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BOROUGH OF ILKESTON.

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Annual Health

— AND —

School Medical

Report

For the Year 1930

BY

H. L. BARKER

M.D. B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

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



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BOROUGH OF ILKESTON

HEALTH, MATERNITY AND CHILD WELFARE COMMITTEE.

THE MAYOR (Councillor	Councillor S. MANNERS.
L. MIDGLEY).	„ J. H. MILLARD.
Alderman J. WOOLLEY (<i>Chairman</i>).	„ J. PROCTOR.
„ ARTHUR HENSHAW.	„ J. RICHARDSON.
„ W. SHAKSPEARE.	„ J. E. SMITH.
„ S. SHAW.	„ W. SMITH.
„ E. SMITH.	Mrs. BALL.
Councillor H. E. BEARDSLEY.	„ BOSTOCK.
„ G. H. BROUGHTON.	„ BROUGHTON
„ J. HENSHAW.	„ HARTSHORN.
„ E. H. HESKETT.	„ JONES.
„ J. KIRK.	„ MITCHELL.
„ W. LACEY.	„ SQUIRES.
„ Mrs. J. B. D. McINTYRE.	„ THORNHILL.

GENERAL WORKS AND HOUSING COMMITTEE.

THE MAYOR (Councillor	Councillor J. KIRK.
L. MIDGLEY).	„ W. LACEY.
Alderman H. MOSS (<i>Chairman</i>).	„ Mrs. J. B. D. McINTYRE.
„ AMOS HENSHAW.	„ J. A. MACDONALD.
„ S. SHAW.	„ S. MANNERS.
„ E. SMITH.	„ J. H. MILLARD.
„ J. WOOLLEY.	„ J. RICHARDSON.
Councillor H. E. BEARDSLEY.	„ F. G. ROBINSON.
„ G. H. BROUGHTON.	„ J. E. SMITH.
„ J. HENSHAW.	„ W. SMITH.
„ E. H. HESKETT.	„ G. W. WOOLLISCROFT.



PUBLIC HEALTH STAFF (1930).

Medical Officer of Health and Superintendent of the Isolation Hospital :

H. L. BARKER, M.D., B.S.(Lond.), M.R.C.S.,
L.R.C.P., D.P.H.—(1).

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

ARTHUR DOBSON, M.R.C.S., L.R.C.P.—(1) (2).

Physician to Ante-Natal Clinic :

MARGARET GLEN BOTT, M.B., B.S.(Lond.), M.R.C.S., L.R.C.P.
(1) (2).

Tuberculosis Officer (appointed by Derbyshire County Council) :

C. KINGSTON, M.R.C.S., L.R.C.P., D.P.H.

Orthopædic Surgeon :

G. A. Q. LENNANE, M.A., M.B., B.Ch.—(1) (2).

Obstetric Consultant :

C. D. LOCHRANE, M.D., F.R.C.S.Ed.—(1) (2).

Senior Sanitary Inspector :

JOSEPH B. DURO, C.R.S.I. (1).

Sanitary Inspector :

C. E. ADCOCK, C.R.S.I. (1).

Health Visitors and School Nurses :

Miss M. E. SHERLOCK, C.M.B., New H.V. Cert.	(1).
Miss H. BLAIR, C.M.B.	(1).
Miss L. OTTEWELL, C.M.B.	(1).
Miss M. E. JACKSON, C.M.B.	(1). Resigned 18/4/30
Miss M. GARDINER, C.M.B.	(1). Appointed 5/5/30

Matron Isolation Hospital :

Miss A. M. JOHNSTON.

Matron, Maternity Home :

Miss L. WELLS, C.M.B.

Tuberculosis Nurse (appointed by Derbyshire County Council) :

Miss E. WEBSTER, C.M.B.

Clerks :

Miss L. TRUEMAN.

Miss H. CLARKE.

(1) = *Exchequer Grants.*

(2) = *Part-time Officers.*

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH, MATERNITY
AND CHILD WELFARE AND HOUSING COMMITTEES OF THE
BOROUGH OF ILKESTON.

TOWN HALL,
ILKESTON.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to submit my Annual Report on the general Health circumstances of the Borough of Ilkeston for the year 1930.

The industrial situation continues to be anything but bright, though at the present time the general health of the people does not appear to be affected.

This report is an Ordinary Report and is arranged in accordance with the appropriate Ministry of Health Circular. More information has been asked for with regard to Housing than in former reports and will be found in Section IV. The housing survey which was carried out in December has enabled definite statements to be made in connection with Housing. The need for more houses is obvious and can be substantiated by the fact that 308 houses were found to be overcrowded. Only 55 new houses were erected of which 24 were built by the Council. The difficulty of finding suitable sites for housing estates is very real, and it is to be hoped that the boundaries of the Borough will be extended at a very early date.

There has been no serious epidemic of infectious disease, though 101 cases of mild scarlet fever were notified in the year. I hope that this Authority will endeavour to retain control over the cases of infectious diseases occurring in its area by providing adequate Isolation Hospital accommodation within easy reach.

The scheme for converting pail closets into water closets has now been completed as far as possible. Measures have been approved and work has begun to make the Water Undertaking and the Sewage Disposal Works into thoroughly efficient concerns.

The Maternity Home has again had a busy year, and there is a need for more maternity beds in this area. The Antenatal work goes on increasing. The new quarters for the Child Welfare Clinic at Cotmanhay have been a great improvement and the proposed extension of the Albert Street Clinic is urgently needed. During the year an Obstetric Consultant was appointed, and hospital provision was made for cases of puerperal fever and puerperal pyrexia, and a scheme for orthopaedic treatment was approved.

I should like to take this opportunity to thank the rest of the Staff of the Health Department for their loyal assistance to me during the year.

In conclusion, I beg to express my thanks to the members of the various Committees for their keen interest and sympathetic support, and especially to the Chairman for his kindness and invaluable help.

I have the honour to remain,

Your obedient Servant,

H. L. BARKER.



SECTION I.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area (in acres)	2,526
Population :—	
Census, 1921	32,266
Estimated 1929	33,260
Estimated 1930	33,220
No. of Inhabited Houses (1921)	6,680
No. of Inhabited Houses (1928)	7,337
No. of Families or Separate Occupiers (1921)	7,094
Rateable Value 31st March, 1930	£129,141
Sum represented by a Penny Rate	£499
Rates 15s. 0d. in the £ (1929–30).	

EXTRACTS FROM VITAL STATISTICS.

Live Births.	TOTAL.	M.	F.	Birth Rate.
Legitimate	649	328	321	} 20.28
Illegitimate	25	12	13	
	674	340	334	

The Birth Rate for England and Wales for 1930 was 16.3.

Still Births.	TOTAL.	M.	F.
Legitimate ..	25	14	11
Illegitimate ..	2	1	1
	27	15	12

Deaths.	TOTAL.	M.	F.	Ilkeston.	Eng. & Wales.
	340	189	151	10.23	11.4

Number of Women dying in, or in consequence of, Child Birth :—

From Sepsis	1
From other causes	3

Maternal Mortality Rate per 1,000 births 5.93

Infant Mortality.

Deaths of Infants under 1 year of age per 1,000 births :—

Legitimate	63.17
Illegitimate	40
Total	62.31
Rate for England and Wales	60

Specified Deaths.

Measles (all ages)	0
Whooping Cough (all ages)	0
Diarrhoea (under 2 years)	4

BIRTH-RATE, DEATH-RATE, and ANALYSIS OF MORTALITY

DURING THE YEAR 1930.

(Provisional figures. The rates for England and Wales and Ilkeston have been calculated on a population estimated to the middle of 1930, but those for the towns have been calculated on populations estimated to the middle of 1929. The mortality rates refer to the whole population as regards England and Wales, but only to civilians as regards London and the groups of towns).

	RATE PER 1,000 POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.								RATE PER 1,000 LIVE BIRTHS.		
	Live Births.	Still-births.	All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under two years.	Total Deaths under one year.
England and Wales	16.3	0.69	11.4	0.01	0.00	0.10	0.02	0.05	0.09	0.12	0.55	6.0	60
107 County Boroughs and Great Towns, including London.	16.6	0.71	11.5	0.01	0.00	0.15	0.02	0.05	0.10	0.11	0.50	8.3	64
159 Smaller Towns (1921 Adjusted Populations 20,000-50,000).	16.2	0.69	10.8	0.00	0.00	0.08	0.01	0.05	0.07	0.13	0.43	4.4	55
London	15.7	0.56	11.4	0.01	0.00	0.23	0.02	0.03	0.10	0.08	0.55	9.9	59
ILKESTON	20.28	0.81	10.23	0.00	0.00	0.00	0.00	0.00	0.00	0.15	0.30	5.93	62.31

Below is given a table which analyses the causes of the 340 deaths, and the ages at which they occurred:—

CAUSES OF DEATH.	Sex	ALL AGES.	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75 up
ALL CAUSES	M.	189	29	3	1	4	6	22	61	34	29
	F.	151	15	1	3	4	10	22	32	42	22
1. Enteric Fever	M.	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-
2. Small Pox	M.	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-
3. Measles	M.	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-
4. Scarlet Fever	M.	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	M.	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-
6. Diphtheria	M.	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-
7. Influenza	M.	4	-	-	-	-	-	-	2	-	2
	F.	1	-	-	-	-	-	-	-	1	-
8. Encephalitis Lethargica	M.	1	-	-	-	-	-	1	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-
9. Meningococcal Meningitis	M.	-	-	-	-	-	-	-	-	-	-
	F.	1	-	-	-	-	1	-	-	-	-
10. Tuberculosis of Respiratory System.	M.	7	-	-	-	-	2	4	1	-	-
	F.	6	-	-	-	-	3	2	1	-	-
11. Other Tuberculous Diseases.	M.	3	-	-	-	-	1	1	1	-	-
	F.	2	-	-	-	-	1	1	1	-	-
12. Cancer, Malignant Disease	M.	20	-	-	-	-	2	1	11	5	1
	F.	12	-	-	-	-	-	2	5	5	-
13. Rheumatic Fever	M.	1	-	-	-	1	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-
14. Diabetes	M.	2	-	-	-	-	-	1	1	-	-
	F.	2	-	-	-	-	-	-	1	1	-
15. Cerebral Hæmorrhage, &c.	M.	7	-	-	-	-	-	-	3	3	1
	F.	20	-	-	-	-	-	1	6	7	6
16. Heart Disease	M.	30	-	-	-	-	-	2	13	9	6
	F.	24	-	-	-	2	1	2	5	9	5
17. Arterio Sclerosis	M.	14	-	-	-	-	-	-	8	4	2
	F.	6	-	-	-	-	-	-	1	3	2
18. Bronchitis	M.	12	-	1	1	-	-	-	2	5	3
	F.	7	-	-	-	-	-	1	2	4	-
19. Pneumonia (all forms) ..	M.	17	6	1	-	-	-	2	4	-	4
	F.	6	1	1	-	-	-	1	2	-	1
20. Other Respiratory Diseases.	M.	1	-	-	-	-	-	-	1	-	-
	F.	3	-	-	-	-	1	1	1	-	-
21. Ulcer of Stomach or Duodenum.	M.	3	-	-	-	-	-	1	1	1	-
	F.	2	-	-	-	-	-	1	1	-	-
22. Diarrhœa, &c. (under 2 years).	M.	3	3	-	-	-	-	-	-	-	-
	F.	1	1	-	-	-	-	-	-	-	-
23. Appendicitis and typhlitis	M.	-	-	-	-	-	-	-	-	-	-
	F.	2	-	-	-	-	1	1	-	-	-
24. Cirrhosis of Liver	M.	1	-	-	-	-	-	-	1	-	-
	F.	-	-	-	-	-	-	-	-	-	-
25. Acute & Chronic Nephritis	M.	8	-	-	-	-	-	1	5	1	1
	F.	6	-	-	-	-	-	3	1	-	2
26. Puerperal Sepsis	M.	-	-	-	-	-	-	-	-	-	-
	F.	1	-	-	-	-	1	-	-	-	-
27. Other Accidents and Diseases of Pregnancy and parturition.	M.	-	-	-	-	-	-	-	-	-	-
	F.	3	-	-	-	-	-	3	-	-	-
28. Congenital Debility and Malformation, Premature Birth.	M.	10	10	-	-	-	-	-	-	-	-
	F.	9	9	-	-	-	-	-	-	-	-
29. Suicide	M.	2	-	-	-	-	-	1	1	-	-
	F.	2	-	-	-	-	-	1	1	-	-
30. Other Deaths from Violence.	M.	6	-	-	-	-	-	4	1	-	1
	F.	1	-	-	-	1	-	-	-	-	-
31. Other defined Diseases ..	M.	36	9	1	-	3	1	3	5	6	8
	F.	34	4	-	3	1	1	2	5	10	8
32. Causes ill-defined or unknown.	M.	1	1	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES.**Hospitals provided or subsidised by the Local Authority.**

- (1) **FEVER.**—The Corporation Isolation Hospital is situated at Little Hallam on an excellent site with an open aspect. On a basis of 144 square feet per bed it has accommodation for 10 beds, though there are actually 25 beds. Persons resident outside the area have been admitted when request has been made. In 1930 four cases of Scarlet Fever from Beeston were treated. The Medical Officer of Health is the Medical Superintendent, and the nursing staff comprises a matron, sister and two probationers.
- (2) **SMALL POX.**—There is no separate Small Pox Hospital. Cases of Small Pox are treated in the Isolation Hospital if there are no cases of other infectious disease. Otherwise they are sent to the Nottingham City Small Pox Hospital.
- (3) **MATERNITY HOME.**—The Municipal Maternity Home is situated in Park Avenue and contains nine beds for maternity cases. In 1930 the total number of cases was 183, of which 18 were resident outside this area. The Medical Officer of Health is the Medical Superintendent, and Dr. A. Dobson is the Obstetric Physician. Any practitioner, however, may attend his own patients by arrangement. The nursing staff consists of a matron, sister and two trained nurses. The Home is recognised by the Central Midwives Board as a training school for one pupil midwife.

The above hospitals are under the management of the Public Health Committee of the Council.

Hospital provided by the County Council.

- (4) **TUBERCULOSIS.**—The Sanatorium at Penmore is for the treatment of advanced female cases of pulmonary tuberculosis. Advanced male cases are accommodated at the Whitworth Hospital. Other pulmonary cases are treated at the Walton Sanatorium.
Cases of non-pulmonary tuberculosis are treated at the Bretby Hall Orthopædic Hospital.
- (5) **ORTHOPÆDIC.**—Orthopædic cases from this area are treated at the Bretby Hall Orthopædic Hospital. This arrangement is part of the approved orthopædic scheme of this Authority.

