
Miss E. WEBSTER, C.M.B.	...	18/5/25

Clerks.

Miss L. TRUEMAN	...	...	15/5/23
Miss H. CLARKE	...	...	13/10/24

Borough of Ilkeston Education Committee.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
For 1925.

To the Chairman and Members of the Ilkeston Education Committee:

Mr. Chairman, Lady and Gentlemen,

I beg to submit my Annual Report on the work of the School Medical Service for the year 1925. The arrangement of the Report is in accordance with the suggestions in a memorandum from the Medical Branch of the Board of Education.

During the last five years the work of the Service has considerably increased, and with the increase there has been a considerable improvement in the general health of the children.

The decrease of verminous conditions alone is a striking result of the work of the School Nurses and the progressive education of public opinion on lines of personal cleanliness. In 1921, 5 per cent. of the children examined received notices for being verminous, but in 1925, this figure was reduced to 2.5—a figure which is still much too high. It is unfortunately too true that uncleanness and diseases due to dirt conditions occupy a large share of the time of the officers of the

School Medical Service which might be more usefully employed in other spheres. In the Annual Report for 1921 of the Chief Medical Officer of the Board of Education occurs these words, which are still appropriate: "The conscience of the parent has still to be aroused in regard to this filthy and unwholesome condition. Its depressive effects on health, temperament, capacity for work, and employment, are matters upon which the parent requires to be educated, though the task seems often hopeless with the present generation of parents. It may be hoped that children now emerging from school will carry with them into life a new body of ideas on personal hygiene, from which they will no doubt learn to regard uncleanly conditions with abhorrence. Education cannot be said to have achieved any result worthy of the name so long as the child leaves school with the lesson of cleanliness unlearned."

Further comparison of the work of 1925 with that of 1921 shows that increased use is being made of the facilities offered under the Authority's schemes to parents for the treatment of defects in their children. In 1921 the number of operations for Tonsils and Adenoids was 12; in 1925 the number rose to 69.

Then, with regard to the treatment of defective vision by refraction and the prescription of spectacles: in 1921, the number of children who submitted to refraction was 70, which in 1925 rose to 190.

Again, in 1921, the total number of children examined as Routine or Special Cases was 1,882, while in 1925 the total number examined was 2,919.

The School Medical Service may be further extended and improved by adopting (a) an efficient scheme for dental treatment; (b) an orthopædic clinic in connection with an orthopædic hospital; and (c) an open air residential school for the delicate and pre-tubercular child.

National Health Week during October was celebrated in the Borough by concentrating on the education of the school children on matters connected with their own health, and the part they ought to play in promoting the health of others. In addition, a special lecture was given to all children between the ages of 11 and 14 years on the subject of "The Story of English Public Health," dealing with the work of the pioneers and founders of our present English Public Health System, and for which a prize was given to each department by the Health Committee for the best essay on the subject.

It is a pity that the Education Authority thinks so little of the necessity of instructing the young mind on matters of Public Health that no definite part of the regular curriculum of the school child (costing £9/12/2 per head) is devoted to the teaching of personal and communal hygiene.

I trust the Committee will, after perusing this report, see the necessity of allowing me a part-time permanent assistant to do School Routine Medical Inspections, for which I have asked for the last two years. The Committee must be aware of the fact that to carry on the work single handed means incessant overtime duty, for which there is no extra remuneration.

I beg to thank you, Mr. Chairman, Lady and Gentlemen, for your support in my work during the past year, and the members of the School Medical Staff for their continued help.

Yours obediently,

R. De V. KING.

THE SCHOOL MEDICAL WORK IN 1925.

The Authority provide for the Medical Inspection of all children in Public Elementary Schools in the Borough as soon as possible in the 12 months following—

- (a) their first admission to Public Elementary Schools,
- (b) their attaining the age of eight years, and
- (c) their attaining the age of twelve years.

The Authority also make arrangements, sanctioned by the Board of Education, for attending to the health and physical condition of Public Elementary School children as follows:—

- (a) the following up of cases of defect found in the course of Medical Inspection.
- (b) the detection and prevention of uncleanness, and
- (c) the medical treatment of defects of eyes, teeth, minor ailments, and enlarged tonsils and adenoids.

These arrangements are in accordance with the requirements contained in Articles 17 and 18 of the Board of Education (Special Services) Regulations, 1925—Grant Regulations No. 19 (1925) under Section 80 (1) of the Education Act, 1921.

During 1925, the number of children inspected was 2,919, of whom 1,680 were inspected during Routine Medical Inspections, and 1,239 as special cases.

STAFF.

Full particulars of the Staff of the School Medical Service may be found on the first page of this report. The following two changes have occurred since 1924.

An additional whole time Health Visitor and School Nurse (combined)—Miss E. Webster—was appointed by the Council during the year,

Owing to a different arrangement for the Enucleation of Tonsils and Adenoids, now performed at the Nottingham Throat, Ear and Nose Hospital, Mr. John Power Gray, F.R.C.S., acts as the Local Authority's Nose and Throat Surgeon in place of Miss Margaret Purce, F.R.C.S., of the Derbyshire County Council.

CO-ORDINATION.

In so far as the Authority's Nursing Staff combine the duties of Health Visitor and School Nurse, giving half their time to each Service, the School Medical Service is closely co-ordinated with that of the other Health Services. Since the appointment of an additional nurse (making a total of four) it has been found possible for the nurses to carry out the visiting and following up of "Toddlers" or "Pre-Entrants" with medical defects. It is thus hoped that the number of medical defects found during the course of Routine Medical Inspection of Entrants to the Public Elementary Schools may be diminished in future years.

Toddlers up to school age are encouraged to attend the Infant Welfare Centres for advice, and parents of defective and debilitated children are put in the way of obtaining treatment through the family doctor or hospitals.

THE COST OF THE SCHOOL MEDICAL SERVICE.

The following table compares the cost of public Elementary Education with the cost of the School Medical Service during the last five financial years.

Cost per scholar in attendance.							Total per scholar in attendance.		
Year.	Elementary Education.			School Medical Service.					
	£	s.	d.	£	s.	d.	£	s.	d.
1924—1925	9	12	2	0	4	10	9	17	0
1923—1924	9	4	10	0	4	5	9	9	3
1922—1923	9	4	10	0	4	1	9	8	11
1921—1922	8	19	3	0	3	7	9	2	10
1920—1921	8	0	9	0	3	1	8	3	10

From this table it will be seen that during 1925 the School Medical Service cost 2.4 per cent. of the whole. In other words, out of every £100 spent by the Local Education Authority, £2/8/0 goes to the School Medical Service—a very low premium for ensuring the present and future health of the child.

SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

School Hygiene.

All the schools in the area were specially inspected as to their sanitary condition. Taking them as a whole, the schools are kept in a clean condition by the caretakers. Here and there the wooden seats of the water closets require attention for defects and cleanliness. The playgrounds have good surfaces and drainage. All the schools are situated in reasonably open surroundings—Kensington Girls' School, Granby Boys' School and Bennerley Infants' School are situated on main roads, and the noise from train and motor traffic is considerable, and distracting for teachers and pupils. The schools are one-storey buildings with the exception of Chaucer Street School, which has two storeys.

Some of the class room walls need cleansing, particularly Bennerley Avenue and Kensington Schools. The colour of the walls is generally buff. The walls are distempered, which makes it difficult to brush them down, and the rough surfaces are apt to catch the dust. If the walls were oil painted, the initial cost would be more, but the paint would last much longer and could be easily cleansed.

The floors of the classrooms are generally in a good condition. They are brushed daily with Dusmo and scrubbed three times a year.

The ventilation and lighting of the class rooms have been recently improved in some of the departments: Kensington School is very poor in both respects. The class rooms and cloak rooms are heated by the low pressure hot water system.

The desks in use by the senior girls and boys of 13 to 14 are not in many cases suitable for their height—single or dual desks with adjustable seats should be provided where necessary as soon as possible.

There is a sufficiency of lavatory basins at all the schools, but it seems that they are not used as frequently as they might be, and in addition there is too great economy in the provision of towels. Some schools supply one towel per week per class, and others with a similar number of scholars on the roll only two towels per week for the lot. The teachers seem alive to the fact of the possibility of infection from towels, and do not allow children with sores, etc., to use the common towel. An allowance of one towel per class per day should be allowed.

Many of the cloak rooms become extremely stuffy from the smell of damp and dirty clothes, for the reason that the cloak room windows are seldom kept open. Pegs for hats and coats should be placed further apart, particularly in the girls' departments, where much overlapping occurs and consequent transmission of vermin.

There is not a sufficient number of playing fields attached to the schools; the majority of the scholars are therefore unable to learn organised games.

The number of children who bring their meals to school is very small, and in the few cases where this is done there is generally a teacher on the premises who is able to supply them with a warm drink.

The following Infants' Departments were closed during the year:—

School.	Reasons for Closure.	Dates of Closure.
Bennerley Avenue ...	Measles ...	January 6th to 19th.
Holy Trinity ...	Measles & Epidemic Catarrh	February 9th to 23rd.
Holy Trinity ...	" " "	March 3rd to 23rd.
Gladstone Street ...	" " "	March 5th to 23rd.
Chaucer Street ...	Measles. ...	March 13th to 30th.
Kensington ...	Mumps, Chicken Pox and Whooping Cough ...	November 10th to 27th
Gladstone Street ...	Mumps, Chicken Pox and Whooping Cough ...	November 17th to December 1st.

The mortality amongst children of school age was as follows. Fourteen children died:—

Age.	Cause of Death.
4	Drowned in canal.
4	Broncho-pneumonia.
4	Broncho-pneumonia.
5	Acute Bronchitis.
6	Drowned in canal.
8	Empyema.
8	Acute Endocarditis.
9	Acute Endocarditis.
9	Measles.
9	Heart Disease.
9	T.B. Meningitis.
9	Measles.
12	Congenital Syphilitic Paraplegia.
12	Meningitis

MEDICAL INSPECTION.

During the year 1925, the Local Education Authority and Board of Education sanctioned an arrangement whereby a local practitioner (Dr. Lund) assisted the School Medical Officer at the Routine Medical Inspection of the school children. Assistance to the extent of 46 sessions was thus given.

Routine Medical Inspections are carried out in the schools—the children are either examined in the Head Teacher's room or in a class room.

Lists of names with addresses and dates of birth are supplied to the School Medical Officer by Head Teachers of those children whose age group is to be examined, and the parents of the children are asked to be present on the dates arranged for the inspection. The School Nurses make out the Medical Inspection Cards, recording also the weight, measurements, visions and mental conditions of the children to be examined.

In addition to the medical inspection of specified age groups, an examination is also made at the school (a) of children specially referred by teachers, parents, nurses and others, on account of their ailing condition, poor physique, poor mental condition and absentees from school for shorter or longer periods (b) of children found defective at previous examinations.

The total number of these examinations (see Table 1 at end of report) was 2,245, of whom 1,680 consisted of Routine Age Groups, 124 Specials, and 441 Defectives found at previous examinations. Out of the 124 special examinations, 107 were examined as to their mental condition with mental tests.

As there are 5,479 school children enrolled, the total number of children examined within the age groups includes approximately one third of the school enrolment, and the total number of children inspected represents nearly half of the school population of the Borough.

The Board's Schedule of Medical Inspection has thus been carried out during the year, and without part-time assistance this amount of work could not have been performed single handed.

Findings of Medical Inspection.

The following is a review of the facts disclosed by Medical Inspection.

Table 2a at the end of this report gives a numerical return of the defects found by Medical Inspections.

The following Table gives in tabular form data of a comparable nature between Ilkeston in 1925 and 24 representative areas which may be regarded as fully representing the country as a whole, and are the latest available figures.

**INCIDENCE OF DEFECT REQUIRING TREATMENT PER 1,000
CHILDREN INSPECTED.**

Defect.	Representative of whole country.	Representing Ilkeston.
Skin Disease	13	9
Defective Vision and Squint ...	71	68
Eye Disease	9	5
Ear Disease	11	9
Nose and Throat Disease ...	51	44
Heart Disease Organic ...	2	10
Lung Disease (not Tubercular)	12	34
Disease of Nervous System ...	2	2
Deformities	7	6
Other Defects and Diseases ...	17	41

The most striking differences between the average figures for the country and that of Ilkeston are shown in Organic Heart Disease and Non-tubercular lung disease. It is not surprising that Ilkeston has a high incidence of Organic Heart Disease on account of the local prevalence of Rheumatism (locally known as "growing pains") which is largely untreated.

The high incidence of non-tubercular disease of the lungs is due principally to Bronchitis among the infants. Various local factors cause this high rate: overcrowded and ill-ventilated houses, a dusty and soot-laden atmosphere from local industries and insufficient underclothing with defective footwear.

