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Contributors

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BOROUGH OF ILKESTON.



Annual Health

— AND —

School Medical

Report

For the Year 1932

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.
J. RICHARDSON).	„ L. MIDGLEY.
Alderman J. WOOLLEY (<i>Chairman</i>).	„ J. REEVE.
„ H. MOSS.	„ G. RILEY.
„ W. SHAKSPEARE.	„ H. SEWELL.
„ S. SHAW.	„ J. E. SMITH.
„ E. SMITH.	„ W. SMITH.
Councillor H. E. BEARDSLEY.	Mrs. BALL.
„ G. H. BROUGHTON.	„ COPLEY.
„ J. HENSHAW.	„ HARTSHORN.
„ E. A. HESKETT.	„ JONES.
„ J. KIRK.	„ MOSS.
„ W. LACEY.	„ SQUIRES.
„ Mrs. J. B. D. McINTYRE.	„ THORNHILL.

HOUSING AND TOWN PLANNING COMMITTEE.

THE MAYOR (Councillor	Councillor Mrs. J. B. D.
J. RICHARDSON).	McINTYRE.
Alderman H. MOSS.	„ J. A. MACDONALD
„ AMOS HENSHAW.	(<i>Chairman</i>).
„ S. SHAW.	„ L. MIDGLEY.
Councillor J. HENSHAW.	„ G. RILEY.
	„ G. W. WOOLLISCROFT.



PUBLIC HEALTH STAFF (1932).

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. GARDINER, C.M.B. (1).

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 and Housing and Town
Planning Committees of the Borough of Ilkeston.*

TOWN HALL,
ILKESTON.

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 1932.

The arrangement of the Report follows the plan of recent years, and is in the form suggested by the Ministry of Health.

I have to apologise for the lateness of the publication. The full statistics from the Registrar General did not reach this office until the end of May, by which time the health department was engaged up to the hilt in the urgent work of the current year. Every word of the Report has to be written by myself, chiefly outside normal working hours, and on many occasions the task has had to be laid aside for some pressing work of the moment such as the preparation of the case for the extension of the boundaries, housing appeal cases, the survey of future clearance areas required by the Housing Circular, 1931, or professional emergencies.

Each year seems to bring fresh legislative measures which add new duties and responsibilities to the health department, until the time comes when the existing staff is unable to cope with the volume of work. I am only too conscious of necessary health measures which have had to be shelved, but at the same time I hope that the future will bring some peaceful and less hectic remission giving a period during which further urgent constructive work may be done in the realm of preventive medicine.

I desire to heartily thank the Staff of the Health Department and Municipal Hospitals for their loyal assistance and harmonious co-operation.

My respectful thanks are also due to the Chairman and Members of the Committees for their constant support and helpful inspiration.

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, 1931	..	..	..	..	..	..	32,813
Estimated 1931	..	..	..	..	..	..	33,200
Estimated 1932	..	..	..	..	..	..	32,690
No. of Inhabited Houses (1931 Census)	..	..	..	..	..	..	7,336
No. of Inhabited Houses (1932) according to Rate Books							7,554
No. of Families or Separate Occupiers (1931 Census)	..						7,907
Rateable Value, 31st March, 1932	..	..	..	..	..	..	£116,230
Sum represented by a Penny Rate	..	..	..	..	..	..	£449
Rates 14s. 0d. in the £ (1931-32).							

EXTRACTS FROM VITAL STATISTICS.

Live Births.	TOTAL.	M.	F.	Birth Rate.
Legitimate ..	515	268	247	} 16.33
Illegitimate ..	19	13	6	
	534	281	253	

The Birth Rate for England and Wales for 1932 was 15.3.

Still Births.	TOTAL.	M.	F.
Legitimate ..	23	15	8
Illegitimate ..	—	—	—
	23	15	8

Rate per 1,000 total births (live and still births) 41.29

Deaths.	TOTAL.	M.	F.	Ilkeston.	Death Rate.
	350	182	168	10.7	Eng. & Wales.
					12.0

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

From Sepsis ..	..	..	..	..	1
From other causes ..	..	..	..	..	1
Maternal Mortality Rate per 1,000 total live and still births ..	..	..	..	..	3.59

Infant Mortality.

Death rate of Infants under 1 year of age per 1,000 live births :—

Legitimate per 1,000 legitimate births ..	69.9
Illegitimate per 1,000 illegitimate births ..	210.52
Total per 1,000 live births ..	74.9
Rate for England and Wales ..	65

Specified Deaths.

Measles (all ages) ..	..	..	1
Whooping Cough (all ages) ..	..	..	Nil.
Diarrhoea (under 2 years) ..	..	..	7

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

DURING THE YEAR 1932 (*Provisional figures*).

(*The mortality rates for England and Wales refer to the whole population, but for London and the towns to civilians only*).

	RATE PER 1,000 POPULATION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.								RATE PER 1,000 LIVE BIRTHS.		
	Live Births.	Still-births.	All Causes	Typhoid and Paratyphoid fevers.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under two years.	Total Deaths under one year.
England and Wales	15.3	0.66	12.0	0.01	0.00	0.08	0.01	0.07	0.06	0.32	0.53	6.6	65
118 County Boroughs and Great Towns, including London.	15.4	0.70	11.8	0.00	0.00	0.11	0.01	0.08	0.07	0.28	0.48	8.9	69
126 Smaller Towns (Estimated Resident Populations 25,000 to 50,000 at Census 1931).	15.4	0.69	10.8	0.00	—	0.06	0.01	0.06	0.03	0.31	0.42	4.5	58
London	14.2	0.51	12.3	0.00	0.00	0.19	0.02	0.08	0.07	0.27	0.53	12.6	66
ILKESTON	16.33	0.7	10.7	0.00	0.00	0.03	0.00	0.00	0.00	0.3	0.49	13.1	74.9

The maternal mortality rates for England and Wales are as follows: { per 1,000 Live Births 1.61
 „ „ „ Total Births 1.54
 Puerperal Sepsis. Others. Total.
 2.63 2.52 4.24
 4.06

Below is given a table which analyses the causes of the 350 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	75up
ALL CAUSES	M.	182	27	2	2	1	4	26	59	33	28
	F.	168	14	4	3	2	3	19	49	43	31
1. Enteric Fever	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
2. Measles	M.	1	1	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
3. Scarlet Fever	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
4. Whooping Cough	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
5. Diphtheria	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
6. Influenza	M.	9	1	—	—	—	1	1	2	2	2
	F.	1	—	—	—	—	—	—	1	—	—
7. Encephalitis Lethargica ..	M.	2	—	—	—	—	1	—	1	—	—
	F.	1	—	—	—	—	—	1	—	—	—
8. Cerebro Spinal Fever ..	M.	1	—	—	—	—	1	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
9. Tuberculosis of Respira- tory System.	M.	7	—	—	—	—	—	5	2	—	—
	F.	12	—	—	—	—	2	7	2	1	—
10. Other Tuberculosis Dis- eases	M.	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	1	—	—
11. Syphilis	M.	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	1	—	—
12. General Paralysis and Tabes.	M.	2	—	—	—	—	—	1	1	—	—
	F.	—	—	—	—	—	—	—	—	—	—
13. Cancer, Malignant Diseases	M.	17	—	—	—	—	—	5	9	3	—
	F.	28	—	—	—	—	—	3	13	10	2
14. Diabetes	M.	3	—	—	—	1	—	—	1	1	—
	F.	3	—	—	—	—	—	—	1	2	—
15. Cerebral Haemorrhage ..	M.	10	—	—	—	—	—	—	6	3	1
	F.	14	—	—	—	—	—	—	6	4	4
16. Heart Disease	M.	38	—	—	—	—	—	3	15	10	10
	F.	28	—	—	—	—	1	3	10	10	4
17. Aneurism	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
18. Other Circulatory Diseases	M.	11	—	—	—	—	—	—	3	6	2
	F.	16	—	—	—	—	—	—	5	6	5
19. Bronchitis	M.	11	1	1	—	—	—	1	3	1	4
	F.	12	1	2	—	1	—	—	—	2	6
20. Pneumonia (all forms) ..	M.	9	—	1	—	—	—	—	4	4	—
	F.	6	—	1	2	—	—	—	1	2	—
21. Other Respiratory Diseases	M.	2	—	—	—	—	—	1	1	—	—
	F.	—	—	—	—	—	—	—	—	—	—
22. Peptic Ulcer	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
23. Diarrhoea, etc. (under 2 years)	M.	4	4	—	—	—	—	—	—	—	—
	F.	3	2	1	—	—	—	—	—	—	—
24. Appendicitis	M.	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	1	—	—	—
25. Cirrhosis of Liver	M.	1	—	—	—	—	—	—	1	—	—
	F.	—	—	—	—	—	—	—	—	—	—
26. Other Diseases of Liver, etc.	M.	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—
27. Other Digestive Diseases	M.	3	—	—	1	—	—	—	2	—	—
	F.	4	1	—	—	—	—	—	3	—	—

(Continued over).

(Table continued).

CAUSES OF DEATH.	Sex	ALL AGES.	0-1	1-2	2-5	5-15	15-25	25-45	45-65	65-75	75 up
28. Acute and Chronic Nephritis	M.	1	-	-	-	-	-	-	-	-	1
	F.	7	-	-	-	-	-	-	3	2	2
29. Puerperal Sepsis	M.	-	-	-	-	-	-	-	-	-	-
	F.	1	-	-	-	-	-	1	-	-	-
30. Other Puerperal Causes ..	M.	-	-	-	-	-	-	-	-	-	-
	F.	1	-	-	-	-	-	1	-	-	-
31. Cong. Debility and Malformation, Prem. Birth	M.	20	20	-	-	-	-	-	-	-	-
	F.	10	10	-	-	-	-	-	-	-	-
32. Senility	M.	9	-	-	-	-	-	-	-	4	5
	F.	11	-	-	-	-	-	-	-	3	8
33. Suicide	M.	-	-	-	-	-	-	-	-	-	-
	F.	2	-	-	-	-	-	-	2	-	-
34. Other Deaths from Violence	M.	8	-	-	-	-	1	4	3	-	-
	F.	3	-	-	1	1	-	-	-	1	-
35. Other Defined Diseases..	M.	13	-	-	1	-	-	1	5	3	3
	F.	2	-	-	-	-	-	2	-	-	-
36. Causes ill-defined or unknown	M.	-	-	-	-	-	-	-	-	-	-
	F.	-	-	-	-	-	-	-	-	-	-

Notes on Vital Statistics.

