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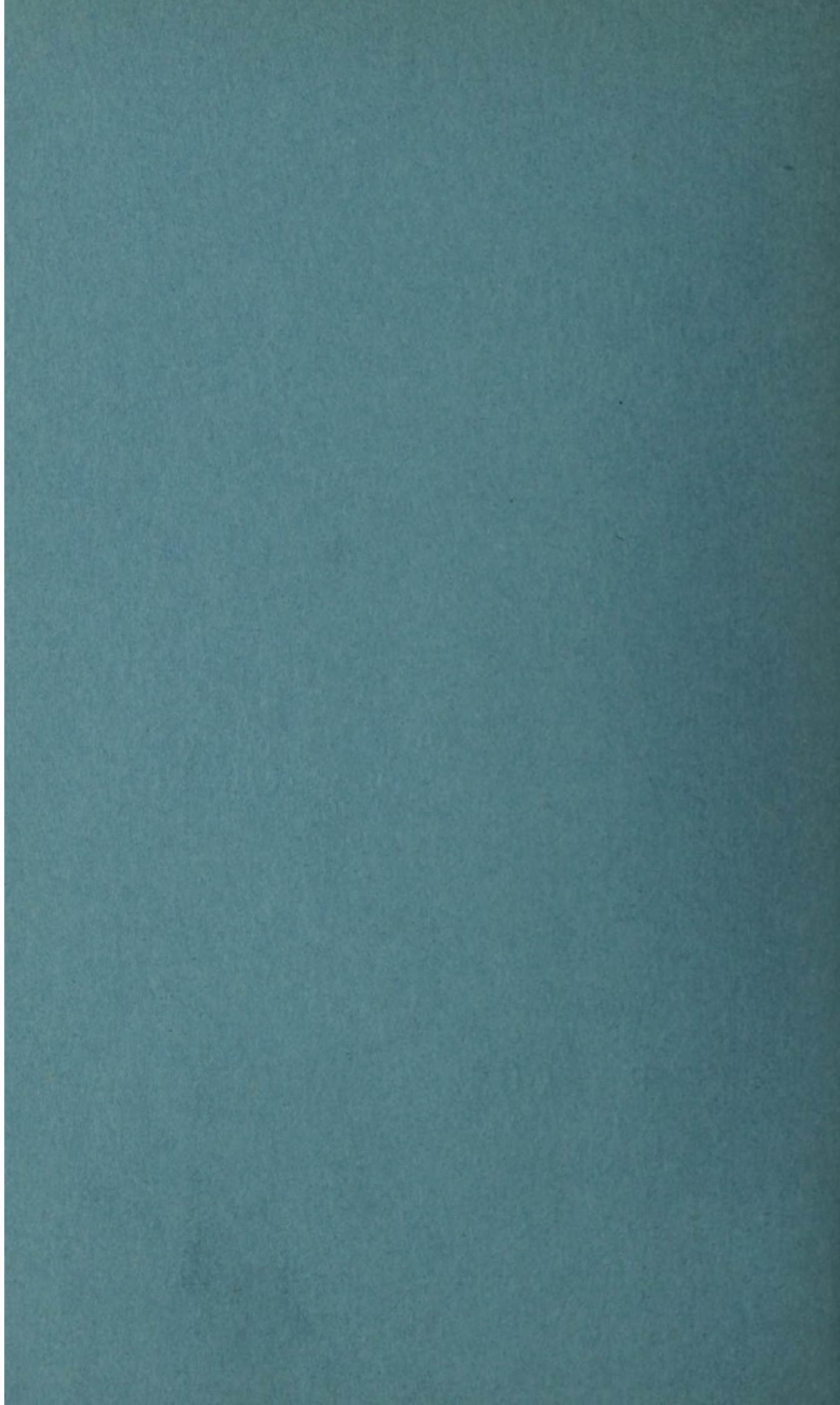
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183 Euston Road  
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*THE*  
RURAL DISTRICT  
COUNCIL OF  
GAINSBOROUGH



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

FOR THE  
YEAR 1962





# Rural District Council of Gainsborough for 1962



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

*Vice-Chairman:* C. W. LIMB

Councillor Rev. F. G. Calthrop (Blyton and Pilham)  
Councillor H. Marrs (Blyton and Pilham)  
Councillor Mrs. C. N. Dickinson (Brampton, Hardwick and  
Torksey)  
Councillor Mrs. P. H. Dickinson (Blyborough)  
Councillor J. B. Barley (Gate Burton and Knaith)  
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Councillor R. M. Kirman (Scotter)  
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Councillor E. R. Selby (Upton)  
Councillor Dr. K. O'Toole (Willingham)  
Councillor H. Roberts (Willoughton)

*Clerk of the Council:* RALPH DOWNES, D.P.A.

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

# Rural District Council of Gainsborough

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## 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:*

J. CARTER

A.M.I.P.H.E., M.A.P.H.I.

*Assistant Public Health Inspector:*

D. G. CLIXBY

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

TWO

# ANNUAL REPORT

of the

## Medical Officer of Health

for the year 1962

**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 1962 on the health and sanitary circumstances of your district.

### **VITAL STATISTICS**

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

### **INFECTIOUS DISEASE**

The number of cases notified during the year was 123. This figure is quite low and consists of 88 measles, 30 dysentery, two scarlet fever and two influenzal pneumonia.

Early in the year there was an outbreak of smallpox in several areas in this country. The disease had been imported in December, 1961, and January, 1962, by travellers from Pakistan. From January cases began to be recognised amongst contacts in this country. In all there were 62 cases of which 25 died giving a case mortality of 40%.

The value of recent vaccination was clearly shown during the outbreak. There was a demand from the public for mass vaccination. In Bradford over 250,000 persons were vaccinated within a few days and over 900,000 in South Wales. We did see, on television, hordes of people clamouring for vaccination at centres in these areas. Mass vaccination is not the way to control an outbreak, one must isolate the case, search for all contacts, vaccinate them and keep them under surveillance.

