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THE
RURAL DISTRICT
COUNCIL OF
GAINSBOROUGH



R E P O R T
OF THE MEDICAL
OFFICER of HEALTH

FOR THE
YEAR 1959





Rural District Council of Gainsborough for 1959



Chairman: A. T. DICKINSON, J.P., Northorpe Hall

Vice-Chairman: G. H. BINGHAM

Councillor M. Pye (Blyton and Pilham)
Councillor H. Marris (Blyton and Pilham)
Councillor Mrs. C. N. Dickinson (Brampton, Hardwick and
Torksey)
Councillor H. Dickinson (Blyborough)
Councillor J. B. Barley (Gate Burton and Knaith)
Councillor R. Casswell (Corringham)
Councillor W. H. Smithson (East Ferry and Wildsworth)
Councillor A. E. Robinson (Fenton)
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Councillor J. R. Harris (Springthorpe)
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Councillor E. R. Selby (Upton)
Councillor Dr. K. O'Toole (Willingham)
Councillor H. Roberts (Willoughton)

Clerk of the Council: EDGAR A. DONSON

R.D.C. Offices, 17, Morley Street, Gainsborough

Rural District Council of Gainsborough

STAFF OF PUBLIC HEALTH DEPARTMENT

Medical Officer of Health :

WILLIAM C. WARD

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

Surveyor and Public Health Inspector :

E, DONELLY

A.I.S.E., C.R.S.I., Certificate of the Royal Society of Health.

Assistant Public Health Inspector :

D. G. CLIXBY

Cert. S.I.B., Certified Inspector of Meat and Other Foods.

ANNUAL REPORT

of the

Medical Officer of Health

for the year 1959

**TO THE CHAIRMAN AND MEMBERS OF THE
RURAL DISTRICT COUNCIL OF GAINSBOROUGH.**

Public Health Department,
12, Lord Street,
Gainsborough.
Tel. No. 2381

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting my Annual Report for the year 1959 on the health and sanitary circumstances of your district. This is my third report and covers the second whole year I have been in your service.

VITAL STATISTICS

The vital statistics are good and compare favourably with those for the country as a whole.

INFECTIOUS DISEASES

The number of cases notified during the year was 91.

IMMUNISATION AND VACCINATION

This year there has been an increase in the number of children who received immunisation against Diphtheria and Whooping Cough. This is gratifying and it is to be hoped the numbers continue to increase. There is no room for complacency, and every effort should be made to ensure that all children receive the protection that immunisation offers.

The figure for the number of children who received vaccination against smallpox, though good, could also be larger. This is a dreadful disease, and one should use all methods available to guard against it. The resulting scar often deters parents from having their children, especially girls, vaccinated. They often look at their own arms and see two, three, or even four large round unsightly scars. This is not the case today with modern methods of vaccination. The scar is usually only a tiny one, and one that is little noticed.

This year, the age limit for vaccination against poliomyelitis was extended to include all up to the age of twenty six. Initially the response was poor, but the unfortunate death, caused by

Paralytic Poliomyelitis, of a well known footballer aroused the interest of the public, and there was an immediate rush for vaccination. General Practitioners and Local Health Authority Doctors were really busy getting these vaccinations done. The limited supply of vaccine slowed up the progress. However, all who requested vaccination received it before the end of the year. The request for vaccination from the employees of some factories was so great that, at the request of the employers, Local Health Authority Doctors attended their factories and carried out the vaccinations in the factory. Open sessions were held in some areas. These proved to be a great success. It was not thought convenient to hold such a session in Gainsborough. Much credit is due to the General Practitioners, all of whom organised special clinics in their surgeries for the vaccination of their patients.

Up to this year, the scheme for the B.C.G. Vaccination of school children was available only to children in their 14th year. This year the Minister of Health approved the extension of the scheme to children 14 and upwards who are still at school, and also students attending Universities, Teachers Training Colleges, Technical Colleges, or other establishments of further education. The response this year has been better than in the past.

CORONARY ARTERY DISEASE.

The number of deaths attributed to Coronary Thrombosis increase each year. In 1959 nearly 90,000 people died of the disease in England and Wales. There has been a steady increase in the death rate each year. The figure in 1948 was just over 40,000. A large part of this increase is due to improved diagnosis, and some part due to a present tendency to over diagnose Coronary Thrombosis more particularly the "acute" attacks of Coronary Thrombosis, in which death ensues rapidly. It appears therefore that the actual increase in deaths from Coronary Heart Disease is smaller than shown in official statistics. On the other hand there has been some real increase but no definite estimate of this can yet be made.

Coronary Thrombosis is a clotting of the blood in the arteries which supply nourishment to the heart muscles. Blockage of these arteries by a clot deprives the muscles of the heart of oxygen and food with the result that the muscles cannot contract properly. If the blockage is large enough the area of muscle affected may be so great that the heart cannot function properly as a pump and death occurs. This is not usually the case with the first attacks, on the contrary most victims survive. Successive attacks carry a much greater risk of death.

Coronary thrombosis affects mainly people of middle age, but cases occur in younger persons. It is more common amongst men but over sixty the difference is less marked. It is also more

common in the top classes, which include professional people and business executives and becomes gradually less prevalent as one goes down the social scale.

What causes Coronary disease? The cause is not known but many factors seem to point to three different possibilities all of which may be involved to a greater or lesser degree. These are: exercise, diet, particularly fat intake, and emotional stresses.

Coronary Artery Disease is more common amongst those who lead sedentary lives. Morris carried out a survey of bus drivers and conductors; the former died more frequently of coronary thrombosis. He also showed a similar difference between treasury clerks and postmen. Middle-aged people should keep themselves physically fit by getting enough exercise. Walk more and use the car less should be the motto.