CLINICS AND TREATMENTS CENTRES.

	SITUATION.	MEDICAL OFFICER IN ATTENDANCE.	WHEN HELD.	ACCOMMODATION.	PROVIDED BY
MATERNITY AND CHILD WELFARE CENTRES	(1) Albert Street	Dr. Dobson	Tuesdays, 2—4 p.m.	3 rooms	Ilkeston Corporation.
	(2) Cotmanhay	M.O.H.	Thursdays, 2—4 p.m.	3 rooms	do.
ANTE-NATAL CLINIC	Albert Street	Dr. Glen Bott	First three Mondays in Consultation and month 2—5 p.m.	waiting room	do.
SCHOOL CLINIC	Albert Street	M.O.H.	Daily, 10—12. M.O.H. attends Tues- days and Thursdays.	3 rooms	do.
TUBERCULOSIS DISPENSARY	Albert Street	Dr. Kingston	Wednesdays, a.m. and p.m.	3 rooms	Derbyshire C.C.
V.D. TREATMENT CENTRES	(1) 35 North Church St., Nottingham.	—	—	—	Nottingham C.B.C.
	(2) Derbyshire Royal Infirmary, Derby.	—	—	—	Derby C.C. and C.B.C. jointly.

- (6) **BASFORD INSTITUTION.**—This former Poor Law Hospital is used by persons resident in this area. It is administered by the County Public Assistance Committee. Accommodation is available for Unmarried Mothers, Illegitimate Infants and Homeless Children.

Other Hospitals.

- (7) **THE DERBYSHIRE HOSPITAL FOR WOMEN.**—During the year this Authority made an arrangement for the admission of cases of puerperal fever and puerperal pyrexia to the above hospital, which is situated in Derby.
- (8) **ILKESTON HOSPITAL.**—This is a small voluntary general hospital situated in Heanor Road, consisting of 60 beds, of which 14 beds are for children. It has departments for X-ray, ultra-violet light, massage and dental treatment. It is managed by a Board of Governors, and the Honorary Medical Staff consists of three visiting surgeons and three visiting physicians and a dental surgeon. There is also a consulting physician and a consulting surgeon.
- (9) Other Hospitals which are used by residents of this area are :
 NOTTINGHAM GENERAL HOSPITAL.
 NOTTINGHAM CHILDREN'S HOSPITAL.
 NOTTINGHAM HOSPITAL FOR WOMEN.
 NOTTINGHAM THROAT, EAR AND NOSE HOSPITAL.
 NOTTINGHAM EYE INFIRMARY.
 HARLOW WOOD ORTHOPÆDIC HOSPITAL.
 DERBYSHIRE ROYAL INFIRMARY.
 DERBYSHIRE HOSPITAL FOR SICK CHILDREN.

Remarks.

The beds in the Maternity Home are in constant demand. In order to prevent any danger from overcrowding it has been necessary to refuse the booking of patients in 23 cases during the year. A larger number of beds for maternity cases is therefore needed in this area, and this could be supplied most conveniently by extending the Maternity Home.

The Isolation Hospital has met the needs of the Borough satisfactorily in spite of its obvious drawbacks. Being originally built as a temporary hospital over forty years ago it cannot exactly be called up-to-date. Better accommodation for the staff is necessary and there is need for an additional block. In connection with

Section 63 of the Local Government Act, 1929, there is a proposal that cases of infectious disease from Ilkeston should be sent to the hospital at Draycott, seven miles away. This scheme does not appear to be in the best interests of the health of this area. A congested population of 33,000 requires a fever hospital close at hand. Access to the proposed hospital is difficult and it would not be easy to encourage the removal of patients to it. Removal could scarcely be enforced under Section 124 of the Public Health Act, 1875, because the hospital could not be described as being at a "convenient distance." It is feared that the proposal, if carried out, would lead to the concealment of infectious disease and thereby cause danger to the community and the possibility of precipitating an epidemic with its associated expense. In bad weather such as fog and snow it might even be impossible to carry out the removal of the patient, and certainly the parents and relatives of patients on the danger list would find it very difficult at all times to visit the hospital owing to its inaccessibility.

It would also appear that this Authority would have very little, if any, control over its patients after they had been admitted to the hospital of another Joint Hospital Authority, and it would be unable to regulate the admission or the discharge of their patients. It is proposed, moreover, to erect a new block at Draycott, and presumably this Authority would have to subscribe to its cost. If any expenditure is to be incurred for the accommodation of fever patients from Ilkeston it would be better to apply the money to bringing the present hospital up-to-date and making it available for a wider range of infectious disease.

Ambulance Facilities.

- (a) FOR INFECTIOUS CASES.—This Authority possesses a Morris Commercial Fever Ambulance capable of carrying two lying patients and two or three sitting patients. It is fitted with a zinc-lined compartment for the transport of infected bedding. This ambulance was acquired during 1930.
- (b) FOR NON-INFECTIOUS AND ACCIDENT CASES.—A new Ford Ambulance owned by the Derbyshire Branch of the British Red Cross Society is kept at the Corporation garage and is readily available when needed.

Clinics and Treatment Centres.

Particulars with regard to the various clinics are shown in tabular form. There is no day nursery and no artificial light clinic

belonging to this Authority. The accommodation at the main clinic in Albert Street has proved to be insufficient, and plans for its extension are now waiting to be approved. As a preliminary measure the clinic premises have been purchased from the County Council. Provision will be made for an orthopædic clinic and for a separate dental room.

The child welfare clinic in Cotmanhay moved in March to more convenient quarters in the United Methodist School, Wesley Street, where a suite of three rooms has been rented.

Nursing in the Home.

- (a) **GENERAL.**—Two Nursing Associations exist in the Borough, viz., the Ilkeston and the Cotmanhay Nursing Associations. The funds to support these are raised by voluntary contributions and by payments from patients. The nurses work under the directions of the local practitioners.
- (b) **INFECTIOUS DISEASES.**—The same two Associations undertake the nursing of infectious diseases such as measles and pneumonia. The Corporation subsidises the Associations to the extent of £20 a year, and in return the nurses undertake the nursing of cases referred to them by the local Authority.

Midwives.

There were 10 midwives practising in the area during the year, of which 8 were certificated and 2 were *bona-fide* midwives practising previous to 1903. Midwives are neither employed nor subsidised by the Corporation for work in the district.

Registration of Maternity and Nursing Homes.

There are no registered Homes in the Borough. During the year no applications were received for the registration of any Home.

Legislation in force.

- (1) General Adoptive Acts in force.—

Public Health Acts (Amendment) Act 1890, Parts II to V inclusive; adopted 1890.

Infectious Diseases (Prevention) Act, 1890; adopted 1902.

Public Health Acts (Amendment) Act, 1907, Parts II, V, VI; III, Secs. 34 to 50 inclusive; IV, Secs. 52 to 66 inclusive, and Sec. 68; X, Secs. 92, 93 and 95; adopted December, 1911.

Public Health Act, 1925, Parts II to V inclusive; adopted March 1st, 1926.

(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.

New Streets and Buildings, 1926.

SECTION III.

SANITARY CIRCUMSTANCES OF THE AREA.

Water.—Water is supplied by the Ilkeston and Heanor Water Board which is composed of representatives from the Councils of the Ilkeston Borough and the Heanor Urban District. The Water-works are situated at Whatstandwell near Matlock. The main source of supply is an underground channel, the Meerbrook Sough, which issues from old extensive lead mine workings, and is derived from limestone strata and millstone grit. Its volume is very constant, varying from 14 to 17 million gallons per day. There are two other sources of supply, namely, a 30-inch bore hole and a 10-inch bore hole. Both together can supply three-quarters of a million gallons per day. The total available supply is therefore 3,750,000 gallons per day. This amount is more than a million gallons in excess of the maximum demand and about double the average demand. The quantity at the source is therefore highly satisfactory. At the works the water is softened, filtered and chlorinated. The hardness is reduced from about 30 parts per 100,000 to approximately 14 parts, of which 8 parts are permanent. The water is pumped along an 18ft. main to the Chadwick Nick reservoir, which is situated a little over two miles away at a height of 700 feet O.D., and can contain 1,400,000 gallons. From there the water gravitates along a 15ft. main as far as Codnor, five miles away, from which point the water destined for Ilkeston branches off along a 14ft. main to the reservoir at Shipley, a further five miles away, situated at a height of 380 feet O.D. There are two reservoirs at Shipley, of which the newer one has a capacity of 750,000 gallons and the older one a capacity of 200,000 gallons, but the latter is now out of commission owing to fractures. From the Shipley reservoir the water is distributed by gravity by means of three mains, one of eight inches diameter and two of 12 inches diameter. One of the 12-inch pipes proceeds without branches to the highest point of the town at the Market Place, where the height is 330 feet O.D. In this way a pressure of 40 feet is maintained during the day at the highest

point, and the general pressure over the distribution system is kept up.

In last year's report mention was made of the inadequacy of the storage accommodation at the Corporation reservoirs and the danger with which the town was threatened of being without water if any mishap should occur to the supplying mains. This danger should be removed by new schemes which have recently been approved. Extra pumping plant is to be installed at the Waterworks, and a duplicate 18-inch main to Chadwick Nick reservoir is now being laid down. The 15-inch main to Codnor is also being duplicated. This Authority is about to build a new reservoir at Hassock Lane End near Marlpool with a capacity of two million gallons, which will increase the storage capacity to the equivalent of nearly three days' supply. This scheme will bring the water supply of Ilkeston to a high level of efficiency.

Extension of the mains within the Borough has been made as follows:—686 yards to supply the central housing site and 630 yards to supply the additional houses in the northern housing site. The scheme to relay the mains along some of the principal streets of the Borough from which the tram track is to be taken up was commenced just before the end of the year.

The quality of the water supplied to Ilkeston is excellent. Analyses have been made from time to time, and a copy of a recent analysis which is appended is typical of the usual result.

"Analysis of Ilkeston Water.

	PARTS PER 100,000.					
Total solids	18·4
Free and Saline Ammonia	0·0025
Albuminoid Ammonia	0·0015
Nitric Nitrogen	0·05
Chlorine	2·0
Oxygen absorbed in 4 hours (80°F.)	0·006
Hardness—Temporary	2·4
Permanent	8·8
Total	11·2
Nitrites	absent.
Appearance	excellent.

Bacteriological Examination.

B. Coli Communis ..	absent in 0·5 c.c. to 150 c.c.
Gelatin Count	1.
Agar Count	3.

The chemical analysis shows the water to contain only a very slight amount of organic matter. In my opinion the analysis shows the water to be of excellent quality from the chemical standpoint. The bacteriological examination shows the water to be practically "sterile."

General.—The water is of very good quality and suitable for drinking and for domestic purposes generally."

A table is given showing the consumption of water during the last three years:—

Water Consumption for years ending :—	March, 1929.	March, 1930.	March, 1931.
Consumption for all purposes inside and outside the Borough	350,638,000	356,613,000	367,091,000
Average daily ditto	960,652	977,021	1,005,728
Total Domestic inside and outside Borough ..	257,488,000	264,736,000	268,618,000
Total Trade " " " " ..	93,150,000	91,877,000	98,473,000
Consumption per head per day, Domestic ..	20·57	21·10	21·41
" " " Trade ..	7·42	7·32	7·84
Inside and outside Population estimated ..	34,340	34,360	34,370
Total Domestic inside Borough only ..	255,006,000	261,967,000	265,762,000
Total Trade " " " " ..	54,383,000	52,849,000	53,588,000
Consumption per day Domestic, inside Boro' only	698,649	717,717	728,115
" " Trade " " ..	149,000	144,791	146,817
Consumption per head per day Domestic inside Borough only	20·55	21·11	21·41
Consumption per head per day Trade inside Borough only	4·38	4·26	4·32
Total Consumption per head per day inside Borough only	24·93	25·37	25·73
Total Consumption per head per day inside and outside Borough	27·99	28·42	29·25
Estimated Consumption outside Borough :—			
Domestic	2,482,000	2,769,000	2,856,000
Trade	38,676,000	39,028,000	44,885,000

Rivers and Streams.—The supervision of rivers and streams in this area is carried out by the Trent Fishery Board. This Local Authority is setting a good example by putting its sewage disposal works into a thoroughly efficient state at considerable expense. It is hoped that other authorities further up stream will follow this lead and reduce the pollution which is only too obvious in the Erewash stream.

Drainage and Sewerage.—A new sewer 567 yards in length has been laid at Hallam Fields. The Corporation is proceeding with a scheme to enlarge the Sewage Disposal Works by the addition of two storm water tanks and one settling tank and two new filter beds. The sludge lagoons will be reconstructed and the existing filter beds will be re-conditioned. The complete works will then be able to deal with the sewage of a population of 45,000.

Closet Accommodation.—The conversion of pail closets to water closets has proceeded according to the scheme which was commenced in 1927. During the past year 170 pail closets were converted to water closets. The number of pail closets has now been reduced within the last four years from 2,232 to 216. Further details are given in the table headed Excrement Disposal at the end of this Report.

Scavenging.—This is carried out by a contractor. The motor lorries used for the collection of dry refuse have recently been fitted with modern covers. The contents from privies and pails are buried. The dry refuse is disposed of by the method of controlled tipping. Further particulars are given in the table at the end of the Report.

Sanitary Inspection of Area.—Details are given in tabular form in the table headed Sanitary Inspection of the District.

Smoke Abatement.—Several observations have been taken during the year, and in those instances where excessive smoke has been noticed the nuisance has been remedied by informal notice.

Premises and Occupations which can be controlled by Byelaws or Regulations.—A list of these and the work done in connection therewith is given in the tabular report on the Sanitary Inspection of the District under the headings of Offensive Trades, Common Lodging Houses, Petroleum Act, Canal Boats, Bakehouses, Dairies, Cowsheds and Milkshops and Slaughter Houses.

Other Sanitary Conditions Requiring Notice.—The Washmeadow Clayhole has now been completely filled in and levelled. By the method of controlled tipping a serious nuisance has thus been remedied and, at the same time, a valuable piece of land within a congested area has been acquired and will be available as a playing field.

Schools.—As the Medical Officer of Health is also the School Medical Officer it is possible for effective steps to be taken to safeguard the health of the scholars. This subject is dealt with in the School Medical Report which follows this Report.