The decennial census was taken in 1931, but only a portion of the results has so far been published. Full consideration of the census will be given on a future occasion. The living population as enumerated on the night of 26th/27th April, 1931, was 32,813, whereas at the census of 1921 the number was 32,266. The increase therefore was 547. The census population of 1921 showed a corresponding increase over the census of 1911 of 609. It should be recognised, however, that many persons who strictly speaking belong to the Borough, have moved within recent years to houses which have been newly erected just beyond the boundaries.

The death rate of 10.7 is low and is partly due to the fact that there was no serious outbreak of influenza or other epidemic disease. The birth rate of 16.33 was the lowest recorded within the last thirty years. The number of deaths was 350 and the number of live births was 534 so that the "natural increase of the population," *i.e.*, the excess of births over deaths was 184 compared with 201 in 1931. The infantile mortality rate of 74.9 is too high and will be discussed later. Diseases of the heart and circulation accounted for the greatest number of deaths, namely 93, cancer and malignant disease caused the next greatest number, namely 45, while diseases of the respiratory system caused 40 deaths. The number of deaths from cancer tend to slightly increase and may be explained to some extent by the greater average age of the population. The census figures show there were 1,353 more persons over the age of 50 in 1931 than in 1921.

Deaths from Violence.

Two cases of suicide occurred during the year, and both persons were females. Death was caused by coal gas poisoning in one case, and by jumping from a height in the other.

The deaths due to other forms of violence numbered 11 and may be classified as follows :—

Industrial accidents	5
Knocked down by cyclist	1
Due to motor vehicles	5

Of the latter 5 cases three were pedestrians and their ages were 4, 8 and 64. The other two persons were riding on the vehicles.

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. The Medical Officer of Health is the Medical Superintendent, and the nursing staff comprises a matron, sister and two nurses.
- (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.
- (3) **MATERNITY HOME.**—The Municipal Maternity Home is situated in Park Avenue and contains nine beds for maternity cases. In 1932 the total number of cases was 152, of which 29 were resident outside this area. The Medical Officer of Health is the Medical Superintendent, and Dr. A. Dobson was 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.

Hospitals 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 Orthopaedic Hospital.

- (5) ORTHOPÆDIC.—Orthopaedic cases from this area are treated at the Bretby Hall Orthopaedic Hospital. This arrangement is part of the approved orthopaedic scheme of this Authority.
- (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.—This authority has 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.

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) Wesley Street	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.O. jointly.

Maternity Home.

The number of patients dealt with were rather fewer than in the previous year, but in spite of this fact 7 applications to book beds had to be refused. The necessity of limiting the number of cases has had the result of causing intending patients to book accommodation at an earlier date. It would be an advantage if the garden of the Home was made more private by the erection of a paling fence so that the patients could make use of the garden during their convalescence.

Isolation Hospital.

The inability of this Hospital to deal in an adequate manner with all the infectious diseases likely to occur in this area was reported in the previous year. This inadequacy was again proved on several occasions during the year under review. The argument for providing a new hospital is all the stronger by reason of the fact that it is now practically impossible to persuade any neighbouring authority to take into their hospital a case of infectious disease from any area but their own. Recently, however, a committee has been appointed to consider the erection of an entirely new isolation hospital, and will shortly issue a report on the matter.

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 in 1930.
- (b) FOR NON-INFECTIOUS AND ACCIDENT CASES.—A 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 extension to the Albert Street Clinic has now been built and is in the process of being furnished. When completed it will provide an orthopaedic clinic and a dental surgery and dental recovery room.

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 11 midwives practising in the area during the year, of which 9 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.

Laboratory Facilities.

The examination and analysis of clinical material, water, milk and food stuffs is usually performed at the bacteriological and chemical laboratories belonging to the County of Derby.

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. The source of the town water supply is an underground stream at Whatstandwell called the Meerbrook Sough, and the undertaking is owned and managed by the Ilkeston and Heanor Water Board. In the course of the year the important and much needed extensions at the Water Works were completed and the official opening took place on the 23rd November, 1932. The extensions include a new boiler-house containing two Lancashire boilers and a new engine house containing engines, pumps, dynamos and motors, in duplicate, and condensers and oil-eliminating plant. Beneath the engine house are two sumps, of which one receives the raw water. This raw water is pumped by means of the low-lift pumps into the works for treatment, and then returns into the second sump. From here the treated water is pumped by the high-lift pumps into the Chadwick Nick Reservoir $2\frac{1}{2}$ miles away along a new duplicate rising main 18 inches in diameter. In connection with the treatment process there is a new water-softening plant, concrete circular filters and carbonating plant. Lime which has been used for softening is recovered by a lime-drying plant. The extension scheme was designed by Mr. Alfred E. Smith, the Water Board's engineer, and the work was carried out under his supervision. In addition to the above duplicating of the pumping and treating plant and rising main, a duplicate 15-inch gravitation main was laid from Chadwick Nick Reservoir to Codnor. At the same time work proceeded satisfactorily on the Corporation's new two-million gallon reservoir at Marlpool, and their new 14-inch gravitation main to the reservoir at Shipley. The year, therefore, saw the town well on the way to having at last a sufficient and safe water supply. Within the borough an important extension was completed in connection with the new housing site near the Heanor Road. Here new water mains, about a mile in total length, were laid to provide water for 156 new houses. There were also several small extensions of mains to provide for new private building estates.

Throughout the year the quality and quantity of the water was satisfactory.

Samples of the drinking water were taken by the medical Officer periodically, and submitted for analysis. The results were always satisfactory and a copy of a typical result of analysis is given.

Erewash is often grossly polluted when it reaches this area, but every endeavour is made to prevent any pollution from this sanitary area. The new extension to the sewage works should ensure a good effluent.

Drainage and Sewerage.—At the Heanor Road new housing site new sewers were laid of a total length of half a mile. There was also some extension of sewers in connection with several small private housing estates.

The work of extending the sewage disposal works, together with the reconditioning of the old filter beds proceeded satisfactorily.

Closet Accommodation.—There was a total of 8,087 closets at the end of the year and of these 7,605 were water closets, 309 were slop-water closets, 165 were pail closets, and there were 8 privy middens. The pail closets and privies were so situated that they could not be connected with sewers. Of the pail closets, 118 belong to dwelling houses, the remaining 47 are situated in works. The privy middens belonging to 2 houses were converted into water closets during the year, and 9 pail closets were converted to water closets. Further details are given in the table at the end of this Report.

Public Cleansing.—No alteration of the existing method was made. Refuse removal is carried out by a contractor. Dry house refuse is collected in covered lorries, and is all disposed of by the process of controlled tipping. This method is perfectly satisfactory when properly supervised, and much derelict land within the borough has been reclaimed for useful purposes. Sufficient land for tipping is available. The contents of privies and earth closets are collected in covered iron filth carts by the contractor and disposed of by burying in trenches. Cesspools are emptied by private arrangement. Full particulars are given in the table at the end of this Report.

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

Smoke Abatement.—Many smoke observations were taken during the year, and in the case of nuisances informal notices were often sufficient to remedy them. In the case of one works an expert

on smoke prevention was engaged to examine the steam-raising plant, and expert advice as to the method which should be employed to abate the nuisance, and incidentally to add efficiency to the works was given to the owners.

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 existing public mortuary is unsatisfactory as regards position, accommodation and appointments. The provision of a new mortuary is, however, under consideration. In connection with the new one it will be necessary to provide modern facilities for the efficient performance of post-mortem examinations.

It is to be hoped that this authority will consider in the near future the provision of better municipal offices and workshops, with accommodation sufficient to prevent overcrowding. Such action would put this authority in a stronger position in dealing with other cases where employers do not make proper hygienic provisions for their employees.

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.—In October the annual Health Week was held, during which attention was chiefly paid to the scholars at the elementary and secondary schools. Special instruction on health matters was given during the week by the teachers and eleven lectures were given by the medical officer in the Town Hall on subjects of personal hygiene. These lectures were illustrated by lantern slides and were attended by over 3,000 school children in the course of the week. On two afternoons health films were shown at the King's Picture House to audiences of school children. Of course health instruction is constantly being given by the health visitors in the course of their visits and by the medical officers and nurses during their routine work in the institutions, clinics and schools belonging to the Authority.

During the year arrangements were made for the distribution of a thousand copies of the journal "Better Health" by means of the schools and clinics. This magazine is published under the auspices of the Central Council for Health Education.

Rag Flock Acts 1911 and 1928.—Rag Flock is used at one establishment in this area. No need arose for any special action.

SECTION IV.

HOUSING.

HOUSING STATISTICS.

Number of New Houses erected during the year :—

(a) Total including numbers given separately under (b)	95
(1) By the Local Authority	30
(2) By other Local Authorities	<i>Nil.</i>
(3) By other bodies or persons	65
(b) With State assistance under the Housing Act :—	
(1) By the Local Authority :—	
(a) For the purpose of Part III. of the Act, 1925	30
(b) For other purposes	<i>Nil.</i>
(2) By other bodies or persons	<i>Nil.</i>
Total number of houses owned by the Local Authority at the end of the year 1932	410

HOUSE INSPECTION.

1.—Inspection of Dwelling-houses during the year 1932.

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	89
(b) Number of inspections made for the purpose ..	3,871
(2) (a) Number of dwelling-houses (included under sub- head (1) above which were inspected and re- corded under the Housing Consolidated Regula- tions, 1925	89
(b) Number of inspections made for the purpose ..	207
(3) Number of dwelling-houses found to be in a state so dangerous or injurious as to be unfit for human habitation	6

(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	89
---	----

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	89
---	----

3.—Action under Statutory Powers during the year 1932.

(a) Proceedings under Sections 17, 18, and 23 of the Housing Act, 1930.	
(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 ..	<i>Nil.</i>
(b) Proceedings under Public Health Acts :—	
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	1
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :	
(a) By Owners	1
(b) By Local Authority in default of Owners ..	<i>Nil.</i>
(c) Proceedings under sections 19 and 21 of the Housing Act, 1930 :—	
(1) Number of dwelling-houses in respect of which Demolition Orders were made	6
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	6
(d) Proceedings under Section 20 of the Housing Act, 1930 :—	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	<i>Nil.</i>

- (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit.. .. Nil.
- (e) Proceedings under Section 3 of the Housing Act, 1925 :—
- (1) Number of dwelling-houses in respect of which notices became operative requiring repairs .. Nil.
- (2) Number of dwelling-houses which were rendered fit after service of formal notices.. .. Nil.
- (a) By Owners Nil.
- (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.
- (f) Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925 :—
- (1) Number of dwelling-houses in respect of which Closing Orders were made Nil.
- (2) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-house having been rendered fit Nil.
- (3) Number of dwelling-houses in respect of which Demolition Orders were made Nil.
- (4) Number of dwelling-houses demolished in pursuance of Demolition Orders Nil.