Dietary fats have been blamed for the increase in coronary artery disease. It is widely felt that the increase is due to excessive eating of animal fats. The evidence is not sufficient to justify stating that eating animal fats is a cause, but it is, to say the least, suggestive. This belief is due to the fact that eating a lot of animal fats increases the cholesterol in the blood and blood cholesterol is raised in atheromatous subject and atheromata contain cholesterol. More evidence is needed to warrant preventive action. Over-eating may, of course, cause overweight, which is in itself harmful to health.

Emotional stresses have long been accused of causing heart disease. Investigations have shown a higher mortality from coronary artery disease amongst those subjected to severe occupational strain. It can be that acute emotional strain may precipitate death in exposed groups.

One other factor has been studied in the causation of coronary artery disease and that is tobacco smoking. Two major studies, one in America and one here found a definite association, particularly in the younger age groups, between the amount of tobacco smoked as cigarettes and the risk of dying from coronary artery disease. The evidence is not as strong as that for smoking and cancer of the lung but is strong enough to warrant notice in any discussion on the causes of coronary artery disease.

NOISE.

As I write this section of the report a pneumatic drill is creating a terrific racket outside my office. Shopkeepers and others in the street have had to put up with this for quite a time.

It is a necessary evil. The pneumatic drill is an indispensable tool. However, it does raise the whole question of noise. I rather feel there is a tendency for this to become a noisier and noisier world. Can anything be done to check this increase in noise? Surely it is not beyond man's inventive genius to find

something which would make this a quieter and more nerve soothing world.

Research experiments have shown that decreasing efficiency, higher accident rates and serious injury to the health of employees in certain factories and workshops can be caused by the excessive noise of machinery.

The problem is at last being tackled. "A Noise Abatement Society" has been formed whose purpose is to "eliminate all excessive and unnecessary noise from all sources." It aims by immediate action

"To take all possible steps under existing law to protect the public in general, and members of the Society in particular from assault by noise."

"To inform the public by every available means of the dangers of noise to health and pocket and of their legal right against those who create noise."

"To press for the enforcement of present laws against noise and for new bye-laws where existing laws appear inadequate."

"To open a branch of the Society in every constituency."

Its long term policy will be

"Teaching at all levels in Schools, National Press and Television that noise is ugly, wasteful, unintelligent, and unnecessary, and that perpetrators cause suffering and damage to themselves and others."

"Campaigning for all new buildings to be adequately insulated, and for a quiet room in every home (as a retreat from noise, or where noise can be created without disturbing others. Manufacturers of insulation and air conditioners are already busy working out special low prices for mass demand)."

"Campaigning for one clear all-embracing law against noise."

Lots of noises could be curbed. Motor cycles are perhaps amongst the worst offenders. Sports cars with noisy exhausts are another. Others less noisy, but still a nuisance, can be a neighbours loud radio or record player; the slamming of car doors, particularly in the early hours of the morning; the bell ringing of ice cream vendors in built up areas, especially on a Sunday afternoon; neighbours who decide to cut their lawn with a motor mower at 7 a.m.

Which goes to show, we all as individuals, by exercising a bit more thoughtfulness, could make a big contribution to the noise-abatement movement.

I am grateful to many of my colleagues for the information concerning their departments included in this report. I should particularly like to thank the Lindsey County Medical Officer, Dr. C. D. Cormac and his staff for their help and co-operation, and Mr. Donelly, my Chief Public Health Inspector, who got together quite a considerable amount of the details and information presented in this report.

I should also like to express my thanks to the Chairman and Members of the Council for their support during the year.

Finally I wish to record my thanks to the staff of my own department, Mr. Donelly, Senior Public Health Inspector, Mr. Clixby, Additional Public Health Inspector, and also the clerical staff, for their loyal co-operation and assistance.

I am,

Your obedient Servant,

WILLIAM C. WARD.

Medical Officer of Health.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area of the Rural District	78,598 acres
Estimated Population	12,600
Rateable Value at 31st December, 1959.....	£117,732
Sum represented by 1d. Rate	£474

The district is entirely rural in character. It surrounds the Urban District of Gainsborough on three sides. The parishes of Morton and Lea, which adjoin Gainsborough town, are semi-residential. The Northern and Southern extremities are seventeen miles apart and the greatest width is eleven miles. The sole industry is agriculture.

VITAL STATISTICS

Vital statistics are calculated on estimated population as supplied by the Registrar General.

Births

	Total	Male	Female
Live Births—Legitimate	212	107	105
Illegitimate	7	2	5
Totals	219	109	110

	Total	Male	Female
Still Births—Legitimate	4	3	1
Illegitimate	1	1	—
Totals	5	4	1

	Gainsborough R.D.C.	England & Wales
Birth Rate per 1,000 population :		
Live Births	19.12	16.5
Still Births	0.39	0.35
Still Birth Rate per 1,000 total live and still births	22.32	21.0

Deaths

	Total	Male	Female
All Causes	137	60	77
	Gainsborough		England
	R.D.C.		& Wales
Revised death rate per 1,000 population	11.41		11.6
Maternal Mortality :			
Deaths from pregnancy, childbirth, abortion	Nil		389
Mortality Rate per 1,000 total (live and still) births	Nil		0.51

Infant Deaths

	Total	Male	Female
Under 1 year —Legitimate	6	5	1
Illegitimate	—	—	—
Totals	6	5	1

	Total	Male	Female
Under 4 weeks—Legitimate	4	3	1
Illegitimate	—	—	—
Totals	4	3	1

	Total	Male	Female
Under 1 week	3	2	1

Infant Mortality Rate (i.e. under 1 year)