Health Education.—A Health Week was held in October. Special attention was paid to the scholars in the elementary schools and a description will be found in the School Medical Report. The Travelling Maternity and Child Welfare Exhibition from Carnegie House was on view in the Town Hall during the week, and on four nights lantern lectures to adults were given by the Organiser. There was an excellent attendance and much interest was shown. The mothers who attended the Child Welfare Clinics were specially invited one afternoon and the exhibits were explained to them.

Rag Flock Acts, 1911 and 1928.—Rag flock is used at only one premises. There was no need for any action to be taken.

SECTION IV.

HOUSING.

(a)—HOUSING STATISTICS.

Number of New Houses erected during the year :—

(a) Total including numbers given separately under (b) ..	55
(1) By the Local Authority	24
(2) By other Local Authorities	<i>Nil.</i>
(3) By other bodies and persons	31
(b) With State assistance under the Housing Acts :—	
(1) By the Local Authority—	
(a) For the purpose of Part II of the Act of 1925 ..	<i>Nil.</i>
(b) For the purpose of Part III of the Act of 1925 ..	24
(c) For other purposes	<i>Nil.</i>
(2) By other bodies or persons	<i>Nil.</i>

1.—Inspection of Dwelling-houses during the year.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ..	1,836
Number of inspections made	3,985
(2) Number of dwelling-houses (included under Sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 ..	87
Number of inspections made	241
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	5

- (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 .. 1,744

2.—Remedy of defects during the year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers 1,831

3.—Action under Statutory Powers during the year.

- (a) Proceedings under Section 3 of the Housing Act, 1925 :
- (1) Number of dwelling-houses in respect of which notices were served requiring repairs 8
 - (2) Number of dwelling-houses which were rendered fit after service of formal notices :
 - (a) By Owners 8
 - (b) By Local Authority in default of Owners.. Nil.
 - (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 the Public Health Acts :
- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied 150
 - (2) Number of dwelling-houses in which defects were remedied after service of formal notices :—
 - (a) By Owners 150
 - (b) By Local Authority in default of Owners Nil.
- (c) Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :
- (1) Number of representations made with a view to the making of Closing Orders 5
 - (2) Number of dwelling-houses in respect of which Closing Orders were made 5
 - (3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit Nil.
 - (4) Number of dwelling-houses in respect of which Demolition Orders were made 5
 - (5) Number of dwelling-houses demolished in pursuance of Demolition Order 8

4.—Number of Houses owned by the Local Authority.

(a) Total number owned by the Local Authority ..	338
(b) Number built during 1929 and 1930 under Part III of Housing Act, 1925	130
(c) Number built during 1929 and 1930 under Part II of Housing Act, 1925	<i>Nil.</i>
(d) Number built during 1929 and 1930 under other powers	<i>Nil.</i>

(b)—HOUSING CONDITIONS.

1.—General observations as to Housing Conditions.

The majority of the houses are of the artisan type built in terraces. Most of the houses in the Borough are kept in a satisfactory condition, and more than half of them are less than sixty years old. There are, however, about 250 houses of much older type which cannot be expected to last very much longer. In a recent survey, 75 houses were regarded as likely to be demolished within the next five years, and it is probable that a like number will not survive 10 years. On the other hand there are about 1,200 houses of a superior type, and it is estimated that between 500 and 700 houses are detached or semi-detached. At the end of the year there were 338 Council houses, of which 116 were of the parlour type.

An approximate estimate of the accommodation provided in the different houses is given in the succeeding table, which is based on an accurate survey taken in 1920, allowances being made for changes which have taken place since that year. No account has been taken of the presence or absence of a scullery.

<i>Type of House.</i>	<i>Approximate No.</i>
2 or more living rooms and 4 or more bedrooms ..	750
2 living rooms and 3 bedrooms	4,400
1 living room and 3 bedrooms	350
2 living rooms and 2 bedrooms	1,700
1 living room and 2 bedrooms	50
1 living room and 1 bedroom	50
Caravans	40
	<hr/>
	7,340

2.—Sufficiency of supply of houses.

The 1930 Housing Act came into operation in the course of the year, and one of its provisions was to require every Housing

Authority to submit to the Ministry a building programme for the ensuing five years. In order to supply data to enable this provision to be carried out the Health Department made, in December, a survey of the housing conditions in the Borough. The chief object of the survey was to discover as accurately as possible the amount of overcrowding and to deduce from this the number of additional houses which were required. Four enumerators were employed for three weeks, who visited every house which was of such a type that overcrowding might possibly be found to exist within it. Nearly 6,000 houses were actually visited and a form was filled up by the enumerator for each house. On this form was stated the accommodation which existed in the house and a description of the occupants, giving the ages and sex of the children. The head of each family was also questioned as to whether he desired another house, whether he could afford to pay a higher rent, and whether he had made application for a Council house. Particulars were also obtained with regard to the presence of internal water supply, and whether the W.C. was for the private use of the occupants of the house in question.

The Medical Officer of Health carried out a comprehensive inspection and drew up a list of houses which were likely to be demolished within the next five years. He also examined every form prepared by the enumerators and marked those houses which were overcrowded. A Special Report was submitted by him to the Council, of which the main features are appended:—

REPORT ON HOUSING NEEDS IN THE BOROUGH.

Under Section 25 of the Housing Act, 1930, it is necessary for the Ilkeston Council to submit to the Ministry of Health a "general statement" of the measures they propose to take during the next five years for dealing with housing conditions in their area and for the provision of further housing accommodation.

In order to obtain recent data to enable this statement to be made, a housing survey and census has been carried out. For this purpose 5,959 houses were visited and the particulars regarding each house have been considered by the Medical Officer of Health.

The main objects were:—

- (1) To decide what number of houses are likely to be demolished within the next five years.
- (2) To discover what number of houses are overcrowded.
- (3) To decide if any Clearance Areas or Improvement Areas should be recommended to be made.

Houses for Demolition.—It is recommended that 74 houses are likely to be demolished within the next five years. To rehouse the 298 occupants of these houses it is estimated that 75 new houses will be required. The Government capitation contribution of £2 5s. 0d. per head will be available to assist the Council to rehouse the displaced tenants.

Overcrowded Houses.—For a working definition of "overcrowding" the provisions of Byelaw 3 of the Model Byelaws issued by the Ministry of Health under Section 8 of the Housing Act, 1930, were used as a guide. The standard taken was that every sleeping apartment should not be occupied by a greater number of persons than will allow 40 square feet of floor space for each person of an age exceeding 10 years, and 30 square feet of floor space for each person of an age not exceeding 10 years. But due regard was paid to the facilities which existed for separating adults of different sexes. It was of course impossible to measure every sleeping room, but it was considered that the average bedroom of about 160 square feet would accommodate four adults. It will therefore be apparent that the standard of accommodation used in assessing the presence of overcrowding is by no means a high one.

Overcrowded houses have been divided into two classes :—

"A" CLASS.—This class of house is an overcrowded house containing more than one family. The overcrowding can only be remedied by providing an additional house. The number of houses of this class is 134, of which three are likely to be demolished.

"B" CLASS.—This class of house is an overcrowded house containing members of only one family. The overcrowded condition can be relieved only by providing a larger house. The number of houses of this class is 174, of which nine houses are likely to be demolished.

It is supposed that these families will move into larger houses when more houses become available. By so doing they set free a vacant house. The number of these houses has therefore not been included in the total of new houses required to be built as shown in the Summary.

Clearance Areas.—A Clearance Area is an area within which *all* the houses need demolition. It is recommended that the Council should declare two areas to be Clearance Areas, namely :

NO. 1 AREA.—There are six dwelling-houses in this Area which contain 25 persons who would need rehousing in six houses.

NO. 2 AREA.—There are seven dwelling-houses containing 28 persons who would need rehousing in nine houses.

All these houses in the proposed Clearance Areas have been included in the Summary along with houses likely to be demolished.

Improvement Areas.—An Improvement Area is an area within which some houses may need to be demolished and some houses may need repair. The establishment of an Improvement Area would necessitate the adoption of byelaws to apply to that area with the object of maintaining the houses in a state of good repair, and of preventing the occurrence of overcrowding. But if new houses are built without delay, overcrowding should tend to disappear, and the Act also contains other means to enforce the repair of individual houses. Consequently, the Council is not advised to declare any Improvement Area at present until the effect of a comprehensive building programme can be observed.

It should be noted, however, that it appears that capitation grants under the 1930 Act on behalf of persons displaced from overcrowded houses can only be obtained if the said overcrowded houses are contained in an Improvement Area.

Semi-Permanent Caravans and Bungalows.—There are 40 dwellings of this class all of which are of an unsatisfactory nature. As the inhabitants will have to be rehoused somewhere, this number has been included in the total given in the Summary.

Houses for Normal Population Increase.—It is estimated that the number of houses required to provide for the average normal increase of the population will be at the rate of 50 per year, giving a total for five years of 250.

Houses for Aged Persons.—There appears to be a definite need for small houses for old people. About 17 such houses could be utilised to rehouse persons likely to be displaced from houses recommended for demolition. The Council have the power to build small houses for aged persons under Section 46 of the 1930 Act.

Larger Council Houses.—The Council might also consider the advisability of building a few houses containing more than three bedrooms. There are at least 19 families living in overcrowded houses possessing three bedrooms who need larger houses.

Other Remarks.—The survey brought out several interesting facts. The large number of unmarried adults was very noticeable. The shortage of houses may be a contributory cause of this.

The number of houses found to contain two or more families was 1,065.

A Table giving the result of the housing census is appended.

HOUSING SURVEY, 1930.

NAME OF WARD.	Number of Houses Visited.	OVERCROWDING. ADDITIONAL HOUSE NECESSARY.			OVERCROWDING. LARGER HOUSE NECESSARY.			NO OVERCROWDING BUT DESIROUS OF HOUSE.			Number of Houses with Internal Water Supply.	Number of Houses with W.C. for own use.	Number of Back-to-Back Houses.
		Total Number.	Cannot afford a Higher Rent.	Applied for a Council House	Total Number.	Cannot afford a Higher Rent.	Applied for a Council House	Total Number.	Can afford a Higher Rent.	Applied for a Council House			
1	2	3	4	5	6	7	8	9	10	11	12	13	14
NORTH ..	1053	28	7	9	39	14	9	263	211	89	746	907	6
GRANBY ..	716	27	9	7	57	21	10	208	167	63	506	679	7
MARKET ..	1315	39	24	10	38	8	7	400	278	118	1062	1198	—
VICTORIA ..	643	7	3	1	4	2	2	114	65	53	576	636	2
OLD PARK ..	1069	17	2	11	11	3	3	236	199	127	948	1002	—
SOUTH ..	1163	16	1	12	25	10	5	315	297	132	1039	1081	1
ALL WARDS ..	5959	134	46	50	174	58	36	1536	1217	582	4877	5503	16

Summary.—The summary gives the total of 496 as an estimate of the *minimum* number of houses which will be required during the next five years both to relieve the present congestion and also to prevent further congestion.

It should be noted that it takes no account of those 1,536 families who are desirous of another house for reasons other than overcrowding. Of this number 582 state that they have applied for a Council house. As this is scarcely a health problem, no specific recommendation has been made. The Council may decide to build further houses for this group of families and will doubtless bear in mind that when any families of this group move into another house they will set free a vacant house.

The above report is to be regarded as a general statement. If houses are allowed to deteriorate the Council may be advised even within the next five years to declare further Clearance or Improvement Areas or to demolish additional houses which have become unfit for habitation.

SUMMARY.

1.—No of houses required to rehouse occupants of houses recommended for Demolition	75
2.—No. of houses required to rehouse surplus families in Overcrowded houses of "A" Class (<i>i.e.</i> , those containing more than one family) after deducting three houses likely to be demolished	131
3.—No. of houses required to rehouse Caravan dwellers ..	40
4.—No. of houses required to provide for the natural increase of Population during the next five years	250
Minimum requirements for the next five years	496

The sum of items 1, 2 and 3 represents the number of houses *urgently* required to relieve the present congestion, namely 246.

A further 50 houses are required *this year* to provide for increase of population.

After consideration of the above report the Council came to the conclusion that they would build 500 houses in the course of the next five years.

(a) The extent of shortage of houses available at reasonable rents and the measures contemplated to meet the shortage can therefore be observed from the foregoing.

(b) No important change in the population apart from the natural average increase has occurred during the year nor is any abnormal change anticipated.

(c) Special difficulties in the way of providing suitable sites for new houses certainly exist in this Borough. Of the small amount of vacant land still remaining some areas are too low-lying to be suitable for development ; while a great proportion of the remainder is considered unfit for building land on account of the extensive coal-mining operations beneath the surface. One housing scheme after another has been modified or vetoed by the Ministry on account of the danger of subsidence. This fact is one of the most potent arguments in favour of the urgent need for enlarging the boundaries of the Borough so that additional land may be acquired for the purpose of housing.

3.—Overcrowding.

(a) The extent of overcrowding in the Borough can be readily adduced from the results of the recent survey. In 308 houses there was an unquestionable degree of overcrowding. Among those overcrowded houses occupied by members of more than one family the average number of persons per house worked out at 9.5, whereas the average for the Borough is 4.5 persons per house. In this class the average number of persons per bedroom was 3.7. The worst case was a house possessing two bedrooms and accommodating 15 persons. In the case of the other class of overcrowded house, namely, those occupied by members of only one family the average number of occupants per house was 8.6, and the average number of persons per bedroom was 4.2.

(b) The causes of overcrowding appear to be threefold. In the first place there is a definite shortage of houses. At least 250 additional houses are required to deal with the more serious cases of overcrowding.

In the second place there is inability on the part of many families now living in overcrowded conditions to pay the rent of houses as they become available. This condition has been rendered more widespread by the present industrial depression. The recent survey showed that out of 308 families living in an overcrowded condition 104 families stated that they could not afford to pay a higher rent, that is to say rather more than one-third.

The third cause is the fact that a certain number of families seem to be quite content to live in a condition of overcrowding, although their income is sufficient to enable them to afford the rent of a suitable house. Some of these may be termed incorrigible slum dwellers, and if the process of health education and the stimulus of public opinion fails to effect a cure it seems that pressure will have to be applied both for their own good and for the advantage of the general community.

(c) The first and foremost important remedy for overcrowding is to build more houses. During the year 55 new houses were erected in the Borough, of which 24 were provided by the Authority and 31 by private enterprise. It is obvious that this rate of building is quite inadequate.