Under the head of Other Defects and Diseases, Ilkeston has a very high incidence and includes such disabilities as Phimosis, Goitre, and Hernia, etc. Visible enlargement of the Thyroid Gland was found in 7 boys and 109 girls of the age of 12 years out of 285 boys and 304 girls examined.

Following up.

The following up of defects found at School Medical Inspection is carried out by the School Nurses by means of School Visits and Home Visits. Parents whose children require treatment for medical defects are verbally informed if present at the inspection, and if absent are notified by letter. Medical defects requiring urgent treatment and for which parents have taken no steps to obtain it after a reasonable number of visits of persuasion by the School Nurses, are brought to the notice of the School Medical Officer who, by personally interviewing parents, has sometimes persuaded them to obtain treatment. If this fails, the School Medical Officer refers the case to the Investigation Sub-committee of the Education Committee, often with good results, and lastly, recalcitrant parents are reported to the Local Inspector of the Society for the Prevention of Cruelty to Children, and much excellent work has been done by him, particularly in the direction of obtaining treatment for children with gross crippling defects.

Periodical visits (once a month) to the schools are also made by the nurses for the examination of children for uncleanly and verminous conditions.

The following is a summary of the year's work by the four school nurses, including the work at the minor ailments clinic, dental and refraction clinics. The clinics are attended by Nurse Sherlock, and it was partly owing to the increased work at them that the Local Authority sanctioned an extra nurse, a half of whose time is given to the School Medical Service.

SUMMARY OF SCHOOL NURSES WORK FOR 1925.

	Nurse Sherlock	Nurse Shaks- peare	Nurse Blair	Nurse Webster	Total
Visits <i>re</i> School Absentees ...	45	211	272	212	740
Visits <i>re</i> Infectious Disease ...	64	310	320	234	928
Visits <i>re</i> Medical Inspection Defects	17	105	96	75	293
Visits <i>re</i> Inspection for Clean- liness	—	7	11	18	36
Visits to Schools for Medical Inspection	7	47	15	22	91
Visits to Schools for Cleanliness	36	33	28	25	122
Special visits to Schools ...	2	35	22	13	72
Number of children examined for Cleanliness	7102	9002	7144	3882	27130
Number of Notices issued <i>re</i> Verminous conditions ...	154	218	140	191	703
Number of Notices issued <i>re</i> other defects	36	33	121	29	219
Attended Refraction Clinics ...	14	—	—	—	14
Visits <i>re</i> refraction Cases ...	2	25	28	22	77
Visits to Schools for Dental Inspections	—	3	2	—	5
Attended Dental Clinics ...	21	—	—	—	21
Attended School Clinics ...	87	5	—	—	92
Attendance of Children for treatment	2340	—	—	—	2340
Visits <i>re</i> Tonsil and Adenoid Operations	—	—	1	13	14
Visits <i>re</i> Dental Inspection Defects	—	71	—	—	71

The following is an analysis of 1,668 visits paid by School Nurses to absentees from school on medical or alleged medical grounds:—

Infectious Diseases	860	Boils	4
Infectious Disease Contacts	78	Headache	2
Influenza	88	Impetigo	30
Rashes, not defined	8	Injuries and Sprains ...	23
Bronchitis	48	Burns and scalds	6
Coughs and Colds	210	Septic Wounds	27
Pneumonia	6	Pyrexia	11
Tonsillitis	27	Enlarged Tonsils	28
Adenitis	20	Ear-ache	1
Toothache	8	Digestive Disturbances ...	15
Conjunctivitis	1	Operation	1
Blepharitis	2	Attending Children's Hospital	1
Sickness and Diarrhoea ...	9	Miscellaneous conditions ...	61
Jaundice	1	Under own doctor	6
Rheumatism	5	To attend Clinic	3
Chilblains	2	Fit to return	41
Dobility	9	Out or returned to school when visited	36

MEDICAL TREATMENT.

The School Clinic in Albert Street is open daily. It is too small for the work which is undertaken there. The essential work at the Clinic consists of:—

- (a) the examination of school children referred by school nurses, parents, teachers and attendance officers,
- (b) the education of parents and children in general and personal hygiene, and the giving of advice as regards major ailments,
- (c) the treatment of minor ailments.

A register is kept of attendances and a list is given to the attendance officer twice a week, with name, address, school, disease and period of exclusion.

Children suffering from major ailments, infectious disease, etc, are given advice and referred to their family doctors or hospitals, and in the case of tuberculosis or suspected tuberculosis are referred to the Authority's Tuberculosis Officer for treatment or opinion.

(a) **Minor Ailments.**

The treatment of minor ailments is undertaken at the Clinic. These consist of various affections of the skin (including ringworm), external diseases of the eye (such as blepharitis, conjunctivitis, keratitis, etc.), discharging ears, cuts, bruises, septic sores and minor injuries.

The individual number of children who attended the Clinic and who were personally seen by the School Medical Officer, was 978, or 16 per cent. of the children on the school books, and the total attendances numbered 2,021. The Chief School Medical Officer of the Board of Education states in his Annual Report for 1924 that it is likely that in any one year about 10 per cent. of the children will require treatment for minor ailments. The figure for Ilkeston is therefore very high.

The School Medical Officer attends the Clinic on Tuesday and Thursday mornings every school week, and Nurse Sherlock conducts a daily clinic each school morning in order to carry out treatments, etc. The total attendance at Nurse Sherlock's daily clinic was 2,340.

The school clerk attends the Clinic daily in order to register the attendances, and assists at the Clinic in other ways. The amount of clerking required is becoming extremely onerous in view of the increasing use being made of the Clinic, and the statistical requirements of the Board of Education, and notifications to school attendance officers, teachers, and parents.

The total number of letters written by the School Medical Officer during the year to parents and teachers was 512.

A return of minor ailments treated at the Clinic is shown in Table IV, Group 1, at the end of this report.

(b) Tonsils and Adenoids.

The arrangements for the operative treatment of Tonsils and Adenoids during previous years at the County Council's Clinic in Derby was discontinued during the year under review for the reason that the County Council was unable to give in-patient treatment. The children now have their Tonsils and Adenoids removed at the Throat, Ear and Nose Hospital, Nottingham, and remain as in-patients for four days. This arrangement has proved very satisfactory, and the children appear to have made a more rapid convalescence after the operation than previously. This is not to be wondered at, considering the bad housing conditions whence most of the children are drawn.

The Hospital charges the Education Authority an operation fee of £5/5/- for each batch of six cases admitted, and 12/- maintenance fee each for four days, or a total cost of £8/17/- for six cases. Under the old arrangement the cost for six cases was £9/9/- operation fee and £1/5/- hire of ambulance to bring the patients back from the Clinic to their homes.