*THREE*



The public become anxious when a case of smallpox occurs and this anxiety is often stimulated by reports in the press, on the radio and television. Vaccination is often the only way to relieve this anxiety as it installs a sense of protection into the people. What a pity more will not have this vaccination when there is no panic. There are several contradictions to vaccination which can be considered more readily when the vaccination is a routine one and not done during the panic of an emergency.

Vaccination of all infants in their second year is the policy in this country. This not only gives protection for many years but revaccination, as needed in an epidemic, will give a quicker response and a greater protection than a primary vaccination.

Less than 5% of parents have their infants vaccinated. These figures could be better. However it is not only the parents who are lax with vaccination. In the outbreaks this year a medical officer of health had not kept up his immunity and he contracted the disease but fortunately he recovered. Two consultants, a pathologist and an obstetrician, had not been vaccinated and they both died. Surely it is time that all engaged in the hospital, general practitioner and public health service should be vaccinated regularly.

#### **CORONARY ARTERY DISEASE**

The number of deaths from coronary thrombosis was 48. This disease was the cause of more deaths than any other disease. The number of deaths from coronary thrombosis increases each year. In 1962 there were 102,490 deaths from this disease in England and Wales compared with 95,795 in 1961 and 91,961 in 1960.

The cause of coronary thrombosis is not known but many factors seem involved to some degree.

Dietary fat has been mentioned as a cause. However, the present evidence is insufficient to warrant advising all not to eat animal fats, but for those who appear to have an increase risk of coronary thrombosis it would be wise to curtail the intake of animal fats. Coronary artery disease is more common amongst those who lead sedentary lives. Middle aged people should keep themselves physically fit and be certain to get enough exercise, such as by walking more and using the car a little less. This is particularly so in the prevention of heart disease because exercise will keep the muscle performance better and help to keep weight down.

Excessive smoking has been found to have a definite association with coronary artery disease especially in the younger groups. The evidence is not conclusive but it must be taken into account.



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

Preventive measures which will lessen the risk of coronary artery disease will be: a diet with limited fat intake; avoidance of smoking; adequate rest, physical and mental, from work; emphasis on regular exercise and medical check up on those considered in the high risk groups.

#### SMOKING AMONGST SCHOOL LEAVERS

In the past two years when I have medically examined school leavers, i.e., boys and girls aged fifteen years, I have enquired if they smoked and, if they did, how many cigarettes they smoked each week. No further investigation was carried out and I relied upon the truthfulness or not of the answers received. It can be assumed that these are minimum figures as many who smoked did not admit it. This I know to be true. I have enquired, on occasions, of the P.E. teacher or one of the boys in the group examined how many they thought smoked in that group. On all occasions they knew of more who smoked than I had found by direct questioning.

The figures relate to children who smoked regularly at least one cigarette per week. I have not included those who tried a cigarette or two and did not continue smoking nor those who have only an occasional cigarette at some festive time. It was quite obvious that the numbers who smoked and the quantity they smoked were much greater amongst boys than girls.

I obtained the following results:

#### Number who smoked

of 583 boys aged fifteen 245 (42%) smoked cigarettes.  
of 478 girls aged fifteen 80 (16.7%) smoked cigarettes.

#### Quantity smoked

No. of smokers	Number of Cigarettes per week				
	1-4	5-9	10-14	15-20	20+
Boys 245	88 (35.9%)	37 (15.1%)	48 (19.6%)	17 (6.9%)	55 (22.4%)
Girls 80	42 (52.5%)	22 (22.5%)	9 (11.1%)	3 (3.75%)	4 (5%)

Two boys smoked a pipe and used half an ounce of tobacco per week. These boys had changed to smoking a pipe as the result of the publicity on the association of smoking and cancer of the lung.

Of the 55 boys who smoked 20+ per week: 20 smoked 30+ per week.



One smoked 20 / day: Two smoked 10 / day: Two smoked 50+ / week. These five boys smoked with the consent of their parents. Two of them had the cigarettes bought for them by their mothers. Only one girl admitted to smoking over 30 cigarettes per week.

In spite of the fact that in all the schools I visited cigarettes are not allowed, and in fact smoking is discouraged by the head teachers, it was obvious that a fairly large percentage of the pupils smoked. Most, in fact nearly all, the pupils who smoked were aware of the danger of cancer of the lung but it did not really bother them. It was something too remote to really worry about and cause them to give up the habit. The film on smoking and cancer of the lung, "Facts and Figures," had been shown in these schools; I had given a talk on hazards of smoking in some schools; posters are displayed pointing out the dangers to health of smoking, but still they smoke. Only a few gave up smoking because of this publicity. The smoking habits in school children is a serious problem. There is no easy solution, no short cut to stop it, but I feel one must keep on trying.

In October the mobile unit on Smoking and Health from the Central Council for Health Education came to Gainsborough at the invitation of the Gainsborough Urban District Council. An afternoon session was devoted to senior school children and over four hundred pupils from local schools attended. The questions and discussions that followed the film show appeared to indicate that the pupils had taken a keen interest in the film and talk. I hope a few more were convinced that smoking could be dangerous and was not a habit to acquire.

An evening session was held for the general public. Despite advertisements in the local press and written invitations to numerous local organisations, only nineteen attended the meeting. Four of them were members of the Council, two were members of the staff and three were boys under fifteen. The response, to say the least of it, was poor. Such is the apathy of the public to smoking and its hazards.

I am sure that parents have to be convinced of the dangers associated with smoking before we can really get at the children. It is no use saying "Do not smoke it is not good for your health" and, at the same time, sending the child to buy twenty as happens in many homes.

#### **A HOSPITAL PLAN FOR ENGLAND AND WALES**

In January of this year the Minister of Health presented to Parliament a White Paper which was a long term national plan for "modernising the whole pattern and content of the hospital service and for integrating it still more closely with the great services which provide care and treatment outside the hospitals."