4.—Fitness of Houses.

(a) In the majority of cases it has been possible to effect repairs to houses without much difficulty. During the year informal action only was necessary to be taken in order to render the houses fit in 1,831 cases. Statutory powers were made use of in eight cases under Section 3 of the Housing Act 1925 and in 150 cases under the Public Health Acts. The main difficulties have been encountered when the owner has been a person of very limited means. In connection with a certain group of houses it was necessary to rebuild the outhouses, but the owner was not in a position to spend anything on the property. The Council was therefore recommended to carry out the necessary work themselves and recover the costs. But the Council decided not to take that action, as the chance of recovering the cost of the work appeared to be remote.

(b) With regard to insanitary property generally, the procedure is to carry out systematic inspection and to insist on the property being kept in a reasonable state of repair until more suitable accommodation is available. Houses which are worn out and beyond economical repair are recommended for demolition.

(c) The extent to which houses do not possess adequate internal water supply was fairly accurately determined when the survey was made, and is as follows :—

(1) Number of houses with private water supply	..	7,255
(2) Number sharing a common supply	.. ..	82

(d) The extent to which houses do not possess a water closet or other adequate sanitary accommodation within their own curtilage was similarly found to be as follows :—

(1) Number of houses with private sanitary accommodation	6,881
(2) Number sharing common accommodation ..	456

5.—Unhealthy Areas.

Although there are no serious unhealthy areas in the Borough, yet there are several small areas which will be dealt with under the 1930 Housing Act in the course of the next few months. Three small areas each consisting of either two or three attached houses have been dealt with as individual insanitary houses by Demolition Order.

6.—Byelaws relating to Houses, etc.

This Authority possesses up-to-date byelaws with regard to new streets and buildings. There are no byelaws relating to houses let in lodgings. The byelaws referring to tents, vans and sheds have been in existence since 1914. They are capable of enforcement, but do not give wide enough powers.

7.—General Observations.

The fact cannot be denied that the solution of the housing problem is to build more houses at rents that the people can afford, and the sooner this is done the sooner will the housing problem be solved. The housing survey showed that there were 116 families living in overcrowded houses who stated that they could afford a higher rent, and by that they meant the rent of a Council house.

Altogether there were 1,333 families who intimated that they could afford a Council house, while the number who stated that they had made an application for a Council house was 668. This suggests that the Council need have no fear that any houses would remain untenanted even if 500 were to be built immediately.

It is rather remarkable that in the course of the year more houses were built by private enterprise than by the Authority. With regard to the erection of caravans of a semi-permanent nature it is satisfactory to note that more firmness is being shown in enforcing the byelaws which rules that no building shall be erected without the previous sanction of the Local Authority.

SECTION V.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.—There are 9 cowsheds in the Borough where milk is produced and 147 milk shops and dairies. All these premises have been inspected from time to time. Certified milk is sold by one firm, this being the only class of designated milk retailed in the area. It is produced at a farm in Nottinghamshire.

Meat and Other Foods.—The number of registered slaughterhouses has fallen from 7 to 5, and the number of licensed slaughterhouses has increased from 12 to 13. As practically the whole of the meat slaughtered in the area is inspected before removal it will be understood that the work of visiting the 18 slaughterhouses takes up a great deal of time. No less than 1,743 inspections were made. The amount of work involved in meat inspection would be lessened if those butchers who have given notice of a regular time for slaughter would adhere to their time-table more strictly. Shops and stalls are regularly inspected and great attention has been given to the food brought into the market. On only one occasion was unfit meat discovered on a stall in the market. The vendor was successfully prosecuted and a fine of £20 8s. 0d. was inflicted. One other prosecution was effected under the Meat Regulations, namely, for failure to give notice concerning the presence of disease in a sheep's liver.

Having regard to the discussions which have recently taken place in the medical and lay press with regard to the incidence of tuberculosis in bovine animals, it may be of interest to state the results found in this area. In the course of the year 2,080 bovine animals were slaughtered. Out of this number of animals tuberculous disease was found in some portion of the carcase in 44 animals. This shows the incidence of tuberculosis to be 2 per cent. only. In three animals the udders were found to be affected, giving the incidence of .14 per cent.

The amount of surrendered food stuffs is given in the tables at the end of the Report.

Adulteration.—The various Acts in connection with Food and Drugs are administered by the County.

Chemical and Bacteriological Examination of Food.—For the most part this is carried out in the laboratory of the County Analyst in Derby.

Nutrition.—Knowledge on this subject as far as it has become standardised is taught to the younger generation in the schools as part of the routine instruction in hygiene. During Health Week lectures dealing with this subject were given in the schools by the Medical Officer, and during the same week there was an exhibition open to the general public at which the relative values of food stuffs were clearly demonstrated.

SECTION VI.

INFECTIOUS DISEASES.

Scarlet Fever.—In the earlier months of the year there was an increased wave of incidence of this disease. 101 cases were notified and 71 patients were treated in the Isolation Hospital. Three-quarters of the cases were in children of school age. The type of the disease was mild, and there were no complicated cases and no deaths. The more severe cases received antitoxin with obvious benefit. The average stay in hospital was a month, and it would be unwise to reduce this period seeing that the majority of the patients are debilitated and need a reasonable period of hospital regime for their recuperation. No return cases occurred. As during the year no cases of puerperal fever were notified, it is impossible to trace any relation between that condition and scarlet fever. The Dick test was not used, but the Schultze-Charlton reaction was employed in one case.

Diphtheria.—Ten cases were notified and seven were removed to hospital. There were no deaths. Antitoxin is nowadays given early as a rule, but occasionally it is not given in large enough doses. One case developed paralysis of the palate and ocular muscles and irregular action of the heart, but ultimately made a good recovery. Antitoxin is supplied free to practitioners. The Schick test was not made use of and no immunizations were performed. In two instances the bacteriological report on the swabs taken from the throats of two children was positive, but the clinical appearance was so atypical in each case that further tests for virulence were asked for. Both reports were returned as negative and the children were spared a long confinement in the diphtheria ward of the fever hospital.

Small Pox.—There was only one case of small pox during the year. This occurred in a youth, aged 15, who had never been vaccinated, and was of a mild form. It appears that the patient

had acquired it from his brother, who had recently been ill with symptoms suggestive of influenza, who also had never been vaccinated and in whom vaccination as a contact was not successful although repeated. All contacts were diligently searched out and vaccinated. No vaccinations were performed by the Medical Officer of Health.

Chicken Pox was more prevalent than usual, there being 120 notified cases, of which two-thirds occurred in the infant school children.

Enteric Fever.—No cases of the enteric group of diseases were notified during the year.

Ophthalmia Neonatorum.—There were two cases resulting in unimpaired vision.

Influenza.—There was no serious incidence of this disease. Five deaths were attributed to influenza, compared to twenty-nine in the previous year, when it assumed epidemic proportions.

Acute Primary Pneumonia.—The number of notified cases was 15.

There was no other important occurrence of notifiable infectious disease and no serious prevalence of animal or insect pests.

The disinfection of premises was carried out by the Health Department, 428 rooms being disinfected. Clothing and other articles exposed to infection were disinfected at the Isolation Hospital.

Pathological and bacteriological specimens were sent for examination to the County Laboratory at Derby, where 121 specimens were dealt with from this area.

Prevention of Blindness.—No action was taken under Section 66 of the Public Health Amendment Act, 1925.

Cancer.—The deaths from malignant disease remain fairly constant. The Local Authority gave a donation of £100 to the Nottingham Council of the British Empire Cancer Campaign to assist in the purchase of radium, which is available at the General Hospital.

Rheumatic Fever.—One cannot help feeling that the rheumatic group of diseases requires a larger amount of attention devoting to them, especially with the object of settling on a definite and scientific basis what factors are of importance in their causation.

The relation of the different types to each other needs determining once and for all. One would like, for instance, to know how many people who suffer from the adult forms of rheumatism have previously suffered from the juvenile form. The question of compulsory notification requires serious consideration, chiefly in connection with the juvenile form. It would at least permit of investigation from the angle of prevention and should lead to measures to improve the environment of the patient. If adequate facilities for necessary treatment did not exist in any area the need would become apparent and the necessary provision could be made. In the case of children suffering from acute rheumatism, one of the principal objects of treatment is to prevent the permanent and often progressive damage to the heart, which so often leads to invalidity and early decease. To attain this object prolonged rest is necessary in the recumbent position. The patient's home is usually most unsuitable for this, and the general hospitals cannot possibly spare their beds for the necessary time. These facts lead one to the conclusion that beds should be provided in every area for the express purpose of treating cases of juvenile rheumatism, and should be sufficient in number to allow an average stay in hospital of not less than four months for each child.

Further, the incidence of adult muscular and articular rheumatism is so widespread and causes such a large amount of invalidity and consequent expense to industry and the State, that the disease must be regarded as of undoubted national importance. The institution of clinics for the treatment of established cases is very necessary, but it does not get to the root of the matter, namely, the prevention of the condition. And that is the problem the solving of which will give the best economical return. Some of the latest researches have pointed to the hereditary factor as being of importance. But in some cases this apparent hereditary tendency may in fact be due to infection in the home or to errors in personal hygiene and nutrition common to parent and child, or to participation in the same unhygienic environment. Further well-directed research is necessary and would meet with willing co-operation in all areas.

Venereal Diseases.

As these diseases are not notifiable it is impossible to give a correct estimate of their prevalence. Treatment can be obtained free at the Nottingham City Treatment Centre or at the Derby County Clinic at the Derbyshire Royal Infirmary. The medical

officers of the above clinics have kindly supplied me with particulars to show the number of new cases resident in Ilkeston who have been treated during the year. Of course other cases of these diseases may obtain treatment from their own medical attendants or from other hospitals, while a proportion are probably having no treatment at all. Besides the totals of new cases given below there would be a number of old cases whose treatment is still being continued.

**Number of New Cases of Venereal Diseases resident in
Ilkeston treated during 1930.**

	SYPHILIS.		GONORRHOEA.		TOTAL.	
	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>	<i>Male.</i>	<i>Female.</i>
Nottingham	5	3	18	2	23	5
Derby	0	0	3	1	3	1
TOTALS ..	5	3	21	3	26	6

Total number of new cases 32 persons.

Prevalence of and Control over Notifiable Diseases.

A table is given to show the prevalence of and control over notifiable diseases.

DISEASE.	No. Notified.	No. Removed to Hospital.	Total Deaths.
Tuberculosis, Pulmonary ..	16	11	13
Tuberculosis, other forms ..	9	2	5
Pneumonia (all forms) ..	15	—	23
Scarlet Fever	101	71	—
Diphtheria	10	7	—
Erysipelas	6	—	—
Chicken-Pox	120	—	—
Puerperal Pyrexia	5	2	—
Small-Pox	1	1	—
Ophthalmia Neonatorum ..	2	2	—

**OPHTHALMIA NEONATORUM.
TABLE.**

CASES.			Vision Un- impaired.	Vision impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At home.	In hospital				
2	-	2	2	-	-	-

**SEX AND AGE DISTRIBUTION OF CASES OF NOTIFIABLE
DISEASE DURING 1930.**

AGE GROUP. Sex.		Pneumonia all forms.	Chicken-Pox.	Scarlet Fever.	Diphtheria.	Erysipelas.	Puerperal Pyrexia.	Ophthalmia Neonatorum.	Small-Pox.
0—1	M.	-	2	-	-	-	-	2	-
	F.	-	-	-	-	-	-	-	-
1—2	M.	-	4	-	-	-	-	-	-
	F.	-	2	1	-	-	-	-	-
2—3	M.	-	2	-	-	-	-	-	-
	F.	-	3	3	-	-	-	-	-
3—4	M.	-	-	1	2	-	-	-	-
	F.	-	4	1	-	-	-	-	-
4—5	M.	-	3	2	-	-	-	-	-
	F.	-	7	4	1	-	-	-	-
5—10	M.	2	39	23	1	-	-	-	-
	F.	-	36	21	2	-	-	-	-
10—15	M.	1	7	16	1	-	-	-	-
	F.	-	10	13	2	-	-	-	-
15—20	M.	-	1	3	-	-	-	-	1
	F.	-	-	4	-	-	-	-	-
20—35	M.	2	-	5	-	-	-	-	-
	F.	1	-	3	-	1	5	-	-
35—45	M.	3	-	1	-	-	-	-	-
	F.	2	-	-	-	-	-	-	-
45—65	M.	1	-	-	-	2	-	-	-
	F.	3	-	-	1	2	-	-	-
65 up- wards	M.	-	-	-	-	-	-	-	-
	F.	-	-	-	-	1	-	-	-
Total all ages	M.	9	58	51	4	2	-	2	1
	F.	6	62	50	6	4	5	-	-
GRAND TOTAL		15	120	101	10	6	5	2	1

SECTION VII.

TUBERCULOSIS.

The notification of tuberculosis is satisfactory. Sanatorium treatment is undertaken by the County, who also provide a Tuberculosis Dispensary in the Albert Street Clinic. The Tuberculosis Officer holds a clinic on Wednesdays both in the morning and afternoon.

During the year the number of new cases notified has shown a marked decrease. There were 17 new pulmonary cases, compared with 30 in the previous year. There were three times as many females as males among the pulmonary cases. Nine new cases of non-pulmonary tuberculosis were notified compared with 15 in 1929. With regard to deaths there were 13 from pulmonary disease and 3 from non-pulmonary form.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No action had to be taken under these Regulations in the course of the year.

Public Health Act, 1925 ; Section 62.

No action under this Section had to be taken during the year.

Particulars of new cases of Tuberculosis and deaths from this cause are given in the following table—

AGE PERIODS.			NEW CASES.				DEATHS.			
			Pulmonary.		Non-pulmonary.		Pulmonary.		Non-pulmonary.	
			M.	F.	M.	F.	M.	F.	M.	F.
0	..	..	—	—	—	—	—	—	—	—
1	..	..	—	—	—	—	—	—	—	—
5	..	..	1	—	1	2	—	—	—	—
10	..	..	—	—	—	2	—	—	—	—
15	..	..	2	2	2	—	1	2	—	—
20	..	..	—	1	—	1	1	—	1	1
25	..	..	—	2	1	—	2	—	—	—
35	..	..	—	3	—	—	2	2	1	—
45	..	..	1	3	—	—	—	1	—	—
55	..	..	—	2	—	—	1	—	—	—
65 and upwards	..	..	—	—	—	—	1	—	—	—
TOTAL	..	..	4	13	4	5	8	5	2	1

RETURN OF NEW PATIENTS WHO ATTENDED ILKESTON DISPENSARY DURING 1930.