GENERAL OBSERVATIONS AS TO HOUSING CONDITIONS.

The problem of adequately housing the working class inhabitants of this area appears to consist in satisfactorily dealing with the five groups mentioned below.

1. First there is the group of unfit houses which are not capable of being repaired at a reasonable cost. These are chiefly old worn-out houses, many of which have been badly used by the tenants and neglected by the owners. These houses have served a useful purpose in providing accommodation at a low rental for the poorer members of the community, but the condition of the houses is now such that they cannot be tolerated any longer. They will be dealt with either by demolition orders or by clearance orders

within the next two or three years and the occupants will be rehoused under the provisions of the 1930 Housing Act.

2. Secondly, there is the other group of unfit houses which are still capable of being rendered fit at a reasonable expenditure. These houses are constantly being dealt with and repaired. In most cases it is only necessary to give informal notice pointing out the repairs which are required, but in a certain number of cases it is necessary to serve statutory notices under Section 17 of the Housing Act.

3. The third group consists of overcrowded houses occupied by more than one family and the sub-tenants are in a position to pay the rent of a council house. This problem is also being dealt with by granting a council house to the sub-tenants. But the means of supplying this remedy has now practically come to an end by the withdrawal of the housing subsidy. The only hope at present of continuing to supply the new houses which are still necessary to abate this kind of overcrowding is by the building of houses on a large scale by private enterprise. Whether the rents will be low enough for this class of sub-tenant is questionable. If, however, sufficient houses were built it would tend to ease the situation by the process of "filtering up."

4. The fourth problem-class consists of those overcrowded houses which are occupied by only one large family and the tenants are in a position to afford the rent of a larger house. Such families could be accommodated in council houses, but unfortunately this authority has adopted the policy of refusing council houses to families who are already in possession of a house. There are about a hundred of these families and their lot is indeed a hard one for they find it impossible to obtain other houses and their only hope of relief lies in extensive building by private enterprise. This problem, therefore, is at present unsolved though capable of solution. In the meantime the overcrowding persists.

5. The fifth group of cases comprises those families who are living in overcrowded conditions either as tenants or sub-tenants, but cannot afford to pay a higher rent. Various economic factors are involved, including trade depression and unemployment, to which are often added ill-health and unemployability. The remedy for this group of cases has not been completely found, but is chiefly concerned with general economic recovery, with improvement of general public health, with eugenic measures and improved education.

Whatever else may be said the essential requirement to deal with the shortage of houses is to build more houses. And the need for more houses is plainly indicated by the results of the 1931 census which showed that the number of occupied structurally separate houses in this borough was 7,336, whereas the number of separate families therein was 7,907. The excess of families over houses was therefore 571. This fact should stimulate private enterprise to bring forward schemes for building under the auspices of the Housing (Financial Provisions) Act, 1933.

During the past year 98 houses, which were found on inspection not to be in all respects reasonably fit, were repaired. Six houses were demolished. It is satisfactory to be able to record that most of the caravans have now ceased to be occupied.

SECTION V.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.—The number of premises within the Borough where milking cows are kept is 8. The farms and cowsheds are systematically inspected. There are 162 milk shops from which milk is retailed. These are also registered and inspected periodically. One of the largest retailing firms distributes bottled milk which has been pasteurised by the holding process. The only class of designated milk was Certified milk which was sold by one firm in this area. No legal action with regard to milk was taken during the year.

Meat and Other Foods. The registered slaughter houses number 4, and the licensed slaughter houses 14. Practically all the meat slaughtered in these premises was inspected before removal, for which purpose 1,213 visits were made. Regular inspection is also carried on of shops, stalls and vehicles and places where food is prepared.

There was one prosecution for exposing diseased meat for sale on a stall. A fine of £45 was imposed.

An enquiry was again made to ascertain what proportion of bovine animals slaughtered in the area were found to be suffering from tuberculous disease. In the course of the year 2,049 bovine animals were slaughtered, and out of this number tuberculous

disease was found to be present in 42 animals. This gives a tuberculosis incidence of 2.05 per cent., which is very similar to the figures obtained in previous years. Tuberculosis of the udder was not discovered in any bovine animal.

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. Work in connection with this is carried out in the chemical and bacteriological laboratories belonging to the County. In the laboratory of the County Analyst the number of samples taken from this area and examined by him was 93. This included 30 samples of milk. There was no necessity to undertake any prosecutions.

Nutrition.—Very effective work for disseminating knowledge regarding the subject of nutrition is done in the senior girls elementary schools. All these schools are provided with cookery class rooms and every girl receives very thorough instruction in the value of the different foods and in the proper methods of preparation. The premises are well-equipped and the instruction is given by specially certificated teachers. Undoubtedly the information imparted in this way spreads widely into the homes of the people. Also at the various clinics information on the subject of nutrition is constantly being given by the medical officers and nurses to the individual parents.

SECTION VI.

INFECTIOUS AND OTHER DISEASES.

General. The incidence of infectious disease was again low. If tuberculosis is excluded the total number of notifications were 87 and of these 37 were on behalf of chickenpox. The most notable event was the occurrence of two cases of cerebro-spinal fever popularly known as "spotted fever." This disease has been absent from the borough since 1924, in which year one case occurred. Owing to the fact that the disease was endemic in several districts north of this area preparations for the treatment of this complaint had been made. A stock of anti-toxin sera is maintained in the health department for the treatment of diphtheria, scarlet fever,

puerperal fever and cerebro-spinal fever. These sera can be obtained gratis by medical practitioners. At the isolation hospital antitoxin serum is used in the treatment of scarlet fever cases with very satisfactory results and the length of stay in the hospital is shortened by its use. The members of the staff at the hospital are Schick-tested, and if necessary, immunised against diphtheria.

There was no serious prevalence of animal or insect pests. Disinfection of premises was carried out by the health department when required, infected clothing and other articles being removed to the steam disinfectors at the isolation hospital.

The total number of pathological and bacteriological specimens sent for examination and report to the County Laboratory at Derby from this borough was 111, of which 13 were from suspected cases of diphtheria and 68 were for examination for the tubercle bacillus.

Scarlet Fever. The number of cases notified during the year was 22. Most of the cases were mild and 15 were treated in hospital.

Diphtheria. Nine cases were notified and seven of these were treated in hospital. All made good recoveries and there were no paralysis symptoms.

Small Pox. No cases occurred and no vaccinations were performed by the Medical Officer of Health.

Chicken Pox. 37 cases were notified.

Enteric Fever. No cases were notified.

Influenza. The incidence of this disease was not above the average. It was cited as a cause of death in 10 cases.

Acute Primary Pneumonia. 13 cases were notified.

Measles and Whooping Cough. Towards the end of the year there were a good many cases of both diseases and there was one death from measles.

Cerebro-Spinal Fever. Two cases occurred and were treated in the isolation hospital. The diagnosis was confirmed in each case by a bacteriological examination of the cerebro-spinal fluid. The

first patient was a man of 55 years and lumbar puncture was performed on five successive days followed in each case by an intrathecal injection of anti-meningococcus serum. Only slight improvement was shown and this was not maintained. On the sixth day after admission an intravenous injection of 20 c.c.'s of serum was given. This produced a fall of temperature by crisis and ultimately the patient made a complete recovery without further injection. The second patient was a boy of 16 years and he received a lumbar puncture and 25 c.c.'s of serum intravenously. The attack was a very severe fulminating one and proved fatal in 24 hours. In neither case was the source of infection apparent.

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

Cancer. The number of deaths from cancer has increased from 39 to 45, and the accompanying table shows the sex and ages at death and also the part of the body affected. Facilities exist for skilled diagnosis and for specialist treatment at the neighbouring large hospitals where radium treatment can be obtained when necessary.

CANCER MORTALITY TABLE, 1932.

Site Affected, Sex and age at Death.

Total Cases.	SITE.	All Ages.		20—		30—		40—		50—		60—		70—		80—	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
9	Large Intestine ..	4	5	—	—	—	—	1	—	—	2	—	2	3	1	—	—
8	Breast ..	—	8	—	—	—	—	—	—	—	3	—	2	—	2	—	1
7	Stomach ..	2	5	—	—	—	—	—	2	2	—	—	3	—	—	—	—
4	Rectum ..	2	2	—	—	—	—	—	—	1	—	1	1	—	1	—	—
3	Gall Bladder ..	1	2	—	—	—	—	—	1	1	—	—	—	—	1	—	—
3	Uterus & Vagina ..	—	3	—	—	—	1	—	2	—	—	—	—	—	—	—	—
3	Face and Neck ..	1	2	—	—	1	—	—	—	—	—	—	1	—	1	—	—
2	Oesophagus ..	2	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—
2	Brain and Cord ..	2	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—
2	Lung ..	2	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—
1	Testis ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—
1	Tongue ..	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
45	All Sites ..	18	27	1	—	3	1	2	5	6	5	3	9	3	6	—	1

Venereal Diseases. It is difficult to give a close estimate of the amount of venereal disease which exists in this area. However, it is possible to obtain some idea from a study of the number of new cases who attended the two treatment centres during the year. These figures have been kindly supplied by the medical officers in charge of the centres and are given in the form of a table. The total number of new cases resident in this borough was 32 which shows an increase on the previous year's figure of 19.