Under this plan the set up of hospitals in the Gainsborough area was to be altered. The County Maternity Home and the Reynard Maternity Home were to close and the beds replaced in a new Maternity Home at Lincoln. The John Coupland Hospital was to cease to be an acute hospital and become a geriatric hospital to replace Foxby Hill and Oakdene Hospitals. An enlarged hospital was to be built at Lincoln for all acute cases. No mention was made of the provision of out-patient facilities. Accident facilities were to be based upon Lincoln.

The publication of this plan aroused great interest amongst the public. Protests were made by industries, by professions and the general public at large. The Health Committee and the Council registered their protests and asked for an early meeting with the Sheffield Regional Hospital Board to discuss the plan.

A public meeting was held in the Town Hall and attended by 240 persons. Those present represented Gainsborough Urban District Council, Gainsborough Rural District Council, Retford Rural District Council, Local Authorities, important organisations and industries in the town and adjoining areas.

A very full and long discussion on the proposals contained in the Hospital Plan took place and very strong feelings were expressed against the proposals.

The following resolution was passed: "That this public meeting of representatives of the town and district of Gainsborough—

- (a) do place on record its deep concern regarding the proposals contained in the report entitled "Hospital Plan for England and Wales" dated January 1962 which if implemented would have far reaching adverse effects on the hospital services in Gainsborough.
- (b) do request the Urban and Rural District Councils of Gainsborough and the Rural District Council of East Retford to bring to the notice of the Sheffield Regional Hospital Board immediately the strong disapproval of the residents against the proposals."

The Plan's most serious alteration is to deprive the Gainsborough area of a maternity hospital. One must agree with the need for a large fully equipped and staffed hospital with full consultant cover. However, the vast majority of maternity cases are quite normal and will not need the facilities of such a unit. It will be for the small minority of abnormal or "at risk cases."

If Gainsborough loses its maternity beds then all maternity patients would have to travel twenty miles to Lincoln. This would be unacceptable to many because of the difficulties with travel for their visitors. These patients, who are not ill, like to be near home where they can have regular visitors and hear of their home during their absence.



Centralisation of maternity beds would deprive the local doctors of their maternity beds. Not many could get to Lincoln to be with their patients during childbirth. This is serious. Childbirth is a time when women desire their own doctor, in whom they have the utmost trust and confidence, to be in attendance upon them. A stranger is not readily acceptable at this time. It is also a time when the doctor establishes a close contact with the young woman having her first child. She may not have had any contact with her doctor up to her pregnancy but from then on she, and later on her baby, will be seen regularly by her own doctor. She is in a most receptive frame of mind to accept advice on her health and that of her baby. Here is an ideal opportunity for health education and preventive medicine.

Adequate ante-natal care is recognised as of the greatest importance to the pregnant woman and her baby. If patients have to go to Lincoln for this care many will default. If clinics are held in Gainsborough one may have the ante-natal care and the delivery carried out by different persons. It is desirable that ante-natal care should be given by the person who is to attend the childbirth.

I think that there is a strong case medically and socially for the retention of maternity beds in the Gainsborough area.

The closing of Oakdene and Foxby Hill Hospitals will not be disputed by many as these buildings are very old and not suitable for conversion at a reasonable cost. There are sixty-seven beds in these two hospitals and the proposal is to replace them by forty beds at the John Coupland Hospital. There is a great demand for chronic sick beds and forty beds will not be sufficient for the Gainsborough area.

The Hospital Plan introduces the concept of a District General Hospital of 600-800 beds serving a population of 100-150,000. This hospital would bring together most specialties with a full range of facilities for diagnosis and treatment. There would always be adequate consultant cover for the patients. The Plan states: "The district general hospital offers the most practicable method of placing the full range of hospital facilities at the disposal of patients and this consideration far outweighs the disadvantage of longer travel for some patients and their visitors."

There can be no doubt that for the seriously ill or those needing operative treatment such a hospital is desirable. Expert medical advice and all necessary facilities are always at hand and not some twenty miles away as now happens with our small hospitals.

*EIGHT*



A case is made by many that beds should be available locally for those not so seriously ill who require hospitalization for the nursing attention it offers and because some patients' homes, for one reason or another, are not suitable for a sick person. These patients would not require the services of a consultant and would be in the care of their family doctor. This envisages a return to the local cottage hospital system which largely went out when the National Health Service Act came into force.

The general public would welcome the retention of the John Coupland Hospital on these lines and I feel that many medical persons subscribe to this view. Studies are being conducted on the possibility of having "general practitioner" beds in hospitals. The outcome of these studies may affect the future usage of the John Coupland Hospital.

Gainsborough is so removed from the proposed sites of District General Hospitals that it is essential to maintain out-patient, consultant and physiotherapy services, with all the necessary ancillary facilities such as x-ray, pathology, etc., in the area. The attendance figures will be able to support such a claim.

We await the meeting with the Sheffield Regional Hospital Board when we hope to have this plan altered if it affects the Gainsborough area. We are supported in this by all the local authorities, the industries, the professions, the various statutory bodies governing the local health and medical services, and by no means least, the general public.

#### **STAFF**

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. J. Carter, the Surveyor and 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 Health Committee 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. J. Carter, Surveyor and Chief 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 .....	78,000 acres.
Estimated Population .....	13,270
Rateable Value at 31st December, 1962 .....	£115,458
Sum represented by 1d. Rate .....	£489

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

	<b>Total</b>	<b>Male</b>	<b>Female</b>
Live Births—Legitimate	242	118	124
Illegitimate	9	4	5
Totals	251	122	129

	<b>Total</b>	<b>Male</b>	<b>Female</b>
Still Births—Legitimate	6	4	2
Illegitimate	—	—	—
Totals	6	4	2

	<b>Gainsborough R.D.C.</b>	<b>England &amp; Wales</b>
Birth Rate per 1,000 population :		
Live Births	19.67	18.0
Still Births	0.45	0.332
Still Birth Rate per 1,000 total live and still births	23.34	18.1

## Deaths

	Total	Male	Female
All Causes ....	129	68	61
	Gainsborough R.D.C.	England & Wales	
Revised death rate per 1,000 population ....	9.72	11.9	
Maternal Mortality :			
Deaths from pregnancy, childbirth, abortion ....	Nil	300	
Mortality Rate per 1,000 total (live and still) births ....	Nil	0.35	