AGE.	Males		Females		Total Attendances	No. found Tuberculous	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	..	23	29	29	140	17	14	3	15	1	5	2	3	31	0	100	9	1
Under 15 years of age	..	23	15	15	117	6	1	5	1	1	8	3	0	31	0	18	1	0

Non-pulmonary cases :—Spine 3, Cervical Glands 5.

RETURN OF OLD PATIENTS WHO ATTENDED ILKESTON DISPENSARY DURING 1930.

AGE.	Males		Females		Total Attendances	No. found Tuberculous	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	..	28	22	22	187	52	45	7	11	0	4	0	12	2	7	24	10	6
Under 15 years of age	..	18	15	15	97	37	15	22	4	0	6	0	0	8	4	3	0	0

Non-pulmonary cases :—Hip joint 1, Abdomen 5, Lupus 3, Cervical Glands 19, Kidney 1.

SECTION VIII.

MATERNITY AND CHILD WELFARE.**Antenatal Clinic.**

This is held at the Albert Street Clinic on the afternoons of the first three Mondays of every month. The medical officer in attendance is Dr. Margaret Glen Bott. The clinic has been exceptionally well attended, and owing to the large number it was necessary during and after July to increase the number of sessions from two per month to three. The number of new cases seen in the course of the year was 217, as compared with 126 new cases in 1929. The total attendances of patients were 575 compared with 198 in the previous year. The average number of patients seen at each session was 19. It seems fairly obvious that the work of this clinic will still further increase.

Those expectant mothers who were in need of treatment at home were advised to consult their medical attendants. Several others were recommended to enter the Maternity Home, and a smaller proportion who were likely to need operative measures were admitted to a hospital for women. It appears that about one-third of the total number of expectant mothers seek antenatal advice at this clinic.

Midwives.

There were 10 midwives practising in the Borough in the course of the year. Of these eight were trained and two were *bona-fide* midwives who were practising previous to 1903. During the year 605 maternity cases were attended by midwives alone out of a total of 674 births. During the year application was made for this Authority to be made a Supervising Authority under the Midwives Act. The application was refused on the grounds that the number of midwives practising in the Borough was too few. One would have thought that the deciding factor would have been not the small number of midwives, but the large number of births attended by the midwives. The object of closer supervision is to benefit the mothers and babies rather than the midwives.

Municipal Maternity Home.

Once again the Home had a very successful year. 183 maternity cases were treated and no death occurred, although several serious cases were admitted. The number of applications to book beds in the Home were again in excess of the available accommodation, and 23 applications had to be refused.

The Statistics for 1930 are given in the following table.

ILKESTON MUNICIPAL MATERNITY HOME.

1.—Name and Address of Institution ..	The Maternity Home.
2.—Number of beds in the Institution	9
3.—Number of cases admitted during the year	183
4.—Average duration of stay	14 days.
5.—Number of cases delivered by—	
(a) Midwives	161
(b) Doctors	22
6.—Number of cases in which medical assistance was sought by midwife..	38
7.—Number of cases notified as—	
(a) Puerperal Fever	Nil.
(b) Puerperal Pyrexia	1
8.—Number of cases of pemphigus neonatorum	Nil.
9.—Number of infants not entirely breast-fed while in the Institution ..	4
10.—(a) Number of cases notified as Ophthalmia Neonatorum ..	Nil.
(b) Result of treatment in each case	Nil.
11.—(a) Number of maternal deaths ..	Nil.
(b) Cause of death in each case ..	Nil.
12.—(a) Number of foetal deaths—	
(i) Stillborn	3
(ii) Within 10 days of birth..	3
(b) Cause of death in each case, and results of post-mortem examination (if obtainable)—	
(i) (a) Hydrocephalus.	
(b) Hydramnios.	
(c) Breech with extended arms and legs.	
(ii) (a) Prematurity. Weight	1 lb.
(b)	1 $\frac{3}{4}$ lbs.
(c)	3 lbs.

Home Visiting.

The full staff of four half-time health visitors was maintained during the year, but there was one change. Miss M. E. Jackson resigned in April in order to get married, and Miss M. Gardiner

was appointed on the 5th May. The routine visiting of both infants and toddlers was continued in the usual manner. A table is appended which gives a summary of the reports of the health visitors.

Summary of Heath Visitors' Reports for 1930.

Births Notified (twins 11)	675
Males	356
Females	319
Still Births	27
Died within Three Days	16
Attended by Medical Practitioners	46
Attended by Midwives only	444
Admitted to Maternity Home	185
Total number of visits paid	7,517
Children weighed	642
Average weight	lbs. 7.4
Breast fed at birth	623
Bottle fed at birth	4
Breast and Bottle fed at birth	6
" " Spoon " " "	1
Pre-natal Cases visited	19
Outside the Borough	20
Number of individual infants under 1 year visited ..	3,200
" " " children 1 to 5 years ..	3,180

Instruction in Mothercraft.

Lectures in the hygiene and management of infants were given once a week by the senior health visitor at the Housewifery Centre of the Education Authority. They were attended by classes of a dozen girls chosen from the senior schools and were listened to with great interest. A practical demonstration of the bathing of an infant was also given to the class by the matron of the Maternity Home.

Maternity Outfits.

The contents of the six maternity outfits were described in last year's report. Sterilised dressings have now been added to each outfit. They are loaned out free of charge to expectant mothers who are in need of them.

Infant Welfare Centres.

The child welfare centre in Cotmanhay was moved to more suitable quarters in the United Methodist School in Wesley Street. There is now a suite of three rooms, and the accommodation is much more convenient. A considerable increase in the attendance has shown that the new clinic is appreciated.

A clinic is held on Thursday afternoons at Cotmanhay and on Tuesday afternoons at Albert Street. A medical officer attends at each session.

The attendances are shown in the following table.

ATTENDANCES AT INFANT WELFARE CENTRES.

ALBERT STREET.

Individual Cases.	Total Attendances.	Examined by Doctor.	Infants under One Year.	Toddlers.
572	2,383	309	1,635	748

COTMANHAY.

286	986	273	679	307
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Still Births.

All cases of still births among midwives' cases were enquired into. Out of 24 cases investigated the causes appeared to be as follows:—

Death in utero previous to labour	..	..	11
Malpresentation or obstructed labour	—	..	6
Premature labour	..	..	4
Twins	..	..	1
Cause unknown	..	..	2

Puerperal Fever and Puerperal Pyrexia.

These conditions are notifiable and professional enquiries are made and help is offered when necessary. Five cases of puerperal pyrexia were notified, but no cases of puerperal fever.

Under the provisions of the Puerperal Fever Regulations a scheme was approved during the year for the admission of patients suffering from either puerperal fever or puerperal pyrexia to the Derbyshire Hospital for Women at Derby. The approval of the Medical Officer of Health is first obtained.

An obstetric consultant, Dr. C. D. Lochrane, of Derby, was appointed during the year. His services are available for any difficult obstetric case occurring within the Borough if application is first made to the Medical Officer of Health.

Maternal Deaths.

A confidential professional enquiry is made into cases of death of the mothers occurring during child birth. There was one death from septicaemia and one from toxæmia, and two from hæmorrhage in women who were suffering from heart disease.

Infantile Deaths.

The occurrence of deaths of infants under one year of age are enquired into and records kept. During the year 42 infants died, giving an infantile mortality rate of 62·3. There were four deaths from infantile diarrhoea.

Free Supply of Milk.

Under the provision of the Maternity and Child Welfare Act, 1918, free milk was issued in necessitous cases to expectant and nursing mothers and to selected children under the age of five years. In the majority of cases the infants were under nine months of age. The number of applications in respect of which milk was issued was 791, and the approximate cost was £243.

SUMMARY OF THE WORK DONE BY THE HOUSING INSPECTOR.

Housing Acts and Regulations.

NUMBER OF HOUSES ERECTED DURING 1930.

(a) Total (including numbers separately under (b))	..	..	55
(b) With State Assistance under Housing Acts	..	..	24
(i) By the Local Authority	..	..	24
(ii) By other bodies or persons	..	..	Nil

Unfit Dwelling Houses.

(1) Total number of dwelling-houses inspected for housing defects under Public Health or Housing Acts	..	..	1836
(2) Number of dwelling-houses which were inspected and recorded under the Housing (Inspection of District) Regulations, 1910,	..	..	87
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	..	..	5
(4) Number of dwelling-houses (exclusive of those referred to under preceding sub-head) found not to be in all respects reasonably fit for human habitation	..	..	1744

Remedy of Defects without Service of Notice.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	..	1831
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Action under Statutory Powers.

(a) Proceedings under Section 3 of the Housing Act, 1925 :	
(i) Number of dwelling-houses in respect of which Notices were served requiring repairs	8
(ii) Number of dwelling-houses which were rendered fit after service of formal Notices :	
(a) By Owners	8
(b) By Local Authority in default of Owners ..	Nil.
(iii) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by the Owners of intention to close	Nil.
(b) Proceedings under Public Health Acts :	
(i) Number of dwelling-houses in respect of which Notices were served requiring defects to be remedied.. ..	150
(ii) Number of dwelling-houses in which defects were remedied after service of Formal Notices :	
(a) By Owners	150
(b) By Local Authority in default of Owners ..	Nil.
(c) Proceedings under Sec. II, 14 and 15 of Housing Acts, 1925 :	
(i) Number of representations made with a view of the making of Closing Orders.. .. .	5
(ii) Number of dwelling-houses in respect of which Closing Orders were made	5
(iii) Number of Closing Orders determined	Nil.
(iv) Number of Demolition Orders made	5
(v) Number of dwelling-houses demolished	8

Other Details connected with Housing.

Paving of Yards under Section 25 P.H.A. (A) Act, 1907	Nil.
Sinkstones, Section 49 P.H.A. (A) Act, 1907	Nil.

SANITARY INSPECTION OF THE DISTRICT.

Details of Inspections and defects found during the year 1930 by the Sanitary Inspectors.

Drainage

Drains opened and cleansed	139
Drains provided with new traps	15
New drains and inspection chambers	200
Drains repaired or relaid	30
Drains tested by water after relaying	173
Drains tested by smoke	2
Sink pipes disconnected	20
New sink-waste pipes provided and fixed	24
New sinkstones provided	17
Broken inspection covers renewed	10
Backyards repaired or re-paved	24
Floors in houses repaired	12
Dilapidated walls and ceilings repaired	11
Roots repaired	20
Defective stairs repaired	1
Windows made to open	15
Defective spouts repaired	24
Pantry vents and light improved	2
Defective coppers renewed	12
Dirty houses cleansed	2
Defective brickwork pointed up	32
Dampness in rooms remedied	29

Water Closets and Urinals.

Water Closets, new basins fixed	231
Defective fittings provided	46
Choked water closets cleansed	50

Miscellaneous Defects not enumerated in above tables :

Nuisances from animals improperly kept	5
Offensive accumulations removed	7
Small defects remedied in premises	186
Number of Inspections to premises	2435
Re-visits to premises during repairs	2400
Number of Informal Notices issued	215
Number of Statutory Notices served	23
Number of Notices not complied with	Nil.

Privies, Ashpits and Ashbins.

Privies made into Water Closets	Nil .
Pail-closets made into Water Closets.. .. .	170
Defective Ashpits	65
New Ashbins provided	137
New pails provided to Pail-closets	2
Number of inspections made to existing Privies	22
Number of Inspections made to Ashbins	8,424
Number of inspections made to Ashpits	3,798
Number of inspections made to Pail-closets	167

Offensive Trades.

Only 1 registered premises, Tripe Boiler	1
Number of inspections	38
Number of Notices or complaints	Nil.

Common Lodging-houses. Nil.

Places of Amusements.

Premises are visited from time to time and reports made by the Senior Sanitary Inspector to the Health Committee and the Licensing Authority.

Petroleum Acts.

These Acts are administered by the Senior Sanitary Inspector, Mr. J. B. Duro.

Number of Petrol Licences issued during 1930	39
Number of Carbide of Calcium Licences issued in 1929	5
Number of Inspections made during 1930	122

Canal Boats.

These Acts are administered by the Senior Sanitary Inspector, Mr. J. B. Duro.

Number of Canal Boats on Register	40
Number of Canal Boats inspected	10
Number of infringements found	2
Prosecutions	Nil.
Number of men on board	7
Number of women on board	4
Number of children on board	2

Bakehouses.

Number of bakehouses on Register	29
Number of Inspections made	22
Number of Notices issued	Nil.

Dairies, Cowsheds and Milkshops.

Number of Cowsheds on Register	9
Number of milkshops	147
Number of visits	75

Slaughter-houses.

Registered Slaughter-houses	5
Licenced Slaughter-houses	13
Number of inspections	1,743
Number of Notices issued	5

Surrendered Food Stuffs.

1,782 lbs. Beef, 40 Livers, 12 Udders, 4 Hearts, 4 Kidneys, 8 Spleens, 3 Heads (including tongues), 1 Bovine Calf, 60 lbs., 135 lbs Mutton, 18 Sheep's Livers, 3 Pigs' Heads, 6 Hearts, 5 Livers.
 120 lbs. Spanish Onions.
 Prosecutions : 1 Exposure of Diseased Meat, Fined £20 8s. 0d.
 1 Meat Reg. Clause 9; Fined 20/-.

Disinfection of Premises.

Number of rooms disinfected	428
These include not only infectious cases, but after death from Cancer and Tuberculosis. A Formalin Sprayer containing 40% Formalin is used, and Sulphur.	

Factories, Workshops and Workplaces.

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

Inspections of Factories, Workshops and Workplaces.

	Inspections.	Notices	Pros.
Factories (including Factory Laundry)	5	Nil.	Nil.
Workshops (including Workshop Laundries)	45	Nil.	Nil.
Workplaces (other than outworkers)	15	2	Nil.

NUMBER OF DEFECTS.

	Found.	Remedied.	Ref. to H.M. Inspector.	Pros.
Nuisances under the P.H. Acts				
Want of cleanliness	Nil.	Nil.	Nil.	Nil.
Sanitary Accommodation .. Nil.	Nil.	Nil.	Nil.	Nil.
Screening and ventilation .. Nil.	Nil.	Nil.	Nil.	Nil.

Outworkers.

The number of outworkers in the first half of the year was 39, and in the second half 37.

Number of visits paid to premises	15
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Shops Acts.