	Gainsborough	England
	R.D.C.	& Wales
All infants per 1,000 live births	27.39	22.2
Legitimate infants per 1,000 legitimate births	28.30	
Illegitimate infants per 1,000 illegitimate births	Nil	
Neo-natal Mortality Rate (i.e. under 4 weeks)		
All infants per 1,000 live births	18.26	15.8
Legitimate infants per 1,000 legitimate births	19.34	
Illegitimate infants per 1,000 illegitimate births	Nil	
Peri-natal Mortality Rate (i.e. Still Births and deaths under 1 week per 1,000 total births)	35.76	34.2

COMPARATIVE TABLE

RURAL DISTRICT OF GAINSBOROUGH		Live Births		Deaths (All causes)		Still Births		Maternal Mortality		Infant Mortality		
		No. regis- tered	Rate per 1000 pop'n	No. regis- tered	Rate per 1000 pop'n	No. regis- tered	Rate per 1000 total births	No. of deaths regis- tered	Rate per 1000 total births	No. of deaths regis- tered	Rate per 1000 live births	Neo-Natal Rate per 1000 live births
Population 12,600												
Year 1959	....	219	*17.38	137	‡10.87	5	22.32	Nil	Nil	6	27.39	4 18.26
Year 1958	....	210	16.82	125	10.01	3	14.08	Nil	Nil	4	19.05	2 9.52
Year 1957	....	250	18.81	114	8.58	2	7.94	Nil	Nil	5	20.0	3 12.0
Year 1956	....	228	18.98	135	10.31	7	29.79	Nil	Nil	2	8.77	2 8.77
Year 1955	....	237	20.57	130	9.93	8	32.65	Nil	Nil	8	33.76	5 21.10
Year 1954	....	252	20.96	117	8.68	8	31.75	Nil	Nil	3	11.91	1 3.97
Average 5 years — 1954 — 1958	....	—	19.23	—	9.5	—	23.24	—	—	—	18.74	— 11.07

* 1959 adjusted live birth rate (comparability factor, 1.10) — 19.12 per 1,000

‡ 1959 adjusted death rate (comparability factor, 1.05) — 11.41 per 1,000

Summary of the Principal Causes of Death, 1959

(Registrar-General's Official Returns, 1959)

All Causes 137 — Males 77, Females 60.

	Causes of Death	Males	Females	Total
1	Tuberculosis, respiratory	—	—	—
2	Tuberculosis, other	—	—	—
3	Syphilitic disease	—	—	—
4	Diphtheria	—	—	—
5	Whooping Cough	—	—	—
6	Meningococcal infections	—	—	—
7	Acute poliomyelitis	—	—	—
8	Measles	—	—	—
9	Other infective and parasitic diseases	—	—	—
10	Malignant neoplasm, stomach	—	1	1
11	Malignant neoplasm, lung, bronchus	6	—	6
12	Malignant neoplasm, breast	—	3	3
13	Malignant neoplasm, uterus	—	2	2
14	Other malignant and lymphatic neoplasms	2	3	5
15	Leukaemia, aleukaemia	—	—	—
16	Diabetes	2	—	2
17	Vascular lesions of nervous system	6	6	12
18	Coronary disease, angina	17	10	27
19	Hypertension with heart disease	—	2	2
20	Other heart disease	11	7	18
21	Other circulatory diseases	4	3	7
22	Influenza	2	2	4
23	Pneumonia	4	6	10
24	Bronchitis	8	—	8
25	Other diseases of respiratory system	2	1	3
26	Ulcer of stomach and duodenum	—	—	—
27	Gastritis, enteritis, and diarrhoea	—	—	—
28	Nephritis and nephrosis	—	2	2
29	Hyperplasia of prostate	1	—	1
30	Pregnancy, childbirth, abortion	—	—	—
31	Congenital malformations	1	—	1
32	Other defined and ill-defined diseases	8	11	19
33	Motor vehicle accidents	1	—	1
34	All other accidents	—	1	1
35	Suicide	2	—	2
36	Homicide and operations of war	—	—	—
		77	60	137

ENGLAND AND WALES

BIRTH and DEATH-RATES, and ANALYSIS OF MORTALITY during the year 1959.
(Provisional figures based on Registrar-General's Weekly and Quarterly Returns)

	Birth-Rate per 1,000 Population		Annual Death-Rate per 1,000 Population					Rate per 1,000 Live Births		Rate per 1,000 Live and Still Births		Rate per 1,000 total (live and still) Births
	Live Births	Still-Births	All Causes	Tuberculosis (Respiratory)	Tuberculosis (Non-respiratory)	Cancer (Lung & Bronchus)	Cancer (Other)	Infant Mortality	Neo-Natal Mortality	Peri-Natal Mortality	Maternal Mortality	
Gainsborough Rural District (Estimated home population mid- 1959 — 12,600)	19.12	(22.32(a))	11.41	Nil	Nil	0.47	0.87	27.39	18.26	35.76	Nil	
England and Wales (Estimated home population mid- 1959 — 45,386,000)	16.5	0.35 (21 (a))	11.6	0.08	0.01	0.46	1.63	22.2	15.8	34.2	Nil	

(a) per 1,000 total (live and still) births.

INFANT MORTALITY

Infant deaths under one year of age for 1959 were six. The causes of these deaths are listed.

CAUSES OF DEATH	Under one week	One week to three months	Three months to six months	Six months to nine months	Nine months to one year	Total under one year
All Causes	3	1	2	—	—	6
Prematurity	2	—	—	—	—	2
Atelectasis	1	—	—	—	—	1
Pneumonia	—	—	2	—	—	2
B.Coli Meningitis	—	—	—	—	—	—
Spina Bifida	—	—	—	—	—	—
Other	—	1	—	—	—	1

	Gainsborough R.D.C.	England & Wales
Infant Mortality Rate (i.e. Deaths under 1 year per 1,000 live births)	27.39	22.2
Neo-natal Mortality Rate (i.e. Deaths under 4 weeks per 1,000 live births)	18.26	15.8
Peri-natal Mortality Rate (i.e. Still births and deaths under 1 week per 1,000 total live and still births)	35.76	34.2

MATERNAL MORTALITY

No maternal deaths occurred during the year.