Under the present scheme there is therefore a saving of £1/17/- on every six cases, added to the advantage of in-patient treatment and saving the time of a school nurse for ambulance work. 50 per cent. of these charges is recovered through Exchequer grant.

The number of cases operated upon under the Authority's Scheme was 44, and the total number 69, which is 1.3 per cent. of the children on the school books. A rough approximation of the number of children requiring this operation given by the Chief Medical Officer of the Board of Education is 1 per cent. to 2 per cent. of those on the school register. (See Table IV, Group 3.)

(c) **Tuberculosis.**

One of the important functions of the School Medical Officer at the School Clinic is to detect early signs of tuberculosis, to keep the pre-tubercular child under constant observation, and to work in close co-operation with the Tuberculosis Officer for diagnosis and treatment. The notified number of new cases of definite tuberculosis in children of school age during 1925 was 15, of whom 5 received Sanatorium treatment and 2 hospital treatment. Of the total cases 11 were pulmonary, 2 glandular, and 2 other forms.

The County Tuberculosis Health Visitor visits and follows up cases of Tuberculosis, and any housing defects are brought to the attention of the Borough Medical Officer of Health. In addition the voluntary workers of the Tuberculosis After-Care Committee do excellent work in visiting and giving assistance in necessitous cases.

Beds for the Sanatorium treatment of children are limited, and even when available, parents are disinclined and often refuse to allow their children to undergo a full course of Sanatorium treatment, but bring them back to poverty, to unsuitable home conditions, to live in stuffy rooms, or to hang about the streets at a "loose end." Hence there is grave necessity to get these cases into open-air schools preferably of a residential type, but if not, then a day school with facilities for a generous mid-day meal at the school.

(d) Skin Disease.

The common skin ailments, such as boils, impetigo, some forms of eczema, scabies, and the milder forms of ringworm are treated at the Clinic. The new Danish treatment of scabies (with Marcussens' ointment, marketed under the name of Kathiolan) has been systematically used at the Clinic for the last two years with extraordinary success. One application of the ointment with steam disinfection of clothes and bedding, has been found sufficient to effect a cure with children. Children can now be returned to school free of infection in about three days against 10 to 14 days when older methods were employed.

Children with mild ringworm are successfully treated with any of the usual remedies, but for the diffuse type, X-Ray treatment is advised, and is completely successful in eradicating the disease in a short time. This treatment is carried out at the Derbyshire County Council's Clinic, and costs the Authority 30s. per case and free of charge to the parents. Fifty per cent. of these charges is recovered through Exchequer grant. Owing to the monthly cleanliness inspections carried out by the School Nurses, early cases of ringworm are detected and followed up; thus the amount of ringworm spread through the medium of the schools must be negligible. Children with ringworm are bound to wear a washable cap in school. No case is deemed cured until two separate examinations of hairs show the absence of the ringworm fungus. Ten cases received X-Ray treatment at a cost of £7/17/6.

(e) Eternal Eye Disease.

The simpler forms of eye disease are treated by daily attendance at the Clinic. Others of a more serious nature are sent to the Eye Infirmaries for in-patient treatment. Many cases are referred to the Authority's Ophthalmic Specialist for diagnosis, such as conical ulcers of suspected tuberculous origin, and some forms of keratitis.

(f) Vision.

The work of following up children found to have defective vision and squint is extremely onerous, from the fact that

in the first place parents require an enormous amount of persuasion to understand that spectacles are necessary, and in the second place the frequent re-examinations that are necessary during the nine years of the school life of a child with defective vision and squint entails further visiting and more persuasion. Even then there remains the periodical following-up in the school to see that the children who have been prescribed spectacles are wearing them, or whether broken ones are being replaced. Another difficulty arises from the attention of the wandering pedlar type of optician who calls at houses after a school inspection offering to test visions, prescribe for them and dispense spectacles on the spot for children found with defective vision by the School Medical Officer. Presumably it is the allurements of having everything "done on the spot" which attracts some busy housewives to consent to have their children treated in this way; it does not seem to enter into their calculations that a wrong prescription may be given, harm or no benefit given to their children, and that the ultimate cost to them will be more than if they had accepted the Authority's scheme.

The Authority's Ophthalmic Surgeon holds sessions at the School Clinic as required. Children for refraction attend daily for three days before examination for the installation of a mydriatic by the Clinic Nurse. Failure to keep appointment is of frequent occurrence, adding further to the work of the nurses in following up. However, the number of refractions has considerably increased over former years. During 1925, 185 children were examined for errors of refraction by the Ophthalmic Surgeon, or 1.5 per cent. of the children on the school registers. See Table IVb.)

The Chief Medical Officer of the Board of Education states that it may be safely assumed that approximately 5 per cent of the children in an area should pass through the hands of an oculist every year, either as new cases or for the purposes of re-examination. There is need of an extension of this service, as there is still a number of children requiring refraction, but for whom no provision had been made in the Authority's financial estimate for the year under consideration.

(g) **Ear Disease and Hearing.**

Much work is accomplished at the Clinic as the result of following up cases of discharging ears. To have this condition treated in its very early stage is being constantly brought to the notice of the parents, and it is now getting commoner for parents to bring their children to the Clinic for treatment as soon as they notice ear trouble instead of first trying so-called home remedies for a considerable time and allowing a chronic condition to develop. Acute and chronic Mastoiditis cases are operated upon at the local hospitals, there being one operation of this character during the year. Every case of ear discharge is examined by the School Medical Officer with speculum and dark room illumination. When the disease is found to be extensive, children are referred to the Ear Specialists at the Nottingham hospitals for further advice and treatment. Other cases receive topical applications, the parents being instructed how to carry out the daily routine treatment, and re-examinations are made by the School Medical Officer weekly or bi-weekly. Some parents, from want of comprehension, cannot be trusted to carry out the routine treatment, in which case their children receive the daily attention of the Clinic Nurse.

The number of ear cases treated during the year at the Clinic was 59, of whom 44 cases were for discharging ears. (See Table IVa.)

(h) **Dental Defects.**

In the Annual Report for the year 1924, it was pointed out that the Authority's scheme for the dental treatment of school children was most inadequate. However, the Authority has taken no steps to remedy this defect in their School Medical Service. One session per week for dental treatment is insufficient. The Chief School Medical Officer, in his Annual Report for 1924, states that the number of children for whom dental treatment is required amounts to over 80 per cent. in areas where no treatment has hitherto been available. The School Dental Surgeon finds the percentage of children requiring treatment in this Borough in some of the school

departments rises to as much as 84 per cent., whilst at the School Routine Medical Inspection, 971 children out of 1,682 examined were found with definite dental caries.