## Infant Deaths

	Total	Male	Female
Under 1 year — Legitimate	5	2	3
Illegitimate	1	1	—
Totals	6	3	3

	Total	Male	Female
Under 4 weeks—Legitimate	4	2	2
Illegitimate	—	—	—
Totals	4	2	2

	Total	Male	Female
Under 1 week ....	4	2	2

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

	Gainsborough R.D.C.	England & Wales
All infants per 1,000 live births	23.91	21.6
Legitimate infants per 1,000 legitimate births ....	20.66	
Illegitimate infants per 1,000 illegitimate births ....	111.11	
Neo-natal Mortality Rate (i.e. under 4 weeks)		
All infants per 1,000 live births	15.93	15.1
Legitimate infants per 1,000 legitimate births ....	16.52	
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)	39.84	30.8

ELEVEN



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	Total		Neo-Natal
									No. of deaths regis- tered	Rate per 1000 live births	
Population 13,270											
Year 1962	251	21.64	129	10.50	6	23.34	Nil	Nil	6	23.91	4
											15.93
Year 1961	213	16.37	124	9.54	4	18.43	Nil	Nil	9	42.25	6
Year 1960	247	21.47	112	10.18	6	23.72	Nil	Nil	6	24.29	4
Year 1959	219	21.03	137	11.98	5	2.32	Nil	Nil	6	27.39	4
Year 1958	210	18.50	125	10.41	3	14.08	Nil	Nil	4	19.05	2
Year 1957	250	20.69	114	8.41	2	7.94	Nil	Nil	5	20.0	3
											12.0
Average 5 years — 1957 — 1961	—	19.61	—	10.31	—	13.29	—	—	—	22.59	—
											21.58

\* 1961 standardised live birth rate (comparability factor, 1.10)

† 1961 standardised death rate (comparability factor, 1.08)

# Summary of the Principal Causes of Death, 1962

(Registrar-General's Official Returns, 1962)

All Causes 129 — Males 68, Females 61.

	Causes of Death	Males	Females	Total
1	Tuberculosis, respiratory ....	—	1	1
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	2	3
11	Malignant neoplasm, lung, bronchus ....	5	—	5
12	Malignant neoplasm, breast ....	—	—	—
13	Malignant neoplasm, uterus ....	—	—	—
14	Other malignant and lymphatic neoplasms ....	4	3	7
15	Leukaemia, aleukaemia ....	—	—	—
16	Diabetes ....	—	1	1
17	Vascular lesions of nervous system ....	7	11	18
18	Coronary disease, angina ....	12	9	21
19	Hypertension with heart disease ....	—	3	3
20	Other heart disease ....	8	9	17
21	Other circulatory diseases ....	3	3	6
22	Influenza ....	—	1	1
23	Pneumonia ....	3	4	7
24	Bronchitis ....	4	1	5
25	Other diseases of respiratory system ....	—	1	1
26	Ulcer of stomach and duodenum ....	—	—	—
27	Gastritis, enteritis, and diarrhoea ....	—	1	1
28	Nephritis and nephrosis ....	—	—	—
29	Hyperplasia of prostate ....	1	—	1
30	Pregnancy, childbirth, abortion ....	—	—	—
31	Congenital malformations ....	1	1	2
32	Other defined and ill-defined diseases ....	7	8	15
33	Motor vehicle accidents ....	5	—	5
34	All other accidents ....	1	1	2
35	Suicide ....	1	1	2
36	Homicide and operations of war ....	5	—	5
		68	61	129



## ENGLAND AND WALES

BIRTH and DEATH-RATES, and ANALYSIS OF MORTALITY during the year 1962.  
(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 total (live and still) Births	
	Live Births	Still-Births	All Causes	Tuberculosis (all forms)	Coronary and Arteriosclerotic (Heart Disease)	Cancer (Lung & Bronchus)	Cancer (Other)	Infant Mortality	Neo-Natal Mortality	Peri-Natal Mortality	Maternal Mortality
<b>Gainsborough Rural District</b> (Estimated home population mid- 1962 — 13,270)	19.67	23.34 (a)	9.72	0.75	1.50	0.38	0.65	23.91	15.93	39.84	Nil
<b>England and Wales</b> (Estimated home population mid- 1962 — 46,116,000)	18.00	0.332 (18.1 (a))	11.94	0.07	2.19	0.6	1.59	21.6	15.1	30.8	0.35

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

## INFANT MORTALITY

Infant deaths under one year of age for 1962 were six. The causes of these deaths are listed.

CAUSES OF DEATH	Under one week	Under one month	Under three months	Under six months	Under nine months	Total under one year
All Causes	4	—	—	I	I	6
Prematurity	3	—	—	—	—	3
Asphyxia	I	—	—	—	—	I
Meningocele	—	—	—	I	—	I
Gastro-Enteritis	—	—	—	—	I	I

	Gainsborough R.D.C.	England & Wales
Infant Mortality Rate (i.e. Deaths under 1 year per 1,000 live births) ....	23.91	21.6
Neo-natal Mortality Rate (i.e. Deaths under 4 weeks per 1,000 live births) ....	15.93	15.1
Peri-natal Mortality Rate (i.e. Still births and deaths under 1 week per 1,000 total live and still births) ....	39.84	30.8

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## 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
1962	251	Nil
1961	217	Nil
1960	253	Nil
1959	224	Nil
1958	210	Nil
1957	252	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 and 4th Wednesdays in  
each month 2-0 p.m.

Vaccination and  
Immunisation ... .. 3rd Wednesday in each month.

Sunlight Clinic ... .. Mondays and Thursdays 2 p.m.

Distribution of  
Welfare Foods ... .. Tuesdays and Thursdays.

Domestic Help Service ... Apply: Welfare Offices,  
Market Street.