Table showing the total number of births (live births plus still births) and the total number of maternal deaths.

Year	Total Number of Births	Number of Maternal Deaths
1959	224	Nil
1958	210	Nil
1957	252	Nil
1956	235	Nil
1955	245	Nil
1954	260	Nil

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

A. SERVICES PROVIDED BY THE COUNTY COUNCIL.

County Medical Officer of Health:

Dr. C. D. Cormac, M.A., B.M., B.Ch., D.P.H.
Public Health Dept., County Offices, Lincoln.

Health Information. Enquiries relating to local health services may be made of the Medical Officer of Health, Council Offices, 10/12, Lord Street, Gainsborough.

Many various facilities are available under the following headings:—

Maternity Service.

Child Care.

Home Nursing.

Health Visitors.

Home Helps.

Sick Room Requisites, Appliances and other Equipment.

Vaccination and Immunisation.

Mental Health.

Ambulance Service.

Minor Ailment Clinics for School Children.

Infant Welfare Centres and Ante-natal Clinics.

Welfare Services for the Aged and the Handicapped.

The County Council's clinics function at Gainsborough as follows:—

(a) At Spital Terrace Clinic

School Clinic	Tuesdays 2-0 p.m.
Infant Welfare Centre ...	Thursdays 2-0 p.m.
Toddlers Clinic	2nd Thursday and 4th Monday in each month 10-0 a.m.
Infant Welfare & Ante-Natal Clinic	2nd, 4th and 5th Tuesday in each month at 10-0 a.m.
Vaccination and Immunisation	By appointment.
Sunlight Clinic	Mondays and Thursdays 10-0 a.m.
Domestic Help Service ...	Organiser attends Tuesdays and Thursdays 2-0 p.m.

(b) At Woods Terrace Clinic.

Infant Welfare Centre	...	Mondays 2-0 p.m.
Toddlers Clinic	... ..	2nd Monday and 3rd Thursday 10 a.m.
Immunisation	... ..	1st Tuesday in each month.
Mothercraft and Relaxation Class	... ..	1st and 3rd Wednesday in each month, 10 a.m.

The County Council as the Local Education Authority is responsible for the School Health Service. In addition to the clinics mentioned above, specialist services are arranged, with the co-operation of the child's family doctor, through the hospital services.

B. SERVICES PROVIDED BY THE LOCAL EXECUTIVE COUNCIL.

These consist of General Practitioner medical and obstetrical care, with the provision of medicines, drugs and medical and surgical appliances; dental care and a supplementary eye service with provision for the testing of eyesight and the supply of glasses.

C. SERVICES PROVIDED BY THE REGIONAL HOSPITAL BOARD.

Hospital and Specialist services are provided by the Sheffield Regional Hospital Board. They are responsible for the adequate provision of all forms of treatment in both general and specialised hospitals. This is provided both on an in-patient and out-patient basis.

HOUSING STATISTICS

Total Number of New Houses erected during the year

(1) By the Local Authority	8
(2) By other Local Authorities	—
(3) By other bodies or persons	35
(4) Number allocated for replacing houses subject to Demolition Orders	8

Rent Act, 1957

Number of certificates of disrepair issued	—
--	---

Inspection of Dwellinghouses during the year—

(a) Total number of dwellinghouses inspected for housing (under Public Health or Housing Acts)	61
(b) Number of inspections made for the purpose	120

Remedy of defects during the year without service of formal Notices—

Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers	33
--	----

Action under Statutory Powers during the year—

(1) Proceedings under Public Health Acts :—	
(a) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	—
(b) Number of dwellinghouses in which defects were remedied after service of formal notices :—	
(i) by owners	—
(ii) by Local Authority in default of owners	—
(2) Proceedings under the Housing Acts :—	
(a) Number of dwellinghouses in respect of which notices were served requiring repairs	—
(b) Number of dwellinghouses which were rendered fit after service of formal notices :—	
(i) by owners	—
(ii) by Local Authority in default of owners	—
(iii) Number of unfit houses purchased by Local Authority in accordance with the Housing Acts	3
(3) Slum Clearance — proceedings under the Housing Acts :—	
(a) Number of dwellinghouses in respect of which Demolition Orders were made	6
(b) Number of dwellinghouses demolished in pursuance of Demolition Orders	15
(c) Number of dwellinghouses, or parts, subject to Closing Orders	—
(d) Number of dwellinghouses, or parts, rendered fit by undertakings	2
(e) Number of dwellinghouses included in confirmed Clearance Orders	—
(f) Number of dwellinghouses demolished in pursuance thereof	—
(g) Number of dwellinghouses demolished on Clearance Areas acquired by the Council	3
(h) Total number of dwellinghouses on which Demolition Orders are operative and which are still occupied under the provisions of Section 34, 35 and 46 of the Housing Act, 1957	—
(i) Total number of Dwellinghouses occupied under Sections 34, 35 and 46 of the Housing Act, 1957	—
(j) Houses demolished or closed voluntarily by owners which would otherwise have been subject of statutory action to secure demolition or closure	—

Housing Acts—Overcrowding.

(a) (i)	Number of cases of overcrowding relieved during the year	—
(ii)	Number of persons concerned in such cases	—
(b) (i)	Number of dwellings overcrowded at the end of the year	2
(ii)	Number of families dwelling therein	2
(iii)	Number of persons dwelling therein	10

Housing Act, 1949.

Number of houses for which applications for grants have been received	60
Number of houses subject to grant	60
Number of houses owned by local authority which have been the subject of grant aid by the Ministry	—

Moveable Dwellings, Tents, Vans, etc.