**Number of New Cases of Venereal Diseases resident in
Ilkeston treated during 1932.**

	SYPHILIS.		GONORRHOEA.		TOTAL.	
	Male.	Female.	Male.	Female.	Male.	Female.
Nottingham	4	3	20	4	24	7
Derby	1	—	—	—	1	—
TOTALS ..	5	3	20	4	25	7

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 ..	23	18	19
Tuberculosis, other forms ..	5	3	1
Pneumonia (all forms) ..	13	—	15
Scarlet Fever	22	15	—
Diphtheria	9	7	—
Erysipelas	3	—	—
Chicken-Pox	37	—	—
Puerperal Pyrexia	1	—	—
Cerebro-Spinal Fever ..	2	2	1

**OPHTHALMIA NEONATORUM.
TABLE.**

CASES.			Vision Un- impaired.	Vision impaired.	Total Blindness.	Deaths.
Notified.	Treated.					
	At home.	In hospital				
<i>Nil.</i>	-	-	-	-	-	-

**SEX AND AGE DISTRIBUTION OF CASES OF NOTIFIABLE
DISEASES DURING 1932.**

AGE GROUP. Sex.		Pneumonia all forms.	Chicken-Pox.	Scarlet Fever.	Diphtheria.	Erysipelas.	Puerperal Pyrexia.	Cerebro. Spinal Fever.
0—1	M.	-	-	-	-	-	-	-
	F.	-	-	-	-	1	-	-
1—2	M.	-	-	-	-	-	-	-
	F.	-	1	1	-	-	-	-
2—3	M.	1	2	1	1	-	-	-
	F.	-	-	1	-	-	-	-
3—4	M.	-	3	1	1	-	-	-
	F.	-	-	1	-	-	-	-
4—5	M.	-	2	-	-	-	-	-
	F.	-	1	2	1	-	-	-
5—10	M.	-	10	6	1	-	-	-
	F.	1	11	4	2	-	-	-
10—15	M.	1	4	1	2	-	-	1
	F.	1	1	1	-	-	-	-
15—20	M.	2	1	-	-	-	-	-
	F.	-	1	1	-	-	-	-
20—35	M.	1	-	-	1	-	-	-
	F.	-	-	2	-	-	-	-
35—45	M.	2	-	-	-	-	-	-
	F.	-	-	-	-	-	1	-
45—65	M.	2	-	-	-	1	-	1
	F.	3	-	-	-	-	-	-
65 up- wards	M.	-	-	-	-	1	-	-
	F.	-	-	-	-	-	-	-
Total all ages	M.	9	22	9	6	2	-	2
	F.	4	15	13	3	1	1	-
GRAND TOTAL		13	37	22	9	3	1	2

SECTION VII.

TUBERCULOSIS.

During 1932 there were 20 deaths from tuberculosis, of which 19 were pulmonary cases. All had been notified.

There were 23 new cases of respiratory tuberculosis notified during the year showing a decrease of 10 on the previous year. The number of new cases of non-respiratory diseases notified was five.

The tuberculosis dispensary, which is administered by the county, was well patronised during the year. There was a marked increase in the total number of attendances, viz. : from 568 to 676. The published tables show the result of the year's work.

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. The term "respiratory" is used instead of "pulmonary" which was employed in former reports. The term "respiratory" includes those cases usually classed as "hilar tuberculosis."

AGE PERIODS.			NEW CASES.				DEATHS.			
			Respiratory.		Non-respiratory.		Respiratory.		Non-respiratory.	
			M.	F.	M.	F.	M.	F.	M.	F.
0	..	..	-	-	-	-	-	-	-	-
1	..	..	-	-	-	-	-	-	-	-
5	..	..	-	-	-	2	-	-	-	-
10	..	..	-	2	-	-	-	-	-	-
15	..	..	1	3	-	-	-	-	-	-
20	..	..	3	1	-	1	-	2	-	-
25	..	..	1	4	-	1	4	5	-	-
35	..	..	4	-	-	-	1	2	-	-
45	..	..	2	1	-	-	1	1	-	-
55	..	..	-	1	-	1	1	1	-	1
65 and upwards	..	..	-	-	-	-	-	1	-	-
TOTAL	..	..	11	12	-	5	7	12	-	1

RETURN OF NEW PATIENTS WHO ATTENDED ILKESTON DISPENSARY DURING 1932.

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	..	27	21															183	23	21	2	13	1	3	3	5	17	-	85	14	5
Under 15 years of age	..	14	14	14	96	5	3	2	2	-	3	3	-	20	-	20	1	-

Non-pulmonary cases :—Glands 2, Spine 1, Abdomen 1.

RETURN OF OLD PATIENTS WHO ATTENDED ILKESTON DISPENSARY DURING 1932.

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	..	52	46														
Under 15 years of age	..	18	15	181	33	16	18	5	-	9	3	-	2	1	1	17	-	-

Non-pulmonary cases :—Glands 20, Lupus 2, Knee 1, Spine 5, Kidney 1, Hip Joint 1, Ankle 1.

SECTION VIII.

MATERNITY AND CHILD WELFARE.

Ante-natal Clinic. This clinic is held at the Albert Street Clinic on the afternoons of the first three Mondays of every month. Each clinic is attended by the specialist medical officer, Dr. Margaret Glen Bott. The number of new cases who attended during the year was 189 and the total number of individual patients was 217. The more up-to-date midwives accompany their patients to the clinic and can learn at first hand the opinion of the medical officer regarding their patients. This feature of the clinic has an excellent effect in reassuring both the patient and her attendant. The total attendances made by the patients were 621 and the average attendance per session was 17.25. Four patients were sent to hospital for Caesarean operation and three for other reasons. Two other patients, unfortunately, refused to go to hospital and died.

Midwives. There were no alterations as regards the employment or subsidising of midwives. There were 11 midwives practising in the borough of which 9 were certificated and 2 were *bona-fide* midwives who were practising previous to 1903. The number of midwives is sufficient. The number of maternity cases attended by midwives was 562 out of a total of 566.

Municipal Maternity Home. The number of cases admitted to the Maternity Home during the year was 152. At times the demand on the accommodation proved too great and 7 applications to book were refused. The statistics for 1932 are given in the following table :—

1.—Name of Institution:	The Maternity Home,	
	Ilkeston, Derbyshire.	
2.—Number of maternity beds in the Institution (exclusive of isolation and labour beds)	..	9
3.—Number of maternity cases admitted during the year	.. .. .	152
4.—Average duration of stay	.. .. .	14 days.
5.—Number of cases delivered by—		
(a) Midwives	.. .. .	130
(b) Doctors	.. .. .	22
6.—Number of cases in which medical assistance was sought by a midwife in emergency	.. .. .	30

7.—Number of cases notified as—					
(a)	Puerperal Fever	..	..	..	Nil.
(b)	Puerperal Pyrexia	..	..	..	Nil.
8.—Number of cases of pemphigus neonatorum .. Nil.					
9.—Number of infants not entirely breastfed 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 infant deaths—					
(i)	Stillborn	..	..	..	7
(ii)	Within 10 days of birth	..	..	..	1
(b) Cause of death in each case, and results of post-mortem examination (if obtainable)—					
(i)	(a) Hydrocephalus—Spina-Bifida.				
	(b) Macerated Foetus.				
	(c) Malformation.				
	(d) Eclampsia.				
	(e) Precipitate Labour				
	(f) &				
	(g) Death in Utero.				
(ii)	(a) Prematurity.				

Home Visiting.

The four health visitors are also part school nurses and are consequently all the better known to the parents. The senior health visitor is almost entirely occupied at the clinics. The six wards of the borough are divided amongst the other three health visitors so that each has a district consisting of two wards. Seven or eight visits are paid to children during their first year, whilst children between the ages of 1 and 5 years are visited in a routine manner twice a year. More frequent visits are paid to ailing children and of course the routine visits cease when a child starts to attend school. These arrangements appear to be adequate as regards health visiting, but it would be still more satisfactory if routine medical inspection could be also performed.

A table is given below showing the summary of the reports of visitors.

Summary of Health Visitors' Reports for 1932.

Births Notified (twins 7)	..	..	..	..	566
Males	..	..	..	..	305
Females	..	..	..	..	261
Still Births	..	..	..	..	23
Died within Three Days	..	..	..	..	13
Attended by Medical Practitioners	..	..	..	..	42
Attended by Midwives only	..	..	..	..	371
Admitted to Maternity Home	..	..	..	..	153
Number of first visits	..	..	..	..	517
Number of re-visits under 1 year	..	..	..	..	2,702
Number of re-visits over 1 year	..	..	..	..	3,044
Total number of visits paid	..	..	..	..	6,263
Children weighed	..	..	..	..	534
Average weight	..	..	..	..	lbs. 7.37
Breast fed at birth	..	..	..	..	509
Bottle fed at birth	..	..	..	..	9
Breast and Bottle fed at birth	..	..	..	..	2
Breast and Spoon fed at birth	..	..	..	..	8
Pre-natal Cases, first visits	..	..	..	..	49
Outside the Borough	..	..	..	..	30
Number of individual infants under 1 year visited	..	..	..	..	2,624
Number of individual children 1 to 5 years	..	..	..	..	2,888

Instruction in Mothercraft.

It was not possible for the senior health visitor to give lectures in hygiene and infant management at the housewifery centre as in former years, owing to the large number of clinic sessions.

Maternity Outfits.

These outfits were loaned out free of charge upon request.

Infant Welfare Centres.

A child welfare clinic is held every Tuesday afternoon at the Albert Street Clinic and every Thursday afternoon at the Cotmanhay Clinic. Both centres are well attended.

The attendances at the clinics 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.
613	2,493	435	1,616	877
COTMANHAY.				
348	1,382	471	814	568

Still Births.

All cases of still births are enquired into and records are kept. During 1932 there were 20 still birth enquiries and the results are shown below :—

Death in utero previous to labour	..	..	13
Malpresentation or obstructed labour	..	..	2
Ante-partum haemorrhage	..	..	2
Precipitate labour	..	..	1
Umbilical cord around neck	..	..	1
Congenital deformity of foetus	..	..	1

Puerperal Fever and Puerperal Pyrexia.

Assistance is available in dealing with either of these two notifiable conditions. In accordance with the provisions of the Puerperal Fever Regulations the existing arrangement for providing in-patient treatment at the Derbyshire Hospital for Women has been continued. No patient was admitted under this scheme during 1932. Only one case of puerperal pyrexia was notified in the course of the year, and none of puerperal fever.

Maternal Deaths.

A confidential professional enquiry is made into all cases of maternal death as well as into cases of puerperal fever or pyrexia. Two maternal deaths occurred. One death took place in a hospital outside this area and was certified as due to sepsis, the other was due to placenta praevia.

As far as is practicable at present most of the suggestions put forward in Circular 1167 and Memorandum 156 M.C.W. have been carried out. There is an ante-natal clinic, a maternity home, an obstetric consultant, in-patient provision for puerperal complications, arrangements for pathological investigations, maternity outfits, extra nourishment and home visiting. Yet there is one important power lacking to this authority and that is the power to control and supervise the midwives who attend alone very nearly every one of the five hundred odd maternity cases on the district. There is no one in an official capacity immediately to hand to whom they can turn in a sudden emergency during the most critical period of maternity.