(b) **At Woods Terrace Clinic.**

Infant Welfare Centre	...	Mondays 2-0 p.m.
Toddlers' Clinic	... ..	2nd Monday and 3rd Thursday 9-30 a.m. to 12 noon.
Immunisation	... ..	1st Tuesday in each month.
Mothercraft and Relaxation Class	... ..	1st and 3rd Friday in each month 2-0 p.m.
Ante-Natal for Maternity Home Patients	... ..	Tuesdays 1-30 p.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	13
(2) By other Local Authorities	—
(3) By other bodies or persons	78
(4) Number allocated for replacing houses subject to Demolition Orders or otherwise Demolished	13

### Housing Repairs and Rent Act, 1954-57

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

### Inspection of Dwellinghouses during the year—

(a) Total number of dwellinghouses inspected for housing defects (under Public Health or Housing Acts)	220
(b) Number of inspections made for the purpose	250

### 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	26
--	----

### 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	1
(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) Slum Clearance — proceedings under the Housing Acts:—	
(a) Number of dwellinghouses in respect of which Demolition Orders were made.	13
(b) Number of dwellinghouses demolished in pursuance of Demolition Orders	4
(c) Number of dwellinghouses, or parts, subject to Closing Orders	—
(d) Number of dwellinghouses, or parts, rendered fit by undertakings	—
(e) Number of dwellinghouses acquired by Local Authority	—
(f) Number of dwellinghouses demolished in pursuance thereof	—
(g) Total number of dwellinghouses on which Demolition Orders are operative and which are still occupied except under the provisions of Section 34, 35 and 46 of the Housing Act, 1957	2
(h) Total number of Dwellinghouses occupied under Sections 34, 35 and 46 of the Housing Act, 1957	—
(i) Houses demolished or closed voluntarily by owners which would otherwise have been subject of statutory action to secure demolition or closure	1



- (4) Nissen Huts or other similar Hutments :—
- |     |  |       |       |       |
|-----|--|-------|-------|-------|
| (a) | Number still occupied                                      | ..... | ..... | ..... |
| (b) | Date at which it is anticipated occupants will be rehoused | ..... | ..... | ..... |
- (5) Estimated number of dwellings, excluding those under paragraph (4) above, remaining to be dealt with under :—
- |     |   |       |
|-----|---|-------|
| (a) | The Housing Act, 1957, Sections 16 and 18 | ..... |
| (b) | The Housing Act, 1957, Section 42         | ..... |

### Housing Acts—Overcrowding.

- |     |       |  |    |
|-----|-------|--|----|
| (a) | (i)   | Number of cases of overcrowding relieved during the year | 1  |
|     | (ii)  | Number of persons concerned in such cases                | 13 |
| (b) | (i)   | Number of dwellings overcrowded at the end of the year   | 1  |
|     | (ii)  | Number of families dwelling therein                      | 1  |
|     | (iii) | Number of persons dwelling therein                       | 10 |

**Housing Acts, 1949-59.**

- |  |      |      |      |      |    |
|--|------|------|------|------|----|
| Number of dwellings for which applications for grants have been received :                         |      |      |      |      |    |
| (a) Standard Grant   | .... | .... | .... | .... | 44 |
| (b) Discretionary Grant  | .... | .... | .... | .... | 28 |
| Number of dwellings subject to grant :   |      |      |      |      |    |
| (a) Standard Grant   | .... | .... | .... | .... | 44 |
| (b) Discretionary Grant  | .... | .... | .... | .... | 27 |
| Number of houses owned by local authority which have been the subject of grant aid by the Ministry |      |      |      |      |    |
|  | .... |      |      |      | —  |

### Moveable Dwellings, Tents, Vans, etc.

- |  |      |      |      |      |     |
|--|------|------|------|------|-----|
| Caravan Sites and Control of Development Act, 1960     |      |      |      |      |     |
| Number of site licences                                | .... | .... | .... | .... | 10  |
| Total number of caravans permitted under such licences | .... |      |      |      | 498 |
| Number of inspections during the year — Sites          | .... |      |      |      | 48  |
| — Caravans   | .... |      |      |      | 25  |
| Number of contraventions remedied                      | .... | .... | .... | .... | —   |
| Number of sites exempt from licence                    | .... | .... | .... | .... | —   |
| Number of caravans thereon                             | .... | .... | .... | .... | —   |

**PREVALENCE OF, AND CONTROL OVER INFECTIOUS  
AND OTHER DISEASES**

The number of cases of infectious disease (excluding Tuberculosis) notified was 123 compared with 313 in 1961.

Details of infectious diseases are as follows:--

TABLE I

Disease	Number of Cases Notified.
Dysentery .....	30
Influenzal Pneumonia .....	2
Measles .....	88
Scarlet Fever .....	3
<hr/>	
Total ...	123
<hr/>	



TABLE II  
DISTRIBUTION IN THE DISTRICT

		Influenzal		Scarlet
		Dysentery.	Pneumonia. Measles.	Fever.
Blyton .....	—	1	12	—
Brampton .....	4	—	—	—
Corringham .....	—	—	8	—
Glentworth .....	—	—	2	1
Glentworth Cliff .....	—	—	—	2
Heapham .....	—	—	2	—
Hemswell .....	5	—	37	—
Knaith Park .....	—	—	4	—
Lea .....	—	—	1	—
Morton .....	—	1	10	—
Pilham .....	—	—	6	—
Scotter .....	—	—	1	—
Scotton .....	—	—	2	—
Springthorpe .....	—	—	1	—
Sturton .....	9	—	—	—
Torksey .....	11	—	—	—
Upton .....	1	—	—	—
Walkerith .....	—	—	1	—
Willoughton .....	—	—	1	—
Totals ...	30	2	88	3

TABLE III

## AGE INCIDENCE OF INFECTIOUS DISEASE

		Influenzal			Scarlet
		Dysentery.	Pneumonia.	Measles.	Fever.
0— 1 .....	—	—	2	—	
1— 2 .....	1	—	9	—	
2— 3 .....	—	—	4	—	
3— 4 .....	2	—	9	—	
4— 5 .....	1	—	10	1	
5—10 .....	16	—	36	2	
10—15 .....	2	—	3	—	
15—20 .....	1	—	—	—	
20—35 .....	5	—	—	—	
35 Upwards .....	—	2	1	—	
Age Unknown .....	2	—	14	—	
		—	—	—	
Totals ...	30	2	88	3	