Number of site licences	11
Number of individual licences	21
Total number of caravans permitted under licences	277
Number of inspections during the year — Sites	12
— Dwellings	6
Number of contraventions remedied	5

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

The number of cases of infectious disease (excluding Tuberculosis) notified was 91 compared with 225 in 1958.

Details of infectious diseases are as follows :—

TABLE I

Disease					Number of Cases Notified
Measles ....	....	....	....	....	84
Scarlet Fever	....	....	....	....	1
Erysipelas	....	....	....	....	1
Poliomyelitis	....	....	....	....	1
Pneumonia	....	....	....	....	4
Total					<hr/> 91 <hr/>

TABLE II

DISTRIBUTION IN THE DISTRICT

	Measles	Scarlet Fever	Erysipelas	Pneu- monia	Polio- myelitis
Blyton	9	—	1	2	—
Coates-by-Stow	1	—	—	—	—
Corringham	13	—	—	—	—
East Ferry	1	—	—	—	—
East Stockwith	3	—	—	—	—
Glentworth	23	—	—	—	—
Grayingham	2	—	—	—	—
Harpwell	7	—	—	—	—
Heapham	1	—	—	—	—
Hemswell	2	—	—	—	—
Laughton	2	—	—	—	—
Lea	—	—	—	1	—
Morton	1	—	—	1	—
Northorpe	—	1	—	—	—
Sturton-by-Stow	2	—	—	—	—
Scotter	1	—	—	—	—
Springthorpe	1	—	—	—	—
Torksey	1	—	—	—	—
Upton	2	—	—	—	—
Wharton	1	—	—	—	—
Willingham	5	—	—	—	—
Willoughton	6	—	—	—	1
Totals	84	1	1	4	1

TABLE III.

AGE INCIDENCE OF INFECTIOUS DISEASE.

Ages	Measles	Scarlet Fever	Erysipelas	Pneumonia	Poliomyelitis
0—1	—	—	—	—	—
1—2	8	—	—	—	—
2—3	11	—	—	—	—
3—4	6	1	—	—	—
4—5	10	—	—	—	—
5—10	42	—	—	—	—
10—15	5	—	—	—	—
15—20	1	—	—	—	1
20—35	1	—	—	—	—
35 Upwards	—	—	1	4	—
Age Unknown	—	—	—	—	—
Totals	84	1	1	4	1
	—	—	—	—	—

TABLE IV.

MONTHLY DISTRIBUTION OF INFECTIOUS DISEASE.

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Measles	30	31	21	—	1	—	1	—	—	—	—	—	... 84
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	1	... 1
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	1	... 1
Pneumonia	—	1	1	—	—	—	—	—	2	—	—	—	... 4
Poliomyelitis	—	—	—	—	—	—	—	—	1	—	—	—	... 1
Tuberculosis (Pulmonary)	—	—	—	—	—	—	—	—	—	1	—	—	... 1
Tuberculosis (Non Pulmonary)	—	1	—	—	—	1	—	—	—	—	—	—	... 2
Totals	30	33	22	—	1	1	1	—	3	1	—	2	... 94

TUBERCULOSIS

There was one new case of Pulmonary Tuberculosis notified during the year. There were two new cases of Non-Pulmonary Tuberculosis. No deaths from Pulmonary Tuberculosis occurred.

Table (a) shows the incidence of new cases and deaths as regards age and sex. Table (b) is a copy of the Tuberculosis Register.

Table (a) — New Cases and Deaths.

Age Periods	NEW CASES				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M	F	M	F	M	F	M	F
Under 1 year	—	—	—	—	—	—	—	—
1-2 years	—	—	—	—	—	—	—	—
2-3 years	—	—	—	—	—	—	—	—
3-4 years	—	—	—	—	—	—	—	—
4-5 years	—	—	—	—	—	—	—	—
5-10 years	—	1	—	—	—	—	—	—
10-15 years	—	—	—	—	—	—	—	—
15-20 years	—	—	—	—	—	—	—	—
20-35 years	—	—	1	—	—	—	—	—
35-45 years	—	—	—	1	—	—	—	—
45-65 years	—	—	—	—	—	—	—	—
65 and over	—	—	—	—	—	—	—	—
Totals	—	1	1	1	—	—	—	—

Table—(b)— TUBERCULOSIS REGISTER, 1959

	Pulmonary			Non-Pulmonary			Grand Total		
	M	F	T	M	F	T	M	F	T
On Register 31/12/58	115	96	211	45	39	84	160	135	295
Additions :									
Primary Notifications	—	1	1	1	1	2	1	2	3
Posthumous Notifications	—	—	—	—	—	—	—	—	—
Transfer from other areas	—	—	—	—	—	—	—	—	—
Returned to the District	—	—	—	—	—	—	—	—	—
Transfer from other sections	—	—	—	—	—	—	—	—	—
Total Additions	—	1	1	1	1	2	1	2	3
Deductions :									
Deaths	—	—	—	—	—	—	—	—	—
Left the District	—	1	1	—	—	—	—	1	1
Recovered	—	—	—	—	—	—	—	—	—
Diagnosis not confirmed	—	—	—	—	—	—	—	—	—
Transfer to other sections	—	—	—	—	—	—	—	—	—
Total Deductions	—	1	1	—	—	—	—	1	1
On Register 31/12/59	115	96	211	46	40	86	161	136	297

CANCER

The number of deaths due to cancer in 1959 was 11 in comparison with 24 in the previous year. The sites of the disease are shown in the following table.

Site of Malignant Disease		1959	1958	1957	1956	1955	1954
Stomach	M	—	1	3	2	3	2
	F	1	2	1	1	—	1
Lung and Bronchus	M	3	4	1	—	3	2
	F	1	—	—	1	1	—
Breast	M	—	1	—	—	—	—
	F	1	2	—	3	4	1
Uterus	F	2	1	3	—	1	4
Other malignant and lymphatic neoplasms	M	1	5	6	4	4	9
	F	2	5	1	3	3	2
Leukaemia	M	—	3	3	—	—	—
	F	—	—	—	—	—	—
Totals	M	4	14	13	6	10	13
	F	7	10	5	8	9	8
Grand Total		11	24	18	14	19	21

VACCINATION AND IMMUNISATION

Particulars of immunisations and vaccinations carried out in the Gainsborough Urban District during 1959.