As it is impracticable with an allowance of one session a week for dental treatment to formulate a complete scheme, provision was made during the year for the Dental Surgeon to inspect and treat children in the area of 5 and 6 years of age, though in addition a mixed school had to be inspected, as a very large amount of carious teeth was found there at Routine Medical Inspection. Two infant departments and one mixed school were therefore inspected, and treatment given to those who would accept it, and one other infant department was inspected ready for treatment during 1926.

In addition to the above work, numerous children attend the Minor Ailments Clinic for dental abscess, etc., requiring urgent dentistry, and who are sent to the dental clinic as special cases. (See Table IVd.).

During 1926, unless extra sessions are allowed by the Authority, the present inefficient scheme will continue, and inspection and treatment will be given to 5- and 6-year old infants, and re-inspection and re-treatment to those who were inspected during 1925, and who will be 6 and 7 years of age in 1926, as well as special cases.

Of all the clinics, the dental clinic is the most difficult one to secure the attendance of children. The percentage of acceptances to those requiring treatment was 61, and the percentage of those actually treated out of the acceptances was 81.7. In addition, many cases never attend to finish their treatment.

(i) Crippling Defects and Orthopaedics.

Although crippling defects which come to the knowledge of the School Medical Department are followed up by the school nurses and are periodically examined by the School Medical Officer, the Authority has no scheme for dealing with them. The cases are referred to the General Hospitals in Nottingham and Derby for treatment, and a number obtain admission to the Birmingham Orthopaedic Hospital through

the local Inspector of the Society for the Prevention of Cruelty to Children, which society has been paying the expenses of treatment there.

But the absence of a local Orthopædic Surgeon in connection with an Orthopædic Hospital tends to nullify in greater or lesser degree, through want of after-care, massage and remedial exercises, etc., the wonderful work of the Surgeons in remedying the deformities of crippled children.

The Derbyshire County Council has a scheme in hand to form an Orthopædic Hospital, limited in the first instance to 50 beds for Tuberculous Orthopædic cases. The Council hope very soon to extend the accommodation so as to admit non-tuberculous cases as well, and will invite the co-operation of local authorities in the scheme.

The Nottingham Cripples' Guild is also formulating a scheme to build a large Orthopædic Hospital near Mansfield.

It is to be hoped that when one or other of these hospital schemes matures, the local authority will be able to form an Orthopædic Clinic in the Borough in connection with one of them.

The Chief Medical Officer of the Board of Education, in his report for 1924, summarises the considerations which have to be met in formulating a complete scheme of Orthopædic treatment as follows:—

- (1) *Prevention of Crippling.*—Steps which should be taken to prevent tuberculosis, rickets, infantile paralysis, etc.
- (2) *Ascertainment of the number of Cripples* in the area and the nature of their defects. All public health officials, teachers, voluntary bodies, etc., should assist in securing early ascertainment of defective children.
- (3) *Provision of Remedial Facilities:*—
 - (a) An orthopædic hospital should be available to serve the needs of the area. Local Education Authorities should secure by arrangements with the hospitals, the services of an orthopædic surgeon for the examination and treatment of crippled children.

- (b) The establishment of Orthopædic Clinics at which children can be seen at regular intervals for examination and treatment by the orthopædic surgeon and nurse. These clinics should be open at least once a week, and more frequently if special treatment is given.
 - (c) The provision of facilities for the supply of the necessary surgical appliances.
 - (d) The establishment of effective arrangements for the following up of the children by school nurses, to ensure regular attendance at the clinics and the utmost co-operation of all concerned in the remedial activities provided.
- (4) *Provision of efficient after-care facilities.*—Re-educative and remedial exercises may have to be provided after the crippling defects have been so far remedied as to enable the children to attend regularly the ordinary public elementary school.

PARENTS PAYMENTS.

By Section 81 of the Education Act, 1921, a parent is liable to pay for treatment provided by the Authority, such charge not exceeding the cost of treatment, as the Authority may determine, and it is the duty of the Authority to recover the cost (except in necessitous cases) if necessary through the County Court under the Summary Jurisdiction Act, 1879.

In this district parents contributions for medical treatment amount to a very small sum owing to local poverty through the uncertainty of the industrial position and part time employment in the collieries, etc. No charge is made for dental treatment, minor ailments, X-Ray treatment for ring-worm, or refractions. As to the latter, owing to an understanding with a local firm of opticians, spectacles cost 4/6 to 8/6, according to the lenses prescribed, which parents are expected to pay. But necessitous cases requiring free or partly free spectacles, or requiring operation for Tonsils and Adenoids, are brought before the Education Committee, who determine the amount of contribution, if any, the parent has to make, each case being judged on its own merits.

A Clinic Box is kept at the minor ailments clinic, into which on rare occasions parents are inspired to show their gratitude for work done by placing therein small sums of money. The total sum so collected amount to 13/8½ in respect of well over 4,000 attendances during 1925.

Spectacles free of charge were allowed to 10 children, and partly free to 10 children, out of 82 spectacles obtained.

Tonsil and Adenoid operations free of charge were allowed to 10 children, and partly free to 34 children.

OPEN AIR EDUCATION.

Playground classes are attempted during favourable weather in most of the departments, particularly the infants'. The proximity of playgrounds to roads and outdoor noises causes too many distractions for pupils for teachers to adopt this method of education to any great extent.

School journeys were made by a few of the schools and included the following places: London (Wembley), Derby Museum, Nottingham Castle, Bennerley Iron Works, West Hallam Potteries, Nottingham Museum, Skegness and nature study walks.

There were no school camps.

Open air class rooms, day open air school or residential open air schools do not exist in the Borough.

Owing to comparative freedom during the year from notifiable infectious diseases in the Borough, the Isolation Hospital was available for use from March to the end of July as a sanatorium for delicate and ailing children drawn from those living under poor and unhygienic surroundings. Thirty children were admitted with an average residence of 28.8 days. The cost to the Health Committee was approximately 15/6 per child per week. The children benefited enormously, but no part of the cost could be obtained as a grant from the Board of Education.

Physical Training.

After four years without an Organiser of Physical Training, the Local Authority entered into an agreement with the Derbyshire County Council during the year to share the services of their Organiser.