TABLE IV

MONTHLY DISTRIBUTION OF INFECTIOUS DISEASE

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Dysentery .....	—	—	—	1	1	14	1	—	5	—	—	8	30
Influenzal Pneumonia .....	—	—	—	1	—	—	—	—	—	—	—	1	2
Measles .....	—	—	—	1	—	—	1	—	5	23	25	33	88
Scarlet Fever .....	2	1	—	—	—	—	—	—	—	—	—	—	3
Tuberculosis (Pulmonary) .....	—	—	—	—	—	—	—	1	—	—	1	—	2
Tuberculosis (Non-Pulmonary) .....	—	—	1	—	—	—	—	—	—	—	—	—	1
Totals ...	2	1	1	3	1	14	2	1	10	23	26	42	126

## TUBERCULOSIS

There were two new cases of Pulmonary Tuberculosis notified during the year. There was one new case of Non-Pulmonary Tuberculosis. One death 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.

### TUBERCULOSIS, 1962

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	—	—	—	—	—	—	—	—
10-15 years	—	—	—	—	—	—	—	—
15-20 years	I	—	—	—	—	—	—	—
20-35 years	I	—	—	—	—	—	—	—
35-45 years	—	—	—	—	—	—	—	—
45-65 years	—	—	—	I	—	I	—	—
65 and over	—	—	—	—	—	—	—	—
Totals	2	—	—	I	—	I	—	—



Table—(b)—TUBERCULOSIS REGISTER, 1962

	Pulmonary			Non-Pulmonary			Grand Total		
	M	F	T	M	F	T	M	F	T
<b>On Register 31/12/61</b>	113	94	207	46	41	87	159	135	294
Additions :									
Primary Notifications	2	—	2	—	1	1	2	1	3
Posthumous Notifications	—	—	—	—	—	—	—	—	—
Transfer from other areas	—	—	—	—	—	—	—	—	—
Returned to the District	—	—	—	—	—	—	—	—	—
Transfer from other sections	—	—	—	—	—	—	—	—	—
<b>Total Additions</b>	2	—	2	—	1	1	2	1	3
Deductions :									
Deaths	—	1	1	—	—	—	—	1	1
Left the District	—	—	—	—	—	—	—	—	—
Recovered	2	1	3	—	—	—	2	1	3
Diagnosis not confirmed	—	—	—	—	—	—	—	—	—
Transfer to other sections	—	—	—	—	—	—	—	—	—
<b>Total Deductions</b>	2	2	4	—	—	—	2	2	4
<b>On Register 31/12/62</b>	113	92	205	46	42	88	159	134	293

# CANCER

The number of deaths due to cancer in 1962 was 15 compared with 19 in 1961. The sites of the disease are shown in the following table.

Site of Malignant Disease		1962	1961	1960	1959	1958	1957
Stomach	M	1	3	1	—	1	3
	F	2	—	—	1	2	1
Lung and Bronchus	M	5	3	4	3	4	1
	F	—	—	2	1	—	—
Breast	M	—	—	—	—	1	—
	F	—	1	2	1	2	—
Uterus	F	—	1	—	2	1	3
Other malignant and lymphatic neoplasms	M	4	7	5	1	5	6
	F	3	3	2	2	5	1
Leukaemia	M	—	1	1	—	3	3
	F	—	—	—	—	—	—
Totals	M	10	14	11	4	14	13
	F	5	5	6	7	10	5
Grand Total		15	19	17	11	24	18



## VACCINATION AND IMMUNISATION

Particulars of immunisations and vaccinations carried out in the Gainsborough Rural District during 1962.

Diphtheria Immunisation	Under five years of age at date of immunisation	Between five and fourteen years of age at date of immunisation	Boosting Doses
	—	8	115

Diphtheria and Whooping Cough Immunisations	Under 1	1	2	3	4	5-9	10-14	Total
	—	—	—	—	—	1	1	2

Diphtheria, Tetanus and Whooping Cough Immunisations	Under 1	1	2	3	4	5-9	10-14	Total
	52	90	12	5	4	11	—	174

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
	—	—	—	—	—	—	—	—

Whooping Cough and Tetanus Immunisations	Under 1	1	2	3	4	5-9	10-14	Total
	—	—	—	—	—	—	—	—

Smallpox	Under One	1-4	5-14	15 or over	Total
Vaccination	106	58	90	139	400
Re-vaccination	—	2	31	80	113

**TWENTY-EIGHT**

**Tetanus**

	Under One	1-4	5-14	15 or over	Total
Vaccination	—	—	37	—	37
Booster	—	—	3	2	5

**Vaccination against Tuberculosis.**

Of 83 school children tested it was found that 15 were positive and did not require vaccination and 68 were negative and were given B.C.G. vaccination. The 15 positive reactors were X-rayed but did not show active tuberculosis.

**Vaccination against Poliomyelitis.**

**Salk Vaccine**

Had 2 injections

Persons born in the years				
62	61	60-43	42-33	Others
—	34	43	19	27

Had 3 injections

Persons born in the years				
62	61	60-43	42-33	Others
—	10	103	32	72

Had 4 injections

Persons born in the years				
62	61	60-43	42-33	Others
—	—	67	—	—



# Oral Vaccine

Initial course of 3 oral doses

Persons born in the years				
62	61	60-43	42-33	Others
6	40	49	18	30

3rd oral after 2 salk injections

Persons born in the years				
62	61	60-43	42-33	Others
—	25	102	34	68

4th oral after 3 salk injections

Person born in the years				
62	61	60-43	42-33	Others
—	—	103	—	—

# 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 1962 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		
1958 and later	—	—	—	—	—	—
1957	70	—	6	6	70	—
1956	68	2	8	9	65	—
1955	7	1	1	1	7	—
1954	5	—	—	—	5	—
1953	6	—	1	1	6	—
1952	5	—	—	—	5	—
1951	—	—	—	—	—	—
1950	2	—	—	—	2	—
1949	—	—	—	—	—	—
1948	—	—	—	—	—	—
1947 and earlier	—	—	—	—	—	—
TOTAL	100	3	16	17	160	—



TABLE B.