Diphtheria Immunisation

Under five years of age at date of immunisation	Between five and fourteen years of age at date of immunisation	Boosting Doses
5	49	170

Diphtheria and Whooping Cough Immunisations

Under 1	1	2	3	4	5-9	10-14	Total
26	19	—	—	1	—	—	46

Diphtheria, Tetanus and Whooping Cough Immunisations

Under 1	1	2	3	4	5-9	10-14	Total
35	17	3	—	1	1	—	57

Diphtheria Tetanus Immunisations

Under 1	1	2	3	4	5-9	10-14	Total
1	—	—	—	—	—	—	1

Whooping Cough Immunisations

Under 1	1	2	3	4	5-9	10-14	Total
1	—	—	—	—	—	—	1

Whooping Cough and Tetanus Immunisations

Under 1	1	2	3	4	5-9	10-14	Total
1	—	—	—	—	—	—	1

Smallpox

Vaccination

Re-vaccination

Under One	1-4	5-14	15 or over	Total
48	8	3	11	70
—	—	—	2	2

Tetanus	Under One	1-4	5-14	15 or over	Total
Vaccination	1	—	—	—	1
Booster	—	1	—	1	2

Vaccination against Tuberculosis.

Of 24 thirteen-year-old school children tested it was found that 1 was positive and did not require vaccination and 23 were negative and were given B.C.G. vaccination. The 1 positive reactor was X-rayed, but did not show active tuberculosis.

Vaccination against Poliomyelitis.

It has not been possible to break down the figures held by the County Council's Health Department into individual districts. This year with the increase of vaccine available it was possible to vaccinate most of the children whose parents wished vaccination. Some children have also received their third injection.

SCHOOL HEALTH SERVICE.

This service is provided by the County Council and I, as School Medical Officer, carried out inspections, etc., in our schools. The state of health, general nutrition and cleanliness of the children was of a high standard. Routine medical inspection is carried out on children in their first year at school, in their first year at secondary school, and in their last year at school. Besides these routine medical inspections, children with any defects are regularly seen at "supervisory" examinations and any child referred by a parent or teacher is given a "special" examination. I am grateful to the County Medical Officer for permission to include the following summary of work carried out during 1959 in our area.

TABLE A

ROUTINE MEDICAL INSPECTION

Age Groups (by years of birth)	Number of Children				Physical Condition	
	Inspected	Found to require treatment (including cases under treatment —excluding dental diseases, and infestation with vermin)			Satisfactory	Unsatisfactory
		For defect- ive vision excluding squint	For any other condition	Total in- dividual requiring treatment		
1955 and later	4	—	1	1	4	—
1954	81	—	7	7	81	—
1953	68	2	7	8	68	—
1952	19	1	6	7	19	—
1951	25	4	2	6	25	—
1950	18	1	2	3	18	—
1949	13	—	—	—	13	—
1948	8	2	1	2	8	—
1947	12	—	2	2	12	—
1946	2	1	—	1	2	—
1945	2	—	1	1	2	—
1944 and earlier	36	2	—	2	36	—
TOTAL	288	13	29	40	228	—

TABLE B.

Inspections carried out in the Gainsborough Rural District during 1959.

DEFECT	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation
Skin	1	3	—	—
Eyes				
(a) Vision	10	1	—	1
(b) Squint	6	4	—	—
(c) Other	1	—	—	—
Ears				
(a) Hearing	4	1	—	—
(b) Otitis Media	—	9	—	—
(c) Other	8	—	—	—
Nose and Throat	3	15	—	—
Speech	—	1	—	—
Lymphatic Glands	1	6	—	—
Heart	—	3	—	—
Lungs	2	8	—	—
Developmental				
(a) Hernia	—	—	—	—
(b) Other.....	1	2	—	—
Orthopaedic				
(a) Posture	1	5	—	—
(b) Feet	2	7	—	—
(c) Other	5	4	—	—
Nervous System				
(a) Epilepsy	1	—	—	—
(b) Other.....	—	1	—	—
Psychological				
(a) Development	1	4	1	—
(b) Stability	1	2	—	—
Other	—	—	—	—

INSPECTION AND SUPERVISION OF FOOD AND FOOD PREMISES

ANALYSIS OF FOOD PREMISES WITHIN THE DISTRICT

Type of Business	No. of Premises
General Grocers and Provision Dealers	44
Greengrocers and Fruiterers (including those selling wet fish, game, etc.)	5
Meat Shops (butchers, purveyors of cooked and preserved meats, tripe, etc.)	8
Bakers and/or Confectioners	3
Fried Fish Shops	9
Shops selling mainly Sugar Confectionery, Minerals, Ice Cream, etc.	3
Licensed Premises, Clubs, Canteens, Restaurants, Cafes, Snack Bars, etc.	39
Others	2
Total	113

190 inspections were made during the year of the above premises, and of
20 contraventions found, 10 were remedied.

FOOD AND DRUGS ACT, 1955, SECTION 16 REGISTERED PREMISES

Type of Business	No. registered	No. of inspections during year
Ice Cream (Manufacture)	—	—
Ice Cream (Storage and Sale)	34	45
Preparation and Manufacture of Meat Products, including Meat Pies	8	12
Totals	42	57

MILK AND DAIRIES.

The Council is responsible for the registration of dairy premises and milk distributors in the area. We are also responsible for the issue of Dealers' and Supplementary Licences and the conditions under which milk is retailed to the public.