The Shops Acts are administered by the Senior Sanitary Inspector, Mr. J. B. Duro. Two trades are governed by Local Acts, viz. :
 (i) Boots and Shoes; (ii) Barbers and Hairdressers.

One case was submitted to Court for contravening the Shops Acts. Fined 10/-

JOSEPH B. DURO, C.R.S.I.,
Senior Sanitary Inspector.

CYRIL E. ADCOCK, C.R.S.I.,
Junior Sanitary Inspector.

**SUMMARY SHOWING THE NUMBER OF HOUSES, ACREAGE, POPULATION & SANITARY
CONVENIENCES OF THE SEPARATE WARDS. DECEMBER, 1930.**

Municipal Borough of ILKESTON. By Wards.	Area in Statute Acres (Land and Inland Water).	Population by Wards. (Census 1921)	Number of Houses.	Approx. Number of Ashbins.	Number of Pail- Closets. (Total.)	Number of Ashpits, (Dry.)	Number of Privy Middens.	Number of Slop- water Closets.	Number of Water- Closets. (Approx.)
ILKESTON.	2,526	32,266	7,287	6,120	216	312	12	313	7,412
North Ward	..	6,064	1,368	1,114	27	69	8	49	1,365
Granby Ward	..	4,207	844	713	27	41	-	18	860
Market Ward	..	6,672	1,384	1,123	23	78	1	90	1,380
Victoria Ward	..	3,540	915	820	4	29	1	15	1,056
Old Park Ward	..	5,677	1,240	1,041	5	40	2	64	1,267
South Ward	..	6,106	1,536	1,309	130	55	-	77	1,484

EXCREMENT DISPOSAL — 1930.

IN WHOLE DISTRICT ..	Approximate Number of Houses, etc. with—				Number of Houses converted from Privy-middens to Water-closets since January, 1930.	Number of Defective Privies improved.
	Privy-middens.	Pail-closets.	Water-closets.	Slop-water Closets.		
	(a) 16	(b) 218	(c) 7,081	(d) 313	(e) Nil.	Nil.

NOTE.—(a) Total number of Privy-middens 12, of these 1 is shared by 3 houses which are adjacent to the sewer and are therefore convertible to Water-closets, and 11 are shared by 13 houses which cannot reach the sewer and are therefore not convertible.

(b) Total number of Pail-closets, 216; shared by 218 houses, etc.

(c) Total number of Water-closets, 7,412; shared by 7,081 houses, etc.

(d) Number of Slop-water Closets is 313, shared by 313 houses, etc.

(e) In addition 165 Pail-closets have been converted into 165 Water-closets by the Corporation, by contract, since January, 1930, 7 additional Water-closets have been provided, and 4 Slop-water Closets converted into Water-closets voluntarily.

The term Houses, etc., in this table includes dwelling places, churches, chapels, schools, factories and workshops.

SCAVENGING AND REFUSE DISPOSAL.

Parts of Urban Districts or (in Rural Districts) Parishes in which Scavenging is carried out.	Population of separate areas for which there is Public Scavenging.	If done by		Cost.		Refuse Tips.
		Servants of Council.	Under Contract.	Total Cost throughout District during year.	Cost per House per annum.	
WHOLE BOROUGH ..	32,266	No.	Yes.	No.	£3,214-8-4 8s. 9-14d.	Controlled Tipping

SUMMARY OF PAIL CLOSETS.

	NORTH WARD.	GRANBY WARD.	MARKET WARD.	VICTORIA WARD.	OLD PARK WARD.	SOUTH WARD.	TOTALS.
Number of Houses with Pail-closets ..	27	27	23	4	4	72	157
Factories and Workshops with Pail-closets	—	—	—	—	1	46	47
Churches, Chapels and Schools with Pails ..	—	—	—	—	—	12	12
TOTALS	27	27	23	4	5	130	216

Number of Houses without a separate
Convenience (using other Pails) ..

— — — — — 2 — 2

Total number of Houses, Churches, Chapels, Schools, Factories and Workshops with Pail-closet accommodation .. 218.

REFUSE REMOVAL AND DISPOSAL.

SHOWING ANNUAL RETURN FOR THE PAST THREE
YEARS OF LOADS REMOVED.

YEAR.	ASHBIN REFUSE.	ASHPIT REFUSE.	PRIVY CONTENTS.	PAIL CONTENTS.	TOTALS.
1928 ..	13,011	3,248	26	3,306	19,591
1929 ..	13,093½	2,712½	43	1,363	17,212
1930 ..	13,195	2,281	3	377	15,856

An investigation made in May, 1922, by taking loads of refuse from various parts of the Borough and having them weighed showed an average weight of One Ton per load of ASHBIN REFUSE, and One Ton, Three Hundred-weights per load of ASHPIT REFUSE. On the 7th October, 1922, one of the pan-carts used for night-soil scavenging was filled with water to six inches above the axle by means of a closet pail with a capacity of 9½ gallons, the cart contained 18 pailsfull of water, the net weight being 15½ cwts.

REFUSE REMOVAL.

SHOWING MONTHLY RETURNS FOR THE YEAR
ENDING 31st DECEMBER, 1930.

MONTH.	ASHBIN REFUSE.	ASHPIT REFUSE.	PRIVY CONTENTS.	PAIL CONTENTS.	TOTALS.
January ..	1,152	232	—	37	1,421
February	1,020	248	—	32	1,390
March ..	1,096	190	1	35	1,322
April ..	1,106	191	—	28	1,325
May ..	1,106	255	—	28	1,389
June ..	1,045	154	—	35	1,234
July ..	1,162	183	1	28	1,374
August ..	1,055	153	—	32	1,240
September	1,094	131	—	31	1,256
October ..	1,112	232	—	28	1,372
November	1,065	148	1	32	1,246
December	1,182	164	—	31	1,377
TOTALS ..	13,195	2,281	3	377	15,856

PRIVY ACCOMMODATION EXISTING 31st DECEMBER, 1930.

Situation of Privies that are able to drain into Public Sewer.	Number of Privies.	Number of Conveniences.	Number of Houses.
Nos. 49a, 50 and 51 Bath Street	1	2	3
TOTALS	1	2	3

Situation of Privies that are unable to drain into Public Sewer.	Number of Privies.	Number of Conveniences.	Number of Houses.
Nos. 2, 3, 21 Church Street ..	3	3	3
Bentley's Farm, Cotmanhay ..	1	1	1
No. 1 Fish Ponds	1	2	1
Nos. 20, 21, Heanor Road ..	2	2	2
No. 10 Duke Street	1	1	1
No. 52 King Street	1	2	1
Nos. 45, 46, 47 Nottingham Road	1	2	3
No. 4 Larklands	1	2	1
Privies unable to drain into Sewer	11	15	13
Privies able to drain into Sewer	1	2	3
Total number of Privies in existence	12	17	16

DISPOSAL OF PAIL AND PRIVY CONTENTS.

SOUTH WARD	}	To Gallows Inn Tip.
OLD PARK WARD		
VICTORIA WARD		
MARKET WARD		
GRANBY WARD	}	To Bentley's Land, Cotmanhay.
NORTH WARD		

DISPOSAL OF DRY REFUSE.

SOUTH WARD	}	To Gallows Inn Tip.
PART OF OLD PARK WARD		
PART OF OLD PARK WARD	}	To Washmeadow Clayhole.
VICTORIA WARD		
MARKET WARD		
GRANBY WARD		
PART OF NORTH WARD	}	To Bentley's Land, Cotmanhay.
PART OF NORTH WARD		

All Tips are levelled and covered with soil.
Average distance to Tips, 1.06 miles.

Borough of Ilkeston Education
Committee.

ANNUAL REPORT

OF THE

School Medical Officer

For 1930

H. L. BARKER,

M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

EDUCATION COMMITTEE.

THE MAYOR (Coun. L. MIDGLEY).	Councillor Mrs. J. B. D. McINTYRE
Coun. G. W. WOOLLISCROFT, O.B.E.,	„ J. H. MILLARD.
J.P. (<i>Chairman</i>).	„ J. A. MACDONALD.
Alderman AMOS HENSHAW, J.P., C.C.	Professor H. A. S. WORTLEY, M.A.
„ ARTHUR HENSHAW, J.P.	F. P. SUDBURY, Esq., J.P., C.C.
„ W. SHAKSPEARE, J.P.	S. R. WOOD, Esq., M.A.
„ J. WOOLLEY, J.P.	Mrs. PRIOR.
Councillor G. H. BROUGHTON.	

Director of Education.

T. FROST, Esq, B.Sc.

STAFF (1930).**School Medical Officer (also Medical Officer of Health).**

H. L. BARKER, M.D., B.S.(Lond.), M.R.C.S., L.R.C.P., D.P.H.

Part Time Medical Officers.

ASSISTANT SCHOOL MEDICAL OFFICER .. S. W. LUND, M.B., Ch.B., D.P.H.

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).

	<i>Appointed.</i>	<i>Resigned.</i>
Miss M. E. SHERLOCK, C.M.B. ..	21st June, 1914	—
Miss H. BLAIR, C.M.B. ..	1st June, 1922	—
Miss L. OTTEWELL, C.M.B. ..	1st Mar., 1929	—
Miss M. E. JACKSON, C.M.B. ..	1st Aug., 1929	18th April, 1930
Miss M. GARDINER, C.M.B. ..	5th May, 1930	—

Clerks.

Miss L. TRUEMAN	15th May, 1923	—
Miss H. CLARKE	13th Oct., 1924	—

Borough of Ilkeston Education Committee.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR 1930.

TO THE CHAIRMAN AND MEMBERS OF THE ILKESTON EDUCATION
COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I beg to present my Annual Report for the year ending 31st December, 1930.

The arrangement of the Report is, as in former years, on the lines required by the Board of Education. At the routine medical inspections rather fewer children than usual were found to be suffering from defects requiring treatment. The staff of school nurses was maintained at the proper strength throughout the year and consequently more follow-up visits to parents of children suffering from defects were able to be carried out. The dental scheme showed a great advance in the amount of conservative work. A start was made with the orthopædic scheme, and this will be developed further when the extension of the school clinic has been carried out. I hope that the proposed open-air school, for which there is a distinct need, will be proceeded with as soon as possible, and I should welcome the early establishment of the first nursery school.

I have the honour to remain,

Your obedient Servant,

H. L. BARKER,

School Medical Officer.

BOROUGH OF ILKESTON.

Area of Borough (in acres)	2,526
Population (Registrar-General's Estimate, 1929)	33,260
Number of Schools	10
Number of Departments	20
Average number on School Register	5,383
Average Attendance	4,769

I.—STAFF.

There has been one change in the staff during the year. Miss M. E. Jackson resigned her appointment as school nurse on the 18th April, in order to get married. The vacant post was filled on the 5th May, by the appointment of Miss M. Gardiner. In connection with the annual extension of the dental scheme additional assistance will soon be needed.

II.—CO-ORDINATION.

(a) The Infant and Child Welfare Scheme of the Local Authority is co-ordinated with the School Medical Service in that the school nurses are also health visitors. The records of all infants and children under school age which have been prepared both as a result of systematic visits to the homes, and also after the visits of children brought to see the Medical Officers at the Child Welfare Clinics, are available for the use of the School Medical Staff. On the other hand, information discovered at routine medical inspections which is likely to be valuable with regard to younger children of the same family under school age is made use of in child welfare work.

(b) No Nursery Schools are provided by this Authority, but their establishment is under consideration.

(c) Debilitated children under school age come within the purview of the school nurses when acting as health visitors, and particulars about any exceptional child are reported to the Medical Officer of Health, who is also the School Medical Officer. The latter endeavours to see that appropriate treatment is obtained for the child and all records are at hand when the child reaches school age.

III.—THE SCHOOL MEDICAL SERVICE IN RELATION TO PUBLIC ELEMENTARY SCHOOLS.

The schools are well built on the whole and are kept in a clean condition. The surroundings are generally satisfactory, but certain rooms at Granby, Kensington and Bennerley Infants' are subject to excessive noise from the traffic in the adjacent street. At Hallam Fields School there is considerable noise and annoyance from smoke and grit produced by the neighbouring ironworks. Chaucer School is perhaps the least satisfactory building, and its Infants' department is little better than a basement. Lavatory accommodation for teachers was provided at three schools where there was an urgent need. Further provision, however, is still necessary at other schools. Every school now possesses water-closets.

There are lavatory basins for washing at each school, but use of these by scholars has not been encouraged at some schools. Proper provision of soap and towels is essential if cleanliness is to be practised as well as taught. Although it is well to insist that children should come to school clean, yet they should be given the facilities to wash after visiting the outside offices. This is after all one of the elementary rules of hygiene. In many schools the cloakrooms are heated, and on wet days the clothes of the children can be dried on the radiators.

At certain schools where gas is used, the artificial lighting is far from satisfactory, and should be remedied before another winter. New burners are about to be tried in one school, and if successful they will probably be installed in other schools where the lighting is defective.

In the majority of schools the desks and blackboards are of a satisfactory type. The remaining desks of an old type are gradually being replaced by an up-to-date pattern.

Most children live comparatively near to the schools and return for their mid-day meal, and there is consequently no necessity for arrangements to be made for warming up a meal. The Central School, however, contains scholars drawn from all parts of the Borough, and to meet their need a hot meal is provided daily and is supervised by one of the teachers. At most schools hot milk is provided during the morning break under arrangements made by the head teachers.

IV.—MEDICAL INSPECTION.

Medical Inspection.—The Board's schedule of medical inspection has been followed. Three age groups have been inspected.

(1) Entrants, *i.e.*, those children who had been enrolled since the last medical inspection, or who for some reason had never been previously inspected.

(2) Intermediates, *i.e.*, those children whose eighth birthday occurred during the year.

(3) Leavers, *i.e.*, those children who were over twelve but under thirteen on the 1st January, or who were due to leave at the end of the term and had not been examined since reaching the age of twelve.

One of the above groups was examined at all the schools during each term, the medical examination always taking place at the school. Each department was thus visited in the course of the year. After routine inspection, all children in the school exhibiting some special defect which had been discovered at a former inspection, were again seen by the medical officer in order to note the improvement and to see if appropriate treatment had been obtained.

Medical inspection of special cases has also been carried out at the school clinic on two mornings a week. Children are brought there by their parents for advice, or are sent by the teachers if they suspect that the children show any departure from health. The school nurses and school attendance officers also send children to the clinic if they are absent from school and appear to be in need of medical advice and treatment.