Inspections carried out in the Gainsborough Rural District during 1962.

DEFECT	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring Treatment	Requiring observation	Requiring Treatment	Requiring observation
<b>Skin</b> .....	1	4	—	—
<b>Eyes</b>				
(a) Vision .....	3	—	—	—
(b) Squint .....	3	—	—	—
(c) Other .....	—	1	—	—
<b>Ears</b>				
(a) Hearing .....	—	2	—	—
(b) Otitis Media .....	—	1	—	—
(c) Other .....	3	—	—	—
<b>Nose and Throat</b> .....	4	12	—	—
<b>Speech</b> .....	1	4	—	—
<b>Lymphatic Glands</b> ....	—	2	—	—
<b>Heart</b> .....	—	1	—	—
<b>Lungs</b> .....	1	1	—	—
<b>Developmental</b>				
(a) Hernia .....	—	2	—	—
(b) Other .....	—	6	—	—
<b>Orthopaedic</b>				
(a) Posture .....	—	2	—	—
(b) Feet .....	—	5	—	—
(c) Other .....	—	2	—	—
<b>Nervous System</b>				
(a) Epilepsy .....	—	1	—	—
(b) Other .....	—	1	—	—
<b>Psychological</b>				
(a) Development .....	—	2	—	—
(b) Stability .....	2	1	—	—
<b>Abdomen</b> .....	—	1	—	—
<b>Other</b> .....	—	1	—	—

# 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 ....	45
Greengrocers and Fruiterers (including those selling wet fish, game, etc.) ....	6
Meat Shops (butchers, purveyors of cooked and preserved meats, tripe, etc.) ....	8
Bakers and/or Confectioners ....	1
Fried Fish Shops ....	9
Shops selling mainly Sugar Confectionery, Minerals, Ice Cream, etc. ....	3
Licensed Premises, Clubs, Canteens, Restaurants, Cafes, Snack Bars, etc. ....	38
Others ....	2
Total ....	112

One hundred and twenty inspections were made during the year of the above premises, and of four contraventions found, three were remedied.

## FOOD AND DRUGS ACT, 1955, SECTION 16 REGISTERED PREMISES

Type of Business	No. registered	No. of inspections during year
Ice Cream (Manufacture)	1	8
Ice Cream (Storage and Sale) ....	36	41
Preparation and Manufacture of Meat Products, including Meat Pies ....	6	13
Totals ....	43	62

THIRTY-THREE



## MILK AND DAIRIES

### The Milk (Special Designation) Regulations, 1960

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

The above Regulations transferred as of October 1st, 1960, the responsibility for the administration of retail distribution of milk from smaller Authorities to the Food and Drug Authorities. In future the licences will be issued by the Lindsey County Council.

Number of dealers retailing T.T. milk (Pasteurised), Pasteurised milk, Sterilised milk .....	7
Number of dealers retailing sterilised milk only ...	10
Number of dealers retailing Tuberculin Tested Milk (raw) .....	3

#### (a) Samples of Milk taken in course of delivery (specified Areas):

Tuberculin Tested Milk (Pasteurised) .....	25
Pasteurised .....	42
Sterilised .....	23
Tuberculin Tested Milk (Farm Bottled)—Raw .....	12

#### (b) Samples of Milk for biological examination:

Gainsborough Rural District .....	9
-----------------------------------	---

Two samples of Tuberculin Tested Milk (Farm Bottled) failed the Methylene Blue Test for keeping quality. In one case the milk was produced in Nottinghamshire and the matter was referred to the Food and Drugs Officer of the Nottinghamshire County Council and to the Milk Production Officer of the Ministry of Agriculture, Fisheries and Food who took appropriate action. In the other case further samples were taken and the matter rectified.

A further sample of Tuberculin Tested Milk (Pasteurised) failed the Phosphatase Test. The matter was investigated at the pasteurising dairy and appropriate action taken.

In the foregoing instances the vendors of milk were warned of the condition of the Milk (Special Designation) Regulations dealing with the sales of milk.

Complaints were received relating to the presence of the larvae of the phoridae fly on the interior surface of a one pint bottle of pasteurised milk and the presence of a deposit on the base of the interior surface of a 5 oz. bottle of cream.

Both of these were fully investigated and after consideration of the circumstances warnings were issued to the dairy companies concerned.

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 36 Retailers who retail only pre-packed Ice Cream.

Forty-one inspections were made during the year of the 36 premises, and of the two contraventions found, two 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 AND DRUGS ACT, 1955.**

Article Sampled.	No. of Samples taken.
1. Milk .....	7
2. Processed milk products (including cream, butter and ice cream) .....	1
3. Non-alcoholic beverages .....	2
4. Tinned, bottled and dried articles .....	3
5. Meat and fish products (not included in item 4) .....	7
6. Sugar and flour confectionery .....	1
7. Miscellaneous .....	3
Total ...	<hr/> 24 <hr/>

Two samples of potted meat were found to contain excess amounts of extraneous water and the manufacturers/Vendors were warned accordingly.



## **MEAT, FOODS AND SLAUGHTERHOUSE INSPECTIONS**

### **CARCASES INSPECTED AND CONDEMNED**

There are no licenced slaughterhouses in the Area.

### **FOOD CONDEMNED DURING 1960**

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 20 slaughtermen licensed by the Council under the above Acts.

## SANITARY CIRCUMSTANCES OF THE AREA

### WATER SUPPLY

The Lincoln and District Water Board was formed on the 1st October, 1961, and took over the Council's entire water undertaking.

- (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 .....	92
Satisfactory .....	2

- (iii) Chemical Analysis.

One sample was taken from each source of supply for chemical examination; all proved satisfactory.