Number of distributors on register:

Sterilised Milk	10
Pasteurised Milk	9
Tuberculin Tested Milk	4

28 samples of pasteurised and sterilised milk were submitted for examination for efficiency of heat treatment and keeping quality. All were satisfactory.

Samples of milk produced in the Rural District are taken in certain circumstances, for convenience, on arrival at the pasteurising establishment in the Gainsborough Urban District. 2 of these samples showed positive evidence of brucella abortus and the producer and the employees were advised of the precautions necessary accordingly.

The Ministry of Agriculture, Fisheries and Food is responsible for the control of milk production. The supervising of pasteurising plants is exercised by the Lindsey County Council.

THE MILK (SPECIAL DESIGNATION) (SPECIFIED AREAS) ORDER, 1956.

The above order requires all milk sold within the district to be sold under special designations. The special designations authorised by the Milk (Special Designations) Regulations, 1949-1954, are Pasteurised, Tuberculin Tested and Sterilised.

ICE CREAM.

There are on the Register 35 Retailers who retail only pre-packed ice cream.

45 inspections were made during the year of the 35 premises, and of the 4 contraventions found, 3 were remedied.

THE FOOD AND DRUGS ACT, 1955, provides for the sampling of food and drugs for analysis or for bacteriological and other examinations. The Lindsey County Council is the authority responsible for these duties. I am grateful to Dr. C. D. Cormac, County Medical Officer of Health, and Mr. G. Collinson, County Health Inspector for the following information.

SAMPLES TAKEN UNDER FOOD & DRUGS ACT, 1955

Article Sampled	No. of samples taken.
1. Milk	19
2. Edible fats and oil	2
3. Preserves	2
4. Tinned, bottled and dried articles	2
5. Non-Alcoholic beverages	2
6. Sugar and flour confectionery	1
7. Meat and Fish Products (not included in 4)	2
8. Vinegar, pickles, sauces, spices, flavouring, and essences	2
9. Cereal products	1
10. Miscellaneous	1
11. Drugs	2
	<hr/>
	36
	<hr/>

One sample of zinc and castor oil cream was found to be deficient in zinc to the extent of 1.5 per cent of the standard of 6.0 per cent. Legal proceedings were instituted and a fine of £10 imposed on the manufacturer.

Meat, Foods and Slaughterhouse Inspections

CARCASES INSPECTED AND CONDEMNED

	Cattle excl'd'g Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed.....	116	52	4	513	234
Number inspected	116	52	4	513	234
<i>All disease except Tuberculosis & Cysticerci</i> Whole Carcases con- demned	—	3	1	6	1
Carcases of which some part or organ was con- demned	14	4	—	—	3
Percentage of number inspected affected with disease other than tuberculosis	12.06	13.46	25.00	1.20	1.07
<i>Tuberculosis only.</i> Whole Carcases con- demned	—	—	—	—	—
Carcases of which some part or organ was con- demned	7	5	—	—	8
Percentage of number inspected affected with tuberculosis	6.00	9.6	—	—	3.4
<i>Cysticercosis.</i> Carcases of which some part or organ was con- demned	—	—	—	—	—
Carcases submitted to treatment by refrigera- tion	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

No horse slaughtering for human consumption is carried on within the District.

No veterinary ante-mortem inspection of animals is undertaken.

No action was necessary in regard to meat offered for sale by retail.

THIRTYTHREE

FOOD CONDEMNED DURING 1959

Condemned meat is disposed of to approved processors; other foods condemned are disposed of by burial at the Council's refuse tip.

SLAUGHTER OF ANIMALS ACTS, 1933 to 1954.

There are 31 slaughtermen licensed by the Council under the above Acts.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

- (i) The water supplied by the Council is derived from the following sources and during the year was satisfactory both in quality and quantity:—

- (1) The Council's own boreholes in the Lincolnshire Limestone at Glentham and Caenby, west of the Lincolnshire Wolds.
- (2) Bulk supply from Lincoln Corporation, the supply being derived from boreholes in the Bunter Sandstone at Elkesley in Nottinghamshire, and Newton-on-Trent in Lincolnshire.
- (3) Bulk supply from Welton Rural District Council, the supply being derived from boreholes in the Lincolnshire Limestone at Welton. This supply assists the Cliff Area.
- (4) Bulk supply from Caistor Rural District Council, the supply being derived from springs in the Lincolnshire Limestone and Chalk in that District. Water is taken only when required and is on a reciprocal basis.

- (ii) During the year the bacteriological examination of the water was carried out with the following results:—

Excellent	60
Satisfactory	5
Suspicious	1
Unsatisfactory	0

- (iii) Chemical analysis carried out during the year showed that the waters were satisfactory in every way. They were free from odour and heavy metals and the taste and colour were normal. The average temporary hardness is 105.00 p.p.m. and permanent hardness 91.00 p.p.m. The p.H. value is 7.8. The average fluorine content is 0.50 p.p.m. The waters have no plumbo-solvent action.

- (iv) All the waters are chlorinated at source, the dosage being automatic and continuous. Chlorine residual 1.50 p.p.m.

(v)

HOUSES.

Parish.	Total No.	No. with piped supplies.
Blyborough	66	66
Blyton	318	308
Brampton	26	24
Corringham	147	130
East Ferry	40	39
East Stockwith	95	93
Fenton	80	78
Fillingham	75	71
Gate Burton	30	30
Glentworth	132	132
Grayingham	41	33

(v)

HOUSES.