The Organiser is Mr. A. Hobson, who has two assistant Organisers, Misses D. Hyden and K. Ward.

The time devoted by the Organiser and his assistants to this Authority is based upon the ratio between the Ilkeston school population and that of Derbyshire.

The cost of this scheme to Ilkeston is approximately £103 and travelling expenses.

The Organiser or one of the assistant Organisers visits each school in Ilkeston about once a month to inspect the work being done in the schools. Three courses have been held for teachers:—one each for boys' girls' and infants' schools. These courses consisted of 10 weekly lessons of 2 hours each.

One hour is allotted in the weekly curriculum for physical training, and one hour for organised games.

Up to the present, the only association which the School Medical Service has with the physical training department is for the School Medical Officer to forbid or limit games and exercises in cases of certain heart affections, or to suggest certain remedial exercises for cases requiring them by letter to the teachers concerned.

Provision of Meals.

This work is undertaken by the Authority under Section 82-86 of the Education Act, 1921.

Section 83 of the Act empowers the Local Authority to recover the cost of meals supplied to school children from their parents, but this is never done, as the local authority supplies meals only to children whom they are satisfied are living under necessitous circumstances. Section 84 gives power to local authorities to defray through public funds the cost of food in the case of children attending elementary schools who are unable by reason of lack of food to take full advantage of the education provided for them.

The children are as a general rule selected by the School Medical Officer, who sends his recommendation with particulars to the Education Committee.

Breakfasts (8.15 a.m., and Dinners (12.30 p.m.) are served daily and during holidays, except Sundays. The present dietary and expenditure, etc., is shown in tabular form in the following tables.

DIETARY AND EXPENDITURE, 1925-26.

Breakfast: Oatmeal porridge, bread and butter, cocoa.

Dinner: Vegetable soup, minced meat, pea soup, fish, meat and potato stew, treacle and jam puddings, rice and sago puddings.

Average cost per meal for food only 2.05d.

Average total cost per meal 3.7d.

Number of individual children for whom meals were provided:

Free	...	...	...	...	63
For part payment	...	...	...	...	nil
For full payment	...	...	...	...	nil—Total 63

Receipts—Nil.

Number of meals provided:—

Breakfasts	...	...	...	11909
Dinners	...	...	...	14048
Total	...	...	...	25957

Total Expenditure: £453.

The meals are provided under suitable conditions and adequate arrangements and supervision at the Cookery School in the centre of the town. Children from distant parts of the town are allowed their fares on the tramways. The Local Authority supplies the meals themselves and not by contracting out.

School Baths.

These are not provided by the Authority, though a very desirable provision for the greater promotion of personal cleanliness. Most of the houses in the district have no bathrooms or a hot water system, and many rely merely on a water supply from a tap in the yard.

However, the Corporation opened 8 slipper baths on premises at the rear of the Town Hall in 1925, and it is hoped that better use will be made of them by parents and school children.

Co-operation of Parents.

Notifications are sent to parents as to the time and place at which Medical Inspections or a School Clinic will be held. When they have attended, substantial gains have been secured, and misunderstandings and prejudices have been avoided. The parents are also able to make examinations easy by providing information, and moreover the opinion of the Medical Officer can be given more clearly and directly to them than by letter. The average attendance of parents in the Infants' departments was 78 per cent.; in the Senior departments, 46.6 per cent.

Co-operation of Teachers.

The school teachers appreciate the value of the medical work, and their support is invariably generous. The Head Teachers are invited to attend, and do attend, during the medical inspection of the children under their charge; they have become increasingly interested in following up the defects found in the children, and are using their influence in persuading parents to have defects remedied.

Co-operation of Attendance Officers.

The Attendance Officers (two in number) render every assistance to the Medical Department by giving daily prompt information as to absentees from school on medical or alleged medical grounds.

Co-operation of Voluntary Bodies.

(a) A local voluntary association maintains a home for debilitated convalescent children between the ages of seven and fourteen, at Bonsal, near Matlock. The home was open from May to the end of September, and each child spent about a week there, conveyance being by motor to and fro. The total number of children taken in was 208.

The home is of inestimable use for the purpose it serves, but in addition, there is a great need (in an industrial locality such as this) for a place where children who are suffering

from deficiency diseases such as malnutrition and rickets, and the pre-tubercular child, could be taken to a home and boarded out for three months or so at a time, and where their education could continue under the best conditions.

(b) *The Tuberculosis After-Care Committee.*—This Committee has performed excellent work. The members of the Committee visit notified cases of Tuberculosis, and partly through grants from the County Council and partly from funds raised by voluntary effort, they are able to assist necessitous cases among school children suffering from Tuberculosis, by gifts of milk and other food under the direction of the Tuberculosis Officer. Certain appliances are also obtained by them from the British Red Cross Society.

(c) *The National Society for Prevention of Cruelty to Children* has, through Inspector Nottingham, given much assistance in investigating and causing amelioration in cases of gross neglect brought to his knowledge through the School Medical Service. The Inspector's services have been particularly valuable in obtaining treatment for orthopædic cases at the Birmingham Orthopædic Hospital through the funds of his Society. His work could be considerably increased in this direction if it were not for the lack of funds, which should certainly be augmented by the Local Authority in the form of an annual subscription to further this important branch of the Society's work.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The powers of the Local Authority for the education of Blind, Deaf, Defective and Epileptic children are contained in Part V. of the Education Act, 1921.

Section 52 of the Act compels the Local Authority to make provision for the education of Blind and Deaf children in some school for the time being certified by the Board of Education as suitable for providing that education.

The number of Blind and Deaf Children is ascertained by the School Medical Officer in the course of his inspections.

There are no totally blind children to provide for, but there are seven deaf or partially deaf children, of whom four are attending the Deaf and Dumb School in Derby, and two attending elementary schools and one not at school.

During the financial year 1925-26, the cost to the Authority for maintaining children at special schools was £312. These and other defective children within the meaning of the Act have to be maintained till they attain the age of 16 years. Under Section 65, the parents are liable for expenses incurred in the special schools; their contributions to the above sum amounted £13/1/-.

With regard to Mentally Defective children, Section 55 of the Education Act, 1921, compels the Local Authority to make arrangements for ascertaining what children by reason of mental or physical defect are incapable of receiving proper benefit from instruction in the ordinary public elementary schools, but not incapable by reason of that defect of receiving benefit in special schools provided for this purpose.