Infantile Deaths.

The deaths of infants under one year of age are enquired into by the health visitors and the reports are received by the medical

officer. The number of infant deaths was 41 and the infantile mortality rate was 74.9 per 1,000 live births. The causes of infant deaths were as follows :—

Prematurity and congenital defects	..	..	30
Diarrhoea ..	..	..	7
Bronchitis ..	..	..	2
Influenza	..	..	1
Measles ..	..	..	1

Free Supply of Milk.

Under the provisions of the Maternity and Child Welfare Act, 1918, free milk was issued in necessitous cases to expectant and nursing mothers and to children under 5 years of age recommended by medical officers. In all cases enquiries are made into the means of the family and issues are made in accordance with an approved scale. The number of applications in respect of which milk was issued was 1,287, and the approximate cost was £378.

Children's Act, 1908.

Arrangements have been made by which the health visitors perform the work of Infant Protection Visitors in their several districts, and the medical officer of health is the officer to whom notices under Part I of the Act must be sent. During the year there have been no children coming within the provisions of Part I of this Act.

Orthopaedic Treatment.

An approved orthopaedic scheme is in operation. The services of the orthopaedic surgeon are available for consultation by medical practitioners in cases of crippling diseases such as anterior poliomyelitis. The ascertainment of crippled children is for the most part performed by the health visitors who report to the medical officer. A consultation clinic is held from time to time at which crippled children are seen by the orthopaedic surgeon and advice is given as regards treatment and after-care. In-patient treatment is available at the Bretby Hall Orthopaedic Hospital and financial help is given in necessitous cases. When the orthopaedic extension to the Albert Street Clinic is complete it will be possible to hold regular treatment and after-care sessions. Much valuable work is still being done as formerly by the neighbouring voluntary hospitals.

Institutional Provision.

There are no changes in the arrangements for institutional provision in the case of unmarried mothers, illegitimate infants, and homeless children.

SANITARY INSPECTION OF THE DISTRICT.

Details of Inspections made and defects found during the year 1932 by the Sanitary Inspector.

Drainage, Etc.

Drains opened and cleansed	84
Drains provided with new traps	22
New drains and inspection chambers	5
Drains repaired or relaid	26
Drains tested by water after relaying	8
Drains tested by smoke	6
Sink pipes disconnected	9
New sink-waste pipes disconnected and re-fixed	12
New sinkstones provided and fixed	18
Broken inspection covers renewed	7
Backyards repaired or re-paved	30
Floors in houses repaired	15
Dilapidated walls and ceilings repaired	49
Roofs defective	19
Defective stairs repaired	4
Windows defective and made to open	16
Defective spouts repaired or renewed	11
Pantry vents and light improved	7
Defective coppers renewed	13
Dirty houses cleansed	9
Defective brickwork pointed up	20
Dampness in rooms remedied	10

Water Closets and Urinals.

Water Closets, new basins provided and fixed	39
Defective fittings repaired	22
Choked water closets remedied	24

Miscellaneous Defects not enumerated in above tables :

Defective ashbins renewed	70
Broken sash-cords	22
Defects to kitchen ranges or boilers	16
Defects to doors or frames repaired	15
Small defects remedied on premises	40
Smoke observations taken	135
Foul water-courses cleansed	1
Number of Inspections made to premises	1,888
Number of re-inspections made during repairs	1,776
Number of Informal Notices issued	455
Number of Statutory Notices issued	12
Number of Notices not complied with at end of year :	9

Privies, Ashpits and Ashbins.

Privies made into Water Closets	Nil.
Pail-closets made into Water Closets.. .. .	9
Defective Ashpits repaired	2
New Ashbins provided	58
New pails provided to existing Pail-closets	9
Number of inspections made to existing Privies	12
Number of inspections made to Ashpits	4,571
Number of Inspections made to Ashbins	10,158
Number of inspections made to existing Pail-closets	113

Offensive Trades.

Only 1 registered premises, Tripe Boiler	1
Number of inspections made	38
Number of Notices served	Nil.

Common Lodging-houses. Nil.

Places of Amusements.

The premises of entertainment are inspected from time to time and reports made to the Health Committee and also the Licensing Bench by the Senior Sanitary Inspector

Petroleum Acts.

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

Number of Petrol Spirit Licences issued during 1932	39
Number of Carbide Licences issued	5
Number of visits made to premises during 1932	99

Canal Boats.

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

Number of Canal Boats on Register end of 1932	40
Number of Canal Boats inspected	7
Number of infringements found	Nil.
Prosecutions	Nil.
Number of men on board	11
Number of women on board	4
Number of children on board	6

Bakehouses.

Number of Bakehouses on Register	28
Number of Inspections made	35
Number of Notices issued	2

Dairies, Cowsheds and Milkshops.

Number of Cowsheds on Register	8
Number of Milkshops	162
Number of visits made	130
Number of Notices issued	3

Slaughter-houses.

Registered Slaughter-houses	4
Licensed Slaughter-houses	14
Number of visits made	1,213
Number of Notices issued	3

Surrendered Food Stuff.

Meat (beef) 2,240 lbs.; Mutton, 56 lbs.; Pork, 392 lbs.; Bovine Livers, 45; Udders, 6; Head and Tongue, 1; Kidneys, 3; Hearts, 3; Spleens, 6; Tripe, 3.
 Sheeps' Livers, 51; Pigs' Livers, 11; Pigs' Heads, 2; Hearts, 2.
 Prosecutions: 1 meat case, £55 10s. 0d., for diseased beef.

Disinfection of Premises.

Number of rooms disinfected.. .. 282

The above include not only infected rooms, but after death from Cancer and Tuberculosis. A Formalin Sprayer using 40% Formalin is used, and Sulphur.

Factories, Workshops and Workplaces.

	Inspections.	Notices	Pros.
Factories (including Factory Laundry)	20	1	Nil.
Workshops (including Workshop Laundries)	42	2	Nil.
Workplaces (other than outworkers)	20	Nil.	Nil.

Outworkers.

The number of outworkers in the first half of the year was 27, and in the second half 5.

Number of visits made 40

Shops Acts.

The Shops Acts are administered by the Senior Sanitary Inspector, Mr. J. B. Duro. Two trades are governed by Local Acts, viz.:

(a) Boots and Shoes; (b) Hairdressers and Barbers.

One Prosecution under Shops Acts, selling oranges, fined 5s. and costs.

JOSEPH B. DURO, C.R.S.I., M.S.I.A.,
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, 1932.**

Municipal Borough of ILKESTON.	Area in Statute Acres (Land and Inland Water).	Population by Wards. (Census 1931)	Number of Occupied 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	32,813	7,435	6,422	165	267	8	309	7,605
North Ward	..	6,135	1,423	1,195	31	58	6	45	1,438
Granby Ward	..	4,115	873	748	8	30	-	18	867
Market Ward	..	6,450	1,391	1,173	4	70	1	90	1,385
Victoria Ward	..	3,889	939	867	9	23	-	15	1,105
Old Park Ward	..	5,479	1,243	1,070	4	39	1	64	1,293
South Ward	..	6,745	1,566	1,369	109	47	-	77	1,517

EXCREMENT DISPOSAL — 1932.

	Number of Houses, etc. with—				Number of Houses converted from Privy-middens to Water-closets since 1st January, 1932.	Number of Defective Privies improved.
	Privy-middens.	Pail-closets.	Water-closets.	Slop-water closets.		
IN WHOLE DISTRICT ..	(a) 8	(b) 118	(c) 7,308	(d) 309	2	Nil.

NOTE.—(a) Total number of Privy-Middens 8, shared by 8 houses which cannot reach the sewer and are therefore not convertible.

(b) Total number of Pail-closets, 165; these are: 118 shared by 118 houses, 46 at Stanton Ironworks, and 1 at Flour Mill, Nottingham Road.

(c) Total number of Water-closets, 7,605; shared by 7,308 houses, etc.

(d) Total Number of Slop-water Closets, 309, shared by 309 houses, etc.

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			Total Cost throughout District during year.	Cost per House per annum.	How Refuse is disposed of.
		Servants of Council.	Under Contract.	Occupiers of Houses.			
WHOLE BOROUGH ..	32,813	No.	Yes.	No.	£3,265-11-8	7s. 7½d.	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 ..	31	8	4	9	3	63	118
Factories and Workshops with Pail-closets	—	—	—	—	1	46	47
TOTALS	31	8	4	9	4	109	165

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.
1930 ..	13,195	2,281	3	377	15,856
1931* ..	14,188	2,595	6	372	17,161
1932* ..	14,608	2,527	7	328	17,470

* Note.—The figures for 1931 and 1932 are actual tons, those for 1930 are "loads."

MONTHLY RETURNS (TONS), FOR THE YEAR
ENDING 31st DECEMBER, 1932.

MONTH.	ASHBIN REFUSE.	ASHPIT REFUSE.	PRIVY CONTENTS.	PAIL CONTENTS.	TOTALS.
January ..	1,322	217	—	30	1,569
February ..	1,206	236	—	29	1,471
March ..	1,214	198	2	28	1,442
April ..	1,212	259	—	26	1,497
May ..	1,300	136	—	33	1,469
June ..	1,206	162	—	27	1,395
July ..	1,160	233	—	26	1,419
August ..	1,174	138	—	27	1,339
September ..	1,087	239	—	27	1,353
October ..	1,155	218	2	30	1,405
November ..	1,287	224	—	24	1,535
December ..	1,285	267	3	21	1,576
TOTALS ..	14,608	2,527	7	328	17,470

PRIVY ACCOMMODATION EXISTING 31st DECEMBER, 1932.

Situation of Privies that are unable to drain into Sewer.	Number of Privies.	Number of Conveniences.	Number of Houses.
No. 21, Church Street ..	1	1	1
Bentley's Farm, Cotmanhay ..	1	1	1
No. 1 Fishponds	1	2	1
No. 10 Duke Street	1	1	1
Nos. 20, 21, Heanor Road ..	2	2	2
No. 52, King Street	1	2	1
No. 4, Larklands	1	2	1
Total number of Privies in existence	8	11	8

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 Booth's Land, Station Road
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 1932.

H. L. BARKER,

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

EDUCATION COMMITTEE.

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

Director of Education.