V.—FINDINGS OF MEDICAL INSPECTION.

(a) **Uncleanliness.**—Owing to the staff of school nurses being complete it was possible to pay more visits to the schools for the purpose of examinations for cleanliness than the previous year. Probably as a result of this the incidence of uncleanliness was lower than in the preceding year, namely 2.08 per cent. as opposed to 2.4 per cent.

(b) **Minor Ailments.**—These consisted chiefly of sores, discharging ears and impetigo.

(c) **Enlargement of Tonsils and Adenoids.**—The number of cases was slightly less than in the previous year, numbering 323, of which one-third required treatment. This defect still ranks numerically second in the list of defects found during routine inspections.

(d) **Tuberculosis.**—Four cases of definite pulmonary tuberculosis were discovered at routine and special inspections, and eight cases of non-pulmonary disease.

(e) **Skin Diseases.**—These were only two cases of ringworm of the scalp compared with eight in the previous year. It is very gratifying to watch the decline of this complaint. The number of cases of scabies also fell from five to two. The incidence of impetigo was the same as usual, namely 46 cases.

(f) **External Eye Diseases.**—There were 46 cases of inflammatory diseases of the eye, being 10 less than the previous year. Squint was found to be present in 29 cases of which 23 required treatment.

(g) **Vision.**—Among children examined at both routine and special inspections 152 were found to have defective vision and of these 101 were in need of treatment. The incidence of defective vision among children who were examined at routine inspection was 7.8 per cent., compared with 9.1 per cent. in the previous year.

(h) **Ear Disease.**—The number of cases of discharging ears was 42, compared with 58 in the preceding year.

(i) **Dental Disease.**—This defect was found in 1,042 cases, of whom all required treatment except 3. Dental disease is the commonest of all defects, and during routine dental inspections it was found to be present in 95.8 per cent. of children. Among children who required treatment 86 per cent. accepted treatment and were attended to during the year.

(j) **Crippling Defects.**—During inspections 20 cases of deformities were discovered, of which, 6 required treatment.

VI.—INFECTIOUS DISEASE.

The suggestions of the Memorandum on Closure and Exclusion from School are followed. All children known to be suffering from infectious diseases are excluded from school by the certificate of

the school medical officer, and contacts are also excluded for the requisite period. All absentee children who are likely to be suffering from infectious disease are visited by the school nurses and also by the medical officer if necessary. There was no serious incidence of infectious disease, and no school or department had to be closed during the year. During the mild epidemic of scarlet fever which occurred during the year there were 71 cases among school children. All recovered without complications.

VII.—FOLLOWING UP.

Whenever at routine medical inspection a child is found to be suffering from any defect, a special card is made out and the child is seen periodically during the year. A record is kept of the condition, and whether treatment recommended has been carried out. The school nurses also visit these children when necessary for the purpose of following up the recommendations for treatment. During the year the school nurses made 201 visits with regard to defects found at medical inspections, and 80 visits to the parents of children who were found to be suffering from dental defects.

Certain children with defects such as running ears, enlarged glands, skin diseases, etc., attend the clinic regularly as specials, and their progress is carefully watched. In addition, the medical officer keeps a record of all exceptional children and examines them from time to time and notes their progress.

The schools are visited about every three months by the school nurses for the purpose of inspecting the pupils for cleanliness. During the year 13,162 examinations were made. The school nurses also visit the homes of those children who are found to be absent by the school attendance officers and appear to be in bad health. By this means infectious disease is often discovered. The senior school nurse attends the clinic daily for the treatment of minor ailments, and assists the medical officer and school dentist during the special sessions.

The following table gives a summary of the work of the school nurses during 1930.

SUMMARY OF SCHOOL NURSES WORK FOR 1930.

	Nurse Sherlock.	Nurse Blair.	Nurse Ottewell.	Nurse Jackson.	Nurse Gardiner.	TOTAL.
Visits <i>re</i> Infectious Diseases	—	116	142	43	47	348
Visits <i>re</i> other Diseases	—	125	144	35	65	369
Visits <i>re</i> Inspection for Cleanliness	—	3	18	1	3	25
Visits to Schools for Medical Inspections	—	45	35	16	20	116
Special Visits to Schools	—	51	29	20	18	118
Visits to Schools for Cleanliness	—	45	53	12	33	143
Number of Children Examined for Cleanliness	—	5,004	4,467	933	2,758	13,162
Number of Notices issued <i>re</i> Verminous Condition	—	120	332	88	201	741
Number of Notices issued <i>re</i> other Defects	—	53	86	10	73	222
Visits <i>re</i> Medical Inspection Defects	—	82	56	28	35	201
Attendances at Refraction Clinic	13	2	—	—	—	15
Visits <i>re</i> Refraction Cases	—	41	55	40	30	166
Visits to Schools for Dental Inspections	—	2	4	—	2	8
Attendances at Dental Clinic	103	9	—	5	—	117
Visits <i>re</i> Dental Defects	—	12	58	—	10	80
Attendances at School Clinic	193	20	—	1	—	214
Attendances of Children at Minor Ailments Clinic	3,042	276	—	16	—	3,334
Visits to Housewifery Centre for Health Talks	26	—	—	—	—	26
Special Visits <i>re</i> exceptional Children	—	—	—	28	—	28
Attendances at Health Exhibition	6	5	9	—	9	29
Attendance at Orthopaedic Clinic	—	1	—	—	—	1

The following is an analysis of 717 visits paid by School Nurses to absentees from school on medical or alleged medical grounds :—

Infectious Diseases	280	Boils	5
Infectious Disease Contacts ..	68	Headache	1
Influenza	31	Impetigo	10
Rashes, not defined	7	Injuries and Sprains	8
Bronchitis	44	Septic Wounds	28
Coughs and Colds	81	Pyrexia	4
Tonsillitis	54	Earache	3
Adenitis	9	Digestive Disturbances	6
Toothache	3	Miscellaneous Conditions	27
Conjunctivitis	1	Fitness for School	2
Sickness and Diarrhoea	11	Out or returned to school when	
Rheumatism	4	visited	19
Debility	10	Referred to Clinic	1

VIII.—MEDICAL TREATMENT.

If a child is found to be suffering from any disability requiring treatment, the parent is advised to consult the usual medical attendant. But for those who cannot afford to do so, special facilities exist.

(a) **Minor Ailments.**—The school clinic is open every morning for the treatment of minor ailments, and a nurse is present. The medical officer attends on two mornings a week.

(b) **Tonsils and Adenoids.**—For those who cannot afford to be treated privately, arrangements for treatment exist with the Nottingham Throat, Ear and Nose Hospital. The scheme is very satisfactory, and the results are excellent. During the year 97 children were treated under the Authority's scheme; while 10 children received treatment apart from the scheme. Financial assistance towards the cost of the treatment is given by the Education Authority in deserving cases.

(c) **Tuberculosis** is treated under arrangements made by the Derbyshire County Council. The Tuberculosis Dispensary is open on two half-days a week, and cases of definite or suspected disease are sent to be examined by the Tuberculosis Officer. Sanatorium treatment is available.

(d) **Skin Disease.**—Minor skin complaints are treated at the school clinic.

(e) (f) **Eye Diseases** are treated at the special eye clinic provided by the Authority, at which the County Ophthalmic Surgeon attends.

During the year 226 children were treated at the clinic for errors of refraction, and spectacles were prescribed for 119 children. Those parents who cannot afford to pay the whole cost of spectacles receive financial help from the Authority. During the year this Authority has continued its donation to the Derbyshire Hospital for Sick Children, and has, in consequence, been able to secure the admission of children requiring ophthalmic operations to the eye wards of that hospital. As the operating surgeon at the hospital is also the Authority's ophthalmic surgeon who attends the eye clinics a very desirable continuity of treatment has been preserved. This arrangement has been sanctioned by the Board primarily for the treatment of squint. During the year two cases of squint and one of congenital cataract were successfully operated upon.

(g) **Ear Diseases** are treated at the clinic if of a minor type, while the more serious cases are referred to the special hospitals. To children suffering from otorrhæa daily treatment is usually given at the clinic. Most of these cases clear up satisfactorily when they are made to attend regularly. A certain proportion of chronic cases of ear disease only recover when the un-healthy condition of the naso-pharynx is attended to.

(h) **Dental Defects.**—Dental inspection and treatment has expanded in accordance with the established scheme. The school dentist makes a routine inspection of a fresh age-group every year in addition to those age groups who have been examined in former years. Those children who require treatment and whose parents agree to participate in the scheme are treated at the clinic by appointment. The number of children inspected in the course of the year was 1,946, and the number who needed treatment was 1,865. As the age of the children examined increases, more and more conservative work in the nature of fillings has to be done. The number of fillings performed during the year was 449, compared with 118 in the previous year. This conservative treatment takes up more of the dentist's time than extractions, and as a consequence it was found impossible to complete the whole dental programme before the end of the year. Arrangements have been made to considerably increase the number of dental sessions during the current year, so that the progress of the scheme will not be impaired. The proposed extension of the clinic building will be very necessary to enable further expansion of the dental scheme to be effected.

(i) **Crippling Defects.**—During the year the Orthopædic Scheme came into partial operation by the provision of in-patient treatment at Bretby Hall Orthopædic Hospital, which is owned by the Derbyshire County Council. Three patients have received treatment in the institution so far. They were selected for treatment at a clinic held by the Orthopædic Surgeon at Ilkeston. It will not be possible to start the regular clinic for intermediate treatment until the extension of the school clinic building has been carried out. Several school children are continuing to obtain treatment for their crippling conditions at the neighbouring hospitals.

IX.—OPEN-AIR EDUCATION.

Open-air classes are held when the weather is suitable in either playground or playing field. School journeys have been taken to places of interest in the district. During the summer 56 boys and girls attended the Derbyshire School Camp. There are no open-air classrooms and no open-air schools. The question of establishing an open-air school is under consideration and forms an item in the Education Committee's three years' programme. There appear to be constantly in the Borough from 50 to 100 children whose state of health is such that they would greatly benefit by attending an open-air school.

X.—PHYSICAL TRAINING.

Organised Games.—In addition to the games which are played on the playgrounds surrounding each school, full use has been made of the various playing fields which are available. The schools use the Rutland Recreation Ground for cricket on all afternoons except Wednesdays and Saturdays, and also on Saturday mornings.

Six of the tennis courts at the Rutland Ground and two courts at Bennerley are used by the girls. Each school holds its own athletic sports, and there is also a larger sports meeting at which all the schools are represented.

More playing fields and better levelled fields are needed. Only one field, that at Bennerley, is actually the property of the Education Committee, and the schools would be very short of playing grounds for organised games were it not for the generosity of the Estates Committee of the Council, who have placed grounds at their disposal. Steps should be taken to acquire suitably placed playing fields, such as those situated behind Hallcroft and Gladstone Schools. There are two voluntary associations, namely, the Ilkeston and

District Schools' Football Association and the Ilkeston Schools' Sports Association, who arrange leagues and competitions for the school children. At most of the senior schools gymnastic apparatus has been supplied for the use of the older children.

Swimming.—Both boys and girls made full use of the Corporation Swimming Baths in organised parties without any charge to the children, and a swimming gala was held in July. Certificates for proficiency were awarded as follows: 27 children gained first-class certificates, 18 gained second-class certificates, and 50 received learners' certificates.

XI.—PROVISION OF MEALS.

For those children who are recommended by teachers and confirmed by the school medical officer as suffering from malnutrition which is such as to prevent them from deriving full benefit from the instruction given in the schools a feeding centre is established at the cookery school situated at Gladstone School in the centre of the town. The medical officer also selects cases of malnutrition whom he may find either during medical inspection or from those referred to him at the clinic and recommends their attendance at the feeding centre.

Two meals are given a day, namely, breakfast and dinner, and the centre is open to all through the holidays, but not on Sundays. The average daily attendance was 31, and the number of individual children for whom meals were provided was 63. The average cost per meal was $4\frac{1}{2}d.$ when all expenses, including the cost of conveyance, were taken into account, though the average cost per meal for food only, was 1.93 pence. The tram fares of children who attend from a distance are paid by the Authority.

The centre was visited by the medical officer from time to time and advice given with regard to the menu. It was noticed that the children obtained a great deal of benefit from attendance at the centre. The under-nourished child who at home displays a capricious appetite becomes a willing eater when associated with other children with healthy appetites.

XII.—SCHOOL BATHS.

Only one school, the senior Cavendish School, possesses a bath. More use of the bath has been made than in the previous year by

both boys and girls, and it is habitually used by certain children who lack the necessary facilities in their own home. Careful supervision is exercised by the head teacher.

XIII.—CO-OPERATION OF PARENTS.

Before a routine medical inspection is held, the parents of the children to be examined are notified, and an opportunity is given for them to be present. On the whole, the attendance of parents at inspections is satisfactory, and is especially good in certain schools. When a child is found to be defective, the parent is notified and informed of the treatment recommended. If the parent does not consent to treatment within a short time, the school nurse pays a visit and points out to the parent the need for treatment, and the method of obtaining the treatment suitable to the special case. When necessary, these visits are repeated and are the most successful means of gaining the co-operation of the parents.

XIV.—CO-OPERATION OF TEACHERS.

The work of the school medical department has been greatly facilitated by the ready co-operation and willing help of the head teachers and their staff. In connection with medical and dental inspections, lists of children have been promptly supplied when called for and accommodation for the actual inspection has been made available. Seeing that only one school possesses a medical inspection room, the visits of the medical staff are bound to upset the routine of the school work in most schools. Either a classroom has to be emptied or use has to be made of the head teachers' own office. The provision of a really quiet room at each school would be a great boon. In the course of the year the head teachers have sent to the clinic any child who appeared to them to be in need of examination or treatment. The various recommendations of the medical officer with regard to individual children have been faithfully carried out.

XV.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

Complete co-operation exists with the school attendance officers. The superintendent has supplied lists of absent children who are then visited by the school nurses. Those children in need of medical advice have been referred to their own doctor or to the school clinic. Reports showing the attendance at school have been sent in weekly, so that any reason for poor attendance can be investigated.

XVI.—CO-OPERATION OF VOLUNTARY BODIES.

The school medical department keeps in touch with the district inspector of the National Society for the Prevention of Cruelty to Children, who is always ready to apply the resources of his Society for the benefit of the children. The Tuberculosis After-Care Committee has been willing to help in the interest of tuberculous school children. The Derbyshire Health Week Committee and the Derbyshire Schools Camping Association have assisted in their respective spheres. Those school children who are totally deaf are maintained at the Royal Institution for the Deaf at Derby. Many children requiring hospital treatment have received attention at the Ilkeston Hospital.