The duty of the Local Authority to educate defective children ceases if they are found to be so feeble-minded, or imbeciles, or idiots, that it would be an impossibility to educate them. These cases are notified under the Mental Deficiency Act, 1913, to the Derbyshire County Council, who is the local Control Authority. This Authority arranges for their removal to institutions, or in suitable cases to remain at home under the supervision and following up of the County Council's Health Visitor. Four imbeciles were notified during 1925.

The ascertainment of the number of Mentally Defective children in the Borough has not been completed for 1925. The School Medical Officer examined 107 children presented to him by teachers, and found 77 to be definitely feeble-minded. To these may be added another 30 awaiting to be confirmed, making a total of 107 feeble-minded children.

The examination of each child is conducted by Mental Tests (Terman's Modification of the Binet Simon Scale is used in every case), and the 77 children mentioned above earned quotients of 70 or under,

In addition to the Mental Tests, a full report on the scholastic attainments of each child is made out on Form 41 D, as required by the Board of Education. If the ascertained figures above be accepted, the number of Mentally Defective children per 1,000 on the registers for this district gives an ascertained incidence of approximately 14. This figure is largely in excess of the estimate of 8.6 based by the Board of Education on the partly ascertained and estimated returns of Local Education Authorities in England and Wales in 1923.

The work of ascertainment was commenced systematically last year. Hitherto the estimates of teachers were mostly relied upon, and thus there has been a great deal of the work of former years to make up. The mental examination of each child presented by teachers takes from an hour to an hour and a half to complete, added to which much time is taken up in the clerical work involved in suitably summarising each case for future reference and reporting to the Local Education Authority when necessary on Form 306 M, which was issued for this purpose by the Board of Education last year.

Most of the schools have a special class for the instruction of dull and retarded children, to which are added the Mentally Defectives. The present scheme for ascertainment will include an annual review by the School Medical Officer of Mentally Defective children in these special classes who were found to have a mental quotient of 70 or under. With the help of the teachers, reports of their progress or otherwise, a decision will be arrived at as to whether they are likely to benefit from further attendance at a public elementary school, or whether they should be notified to the Local Education Authority as suitable for a special school, day or residential, and therefore educable, or lastly, whether they should be notified as ineducable to the Local Authority under the Mental Deficiency Act, 1913.

As the Authority has no special schools for the moment to which low-grade but educable defective children can be sent, it seems that there is no other course left but to allow this type of child to remain in the special class in the public elementary schools (a hindrance certainly to the teacher and

those taught) rather than to allow them to "run wild," to miss the discipline of school and to trust merely to the supervision of periodical home visits from Health Visitors, Care Committees and Voluntary Organisations.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The Local Education Authority has power under Part VIII., Sec. 90, of the Education Act, 1921, to make by-laws for regulating the employment of children and for the regulation of street trading. These by-laws first came into force during the year 1922, and are based on a model set drafted by the Home Office.

Practically no co-operation exists between the Education Department and that of the School Medical Service with respect to the fitness or otherwise of employed children while at school. No cases were sent to the School Medical Officer during the past year for medical examination, but this omission will in future be rectified. Neither is there any co-operation between the School Medical Service and the Juvenile Employment Committee or Certifying Factory Surgeon. The Juvenile Employment Committee could have access to the findings of the Medical Inspections (at least three in a scholar's life at school) if it so desired when about to place children in employment; the records ought to prove invaluable in deliberating as to a child's physical fitness for particular forms of employment.

The close co-operation of these departments should become a future development in applying the work of the School Medical Service to the benefit of the individual and the community.

The following table gives the number of school children in employment in the Borough, and the nature of their employment.

Occupation.		Boys.	Girls.	Total.
Newspaper sellers ...	...	37	1	38
Delivering groceries	...	1	—	1
Total ...	...	38	1	39

SPECIAL INQUIRIES.

It is to be deplored that the School Medical Officer's time is so occupied with ordinary routine duties that he has not had time to make use of the large amount of material to hand for conducting special inquiries.

The Chief Medical Officer of the Board of Education has from time to time suggested matters upon which special inquiries are needed for the elucidation of some of the problems connected with child life. For example, last year, the Medical Branch of the Board of Education instituted a committee of investigation into the causes of enlarged tonsils and adenoids, with the obvious intention of trying to discover a method for their prevention. And another committee was appointed to enquire into certain factors governing the growth and development of healthy children from infancy up to 18 years of age and living under varied conditions, with a view to obtaining a series of anthro-pometric figures (norms) from all parts of the country which would be of value to School Medical Officers and others in the estimation and comparison of nutrition, physique, etc.

The School Medical Officer has, much against his will, been unable to assist the committees requiring these data.

Medical Inspection Returns.

TABLE 1.—Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

No. of Code Group Inspections.

Entrants ...	...	...	...	...	522
Intermediates ...	...	...	...	...	501
Leavers ...	...	...	...	...	589
				TOTAL	1612
Number of other Routine Inspections ...				...	68

B.—OTHER INSPECTIONS.

Number of Special Inspections	...	...	1,239
Number of Re-Inspections ...	...	...	828
TOTAL		...	2,067

TABLE II.
A.—Return of Defects found by Medical Inspection in the
Year ended 31st December, 1925.

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Re-quiring Treat-ment.	Requiring to be kept under ob-servation but not requiring treatment	Re-quiring Treat-ment.	Requiring to be kept under ob-servation but not requiring treatment
Malnutrition	39	31	7	5
Uncleanliness	27	—	23	1
Skin	Ringworm—Scalp	8	27	—
	Body	—	2	—
	Scabies	—	4	—
	Other Diseases (non-tuberculous)	7	20	4
Eye	Blepharitis	8	1	—
	Conjunctivitis	1	2	—
	Keratitis	—	—	—
	Corneal Opacities	—	1	—
	Defective Vision (excluding squint)	82	27	3
Ear	Squint	34	16	—
	Other conditions	3	5	—
	Defective Hearing	9	15	7
	Otitis Media	2	35	3
	Other Ear Diseases	14	15	2
Nose and Throat	Enlarged Tonsils only	23	36	20
	Adenoids only	2	8	3
	Enlarged Tonsils and Adenoids	48	18	17
	Other conditions	1	5	—
Enlarged Cervical Glands (Non-Tuberculous) ...		7	3	6
Defective Speech		—	3	—
Teeth—Dental Diseases ...		98	32	—
Heart and Circulation	Heart Disease—Organic	17	35	7
	Functional	2	7	3
	Anæmia	15	36	—
Lungs	Bronchitis	56	67	—
	Other Non-Tuberculous diseases	2	8	7
	Pulmonary—			
Tuber-culosis	Definite	—	4	—
	Suspected	—	—	25
	Non-Pulmonary—			
	Glands	—	6	3
	Spine	—	—	—
	Hip	—	—	1
	Other Bones and Joints	—	—	—
	Skin	1	1	—
Nervous System	Other Forms	—	—	1
	Epilepsy	—	2	1
	Chorea	1	16	3
Deform-ities	Other conditions	2	—	5
	Rickets	8	—	4
	Spinal Curvature	—	5	—
Other Defects and Diseases	Other forms	3	5	1
		70	29	235

B.—Number of individual Children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases.)