T. FROST, Esq., B.Sc.

STAFF (1932).**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. (<i>County Ophthalmic Surgeon</i>)
ORTHOPAEDIC SURGEON	.. ..	G. A. Q. LENNANE, M.A., M.B., B.Ch. (<i>County Orthopaedic Surgeon</i>).
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>
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. GARDINER, C.M.B.	..	..	..	..	5th May, 1930

Clerks.

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

Borough of Ilkeston Education Committee.

ANNUAL REPORT
OF THE
SCHOOL MEDICAL OFFICER
FOR 1932.

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, 1932.

The arrangement of the matter of the Report follows the
suggestions which have been made by the Board of Education.
Perusal of this report will reveal that an increased volume of work
is being done on behalf of the health of the school children. The
extension to the school clinic is nearly finished and will undoubtedly
be of great service to this department. I regret the lateness of
publication of this report which has been caused by the enormous
increase of personal work which this year has brought forth.

Once again it is pleasing to record that keenness and harmony
prevails within the school medical department which is on the best
of terms with the staff of the schools.

I have to thank the members of the Education Committee for
their helpful inspiration and loyal support.

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, 1932).. ..	32,690
Number of Schools	10
Number of Departments	20
Average number on School Register	5,377
Average Attendance	4,951

I.—STAFF.

Particulars with regard to the staff are given on a previous page. There have been no changes in the course of the year.

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.

School Hygiene.—The position and surroundings of the schools have been described in recent annual reports. They are well built and most of them are naturally well-lighted and fairly well ventilated. Chaucer Infants' School has the worst situation and is not very suitable for young children. A building on the open-air principle is needed for the children who live in this area which is the most congested district in the town. In some schools more of the window space should be made to open, the best plan of all being an arrangement by which the whole of one side of the classroom can be made to open to the outside by means of folding glass doors. This is particularly worth consideration in this town because there is no open-air school. The methods of heating the schools are on the whole fairly satisfactory. The artificial lighting in some schools is unsatisfactory where gas only is installed. By supplying the latest pattern of burners the lighting could be made satisfactory. As regards washing arrangements there is room for much improvement. Until recently only the Cavendish Schools possessed a hot water system for the lavatory basins, but within the last few months a hot water installation in which the water is heated by gas has been put in the Bennerley Girls' School and seems to be a success. It is hoped that similar washing facilities will be provided for all schools. In many schools paper towels are being used in order to save the cost of laundry and also to avoid the use of undesirable roller towels. The town water supply is laid on to all schools and is available for drinking purposes. All the schools possess water closets and further improvements in sanitary accommodation for the staff have been made. The cleanliness of the classrooms and cloakrooms is satisfactory. Further provision for drying the wet clothes of children would be useful.

Blackboards and school equipment generally are satisfactory. The old type of desk is gradually being replaced by a modern pattern.

In five of the senior schools some of the scholars take their mid-day meal at the school, the numbers varying from 2 at one school to 25 at another. There are facilities at all the schools for giving hot drinks and in the girls' schools the meals can be warmed up in the cookery centre. In the school where the largest number stay for their meal a classroom is set apart for the purpose and one of the teachers is in charge of the children.

IV.—MEDICAL INSPECTION.

Routine Inspections.—Every child undergoes a routine medical inspection three times in the course of school life. In order to accomplish this three age groups are inspected every year. The age groups are those laid down by the Board and are as follows :—

(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.

Every term one of the above age groups is examined. The "entrants" at the infant schools are examined during the summer term because there are fewer absentees during that term owing to the fact that the schools are usually free from serious epidemic disease in the summer months. The "leavers" were formerly examined in the winter months, but arrangements have now been made to examine this group in the spring term for the following reason. It is found that by examining these children, who are soon due to leave school, earlier in the year, more time is available to complete the remedy of any physical defects which may be found. The "intermediates" are examined in the winter term. The routine inspections have always taken place in the schools, and the Board's schedule of medical inspection has been followed.

Re-inspections.—Those children who have been found to be suffering from some defect at a former inspection are re-inspected at their respective schools every year in order to find out if satisfactory improvement has been made, and the parents are asked to obtain any further treatment which may be necessary.

Special Inspections.—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.**—A still further improvement in this condition was noted during the year. The work of the school nurses has been effectual in reducing the incidence of uncleanliness to a percentage which is half that of ten years ago. A table is again given below in which figures are strictly comparable and the improvement in recent years can be readily seen. Perhaps it is a sign that the efforts at health education which have been persistently made by this Authority are now bearing visible fruit. The necessity for personal cleanliness is the most important of all lessons.

UNCLEANLINESS.

<i>Year.</i>	<i>Average Number of Children on School Registers.</i>	<i>Number of Individual Children Found Unclean.</i>	<i>Percentage.</i>
1923	5,827	396	6.8
1924	5,833	379	6.5
1925	5,454	237	4.3
1926	5,444	352	6.5
1927	5,692	303	5.3
1928	5,500	277	5.0
1929	5,585	277	4.9
1930	5,383	275	5.1
1931	5,338	242	4.5
1932	5,377	185	3.4

(b) **Minor Ailments.**—There was nothing of any importance in this group.

(c) **Enlargement of Tonsils and Adenoids.**—At the 1,638 routine and 1,181 special inspections (a total of 2,819 medical inspections) the total number of cases of enlarged tonsils and adenoids was 413, and of these 112 required operation and 301 required further observation. The actual number of cases operated on during the year was 101. Among the 1,638 routine inspections 337 cases of enlarged tonsils and adenoids were discovered and of these 68 required operation and 269 needed further observation.

(d) **Tuberculosis.**—Definite pulmonary tuberculosis was found in two cases at special inspections. Three cases of definite non-pulmonary tuberculosis were found during routine inspections, and one at a special inspection.

(e) **Skin Disease.**—The incidence of ringworm remains satisfactory. Only one case occurred during the year and readily yielded to treatment. There were rather more cases of impetigo and scabies as is shown in the accompanying table.

YEAR.	IMPETIGO.	RINGWORM OF SCALP.	SCABIES.
1926	53	26	5
1927	57	14	16
1928	55	10	21
1929	47	8	5
1930	46	2	2
1931	32	2	3
1932	44	1	9

(f) **External Eye Diseases.**—There were 41 cases of inflammatory diseases of the eye as opposed to 32 in the previous year. This slight increase has followed the increase in impetigo. The cases of squint remain fairly constant, there being 27 during the year.

(g) **Vision.**—The number of children who were found at routine and special inspections to have defective vision was 196 of which 118 needed treatment. At routine inspections the incidence of defective vision was 10.4 per cent.

(h) **Ear Disease.**—The number of cases of discharging ears was 37.

(i) **Dental Diseases.**—Out of 3,027 children inspected by the dentist, dental disease was present in 2,900, or 95.8 per cent.

(j) **Crippling Defects.**—47 cases of crippling defects were discovered, of which 9 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.

Of the common infectious diseases there were 12 cases of scarlet fever and 6 of diphtheria notified during the year among school children. Towards the end of the year there were a few cases of mumps and chickenpox.

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 135 visits with regard to defects found at medical inspections, and 158 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 15,069 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 1932.

SUMMARY OF SCHOOL NURSES WORK FOR 1932.

	Nurse Sherlock.	Nurse Blair.	Nurse Ottewell.	Nurse Gardiner.	TOTAL.
Visits <i>re</i> Infectious Diseases	—	100	62	115	277
Visits <i>re</i> other Diseases	—	229	209	340	778
Visits <i>re</i> Inspection for Cleanliness	—	5	11	14	30
Visits to Schools for Medical Inspections	—	53	29	40	122
Special Visits to Schools	—	31	18	30	79
Visits to Schools for Cleanliness	—	52	43	49	144
Number of Children Examined for Cleanliness	—	6,194	4,184	4,689	15,069
Number of Notices issued <i>re</i> Verminous Condition	—	117	184	193	494
Number of Notices issued <i>re</i> other Defects	—	27	33	20	80
Visits <i>re</i> Medical Inspection Defects	—	45	34	56	135
Attendances at Refraction Clinic	12	2	—	—	14
Visits <i>re</i> Refraction Cases	—	24	25	42	91
Visits to Schools for Dental Inspections	—	4	6	5	15
Attendances at Dental Clinic	190	9	—	—	199
Visits <i>re</i> Dental Defects	—	49	55	54	158
Attendances at School Clinic	201	11	—	—	212
Attendances of Children at Minor Ailments Clinic	2,249	157	—	—	2,406
Attendance at Orthopaedic Clinic	—	1	—	1	2

The following is an analysis of 1,055 visits paid by School Nurses to absentees from school on medical or alleged medical grounds :—

Infectious Diseases	249	Conjunctivitis	2
Infectious Disease Contacts ..	28	Boils	8
Influenza	181	Burns and Scalds	11
Rashes, not defined	7	Impetigo	13
Bronchitis	81	Injuries and Sprains	24
Coughs and Colds	239	Septic Wounds.. ..	21
Tonsillitis	56	Chilblains	3
Adenitis	3	Digestive Disturbances ..	13
Toothache	3	Miscellaneous Conditions ..	26
Otorrhoea	6	Out or returned to School when	
Sickness and Diarrhoea	8	visited	45
Rheumatism	1	Swollen Glands	16
Debility.. ..	11		

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.

There were 2,406 attendances for minor ailments during the year.

(b) **Tonsils and Adenoids.**—For the purpose of obtaining operative treatment for the removal of enlarged tonsils and adenoids in school children the arrangements with the Nottingham Throat, Ear and Nose Hospital have continued. The results of the operations have been very satisfactory. The children spend three nights in the hospital, to which they go in batches of six. The parents fully realise the immense improvement which takes place in the health of the children after the operation has been performed in properly selected cases. Consequently there is no great difficulty in persuading parents to allow their children to undergo operative treatment. Financial assistance towards the cost of the treatment is given in accordance with a scale of income.

(c) **Tuberculosis.**—Treatment of cases of tuberculosis is carried out under the scheme of the Derbyshire County Council. All cases of suspected disease are sent to the Dispensary for confirmation, and close touch is maintained with the Tuberculosis Medical

Officer. Sanatorium treatment is available for pulmonary cases at Walton, and for non-pulmonary cases at Bretby Hall. The results of treating early cases have been uniformly good. Two cases of pulmonary disease were treated in the sanatorium and one of non-pulmonary disease.

(d) **Skin Diseases.**—The more serious cases have been sent to the general hospitals for treatment with satisfactory results. The simpler forms of skin disease have been dealt with at the minor ailments clinic.