Parish.	Total No.	No. with piped supplies.
Hardwick	Supplied by Lincoln Corporation	
Harpwell	29	29
Heapham	36	33
Hemswell	230	221
Kettlethorpe	82	81
Kexby	120	119
Knaith	66	66
Laughton	80	76
Lea	225	224
Marton	137	130
Morton	Supplied by Gainsborough U.D.C.	
Newton-on-Trent	82	79
Northorpe	63	59
Pilham	17	15
Scotter	398	390
Scotton	83	83
Springthorpe	47	46
Stow	115	113
Sturton-by-Stow	225	223
Thonock	16	11
Torksey	56	54
Upton	113	110
Walkerith	23	23
Wildsworth	28	28
Willingham	141	133
Willoughton	162	162
	<hr/> 3,624	<hr/> 3,512

I am grateful to Mr. G. E. Burn the water engineer for this information.

DRAINAGE AND SEWERAGE

During the year, 76 earth closets were replaced by water closets in private houses. All Council houses now have water closets. Sixty houses were converted by Improvement Grant Schemes.

The Sewerage Schemes at Gate Burton, Marton, Sturton-by-Stow, Stow and Willingham are making good progress. All existing sewage works functioned satisfactorily.

Further sections of open drains were piped in at Sturton-by-Stow and Northorpe.

REFUSE COLLECTION.

Refuse is collected from all of the district with the exception of some isolated farms. This collection is made fortnightly in Morton, but only every three weeks in the remainder of the district.

Proper storage and disposal of refuse to avoid nuisance is essential to the health of the community. The condition in which refuse is kept near the doors of houses and food premises whilst awaiting collection, is closely linked with fly control. Moist refuse is a good breeding place for flies. If the period of collection is long, there may be time for eggs laid in the refuse to hatch out.

A female fly lays eggs in batches of about 120. From egg to adult fly occupies about three weeks in English summer weather, and a shorter period in really hot weather. Thus, three weekly collections can allow time for a new generation of flies. Collection periods should not allow time for flies to complete a life cycle.

Flies are accused of transferring many diseases. They feed on the faeces of many animals, including man; also on sugar, jam, bread and other foods we eat without further cooking. They deposit vomit and faeces on everything on which they alight. When feeding on solids they attempt to soften it by means of vomit and saliva. Disease causing organisms are believed to survive for days in the crop and thus infect food. Their faeces may also be affected. Flies can also carry various germs on the hairs, especially of their legs. In these ways many diseases may be spread.

All measures to control flies should be adopted in the community. This includes the proper storage of refuse, its frequent removal and proper disposal. The local authority have a definite responsibility for the latter.

DISINFECTION AND DISINFESTATION.

One house was disinfected after an infectious disease had been reported and one house was disinfested.

KNACKERS YARDS.

The only licensed knackers' yard in the area has been inspected four times and one contravention was remedied.

SHOPS ACT, 1950,

105 visits were paid to shops in the area to ensure that the Welfare Provisions of the Shops Act were being complied with. Six contraventions were found and remedied—mainly with regard to seats for female assistants.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The following information extracted from the form prescribed by the Ministry of Agriculture, Fisheries and Food, is for the twelve month period ending 31st March, 1960.

	Type of Property				Total
	Local Authority	Dwellings	Agricultural	All other (including business premises)	
Number of properties in Local Authority's District	18	3796	335	175	4324
Number of properties inspected as a result of :					
(a) Notification	0	6	12	2	20
(b) Survey under the Act	18	991	97	52	1158
(c) Otherwise (e.g. when primarily visited for some other purpose)	0	240	25	108	373
Total inspections carried out (including re-inspections)	92	—	—	—	92
Number of properties inspected which were found to be infested by :					
(a) Rats (Major)	—	—	30	—	30
(Minor)	18	75	17	0	110
(b) Mice (Major)	0	0	0	0	0
(Minor)	0	26	0	0	26
Number of infested properties treated by the Local Authority	18	101	17	—	136
Total treatments carried out (including re-treatments)	—	—	—	—	—
Number of notices served under Section 4 of the Act					
(a) Treatment	Nil	Nil	Nil	Nil	Nil
(b) Structural Work	Nil	Nil	Nil	Nil	Nil
Number of cases in which default action was taken following issue of a notice under Section 4 of the Act	Nil	Nil	Nil	Nil	Nil
Legal Proceedings	Nil	Nil	Nil	Nil	Nil
Number of "Block" control schemes carried out	—	Nil	Nil	Nil	Nil

FACTORIES ACTS, 1937 AND 1948.

The number of factories on the register, including three bakehouses is 44. During the year, 37 visits were paid to these premises, which resulted in three offences against the Act being remedied. This work has been facilitated by the ready co-operation which has been extended at all times by Her Majesty's Inspector for the District.

The following table in the form required by the Ministry of Labour and National Service, gives a summary of the work undertaken by the Public Health Inspectors.

PART I OF THE ACT

1—INSPECTIONS for the purposes of provisions as to health (including inspections made by Public Health Inspectors.)

Premises (1)	Number on Register (2)	Number of		Occupiers prosecuted (5)
		Inspections (3)	Written Notices (4)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	2	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	42	34	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	1	1	—	—
TOTAL	44	37	—	—

2—Cases in which defects were found.

Particulars (1)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (6)
	Found (2)	Rem'd. (3)	To H.M. Inspec. (4)	To H.M. Inspec. (5)	
Want of cleanliness (S.1)	2	2	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffectiveness of draining of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	3	—	—	—	—
(b) unsuitable or defective	1	1	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out-work)	—	—	—	—	—
TOTAL	6	3	NIL	NIL	NIL

PART VIII OF THE ACT

Outwork

(Sections 110 and 111)

	SECTION 110			SECTION 111		
	No. of out-workers in August list required by Section 110(1)(c) (2)	No. of cases of default in sending list to the Council (3)	No. of prosecutions for failure to supply lists (4)	No. of instances of work in some premises (5)	Notices served (6)	Prosecutions (7)
Nature of Work (1)						
Wearing apparel making, etc., cleaning and washing	3	—	—	—	—	—
TOTAL	3	—	—	—	—	—