GROUP. (1)	NUMBER OF CHILDREN		Percentage of Children found to require treatment (4)
	Inspected (2)	Found to Require treatment (3)	
<i>Code Groups :—</i>			
Entrants	522	124	23.7
Intermediates	501	143	28.5
Leavers	589	121	20.5
Total (Code Groups) ...	1,612	388	24.06
Other Routine Inspections	68	14	20.58

**TABLE III.—Numerical Returns of all Exceptional Children in
the Area in 1925.**

			Boys.	Girls	Total.
Blind (including partially blind)	(1) Suitable for training in a School or Class for the totally blind. ...	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	(2) Suitable for training in a School or Class for the partially blind. ...	Attending Certified Schools or Classes for the Blind ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Deaf (including deaf and dumb and partially deaf) ...	(1) Suitable for training in a School or Class for the totally deaf or deaf and dumb. ...	Attending Certified Schools or Classes for the Deaf ...	2	2	4
		Attending Public Elementary Schools ...	2	—	2
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	1	1
	(2) Suitable for training in a School or Class for the partially deaf. ...	Attending Certified Schools or Classes for the Deaf ...	—	—	—
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
Mentally Defective ...	Feeble-minded (cases not notifi- able to the Local Control Authority)	Attending Certified Schools for Mentally Defective Children ...	—	—	—
		Attending Public Elementary Schools ...	39	38	77
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	1	2
	Notified to the Local Control Authority during the year ...	Feeble-minded ...	—	—	—
		Imbeciles ...	3	1	4
		Idiots ...	—	—	—

TABLE III.—Continued.

Epileptics ...	Suffering from Severe Epilepsy	Attending Certified Special Schools for Epileptics ... In Institutions other than Certified ... Attending Public Elementary Schools ... At no School or Institution ...	Boys.	Girls.	Total
			—	—	—
			—	—	—
			—	—	—
			2	—	2
	Suffering from Epilepsy which is not severe. ...	Attending Public Elementary Schools ... At no School or Institution ...	1 —	— —	1 —
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution ...	2	5	7
	Non-infectious but active pulmonary and glandular tuberculosis. ...	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	1	1
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	11	5	16
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	—	1
	Delicate children (e.g. pre or latent tuberculosis mal-nutrition, debility anæmia, etc.) ...	At Certified Residential Open Air Schools ...	—	—	—
		At Certified Day Open Air Schools ...	—	—	—
		At Public Elementary Schools ...	32	33	65
		At other Institutions ...	—	—	—
		At no School or Institution ...	5	10	15
	Active non-pulmonary tuberculosis ...	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Public Elementary Schools ...	1	—	1
		At other Institutions ...	—	—	—
		At no School or Institution ...	3	1	4
	Crippled children (other than those with active tuberculous disease) e.g. children suffering from paralysis, etc., and including those with severe heart disease. ...	At Certified Hospital Schools ...	—	—	—
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ...	11	7	18
		At other Institutions ...	1	1	2
		At no School or Institution ...	2	—	2

TABLE IV.

Return of Defects treated during the Year ended 31st December, 1925.

Treatment Table.

GROUP 1.—MINOR AILMENTS (excluding Uncleanliness which see Group V.)

DISEASE OR DEFECT.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
<i>Skin :—</i>			
Ringworm—Scalp	16	20	36
Body	25	—	25
Scabies	4	—	4
Impetigo	194	—	194
Other Skin disease	26	—	26
<i>Minor Eye Defects :—</i> (External and other, but excluding cases falling in Group II.) ...	29	—	29
<i>Minor Ear Defects</i>	59	10	69
<i>Miscellaneous :—</i> (e.g., minor injuries, bruises, sores, chilblains, etc.)	223	—	223
	573	30	603

GROUP 2.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group 1.)

DEFECT OR DISEASE.	NO. OF DEFECTS DEALT WITH.			
	Under the Authority's Scheme	Submitted to refraction by private practitioner or at hospital apart from the Authority's Scheme.	Other-wise	Total
Errors of refraction (including Squint), (operations for Squint should be recorded separately in the body of the Report)	185	5	—	190
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)	27	2	1	30
TOTAL	212	7	1	220

Total number of children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	...	...	114
(b) Otherwise	...	...	4

Total number of children who obtained or received spectacles :—

(a) Under the Authority's Scheme	...	...	82
(b) Otherwise	...	...	4

GROUP 3.—Treatment and Defects of Nose and Throat.

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.			Received other forms of treatment.	Total No. treated.
Under the Authority's Scheme, in Clinic or Hospital	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total		
44	25	69	—	69

GROUP IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

ROUTINE AGE GROUPS.											Total
4	5	6	7	8	9	10	11	12	13	14	
9	70	230	166	53	50	36	42	48	25	4	733
										Specials	353
										Grand Total	1086

(b) Found to require treatment ... 963

(c) Actually treated ... 531

(d) Re-treated during the year as the result of periodical examination ... —

(2) Half days devoted to :—

Inspection	5	} Total 49
Treatment	44	

(3) Attendances made by children for treatment ... 612

(4) Fillings :—

Permanent teeth	94	} Total 258
Temporary teeth	164	

(5) Extractions :—

Permanent teeth	25	} Total 711
Temporary teeth	686	

(6) Administrations of general Anæsthetics for extractions ... Nil.

(7) Other operations (Dressings and Scalings) ... 254



GROUP V.—Uncleanliness and Verminous Conditions.

(1)	Average number of visits per school made during the year by the School Nurses	...	...	...	...	6.1
(2)	Total number of examinations of children in the Schools by School Nurses	...	...	...	...	27,130
(3)	Number of individual children found unclean	...	...	...	...	237
(4)	Number of children cleansed under arrangements made by the Local Eduaction Authority	...	...	...	...	Nil
(5)	Number of cases in which legal proceedings were taken :—					
	(a) Under the Education Act, 1921	...	...	...	...	Nil
	(b) Under School Attendance By-laws	...	...	...	...	Nil