(e) (f) **Diseases of the Eye and Defective Vision** are treated at the special eye clinic which is held periodically by the ophthalmic surgeon. One child was sent to the Derbyshire Hospital for Sick Children for an operation for squint.

(g) **Ear Diseases.**—These are treated at the school clinic. Those cases requiring operation are referred to the special hospitals.

(h) **Dental Defects.**—These were treated in accordance with the established dental scheme at the school clinic. The number of children inspected in the schools by the school dentist was 3,027, and the number found to require treatment was 2,900. The actual number of children treated at the dental clinic was 2,271, and the total number of attendances was 3,367. A much greater volume of conservative work was done. While the number of extractions remained about the same as in the previous year, the number of fillings increased from 596 to 735.

(i) **Crippling Defects.**—Ascertainment of these defects is effected at routine and special inspections. Cases which require expert opinion are seen by the orthopaedic surgeon appointed by this Authority at his periodical visits. For those requiring it in-patient treatment is provided at Bretby Hall Orthopaedic Hospital and one child was sent during the year. When the extension to the school clinic is finished it will be possible to hold regular sessions for the treatment of crippling defects as provided for in the approved orthopaedic scheme.

IX.—OPEN-AIR EDUCATION.

There is no day open-air school and there are no open-air classrooms or residential open-air schools. Playground classes are held when favourable conditions obtain.

Several school journeys have been made during the year. The annual camp of the Derbyshire Schools' Camping Association was held during August at Sutton-on-Sea and was attended by 72 school children from Ilkeston of which 37 were boys and 35 were girls. The duration of stay was one week. The expenses of 10 of the children were paid for by the Ilkeston Rotary Club. Several children also attended camps in connection with the Scouts and Guides' organisations.

X.—PHYSICAL TRAINING.

Physical Exercises.—Physical training forms a serious part of the school curriculum and appears to be well taught by trained teachers. The importance of physical drill cannot be over-estimated as regards its beneficial effect on both body and mind. The classes are held in the open-air whenever possible. The gymnastic apparatus which has been supplied to all the senior schools has proved of great benefit during the past year, and graded exercises are now performed in the schools. The medical officer is careful to exclude from drill any child for whom he thinks the exercises would be harmful.

Organised Games.—Only one school possesses a playing field belonging to the Education Authority. This field at the Bennerley Schools, has been still further improved during the year. It is very important for every school to have adequate playing field accommodation at a convenient distance and every endeavour should be made to supply the need. It is understood that another playing field will shortly be made available in a central position. The boys have the use of four cricket pitches at the Rutland Recreation Ground on four afternoons a week and on Saturday mornings during the summer. At the same ground the girls have the use of six tennis courts on four afternoons a week and they also have two courts on the Bennerley ground. Net-ball is played on the school play grounds. Most schools hold their own athletic sports and there is also a combined annual sports meeting. In addition there are senior and junior cricket leagues and football leagues, and a senior net-ball league.

Swimming.—Organised lessons are given in the open-air swimming bath belonging to the Corporation. In the course of the year 58 certificates were accorded to learners. In order to qualify for this certificate it is necessary to learn to swim 20 yards

with the breast stroke. Twenty-eight 1st class certificates were given to those children who could swim 50 yards with the breast stroke and 54 yards on the back. While twenty-one 2nd class certificates were given to children who could swim 40 yards with the breast stroke and 20 yards on the back.

Dancing.—Action songs and simple dances are learnt by the smaller children. The senior children, both boys and girls, are taught folk-dancing.

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 39, and the number of individual children for whom meals were provided was 64. The average cost per meal was 4d. when all expenses, including the cost of conveyance, were taken into account, though the average cost per meal for food only, was 1.82 pence. The tram fares of children who attend from a distance are paid by the Authority.

It will be seen that the number of scholars who attend the feeding centre is tending to increase and this is all to the good for the cost is small in comparison to the great benefits which the children derive. The food is wholesome and well cooked and the menu is supervised by the school medical officer.

XII.—SCHOOL BATHS.

Only one school, the new senior Cavendish School, possesses a bath, which is fairly well patronised by the pupils of both sexes. The arrangements for bathing are carried out under the supervision of the head teachers.

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. The attendance of parents at the routine inspections of the three different categories of children held during the year was as follows :—Entrants, 90 per cent. ; Intermediates, 79 per cent. ; and Leavers, 32 per cent. 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.

In the large majority of cases no fault can be found with the manner in which the parents are willing to co-operate. In a small number of cases, however, a good deal of encouragement and diligent following-up is necessary.

XIV.—CO-OPERATION OF TEACHERS.

The way in which the head teachers and their staff have assisted the work of the school medical service has always been a pleasing and satisfactory feature. It is generally necessary to cause a certain amount of discomfort to the head teachers during routine inspections because of the absence of proper accommodation at most schools. Nevertheless the private room of the head teacher is often utilised for the purpose of the inspection. Considerable help is also given by the teaching staff in the preparation of lists of children due for inspection, and in sending children to the clinic for the purpose of treatment. Occasionally a child is recommended by the medical officer to have certain restrictions placed on his school routine, and it is gratifying to be able to feel that the instructions will be faithfully carried out.

XV.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

During the year the superintendent has supplied the medical department with lists of absent children. The children are then

visited by the school nurses and the result is communicated to the school attendance officers. The list is also reviewed by the medical officer, who can in this way keep himself informed with regard to the incidence of any disease among the school children. Reports showing the weekly attendance at the different schools have also been furnished so that the reason for any unusually poor attendance could be investigated. The attendance officers also send to the clinic any children who appear to be in need of medical advice or treatment.

XVI.—CO-OPERATION OF VOLUNTARY BODIES.

The Derbyshire Schools' Camping Association has been already mentioned as the organisers of a camp to which children go from this area. The annual Health Week is arranged in co-operation with the Derbyshire Health Week Committee. At the Royal Institution for the Deaf in Derby several children who are totally deaf are maintained. The National Society for the Prevention of Cruelty to Children, through their energetic district inspector, is always ready to give any assistance in its power. The Tuberculosis After-Care Committee is willing to help in the welfare of tuberculous school children. Medical treatment for the children is available and is made full use of at the Ilkeston Hospital and at the various hospitals in Derby and Nottingham. The Ilkeston Rotary Club sent ten children to the annual camp and the British Legion has assisted children in various ways. Several children have benefitted in health by a stay at the Convalescent Home at Bonsall.

XVII.—BLIND, DEAF AND EPILEPTIC CHILDREN.

(a) Defective children are ascertained by the medical officer at routine and special inspections at the schools and during examination at the clinic. They are also discovered as a result of visits of the school nurses, and reports made by the attendance officers and teachers. Many defective children are in fact ascertained before they reach school age through the work of the school nurses when acting as health visitors, and a list of such children is maintained. Special efforts are made to discover mentally deficient children by examining those children who are reported by the teachers as being backward. A comprehensive record on a card system is kept of all defective and exceptional children, and medical examinations are made from time to time and necessary treatment is advised.

At the end of the year there were 12 children whose vision was so defective that they were unable to use the ordinary school books. These children are allowed to attend school under special conditions which have been laid down by the ophthalmic surgeon.

There are 4 totally deaf children being educated at the Royal Institution for the Deaf in Derby.

One child was suffering from epilepsy of such a severe nature as to prevent attendance at school, and there were 2 other mild cases.

As regards organic disease of the heart a total of 44 cases were ascertained of which 10 were excluded from school and 34 were at school at the end of the year. Of the total number of cases it is probable that 37 were the result of juvenile rheumatism and 7 were congenital.

(b) Those mentally defective children whose defect is not so severe as to render them ineducable are taught in special classes in many schools. Three of these classes have specially certified teachers.

The remaining mental defectives who are considered 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.

XIX.—SECONDARY SCHOOLS.

XX.—CONTINUATION SCHOOLS.

These do not come within the power of this Authority.

XXI.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

On an average about a hundred school children are employed and in about half that number the work consists in the distribution of newspapers. With regard to the prospect of obtaining employment on leaving school the situation is different for the two sexes. The amount of unemployment among male juveniles is still as serious as in the previous year, but there is a gratifying improvement as regards the female juveniles. Conferences are held in the senior schools at the end of each term and those about to leave school are interviewed by members of the local Juvenile Employment Advisory Committee. In this way considerable assistance has been given to enable the leavers to obtain employment. In cases where no suitable employment is to be had the scholars are advised to remain at school until a vacancy occurs.

There is close co-operation with the local Juvenile Employment Committee. The Chairman of the Education Committee is also the Chairman of the Juvenile Employment Advisory Committee, and it should be mentioned that he is also a member of the National Advisory Council of the Ministry of Labour. Several other members of the Education Committee, as well as the Director of Education, School Medical Officer and Superintendent School Attendance Officer, are also members of the local Advisory Committee.

XXII.—SPECIAL ENQUIRIES.

Vaccination.—Among the children who underwent routine inspection during the year the percentage number of children found to be vaccinated against small-pox was as follows :

Entrants	..	..	28 per cent.
Intermediates	..	..	40 „
Leavers	..	..	32 „

Attendance of Parents.—The attendance of parents at routine inspections held during the year was as given below. It is usual to find that parents attend most often when the youngest children are being examined.

Entrants	..	..	90 per cent.
Intermediates	..	..	79 „
Leavers	..	..	32 „

Mortality among School Children.—Three deaths occurred among children of school age during the year, and were due to the following causes :

Diabetes	..	..	..	..	1
Acute Bronchitis	..	..	..	..	1
Run over by motor bus	..	..	..	..	1

XXIII.—MISCELLANEOUS.

(1) **Health Week.**—This was held during the first week in October and was again very successful in creating active interest in health education. The features were almost exactly the same as in the previous year and comprised the attendance of 3,500 school children at a series of lantern lectures given by the school medical officer in the Town Hall. The children attended in batches and 11 lectures in all were given. A party from the secondary school was also included. Essays were again written on the subject of the lecture and prizes were awarded for the best. Special work in the schools included the designing in each school of health posters by the older children and the performance of short health plays by the infants. Lessons on health subjects were given during the week. Two displays of health films were arranged at a local cinema on two afternoons and were witnessed by 2,500 children. In the previous week parties of teachers paid visits to the following places : The Midland Agricultural and Dairy College, the Sewage Works, the Derbyshire and Nottinghamshire Electric Power Station, Bretby Hall Orthopaedic Hospital and a Certified Milk Dairy Farm. These visits afterwards formed the subject of health lessons.