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

	Properties Supplied		Total No. of	
	From Public Mains.	Standpipes.	Dwellings.	Population.
	Direct.			
Blyton .....	305	5	318	878
Brampton .....	21	2	25	65
Blyborough .....	60	5	65	180
Gate Burton .....	30	—	30	74
Corringham .....	133	3	153	426
East Ferry .....	39	—	40	96
Fenton .....	78	6	87	214
Fillingham .....	66	3	73	198
Glentworth .....	128	4	132	462
Grayingham .....	31	2	41	106
Heapham .....	33	—	36	97
Hardwick .....	9	4	17	74



	Properties Supplied		Total No. of	
	From Public Mains.	Standpipes.	Dwellings.	Population.
	Direct.			
Harpwell .....	29	—	29	198
Hemswell (including Hemswell R.A.F.)	386	4	399	1,656
Kexby .....	118	1	119	334
Knaith .....	67	—	67	225
Kettiethorpe .....	88	—	88	208
Lea .....	240	—	241	621
Laughton .....	74	2	80	244
Morton .....	202	4	311	854
Marton .....	134	5	148	420
Newton-on-Trent ...	78	4	83	251
Northorpe .....	54	2	60	149
Pilham .....	15	—	17	39
Scotter .....	446	3	469	1,120
Scotton .....	86	1	87	283
East Stockwith ...	94	2	98	261
Stow .....	112	2	119	358
Springthorpe .....	46	—	47	123
Sturton-by-Stow ...	231	3	234	662
Thonock .....	11	—	16	37
Torksey .....	53	—	55	187
Upton .....	112	2	117	570
Willingham .....	139	1	146	408
Willoughton .....	162	—	162	456
Walkerith .....	21	2	23	65
Wildsworth .....	27	1	28	71
	<hr/> 3,958	<hr/> 73	<hr/> 4,260	<hr/> 12,670

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

## DRAINAGE AND SEWERAGE

During the year, 77 earth closets were replaced by water closets in private houses. All Council houses now have water closets. Sixty-nine houses were converted by Improvement Grant Schemes.

New sewerage schemes are being prepared for the following villages: Upton and Kexby; Corringham and Springthorpe; Glentworth, Hemswell, Harpswell and Fillingham.

Of the remaining parishes in the district, Willoughton, Torksey, Fenton and Grayingham are most urgently in need of sewerage schemes.

## SWIMMING POOLS

There is a private swimming pool and a paddling pool in a holiday camp in this area. The water is taken from a deep well and the pools filled and emptied weekly. The swimming pool is chlorinated by means of a chloros plant.

During the year eight samples of the swimming pool water were taken for examination. These were in four batches of two samples, one from either end of the pool. The first two were unsatisfactory and the pool was emptied, cleaned and more chloros added to the water. The other six samples were satisfactory. This pool is now used in the summer, on a Tuesday by the local village school. Regular samples are taken by the County Health Inspector. I am grateful to the County Health Department for reports on this pool.

## 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 and four houses were disinfested during the year.

#### **KNACKERS' YARDS**

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

#### **SHOPS ACT, 1950**

Ninety visits were paid to shops in the area to ensure that the Welfare Provisions of the Shops Act were being complied with. Three 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 year ending 31st December, 1962.

	TYPE OF PROPERTY				
	Local Authority	Dwelling-houses	All other (including Business premises)	Totals of Cols (1) (2) & (3)	Agricultural
Number of properties in Local Authority's District	14	3972	180	4166	335
Total number of properties inspected as a result of notification	—	203	—	203	21
Number of such properties found to be infested by:—					
Common rat Major	—	—	—	—	4
Common rat Minor	—	163	—	163	17
Ship rat Major	—	—	—	—	—
Ship rat Minor	—	—	—	—	—
House mouse Major	—	—	—	—	1
House mouse Minor	—	40	—	40	—
Total number of properties inspected in the course of survey under the Act	14	917	23	940	65
Number of such properties found to be infested by:—					
Common rat Major	1	—	—	1	6
Common rat Minor	10	73	—	83	6
Ship rat Major	—	—	—	—	—
Ship rat Minor	—	—	—	—	—
House mouse Major	—	—	—	—	—
House mouse Minor	—	51	—	51	6
Total number of properties otherwise inspected (e.g. when visited primarily for some other purpose)	9	158	78	245	59
Number of such properties found to be infested by:—					
Common rat Major	—	1	—	1	—
Common rat Minor	3	18	—	21	12
Ship rat Major	—	—	—	—	—
Ship rat Minor	—	—	—	—	—
House mouse Major	—	1	—	1	—
House mouse Minor	—	6	9	15	—
Total inspections carried out including re-inspections	—	—	—	—	—
Number of infested properties in Sections II, III and IV treated by the L.A.	14	353	9	376	65
Total treatments carried out including re-treatments	102	—	—	102	450
Number of notices served under Section 4 of the Act:—					
(a) Treatment	—	—	—	—	1
(b) Structural Work (i.e. Proofing)	—	—	—	—	—
Number of cases in which default action as taken following the issue of a notice under Section 4 of the Act	—	—	—	—	—
Legal Proceedings	—	—	—	—	—
Number of "Block" control schemes carried out			2		



## FACTORIES ACT, 1961.

The number of factories on the register, including three bakehouses, is 42. During the year, 40 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	39	36	—	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (including out-workers' premises)	2	2	—	—
<b>TOTAL</b>	<b>42</b>	<b>40</b>	<b>—</b>	<b>—</b>

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)	By H.M. Inspec. (5)	
Want of cleanliness (S.1)	1	1	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	1	1	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective draining of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) unsuitable or defective	—	—	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Out work)	—	—	—	—	—
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>NIL</b>	<b>NIL</b>	<b>NIL</b>



PART VIII OF THE ACT  
Outwork

(Sections 110 and 111)

Nature of Work (1)	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 unwholesome premises (5)	Notices served (6)	Prosecutions (7)
Wearing apparel Making, etc., Cleaning and washing	—	—	—	—	—	—
TOTAL	—	—	—	—	—	—