XVII.—BLIND, DEAF AND EPILEPTIC CHILDREN.

(a) The methods adopted for ascertaining defective children follow the lines suggested by the Board. Defective children are discovered by the medical officer at the inspections, and by the nurses. They are also brought to notice by the teachers and by the school attendance officers. Special arrangements have been made to ascertain all mentally deficient children by the testing of all children who are regarded as backward by the teachers. All defective and exceptional children are examined periodically by the medical officer, and records are kept on card indices.

There are no totally blind children of school age, but there are five children whose vision is so poor that they cannot use the ordinary school books without risk of causing further detriment to their sight, and are therefore classified as partially blind. These children are allowed to attend the ordinary schools provided that the following instructions are faithfully carried out :—

(1) The child must sit close to the blackboard and the bulk of instruction must be given orally or by means of the blackboard.

(2) Reading and writing is to be restricted to one hour a day. In reading, the size of the type must be such that the child can easily read when the book is not closer than 14 inches from the eyes.

(3) In writing, the child must be encouraged to write in a large round hand, and must not have the book closer to the eyes than 14 inches.

(4) Arithmetic should be done on a small blackboard at a distance of two feet. The child should use chalk and make large figures an inch or more in height.

(5) Home work should not be allowed.

(6) The child's eyes must be examined at the end of every term, so that these restrictions may be relaxed or tightened up, as seems advisable.

There were five totally deaf children, all of whom were maintained by the Education Authority at the Royal Institution for the Deaf at Derby.

There were three children suffering from mild epilepsy who were able to attend the ordinary classes, and one child suffering from a more severe type of epilepsy had to be excluded from school.

Of the physically defective children, one child suffering from non-pulmonary tuberculosis was in a sanatorium, and one child suffering from a crippling condition was in an orthopædic hospital at the end of the year. Both institutions are approved by the Board.

(b) Those mentally defective children who are regarded as educable are taught in special classes in many schools and their progress is watched by the medical officer. Those defectives who are ineducable are reported to the County Authority under the provisions of the Mental Deficiency Act.

(c) No Special School is maintained by the Authority.

XVIII.—NURSERY SCHOOLS.

There are no Nursery Schools belonging to this Authority, but their establishment is under consideration. Provision has been made in the estimates for the purchase of land in the current year.

XIX.—SECONDARY SCHOOLS.

XX.—CONTINUATION SCHOOLS.

These do not come within the power of this Authority.

XXI.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

The Chairman of the Education Committee is also Chairman of the Juvenile Employment Committee. The School Medical Officer, Director of Education and Superintendent School Attendance

Officer are appointed to this Committee in an advisory capacity. In addition, several members of the Education Committee are also on the Juvenile Employment Committee.

XXII.—SPECIAL ENQUIRIES.

Teaching of Hygiene.—In the early part of the year the Chief Medical Officer of the Board asked to be supplied with particulars as to the present position in the schools with regard to the teaching and practice of hygiene. With this object in view an enquiry was undertaken by the medical officer in each of the four types of schools, namely infants, junior, senior girls and senior boys. Three schools in each type were chosen at random for the investigation, and in the course of the enquiry the medical officer received every possible assistance from the director of education and the head teachers concerned.

At all the three infant schools visited a certain amount of time was allotted every day to instruction in hygiene which was often practical in nature. Habits of tidiness and cleanliness were being taught, and the instruction could be regarded as satisfactory.

Among the three junior schools there were definite times assigned for the teaching of hygiene at two schools; while at all of them a daily inspection for cleanliness of the pupils was held. The children shared in the responsibility for the good hygienic condition of the class rooms and lavatories by means of the monitor or prefect system. On the whole the instruction was satisfactory.

In the case of the senior boys' schools only one out of the three had any time allotted on the time-table for the teaching of hygiene. The syllabus at that school was a comprehensive one. At all three schools some instruction was given in hygiene incidentally in the course of other lessons. The pupils took their share in the responsibility for the cleanliness of class rooms, lavatories and playgrounds.

At each of the three senior girls' schools a definite time was assigned to instruction in hygiene, which varied from 30 minutes to 80 minutes per week for all classes. In connection with other lessons incidental teaching of hygiene was also given as far as possible. In all these schools the syllabus in hygiene was very thorough and included instruction in first-aid, cooking and laundry work. In addition to the work in their own schools, two parties

of a dozen girls, aged 13, were sent annually from each school for a month's instruction at the housewifery centre, where they were taught the hygiene of the home.

The impression gained from the enquiry was that the instruction given in hygiene at the infants' and junior schools was satisfactory on the whole. At the senior boys' schools the subject of hygiene should be taken more seriously and a definite time assigned to it on the time-table of every class. It is thought that the teaching of hygiene would receive greater encouragement and would find a place in every curriculum if H.M. Inspectors showed that they were interested in the teaching of the subject during their periodical visits. In the case of the senior girls' schools, the teaching of hygiene appeared to be dealt with in a fairly satisfactory manner.

During Health Week a special effort was made at every school to concentrate on hygienic matters. Lectures were given in each school, health plays were acted by the infants, posters on health subjects were designed, and the older children paid visits in organised parties to places of public interest.

XXIII.—MISCELLANEOUS.

(1) **Health Week.**—This was held in October and during the week special lessons were given in matters relating to health. The medical officer gave an address to all the senior and junior pupils on a health subject, and prizes were given for the best essays on the subject matter of the address. Health posters were designed by many of the scholars, and were of a high standard in both originality and draughtmanship. At the King's Picture House health films were shown during one afternoon to the older children. Parties of teachers paid visits to the Midland Agricultural and Dairy College, the Derbyshire and Nottinghamshire Electric Power Station, a Certified Milk Farm and Bretby Hall Orthopædic Hospital. A Health Exhibition, held at the Town Hall, was visited by organised parties of senior children to the total number of about 800, who received lectures on the exhibits. A prize was given to the writer of the best essay describing the exhibition. Some of the senior girls gave exhibitions of physical exercises and country dancing.

(2) **Housewifery Centre.**—This is a small house owned by the Authority to which parties of a dozen senior girls are sent for a month's instruction in housewifery. Lectures in hygiene and infant

management were given once a week to the girls by the senior health visitor and school nurse. Most of the classes also paid a visit to the Maternity Home for instruction in the bathing of an infant.

(3) **Scholar's Record Cards.**—A Record Card has been prepared for each child in the elementary schools, and this card follows the child from one department to the next when the child is transferred. In addition to details with regard to the scholar's educational progress, the card also records any illness of a prolonged nature or other important fact with regard to the health of the child. This system enables the teachers to make special arrangements for any delicate child and allows a convenient record to be made of any recommendations which have been made by the medical officer. These recommendations now follow the children from class to class and from school to school.

(4) **School Clinic.**—With a view to extending the premises of the School Clinic the Authority has arranged to purchase the Clinic building from the Derbyshire County Council. Plans are now being prepared for extending the accommodation by the addition of a consulting room and dental room and Orthopædic consulting and waiting rooms.

(5) **Coalfields Distress Fund.**—Owing to the continued industrial depression the work of the local Distress Committee was proceeded with on the same lines as the previous year. Gifts of boots and clothing were made to those school children who were in need and who were considered to be deserving cases by the investigating sub-committee.

The issue of the boots and clothing was of great service in preserving the health of the recipients, and the following list shows the large number of articles which were distributed during the year.

Boots 482 pairs.

BOYS' CLOTHING.			GIRLS' CLOTHING.		
Jerseys ..	..	161	Vests ..	..	282
Knickers ..	..	159	Hose ..	..	141
Shirts ..	..	141	Knickers ..	..	141

XXIV.—STATISTICAL TABLES.

MEDICAL INSPECTION RETURNS.

Table 1.—Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

No. of Code Group Inspections—

Entrants	..	..	..	..	..	618
Intermediates	582
Leavers	476
TOTAL						1,676

No. of other Routine Inspections	—
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B.—OTHER INSPECTIONS.

Number of Special Inspections	1,082
No. of Re-Inspections	1,758
TOTAL				2,830

TABLE II.

A.—Return of defects found by Medical Inspection in the Year ended 31st December, 1930.

DEFECT OR DISEASE.				Routine Inspections		Special Inspections.	
				No. of	Defects.	No. of	Defects.
(1)				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.
				(2)	(3)	(4)	(5)
Malnutrition	..	..	..	1	15	4	3
Uncleanliness	..	..	..	3	1	9	—
Skin	Ringworm :			—	—	2	—
	Scalp	..	..	—	—	1	—
	Body	..	..	—	—	2	—
	Scabies	..	..	10	—	36	—
	Impetigo	..	..	1	3	19	23
Other Diseases (Non-Tuberculous)							

TABLE II.—continued.

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.
(1)		(2)	(3)	(4)	(5)
Eye	Blepharitis	11	—	15	—
	Conjunctivitis	—	—	19	—
	Keratitis	—	—	1	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint).	80	51	21	—
Ear	Squint	22	6	1	—
	Other Conditions	1	4	8	2
	Defective Hearing	5	9	12	1
	Otitis Media	15	—	26	1
	Other Ear Diseases	—	—	5	—
Nose and Throat	Enlarged Tonsils only	7	172	43	30
	Adenoids only	—	5	2	—
	Enlarged Tonsils and Adenoids	92	47	15	1
Enlarged Cervical Glands (Non-tuberculous)	Other Conditions	1	4	45	45
	Defective Speech	—	48	2	21
	Teeth—Dental Diseases	987	5	1	2
Heart and Circulation	Heart Disease :	—	—	52	3
	Organic	—	19	2	1
	Functional	—	10	1	2
Lungs	Anæmia	18	10	20	2
	Bronchitis	17	44	46	11
	Other Non-tuberculous Diseases	3	12	9	6
Tuber- culosis	Pulmonary :	—	—	2	1
	Definite	1	—	—	18
	Suspected	—	4	—	—
Non-Pulmonary :	Glands	2	—	4	1
	Spine	—	—	—	—
	Hip	—	—	—	—
Nervous System	Other Bones & Joints	—	—	—	—
	Skin	—	—	1	—
	Other forms	—	—	—	—
Deformities	Epilepsy	—	1	2	1
	Chorea	1	—	11	—
	Other Conditions	—	4	7	9
Other Defects and Diseases	Rickets	—	2	1	1
	Spinal Curvature	—	—	—	—
	Other Forms	2	11	3	—
		10	19	181	272

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)	
Code Groups :—			
Entrants	618	79	12.7
Intermediates	582	110	18.5
Leavers	476	84	17.6
Total (Code Groups)	1,676	273	16.2
Other Routine Inspections ..	—	—	—

TABLE III.
Numerical Returns of all Exceptional Children in the Area.
1930.

			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	4	1	5	
		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..	3	2	5
			Attending Public Elementary Schools	—	—	—
At other Institutions ..			—	—	—	
At no School or Institution			—	—	—	
(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	—	—	—	

TABLE III.—continued.

			Boys.	Girls.	Total
Mentally Defective	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children	—	—	—
		Attending Public Elementary Schools	16	15	31
		At other Institutions	—	—	—
		At no School or Institution	3	—	3
	Notified to the Local Control Authority during the year.	Feeble-minded	—	—	—
		Imbeciles	—	—	—
		Idiots	—	—	—
Epileptics ..	Suffering from Severe Epilepsy.	Attending Certified Special Schools for Epileptics ..	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution	1	—	1
	Suffering from Epilepsy which is not severe.	Attending Public Elementary Schools	2	1	3
		At no School or Institution	—	—	—
Physically Defective.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Non-infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schls.	17	7	24
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Delicate Children (<i>e.g.</i> , pre- or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open-Air Schools	—	—	—
		At Certified Day Open-Air Schools	—	—	—
		At Public Elementary Schls.	18	13	31
		At other Institutions	—	—	—
		At no School or Institution	1	1	2
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	1	1
		At Public Elementary Schls.	—	1	1
		At other Institutions	—	—	—
		At no School or Institution	—	—	—
	Crippled Children (other than those with active Tuberculous Disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools	1	—	1
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Public Elementary Schls.	18	21	39
		At other Institutions	—	—	—
		At no School or Institution	8	6	14

TABLE IV.

Return of Defects Treated during the Year ended
31st December, 1930.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness for which
see Group V.)

DISEASE OR DEFECT.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
Skin :			
Ringworm—Scalp	2	—	2
Ringworm—Body	6	—	6
Scabies	2	—	2
Impetigo	214	—	214
Other Skin Diseases	23	—	23
Minor Eye Defects : (External and other, but excluding cases falling in Group II.)	74	—	74
Minor Ear Defects	60	—	60
Miscellaneous (<i>e.g.</i> minor injuries, bruises, sores, chilblains, etc.)	198	—	198
TOTAL	579	—	579

TABLE IV.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I.)

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)	226	6	—	232
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	7	—	—	7
TOTAL ..	233	6	—	239

Total number of Children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	119
(b) Otherwise	6

Total number of Children who obtained or received spectacles :—

(a) Under the Authority's Scheme	106
(b) Otherwise	6

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
RECEIVED OPERATIVE TREATMENT.			Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
97	10	107	—	107

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

ROUTINE AGE GROUPS.							
7	8	9	10	11			
466	472	431	341	232		Total..	1,942
						Specials	4
						Grand Total..	1,946

(b)	Found to require Treatment	..	..	..	..	..	1,865
(c)	Actually Treated	..	..	..	..	..	1,338
(d)	Re-treated during the year as the result of periodical examination	..	..	..	..	..	864

(2) Half-days devoted to :—

Inspection	8	} Total 126
Treatment	118	

(3) Attendances made by children for treatment 1,931

(4) Fillings :—

Permanent teeth	273	} Total 449
Temporary teeth	176	

(5) Extractions :—

Permanent teeth	18	} Total 2,789
Temporary teeth	2,771	

(6) Administrations of general Anaesthetics for extractions Nil.

(7) Other operations (Dressings and Scalings) 265

Group V.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses 9.5

(2) Total number of examinations of children in the schools by School Nurses 13,162

(3) Number of individual children found unclean 275

(4) Number of children cleansed under arrangements made by the Local Education Authority Nil.

(5) Number of cases in which legal proceedings were taken :—

(a)	Under the Education Act, 1921	..	..	..	Nil.
(b)	Under School Attendance Byelaws	..	..	..	Nil.