(2) **Housewifery Centre.**—This Authority owns a small house in the grounds of Granby School which is used as a housewifery centre. Parties of a dozen girls chosen in rotation from each senior school are sent for a month's instruction in home management. All the work of the house including shopping, cooking, cleaning and laundry work are performed by the girls under a specially qualified teacher.

(3) **School Clinic.**—The work of building an extension on to the school clinic was commenced towards the end of the year. The extra accommodation to be provided will enable further progress to be made towards the development of the school medical service.

(4) "**Better Health**" Journal.—A local edition of the monthly publication "Better Health" has been established. The first number was started in November. One thousand free copies are given by the publishers and these are distributed to the schools. The magazine appears to be appreciated and is used at some schools as subject matter for lessons.

(5) **Coalfields Distress Fund**.—The resources of this fund were exhausted about the middle of the year. During 1932 the number of boots issued through the fund was 79 pairs.

During the three years or so of its existence the Coalfields Distress Fund issued the following total of boots and clothing.

BOOTS 1,300 pairs.

BOYS' CLOTHING.			GIRLS' CLOTHING.		
Jerseys	..	350	Vests ..	..	484
Knickers	..	251	Hose ..	..	230
Shirts	..	201	Knickers	..	239

The only means that exist now of supplying boots in needy cases is through a fund which has been raised by the Joint Advisory Committee. During 1932 this fund issued 61 pairs of boots.

XXIV.—STATISTICAL TABLES.

MEDICAL INSPECTION RETURNS.

Table 1.—Return of Medical Inspections.

A.—ROUTINE MEDICAL INSPECTIONS.

No. of Code Group Inspections—

Entrants	..	..	..	..	..	570
Intermediates	..	..	..	..	..	537
Leavers	..	..	..	..	..	531
TOTAL						1,638
No. of other Routine Inspections	..	..	..	..	..	—

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	1,181
No. of Re-Inspections	..	..	..	1,778
TOTAL				2,959

TABLE II.

A.—Return of defects found by Medical Inspection in the Year ended 31st December, 1932.

DEFECT OR DISEASE.	Routine Inspections		Special Inspections.	
	No. of	Defects.	No. of	Defects.
	Re-quiring Treatment.	Requiring to be kept under observation but not requiring Treatment.	Re-quiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	—	20	21	15
Uncleanliness	5	—	34	—
Skin {	Ringworm :			
	Scalp	—	1	—
	Body	—	1	—
	Scabies	2	7	—
	Impetigo	7	37	—
Other Diseases (Non-Tuberculous)	2	4	21	18

TABLE II.—continued.

DEFECT OR DISEASE.		Routine Inspections		Special Inspections.	
		No. of	Defects.	No. of	Defects.
(1)		(2)	(3)	(4)	(5)
Eye	Blepharitis	9	—	12	—
	Conjunctivitis	—	—	20	—
	Keratitis	—	—	3	—
	Corneal Opacities	—	—	1	—
	Defective Vision (excluding Squint).	95	76	23	2
	Squint	23	2	2	—
Ear	Other Conditions	—	4	9	1
	Defective Hearing	4	6	7	3
	Otitis Media	8	—	29	—
	Other Ear Diseases	—	—	9	4
Nose and Throat	Enlarged Tonsils only	18	226	19	26
	Adenoids only	2	6	1	1
	Enlarged Tonsils and Adenoids	48	37	24	5
	Other Conditions	—	1	37	41
Enlarged Cervical Glands (Non-tuberculous)		—	34	1	8
Defective Speech		—	3	—	—
Teeth—Dental Diseases		969	—	66	2
Heart and Circulation	Heart Disease :				
	Organic	1	9	7	4
	Functional	—	21	—	7
	Anæmia	18	8	32	10
Lungs	Bronchitis	9	40	37	7
	Other Non-tuberculous Diseases	—	24	22	35
	Pulmonary :				
	Definite	—	—	2	—
Tuberculosis	Suspected	—	—	—	21
	Non-Pulmonary :				
	Glands	1	1	1	—
	Spine	—	—	—	—
Nervous System	Hip	—	—	—	—
	Other Bones & Joints	—	—	—	—
	Skin	—	—	—	—
	Other forms	—	1	—	—
Deformities	Epilepsy	—	—	2	2
	Chorea	—	—	15	—
	Other Conditions	—	1	1	5
Other Defects and Diseases	Rickets	—	9	—	—
	Spinal Curvature	1	5	—	—
	Other Forms	—	23	8	1
Total		6	20	152	320

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	570	64	11.2
Intermediates	537	91	16.9
Leavers	531	82	15.4
Total (Code Groups)	1,638	237	14.4
Other Routine Inspections ..	—	—	—

TABLE III.

**Numerical Returns of all Exceptional Children in the Area.
1932.**

			Boys.	Girls.	Total
Children suffering from Multiple Defect, <i>i.e.</i> , any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling, or Heart Disease			3	—	3
Blind (including partially blind)	(1) Suitable for training in a School for the totally blind.	At Certified Schools for the Blind	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	(2) Suitable for training in a School for the partially blind.	At Certified Schools for the Blind or Partially Blind	—	—	—
		At Public Elementary Schools	9	3	12
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	(1) Suitable for training in a School for the totally deaf or deaf and dumb.	At Certified Schools for the Deaf	2	2	4
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—

TABLE III.—continued.

			Boys.	Girls.	Total
Deaf (including deaf and dumb and partially deaf).	(2) Suitable for training in a School for the partially deaf.	At Certified Schools for the Deaf or Partially Deaf ..	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
Mentally Defective.	Feebleminded.	At Certified Schools for Mentally Defective Children	—	—	—
		At Public Elementary Schools	13	12	25
		At other Institutions ..	—	—	—
		At no School or Institution	1	—	1
	Notified to the Local Mental Deficiency Authority during the year.	Details should be given on Form 307M.	2	1	3
Epileptics.	Suffering from severe epilepsy.	At Certified Schools for Epileptics	—	—	—
		At Certified Residential Open Air Schools ..	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	Suffering from epilepsy which is not severe.	At Public Elementary Schools	1	1	2
		At no School or Institution	—	—	—
Physically Defective.	Active pulmonary tuberculosis (including pleura and intrathoracic glands).	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 Schools	—	—	—
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands).	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 Schools	3	1	4
		At other Institutions ..	—	—	—
		At no School or Institution	2	3	5

TABLE III.—continued.

		Boys. Girls. Total			
Physically Defective (continued).	Tuberculosis of the peri- pheral glands.	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 Schools	5	5	10
		At other Institutions ..	—	—	—
		At no School or Institution	—	—	—
		<hr/>			
Abdominal 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 Schools	—	—	—	
	At other Institutions ..	—	—	—	
	At no School or Institution	—	—	—	
	<hr/>				
Tuberculosis of bones and joints (not including de- formities due to old tuberculosis).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—	
	At Public Elementary Schools	1	1	2	
	At other Institutions ..	—	—	—	
	At no School or Institution	—	1	1	
	<hr/>				
Tuberculosis of other organs (skin, etc.).	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—	
	At Public Elementary Schools	—	2	2	
	At other Institutions ..	—	—	—	
	At no School or Institution	—	—	—	
	<hr/>				
Delicate Children, <i>i.e.</i> , all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School.	At Certified Residential Cripple Schools	—	—	—	
	At Certified Day Cripple Schools	—	—	—	
	At Certified Residential Open Air Schools ..	—	—	—	
	At Certified Day Open Air Schools	—	—	—	
	At Public Elementary Schools	12	11	23	
	At other Institutions ..	—	—	—	
	At no School or Institution	5	1	6	

TABLE III.—continued.

			Boys.	Girls.	Total.
Physically Defective (continued)	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Hospital Schools	1	—	1
		At Certified Residential Cripple Schools	—	—	—
		At Certified Day Cripple Schools	—	—	—
		At Certified Residential Open Air Schools ..	—	—	—
		At Certified Day Open Air Schools	—	—	—
		At Public Elementary Schools	17	21	38
		At other Institutions ..	—	—	(2)
		At no School or Institution	1	3	4(4)
		(The numbers in brackets indicate the number of these children who should be receiving Special School Education.)			
Children with heart disease, <i>i.e.</i> , children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school.	At Certified Hospital Schools	—	—	—	
	At Certified Residential Cripple Schools	—	—	—	
	At Certified Day Cripple Schools	—	—	—	
	At Certified Residential Open Air Schools ..	—	—	—	
	At Certified Day Open Air Schools	—	—	—	
	At Public Elementary Schools	16	18	34	
	At other Institutions ..	—	—	—	
	At no School or Institution	4	6	10	

TABLE IV.

Return of Defects Treated during the Year ended
31st December, 1932.

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	1	—	1
Ringworm—Body	1	—	1
Scabies	7	2	9
Impetigo	121	—	121
Other Skin Disease	57	—	57
Minor Eye Defects :			
(External and other, but excluding cases falling in Group II.)	53	—	53
Minor Ear Defects.. .. .	52	—	52
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc.)	140	—	140
TOTAL	432	2	434

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)	204	6	—	210
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ..	5	—	—	5
TOTAL ..	209	6	—	215

Total number of Children for whom spectacles were prescribed :—

(a) Under the Authority's Scheme	96
(b) Otherwise	6

Total number of Children who obtained or received spectacles :—

(a) Under the Authority's Scheme	72
(b) Otherwise	5

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.		
96	5	101	—	101

Group IV.—Dental Defects.

(1) Number of Children who were :—

(a) Inspected by the Dentist :—

ROUTINE AGE GROUPS.								
7	8	9	10	11	12	13	Total..	3,026
521	462	461	393	355	466	368	Specials	1
							Grand Total..	<u>3,027</u>

(b) Found to require Treatment	..	..	..	..	..	..	2,900
(c) Actually Treated	..	..	..	..	..	..	2,271

(2) Half-days devoted to :—

Inspection	15	} Total 214
Treatment	199	

(3) Attendances made by children for treatment 3,367

(4) Fillings :—

Permanent teeth	677	} Total 735
Temporary teeth	58	

(5) Extractions :—

Permanent teeth	187	} Total 4,277
Temporary teeth	4,090	

(6) Administrations of general Anæsthetics for extractions Nil

(7) Other operations (Dressings and Scalings) 422

Group V.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per school made during the year by the School Nurses 9.6

(2) Total number of examinations of children in the schools by School Nurses 15,069

(3) Number of individual children found unclean 185

(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.

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